

THE FOUNDATION OF A PROFESSIONAL GROUP:
PHYSICIANS IN THE NINETEENTH CENTURY MODERNIZING
OTTOMAN EMPIRE (1839-1908)

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OTTOMAN EMPIRE (1839-1908)

by

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Title: The Foundation of a Professional Group: Physicians in the Nineteenth Century Modernizing Ottoman Empire (1839-1908)

This dissertation studies the foundation of the modern professional group of physicians in the nineteenth century Ottoman Empire between the Tanzimat period, during which the first School of Medicine was introduced, and the Second Constitutional Period, after which new medical institutions and political atmosphere were born. The aim of the research is to find out the process in which the modern state formation overlapped with the appearance of this specific profession by considering new ideas of progressivism and modernism.

The research first describes the general atmosphere created by the new medical technologies and understanding of the nineteenth century. Then, the new system regulating medical activities is explained and the ways to deal with irregular practitioners is analyzed. After that, within this new system, the formation of a medical student is described by focusing on an ordinary life within the school with political and medical activities. The final focus is given to their civilian activities and the different reactions to them in the Ottoman provinces through the study of provincial physicians and the quarantine doctors.

The appearance of the physician is analyzed through the consideration of the shift in the eyes of the state, the self-perception of the physicians, and the perception of the physicians by the common people by primarily the use of the Prime Ministry Ottoman Archives in addition to the memoirs and biographies of the physicians. The study targets the introduction of everydayness of these professional elite in relation to the people, the state and the profession itself, and to look behind the legislations introduced under the progressivist and centralizing administrative mentality of the modern state.

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Başlık: Bir Mesleki Grubun Oluşumu: On Dokuzuncu Yüzyıl Modernleşen Osmanlı İmparatorluğu'nda Hekimler (1839-1908)

Bu tez On Dokuzuncu Yüzyıl Osmanlı İmparatorluğu'nda ilk Tıp Okulu'nun açıldığı Tanzimat Dönemi ile yeni tıbbi kurumlar ile siyasi atmosferin ortaya çıktığı İkinci Meşrutiyet dönemi arasında modern hekimliğin bir meslek grubu olarak oluşumunu ele almaktadır. Çalışmanın amacı modern devletin oluşumunun bu belirli mesleğin ortaya çıkışı ile çakışma noktalarını yeni gelişmeye başlayan ilerlemecilik ve modernizm fikirleri ekseninde ortaya koymaktır.

Çalışma ilk olarak On Dokuzuncu Yüzyıl'ın yeni tıbbi teknoloji ve anlayışının yarattığı genel atmosferi tasvir etmektedir. Bunun ardından tıbbi faaliyetleri düzenleyen sistemi anlatmakta ve tıbbın bu sistemin dışında kalan icracıları ile başa çıkma yöntemleri incelenmektedir. Daha sonrasında, bu sistem içerisinde tıp öğrencilerinin yetiştirilmesi okuldaki gündelik hayatın siyasi ve politik faaliyetlerini vurgulayarak tartışılmaktadır. Son olarak üzerinde durulan nokta ise memleket hekimleri ile karantina hekimleri vasıtasıyla Osmanlı vilayetlerindeki sivil faaliyetler ile bunlara karşı geliştirilen tepkiler üzerinedir.

Böylelikle modern hekimin ortaya çıkışı devlet nazarındaki değişim, hekimlerin kendilerini ve mesleklerini algılayışı ile toplumun hekimlere bakışı gözönünde bulundurularak ve esas olarak Başbakanlık Osmanlı Arşivleri belgelerine ek olarak hekimlerin biyografileri ile hatıratı kaynak olarak kullanılması ile tahlil edilmiştir. Çalışma bu mesleki elitin halkla, devletle ve meslekle ilişkisine bakarken gündelik hayatı sunmayı ve modern devletin ilerlemeci ve merkezileştirmeci idari anlayışının tesis ettiği hukuki yapılanmanın arkasındaki gündelik gelişmelere bakmayı hedeflemiştir.

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CHAPTER 1

INTRODUCTION

This dissertation analyzes the process of the foundation of a professional group, the Ottoman physicians, by locating it in the context of the centralization of a modern empire within an atmosphere of rising nationalist aspirations. The starting point of the study is the moment at which that specific professional group turned into a modern entity that would be ornamented with intellectual and political tools of power to enable them to intervene deeply in the introduction of the new Constitutional and Republican regimes. In other words, the study deals with the period from the Tanzimat until the Constitutional period in which the gradual transformation and unification of the professional group occurred.

The study seeks to ascertain the intensity of the de facto and de jure processes in which modern state formation overlapped with one of the basic sources of the progressivist mentality, medical progressivism, with its consistencies and inconsistencies. The words “consistencies and inconsistencies,” mainly refer to the effort to establish a modern, standardized and all-encompassing medicine with its forwards and backwards from the target of centralisation. The questions are: How was modern medicine in the nineteenth-century Ottoman Empire established? How did public health as an apparatus of the modern state operate in actual conditions; and how and to what extent did the formation of the medical profession integrate with it? The answers to these questions, in this study, are sought from the physicians, who are characterized as the carriers of modernization. Hence, the formation of the modern profession of medicine is located at the core of this research.

Dr. Ali Osman (Onbulak) Bey, a student of the last decade of the nineteenth century and a physician of the late Ottoman and the Early Republican periods, head of a family of 10, in 1928 sent one of his sons to the School of Civilian Services (*Mülkiye*), another to the Military School of Medicine, and a third one to the Kuleli Military High School.¹ These three schools were not coincidentally preferred. They were chosen because of their quality of being the trivet of Ottoman political mobility. Individuals similar to the sons of Ali Osman Bey and he himself constitute the inspiration point for the questions asked in this research.

The conception of “physicians as a professional body” is perceived in this study as composed of several inconsistent, or sometimes opposite qualities that encompassed the doctors including ethnicity, intellectualism, and the dichotomies of central /provincial and political / nonpolitical. Instead of figuring physicians as solely modern and successful carriers of modernization at the political level, this dissertation considers the members of the profession within mainly two groups: figures which involved in biography-writing, memoir-keeping, in politically-leading positions that appear in literature; and those whose lives can be observed in the lines of small and unique stories, mainly provincial physicians. Looking from another perspective, the story of the physicians is considered in three main phases: standardization, professionalization and politization.

Yet, it should be noted that the research focuses on the civilian activities of mainly the civilian physicians, not those in the military medical services, to distinguish war conditions dealing with urgencies, and peacetime, which illustrate a more ordinary environment that enables a student of the centralization of medical services to better observe the efforts to impose standards on medical activities.

¹ Sermet Onbulak, *Osmanlı İmparatorluğu'ndan Cumhuriyet'e Operatör Doktor Albay Ali Osman Onbulak ve Ailesi'nin Hayat Öyküsü* (İstanbul: VTT Yayıncılık, 2011).

By the word “politization,” the immediate fact to recall is that many of the members of the CUP began their careers in the School of Medicine. Yet, this study does not deal with the political activities of the CUP, nor does it consider the medical profession after 1908. The study deals with a period between the formation of the School of Medicine during the Tanzimat era and the declaration of the Constitution in 1908, both of which are considered to be the breaking points of different administrative epochs. Also, the study deals with instead of the political activities of the 1908 generation, the process in which medical students turned into a professional group occupying a vital place in the political atmosphere of the early twentieth century of the Ottoman Empire and the Turkish Republic. That is to say, “political” means in this study “political awakening,” not “political activism.”

As an attempt to introduce the general perspective of my research regarding the professionalization of medicine in the Ottoman Empire, the first study was conducted on the epistemological, legislative and institutional shift in medical organization by comparing the traditional system of *gedik* (permit) and *hekimbaşılık* (the office of the head-doctor) with the modern medical institutions and laws regulating medicine. By using this shift as a starting point, the genesis of the modern career of medicine was investigated in three angles.

The first one is the shift in the eyes of the state, which can be seen in the standardization and categorization of medicine in legal terms. The second angle deals with the self-perception of the physicians, which can be seen in some memories of the students of the Military School of Medicine and the petitions written by the physicians working in the provinces. The third angle is the perception of the physicians by the common people, which again will be followed from the practice of medicine at the provincial level and at the quarantine stations. In short, I will look at

the formation of the professional body of physicians within the conception of the public health policies of the modern state, and its actual consequences at the levels of the state, the physicians, and the public.

If one axis of the formation of the modern medical profession was the standardization of the medical practice, which will sought in the Ottoman state archives, another one was that of professionalization, which provides the opportunity to evaluate the self-perception of the physicians. The study also engages in the professional and intellectual atmosphere of the era. It is deepened by the analysis of memoirs in search of the answers of the following questions: How did the physicians perceive themselves as a professional group? Which responsibilities did they ascribe to themselves on behalf of society? How did they position themselves politically and intellectually?

The remaining axis is the perception of the physicians by the common people. The archival sources provide documents of an adequate quantity on the practice of medicine in the provinces. With the idea of modern medicine's political implications, the search for possible compromises, resistances, needs or interventions of the inhabitants of the Ottoman state will provide confrontation of the professional elite in question with the people. A satisfying number of sources is available on the relationship between the School of Medicine, the doctors, and the CUP, including both secondary and primary sources.

One of the aims of the study is to grasp some ideas about the everydayness of the historical actors, to draw a picture of the activities of this specific professional elite group in relation to the common people, the state, and the profession itself. The doctor was positioned in between all three of these. In front of the people he represented the state, which was somewhere far, far away; and in relation to the state,

he was a person to be handled, controlled, categorized, and exhibited in some occasions.

If we talk about everydayness, we might ask how a physician operated in the countryside. Şerafeddin Mağmumi described himself on tour as an occasional mobile village physician during the epidemics of cholera in Bursa in September 1894 as such:

I was comparing my traveling throughout the whole circuit to a travelling dentist who appeared in İstanbul occasionally. The inside of the car was turned into an exhibition with bottles and boxes of medicine. A disinfection machine, in between my legs. At the moment we approached a village a cavalryman went before us. He gathered together the mukhtar, the chamberlain, and the committee of elders; and gets prepared. At the moment we arrive, the first sentence we frame is to ask a patient. If they informed us about a bedridden person, we went, examined him and prescribed. If the disease was malignant, I immediately put on my shirt, put the disinfection machine at the back of the truckman, I fumigated, and cleaned by lime. I used to examine, old and new, any patient in the mosque, in the coffeehouse, or sometimes afoot, prepare necessary medicines within the car and distributed them. All of them prayed: “God save the state and the nation.” And they left. / As the second job, I asked whether any death had occurred nearby. Sometimes they wanted to disguise it, but I used to go to cemetery and if I saw a fresh grave I forced them, they began to boggle, and confessed. According to their indications I used to fumigate the house.²

Mağmumi also described how the common people viewed the physicians during a visit to Adana in 1895: The people were simply afraid of them. They disguised their patients, avoided the use of medicines, spread the rumors that the

² “Ovayı bir baştan bir başa mekik gibi dolaşmamı tıpkı İstanbul’da ara sıra ortaya çıkan seyyar dişçilere benzetmekteydim. Arabanın içi ilaç şişeleri, kutuları ile sergi halini almış. Bacaklarımın arasında on litrelik ‘pülverizatör’ makinası. Her köye yaklaşır yaklaşmaz süvari seyirtip bizden önce varır. Köy muhtar ve kahyasını, ihtiyar meclisi üyelerini toplayarak hazırlanır. Biz varınca ilk lakırdımız hasta sormak. Yatar hasta haber verilerse gidip muayene edip ilacını verme ve eğer hastalık kötü ise hemen beyaz gömleğimi giyip arabacının sırtına pülverizatörü yükleyerek tütsülemek ve kireçle temizlik yapmak idi. Eski yeni ne kadar hasta varsa onların da kimi camide bazısını kahvehanede ve bir çoğunu da arabanın içine alıp ayakta muayene ederek ve lazım gelen ilaçlarını da araba içinde yaparak dağıtırdım. Hepsi ‘Allah devlete millet zeval vermesin,’ diye dua ederek giderlerdi. / İkinci iş yakın zamanda bir ölüm olup olmadığını sorardım. Bazen saklamak isterler, hemen kabristana gidip taze mezar görünce sıkıştırılmaya başlar ve kim haber verdi diye şaşalayıp itiraf ederlerdi. Söyledikleri imlere göre evi tütsülerdim.” Şerafettin Mağmumi, *Bir Osmanlı Doktorunun Anıları, Yüz Yıl Önce Anadolu ve Suriye*, ed. Cahit Kayra (İstanbul: Buke Yayınları, 2002), p. 86.

doctors were killing their patients on purpose via a mysterious essence, which was actually camphor essential oil.³ Another rumor was spread that the medical committee had come to Kilis in search of germs, of which they had found many, put in a box and brought back. They also protested the physicians who warned against the consumption of figs and melons, considered as blasted, for sanitary reasons.⁴

The people feared the Westernized / scientific (and most probably, weird) appearance of the physician. Indeed, near the end of the nineteenth century, the appearance of a doctor had dramatically changed, The Ottoman doctor was a white-costumed, glasses-wearing, mostly bearded, and ornamented with the most recent equipment of the profession, just like their French counterparts.⁵

The reason for the emergence of this different group was the place that medicine had occupied since the eighteenth century. Already, medicine by its nature was a discipline that rendered its practitioners open to confrontation with society. In

³ Ibid., p. 179.

⁴ Ibid., p. 223.

⁵The French appearance of some physicians in İstanbul did attract the attention of the patients even in front of their waiting rooms. Sermet Muhtar Alus mentions two of such examples, who worked in the early twentieth century: Zambako Paşa and Horasancıyan Efendi. Both of them lived in Beyoğlu, and decorated their office in the Western style: with French clocks, and French-speaking servants. How to reach a private doctor in the end of the nineteenth-early twentieth centuries? Alus wrote that once a disease appeared, “at that time there was no telephone, information was sent, the doctor could not be found at his house, the relatives of the patient waited for the evening to come, sent a car, but the answer was that he had taken the steamboat to Boğaziçi, when you called at night, you heard that he had returned to his house on the island.” After hours, even days, the patient might not reach Zambako Paşa. He described some characteristic traits of famous İstanbul doctors: Horasancıyan Effendi was a polite man who acted as if he was treating a member of the palace. Celal İsmail Paşa was punctual and meticulous to the point that he avoided touching anything outside his house for fear of germs. Rıfat Hüsameddin Paşa was an angry man; the opposite of Horasancıyan Efendi. Süleyman Numan Paşa was recently arrived from Germany, a clean, well-dressed man who found the cure all the time in sugar. Abidin Bey, a military soldier, was a knowledgeable, wise man who knew all the time the appropriate thing to do. Kadri Reşit Paşa, an important expert of internal diseases and a pediatrician was known with for knowledge, talent and judiciousness. Rıza Nur Bey was a conversable and good man and Asım Bey was polite. Ömer Paşa knew everybody in the city and could find the appropriate expert for any patient. Cemil Paşa’s expertise in diagnosis was unique. While Ömer Şevki Bey was preparing for a simple operation, an observer would think that he was about to pertain an amputation. Besim Ömer Paşa did not have any spare time for himself, and Asaf Derviş was famous for his solemnity A. Sermet Muhtar Alus, *30 Sene Evvel İstanbul : 1900’lü Yılların Başlarında Şehir Hayatı*, ed. Faruk İlkan, İstanbul Dizisi 39 (İstanbul: İletişim, 2005), pp. 175-189.

other words, medicine as the discipline closest to humans puts the doctor in contact with patients everyday. This daily mission of curing the illness in the bodies of people in its singularity transforms into a desire to take care of social issues in total described as a therapeutic reflex.⁶

It is also necessary to take the status gained by doctors through their modern formations into account in consideration of their ability to act at the time of nationalism. This process directly corresponded to a general project of modernization derived from the Western model, and medical students had an advantaged position among the intellectuals as a consequence of their close contact with professors and Western ideologies.

In addition, medical students had the opportunity to go to Western countries for further studies after having graduated from medical school in İstanbul. If we consider disadvantaged students in terms of the wealth of their family, access to education was an opportunity for mobility. Yet, these men, we should emphasize, mostly came from among the urban elite. They were members of a class that the Tanzimat created by monetary accumulation and mastery of new knowledge. Most Ottoman doctors came from families with a high socio-economic status and a high position in the state bureaucracy.

An account of the rise of the medical profession necessitates an initial question: How do we write the history of medicine? Despite the nosological writings of medicine, the first signs of change came from the historians of the 1970s and 1980s, following the example of George Rosen, who had written a couple of decades earlier. That meant the coming of a new generation of historians with a novel set of

⁶ Méropi Anastassiadou Dumont, "Science Et Engagement: La Modernité Ottomane À L'âge Des Nationalismes," in *Médecins Et Ingénieurs Ottomans À L'Age Des Nationalismes*, ed. Méropi Anastassiadou Dumont (Paris: Maisonneuve et Larose Institut Français d'Etudes Anatoliennes, 2003), pp. 10-11.

interests like in society itself or the cultural factors on medicine. The acceptance of those historians who wrote medicine's story from outside of the medical world has not been easy by those writing from a doxographical view of medical history.

This new kind of a social history focused also on the issues such as public health, professionalization, and ethnic / racial segregation within medical fields, popular culture and medicine... et al. The positioning of the patient at the center of medical history was made possible by this newly-arising new social and cultural history. This is highlighted in the writings of a group of advocates of a new medical history, including Roy Porter, who describe the physician-centeredness as a great distortion.⁷

Here, it should be emphasized that “physician- centeredness” in his account means the history by physicians, for physicians, and telling of a “miraculous” medical deeds of the physicians. Yet, this study, despite focusing on the same professional group, prefers a different perspective, which is to locate a professional group within the context of a modernizing empire and to seek its foundations for the future preparation of a constitutive elite for the constitutional and republican struggles.

In other words, the question is about how the nineteenth century created such a professional group and shaped, and how the outcome of the modernizing empire became the creator and shaper of a new administrative model. How did this group integrate within the century's political and social system so that it became part of a new administrative node for the modernization process?

To answer these questions, it is necessary to turn back to the new history of medicine to see the impact of Michel Foucault, who underlined the power of medical

⁷ Miri Shefer Mossensohn, *Ottoman Medicine, Healing and Medical Institutions: 1500-1700* (Albany, New York: Suny Press, 2009), p. 4.

knowledge. What Foucault says basically is that the cognitive experiences that produce a certain technical knowledge creates an aura of power over those who do not possess it. Medical knowledge in the eighteenth and the nineteenth centuries dominated the “new” “population” of the central authorities that replaced the older “people” of the sovereign states. The same medical knowledge is sought in this study to find the roots of the ability among the medical elites to pronounce ideals like “to save the empire,” that would really create a professional group in and around the constitutive personnel.

These questions also necessitate a brief look at the historiography of European physicians, not because of the need to put these doctors in a primary position to be followed by the Ottoman doctors, but because the historiography of medicine in the Western world gives inspiration, even if not exact translation, for a social history of Ottoman medicine. Here, Miri Sefer Mossensohn warns us about an Orientalist approach to the Middle East, in addition to the nationalist accounts of the Ottoman / Middle Eastern medical history.⁸ In addition, Sam White proposes a history of disease reconsidered within the context of an interdisciplinary study, including a more wide geography and the introduction of environmental history within the study of disease, by underlining the efforts of the Muslim, who had been considered as completely fatalistic, at least in the sixteenth and seventeenth centuries,

⁸ Miri Shefer Mossensohn, "A Tale of Two Discourses: The Historiography of Ottoman- Muslim Medicine," *Social History of Medicine* 21, no. 1 (2008). A similar warning is expressed by Selim Deringil. Selim Deringil, "They Live in a State of Nomadism and Savagery": The Late Ottoman Empire and the Post-Colonial Debate," *Comparative Studies in Society and History* 45, no. 2 (2003). An important dissertation with the same questions as this one about the formation of the modern medical profession in the Ottoman Empire is that of Philippe Bourmaud. But unlike this study, which is constructed on the idea of the governing strategies of the empire, Bourmaud's research deals with the physicians of the same period within the context of the Middle East. Bourmaud also takes the issue of diploma as the starting point of the rise of a modern Ottoman physician.

for preventing diseases.⁹ Despite accentuating the importance of pilgrimage in the insurgencies during diseases, this study also will not be dealing with religious reactions by and for them.

How can the political position of European physicians in society be situated? The France of the Third Republic witnessed rise of the physicians' prestige. At the local level, the physician was a substitution for the priest in terms of influence because of his presence on almost every municipal council and service as mayor; but most importantly, his service in the parliament. The claims of the preventive medicine also had political implications as it applied the view of society as a social organism. The physicians tended to subject all institutions available to medical inquiry and authority. Indeed, political consciousness accompanied medical recruitment, training and practice in France.¹⁰

Similarly, Michael Kater, while trying to trace the typology of physicians between 1871-1933, questions how the German physicians got involved in "tremendous crimes against humanity." He proposes to study their education process and professional development, which led to fascization in the twentieth century. Several legitimization crises for physicians, and bifurcated statuses resulted in the precariousness of the physicians' professional status and a quest for social standing. A multiplicity of differentiations between military and civilian physicians, and their membership in fraternity societies in quest for social standing were aggravated in peace time, since in wartime they found a place at least in the army. In 1914, doctors enlisted in the army not simply for patriotic reasons, but also for salvation from the

⁹ Sam White, "Rethinking Disease in Ottoman History," *International Journal of Middle East Studies* 42(2010).

¹⁰ J. D. Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914* (Cambridge University Press, 1990). pp. 2-11.

conflicts that arose among them. The war, in a way, enlarged the boundaries of their abilities since war conditions not only revived nationalist feelings, but also glorified surgery. Doctors, from then, were heroic figures. Among the Germans, these doctors were the ones who lost sympathy for the “others” of the society in the 1920s and they have been advantageous in the acquisition of status with their masculine image.¹¹

A study of the self-perception of Ottoman physicians requires at least a brief look at the concept of medical ethics, which indeed define the moral basis of the doctor-patient relationship. Medical ethics became an issue for physicians after the writings of John Gregory (1724-73), Thomas Percival (1740-1804) and Michael Ryan (1800-41), which led the foundation of the idea that science and ethics were inseparable. While Gregory gave conferences on the qualities of physicians, Percival focused on the debates among physicians, surgeons and apothecaries, and demanded strict demarcation between them. His ethical codes could be summarized in the four duties of the physician: to himself, of his colleagues, to the society and to the patients. He saw a strong relationship between law and morality. His writings constituted the basis of the first Code of Medical Ethics of the American Medical Association. As for Ryan, he focused on forensics. The idea of social medicine, fortified by Pasteur’s discoveries and Malthusian ideals, came into existence with Bismarckian health insurance in 1883, at a time in which no such insurance was present in England or the United States.¹²

While the professional lives of doctors were changing in Europe and in the United States, in the Ottoman Empire, alteration of the physician’s responsibility

¹¹ Michael H. Kater, "Professionalization and Socialization of Physicians in Wilhelmine and Weimar Germany," *Journal of Contemporary History* 20, no. 4 (1985), p. 677.

¹² Nil Sarı Akdeniz, "Tıp Deontolojisi," in *Dünya'da Ve Türkiye'de 1850 Yılından Sonra Tıp Dallarındaki İlerlemelerin Tarihi*, ed. Ekrem Kadri Unat (İstanbul: Cerrahpaşa Tıp Fakültesi Vakfı Yayınları, 1988), pp. 406-411.

took place first in the institutions, which turned from the office of head-doctor to health offices and municipalities. The dramatic difference came with the Code of 1861 on the organization of medical activities. The qualities required to be a physician altered over time, as well: modesty, honesty, and compassion lost their gravity were replaced by scientific capacities and responsibilities.¹³ A physician's manner during consultation was given importance, which led the avoidance of inappropriate behavior with the patients. The 1858 Penal Code defined the responsibilities of the physicians in greater detail. The sanction of abortion was raised, confidentiality principles were clearly defined; causing death because of negligence was defined as "incompetence, ignorance of the necessary information, falling into grave mistakes, application of a new treatment without patient consent."¹⁴

On his evaluation of medicine in the modernizing Egypt, Khaled Fahmy emphasizes that "what was modern about Qasr al-'Aini doctors was their new social standing; in other words, it was not only the education they had received which differentiated them from earlier medical practitioners, but also a new position they came to occupy within the rapidly evolving Egyptian society of the nineteenth century."¹⁵ Actually, his doctors were not concerned only with public health, but also with the health of the entire Egyptian nation and its moral fabric.¹⁶

A similar status shift can be observed in the Ottoman case except for dissimilar internal conditions defined by several factors including ethnic, social and

¹³ For the previous qualities and values of the physicians, see Ayten Altıntaş and Hanzade Doğan, "Osmanlı Esnaf Tabibinin Ahlak Eğitimi Ve Değerleri," in *38. Uluslararası Tıp Tarihi Kongresi Bildiri Kitabı*, ed. Nil Sarı, et al. (Atatürk Kültür, Dil ve Tarih Yüksek Kurumu Türk Tarih Kurumu Yayınları, 2005).

¹⁴ Akdeniz, "Tıp Deontolojisi," pp. 415-416.

¹⁵ Khaled Fahmy, "Medicine and Power: Towards a Social History of Medicine in Nineteenth Century Egypt," *Cairo Papers in Social Science* 23, no. 2 (2000), p.8.

¹⁶ *Ibid.*, p. 19.

political realities. Hence, we might say that medical ethics did develop in an understanding of more than a patient-doctor relationship, but in the sense of responsibility to all of society. That is why the present dissertation deals with doctor-society relationship more than doctor-patient relationship.

Accordingly, when Dr. Joseph Nouridjan (Nurican Efendi)¹⁷ gave his deontology courses at the Imperial School of Medicine, he had cited the duties of the physicians on three levels: to his patients, to his colleagues, and to society. That was dependent on an improvement which could only be realized by the mastery of sciences.¹⁸ These courses were given under the name of “*İlm-i Edeb ve Vazife-i Tibbiye*” (The Science of Morality and the Medical Mission) in the School of Medicine in İstanbul along with Rustepan Efendi and Nurican Efendi.¹⁹ In his deontology book, Nurican Efendi clearly expressed the primary task of the physician: to be ready to take care of any person applying to him, regardless of his financial condition. He was under such a burden that no judicial court could judge his decisions; thus it was not enough to be armed with medical information to be a worthy medical man: he should be armed with moral tools, as well. Frequent visits to patients, like the rapid announcement of a serious disease would have a result in an undermining of his authority in the eyes of people, who might confuse him for a quack. And for the consultation of female patients, he proposed young physicians be

¹⁷ Born in 1827 in İstanbul, he graduated from the School of Medicine of Paris in 1863. He translated many French historical novels into Armenian. Returning to İstanbul, Beyoğlu, he worked at the Yedikule Surp Prigia Armenian Hospital, the Surp-Agop Armenian-Catholic Hospital, and the French Hospital. In 1867 he was elected as member to the Société Impériale de Médecine and was president for three terms. He published a book entitled “*Aperçu Historique Sur Les Médecins Arabes*” in 1876. He gave deontology courses in French at the Imperial School of Medicine. Many of his medical articles were published in *Gazette Medicale d’Orient*. He died in 1898.

¹⁸ Arslan Terzioğlu, "Dr. Nouridjan Ve Onun Mekteb-i Tibbiye-i Şahane Verdiği Tıbbi Deontoloji Giriş Dersi," *Tarih ve Toplum*, no. 111 (1993).

¹⁹ Akdeniz, "Tıp Deontolojisi," p. 417.

gender-blind: they needed to follow their instinct informing them to be careful of their honor and dignity.

Nurican Efendi added that another aspect of the social position of the physician was that medicine dealt with both physical and social agony; hence, the physician never confronted a person comfortable with his condition. By attending public health conferences, applying pressure on governments for better health conditions, like the installation of sewerage systems or lessening the working hours for children, he was all the time combatting and in need of staying in opposition. He also was responsible to his colleagues not humiliate the school.²⁰

The significance of medical tools for ensuring the respect of the physician vis-à-vis the common people must be noted. One of the main transformations that raised the social standing of the physician was that with clinical medicine, certification, and the stethoscope, he now could dominate the body of the patient who could be reactionary against the medical practitioner.²¹ An example of this transformation can be observed in the memoirs of Şerafeddin Mağmumi. When Şerafeedin Mağmumi began his trip to Anatolia and Syria after a call from the Public Health Office, his suitcase was full of medical equipment, which he compared to the military equipment: just as a soldier prepared his weapons before the war, a doctor prepared his medicines before he went on the road: bottles of quinine, laudanum, antipyrine, and bismuth, mustard paper, boric acid, citric acid, and mercury bichloride.²² And at the same period, Feyzi Paşa, the radiologist, worked in a period when the x-ray was no more than a name, bacteriology was making its baby steps,

²⁰ Nuran Yıldırım, "Nurican Efendi'nin Yeni Bulunan Deontoloji Kitabı II," *Tarih ve Toplum* 117(1993).

²¹ Fahmy, "Medicine and Power", pp. 17-18.

²² Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 19.

and the microscope was the most valuable item in a laboratory,²³ which introduced a dissimilar environment for the doctors, especially different from the outside world, giving the feeling of living in a few decades forward than the rest of the world.

Nineteenth century Ottoman history shows that modernity was the Ottoman central bureaucracy's political program to fortify its authority via new administrative technologies within changing world conditions, and to spread them to the countryside. Words like "the new order, progress, and civilization" were the harbingers of this program.²⁴ This program included the formation of a bureaucracy with central-appointments and payments.

The study of an Ottoman bureaucracy differs from the study of elite, as Carter Findley explains. Actually, the research of Findley suggests presenting an envisioning of the Ottoman bureaucrats from all strata as a total.²⁵ The modern civilian staff had been created by first the formation of *Sicill-i Ahval* in 1877,²⁶ by introducing the "the decree of the progress and retirement of the civilian officials" in 1880, and by forming a central commission of civilian officials in 1896.²⁷ Seventy-six per cent of the officers working in the Ministry of Exterior were from İstanbul.²⁸ The quest of the centrally-appointed physicians was located within this formulation of the modernizing state that sought to penetrate its components.

²³ Alus, p. 175.

²⁴ Nadir Özbek, "Tarihyazıcılığında Güvenlik Kurum ve Pratiklerine İlişkin Bir Değerlendirme," in *Jandarma Ve Polis: Fransa ve Osmanlı Tarihçiliğinde Çapraz Bakışlar*, ed. Nadir Özbek and Noemi Levy (İstanbul: Tarih Vakfı Yurt Yayınları, 2009), p. 7.

²⁵ Carter Vaughn Findley, *Kalemiyeden Mülkiyeye Osmanlı Memurlarının Toplumsal Tarihi* (İstanbul: Tarih Vakfı Yurt Yayınları, 1996), p. 9.

²⁶ Gülden Sarıyıldız, *Sicill-i Ahval Komisyonu'nun Kuruluşu ve İşlevi (1879-1909)* (İstanbul: Der Yayınları, 2004).

²⁷ Findley, p. 26.

²⁸ *Ibid.*, p. 104.

In the preface of the book on the formation of modern state of Rifa'at Ali Abou-el-Haj, Suraiya Faroqhi and Cornell Fleishcher point out the exigent situation of the modern man in his effort to envisage a period in which the nation-state did not rule. This pendent perception carries the risk of overshadowing any study within the Ottoman Empire, as well.²⁹ Indeed, the period following Tanzimat marked military, legal, economic and administrative transformations that created a totally new environment that we tend to perceive as "the norm" today. To decipher that norm, this study turns back to the period in which it was originally formed in terms of medical issues.

About the idea of the components of the empire, in an age of Western-dominated modernity, every nation creates its own Orient," says Ussama Makdisi in his discussion of Ottoman Orientalism. That discussion was on how the Ottomans themselves orientalized their Arab provinces. Makdisi uses the term to designate the Ottoman's view of the occident as the source of "progress." What was special about the Ottoman modernization? That was a notion of Islam, which was to be incorporated into the acceleration of modernness within Ottoman life.³⁰

Makdisi's critique of Ottoman orientalism is founded on the idea of the misuse of time, which was foreword in Istanbul and backward in the Arab provinces. After the nineteenth century, he continues, the Ottoman central bureaucrats tried to Ottomanize the territories of the empire by assimilating marginal locations in order to create a uniform Ottoman, by borrowing Johannes Fabian's notion of

²⁹ Rifa'at Ali Abou-el Haj, *Modern Devletin Doğası: 16. Yüzyıldan 18. Yüzyıl Osmanlı İmparatorluğu* (Ankara: İmge Kitabevi, 2000).

³⁰ Kemal Karpat, "The Transformation of the Ottoman State, 1789-1908," *International Journal of Middle Eastern Studies* 3, no. 3 (1972).

“ideologically constructed instruments of power” for the use of “time.”³¹ In addition, to be formed as a civilized power, the Ottoman elite needed to create an image of “leader of Islamic world but a member of the civilized community,” as said by Deringil.³²

But, it should be noted that this was the specialty of the Ottoman case; yet the transition in question was shared by the whole world, within different internal conditions. In the intellectual history of Turkey, Toprak emphasizes, Westernization was more than a move pertaining to the will of the intellectuals. However, modernization was the result of a transformation that affected the whole world. The touchstones were industrialization, monetarization and commercialization on the one hand, and the ideas of liberalism and individualism that had come into question with the French Revolution and that had established the state on the basis of modern law on the other. The Tanzimat was the treshold of a period in which the roots of a modern society and nation with a new conception of a responsible population in the eyes of the state was formed with a new codification system in legal terms.³³

Within such a study of internal colonization, framed by Westernization, the idea of the public sphere is worth study. A revision of Habermas’ conception of the public sphere resulted in an understanding of the complexity of a political arena in a wide sense with elements of the non-rational including both compromise and conflict.³⁴ In history writing, the debate of history from below has gained distinctive

³¹ Makdisi, Ussama. "Ottoman Orientalism." *American Historical Review* 107, no. 3 (2002): 768-96.

³² Selim Deringil, *The Well-Protected Domains: Ideology and the Legitimation of Power in the Ottoman Empire 1876-1909* (London and New York: I.B. Tauris, 1999).

³³ Zafer Toprak, "Tanzimat ve Çağdaş Türkiye," *Toplum ve Bilim* 46-47(1989).

³⁴ Nadir Özbek, "Modernite, Tarih ve İdeoloji: II. Abdülhamid Dönemi Tarihçiliği Üzerine Bir Değerlendirme," *Türkiye Araştırmaları Literatür Dergisi* 2, no. 1 (2004).

credit. However, that kind of interpretation may lead to an overemphasis on the population. If legal codes were one facet of modernity, another was their impact (either existent or non-existent) on the population. Khaled Fahmy's critic of Timothy Mitchell lies on the same ground that he left the practical conditions in Egypt out of account, emphasizing only the effort of creating a model.³⁵

Similarly, a study of the Ottoman infrastructural power based on governmentality techniques is fruitful if developments beyond legislation are taken into consideration.³⁶ Through new governmental techniques, the population became the subject of the activity of the state. Government, according to Foucault, is the "conduct of the conduct," aiming to shape certain behavior appeared in the eighteenth century.³⁷ In other words, it is "the ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its principal form of knowledge political economy, and as its essential technical means apparatuses of security."³⁸

³⁵ Khaled Fahmy, *All the Pasha's Men: Mehmed Ali, His Army and the Making of Modern Egypt* (Cambridge: Cambridge University Press, 1997). A similar perception of infrastructural power can be seen in Ussama Makdisi's work on Ottoman modernism perceived as its own orientalism towards the provinces. He defines Ottoman orientalism as set of attitudes of nineteenth century reforms inspired by the West that would be applied in the "underdeveloped" East, that is, the Arab provinces. Ussama Makdisi, "Ottoman Orientalism," *American Historical Review* 107, no. 3 (2002).

³⁶ Nadir Özbek, "Policing the Countryside: Gendarmes of the Late nineteenth-Century Ottoman Empire (1876-1908)," *International Journal of Middle Eastern Studies*, no. 40 (2008).

³⁷ Colin Gordon, "Governmental Rationality: An Introduction," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: The University of Chicago Press, 1991), p. 2.

³⁸ Michel Foucault, "Governmentality," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: The University of Chicago Press, 1991), p. 102.

Harry Harootunian's conception of co-eval modernity also allows us to envisage the contemporaneity of different alternatives.³⁹ His emphasis on everydayness in Japan, a "broad signifier that includes art and literature, to be sure, but also philosophy, religion, and social and political thought,"⁴⁰ might be significant for the case of Ottoman modernity understood in a world-time that also includes Egypt, Russia or Europe; all of which witnessed the creation of modern concepts such as army, legislation, taxation, and medicine, etc.

After the boundaries were located in a vital position for the modern state, the first of the transformations in question, that of military, was introduced with conscription policies. These policies would reshape society. Such an envisioning of the modern state can be seen in the study of Khaled Fahmy on the Egyptian army. By focusing on the conscription policies, training methods based on control and discipline and the resistance of the peasants against these policies, Fahmy tells the story of the creation of a population within the conceptual boundaries of a nation.⁴¹

An important example of the subject of the Ottoman centralization is Nadir Özbek's study on the Ottoman gendarmerie which illustrates one facet of the surveillance systems of modern state as the apparatus of the bureaucrats' extension to the countryside. He conceptualizes the gendarmerie as more than an institution, as actors of the administration on the everyday level to see daily politics of the

³⁹ Harry Harootunian, "All the Names of History," in *Overcome by Modernity: History, Culture, and Community in Interwar Japan*, ed. Harry Harootunian (Princeton: Princeton University Press, 2002): ix- xxxii. Dominic Lieven transfers this idea to the discussion about the notion of empire, with a criticism of an exotic and sui generis imagination of Russia. He proposed to transport Russia to a world-axis. Dominic Lieven, "Dilemmas of Empire 1850-1918, Power, Territory, Identity," *Journal of Contemporary History* 34, no. 2 (1999).

⁴⁰ Ibid.

⁴¹ Fahmy, *All the Pasha's Men*.

countryside.⁴² Indeed, the nineteenth century state was that of surveillance in a general sense based on the appropriation of the body of the population.⁴³ Other components of modernization were the triple transformation of private property, taxation and legislation.

Here, the population itself is perceived as a source of wealth. That is why registration and censuses gained special importance in that period. Statistics allowed the state to implement policies in a foreseeable future. Income registers and quarantine registers were the two basic documents of administrative system.⁴⁴ The *muhassıllık* system (tax collection) was an effort to consolidate a central budget.⁴⁵ Criminal law was another aspect of the modern state which gave the impression of impersonality.⁴⁶ Another component was the appearance of modern medicine.

Revisionist approaches in British, German, Russian, Chinese and Japanese history have drawn attention to the collaborations and loose boundaries between the state and civil society, and more important, their emergence of civil society. This new approach has erased a vision of a strong state and weak civil society as a peculiarity of the East. This concept leads to the idea of multiple modernities, characterized by the studies of Dipesh Chacrabarty, Arif Dirlik, and Harry Harootunian. Furthermore, social historians who have revisited Habermas' concept

⁴² Özbek, "Policing the Countryside."

⁴³ Cengiz Kırılı, "Surveillance and Constituting the Public in the Ottoman Empire," in *Publics, Politics and Participation: Locating the Public Sphere in the Middle East and North Africa*, ed. Seteney Shami (New York: Social Science Research Council 2008).

⁴⁴ Cengiz Kırılı, "Balkan Nationalisms and the Ottoman Empire: Views from Istanbul Streets" (paper presented at the Ottoman Rule and the Balkans, 1760-1850: Conflict, Transformation, Adaptation, Rethymno, Greece, 2003), p. 250.

⁴⁵ Huri İslamoğlu, "Politics of Administering Property: Law and Statistics in the Nineteenth-Century Ottoman Empire," in *Constituting Property: Private Property in the East and West*, ed. Huri İslamoğlu (London: I.B. Tauris, 2004): 276-319.

⁴⁶ Cengiz Kırılı, "Yolsuzluğun İcadı: 1840 Ceza Kanunu, İktidar ve Bürokrasi," *Tarih ve Toplum* 4(2006).

of public sphere multiply the number of this concept and enframe competing public spheres where the Gramscian notion of hegemony prevailed.

Finally, to conceptualize the Hamidian period (although this study does not directly deal with the Hamidian period, most of the period it covers overlaps with it) without imagining a tyrannical sultan or a faithful reformist of the Western civilization with an Islamic sensibility necessitates in some way to taking a look at a multiplicity of actors within his rule. The negation put to the idea of a non existing civil culture will enable the student of the period to demystify certain groups' reaction to the modern administrative techniques of power shared by many nineteenth century central authorities.

That is why this study of doctors examines multiple reactions to the governing techniques given both by the performers of the techniques in question in the field of medicine, and the ones who submitted to them. While these physicians were entitled to apply hygienic rules to the entire society, hoping to upgrade their social strata sometimes in vain but sometimes for real reasons, they had to engage in that civil society by rejecting their mission. As for the people, they were highly selective of the modern hygienic codes and they presented an atmosphere of casual rejections or acceptances of the techniques of a centralizing regime.

Within such a selective modernization, the Ottoman elite can be conceived of as a set of actors capable of creating their own modernity within a complex set of internal political conditions.⁴⁷ The doctors of the Ottoman state can be seen as an active part of the Ottoman modernity creating a profession. A common global temporality stimulates us to see Ottoman history from a world- historical perspective.

⁴⁷ Özbek, "Modernite, Tarih Ve İdeoloji."

The conceptualization of modernity from a world-historical perspective is fruitful for a study of modernity in the Ottoman case.⁴⁸

Back to the idea of society-responsible morality and medical ethics, or its nature to deal with the whole society within the Ottoman context, Méropi Anastassiadou Dumont's emphasis on the proximity of medicine to humans at the level of daily interaction is interfused with the physician's therapeutic reflex to cure the society.⁴⁹ Additionally, the medical profession was the one that has the most contact with Europe that rendered physicians opportune for Western ideas. The issue of tax collection is described by Özbek as one of the most direct relationships that the state formed with its population.⁵⁰

We might affirm that another kind of this directness was public health, where state officers were face to face with the common people. Another common trait was the preparation of statistics: provincial sanitary and quarantine statistics on the one hand, and cadastral statistics on the other. If the taxable sources were recorded meticulously, so were the reproductive sources. Yet, the central administration was not totally successful at fulfilling the projected ideals in either field.

Until the late 1860s, the Ottoman candidates of medical studies went to Europe or were trained in İstanbul at the Military School of Medicine that opened in 1827.⁵¹ At the turn of the century, the scientific and biological language partially integrated with the language of the politics with its pathogens to be removed from the sick body to the empire. The students and graduates of the medical school

⁴⁸ Arif Dirlik, "Modernity as History: Post-Revolutionary China, Globalization and the Question of Modernity," *Journal of Social History* 27, no. 1 (2002).

⁴⁹ Anastassiadou Dumont, "Science et Engagement," p. 7

⁵⁰ Nadir Özbek, "'Anadolu Islahatı,' 'Ermeni Sorunu' ve Vergi Tahsildarlığı, 1895-1908," *Tarih ve Toplum* 9(2009), p. 61.

⁵¹ *Ibid.*, p. 7.

gradually adopted the discussion around such concepts as of nation, race, population, existence, and saving the country.⁵²

Actually, physicians in an international context everywhere faced some realities: strict professional competition, increasing belief in scientific expertise and an increasing intervention of public authorities into medical practices. In addition to these, George Weisz writes, medicine was the first large profession that developed an international culture in terms of the taking-into-practice of serious medical developments. The doctors, in other words, shared a common space of time in their profession. Thus, the medical elites were in continuous observation of each other.⁵³

The professionalisation within the domain of health was maintained in the context of an introduction to a new medicalized world. This world had to create its own actors by composing artificial limits and boundaries between the traditional applicants and the modern ones. The second chapter of this dissertation introduces these boundaries by focusing on the legal framework, the introduction of a new training system, and the functioning of this new system.

Hence, the study begins with first the definition of the legal terms of the appearance of this new professional group. I focused in my research on the application of modern organization of the physicians' professional group. The body of this part is composed of the centralization of medical affairs and the appropriation of the people's health by the state; the application of the qualification examinations with its consistencies and inconsistencies going parallel with the formation of boundaries between several types of medical professionals.

⁵² Hans- Lukas Kieser, *Türklüğe İhtida 1870-1939 İsviçre'sinde Yeni Türkiye'nin Öncüleri* (İstanbul: İletişim Yayınları, 2008), pp. 43-44.

⁵³ George Weisz, *Divide and Conquer: A Comparative History of Medical Specialisation* (New York: Oxford University Press, 2006) p. xxi.

The third chapter deepens this boundary- defining with its details through Ottoman state archival documents. Have these boundaries been effective in separating the traditional and the modern for forming a novel group of medical actors? The answer to this question was sought by the description of a competitive environment for the multiple actors intervening into the domain of medicine. How did having (or not having) a diploma affect the policy of the state throughout the century? What were the ambiguities and instabilities in this policy? And finally, how was the language of professional competency constructed within this struggle against the empirics?

The fourth chapter introduces a general description of the training of a medical student within the Military School of Medicine. The choice of this school solely was the result of the existence of memoirs mainly by its graduates, who occupied mostly important places during the republican period. The main question is, once defined, categorized and systematized: how was the new progressive and positivistic aura constructed for the students? How was a youngman who entered the School transformed into a politically, socially and medically responsible person within about ten years? What was special about the School that differed from other schools of the Empire, even those of the capital city? This chapter illustrates in mainly a narrative way the daily life of an ordinary medical student to find clues about this transition. It deals with both the positivistic education, the conditions of the school, and the extracurricular activities, mainly political reading.

Chapter five discusses the centralisation of medical services, by examining how the state dealt with its medical officials, how the physicians perceived their own position, and finally, how the local people reacted to the entrance of a centrally-appointed doctor who supervised their daily lives. The provincial physicians, or

“memleket hekimleri,” as they were called, who were graduates of the Civilian School of Medicine, appeared both out of the Turkification of medical activities and the need to spread health services to the countryside. They were required to complete compulsory service in the provinces for their education, knowing that they were highly insufficient in number and the state was deprived of necessary resources for salary payments. The insistence of the preservation of the system is portrayed via archival sources.

Chapter Six examines the same question posed about the provincial physicians, but this time about quarantine physicians, who were graduates of the Military School of Medicine: How did the state try to preserve the system, and how did the people react to it, this time, to a more pressurized system of cordons and quarantines. But here, to the rivalry, international actors are added, mainly described within the context of the Venice Sanitary Conference and pilgrims. In sum, the story of professionalization of the Ottoman physicians is told within the context of the main concepts of legalization, centralization, ethnic debates and Turkification.

CHAPTER 2

THE PROFESSIONALISATION OF PHYSICIANS: THE STANDARDIZATION OF MEDICINE IN THE NINETEENTH-CENTURY OTTOMAN EMPIRE

Historians' attention to professionalization turned to medicine in the late 1970s and early 1980s. Their problem was that they anachronistically gave modern physicians a leading role in the provision of health care.⁵⁴ So, what is professionalization? It is the acquisition by an occupation of ideal types. It creates a model that evolves the conception of the occupation. In the case of the physicians, as Matthew Ramsey stresses, it refers to the identity formation of the profession. So, it deals with the reorganization of medical practitioners, by establishing a boundary between educated and popular practitioners, increasing the extent of its services and decreasing the popular practitioners' ones.⁵⁵

While investigating the organization of medical occupations into one singular medical profession in modern England, Lawrence explains that the explanation of power construction in the field of medicine is only significant if one also considers ordinary people, such as medical students, and neighborhood practitioners.⁵⁶ In the 1840s the Ottoman bureaucratic elite decided to organize the duties of pharmacists, midwives, blood letters, and tooth extractors by measuring

⁵⁴ Martin Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), p. 218.

⁵⁵ Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice* (Cambridge: Cambridge University Press, 2002), p. 3-4.

⁵⁶ Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge: Cambridge University Press, 1996), p. 2.

their skills. Those qualified would be bestowed certificate. On the contrary, those failing would no longer be able to claim the right to practice.⁵⁷

Regulations on the practice of medicine had always been existed in the Ottoman Empire. For instance, those lacking *berats* (a type of order) would be prevented.⁵⁸ However, such regulations were under the system of apprenticeship: a consolidation of medical knowledge was not in question. A neighboring chief doctor would question the practitioner to evaluate his skills, and affairs would be arranged at the local level. In the case of the post-1861 period, a centralized system of medical examinations and degrees came into being.

The formation of modern medicine in the Ottoman Empire was a nineteenth century phenomenon deriving from both the urgencies of epidemics and their technical replies such as apparati of hygienic measures or disinfection machines, and the formation of modern mentality within the Empire. That transformation was linked to world-wide developments under a new conception of medicine as an apparatus of the modern state. As Dorothy Porter writes, public health in England was a phenomenon situated between the ends of the eighteenth century and the World War I as one of the most effective tools of an expanding bureaucracy.⁵⁹ The

⁵⁷ The rise of public health was it a phenomenon of technical novelties that rose at the era, or were the novelties in question already the result of a new mentality as a part of a new governing technique that invested and funded those medical and technical innovations? Actually, this study argues that they were contemporaneous phenomena feeding each other.

⁵⁸ Sarı's article results in a refusal of the arbitrariness of the Ottoman pre-modern medical practices by introducing strict regulations on the practice of medicine. Nil Sarı, "Osmanlı Hekimliğinde Tıp Ahlakı," in *Osmanlılarda Sağlık I*, ed. Coşkun Yılmaz and Necdet Yılmaz (İstanbul: Biofarma, 2006). Ayten Altıntaş and Hanzade Doğan studied private medical practice (*esnaf tabib*) until the nineteenth century from edicts on the controls of these people. These people were trained by a master, controlled by *kadı* (judge) and *muhtesib* (tax collector) , and tested by *hekimbaşı* (head-doctor). Ayten Altıntaş and Hanzade Doğan, "Osmanlı'da Serbest Hekimlik Yapan Esnaf Tabip," in *Osmanlılarda Sağlık I*, ed. Coşkun Yılmaz and Necdet Yılmaz (İstanbul: Biofarma, 2006).

⁵⁹ Dorothy Porter, "Public Health," in *Companion Encyclopedia of the History of Medicine* Vol. 2, ed. W. F. Bynum and R. Porter (Routledge, 1997), pp. 1231-1261.

developments in the Ottoman Empire within the medical field did not differ radically from those in Britain.

Preventive medicine marked the era for this novelty within the alliance of medicine and administration, with an addition to the curative medicine.

Bacteriological developments fed by the studies of Koch and Pasteur paved the way for the structuring of an institutionalized preventive medicine. The envisioning of specific diseases led by specific microorganisms motivating the rise of germ theory, which proceeded in two directions, the French and German ones, causing national rivalries termed as *guerre des savants* (war of scientists) in the 1890s.⁶⁰ Health was a neutralizing concept with its scientific character that could predict human lifestyle by producing norms of behavior that would lead to the creation of homo-hygienicus.⁶¹

At that point, the political channeling of health that imagined societal problems as sanitary ones became possible.⁶² Specialization was not a simple consequence of the accumulation of knowledge in medical fields. Rather, it was the result of a new conception of disease, moving towards a “localist pathological thinking,” led by doctors focusing on organ systems and medical specialisation appeared as a necessity of modern medicine within the institutional conditions, as well, that is, the “administrative rationality.”⁶³ Already in the 1830s, a body of

⁶⁰ John Andrew Mendelsohn, "Cultures of Bacteriology: Formation and Transformation of a Science in France and Germany, 1870-1914" (Ph.D. diss., Princeton University, 1996).

⁶¹ The claims of preventive medicine also had political implications as it applies the bodily social organism vision to society. The physicians tend to turn to all institutions available for medical inquiry and authority. Ellis, p. 6.

⁶² Alfons Labisch, "Doctors, Workers and the Scientific Cosmology of the Industrial World: The Social Construction of 'Health' and the 'Homo Hygienicus'" *Journal of Contemporary History* 20, no 4 (1985): 599-615.

⁶³ Georg Weisz, "The Emergence of Medical Specialization in the Nineteenth Century," *Bulletin of the History of Medicine* 77 (2003), pp. 539- 544.

microscopical knowledge had begun to be established in both medical research and medical training.⁶⁴

Despite the epistemic shift of the Enlightenment era, the nineteenth century was a period in which medicine rose as an accumulation of scientific knowledge. Since the first decades of the century, French professors transformed medicine totally due to the rising opportunities of the utilization of hospitals after the Revolution.⁶⁵ In the first half of the century, the Paris school was a center attracting physicians and researchers from all over Europe and North America.⁶⁶ After the 1830s, London and Vienna entered the game, the USA developed more slowly in medical terms.⁶⁷

Clinical examination, pathological anatomy and microbiology within this process transformed the art of healing into a science of diagnosis: the doctor now was able to diagnose successfully, or make valuable prognoses of the disease course.⁶⁸ The invention of ether anesthesia, an American contribution to medicine in 1846, marked a turning point in modern surgery and its use rapidly spread to Europe. Several important discoveries in techniques of pain management followed that one. Clinical practice was united in the surgical departments of twenty-seven medical faculties in Austria, Switzerland, and Germany. The Italian, French, Dutch and Swiss

⁶⁴ Brian Bracegirdle, "The Microscopical Tradition," in *Companion Encyclopedia of the History of Medicine*. ed. W. F. Bynum and R. Porter (London: Routledge, 1997), p. 105.

⁶⁵ Roy Porter, "Medical Science," in *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge; New York: Cambridge University Press, 2001), p. 173. Dorothy Porter, "Public Health."

⁶⁶ Porter, "Medical Science.", p. 176.

⁶⁷ *Ibid.*, p. 177.

⁶⁸ Edward Shorter, "The History of the Doctor-Patient Relationship," in *Companion Encyclopedia of the History of Medicine*, Vol 2, ed. William F. Bynum and Roy Porter (London and New York: Routledge, 1997), p. 789.

surgical associations were founded in 1882, 1884, 1902 and 1913, respectively. The Société Internationale de Chirurgie convened its first meeting in 1905 in Brussels.⁶⁹

Health was introduced as a scientifically neutral concept for the domination of many strata of the society. Indeed, the homo-hygienicus model introduced an every-day level attitude subordinating the entire life of a person to the principles of medicine. From then on, a health trouble was susceptible to be channeled politically as a therapeutic problem.⁷⁰ Medicine, Foucault writes, was no longer merely a matter of curing illness. It required “the knowledge of healthy man,” that was characterized by a “model non-sick man,” that imposed the “positive norms of health and normality.”⁷¹

One of the dimensions of medicine was a quest for military -and civilian- productivity in both qualitative and quantitative terms. Labisch summarizes the correlation between the emergence of industrial towns and social problems, and the rise of modern health through bacteriology and the definition of the homo hygienicus, which would assist in the colonization of the peripheral social classes. He sees the general acceptance of this social construct in the institutionalization of state social insurance; the monopoly of the modern medicine made possible through a violent struggle against folk medicine, lay healers and traditional interpretations of health; and medicine’s gaining a scientific character via continuous medical observations of risk groups, the identification of the disease, the organization of the treatment, and hygienic counseling and training.⁷²

⁶⁹ Ulrich Tröhler, "Surgery (Modern)," in *Companion Encyclopedia of the History of Medicine Volume 2*, ed. W. F. Bynum and Roy Porter (London: Routledge, 2006), pp. 994-995.

⁷⁰ Labisch, "Doctors, Workers and the Scientific Cosmology of the Industrial World," p. 602.

⁷¹ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (London: Tavistock Publications, 1973), pp. 34-35.

⁷² Labisch, "Doctors, Workers and the Scientific Cosmology of the Industrial World."

Biopolitics, a term introduced by Foucault which Labish describes without reference to the word, involves in concern for techniques operated by a micro-power over the body, which is transformed into a social body. Statistics are a vital component of this concern with the body. The quarantine physician (a novel type of doctor with the introduction of a new kind of confinement) was supposed to write a report including the names, ages, places of birth and causes of death of the deceased in quarantine in addition to general reports on health conditions of the area for fifteen days interval.

Furthermore, he was entitled to give information to the embassy representatives or state officers managing with public health once a week. Needless to say, he was the one to take immediate measures in case of epidemics.⁷³ Statistics showed that population, as a domain, could not be reduced to family. Statistics dealt with epidemics, mortality, and capacity of labor and wealth of the population as a whole. Hence, population, for its economic effects, needed to be recorded in more detail than the social status of the family.⁷⁴

In the Ottoman Empire, those statistics were considered vital in the struggle against epidemics as in all other parts of the world. A serial article entitled “Cholera Morbus” published in *Journal de Constantinople* in 1849 stated that an office that recorded deaths had been formed in Istanbul, which dates to the creation of quarantine practices in Turkey. Its direct purpose was to exercise control over the

⁷³ Nuran Yıldırım, "Osmanlı Coğrafyasında Karantina Uygulamalarına İsyanlar: 'Karantina İstemezük!,'" *Toplumsal Tarih* 150 (2006), p. 20.

⁷⁴ Foucault, "Governmentality," pp. 99-100. Similarly, the process of medicalization still in the Foucauldian sense accelerated as soon as the German/Prussian state introduced compulsory sickness insurance for workers. But additionally, the impact of the confrontation of the physicians with poverty in the introduction of sickness insurance should not be neglected. The main winners of this process were the physicians themselves, since their status benefited from the rising demand for health services. Ute Frevert, "Professional Medicine and the Working Classes in Imperial Germany," *Journal of Contemporary History* 20, no. 4 (1985).

ceaseless nature of death and therefore disease. All announcements were held at the central office of health. The writer, Dr. Verrolot, had been given the task of ensuring that the registration of deaths was carried out carefully and he trusted that the morality official in 1848 had stayed little from reality. The necrological table, according to these statistics was such: ⁷⁵

Table 1: The Necrological Numbers of the Cholera Epidemics of 1848

Nation	Male	Female	Total
Free Muslims	4,612	3,571	7,873
Black Muslim Slaves	73	741	814
White Muslim Slaves	-	56	56
Greeks	1,720	983	2,703
Armenians	1,651	919	3,570
Jews	165	578	1,143
Catholics	146	143	289
Tziganes	21	19	40
Total	8,778	7,010	15,798

This example is a typical statistical report that formed the informational basis for the projection of population policies. In the Ottoman Empire, population policies went hand in hand with administrative reforms.⁷⁶ Accordingly, population censuses

⁷⁵ *Journal de Constantinople*, 4 October 1849.

⁷⁶ A study on the Ottoman population would be profitable for an understanding of the administrative formation of the Empire as well. The 29 provinces at the census of the 1831 were transformed to 36 in the 1850s, each of them unique. A new administrative organization initiated by the 1864 Code was realized by Mithat Paşa and the Province of Danube, which was followed by the appearance of 23 provinces in 1870, 25 in 1875 and 27 province and 4 special areas in 1893. For a detailed evaluation

in a modern sense appeared in the nineteenth century with the aim of counting all assets of the empire, such as tax revenues, or military human resources in order to construct a foreseeable future, and with the alteration in the registration unit from household to person (eventually, men).

The 1877 war with Russia initiated severe territory losses nearby Danube and Caucasus, which led to massive migrations. Additionally, the empire lost a large amount of European territories, which led to another migration wave to Anatolia and Thrace. The ethnic balance of the Empire was totally disturbed as Muslim subjects gained importance by upsetting the idea of multinational state. The most dramatic transformation was urbanization.⁷⁷

The most important reflection of this concern with population in the Ottoman context was the ensuring of procreation. To do that, the first step was to forbid abortion.⁷⁸ Another method for ensuring the reproductive capacity as well as the well-being of the population was the installation and public training of hygienic measures against the nightmare of epidemics. "Histoire du Cholera Morbus" in *Journal de Constantinople* reported on not only the history of cholera but also medical and meteorological topography, population statistics, and the dietary and other habits of the people which were analyzed in terms of hygiene, climatology, and

of how the censuses were conducted, see Kemal Karpat, *Osmanlı Nüfusu 1830-1914* (İstanbul: Timaş Yayınları, 2010).

⁷⁷ Karpat, "The Transformation of the Ottoman State," pp. 273-4.

⁷⁸ See Kenan Olgun, "Osmanlı Devleti'nde Nüfusu Arttırma Politikası Çerçevesinde Iskat-ı Cenin (Kürtaj) Yasaklanması," in 38. *Uluslararası Tıp Tarihi Kongresi Bildiri Kitabı Cilt III*, ed. Nil Sarı et al. (Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu Türk Tarih Kurumu Yayınları, 2005); Gülhan Balsoy, "Gender and the Politics of the Female Body: Midwifery, Abortion and Pregnancy in Ottoman Society (1838-1890s)" (Ph. D. Diss., Binghamton University State University of New York, 2009).

necrology.⁷⁹ During the reign of Abdülmecid, the first naval quarantines, with reports introduced by quarantine commissions on paper written by the quarantine administration and with a symbolic yellow quarantine flag, were sent to the military offices, which were sent these reports to the palace.⁸⁰

The most visible measure for ensuring the wealth of the population in any sense was the introduction of the idea of public hygiene, a concept already introduced with homo-hygenicus. A nineteenth century novelty was the appropriation and obligation of public health being empowered by “medical care” and “normalized knowledge” in Foucault’s words, accentuating on “cognitive revolution” forming the idea that both diseases and bodies were “fabricated” by medicine via techniques applied in places like schools, prisons, or hospitals.⁸¹ Also, epidemics could only be seen by the accompaniment of a police.⁸² In the Ottoman context, the 1890s saw the institutionalization and strict organization of public hygiene, as a result of both the İstanbul cholera epidemic in 1893 and the great population movements, which necessitated significant medical surveillance over public places and food, water, and ventilation.⁸³

The history of public health, dealing with the way in which populations deal with health and illness, the social, economic and political systems shape healthy and unhealthy lives the ways in which societies fulfilled the requirements for the

⁷⁹ *Journal de Constantinople*, 4 April 1849. This column presented many measures taken by the practitioners of preventive medicine including a prescription formed of hygienic measures for the common people.

⁸⁰ A. Süheyl Ünver, "XIX. Asır Ölüm İstatistiklerimiz Hakkında," *Dirim* 6 (1947).

⁸¹ David Armstrong, "Bodies of Knowledge/Knowledge of Bodies," in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London and New York: Routledge, 1998).

⁸² Foucault, *The Birth of the Clinic*.

⁸³ İbrahim Halil Kalkan, "Medicine and Politics in the Late Ottoman Empire (1876-1909)" (M.A. Thesis, Bogazici University, 2004), p. 28.

production and transmission of diseases, and how people tried to protect their health necessitates an envisioning of a public health history not strictly bounded to the study of bureaucratic institutions, but to all aspect of social and cultural life.⁸⁴

One aspect of this social and cultural life was how public health was represented in the press, which was used as an organ to spread information and prescripts on common diseases and epidemics. Many journals published informative articles on hygienic rules for the education of the public. Palmira Brummett writes about the era of diseases and how they were presented in the press: “Cholera was used as a stand-in for Westernization, imperialism, immorality; it was fear itself.”⁸⁵

A journal published in Trabzon entitled “*Hekim*” contained articles not only for physicians, but also for the common people. Emphasis on preventive medicine, the most common theme of the articles, also tried to illustrate the existence and role of germs. Doctor Şaban Hilmi wrote, for instance, on tuberculosis in an article titled “Tuberculosis - Possible to Cure if Treated on Time” (*Verem – Vaktinde Tedavi Edilirse Kabil-i Şifadır*) on 15 May 1326 (28 May 1910), in which he described germ as a creature that could be seen only by a tool called microscope. Each disease had a specific germ that penetrated the body, caused illness.”⁸⁶

Deringil’s research on the imperial symbolism is on applied legitimation policies; thus, the emphasis was on the voice of the Ottoman elites, by taking into consideration that these elites were not an integral monolithic entity with their

⁸⁴ Elizabeth Fee, "Public Health, Past and Present: A Shared Social Vision," in *A History of Public Health*, ed. George Rosen (Baltimore: The Johns Hopkins University Press, 1993), p. xxxviii.

⁸⁵ Palmira Brummett, *Image and Imperialism in the Ottoman Revolutionary Press, 1908-1911* (Albany: State University of New York Press 2000), p. 275.

⁸⁶ Mustafa Çulfaz, *Trabzon Hekim Dergisi* (Trabzon: Serander Yayıncılık, 2007), p. 119-121.

clique.⁸⁷ A psychological game was played out in the newspapers of the era. All of the activities of the eminent physicians of İstanbul were closely followed in a meticulous way. Even the examinations of the School of Medicine, along with other technical schools, were given generous coverage.⁸⁸

Also, the results of the contests arranged by the Imperial Society of Medicine in Constantinople on medical topography were published.⁸⁹ In addition, the success of medical students was exhibited in relation to their foreign counterparts, including those who practiced missionary activities. For instance, Dr. Fauvel, a French professor at the Imperial School of Medicine in Galatasaray, and Dr. Mongeri, the private doctor of the Grand Vizier, who had been sent on a mission in Rumelia, were announced to have returned the previous Saturday to Constantinople, after having visited all the military hospitals of the army corps operating in that part of the empire.

The news continued by saying that inspections of the hospitals were very well maintained, everything was in perfect order, and the health of the troops was in a satisfactory condition if they found among the many troops only 330 cases of illness. We know that the Russian army accounted for 12 to 15,000 patients."⁹⁰ Such news was indeed used as proof of the high capacity of the Ottomans in dealing with diseases in contrast to their rivals or war enemies.

⁸⁷ Selim Deringil, *İktidarın Sembolleri ve İdeoloji: II. Abdülhamid Dönemi (1876-1909)* (İstanbul: Yapı Kredi Yayınları, 2007), p. 15.

⁸⁸ See article entitled "Examination at the School of Engineering and at the School of Medicine," *Journal de Constantinople*, 24 June 1851.

⁸⁹ *Journal de Constantinople*, 7 March 1860. The climate, water, soil, minerals, hygienic conditions, weather, geographic conditions, diseases and practical solutions were demanded for the contest, the prize of which was 5000 liras.

⁹⁰ *Journal de Constantinople*, 4 March 1854.

Additionally, quarantine inspection committees, which traveled within the country, received coverage in the newspaper in the fashion of almost breaking news as often as possible, which could be perceived as a form of public relations by sanitary officials. The importance given on sanitary affairs, mainly on quarantines, which would be implemented as part of a visionary aspect of the central administration, might be understood in the public image of the sultan, explained by Deringil.⁹¹

An example of such news was as follows:

The commission is scheduled to visit Egypt to study quarantine facilities. It consists, as we have said, of Mehmet Efendi, health director of Beirut; Dr. Leval, a medical superintendent; a member of Supreme Board of Health of Constantinople; Jean Endasian, translator, member of the board; Hayri Effendi, the steward; and Mr. Paduan, purifying the quarantine station of Dardanelles. Preparations for departure are made. It is expected to embark next Wednesday or Thursday to get to destination."⁹²

A letter sent from Rusçuk on 7 February reporting on the reforms in the area said in pride that despite the previous deprivation of "an enlightened doctor," which had led them in the hands of the traditional healers and had caused the loss of hundreds of people every year for the lack of vaccination. But the new governor, İsmail Pasha, had brought Doctor Jardich, who had received his diploma in Germany. He had been about to leave due to disagreements after payment, which İsmail Pasha prevented.⁹³

Hygienic rules constituted a set of administrative techniques at the everyday level. Public hygiene in the cities, in the workplace, in marriage, at procreation

⁹¹ Selim Deringil describes the drive of the elite at the last period to save the empire as obsessional.. Deringil, *İktidarın Sembolleri ve İdeoloji*, p. 36. In the case of the medical professionals, this meant both to save the actual boundaries of the empire, and to save its population. That kind of symbolism involving medical affairs should be read as the caring face of the sultan and its elites looking at the common people.

⁹² *Journal de Constantinople*, 4 June 1849.

⁹³ *Journal de Constantinople*, 27 February 1858.

introduced a “system which serves at once to direct them and to invent new paths of circulation that are more ‘orderly’ and more decipherable.”⁹⁴ Medical topography⁹⁵ was introduced by any Ottoman physician visiting a certain place for controlling the medical environment, in addition to the local physicians who were supposed to present a report on the medical climate of their area to the center, which can be extracted from the local yearbooks of the Empire.

Water systems, a vital element in public hygiene, were also a vital problem of the struggle against diseases. Municipal organizations first found themselves dealing with that problem, even with potable water. In Bursa, the condition of water and the sewage systems were clearly responsible for the common occurrences of typhoid and diphtheria.⁹⁶ In Adana, the sanitary conditions of the narrow and dirty streets were aggravated by the deficiency of the sewerage system.⁹⁷

When it came to the distant provinces, it was written in *Journal de Constantinople*, educated men such as health workers, who were not afraid to reveal the power abuses they saw, were very useful both for the people whose prejudices they destroyed, and for the senior administration they served. Certainly, public hygiene, of great importance to states that had great concern for the well-being and health of their people; and doctors, who had to report on the measures to be taken to

⁹⁴ Giovanna Procacci, "Social Economy and the Government of Poverty," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (Chicago: The University of Chicago Press, 1991), p. 168.

⁹⁵ The systematic surveying, mapping, charting, and description of specific geographical sites, with reference to the physical features that were presumed to influence health and disease. Medical Dictionary Online. 14.04.2012. Available [online] at <http://www.online-medical-dictionary.org/Medical+Topography.asp?q=Medical+Topography>

⁹⁶ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 62.

⁹⁷ *Ibid.*, p. 174.

clean up the regions to which they traveled, all delivered great service to the commonwealth.⁹⁸

Another question to be asked is how the maintenance of the hygienic rules was ensured institutionally in the Ottoman Empire. The epidemics of Hamburg in 1892 had clearly shown that the main vehicle of cholera was water and all attention focused on cities water systems. Near the end of the century, the Rabies Institute of İstanbul conducted water analyses under the administration of Zoeros Paşa, who introduced information on the bacteriological analyses of the waters of Belgrat, Bentler, and Terkos using the Koch method.

The reflection of this attitude being the formation of the Institute of Bacteriology with the initiatives of Dr. Chantemesse in İstanbul, measures of public hygiene reached their peak: the municipality decided on the prohibition of human contact with the dams in addition to the repair and expansion of the sewer system. That decision was followed by the analysis of all water sources near İstanbul. It was understood in 1894, for instance, that the cholera outbreak had occurred in Taksim area because of the water from the fountains within the quarters, which led authorities to prohibit the use of these fountains. As a result, the craftsmen of Kasımpaşa and Tophane wrote some petitions. Dr. Nicolle had been appointed for the analysis of nearby water sources, once again and most of them were infected.⁹⁹

⁹⁸ *Journal de Constantinople*, 9 June 1849.

⁹⁹ Nuran Yıldırım, "Su İle Gelen Ölüm: Kolera ve İstanbul Suları," *Toplumsal Tarih* 145 (2006).



Figure 1. The Institute of Bacteriology, 1895 (*Bakteriyolojihane-i Şahane*)

Source: Adnan Genç, Orhan M. Çolak, *Sultan II. Abdülhamid Arşivi İstanbul Fotoğrafları: Photographs of İstanbul from the Archives of Sultan Abdülhamid II* (İstanbul: İstanbul Büyükşehir Belediyesi Yayınları, 2007).

One of the central places where public hygiene was to be established was the penitentiaries, which were crowded, disease-ridden and waterless. Municipal physicians constantly wrote to the center about the dismal conditions in the prisons. A report written by the municipal physician of Mardin in 1912 illustrates the situation:

The insufficiency of the wards causes an overcrowding of the prisoners. Furthermore, humidity and crowdedness creates an environment deprived of fresh air and light. In addition to these, the cleanliness of the prisoners is discounted. They are underfed, and deprived of a piece of mat to put underneath themselves. Imprisoned in miserable conditions, they also suffer from diseases. The purpose of imprisoning a person is to confiscate his personal rights under jurisdiction. Their deprivation of basic rights such as nourishment, breath or getting enough light is against humanity. That is why these conditions have to be altered immediately. To do that, the wards should be increased in number or be enlarged, or at least some of the prisoners have to be transferred to other penitentiaries in the name of humane action.¹⁰⁰

¹⁰⁰ *Koşuların yetersizliği, mahkum izdihamına neden olurken, koşuların hem rutubetli hem de kalabalık oluşu, temiz hava ve ışıktan mahrum bir ortamı doğurmaktadır. Bu mahrumiyette üstelik*

Another location in which public hygiene was in question was factories. For instance, when Şerafeddin Mağmumi inspected silk factories in Bursa, which numbered 30-35 and were located inside the city, he stated that cocoons, boiled in hot water, constituted an obstruction to the sanitary conditions of the workers, mostly young Christian girls from nearby villages, who worked for thirteen or fourteen hours a day and resided in crowded, dark, airless and moldy spaces within the factories.¹⁰¹

At the beginning of the nineteenth century, around 1800, with the new medical science, the hospital became the nucleus of medical examination and treatment. The clinical type of medicine, with Paris as its center, targeted an elaborate system of postmortem examinations for the sake of pathological discoveries among the living. This approach was represented by Philippe Pinel at La Salpêtrière in Paris, by René Lænnec in Necker Hospital, and by Pierre Louis at the Hôtel Dieu.¹⁰² This centralization of medicine around hospitals accelerated throughout the nineteenth century.

Clinical training in the hospital had been an important component of medicine in the eighteenth century. However, this formal status remained marginal, a choice

mahkumların temizliğine de dikkat edilmemektedir. Yeterli beslenemedikleri gibi, altlarına serecekleri bir hasır parçası bile yoktur. Mahkumiyetlerini sefalet içerisinde çekerlerken, bir de hastalıkların ızdırabını çekmektedirler. Bir şahsı tutuklamaktaki amaç, şahsi haklarına yasalar çerçevesinde el koymaktır. Mahkumların yemek-içmek, teneffüs etmek ve ışık almak gibi doğal haklardan mahrum bırakılması insanlığa aykırıdır. Bundan dolayı mahkumların bu durumlarına bir an önce son verilmesi insanlık görevidir. Bunun için hapisane koşullarının arttırılarak ya da genişletilerek veyahut en azından mahkumların bir kısmını, başka hapisanelere naklederek insani bir adım atılmalıdır. Ömer Şen, Osmanlı'da Mahkum Olmak: Avrupalılaşıma Sürecinde Hapishaneler (İstanbul: Kapı Yayınları, 2007), p. 103.

¹⁰¹ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 46.

¹⁰² Roy Porter, "Hospitals and Surgery," in *The Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge; New York: Cambridge University Press, 2001), p. 224.

for elite practitioners.¹⁰³ For the reorganization of clinical experience into the form of knowledge, a new organization of the hospital area with a novel definition of “patient” with a different association of public service with medical care were required. That association, having a neutral language of the “visible” and the “expressible,” was situated between beneficence and knowledge. A totally new scientific discourse was introduced then, and pathological anatomy’s parallelism with new clinical method facilitated the dominance of the “medical gaze” over the individual.¹⁰⁴

The equivalents of these hospitals in the Ottoman case can be tracked from the closing of the *Darüşşifa*’s (treatment centers). When the School of Medicine was opened in 1839, the *Darüşşifas* in İstanbul have lost their function; some of them evolved into mental asylums. The population seemed to be unable to benefit from the existing military hospitals, and both the minority and foreign hospitals served their own communities. Hence, for common people, a center to apply for consultation was almost non-existent. This became possible only in 1841, in the polyclinic of the School, where four days a week the professors began to accept patients, both to serve the population and to educate medical students. They declared the opening of the clinic in *Takvim-i Vekayi*.¹⁰⁵

At the years following the Tanzimat, the consulting of patients was undertaken in private consulting rooms called “*hekim dükkani*” (doctor’s shop), managed mostly by the non-Muslims in Beyoğlu and Galata. Therefore, the residents

¹⁰³ Toby Gelfand, "The History of the Medical Profession," in *Companion Encyclopedia of the History of Medicine Vol. 2*, ed. W. F. Bynum and Roy Porter (London: Routledge, 1997), p. 1129.

¹⁰⁴ Foucault, *The Birth of the Clinic*, p. 196.

¹⁰⁵ Nuran Yıldırım, "İstanbul’da Nöbet Mahalleri- Nöbet Eczaneleri (1845-1895)," in ed. Feza Günergun, *Osmanlı Bilimi Araştırmaları Emre Dölen Armağanı* 6 no. 2 (2005), p. 151.

of other districts faced difficulties in transporting their patients, especially at night, this was aggravated by the requirements of a password to be declared within the walls of the city, in the districts of Üsküdar, Eyüp and Galata for security purposes.

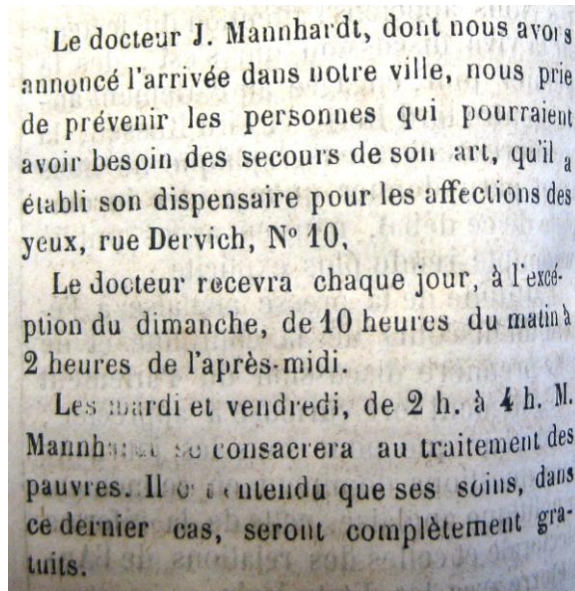


Figure 2. Advertisement of a private physician in *La Turquie*.

Source: *La Turquie*, 21 December 1867.

As a solution, one physician was assigned to some pilot quarters but the number of proficient physicians was insufficient to realize this project; hence, it was decided to locate a physician and a surgeon in specific places to be on duty for urgent circumstances. Abdülhak Molla wrote on 7 April 1845 (29 Rebiyyülevvel 1261) that at the center of the Muslim part of the city, Beyazıt, in a room over the apotheker of Yanko, the son of Andon, one physician would be on guard. The Assembly decided that these physicians in attendance could accept money from the houses they visited if the patient offered, but not from the poor. The number of patients admitted between May-August 1845 was 480.¹⁰⁶

¹⁰⁶ Ibid., pp. 152-153.

The next forty years, another option for treatment was interns. When military physicians completed their courses in Gülhane in the 1880s, they were required to fulfill internships in hospitals for two years. Cemil Topuzlu describes these hospitals as a couple of wards formed of old and dirty barracks, having at most ten beds.¹⁰⁷ In that period, no private hospital existed in İstanbul. People were afraid of being treated in hospitals and demanded that operations be carried out in their houses.¹⁰⁸

As for the provinces, the military hospitals of these were mostly set up in houses leased to individuals, and satisfied the requirements of medicine and hygiene. There was neither a bathroom nor testing laboratory, or incubator, and the instruments that were used left much to be desired. In these conditions, the physicians working there were mostly discouraged because most of the time, they had neither protection nor support, and their requests had no effect. The disappointment caused by disparities between the conditions between physicians in large cities and in the provinces resulted in unsatisfactory set of medical activities for both the physicians and the locals.¹⁰⁹

¹⁰⁷ Cemil Topuzlu, *İstibdat Meşrutiyet Cumhuriyet Devirlerinde 80 Yıllık Hatıralarım* (İstanbul: Güven Basım ve Yayınevi, 1951), p. 13.

¹⁰⁸ *Ibid.*, p. 48. For a similar hospital rejection, Fahmy, "Medicine and Power."

¹⁰⁹ Abdülhakim Hikmet, "La Medecine En Turquie," *Revue du Monde Musulman* 3, no. 9 (1907), p. 61.



Figure 3. Military Hospital in Skopje.

Source: Ađanođlu, H. Yıldırım. *1896 (Hicri 1314) Kosova Vilayeti Salnamesi (Üsküp, Priştine, Prizren, Yenipazar, Taşlıca)*. İstanbul: Rumeli Türkleri Kültür ve Dayanışma Derneđi, 2000.

For instance, the municipal hospital of Adana in 1895 was described as terrible because dozens of people in need of treatment were lying on grass-filled cushions, moaning in pain. Injured people, who had treated their own, having dirty handkerchiefs, some of them lying in the courtyard benefiting from a limited amount of medicine prepared by the order of the municipal physician to the pharmacist.¹¹⁰ The Balıklı Greek Hospital (*Balıklı Rum Hastanesi*), an important hospital at the center of the empire, in İstanbul was used as a plague hospital and reorganized in 1839. It had been a social institution sheltering the ill and the poor, under the governance of the Greek patriarch. After 1870, a special department for the elderly and the disabled was introduced.¹¹¹ The main hospitals in Salonica were the Theageneion Hospital of the Greek community (1892), the Russian hospital (1902),

¹¹⁰ Mađmumi, *Bir Osmanlı Doktorunun Anıları*, p. 175.

¹¹¹ Nuran Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne," *Toplumsal Tarih* 153 (2006).

the Regina Marguerita Italian Hospital (1894), and the Jewish Hirsh Hospital, of pavilion style, with monumental façades accentuating state buildings.¹¹²

The Bursa Ahmed Vefik Paşa Hospital was situated right at the center of the city despite this being inconvenient in medical terms, which necessitated a location in the higher parts of the city for fresh air and distance from epidemics. As the first building that a passenger saw when approaching from the side of the plain, the hospital was vital for the modern image of the city.¹¹³ For this reason, the location of the pauper asylum, the charity hospital and the reformatory side by side can not have been a coincidence. Nevertheless, despite its gigantic door plate giving the impression of welcoming all patients, the pauper asylum was used as a military chandlery and the handicapped lived at the doors of the mosques. In addition, Mağmumi's professional inspection revealed that the hospital did not work properly in terms of hygiene or medicine. Post-operational dressing was poorly done, the wounds smelled, and patient medical records were not kept.¹¹⁴

To a remote part of the Empire, the French settlement of the new city of Jerusalem in the 1870s was formed mainly after the institution of Saint-Louis Hospital, situated in a strategic place between the city walls and Turkish gendarmerie station.¹¹⁵ In Beirut, the hospital occupied the highest location.¹¹⁶ Similarly in 1895,

¹¹² Alexandra Yerolympos and Vassilis Colonas, "Kozmopolit Bir Kentleşme," in *Selanik (1850-1918): "Yahudilerin Kenti" ve Balkanlar'ın Uyanışı*, ed. Gilles Veinstein (İstanbul: İletişim, 1999), pp. 179-180.

¹¹³ Beatrice Saint-Laurent, "Bir Tiyatro Amatörü: Ahmed Vefik Paşa ve 19. Yüzyılın Son Çeyreğinde Bursa'nın Yeniden Biçimlenmesi," in *Modernleşme Sürecinde Osmanlı Kentleri*, ed. Paul Dumont and François Georgeon (İstanbul: Tarih Vakfı Yurt Yayınları, 1996), p. 92.

¹¹⁴ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, pp. 37-38.

¹¹⁵ Catherine Nicault, "Osmanlı Kudüs'üne Dönüş," in *Kudüs (1850-1948), Osmanlılar'dan İngilizler'e: Ruhani Birliktelikle Siyasi Yırtılma Arasında*, ed. Catherine Nicault (İstanbul: İletişim Yayınları, 2001), p. 60.

¹¹⁶ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 242.

it was decided that a hospital for cholera would be placed so that it could see the whole city despite all of the appeals of the physicians defending for a higher place, outside the city, as sanitary conditions necessitated. The result was the death of a large number of people.¹¹⁷

The hospital of Sudan was at the center of the city, near the market, according to the memoirs of Joseph Russeger, the mining engineer of Mehmet Ali Paşa.¹¹⁸ At the same period, Mahmud II was constructing hospitals in Bulgarian lands, being the first one erected at Shumen in 1837. Hospitals in Varna, Rousse and Silistra followed these ones in 1854. The establishment of these buildings was far from being random: that was a vital constituent of a Turkish line against Russia.¹¹⁹ The first American Hospital in Gaziantep was founded in 1847-48 on a hill over the city by Dr. Azariah Smith, because of which the physician was called by the locals: “the doctor on the mountain.”¹²⁰ As it seen from all these hospitals, the installation of hospitals within the empire served the purposes of both offering medical services and showing the power (and the existence) of the center to the Ottoman population and the adversaries such as missionaries.

¹¹⁷ Ibid., p. 186.

¹¹⁸ Arslan Terzioğlu, "Joseph Russeger, Henry Latife ve August Brestowsky'e Göre 19. Yüzyılda Sudan, Mısır ve Beyrut'ta Osmanlı Hastaneleri ve Tıbbiyeleri " *Türk Dünyası Araştırmaları Vakfı Tarih Dergisi*, no. 271 (2009), p. 31.

¹¹⁹ Sonya Toncheva, Stoyanka Popova, and Albena Kerekovska, "Public Health Initiatives of the Turkish Authorities and the Role of Turkish Doctors in Northeastern Bulgaria in 1839-1878," in 38. *Uluslararası Tıp Tarihi Kongresi Bildiri Kitabı III*, ed. Nil Sarı et al. (Ankara: Ankara Kültür, Dil ve Tarih Yüksek Kurumu Türk Tarih Kurumu Yayınları, 2005), pp. 1373-74.

¹²⁰ Uğurȯl Barlas, *Gaziantep Tıp Tarihi ve Kültür Tarihi Araştırmaları* (İstanbul: Hilmi Barlas Eğitim Vakfı Yayınları, 2004), p. 13.

The Formation of a Modern Medical System:
Efforts to Separate the New Medical Environment from the Traditional
Practitioners

With the policies of public hygiene and techniques of improving the (re)productive capacities of the population, practitioners of the policies had to be reorganized, categorized and centralized. That is why, in all parts of the world, medical specialization, standardization and professionalization emerged through the centralisation of medical examinations, training, licensing, appointments and inspections.

George Weisz takes the attention of the students of medicine to the fact that medical specialization is considered as the norm in all nations that are part of the West only today.¹²¹ But it was a novelty for the people living in the early nineteenth century. Specialization, rather than being a sole consequence of the accumulation of knowledge, was a reflection of a new conception about disease, fed by “localist pathological thinking,” which was driven by pathological anatomy that led doctors to focus on organ systems.

The change in the style of practice is noteworthy: Before, the traditional physician had tended to ignore the medical history of the patient for the sake of an external physical examination. The modern physician, however, began to deal with history taking and practicing differential diagnosis; that is, considering a multitude of possibilities for diagnosis based on symptoms and signs, and deciding on one of these possible diagnoses according to deeper examinations and laboratory tests, a method which is called clinical diagnosis. In that sense, the modern physician with

¹²¹ Weisz, *Divide and Conquer*, p. xi.

his emphasis on the “mechanisms of the body” was distinguished from the traditional one whose medical teleology was based on humoral doctrines.¹²²

The rise of modern medicine necessitated a clear-cut distinction from the previous health care methods based on traditional medical knowledge. That is why, via modern schools where new methods of looking at the body were taught, and the practitioners of medicine of the old system were left aside in the exchange of modern practitioners. The end result had been medical specialization and professionalization. The specialization of the early nineteenth century followed a different path from that of the late nineteenth and early twentieth centuries. At the earlier stage of the development, specialization was arranged around the clinical research and training for common practitioners, a local effort carried out by small groups or individuals. Later, it became the prevailing structure of practicing medicine which was transposed into national terms.¹²³

Specialization followed similar and almost contemporaneous but quite different paths in diverse parts of Western Europe. Medical care in England was given to patients mostly by trained apprentices who acquired the right to practice after being examined by the Society of Apothecaries or the Company of Surgeons. Their recognition as proper practitioners was made possible after the Medical Act of 1815. From then on, a distinction between the terms of “medical man” and “doctor” would rule the common minds by designating the apothecary-surgeon the former, and a member of the Royal College of Physicians standing in London the latter. That general situation would cede its place to a more uniform system of medical practice with the Medical Reform Act of 1858 that required medical licenses from

¹²² Edward Shorter, "Primary Care," in *Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge ; New York : Cambridge University Press, 2001), p. 128.

¹²³ Weisz, *Divide and Conquer*, p. xvi.

universities and established corporations. In addition, these people were required to register with the General Medical Council.¹²⁴ Now, the line between the “regular practitioners” and the “fringe healer” was formed by the control of existence the name of a practitioner in these registers.¹²⁵

The last decades of the twentieth century witnessed a reevaluation of the boundaries between scientific medicine and what was left out of it. Some practices gained domain of action within the realm of scientific medicine. Alternative and mainstream practitioners are today subject to reconciliation. Yet, at the beginning of the century, the tendency of constructing medical legitimacy was stricter, at least in legal terms. Between the years 1900-1930, a set of regulatory landmarks in the USA were used to identify orthodox and unorthodox medicines.¹²⁶ Indeed, a homogeneous licensing system did not begin until the 1880s. A preceptor used to train the apprentice by supplying him (or in a noteworthy number of cases, her) necessary equipment and a final certificate. Medical schools of two years were shaped by an education with an unsatisfactory number of practical occasions.¹²⁷

The 1880s in Paris and London saw the specialization of medicine for extending the accumulation of medical knowledge, inspiring the doctors for further specialization, and to an “administrative rationality” dealing with population through a meticulous system of classification and categorization.¹²⁸ In London, otherizing of

¹²⁴ Shorter, "Primary Care." ¹²⁶ An evaluation of this act has been recently introduced. Michael J. D. Roberts, "The Politics of Professionalization: Mps, Medical Men, and the 1858 Medical Act," *Medical History* 53(2009).

¹²⁵ W. F. Bynum and Roy Porter, *Medical Fringe & Medical Orthodoxy, 1750-1850*, The Wellcome Institute Series in the History of Medicine (London ; Wolfeboro, N.H.: Croom Helm, 1987), p. 2.

¹²⁶ Eric W. Boyle, "The Boundaries of Medicine: Redefining Therapeutic Orthodoxy in an Age of Reform" (ed. Feza Günergun) (University of California, 2007), pp. 1-4.

¹²⁷ Shorter, "Primary Care," p. 127.

¹²⁸ Weisz, "The Emergence of Medical Specialization."

the unorthodox healers has been accomplished by the college education in relation to the creation of their stereotypical definitions with the use of words such as: “poor, little, old, demented, stubborn, and dangerous.” The irregulars’ social range, while it was wide, was centered on the barber-surgeon.¹²⁹

The emergence of specialists as a “recognizable category” occurred in the 1830s and 1840s in Paris, 1840s and 1850s in Vienna, and 1850s and 1860s in other cities in Europe and Britain.¹³⁰ A university standard of medical education was established between 1890 and 1920 in Europe and the United States. The teaching experiences at that period were often bounded to national cultural differences. In Germany only, laboratory and science were welcomed within medicine and universities were the main sites of medical education.¹³¹ The university model was successful, as in indication of the final acceptance of laboratory science as the most important part of medical teaching.¹³²

As for the Ottoman Empire, no different from the rest of the world, epidemics, mainly cholera, plague and typhus, which defined the prevalence of public hygiene policies and medical standardization constituted one of the primary troubles. They appeared without interruption, reducing the population, launching commercial and agricultural recessions. They also affected foreign affairs negatively. Since diseases were considered God-driven, any interference was seen to be a revolt

¹²⁹ Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550-1640* (New York: Oxford University Press, 2003), p. 336.

¹³⁰ Weisz, "The Emergence of Medical Specialization," p. 541.

¹³¹ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany and the United States, 1750-1945* (New York: Oxford University Press, 1995), p. 281.

¹³² *Ibid.*, p. 289.

against Him until the early nineteenth century. But at that time, the introduction of modern medicine was made mandatory and unavoidable.¹³³

The microscope tradition that appeared in the 1830s resulted in a cellular understanding of the world that was developed by medical practice and training.¹³⁴ That understanding reached the Ottomans as well. Bacteriology and microbiology in the Ottoman Empire began in 1870s, when Zoeros Paşa opened the Institute of Bacteriology (*Dersaadet Daiilkelp ve Bakteriyoloji Ameliyathanesi*). That institute was followed by the formation of the Imperial Institute of Bacteriology on the initiatives of Dr. Maurice Nicolle and Hasan Zühtü Nazif Bey in 1893.¹³⁵ But until that high level of separation into branches in the 1890s, professionalization and specialization had a long way to go beginning from the 1830s.

As the nineteenth century marked the rise of science and medicine, a new definition of the social status of the intellectual elite flourished. They created “scientifically educated experts” able to deal with society as if its members were prescribers of societal policies and personal lifestyles which transformed social problems into scientific ones.¹³⁶ Kemal Karpat states that while the modern schools established between 1839 and 1860 were in response to the need of personnel for governmental service, those opened in 1860-95 were professional and technical.¹³⁷ The subject of this section is about the environment created by the latter.

¹³³ Oya Dağlar, "War, Epidemics and Medicine in the Ottoman Empire from the Balkan Wars through the Great War (1912-1918)" (Ph.D. diss., Boğaziçi University, 2004), pp. xix-xx.

¹³⁴ Bracegirdle, p. 105.

¹³⁵ Ekrem Kadri Unat, "Türkiye'de Tıp Dallarının Yerleşmesine Toplu Bir Bakış," in *Dünya'da ve Türkiye'de 1850 Yılından Sonra Tıp Dallarındaki İlerlemelerin Tarihi*, ed. Ekrem Kadri Unat (İstanbul: Cerrahpaşa Tıp Fakültesi Vakfı Yayınları, 1988), p. 51.

¹³⁶ Paul Weindling, *Health, Race and German Politics between National Unification and Nazism, 1870-1945* (New York: Cambridge University Press: 1993).

¹³⁷ Karpat, "The Transformation of the Ottoman State," p. 275.

The first graduates of the School of Medicine educated by either Ottoman non-Muslims or Europeans were in the realm of practicing the profession in 1843. During this era, students and professionals of medicine were sent to Europe, beginning in the 1830s.¹³⁸ From among the 11 people sent to France in 1840, 10 studied medicine.¹³⁹ In the first period, the School trained more intellectuals than solely physicians.¹⁴⁰ After 1869, new graduates were sent, especially to France for specialization. After the 1890s, Germany became the new destination for Ottoman medical students.¹⁴¹

Indeed, the Tanzimat created educated people such as educators, military officers, and physicians.¹⁴² It would not be erroneous to argue that the situation did not alter in later periods, either. Events in the Hamidian period, the CUP period, the following long World War I period for Turkey and the Republican period would be marked by these elites, actually. This study's primary target is to reveal the dynamics of one professional group among these intellectual elites: the physicians.

One of the leading motivations for this new group was positivism. Şükrü Hanioglu indicates that at the time when Abdullah Cevdet gave his first writings, the situation in the School of Medicine was aggravated due to the rising reactions against the administration. At that point, he proposed a discussion on the reasons for this vivid criticism rising in specifically the School of Medicine.

¹³⁸ Adnan Şişman, (2004). *Tanzimat Döneminde Fransa'ya Gönderilen Osmanlı Öğrencileri (1839-1876)* (Ankara, Türk Tarih Kurumu: 2004).

¹³⁹ Şişman, p. 232.

¹⁴⁰ Niyazi Berkes, *Türkiye'de Çağdaşlaşma* (İstanbul: Yapı Kredi Yayınları, 2002), p. 367.

¹⁴¹ Nuran Yıldırım, "Le Rôle des Médecins Turcs Dans La Transmission du Savoir," in *Médecins et Ingénieurs Ottomans à l'Age des Nationalismes.*, ed. Meropi Anastassiadou-Dumont, (Paris : Maisonneuve et Larose, Institut Français d'Etudes Anatoliennes, 2003), pp. 131-132.

¹⁴² Ibid.

The answer to this question lay in the positivist training highly esteemed in especially France. The books and educators coming from Europe created a new generation of intellectuals. So, why did such a deep influence not occur in other schools? Hanioglu writes that the curriculum of the School of Medicine was extremely different from the other schools. The physicians not only considered disciplines based on observation and evidence as science, but also they were eager to approach and deal with social events through the methods of positivism.¹⁴³

The positivist ideas of the reading habits of the graduates and students of the School of Medicine contributed to the making of their intellectual aura.¹⁴⁴ Reading was an important component of the ideal transformation of the Ottomans. With the Tanzimat, the Ottomans began to read journals or newspapers. They began to study at the Galatasaray Imperial College, the School of Civil Administration, the Ottoman War College, or the School of Medicine.¹⁴⁵ The first graduates, Şişman notes, read the mainstream authors of the Enlightenment.¹⁴⁶ Also, reading was not independent from writing. That was the era in which the production of medical gazettes appeared.

While before 1870 we see only two journals of medicine (*Vekayi-i Tıbbiye* (Medical Affairs) and *Gazette Médicale de Constantinople* (The Medical Journal of

¹⁴³ Şükrü Hanioglu. *Bir Siyasal Düşünür Olarak Doktor Abdullah Cevdet ve Dönemi* (Üçdal Neşriyat: 1981), pp. 9-13.

¹⁴⁴ One outcome of the rise of modern medicine: the idea of eugenics. At the turn of the century, policies inspired by eugenics constituted one of the mainstream discussions among health professionals, as well as leading intellectuals and politicians. These policies were anticipating general models for constructing an ordered and developing society. Paul Weindling, *Health, Race and German Politics*, p. 1. Eugenics, the belief that the national gene pool can be altered for the benefit of society, enjoyed significant support among influential British politicians in the late nineteenth and early twentieth centuries, and a number of Mental Deficiency Acts incorporated some eugenic claims. Desmond King and Randall Hansen (1999). "Experts at Work: State Autonomy, Social Learning and Eugenic Sterilization in 1930s Britain." *British Journal of Political Science* 29, no. 1 (1999), p. 77.

¹⁴⁵ Toprak, "Tanzimat ve Çağdaş Türkiye," p. 55.

¹⁴⁶ Berkes, p. 234.

İstanbul)), between the years 1870-1910, this number reached eleven.¹⁴⁷ Actually, the most important material source preparing the Ottoman materialist ideas was the introduction of modern education institutions, most outstanding among them, the School of Medicine. Mac Farlane, who visited the building of the school in 1847, was astonished by the existence of a large library, including the *Système de la Nature* of Baron d'Holbach, *Rapports du Physique et du Moral de l'Homme* of Cabanis. That close relation with Europe was fortified by the rapid change of urban life in the second half of the nineteenth century.¹⁴⁸

That high intellectual level had its roots in the formation of a modern medical training system. Due to both medical developments and the transformation of governing systems, as a part of the world-wide alteration, the Ottoman medical system varied. The traditional Ottoman institutions, staff and applications gradually ceded their places to a novel understanding of preventive and interventionist medicine. Before focusing on this new idea of health-care, a brief discussion of pre-modern medical attitude could help for a better understanding of the premodern pathological thinking.

First of all, the argument that pre-modern Ottoman application and training of medicine was arbitrary and occasional is misleading. The sixteenth century Ottoman palace was closely concerned with medicine. The existence of *vakıfs* (endowments) created an image of self-administration; yet, these were handled according to the imperial array. Also, the criteria of medical appointments were specified. Sarı sees

¹⁴⁷ Yıldırım, "Le Rôle des Médecins Turcs," p. 131.

¹⁴⁸ Ekrem Işın, "Osmanlı Materyalizmi," in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi 2*, ed. Murat Belge (İstanbul: İletişim Yayınları, 1985).

the difficulties experienced in later periods in the language barrier that handicapped the accumulation of medical knowledge.¹⁴⁹

In the classical system, the *tabib* (doctor) was in the highest position among the healers, and usually was educated at a *medrese* or *darüştifa*. The openings of *cerrahhane* (house of surgeons) and *tıbhane* (house of medicine) are considered to have been the basis of the formation of modern schools of medicine; yet, while this assumption is based on the ideal parallellism between these schools with their Western counterparts instead of with the *darüştifa* and *medrese*, the Süleymaniye complex, for instance, survived to fulfill the same duty. So, it was possible to practice medicine without being graduated from the modern school. In 1840, the School of Medicine introduced an examination for practicing physicians and surgeons who had no diplomas and those who failed were banned from the profession.¹⁵⁰

A concise depiction of what is meant by the term “traditional medicine” is needed. First of all, medicine was considered as an imperial issue and the surgeons, doctors and ophthalmologists appointed to the palace were selected among students from among nearby *darüştifas* or Süleymaniye School of Medicine. A man, who wanted to be a physician, called *şâkirdî tabîb* (assistant doctor), had to attend clinical cases at the *darüştifa* and acquired his theoretical training from medical manuscripts in the library of the *medrese*.

The other form of education was to become an apprentice to a physician, which also would provide the necessary certificate.¹⁵¹ Some medical principles were

¹⁴⁹ Nil Sarı, "Osmanlı Hekimliği ve Tıp Bilimi," *Yeni Tıp Tarihi Araştırmaları*, no. 5 (1999).

¹⁵⁰ Nil Sarı, "Educating the Ottoman Physician," *History of Medicine Studies* 2 (1988).

¹⁵¹ *Ibid.*, pp. 48-49.

learned and practiced without a tutor due to the manuscripts including simple hygienic rules and pharmaceutical formulas written in, or translated into Turkish for the common people's usage.¹⁵² Most of the doctors graduated from all levels of *medrese* education with the others either being descended from a family of doctors, or having the *icazet* (permit) of a prominent doctor. Surgeons and ophthalmologists were deemed to be artisans and numbered up to 113, constituting a strong community.¹⁵³

After the proclamation of the Tanzimat, besides the doctors and pharmacists graduated from the School of Medicine, men trained at the *Darüüşşifa* and men coming from abroad worked by means of a document called *gedik*. This procedure came to an end in 1861. The *gediks* were granted for a limited time and for open positions. A doctor could apply and was appointed by *hekimbaşı* (chief doctor). The procedure was the same for pharmacists, as well. When it was discovered that pharmacists were acquiring *gedik* as well, the application was cancelled 1860.¹⁵⁴ In 1844, the title *hekimbaşı* became *seretibba-ı şehriyari* (the imperial chief-doctor), which was abolished in 1850 by the decree of Abdülaziz. This title was only given to imperial medicine until 1923.¹⁵⁵ Here, it should be remembered that medicine was referred to the "art of healing (*tedavi sanatı*)," or "art of medicine (*tababet sanatı, kanun-ı tıb.*)" The terminology did not differ in Western Europe, as well. A doctor of

¹⁵² Nil Akdeniz, *Osmanlılarda Hekim ve Hekimlik Ahlakı* (İstanbul: n.p., 1977), p. 69.

¹⁵³ Sarı, "Osmanlı Hekimliği ve Tıp Bilimi," p. 12.

¹⁵⁴ Rengin Dramur, "Osmanlılarda Hekim ve Eczacı Gediği," in *I. Türk Tıp Tarihi Kongresi İstanbul: 17-19 Şubat 1988* (Ankara: Türk Tarih Kurumu Basımevi, 1992).

¹⁵⁵ Ali Haydar Bayat, "Osmanlı Devleti'nde Hekimbaşılık ve Hekimbaşılar," in *Osmanlı Dünyası'nda Bilim ve Eğitim Milletlerarası Kongresi Tebliğleri İstanbul 12-15 Nisan 1999*, ed. Hidayet Yavuz Nuhoglu (İstanbul: İslam Tarih, Sanat ve Kültür Araştırma Merkezi, 2001), p. 243.

the Guy's Hospital in England, Philip Pye-Smith, said that medicine was "the art of healing" in 1900, by using "experience" as a tool.¹⁵⁶

As already mentioned, the general perception of medicine altered at the nineteenth century. To reorganize its practice, the first step was taken within the institutional structure of medical training and organization. While epidemics were having disastrous effects on their population, the new understanding of governing necessitated a reformulation of all parts of the administrative apparatus from governors to small officials, including all sanitarians¹⁵⁷ at all levels.

After the proclamation of the Tanzimat Edict, several developments in medical field occurred at a rate never seen before. First of all, the sanitary examinations of the military staff were restructured under a specific regulation and the sanitary organization of the Empire was widened. In addition, several medical codes, which will be evaluated below, were introduced. Third, disinfection stations were opened throughout the empire; and a Council of Public Health was established under the presidency of Abdülhak Molla. Then, new curricula for medical education were accepted.

Another development was the development of smallpox vaccine, which became widespread and initiated the appearance of vaccine specialists. Additionally, death statistics continued to be kept regularly.¹⁵⁸ The number of students going to

¹⁵⁶ Mary Terrall, "Biography as Cultural History of Science," *Isis*, no. 97 (2006), p. 510.

¹⁵⁷ The specialist of public health and sanitary science. <http://www.merriam-webster.com/medical/sanitarian>

¹⁵⁸ In 1845-46, in order to train smallpox vaccine, it was decided to call assistants from all over the Empire. smallpox vaccination specialists were thus trained and they were given permit. Süheyl Ünver, *Türkiye'de Çiçek Aşısı ve Tarihi* (İstanbul: İstanbul Üniversitesi Tıp Tarihi Enstitüsü Yayınları, 1948), p. 11.

Europe increased, *Cemiyet-i Tibbiye-i Osmaniye* (Ottoman Society of Medicine) opened, and medical journals began to be published.¹⁵⁹

All these developments initiated a transformation in medical practice, as well. Niyazi Berkes writes that the perception of medicine altered. He adds that this could even be seen in the speech of Mahmud II at the opening of the School of Medicine. According to Berkes, the opening of this school was the outcome of the sanitary needs of the army, the cholera epidemics affecting the Near East, and the increase of the existence of foreign physicians that remained uncontrolled.¹⁶⁰ Abdülmecid was deeply interested in the medical school.¹⁶¹ His visits during the examinations in 1843 and 1844 are mentioned by Süheyl Ünver.¹⁶² These acts need to be thought in terms of the symbolic power of the sultan as a reflection of the support for a standard medicine.¹⁶³

Actually, when those trained in apprenticeship relations in Darüşşifa's and doctor's offices in the classical way could not cope with the new developments in

¹⁵⁹ Süheyl Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar* (İstanbul: Maarif Matbaası, 1940.)

¹⁶⁰ Berkes, p. 185. The Tanzimat's impact on the domain of medicine appeared first with the appointment of Dr. Bernard from Vienna for the education of Ottoman medical students after meticulous surveys on Vienna several occasions, including the advice of the Ottoman embassies of Vienna or the doctors trained there. Osman Şevki Uludağ, *Tanzimat ve Hekimlik* (İstanbul: Maarif Matbaası, 1940), p. 2.

¹⁶¹ During the doctorat examination of the four students that were sent to Vienna in 1846, the Ottoman ambassador was also present in addition to the professors of medicine. Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, pp. 9-11.

¹⁶² Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, p. 9. Yet we should note that the speech given by Mahmud II during the initial opening of the School of Medicine actually was never given. Ayten Altıntaş, "II. Mahmud'un Tibbiye Nutku Düzmece Miydi?" *Tarih ve Toplum* 163 (1997).

¹⁶³ *Ibid.*, p. 11. Similar visits were made by Alexander II throughout Russia, accompanied by the cries of "God save the Tzar" with a visit to important places in a ceremonial fashion, like the Ottoman case. Richard Wortman, "Rule by Sentiment: Alexander II's Journey's through the Russian Empire," *The American Historical Review* 95, no. 3 (1990). Equally, during the doctoral examination of the four students that were sent to Vienna in 1846, the Ottoman ambassador was present in addition to the professors of medicine. For the symbolic power of the sultan, see Deringil, *İktidarın Sembolleri ve İdeoloji*.

medicine, the domain of health fell into the hands of non-Muslims, who had studied in Europe and could follow the developments in question, and foreigners known as *Frenk* doctors. Among the foreigners, there were also quacks who pretended to be aware of the new medicine. Also, non-Muslims were put in charge of the military hospitals and all of the sanitary issues of the Muslim military members. The opening of the *Tıbhane-i Amire* (Imperial House of Medicine) was an effort to solve this problem about which Mustafa Behçet Efendi was complainant.¹⁶⁴

For tracking the roots of medical training institutions, one might first look at Hekimbaşı Mustafa Behçet, who submitted a report to Mahmud II on 26 December 1826 followed by two others, which were the motivating force behind effectuating the ideal of modernizing medical education. These reports indicated the importance of the mastery over both the new and old medical traditions, valid for both surgeons and the doctors, to supply the needs of the army. The expressions used for this school were: “*Darü-l Tıbb-ı Amire, Tıbhane-i Amire.*”¹⁶⁵

On 14 March 1827, at the mension of Şehzadebaşı Tulumbacıbaşı, the first modern school was established with two sections: *tıbhane-i amire* (the imperial house of medicine) and *cerrahhane-i amire* (the imperial house of surgeons), courses for four and three years, respectively. The training staff included Abdülhak Molla, Osman Saib Efendi, Stefanaki and Boğos Efendi. Because of an excess of students, the school for surgeons was moved to Değirmenkapı, near Topkapı Palace, in 1832, and the school for doctors to Otlukçu Kışlası within the palace in 1836. The units

¹⁶⁴ Nuran Yıldırım, “Tıp Eğitiminin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)” in *Türkiye Üniversite Anlayışının Gelişimi (1861-1961)*, ed. N. K. Aras, E. Dölen, O. Bahadır (Ankara: TÜBA, 2007), p. 237.

¹⁶⁵ Ayten Altıntaş, “Tıbhane-i Amire ve 14 Mart Tıp Bayramı,” *Tarih ve Toplum* 117 (1993).

were reunited in 1839 in Galatasaray under the name of *Mekteb-i Tibbiye-i Adliye-i Şahane* (The Imperial School of Medicine).

In 1848, because of a fire, the school was moved to a building in Hasköy, Humbarahane for eighteen years. Its previous building turned into a cholera hospital. Then, the high school moved to the Gülhane Red Barracks, and the medical classes to Hasköy in the Gergeroğlu Mansion. After a return to Galatasaray in 1874, the school returned to Demirkapı in 1876, moving the high school classes to Kuleli. In 1908, the school was united with *Mekteb-i Tibbiye-i Mülkiye-i Şahane* (The Imperial School of Civilian Medicine), which had been opened in 1867. The school then served in the same way until the 1933 Reform.

There is no record indicating an institutional education for the pharmacists until 1839. Until that time, pharmacy was practiced by doctors, as well. This medical staff was trained by means of apprenticeship relation. Nevertheless, we see in that period the existence of several pharmacists trained as apprentices or accorded this title as an award or as a result of an examination.¹⁶⁶

After 1841, they began to be educated formally at the *Mekteb-i Tibbiye*, the School of Medicine, in a special class. During a three year program they studied chemistry and botanic. The graduates of this class were granted military ranks as the physicians were, and they practiced pharmacy in the army and military hospitals. In 1889, the Haydarpaşa Hospital became an experimental center for physicians and the pharmacists. Then, in 1876, due to their insufficiency in number, it was declared that

¹⁶⁶ Gülbin Özçelikay and Eriş Asil, "Osmanlı İmparatorluğu'nda Klasik ve Modern Eczacılık Eğitimi ve Öğretimi," in *Osmanlı Dünyası'nda Bilim ve Eğitim Milletlerarası Kongresi Tebliğleri İstanbul 12-15 Nisan 1999*, ed. Hidayet Yavuz Nuhoglu (İstanbul: İslam Tarih, Sanat ve Kültür Araştırma Merkezi, 2001).

they would be trained in military hospitals and in the army in return for a term of service in military hospitals for fifteen years.¹⁶⁷

Bonesetters usually received their training within the family. They were paid by the imperial military treasury and appointed positions in the palace, army, hospitals and districts by the sultan with the approval of the chief doctor or chief surgeon. Once a bonesetter died, one of his relatives would take his place. From 1849, those people began to receive small surgery diplomas and be integrated within the modern medical system. Furthermore, after 1876, in Haydarpaşa Military Hospital a school for small surgeons opened. In 1892, this office also was abrogated.¹⁶⁸

As for dentistry barbers, surgeons, and dentists with permit and dental physicians all did this work. Dentistry was an occupation whose recruits came from barbers and circumcisers trained by apprenticeship and surgeons trained in military hospitals as medical attendants. Those who proved to be skillful were accorded surgeon certificates and were then authorized to work as civilians in the army. Also, if they had time, they practiced dentistry.¹⁶⁹

In the Ottoman lands as in Europe, those who learned tooth extraction (almost without exception non-Muslims) applied to the Military School of Medicine and if successful in the qualification examination, were awarded certificates (*icazetname* /

¹⁶⁷ Süheyl Ünver, *Osmanlı Türklerinde Hekimlik ve Eczacılık Tarihi Hakkında* (İstanbul: Hüsniyatı Basımevi, 1952), p. 8.

¹⁶⁸ Nermin Ersoy, "Başbakanlık Osmanlı Arşiv Belgelerine Dayanarak; 18. ve 19. Yüzyılda Kırık-Çıkıkçılar," in *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990* (Ankara: Türk Tarih Kurumu Yayınları, 1999), p. 149.

¹⁶⁹ Barış Kaysılı, "Tanzimat'tan Cumhuriyet'e Türkiye'de Sağlık Eğitimi Üzerine Bir Araştırma (1839-1938)" (M.A. Thesis, Selçuk Üniversitesi, 2006), p. 54.

permi). Dentists who came from abroad, like doctors and pharmacists, needed to apply to the Council of Civilian Medical Affairs to pass the colloquium.¹⁷⁰

The Tanzimat's impact on the domain of medicine appeared first with the appointment of the Viennese Dr. Bernard from Vienna to instruct Ottoman medical students. He was hired after meticulous surveys in Vienna on several occasions, and on the advice of the Ottoman embassies of Vienna or the doctors trained there.¹⁷¹ Students began to be sent to Europe in the 1830s.¹⁷² Since 1869, new graduates were sent, especially to France for specialization. After the 1890s, it is Germany which became the new center for the Ottoman medical students.¹⁷³

Only two years after Wilhelm Conrad Röntgen invented the x-rays that carried his name in 1895, two young Ottoman students, Esat Feyzi and Rıfat Osman produced a roentgen machine in the School of Medicine in İstanbul. Indeed, the first experiences were conducted by a professor of mathematics, Monsieur Leon Isoard, of Galatasaray High School, and the photographer Halit Bey, over the son of Monsieur Isoard. They wrote the results of this experiment to Zeki Paşa, the governor of the General Administration of the Military Schools in 1898 with the aim

¹⁷⁰After the Second Constitutional Period, the duty to organize colloquium examinations was given to the School of Medicine. Nuran Yıldırım, "Berberlerden Dış Hekimlerine İstanbul'da "Dişçiler Mektebi" Kurma Çabaları ve Dişçi Mektebinin Açılışı," *Toplumsal Tarih* 146 (2006), p. 38.

¹⁷¹ Uludağ, *Tanzimat ve Hekimlik*, p. 2.

¹⁷² Adnan Şişman, *Tanzimat Döneminde Fransa'ya Gönderilen Osmanlı Öğrencileri*. An exemplary career was that of Dr. Ömer Fuad. He was a young graduate of the School of Medicine who succeeded in finishing his education when he was twenty in 1889. He was sent to Berlin, Germany, first, and then Bonn, to take up clinical study in 1893. Attached to the institute headed by E. V. Behring situated in Marburg, with a reputation, in 1894, where he would conduct his studies for eight months especially on diphteria, the serum of which had been found just a few years earlier. As for Dr. Behring, Behring (1854-1917), served as military doctor from 1878, specialized in diphteria and tetanus, received prizes from the Paris Academy of Medicine and elected as honorary member of several medical organizations including the *Cemiyet-i Tibbiye-i Şahane* (The Imperial Society of Medicine) in İstanbul. Dr. Ömer Fuad returned to İstanbul. He was appointed to the Children's Hospital (*Etfal Hastahanesi*) where he would work between 1898-1909, a period during which he welcomed his tutor, Behring, three times in the year 1907. Feridun Frik, "Emekli Amiral Dr. Ömer Fuat Keskin'in E.V.Behring'e Ait Hatıraları," *Dirim* 1-2 (1941).

¹⁷³ Yıldırım, "Le Rôle Des Médecins Turcs," pp. 131-2.

of setting up of any x-ray consultation office. Unfortunately Zeki Paşa's answer is unknown.¹⁷⁴

In 1830, 280 young people came from families of İstanbul to the School of Medicine.¹⁷⁵ Unfortunately, since we do not have any remain of course book that were written in the first years, we do not know what was taught exactly.¹⁷⁶ The Military School of Medicine, in the year it opened, had two professors and thirty pupils. Their knowledge of anatomy came from a book by Şanizade that had caused serious opposition from the religious milieu until 1838. In that year the corpses of Jews and Christians who had no known relatives were allowed to be used.

Talking about dissection is indeed a reminder of how the history of medicine evolved in the history of the body, both physical and cultural. Anatomy became the basis of medical investigation, and a physician's education. The formation of huge anatomical theatres constituted a public exhibit.¹⁷⁷ An edict allowing autopsy in the Ottoman Empire was introduced in 1841. However, a document at the Süleymaniye medical *medrese* has been found by Süheyl Ünver indicating the use of autopsy tools as early as 1807.¹⁷⁸

¹⁷⁴ Nuran Yıldırım, "Röntgenin Keşfinden Sonra X Işıklarının İstanbul'a Yansıması ve İlk Uygulamalar," *Toplumsal Tarih* 171 (2008).

¹⁷⁵ Emine Neşedil Muhtar, "Osmanlı Tarihinde Doktorlar," *Hayat Tarih Mecmuası* 13, no. 1 (1977), p. 82.

¹⁷⁶ Unat, "Türkiye'de Tıp Dallarının Yerleşmesine Toplu Bir Bakış." p. 10.

¹⁷⁷ Because of the use of the bodies of convicts for dissection, indeed, anatomy took on a criminal character. Roy Porter, "The Historiography of Medicine in the United Kingdom," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), pp. 202-203.

¹⁷⁸ Aykut Kazancıgil, *XIX. Yüzyılda Osmanlı İmparatorluğu'nda Anatomi (Şanizade-Bianchi), Bedizel Zülfikar Şanizade-Hayatı Ve Eserleri* (İstanbul: Özel Yayınlar, 1991), pp. 2-3. The operation, which is considered to have been the first autopsy was made in France in 1374. In the Ottoman case, after Agop Handanyan, a professor of forensic medicine, Ali Rüştu Paşa and Bahattin Şakir continued the professorship of the branch. Adnan Öztürel, *Adli Tıp* (Ankara:Sevinç Matbaası, 1979).

The avoidance of dissection until the 1841 edict should not be matched to religious doubts only. Indeed, medicine in the İslamic tradition following the example of Ibn Sina, who appreciated the importance of anatomy.¹⁷⁹ But the difference was that it had a different, holistic view of the body in contradiction to the individualistic view accentuating organs and spotting the trouble in a specific location within the body. Similarly, Porter writes that “whereas most traditional healing systems have sought to understand the relations of the sick person to the wider cosmos and to make readjustments between individual and world, or society and world, the western medical tradition explains sickness principally in terms of the body itself- its own cosmos.”¹⁸⁰

The beginning of Dr. Bernard’s anatomy courses using cadavers constituted a turning point.¹⁸¹ Harvey, who had conducted the first dissection in Europe, had been burned alive on the order of the Swiss Protestant president, Zwingli.¹⁸² In 1881, when Cemil Topuzlu was a medical pupil, anatomy courses were given in certain stability, which paved the way for the further development of surgery.¹⁸³

¹⁷⁹ Aykut Kazancıgil, *Osmanlılarda Bilim ve Teknoloji* (İstanbul: Etkileşim Yayınları, 2007), p. 260.

¹⁸⁰ Roy Porter, *The Greatest Benefit to Mankind : A Medical History of Humanity*, 1st American ed. (New York: W. W. Norton, 1998), p. 7.

¹⁸¹ This application was legalized by a code enacted in 1838, allowing study on the bodies of nonmuslims. Uludağ, *Tanzimat ve Hekimlik*, p. 3. To listen the voice of Rıza Tahsin Bey who summarizes the first period of the school of medicine: “*Teşrih dersinin bidayet teşkilatta taassub-u cahilâne eseri olarak meyt üzerinde tahsiline müsaade olunmadığından modeller üzerinde gösterilirdi.*” Aykut Kazancıgil, ed. *Binbaşı Elhaç Rıza Tahsin; Tıp Fakültesi Tarihçesi (Mirât-ı Mekteb-i Tıbbiye)* Cilt 1-2 (İstanbul: Özel Yayınları, 1991).

¹⁸² Hilmi Ziya Ülken, *Türkiye’de Çağdaş Düşünce Tarihi* (İstanbul: Ülken Yayınları, 2005), p. 29.

¹⁸³ Actually, we can question the memories of Cemil Topuzlu in regard to his emphasis of his personal deeds. Yet, these words might have some truth about the transformation in the situation of surgery: “*O zamanlar doktorluk, cerrahlık ecnebilere ve Hristiyanlara münhasır bir meslekti. Kimse Türk ve Müslüman doktorlara, cerrahlara rağbet göstermezdi, hele mektepteki hocalarımızın yüzde doksanı ya ecnebi, yahut Rum, Ermeni ve Yahudilerden mürekkepti. Nazırımız da Rumdu (meşhur Marko Paşa). Velhasıl doktor denilince daima akla uzun silindir şapka taşıyan ve çatal sakal salıvermiş kimseler gelirdi.*” Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 23. “*Hastanemizde kendilerine mahsus üniformayı taşıyan ve cerrah adı verilen birkaç kişi vardı. En yaşlıcası da cerrah ünvanını haizdi, ve bir miralay tayini ile maaşını alırdı. Bunların hepsi ya berberlikten yahut tımarcılıktan yetişmişti.*”

It was difficult to enroll a sufficient number of medical students because medical training in the 1830s lasted six years. Also, that French was the language of instruction was also problematic. So, to introduce the school to all of the provinces and to recruit students, a circular requesting children between the ages of 13-18 with the promise of being sent to their homelands to work after graduation was sent.¹⁸⁴ But, we know that one of the novelties in the medical school was the obligation to deliver one baccalaureate, three doctorates and one thesis examination.

Süheyl Ünver emphasizes the importance given to these examinations which would prevent any kind of level upgrade.¹⁸⁵ After the Tanzimat, non-Muslim doctors educated abroad that were sent to different parts of the Empire were required after the Tanzimat to demonstrate their capacity. Most of them failed at the qualification examinations.¹⁸⁶

Antisepsi namına hiç bilgileri yoktu, hatta antisepsi ve yeni cerrahlığa inanmıyorlardı. Bunun için, bunlardan hiçbirini kendi kovuşlarıma sokmuyordum. / Bu vaziyet karşısında askeri hastane ve taburlarda hizmet edecek yeni cerrahlığa aşına operatörler yetişinceye kadar, küçük cerrah adıyla cerrahlar yetiştirmek için Haydarpaşa Hastahanesi'nde bir Askeri Sağlık Mektebi açmak istedim; bir layiha hazırlayarak Harbiye Nezareti'ne takdim ettim. Hekimbaşı, Mehmed Paşa, bu hayırlı işi bizzat takdim etti; Askeri Sıhhiye Dairesi layihamı muvafık bularak bu işe başladı." Ibid., p. 42. Most of the graduates of this institution had begun to work freelance in Anatolia. "Bundan elli beş sene evvel memleketimizde cerrahlığa ait hastalıklarla uğraşanlara, ve bilcümle yaralara bakan tumarçılara da cerrah ismini verirdi. Cerrahlık, makbul bir meslek sırasına da girmemişti. İşte ben, bunlardan ayırt edilmemi arzu ettiğim için o gün Sıhhiye Reisi Hasip Paşa'dan bu değişikliğin yapılmasını rica etmişim. Bu arzum yerine getirilerek tayin tezkereme de 'cerrah' yerine 'operatör' kelimesi konulmuştu. Hâlbuki bugün bu değişikliğe katiyen lüzum yoktur, çünkü dünyanın her tarafında ameliyat yapan ve dış hastalıklarına bakan doktorlara operatör denmeyip doğrudan doğruya cerrah denilir. Çok şükür bugün cerrah unvanını taşıyan eski tumarci cerrahlar kalmadığından, cerrah ismini kullanmakta bir mahzur yoktur." Ibid., pp 39-42.

¹⁸⁴ Uludağ, *Tanzimat ve Hekimlik*, p. 3.

¹⁸⁵ Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, pp. 10-11.

¹⁸⁶ Ibid., p. 26.

The Legal Framework of the Sanitary Issues in the Nineteenth Century Ottoman Empire¹⁸⁷

The administrative structure of medical issues was shaped over a relatively long period: It began in the 1820s, underwent several changes and finally was gathered under a ministry in 1912. The opening of the *Mekteb-i Tıbbiye* in 1827 is commonly accepted as the beginning of modernization in the medical field. That event was followed by the founding of *Mekteb-i Tıbbiye Nezareti* (Medical School Administration) in 1839, which resulted in the fall of the office of *hekimbaşı*.¹⁸⁸ The civilian health issues were then handed to the *Meclis-i Umur-ı Tıbbiye-i Mülkiye* (Council for Civilian Medical Affairs) (whose other name was *Cemiyet-i Tıbbiye-i Mülkiye* the Civilian Society of Medicine).

In 1906, this institution's name was changed to the *Meclis-i Maarif-i Tıp* (Council of Medical Schools), which was united to the *Umum Mekatib-i Askeriye Nezareti* (General Administration of Military Schools). It became independent after 1908 by taking the name of *Meclis-i Umur-ı Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Council for Civilian Medical Affairs and Public Health). It was abolished, however, in 1912 by ceding its duties to the *Sıhhiye Müdür-i Umumiyesi* (General Directorate of Medicine), and was attached to the Ministry of Interior.

In 1915, the name of the Ministry of Interior became the Ministry of Interior and Health (*Dahiliye ve Sıhhiye Nezareti*), and now comprise *Karantina İdaresi* (Quarantine Administration) and *Hicaz Sıhhiye İdaresi* (Hejaz Sanitary

¹⁸⁷ These laws are gathered from the sixth volume of the *Mecelle-i Umur-ı Belediye*. Generally, the laws and regulations that were written on medical affairs were produced to be valid for Dersaadet, especially the Sixth Municipal Department. Only after the Balkan Wars these laws spread in their written form to the provinces. Despite the collection mainly involves in the municipal legislation of İstanbul, this specific volume, as explained in its preface, comprises generally- encompassing laws on medicine that can be found in *Düstur. Osman Nuri Ergin, Mecelle-i Umur-ı Belediye 6* (İstanbul: İstanbul Büyükşehir Belediyesi Kültür A.Ş., 1995).

¹⁸⁸ Bayat, p. 243.

Administration), as well. In 1920, in the first Assembly, *Sihhat ve İctimai Muavenet Vekaleti* (Ministry of Health and Social Assistance) under Dr. Adnan Adıvar was founded.

The second half of the nineteenth century marked the beginning of an institutionalization of medical affairs in the Ottoman Empire, as well as many other places and states. The institutionalization was possible only because habits perceived as customary laws became universal written law after the 1860s. The laws generally attached any practices of medicine and public health to a special institution, the name of which was transformed several times because of bureaucratic changes, but kept its essential duty of organization.

The sanitary codes in question were another part of the modernization of medicine. The importance of legal transformation for the rise of the modern state has already been mentioned. Medicine was no exception to this legalization process of everyday activities. In 1838, during the reign of Mahmud II, the first sanitary code of the Ottoman Empire, the Quarantine Code, was enacted.¹⁸⁹

But the first code concerning the physicians themselves in the Ottoman Empire was the *Beledi İспенçiyarlık Sanatının İcrasına Dair Nizamname* (Regulation on the Civilian Practice of the Art of Pharmacy) of 1860, which was followed in 1861 by *Memalik-i Mahrusa-i Şahane'de Tababet-i Belediye İcrasına Dair Nizamname* (Regulation on the Civilian Practice of Medicine in the Provinces of the Empire). A third law, the *Eczacılar Dair Nizamname* (Regulation on Pharmacists), was followed in 1871 by *İdare-i Umumiye-i Tıbbiye Nizamnamesi* (Regulation on the General Administration of Medicine). Then, the *Belediye Eczahaneleri İdaresi Nizamnamesi* (Regulation on the Administration of Civilian Pharmacies) in 1876 set

¹⁸⁹ Kahya and Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, p. 257.

the conditions for municipality pharmacies.¹⁹⁰ These laws in total determined who could call himself a doctor and who could not, the obligatory services of the physicians and sanitary staff, the conditions of acquiring a certificate; in brief, they drew the legal border between modern medicine and the traditional one.

Memalik-i Mahrusa-i Şahane'de Tababet-i Belediyye İcrasına Dair

Nizamname (Regulation on the Civilian Practice of Medicine in the Provinces of the Empire) of 1861 was composed of 17 articles and constituted a turning point in the standardization of medical practices. According to this code, an *icazetname* (permit) from the Imperial School of Medicine or from a foreign equivalent of this school was required to acquire the title of doctor. Anyone lacking such a license was prohibited from using the title of doctor. Another article declared that foreign doctors who wanted to work as a doctor in the Ottoman realm needed to apply to the School with their diplomas to be registered at the School after their registration to the embassies in the Sublime Porte. Then, they would pass a qualification examination and if successful, they would be handed a certificate (*ruhsatname*).

This law outlawed the application of medicine except by those who had graduated with a diploma / permit (*icazetname*) from the Ottoman Medical School or those whose diplomas were authenticated by this institution. The embassies played an intermediary role in this process: as already mentioned, people from other countries needed to prove their professional capacities after assessment examinations. Thus, the requirement of applying to the School of Medicine for the practice of any branch of medicine was guaranteed – at least legally- in the 1860s. The administrative technologies of the nineteenth century included the recording of any aspect of Ottoman life, including the medical field, which was carried out by the

¹⁹⁰ Nuran Yıldırım, "Tanzimat'tan Cumhuriyet'e," pp. 1320-1321.

Imperial School of Medicine. The activities of the entire medical staff, going beyond those of the physicians were all recorded. The twenty years' experience of the quarantines displayed the importance of surpassing the conventions for the sake of introducing universal laws.

The fourth article declared the requisition of all doctors and surgeons in the Sublime Porte to be registered with their permit to the Imperial School of Medicine after the proclamation of this code. Additionally, all practitioners of the “science of medicine” or “the art of surgery” in the provinces needed to give copies of their permit to their local committees if an Ottoman subject, and to their embassies if a foreigner; to be sent to the Medical School Administration. The subject of the other articles were related to the prohibition of doctors from prescribing medicines in the presence of a pharmacy; the reorganization of the profession of small surgeons; the monetary penalties of the transgression of the articles mentioned above, and the reorganization of the medical staff in the provinces to prevent a vacuum of such professionals.

Another important transformation was the construction of the limits between the boundaries of several branches of medical profession. A physician could not prepare or give the medicine himself, except for the cases in which an official pharmacy was lacking. Similarly, midwives were forbidden to use gynecological tools such as clamps. Accordingly, the small surgeons were not allowed to interfere in serious operations.¹⁹¹

¹⁹¹ The pecuniary penalty for the transgression of these laws ran from one mecdiye golde up to seven. For repeat offenses, the penalty doubled, and carried a penalty of imprisonment from two to six months. Three months following the publication of this regulation, the ruling will be valid in İstanbul and after fulfilling the certified physician-deficit within one year; the regulation was a standard in the provinces. Additionally, the names of the entire medical staff will be published in the newspapers, and the names of the physicians will be informed to the pharmacists. *Osman Nuri Ergin, Mecelle-i Umur-ı Belediyye 6* (İstanbul: İstanbul Büyükşehir Belediyesi Kültür A.Ş., 1995), pp. 3053-3055.

Beledî İspençiyarlık Sanatının İcrasına Dair Nizamname (Regulation on the Practice of the Art of Pharmacy in the Provinces) of 1860 was similar to the previous one, this time defining the conditions of the profession of pharmacist, to be restricted men with a diploma approved by the Imperial School of Medicine. These people would be recorded in special registers. Also, pharmacology was regulated by *Kitâb-ı Terkibât-ı İspençiyârî* (Book of Compounds on Pharmacy) with the decision to register all activities of the pharmacists also. Pharmacies would be controlled regularly, every six months by a commission formed of three officers from Medical School Administration and another from the municipality.¹⁹²

İdare-i Umumiye-i Tibbiye Nizamnamesi (Regulation on the General Administration of Medicine) of 1871 is a code on the reorganization of medical practices. Civil doctors would be appointed to all provinces by the order of the *Umûr-ı Tibbiye-i Mülkiye Nezâreti* (The Council of Civilian Medical Affairs). If necessary, they would have another health officer assigned to them; and accordingly, a pharmacy would be opened, the methods of which would be regulated by the relevant codes. In addition, they were to collect information on “medical topography” of their district, and to report to the center.¹⁹³ In 1888, another code called the *Memleket Etibbâsı ve Eczâcıları Hakkında Nizamnâme* (Regulation on Provincial Physicians and Pharmacists), organizing the appointments of the civil doctors and pharmacists for five years in the Ottoman lands, was introduced. The provincial inspectors of medicine, whose duties were defined in the *Ecza-yı Tibbiye Teftiş Memurlarının Vezâifini Mübeyyin Talimat* (Instructions on the Mission of the

¹⁹² Ibid., pp. 3056-3061.

¹⁹³ Ibid., pp. 3062-3064.

Inspectors of the Medical Pharmaceuticals) for enacted in 1884, would control and report on them.

The physicians' duty to appear at the appointed location had to be fulfilled for certain except for a valid excuse; the sanction to be imposed would be dismissal. In case of epidemics, he was to inform the center and take any measure necessary, even if the epidemic broke out in a place outside his purview. The supplementary expenses would be covered by the budget of the summoning municipality. Another duty of the physician was to survey the medical topography of the area and propose possible measures. He was supposed to present a general report on this topography within nine months following his appointment, in addition to the monthly regular reports. He was authorized to object the orders received but he could not make any changes before receiving new orders. He also was authorized to warn the local administration about medical measures in his official capacity. Finally, he was dependent on special regulations during criminal investigations.

In 16 Nisan 1888 (5 Şaban 1305), the *Memleket Etibbası ve Eczacıları Hakkında Nizamname* (Regulation on Provincial Physicians and Pharmacists) was published.¹⁹⁴ That body of regulations stipulated that the physicians that graduated from the Civilian School of Medicine, who passed the assessment examinations would be appointed to the provinces for a compulsory period of service of five years.

The civil physician board is composed of four classes: physician of a sub-district (*kaza*), physician of a district (*liva*), physician of a province (*vilayet*) and finally inspector. Their salaries were 600, 800, 1200 and 2000 piaster respectively.¹⁹⁵

¹⁹⁴ Ibid., pp. 3065-3068.

¹⁹⁵ The same organization was formed for the pharmacists, who were classified in three orders according to subdistrict, district and province, receiving salaries of 400, 600 and 800 piasters, respectively. The ones who fulfilled these duties could apply for the position of a chemist. At the same time, the civil veterinaries were organized in 1875 in the same way, so that they formed two classes,

The salaries of the inspectors were calculated with reference to the decree that determined the refund of travel expenses of the civil employees. However, here we see a special kind of service for some provinces, in return for which the physicians appointed to these provinces were given an extra payment worth of half of their salaries. These provinces were: Hejaz, Baghdad, Basra, Mosul, Benghazi, Tripoli, Yemen and the Sanjak of Zor.

Among the graduates of the Medical Schools, those who were exempted from military service according to the *Mekteb-i Tibbiye-i Mülkiye Nizamnamesi* were supposed to fulfill two of their five years' services in a sub-district and the remaining three years in a district. In case of dropping out of service duty, they would pay, without regarding religion or ethnicity, 50 liras to the military chamber as military compensation, ten liras for each year of education to the School, and 20 liras as diploma and examination duty to the Fund of the Council of Civilian Medical Affairs.

For the civil physicians, an employment record would be kept and their positions, transfers, rotations, resignation, promotion and dismissal would be recorded at the Council of Civilian Medical Affairs. This record book would serve as a reference point for their assignments and promotions. For those who fulfilled the compulsory five years, applying for the inspectorship was possible. The council was authorized to determine their assignments, as it also was of the assignment of provincial physicians (*memleket hekimleri*) as mobile or extraordinary physicians

that of inspectors and municipal veterinaries, having acquired diplomas from the School of Medicine, the Military Academy or a school of a foreign country, with a salary of 1800 for the former, and between 1200 and 1759 for the latter respectively, according to their seniority. Those who were sent to Yemen, Iraq and Tripoli would be paid an additional amount of 500 piasters.

(*fevkalade hekimler*) in extraordinary occasions,¹⁹⁶ by increasing their salaries one and a half times.

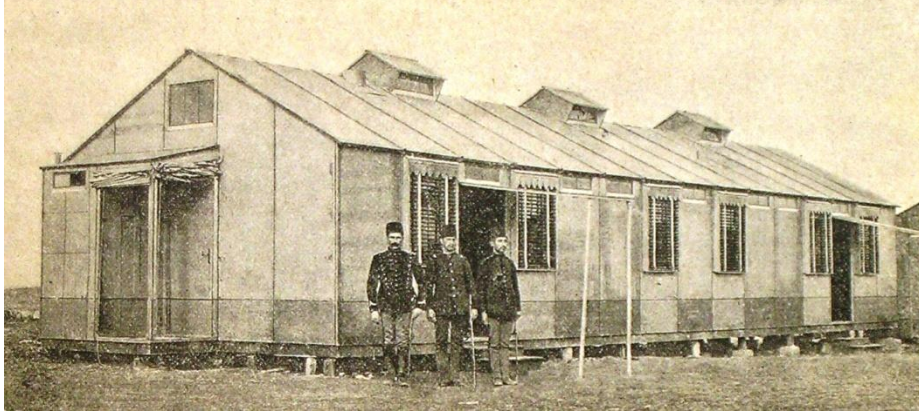


Figure 4. One of the mobile hospitals of the Empire

Source: Besim Ömer, *Nevsal-i Afîyyet I*, 1315.

The inspectors reported the *Meclis-i Umur-ı Sıhhiye-i Umumiye* (General Directorate of Health). But, if half of the subdistrict, district and province had not received any municipal physician, the duty of inspectorate would be fulfilled by the municipal physician of the central province, who would receive a travel allowance, as well. The names of the civil physicians who presented a petition for the *Nezaret-i Tıbbiye-i Mülkiye* (Administration of the School of Civilian Medicine) would be kept in the order of date of petition in the registers of the *Cemiyet-i Tıbbiye-i Mülkiye* (Civilian Society of Medicine) in order to propose an open opposition for the petitioners.¹⁹⁷

On 25 June 1885 the Direction of Public Health Commission (*Hıfzıssıhha-i Umumiye Komisyonu Talimatı*), founded to survey and examine goods like food, drink, or pharmaceuticals, and prohibit those that were pestilent The commission was

¹⁹⁶ By this expression, obviously, epidemics are meant.

¹⁹⁷ This register has not been found yet.

formed of one head-inspector, three doctors, one chemist-pharmacist and one veterinary inspector, in addition to three other inspectors (one pharmacist and two doctors) for the customs, and finally, two clerks.

The official authorities of this committee were the Health Council and the General Administration of Civilian Medical Affairs. This commission was responsible for inspecting the merchants of the main ingredients for medicines (*akkar* and *kökçü*), herb and spice merchants, even to examine whether the butter was fresh or not. Additionally, they made sure that factories, meat houses and butchers were free of from dust, flies and mould. Establishments found to be in transgression cases were bounded the third article of the Penal Code and the eighth section of the Municipal Code.

The Penal Code of Public Health (*Ceraim-i Sıhhiye Kanunu*), which regulated any transgression in the medical field, was introduced in 28 June 1884 (17 Ramazan 1301).¹⁹⁸ The aim was first to deal with quarantines and sanitary cordons, in brief, epidemics. In the case of epidemics, the Ottoman state engaged in taking sanitary measures with its entire military and civilian staff and attached all the people, and especially the maritime affairs, within the boundaries of the quarantine or sanitary cordon to itself. Anyone who spread of the disease directly or indirectly was subject to hard labor. For those who violated the quarantine, the military forces or the police (*zabita*) were authorized to shoot to death.

On the sea, without acquiring a bill of health (*pratika*)¹⁹⁹ if the captain or passenger of a ship contacted land, the punishment was imprisonment for up to three years or a fine of five to five hundred Ottoman gold, or if deemed to appropriate,

¹⁹⁸ Ergin, pp. 3565-3567.

¹⁹⁹ The sign that the ship is not contaminated.

these two sanctions could be given simultaneously. Military and civilian staff that facilitated this type of crime would be subject to equal penalties. An officer who caused the spread of the disease would receive hard labor. If a military commander avoided applying central regulations, he would be punished with a jail sentence of one to three years, if the person who neglected the regulations was a medical officer, in addition to imprisonment, he would be fined five to one hundred liras.

The Regulation of Infectious Diseases (*Emraz-ı Sariyye ve İstilaiyye Nizamnamesi*), introduced in 31 March 1884 (17 Cumadelula 1332) furnished an operating manual for the measures against such diseases for both the public and the medical staff, with the most significant feature being the compulsion of denunciation for the following diseases: cholera, plague, typhus, typhoid, smallpox, diphtheria, brain fever, dysentery, scarlet fever, trachoma, glanders, rabies, puerperal fever, tuberculosis, and food poisoning.²⁰⁰

While the places to make denouncements were nearby police centers, municipal offices, gendarmerie headquarters or local administrations, those obliged to offer information were listed as: first, doctors in charge, heads of the families, medical attendants and midwives; second, co-dwellers of the same area as the patient; third, doorkeepers, boarding house employees, hostel customers and managers, shopkeepers; fourth, washers of the dead; fifth, officers of holy buildings; and ship captains. Those violating this requirement were subject to the 102th article if they were directly responsible, and the 99th article of the Penal Code.

For the written information, forms were available for free in municipalities and police stations, and could be sent from post offices free of charge. The procedure was that if information was received by an officer, he was supposed to notify the

²⁰⁰ Ergin, pp. 3568-3581.

municipal or civilian doctor (*hükümet ya da belediye tabibi*), who personally was to conduct an investigation, prepare a report to present to the appertaining office, where the supervisor would order necessary measures. Negligence in investigation was penalized by the 102th article of the Penal Code.²⁰¹

The appointed physician was to be informed by the local physician before consultation. Autopsies for cholera and plague could be done by an appointed physician with the presence of a local one. The suspected corpse could be buried only with a medical report. For those who rejected the examination of the corpse of their family members, the penalty would be levied according to the Appendix 3 of Article 99. Passengers coming from infected locations were supposed to state their destination and residence addresses within twenty-four hours to the police (*zabita*) or local state officers; and workers in places like hotels and khans and families accommodating such people in their houses were subject to the same obligation. People suspected of infected were subject to forcible isolation and strict observation.

The state was authorized to take any measure to prevent the spread of diseases. The illegal sale of the suspected items was penalized with Appendix 3 of Article 99. The residents of evacuated districts could be accommodated in hospitals or insolation and observation centers without charge. If the evacuated places were closed, their reopening was bounded to official papers, and the relevant sanction was indicated in the same appendix. If the medical attendant (*tımarcı*) contacted the people during the period of health care, the 254th article of the Penal Code was applied.

About public places such as schools or factories, the infected people, or roommates of the infected people, were banned from attending or going to work.

²⁰¹ *Tabib-i muvazzaf*: Physician sent to the area for a specific occasion. *Tabib-i müdavi*: Appointed physician of the area.

Their reacceptance was dependent on the doctor's opinion. Those acting contrary to the law were subject to the Appendix of Article 99. Measures for preventing the spread of an epidemic from a foreign country were also indicated in the Regulations: Any imported good, as well as any visitor, or any gathering, was subject to strict examination. Waterways, fountains, pits, lavatories, public laundries, and public baths were henceforth under state control.

With the presence of a contagious disease in the Ottoman lands, a commission composed of appertaining administrative and sanitary officers under the authority of the Ministry of Interior or the General Directorate of Health in İstanbul, and the governor or directors of health in province, to which state officers were supposed to give information. Besides, state officers from different provinces were supposed to inform each other, as the sanitary and administrative officers were, on the course of the disease. The measures to be taken by local administrations would be covered by them and the municipalities. Only in cases of insufficient allocations would the General Directorate of Health give support.

The goods of people coming from places infected with cholera or plague were confiscated and disinfected with steam (*tebhir*). If the expenses for this operation exceeded the value of the good, the good could be destroyed. Letters, printed books, newspapers, commercial papers were not subject to disinfection. The opponents would be sanctioned with the Appendix 3 of the Article 99.

The expenses of people isolated and enclosed in hospitals or quarantine stations (*tecridhane*) would be covered. If such places were not available, they would be kept in their houses, and the the poor ones would receive support from the state. The non-poor were required to provide their own supplies. Owners of goods damaged during disinfection would be compensated by the state according to the

instruction manual of the Administration of Disinfection (*Tebhir İdaresi*)²⁰² and the cost was taken out from the officers' wages. The General Directorate of Health was commissioned to abrogate these decisions.

The Standardization and Professionalization of Medicine: the Allocation of Licenses and Diplomas in Recognition of Demonstrated Competency

The standardization of medical education based on regular examinations and degrees introduced a set of competent doctors, whose norms of valuable knowledge and practice were shaped by new institutions of education. New regulations formed the legal basis for these people for practicing mainstream medicine; which led localization in hospitals.²⁰³ Hospital teaching and healing went side by side with the professionalization of medicine. A standard of medical education was introduced in Europe and the United States between 1890 and 1920. The teaching experiences in this period were often bounded to national cultural differences.²⁰⁴ George Weisz writes about the heterogeneous and imprecise character of the specialization and professionalization of medicine in the late nineteenth century Europe:

I will suggest, as George Rosen did, that the common-sense explanation for the emergence of medical specialties – that the rapid expansion of knowledge forced doctors to specialize- is incomplete, at least as an account of the early stages of the specialization process. I agree with Rosen and Erwin Ackerknecht that a fundamental transformation of intellectual perspective lay behind the rise of specialties. Nonetheless, I do not, as they did, attribute primary responsibility to the rise of organic localism and then new technologies. These factors, at most, provided an axis along with certain specialties were able to develop. Instead, I will suggest that specialization

²⁰² The disinfection stations functioned by using steam to disinfectate staff and clothings by the initiatives of municipalities after the discovery that epidemics were caused by micro organisms. The disinfection machines were produced in Paris, by the Genest-Herscher Factory. Nuran Yıldırım, *İstanbul'un Sağlık Tarihi* (İstanbul: İstanbul Üniversitesi, İstanbul 2010 Avrupa Kültür Başkenti Ajansı, 2010), p. 141.

²⁰³ Lawrence, p. 337.

²⁰⁴ Bonner, *Becoming a Physician*, p. 281.

came to be seen as a manifest necessity of modern medical sciences as a result of the realization of three fundamental pre-conditions. / First, I will argue that an essential prerequisite for these developments was the unification of medicine with surgery, both in professional practice and and, more importantly, within medical training and research. ... / Second,... it was the acceptance of such values [specialization, empiric observation]by newly established communities of clinical researchers that encouraged specialization to emerge. / Third,... certain institutional conditions were necessary. And these conditions were closely linked with emerging notions of administrative rationality in the nineteenth century nation- state...²⁰⁵

The Ottoman counterparts of the European doctors had to deal with standard examinations as well. One of the novelties was the obligation to pass one baccalaureate, three doctorate and one thesis examination, as already mentioned, which would determine if the student could pass to the next class.²⁰⁶

As for the pharmacists, according to the Regulation on the Practice of Medicine in the Provinces of the Empire, they were required to register with the School and were handed an acceptance certificate (*kabulname*,) with which they had to apply to a pharmacy and work there for three years. Fifteen days before leaving the shop, they were handed a *şehadetnâme*, which was the equivalent of an internship document. If a candidate passed all of these levels, then he had the right to apply to the School, and if successful at the examinations of French and arithmetic, he would follow pharmacy courses at the School. In brief, while the *kabulname* showed a candidate's beginning of his internship, the *şehadetname* indicated its accomplishment.²⁰⁷

In the 1840s the duties of pharmacists, midwives, blood letters, and tooth extractors were measured by their skills and the qualified ones were bestowed

²⁰⁵ Ibid., p. 539.

²⁰⁶ Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, pp. 10-11.

²⁰⁷ Nuran Yıldırım, "Dârülfünûn-ı Osmanî Tıp Fakültesi Eczacı Mektebi Öğrencilerine Ait Kabulnâmeler ve Şehâdetnâmeler," *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990* (Ankara: Türk Tarih Kurumu Basımevi, 1999), pp. 239-240.

certificates. In 1890, when Cemil Topuzlu returned from Paris to İstanbul as a modern chief surgeon, he used the title of “*operatör*” (one who does operations) instead of “*cerrah*” (surgeon) to differentiate himself from the traditional surgeons of fifty years earlier.²⁰⁸

For the bonesetters, in 1849, *küçük cerrahlık diploması* (the certificate for the profession of small surgeons) had begun to be handed due to the insufficiency of practitioners. Also, after 1876, in Haydarpaşa Military Hospital a class for small surgeons was opened. This office was abrogated in 1892.²⁰⁹ However, in spite of great penalties, it was still observed, even if rarely, that unlicensed individuals practiced bone setting.²¹⁰

This chapter introduced the new medicalized world of the nineteenth century, which is considered during this research as a general framework for the genesis of the professional group of physicians. Marked by clinical examination, pathological anatomy and microbiology, all of society was transformed during the century within a diagnostic terminology, where public health gained also a symbolic meaning for the prevention of social and political illnesses. Like all centralized instruments of administration, medicine itself entered into a process of centralization with quarantines, state officialship, statistics and public health measures with all its institutions.

The chapter defined this process by making use of the concepts of biopolitics and the new scientific discourse, which had been applied to the case of the Ottoman Empire. Then, it summarized the reorganization, categorization and centralization of

²⁰⁸ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 39.

²⁰⁹ Ersoy, pp. 150-151.

²¹⁰ Ali Rıza Faik Bey, "Kırık Çıkık ve Mutatabbipler," *Sıhhat Almanakı* (ed. Mazhar Osman) (İstanbul: Kader Matbaası, 1993): 259-261.

new medical actors in legal terms in comparison to similar developments in the same decades in mainly Europe, which formed a new node for the newly arising scientific (scientified) world. Finally, the regulation of this standardization with the allocation of diplomas from the sole center, the School of Medicine, was explained.

CHAPTER 3

THE DEBATE OVER THE RIGHT TO PRACTICE MEDICINE: IRREGULAR PRACTITIONERS IN THE ARCHIVES

“Where there are physicians, there are charlatans, quacks, empirics. Medical practitioners have always tried to distinguish themselves from the other, from those whom they deem unprofessional, whether the latter has good or bad intentions.”²¹¹ These words were also valid for the medical world of the Ottomans. Denoting a considerable amount of time in the education system, school-trained physicians demanded a clear-line division from the irregular practitioners, a similar desire with the center with dissimilar purposes.

The terms “folk,” “traditional,” “popular” and “scientific” are used in Latin America with the dichotomy of *medicina tradicional* versus *medicina facultativa*. This medical pluralism was supported by governmental policies. Scientific physicians formed a body of hegemonic enterprise legitimizing new systems of ideological control under the system of scientific rationalism. Healing practices derived from other systems were rendered illegal by the state’s sanctioning schools of medicine. Hence, while one specific form of treatment was being legalized, other ones were criminalized. These otherized practices survived underground and created medical pluralism. In the case of Columbia, the proponents of scientific medicine were able to label the normal and the abnormal, the legal and the illegal, the rational and the irrational through their access to the state.²¹²

²¹¹ Peter E. Pormann, "The Physician and the Other: Images of the Charlatan in Medieval Islam," *Bulletin of the History of Medicine*, 79 no.2 (2005), pp. 189-190.

²¹² David Sowell, "Contending Medical Ideologies and State Formation: The Nineteenth-Century Origins of Medical Pluralism in Contemporary Colombia," *Bulletin of the History of Medicine* 77, no. 4 (2003), pp. 903-904.

The effective struggle between properly-educated doctors and the empirics (people who practiced medicine without having a diploma) led to the concept of charlatanry. At the end of the eighteenth century, French people made use of self-medication, quacks, bone-settlers, matrons or sorcerer-healers. But the “enlightened” physicians broke out a war against charlatanry, one of the evils of the “art of healing.”²¹³ However, the line between the “learned” and the “popular” medicine were not yet clear-cut: “In fact, these two ‘worlds’ of medicine were so close to each other that they were in constant contact, both hating and penetrating each other.”²¹⁴ This part of the dissertation, as well, examines the effort to form these new artificial boundaries which were created with the rise of modern medicine.

Matthew Ramsey discusses the need to consider unauthorized practitioners as well as the authorized ones to understand the occupation of medicine in its totality, not only because they provided health care in the pre-modern period, but also because they are indicators of the development of medical profession: “Modern medicine did not arise in a vacuum; it established itself by denying legitimacy to competing medical practitioners and cultures.”²¹⁵

With the professionalization of medicine, the barber-surgeons ceded their places to the new doctors, and began to be defined as charlatans. The same development took place in nineteenth century Egypt, except instead of the three century process in Europe it happened in three decades in Egypt.²¹⁶ Yet, in the

²¹³ Jean-Pierre Goubert, "The Art of Healing: Learned Medicine and Popular Medicine in the France of 1790," in *Medicine and Society in France, Selections from the Annales Economies, Sociétés, Civilisations* Vol 6, ed. Robert Forster and Orest Ranum (The Johns Hopkins University Press, 1980), p. 1.

²¹⁴ *Ibid.*, p. 3.

²¹⁵ Ramsey, pp. 2-3.

²¹⁶ Fahmy, "Medicine and Power," p. 13.

Ottoman case, this transformation occurred gradually and more slowly. It is true that the differentiation between modern and traditional medicine had been established in the Ottoman Empire since the beginning of the nineteenth century. Yet, the definition of the outsiders of the field, as charlatans, was not formed in a clear-cut way, since many traditional empirics were welcomed to be part of the system until the creation of an entirely new group of modern physicians and surgeons.²¹⁷

Standardized medical education, with a performance based assessment system with regular and proper examinations and degrees produced “competent doctors.” Institutions of education constitute norms of valuable knowledge and practice and demonstration of medical skills. In addition to these, laws and codes determine the people permitted to practice mainstream medicine. These transformations led to the concentration of medical authority in hospital physicians and surgeons.²¹⁸

Mainstream medicine meant a profession whose practitioners were trained and practiced within the boundaries of the School of Medicine during the Tanzimat. Actually, the Tanzimat introduced a new system for all professions, from peasantry to officership, and medicine was no exception to this, which were fostered by the visits carried out by the sultan, mentioned in the previous chapter. They need to be conceived in a symbolic act of the representation of the sultan in terms of the support for a standardization of medicine,²¹⁹ as the presence of the Ottoman ambassador during the assessment examination of the four students that were sent to Vienna.²²⁰

²¹⁷ As Başaoğlu and Uçar also write, on the issue of undiplomed doctors, many administrative bodies and ministries had involved like the Ministry of Internal Affairs, the General Administration of the Military Schools, the Society of the Civilian Medicine, and the security officials if a petty offence was involved. İbrahim Başaoğlu and Ahmet Uçar, "Osmanlı'da Sahte Doktorlar," in *1. Uluslararası Türk Tıp Tarihi Kongresi 10. Ulusal Türk Tıp Tarihi Kongresi Bildiri Kitabı Cilt 1*, ed. Ayşegül Demirhan Erdemir, et al. (2008).

²¹⁸ Lawrence, p. 337.

²¹⁹ Abdülkadir Özcan, "II. Mahmud'un Memleket Gezileri," in *Prof. Dr. Bekir Kütükoğlu'na Armağan* (İstanbul: 1991).

After the four new graduates returned with great success from Vienna where they attended a colloquium on 4 January 1848, the Imperial School of Medicine began to be called a faculty, which necessitated the application of the rule to take a colloquium examination for diploma equivalency in 1848 for those willing to work in the Ottoman Empire, regardless of their nation. The diplomas of those who had studied abroad were approved only after they had passed examinations on anatomy, obstetrics, internal diseases, surgery, and forensics.²²¹

Therefore, it was written on the *Journal de Constantinople* in 1852 that there were; about fifteen years ago, only very few good doctors but there was a large number of empirics who had thought that they had studied medicine. However, now, new doctors had been trained, which rendered the Ottomans equal to the Europeans. Indeed, that was the publicity of a Paris-educated doctor, Dr. Grabowski, receiving patients in the following address: Tekka of Pera, number 1.²²² Actually, private doctors generally had some similar columns in the publicity pages of the newspapers.

²²⁰ Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, p. 11.

²²¹ Yıldırım, "Tıp Eğitimimizin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)," p.245.

²²² *Journal de Constantinople*, 9 January 1852. Newspapers and medical societies had been the two essential tools of educating common people about public health. The installation of public hygiene as a vital idea to regulate daily lives of people in terms of sanitary conditions would begin with the formation of *Vekayi-i Tıbbiye* and the following publications. These publications would, for the moment, not overpass the boundaries of the political and the culture of hygiene. Fatih Tetik, "Osmanlı Devleti'nin Tanzimat Dönemi Kamu Sağlığı Politikası (1839-1876)" (M.A. Thesis, 2007), p. 25.



Figure 5. Map of the dismemberment of the Ottoman Empire, 1672-1913

Source: Halil İnalcık; Donald Quataert. *An Economic and Social History of the Ottoman Empire 1300-1914*. Cambridge: Cambridge University Press, 1994.

The Legal Standardization of Medical Activities: Definition of the Legitimate and Illegitimate Actors of Medicalization

The archival documents illustrate the effects of the legal transformation of medicine in terms of the composition of the boundaries between the lay practitioners and the properly-educated physicians. The codes discussed above appear continuously in these documents to emphasize and reinforce medical standardization by making the categorizations, which were based on certificates handed out after qualifying examinations, stricter over time between the 1860s and the 1900s. That was a period in which the formation of the modern state was colliding with the actual situation of the medical staff. An overview of the related is helpful in grasping some aspects of the constitution of medical profession.

I have already discussed about the introduction of medical laws in the Ottoman medical environment. Let us take a closer look at these laws which formed the basis of the boundaries of medical practice, which we will continuously come across while strolling in the archives. Regulation on the Practice of Medicine in the Provinces of the Empire that was enacted in 12 October 1861 was a turning point in the standardization of medical practices with its total of seventeen articles.

The first article of the code indicates the necessity of a permit from the Imperial School of Medicine or from a foreign equivalent of this school. The second article prevented anyone lacking such a license from using the title of doctor. A following article was about foreign doctors who wanted to work in the Ottoman Empire: they were required to apply to the Imperial School of Medicine to register their diplomas after having registered at the embassies of their homelands at the Sublime Porte. Then they would be subject to a qualification examination. Then, they will be handed a certificate.

The fourth article required all doctors and surgeons at the Sublime Porte to be registered with a permit from the School of Medicine after the proclamation of this code. Fifth, all people practicing the science of medicine or the art of surgery (*fenn-i tabâbette yahut sanat-ı cerrâhiyede doktor olup*) in provinces were required to submit a copy of their permit to their local councils, if they were an Ottoman subject, and to their embassies, if they were a foreigner. Then, these copies had to be sent to the Medical School Administration.

The following articles dealt with the prohibition of doctors from prescribing medicines, except in the absence of a pharmacy; the reorganization of small surgeonship and other healing practices; the monetary penalties of the transgression of the articles mentioned above, and the appointment of medical staff to provinces lacking such professionals.

Not only physicians but also all kinds of people dealing with medical services began to be regulated. The Regulation on the Practice of the Art of Pharmacy in the Provinces declared that a candidate to become pharmacist needed to register at the School and acquire an acceptance (*kabulname*), with which he should apply to a pharmacy shop and work there for three years to obtain a testimonial (*şehadetname*).²²³

The 1861 Code specified that doctors coming from abroad needed their diplomas be registered to and approved by the School of Medicine. Additionally, they were subject to a colloquium. Before this code, doctors were also registering their licences to the School, their names were published on newspaper, and sent to all pharmacies.²²⁴

²²³ Yıldırım, "Dârülfünûn-ı Osmanî Tıp Fakültesi," pp. 239-240.

²²⁴ Dramur, "Osmanlılarda Hekim ve Eczacı Gediği," p. 151.

One of the novelties in the medical school was the obligation to deliver one baccaloret, three doctorat and one thesis examination. Süheyl Ünver emphasizes the importance given to these examinations which would prevent any kind of level upgrade.²²⁵ For the bonesetters, in 1849, a diploma for small surgery began to be issued due to the lack of practitioners. Furthermore, after 1876, in Haydarpaşa Military Hospital a school for small surgeons opened. In 1892, this office also was closed.²²⁶

Dentistry was an an occupation often taken up from barbers and circumcisers trained by apprenticeship and surgeons trained in military hospitals as medical attendants. Those who proved to be skillful were accorded certificates of surgeonship and those were then authorized to work as civilians in the army, and if they had time, practiced dentistry. In the Ottoman Empire as in Europe, those who learned tooth extraction (almost unexceptionally non-Muslims) applied to the Military School of Medicine and if successful at the qualification examination, were handed a certificate (*icâzetname / permi*). Dentists coming from abroad, like doctors and pharmacists, needed to apply to the Council of the General Administration of Medicine to pass the colloquium. After the Second Constitutional Period, the duty to organize colloquium examinations was given to the School of Medicine.²²⁷

The skill-based assessment for the organization of medical activities meant the separation of one type of activity from another, each certified by official papers. To the 1840s it was decided to organize the duties of pharmacists, midwives, blood letters, and tooth extractors by measuring their skills. Those qualified would be

²²⁵ Ünver, *Osmanlı Tababeti ve Tanzimat Hakkında Yeni Notlar*, pp. 10-11.

²²⁶ Ersoy, pp. 150-151.

²²⁷ Yıldırım, "Berberlerden Diş Hekimlerine," p. 38.

bestowed certificates. Those failing would no longer be able to claim right to practice.

Nuran Yıldırım summarizes the story of a certain Mardiros the barber who demanded to put a sign on his fez and acquired it in 1851 and that of Hacı İstefan, barber again, who passed a test under the supervision of the “commission of surgeonship examination” in the Military School of Medicine and took a certificate for bloodletting and tooth extracting, with the condition that he not perform other kinds of medical treatment (*kan almak ve diş çıkarmaktan başka tabiplik ve cerrahlığa cüret etmemek şartıyla*).²²⁸

But sometime later it was discovered that these regulations would not prevent “other healers” from dealing with people’s health issues. Miralay Hafız Bey, a member of the Council of Medicine and the School of Medicine render responsible for solving this problem. However, it seems that this effort was unsuccessful. Then, with the rationale of the accidents caused by unlicensed practitioners, they were decided to be subject to an examination one by one in the School of Medicine.²²⁹

The Struggle over the Practice of Medicine in the Archives: Centralisation in a Competitive Professional Field

Matthew Ramsey underlines the need to consider the unauthorized practitioners as well as the authorized ones to conceive the occupation of medicine in its totality, not only because they provided health care in the pre-modern period, but also because they are indicators of the development of the medical profession.²³⁰

²²⁸ Ibid., pp. 38-39.

²²⁹ Ibid., p. 39.

²³⁰ Ramsey, pp. 2-3.

About pharmacists, there is no record indicating an institutional education for them until 1839. Their process of acquiring certificates had begun, as already mentioned, after that time. Nevertheless, we see at that period the existence of several pharmacists trained as apprentices or accorded this title as an award or as a result of an examination.²³¹

The outcome of this transformation was a deep struggle between ordinary doctors and folk medicine, lay healers /quacks and traditional healing systems that would lead to a monopolization of medical practices with the introduction of a new type of doctor.²³² The envisioning of “properly- educated doctors” on the lay practitioners of medicine can be seen in the terminology of the Society of Medicine, who identified them as “*şapkasız hekimler* (empirics including bone-settlers, the colic healer, pseudo- ophthalmologists, and hernia healer.)”²³³ A parallel vision is seen for the dentists, as Kaysılı quotes from Osman Nuri Ergin:

The tooth extracting of the barbers is not related to dentistry. At most, it can be attributed to their shaving a head’s face or hair, that is, their activity area being the human head, and that the tooth is on that part of humans. Such people, acquiring some pliers, became dentists. In those days, teeth extracted within barber shops used to be attached to a rope as prayer beads, hung on a visible place in the shop. So, the activity of tooth extracting was announced, and the finesse of the art was exhibited. Surgeons, by contrast, were more related to the tooth and human head than the barbers. Those were people trained in the military hospitals as medical attendants, or with the older expression, from *tımarcı*. Among these people, those who served in the operating rooms and showed aptitude were handed a surgery certificate by hospital chief physicians, and served in the army in civilian positions but in return for the rank of lieutenant, and were involved in dentistry in their spare time.²³⁴

²³¹ Özçelikay and Asil, "Osmanlı İmparatorluğu'nda Klasik ve Modern Eczacılık Eğitimi ve Öğretimi."

²³² Labish, pp. 603-637.

²³³ Feza Günergun, 04.05.2010. Available [online] at <http://www.bilimtarihi.org/pdfs/cts.pdf>.

²³⁴ *Berberlerin diş çıkarmasının diş hekimliği ile hiçbir alakası yoktur. Olsa olsa berberlerin de insan kafasını ve yüzünü traş etmek veya saçını kesmekle uğraşmaktan, yani faaliyet sahaları baş olmasından ve nihayet dişin de başta bulunmasından başka bir şeye atfolunamaz. Bu türlü adamlar bir kerpeten elde etmekle dişçi de olurlardı. Bu devirlerde berber dükkanlarında çıkarılan dişler*

The same situation was seen in France, as well. At the end of the eighteenth century, French people made use of self-medication, quacks, bone-settlers, matrons or sorcerer-healers. So, the “enlightened” physicians started a war against charlatanry, which was considered one of the evils of the “art of healing.”²³⁵ However, the line between the “learned” and the “popular” medicine were not clear-cut.²³⁶

The deep struggle between the lay healers and the legitimate physicians can be observed in the Ottoman case as well, with a brief evaluation of the archival documents. That kind of an evaluation gives us a general idea about the policies on the non-licensed physicians and surgeons. After the legal transformation of the medical practices, the existing practitioners were required to prove their skill. Qualification examinations were introduced throughout the Empire. Archival documents offer several cases about these examinations, which indicate a period in which the Ottoman state was also in urgent need for medical staff due to military and political developments.

A pre-evaluation makes us think that the preliminary steps for the modernization of medicine did not overlap with the modernizing aspirations of the state: while a standard was being created, people who did not fall within its

tespih tanesi gibi iplere bağlanarak, dükkanın görünecek bir yerine asılır ve bununla hem orada dış çekildiği ilan edilmiş, hem de sanatta maharet gösterilmiş olurdu. Cerrahlar nispeten berberlerden ziyade dişle ve insan kafasıyla ile alakadardılar. Bunlar bilhassa askerî hastanelerde hastabakıcılıktan ve eski tabirle tımarcılıktan yetişmiş kimselerdi. Tımarcılardan bilhassa ameliyathanelerde hizmet edip de ehliyet ve kabiliyet gösterenlere hastahane sertabipleri tarafından birer cerrahlık vesikası verilir ve bunlar orduda sivil olarak fakat yüzbaşı tahsisatıyla kendilerine gösterilen sıhî vazifeleri görmekte beraber vakit ve imkan bulurlarsa dışarıda dişçilik de yaparlardı. Barış Kaysılı, "Tanzimat'tan Cumhuriyet'e Türkiye'de Sağlık Eğitimi Üzerine Bir Araştırma (1839-1938)" (M.A. Thesis, Selçuk Üniversitesi, 2006), p. 54.

²³⁵ Goubert, p. 1.

²³⁶ Ibid., p. 3.

boundaries also were taken as a heterogeneous group, and those who were eager to fit the standards absorbed through those qualification examinations.

Those who practiced traditional medicine, however, were left aside by the terms “*kendisine hekimlik süsü vererek,*” (presenting himself as a doctor) “*diplomasız hekimlik yapan,*” (the one who practices medicine without a diploma) or “*sahte doktor* (quack).” Yet, the scene was not so black and white. The grays provides the reader of the period an atmosphere in which, the diplomed and the non-diplomed continuously worked together, similar to France.

Esin Kahya writes about the existence of the archival documents indicating the requirement of a license from doctors and surgeons for the practice of medicine. For instance, in the document denoting the appointment of a military surgeon named Ebu Bekir to the head surgeonship of the army, his professional capacities, his medical training and if he deserved the office was underlined.²³⁷ It was often emphasized in the documents that those lacking a permit from the School of Medicine were not authorized to practice medicine. Such documents appeared after cases of transgression.²³⁸

An example is the prohibition of lay practitioners in Aleppo.²³⁹ Another one is on the prohibition of foreign physicians, and the closing of the shops of unlicensed

²³⁷ Esin Kahya, *Ondokuzuncu Yüzyılda Osmanlı İmparatorluğu'nda Tıp Eğitimi ve Türk Hekimleri* (Ankara: Atatürk Kültür Merkezi Başkanlığı Yayınları, 1997), p. 4.

²³⁸ BOA. DH. MKT. 2214 / 118, 15 Safer 1317, 23 June 1899. The sanction to prohibit from the practice of the profession begin to appear in the documents since the formation of the School, yet, their appearance as a remarkable number is indeed after the 1890s. Some of the examples of the documents indicating that kind of sanction are: BOA. Y. PRK. ASK. 214 / 33, 26 Zilkade 1321, 13 March 1904; BOA. ZB. 81 / 82, 9 July 1323, 22 July 1907; BOA. DH. EUM. THR. 5 /20, 10 Ramazan 1327, 25 September 1909; BOA. DH. MUİ 19-1 / 28, 20 Ramazan 1327, 5 October 1909; BOA. DH. MKT. 1435 / 86, 11 Zilhicce 1304, 1 August 1887; BOA. DH. MKT. 1463 / 15, 27 Safer 1305, 13 November 1887.

²³⁹ BOA. ZB. 426 / 125 30 May 1323, 12 June 1907.

pharmacists.²⁴⁰ Actually, such documents all over the Empire indicate the center's interest in its countryside in terms of health issues.

The archival documents seem to confirm that the Ottoman state was closely interested in stating precisely the position of medicine in legal fields by observing the standardized system of medicine in Europe, gathering all information about legal developments abroad and apprising certification patterns. The state would not grant leave to non-licensed individuals to practice in the Ottoman lands, as it would not allow lay practitioners from among its own subjects. However, the actual cases reveal a more complex situation, where the state itself facilitated in urgent cases the penetration of lay healers within the system for special cases. The traditional practitioners of medicine were welcomed as long as their appearance within the system was not a regular action.

Qualification examinations constituted a redemptive solution for the earlier period before the creation of a fully-equipped generation of modern physicians. For instance, the decision taken in 1887 to send those working as physicians in provinces without a diploma from the School of Medicine to the Sublime Porte for qualification examination would probably not be taken in the 1910s.²⁴¹ In its stead, they would be banned or prohibited. Yet, in earlier periods, due to the small size of the sector and the urgent demand for medical staff, pre-existent actors of the traditional structure were welcomed within the system.

The problem of an insufficient number or capacity of medical staff appears again and again in the documents. An example is the petition of the population of İştib for Dimitri, a non-licensed doctor, to be authorized to work because of the lack

²⁴⁰ BOA. DH.İD 7-1 / 14, 3 Şevval 1328, 7 October 1910.

²⁴¹ BOA. DH. MKT. 1472 / 49, 12 Rebiülahir 1305, 27 December 1887.

of a municipal doctor.²⁴² Despite the 40 years that had passed since the opening of the School of Medicine, the insufficiency of qualified doctors and surgeons resulted in 1875 in a competition among the graduates of the school and sent the winners to Europe, Naim Bey, Hayreddin Bey and Osman Bey. They returned in 1877 as speacialists.²⁴³

Similarly, after Seyyid Ahmed Fethi presented a petition for a permission to practice medicine in the province of Bagdad, the necessity of a doctor having graduated from the School of Medicine was reminded. He needed to be registered with the School of Medicine and be a graduate, or else he could not receive certification as a doctor.²⁴⁴ But here, we see that contrary to other cases, the candidates of medicine needed to be a graduate of the School of Medicine and that a qualification examination was not valid. This indicates a new generation trained in the modern system that removed the necessity of these examinations for the provision of physicians to the provinces.

Some documents show clues about what was happening in the case of reports on quacks or traditional healers. It seems that unexpected raids were being organized after a report by the police forces. A cooker shop in Azapkapı illustrates such a situation. Denounced as a healer acting contrary to the law, he was subject to this raid, but in his shop, no kind of healing tool was found, except for some medicines for gonorrhoea. His testimony was that he did not produce any medicine, either.²⁴⁵

²⁴² BOA. DH.MKT. 1623 / 68, 16 Ramazan 1306, 15 May 1889.

²⁴³ Kemal Özbay, *Türk Asker Hekimliği Tarihi ve Asker Hastaneleri Cilt 2* (İstanbul: İstanbul Matbaası, 1976), p. 16.

²⁴⁴ BOA. DH. MKT. 648 / 35, 9 Zilkade 1320, 7 February 1903.

²⁴⁵ BOA. ZB. 347 / 72, 9 June 1323, 22 June 1907.

It was decided in 1887 that those working as physicians in the provinces without diplomas from the School of Medicine would be sent to the Sublime Porte for qualification examination. Foreigners were send their diplomas if they had them, and if not, to be tested in their provinces.²⁴⁶

In Jerusalem, the need for a qualification examination at the Sublime Porte proved to be impossible, as the physicians were needed in the local hospital, the pharmacists could not leave the hospital. The governor of Jerusalem wrote to the Administration of Medicine asking for a solution to this problem, since according to the Code, their practice without proving their skills was illegal.²⁴⁷

Another document explains the situation as such: This law caused difficulties for the provincial medical staff, especially for the pharmacists who would have to close their shops to go to the Sublime Porte. A demand was made for local commissions formed of physicians to hold qualification examinations and issue certificates.²⁴⁸ The change between the two documents, which were six months apart, is remarkable.

One deserter, while trying to escape from the Hakkari Penitentiary, was treated by Mehmed Ali Efendi, an empiric claiming to have medical knowledge. This situation arose out of the deficiency of proper doctors in the area and it was decided to appoint one of them in the area as it was understood that the monetary budget had been found for the prospective officer's salary.²⁴⁹ Equally, a man named Ananovil

²⁴⁶ BOA. DH. MKT. 1472 / 49, 12 Rebiülahir 1305, 27 December 1887.

²⁴⁷ BOA. DH. MKT. 1400 / 1, 22 Cemaziyelevvel 1304, 12 February 1887.

²⁴⁸ BOA. DH. MKT. 1441 / 41, 1 Zilhicce 1304, 20 August 1887.

²⁴⁹ BOA. DH. MKT. 1981 / 75, 8 Muharrem 1310, 1 August 1892.

Serkisyan tried to be rewarded for his services yet, the rumor spread that he was not a graduate of the School of Medicine.²⁵⁰

The problem of insufficient number or capacity of medical staff appears in the petition of the population of İştib for Dimitri, a non-licensed doctor, to be authorized to work because of the lack of a municipal doctor. The answer to Seyyid Ahmed Fethi's petition for a permit to practice medicine said he had to be graduated from the School. He was required to register with the School of Medicine and be graduated from there, or else he would not be granted the title of a doctor.²⁵¹ It should be emphasized here that contrary to earlier cases, candidates of medicine needed to be a graduate of the School of Medicine. The qualification examination was no longer valid, which indicates that the needed generation of physicians had begun to emerge.²⁵²

To form a regular check and balance system on medical issues, as in high politics, centralization was needed urgently. In this case, centralization was created not only in medical training, but also in granting official permits, which also necessitated the centralization of assessment examinations. Although the regulation demanded candidates to pass the examination at the Sublime Porte, we come across documents indicating the impossibility of leaving the home town, as in the case of Jerusalem.²⁵³

Because a man named İbrahim did not have a legal certificate to practice medicine, he was subject to banishment from the practice and to a qualification

²⁵⁰ BOA. DH. MKT. 1998 / 21, 19 August 1308.

²⁵¹ BOA. DH. MKT. 648 / 35, 9 Zilkade 1320, 7 February 1903.

²⁵² BOA. DH. MKT. 1623 / 68, 16 Ramazan 1306, 15 May 1889.

²⁵³ BOA. DH. MKT. 1400 / 1, 22 Cemaziyelevvel 1304, 12 February 1887, BOA. DH. MKT. 1441 / 41, 1 Zilhicce 1304, 20 August 1887.

examination.²⁵⁴ Dr. Ramaçoki Yani was appointed to the health office of Kamaran after the recent qualification examination. Yet, this person had received his diploma from the Paris School of Medicine, which is why he could not submit a valid diploma. The main problem here was that a non-graduate of the school of Medicine had been accepted to an examination to which only the graduates of the school in question were allowed to take.²⁵⁵

Another one of these cases took place in Bagdad: it was accepted that medicine without a diploma or permit were to be prohibited from the profession, but this would have deleterious effects on the population since all of the medical staff was lacked such certificates and their prohibition would leave the people deprived of medical services. So, it was demanded that a local commission be wanted to test those medical staff in order to issue the successful ones permits.²⁵⁶ This case, references to which can be observed in other documents, illustrate that at the very beginning the provisioning of the countryside with medical staff within the idealized system was difficult to achieve.

A few years before this incident, the Bagdad attorney general had been informed about the sanction and prohibition of the empiric without a diploma. Yet, it was found out that all of the pharmacists in the area were actually traditional drug sellers. These people, for fear of cause difficulties for the patients, instead of prohibiting them all, it was decided to form a committee of military doctors and pharmacists, and to invite the healers for an examination conducted by this committee. Once again, we come across a case in which the ambiguity of the

²⁵⁴ BOA. A. MKT. NZD. 363 / 22, 12 Safer 1278, 19 August 1861.

²⁵⁵ BOA. A. MKT. 581 / 14, 11 Receb 1319, 24 October 1901.

²⁵⁶ BOA. DH.MKT. 1435 / 86, 11 Zilkade 1304, 1 August 1887.

legislation was used for the formation of a local committee for those who had to be exempted from medical power for the lack of the proficient staff and for fear of dispatching medical services from the people.²⁵⁷

The ambiguity of the legislation came from its uncoordinated writing of sanction with a penal code. The Penal Code of Medicine actually dealt more in problems dealing with epidemics, with preventing transgression of quarantine obligations. Yet, clear-cut articles on transgression of medical boundaries for the professional staff did not exist. The trouble was with the ambiguity of the penalties against these transgressors. For some cases, transgression was sanctioned with monetary penalty. In some others, the transgressor was solely banned. In others, he was banned from the profession. All these decisions were bounded to local negotiations.

For instance, on the island of Chios, two people who involved in the art of medicine, called Emmanuel Cando and Yako, had to apply to the Ministry of Health. Also, the five liras for the ticket of Apostol “gama” Telyanaki to travel to İstanbul was sent. All of these people could not acquire a permit only by exhibiting their diplomas but they had to appear in the Sublime Porte for the colloquium examination.²⁵⁸

At a much later period, it was declared that some people in İstanbul and the *Sixth Arrondissement* (the sixth department of the municipal organization of İstanbul, Beyoğlu) in 1913 had been working improperly as medical professionals like

²⁵⁷ BOA. DH. MKT. 1408 / 29, 5 Receb 1304, 30 March 1887. Another example from the cases of the necessity of an examination at the medical center of the Empire, İstanbul, might be that of Lazari, from Çarşamba, who was asked to pass the exam for being appointed to province, BOA. A. MKT. UM. 225 / 23, 13 Cemaziyelahir 1272, 20 February 1856. We should note that the date is before the legislation for the appointment to provinces, and we see that only an assessment test would be a valid document for appointment. A few years later, a certain İbrahim would be called to İstanbul for colloquium examination because he did not a diploma and he had to quit his office of physicianship in Kale-i Sultaniye. BOA, A. MKT. NZD. 363 / 22, 12 Safer 1278, 19 August 1861.

²⁵⁸ BOA. DH. MKT. 1964 / 84. 4 June 1308, 16 June 1892.

vaccinator, doctor, and midwives except for the ones with diploma, all of these had to be recorded with their names, their addresses and these records were sent week by week to the School of Medicine. Those might apply to the school for the maintenance of a diploma or permit and prove themselves at the colloquium examination. Yet, to the Ministry of Interior, it was reminded that if the empiric dentists on the Mediterranean Islands were to be prevented, no one could be left to deal with the dental troubles of the people.

The medical examination of a certified dentist was costly and the poor people could not afford it. Hence, the demand had been, we know that in vain, to for a limited period of time, let the traditional dentists deal with medicine. Another problem was that many people invited to the colloquium suffered from language barriers, since they were mostly graduated from the Medical School of Athens, and were ignorant of Turkish, which was one of the two languages of the colloquium, the other being French. The demand was rejected due to the first article of the municipal medicine regulation.

In Jerusalem, despite the closing of the traditional pharmacies, these ones were reopened based on the principle of free trade and commerce and the quantitative insufficiency of the certified pharmacists. Their interdiction would have harmful effects on the people who could afford only the empirics. Yet, about matters dealing with people's health, the Chamber of Commerce did not have the right to speak. It was said that the kind of improper and illegal procedure that had been regarded as fitting to the previous era and which cannot be tolerated in the existing day, should be ended and that a president of a chamber of commerce should not treat the profession of pharmacy, which demanded scientific knowledge, training and a certification like other kinds of trade. Even the intervention of the chamber of

commerce deserved punishment. The issues would be dealt with similar to in other places of the Empire.²⁵⁹

What does this document tell us about professional boundaries? Actually, the ambiguities in question, despite legally surmounted, survived. War conditions created a more desperate environment for medical services, and anyone capable of dealing with any branch of the profession was welcomed for almost until the end of the long-World War I of the Empire. The tendency of the central governments of the monarchical periods was kept by also maintained by the Unionist authorities, as well.

The central medical authorities were clearly following the developments abroad, to form a regular assessment and rewarding system. To be present at the level of the world-wide (but mostly European) medical developments, the medical authorities, formed mostly of prominent doctors, demanded at regular intervals all information about the professional processing of their European counterparts. All sanitary affairs would now be handled from the center, beginning with the definitions of permits for the practice of the art in question. To do this, not only practitioners from within the boundaries of the Empire, but also those educated abroad had to be categorized within the system. The precondition of this categorization was the acquisition of their diplomas by the central professional authorities.

²⁵⁹ *Devr-i sabiğa reva görülmüş ve devr-i hazır-ı meşrutaniyede artık tekrar yine tahammül edilemeyeceği tabii bulunmuş olan bu gibi yolsuz ve hilaf-ı nizam muamelata nihayet verilmesi ve bir ticaret odası reisinin eczacılık gibi ilim ve fen ile mükemmel bir tahsil ve isbat-ı liyakat ve ehliyet ile diploma istihali üzerine ancak takib ve ifa olunabilen ve sıhhat-i umumiye taalluk eden bir meslek-i mühimme sair guna ticaretlere kıyas ederek beyan-ı mütalaa etmesi gayri caiz olduğundan başka nizamden cezayı da müstelzem bir müdahaledir. Şu halde elyevm Kudüs'te diplomasız icra-yı sanat etmekde olan eczacıların dükkanlarının katiiyen sed edilerek içlerinden tebaa-i ecnebiyeden ve ecnebi mektepleri diplomalarını haiz olanlar var ise behemahal meclis-i mezkura müracaatla kollokiyum imtihanı geçirmeleri lazım geleceğini (..)güzar Kudüs-ü şerif sancağı mutasarrıflığına emr-ü işarı ve şayet tebaa-i ecnebiyeden olup hükm-ü nizamı tabiyet etmeyenler var ise Avrupa'nın her tarafında dahi diplomasız eczacılık memnu olmasına mebni tedabir-i mukteziye ittihaz kılınmış ve Hariciye Nezareti vasıtasıyla teba-yı mezkure konsolotolarına tebligat ifa ettirilmek üzere seri'an iş'ar buyurulmuş olmağla ilaveten savb-ı ali-i nezaretpenahilerine arz ve izbarı bu babda liva-yı mezkur merkez beledi tebabetine alınan tahrirat üzerine Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye'den ifade kılınmıştır efendim hazretleri. 23 Safer 328, 21 Şubat 325, Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye Reisi Besim Ömer. BOA. I. DH. 7-2 / 37. 24 Rebiülahir 1331, 2 April 1913.*

The center continuously demanded the names of schools of medicine in foreign countries, the list of their diplomas, the codes and regulations, and periodical reports from some embassies including those in Brussels, Bucharest and The Hague,²⁶⁰ by emphasizing that the sole institution with the right to issue certificates was the School of Medicine. Requests were made of Washington, Athens, Paris and London for the translation of their certificates.²⁶¹ It seems that the embassies had already sent the copies of their codes on medicine.²⁶²

The center also demanded clear drafts from England, Germany and Austria about the requirements of demonstration of their subjects' professional skills.²⁶³ The Administration of Medicine also asked the list of the foreign schools of medicine and their graduate lists and the regulation.²⁶⁴ The Council of Civilian Medical Affairs and Public Health wrote official reports on this issue requesting the creation of tables from embassies designating the names and degrees with their diplomas.²⁶⁵ What was so vital about sharing the same temporality with European medical milieu? By the nature of the profession and by its great importance for the governing of people, being at the same time interval meant sharing the same objectives of dealing with the population.

The request for reports on European developments about certification had in fact its roots in the desire to form a diploma equivalence which occupied primary importance for the approval the diplomas. The importance of the diplomas lay in

²⁶⁰ BOA. DH. MKT. 1585 / 18, 15 Cemaziyelevvel 1306, 17 January 1889.

²⁶¹ BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888.

²⁶² BOA. DH. MKT. 1564 / 56, 10 Rebiülevvel 1306, 14 November 1888.

²⁶³ BOA. DH. MKT. 1516 / 59, 16 Şevval 1305, 26 June 1888.

²⁶⁴ BOA. DH. MKT. 1531 / 101, 4 Zilkade 1305, 12 August 1888.

²⁶⁵ BOA. DH. MKT. 1561 / 59, 2 Rebiülevvel 1306, 6 October 1888.

their capacity to constitute a medium to form an objective system of assessing medical capacities. This medium would be the tool to regulate the professional group of physicians, like the other practitioners in the medical field. Especially in the years in which an opposition was rising against the Hamidian regime and at the time in which this opposition had found its echo in the parliament, the policies on health professionals showed continuity in the sense of centralization. Despite debates over political and economic (de)centralization, medical activities arose in one single dimension.²⁶⁶

In 1908, by the railroad company in Dazkırı and Çivril (between Denizli and Afyon, today), complaints about the existence of non-certificed doctors initiated an investigation which found that Doctor Şaso had indeed a diploma but Doctor Rodoki had been graduated from the School of Medicine of Athens. He had to be replaced until his diploma was approved by Doctor Barutçu Efendi, an Ottoman subject. Yanko and Karpuzan were employed with the title of doctor by the Aydın Railroad Company, and for the railroad from Dinar to Eğirdir, some traditional healers were be employed.

The complaint telegraph had been sent by the municipal physician of the area. The marginal note written by the health inspector of the principality reminded the municipal physician of the law that such people had to be kept away from the profession. The Athens- graduated doctors were given one month for the approval of their diploma. The involved institutions and people were the health inspectorate, the

²⁶⁶ Şerif Mardin stresses that this oppsition fed by the new educated generation was also resulted in their impatience about forming a modern statein the Ottoman lands. Şerif Mardin, *Türkiye'de Toplum ve Siyaset* (İletişim Yayınları, 1991), p. 47.

municipal physician, the ministry of commerce and public works, the Ministry of Interior, and the governor of Hüdavendigâr.²⁶⁷

Doctor Kirgor, working in Semadirek, an island near Meriç, was reported for incompetence and ignorance of the art of medicine and had to send a copy of his diploma to the Ministry of the School of Medicine. His diploma would be analyzed and it would be if he was able to practice medicine.²⁶⁸ Toma Tuefano, in Menderes, was reported for having a non-approved diploma. So, he was invited to İstanbul for its approval. Yet, he was also reported for, despite the fact that he was an Ottoman subject, having acquired his diploma from the Medical School of Athens, and he was close to the ideas of Greeks, which attracted the attention of the Ottoman authorities.²⁶⁹ The diploma of the Doctor Hantaryan Efendi had to be approved.²⁷⁰ Also, the French doctor Jan de Paul, the German Dr. Hay Zelbo, and the Russian Doctor Virod İraşko had arrived İstanbul for the approval of their diplomas.²⁷¹

If the French embassy demanded the approval of doctors' their diplomas by the Ottoman school without a colloquium, the center ordered to reject this demand.²⁷² The Ministry of Internal affairs declared that seven doctors and three pharmacists had been given their permits by the medical assessment examination.²⁷³ Orfilyan

²⁶⁷ BOA. DH. MKT. 1248 / 70, 17 Rebiülevvel 1326, 18 April 1908.

²⁶⁸ BOA. DH. MKT. 1654 / 80, 9 Muharrem 1307, 5 September 1889.

²⁶⁹ BOA. DH. MKT. 2130 / 44. 19 Teşrinievvel 314, 31 October 1898.

²⁷⁰ BOA. Y. MTV. 49/ 20, 4 Şaban 1308, 15 March 1891.

²⁷¹ BOA. Y. PRK. ASK. 211 / 16. 27 Şevval 1321, 16 January 1904.

²⁷² BOA. Y. PRK. BŞK. 55 / 15. 14 Receb 1315, 8 December 1897.

²⁷³ BOA. ZB. 24 / 15. 29 Rebiülahir 1326, 17 May 1324, 22 June 1906.

Nargalyan requested a permit to practice the art of medicine by presenting his diploma, but was not approved by the School of Medicine.²⁷⁴

What is appealing in these documents is that this problem of approval of diplomas arose among the non-Muslim subjects of the Empire and the foreign doctors. The policy to form a Muslim- Turk professional group had definitely appeared and manifested itself in the suspected envisioning of the “other.”

Another strategy of the central medical authorities was to demand reports on the existence of quacks and traditional medical professionals within the provinces of the Empire. The governors reported on, as in the case of the governor of Biga, who reported the existence or inexistence of illegitimate (or illegitimized) practitioners in his region to the Ministry of the School of Medicine.²⁷⁵ Or, orders were given for the register book on the traditional practitioners of Trabzon to be sent to the center in 1891.²⁷⁶ Similarly, from the province of Thessaloniki, the copies of the diplomas and permits of the three physicians in working in Ustrumca were sent to the center.²⁷⁷

Two midwives and one doctor in Çekmece were required to send their permit sent to the School of Medicine, and a Yani Dakavako who practiced the profession of physician for a few months in a village with a non-approved diploma, he went to İstanbul for approval. That is why, a report on his activities was not required to be prepared, to present to the center.²⁷⁸ The diplomas of the doctors of Janina, Yani Papasco and Aristotel Zana, were ordered to be sent to the center.²⁷⁹ Five liras for

²⁷⁴ BOA. ZB. 401 / 133. 22 August 1321, 4 September 1905.

²⁷⁵ BOA. DH.MKT. 1620 / 80, 29 Şaban 1306, 30 April 1889.

²⁷⁶ BOA. DH. MKT. 1903 / 30. 18 Cemaziyelevvel 1309, 20 December 1891.

²⁷⁷ BOA. DH. MKT.1623 / 24, 14 Ramazan 306, 14 May 1889.

²⁷⁸ BOA. DH. MKT. 1628 / 59, 14 Şevval 1306, 13 June 1889.

²⁷⁹ BOA. DH. MKT. 1879 / 106. 15 Rebiülevvel 1309, 19 October 1891.

each of them were sent, the permits were demanded urgently, but they were not sent. The province of Janina had to deal with it.²⁸⁰ Lani Petrovarde also was reported for the same crime and the prosecutor demanded further action.²⁸¹

Apostol Efendi, giving himself the title of doctor in Uşak, was reported for having an improper title by the Naib Rıza to the General Administration of the Military Schools.²⁸² Aşıcı Çadaş was reported for practicing medicine illegally, which resulted in an inspection by the police. However, accused of treating gonorrhoea, he was found innocent since no medical equipment or drugs were found in his store and he swore he did not prescribe.²⁸³

These documents cluster around the 1890s, the decade in which a generation of fully-equipped, properly educated physicians finally appeared. One might think that the central medical authorities were now more secure in putting pressure on the traditional practitioners, since this replacement with the proper staff was more likely than twenty years earlier. In addition, it must be noted that those traditional practitioners were the non-Muslim subjects of the Empire who were forced to leave state offices because of high suspicion. The Turkification of the medical staff happened in this era.

A note from the district of Manisa, by the governor Mehmed Galip, reported that uncertified practitioners in the area were rising. Those practicing medicine were of Greek origin and their diplomas were mostly non-approved from the School of Medicine despite their prohibition. Their existence first of all prevented the

²⁸⁰ BOA. DH. MKT. 1946 / 58. 12 Şevval 1309, 9 May 1892.

²⁸¹ BOA. DH. MKT. 2536 / 20. 11 Cemaziyelahir 1319, 25 January 1901.

²⁸² BOA. MF. MKT. 535 / 17. 16 Receb 1318, 9 November 1900.

²⁸³ BOA. ZB. 347 / 72. 9 June 1323, 22 June 1907.

application of modern scientific methods by properly educated Ottoman subjects. Furthermore, they raised doubts when they held meeting. So, for the sake of the country, it was decided that they had to be banished, or sent to İstanbul for the approval of their diplomas.²⁸⁴

These problems with the non-Muslim doctors or other practitioners of medicine arose in relation to international debates, especially with Russia, that manifested both among the embassies, on issues related to foreign doctors, and the Armenian and Greek subjects of the Empire. The Armenians became located – and accordingly suspected- between Russia and Britain especially after the Armenian revolutionary committees since 1885.²⁸⁵

A second problematic issue was the resistance of embassies to submit to Ottoman law. The Russian consulate of Jerusalem, for example, refused to apply it.²⁸⁶ The rule was that those without a permit in that region were given three months to obtain a diploma from the Sublime Porte or they would be prohibited. However, the Russian consulate refused to accommodate unless they received orders from their embassy.²⁸⁷ However, although they were subject to the same regulations, the same problem seems not to have appeared in the cases of the English and Austrian embassies.²⁸⁸ But they were also requiring a local qualification examination.²⁸⁹ Unfortunately, we do not know the solution. However, looking at similar

²⁸⁴ BOA. Y. PRK. UM. 58 / 72. 21 Safer 1320, 30 May 1902.

²⁸⁵ Tarık Zafer Tunaya, *Türkiye'de Siyasal Partiler Cilt I: İkinci Meşrutiyet Dönemi* (İstanbul: Hürriyet Vakfı Yayınları, 1984), p. 566.

²⁸⁶ BOA. DH. MKT. 1549 / 71, 25 Muharrem 1306, 1 October 1888.

²⁸⁷ BOA. DH.MKT. 1435 / 86, 11 Zilkade 1034, 1 August 1887.

²⁸⁸ BOA. DH.MKT. 1475 / 50, 21 Rebiülahir 1305, 5 January 1888.

²⁸⁹ BOA. DH.MKT. 1475 / 50, 21 Rebiülahir 1305, 5 January 1888.

applications, we can guess that those doctors and pharmacists were tested in their districts.

The Code on the Practice of Medicine caused an intense correspondence between several administrative offices and their copies were introduced by the Chamber of the Council of State (*Şura-yı Devlet Tanzimat Dairesi*) in order to be distributed to the provinces due to the demands of clear drafts from England, Germany and Austria about the requirements of demonstration of their subjects' professional skills.²⁹⁰ It already has been mentioned that the Ottoman government had requested from each country names of their schools of medicine, a list of their diplomas, and the related codes and laws.²⁹¹

As already mentioned, foreign doctors were also subject to Ottoman legislation on medicine. Their licenses were required to be presented to Ottoman officials after having been approved by their embassies. A document gives us information about the conditions demanded for foreign doctors to act in the Ottoman Empire. Since the legislation was being changed, the existing ones needed to be fettered. The Council of Civilian Medical Affairs had put down on paper official reports on this issue demanding the creation of tables from embassies written the names and degrees with their diplomas of their doctors on them, taking the date of 9 March 1304 as the initial.²⁹²

Similarly, the Administration of Health demanded a list of the foreign schools of medicine and the lists indicating the names of their fellow students together with

²⁹⁰ BOA. DH. MKT. 1516 / 59, 16 Şevval 1305, 26 June 1888.

²⁹¹ BOA. DH. MKT. 1585 / 18, 15 Cemaziyelevvel 1306, 17 January 1889, BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888, BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888, BOA. DH. MKT. 1564 / 56, 10 Rebiülevvel 1306, 14 November 1888.

²⁹² BOA. DH. MKT. 1561 / 59, 2 Rebiülevvel 1306, 6 October 1888.

the codes on the prevention of the ill-matched demands of people educated in foreign schools of medicine or science coming to the Ottoman Empire to work as physicians and pharmacists in legal terms.²⁹³ These documents leave the impression that following the Codes of 1860 and 1861, efforts were made to collect and classify all possible information.

A letter was sent to the Ministry of External Affairs to inform the government of the existence of an uncertified practitioner by Volonassi Pierre, an Ottoman tradesman, temporarily residing in Bucharest, Romania. In another case, the appointed Demetre Frangoulis, supposedly a doctor of medicine, who lacked any formal degree and practiced his craft in the village of Jeaneli, in the district of Zağnos in Epirus, produced several times misfortune of the patients who have been obliged to consult him to cure their diseases. So on behalf of several residents of the district in question, they begged the state to take as soon as possible necessary measures so that he would stop exploiting the poor people.²⁹⁴

Finally, missionary activities were another controversial issue for the formation of the medical profession in the Ottoman Empire. As is known, medicine in the nineteenth century was one the most important fields, as was education, in religious / political rivalries that were carried out through missionary activities. Distant provincial units, such as Damascus, were subject to such rivalries and the Ottoman state made efforts to prevent to banish physicians trained by missionary schools.²⁹⁵ For instance, in 1888, the Syrian province of Bâb was investigated and it

²⁹³ BOA. DH. MKT. 1531 / 101, 4 Zilkade 1305, 12 August 1888.

²⁹⁴ BOA. DH. MKT. 191 / 53, 25 Cemaziyelahir 1311, 3 January 1894.

²⁹⁵ The formation of the Medical School in Damascus can be considered a reaction to these activities in this highly contested area. After all, the world was coming to the “classic age of the missionary endeavour.” Eric Hobsbawm, *The Age of Empire 1875-1914* (London: Abacus, 1994), p. 71. Already the formation of the middle school in Damascus in 1861 had been the result of the power that the non-Muslims and the foreigners gained, and the Lebanese civil war. Against the non-Muslims, these

was understood that a group of doctors from among the municipality medical staff, including an employee called Nahif Efendi, had educated by missionaries. So, it was argued that they needed to be replaced.²⁹⁶

The Aintab municipal physician wrote a complaint petition to the Medical School Administration about people practicing medicine without any certificate despite the clear regulation on the opening of schools for the creation of a proficient medical staff (*tabib-i hâzik*). He used the word *mütetabbib* (pseudo-physician) to describe two doctors who appeared the formation of an American hospital 19 years earlier for treatment for free. If these people really intended to serve the people, he asked, why did they not serve in their own countries but came all the way to Aintab? In addition, they also received money from their patients. It was said that they gave some medicine “as if giving to the animals,” without knowing which disease it helped and to whom it was harmful. They caused the deaths of desperate patients.²⁹⁷

The same problem appeared when a Russian named Konstantin Prankaya had entered Kütahya with the title of doctor without being able to produce a diploma. The provincial administration seems to have been ignorant of the related sanction for such violations. Indeed, no sanction was clearly defined in none of any of the legal documents.²⁹⁸ According to the Ottoman legislation, then, it was decided he would be prevented from entering to the medical domain. Yet, in his passport, it was written

schools were targeted to raise Muslim officials for local administrative offices. Selçuk Akşin Somel, "Şam'da Eğitim Sorunu ve Tanzimat'ın Suriye'de Geçerli Kılınması," *Tarih ve Toplum Yeni Yaklaşımlar* 8 (2009), p. 127. Therefore in 1866 the first American University had opened in Beirut. In both the American and the British Schools, Arabic, instead of the Ottoman language, were emphasized. Bruce Masters, *Christians and Jews in the Ottoman Arab World: The Roots of Sectarianism* (New York: Cambridge University Press, 2001), p. 150.

²⁹⁶ BOA. DH. MKT. 1560 / 60, 26 Safer 1306, 1 November 1888.

²⁹⁷ BOA. DH. MKT. 332 / 58, 18 Receb 1312, 15 January 1895.

²⁹⁸ BOA. A. MKT. MHM. 160 / 84, 22 Zilhicce 1275, 23 July 1859.

that he was a doctor and he was competent in medical treatment. For this reason the local governor hesitated to banish him. The response of the center was that a passport was a document only to regulate travel between countries and did not have other authority beyond that, and for this reason Konstantin Prankaya could not be exempted from the banishment in question.²⁹⁹

This problem appeared again because of the uncertainty about rural sanitary regulations. The Bingazi governor, Murad Fuad, wrote a letter about an Italian named Besa who had opened a treatment center (*tedavihane*) in Derne to treat Ottoman subjects for free and he even made house calls. However, he was found not to have a certificate. The local governor asked to the government what would be the appropriate act, knowing that the letter on the prohibition of traditional practitioners was sent to the consulate and that the consulate's answer was that the Italian was the doctor of the consulate. The answer was that he was required to get a permit after a colloquium.³⁰⁰

Despite the prohibition legislation, and despite the three months given for such practitioners within the boundaries of the governor of Jerusalem and the notification sent to all consulates, the Russian consulate responded that without the order of the embassy, the consul would not institute the law.³⁰¹ The governor of Jerusalem, on this issue, applied to the Ministry of Exterior for solution. The answer was that the consulates did not have the authority to intervene; that the law had to be applied anyway.³⁰²

²⁹⁹ BOA. A. MKT. NZD. 299 / 69, 30 Cemaziyelevvel 1276, 26 December 1859.

³⁰⁰ BOA. DH. İD. 7-2 / 17, 28 April 1327, 11 May 1911.

³⁰¹ BOA. DH. MKT. 1463 / 15, 27 Safer 1305, 13 November 1887.

³⁰² BOA. DH. MKT. 1470 / 78, 4 Rebiülahir 1305, 19 December 1887.

Some Ottoman subjects residing in Menteche, in Rhodes, falling ill applied to a certain doctor named Steffanaki, which resulted in medical maltreatments, and hence, the decision to prevent Dr. Steffanaki from the practice of medicine, since two of the patients lost their lives. Since Dr. Steffanaki was also the vice-consul representing Sweden and Norway at Rhodes, the charge d'affaires of Sweden and Norway had to interfere in the business and to prevent Steffanaki, whose real name was Etienne Mafse, and who had given himself the title of doctor illegally, from practicing medicine.³⁰³

The Problem of Non-Certification: Differing Categories for the Illegitimate Practice of Medicine

Several documents exist on the non-licensed healers or doctors. These documents appear in noteworthy number in the 1860s and increase in number especially after the 1890s. That is the period, as indicated above, in which the standardization of medicine occurred through the introduction of several codes.

Yet, the claim of the totality of the documents that mention about having no diploma as an equal validation of charlatanry would be erroneous. Actually, the documents illustrate several different categories and charlatanry was only one of them. The others designated different practitioners such as the traditional practitioners, those with certificate from other countries, and missionaries. These were all competing to benefit from the medical division of labor.

It was written to the Ministry of Justice and the provincial center of Baghdad that the doctors, surgeons and pharmacists practicing medicine in the province of Baghdad without a diploma, permit or a testimonial were to be prohibited from the

³⁰³ BOA. HR. TO. 272 / 26. 24 August 1848.

profession. However, it was noted that the prohibition of these people would have harmful effects on the population since all of these medical staff lacked such certificates. Their absence would leave the people deprived of health services and medicines. So, a local commission composed of military physicians and pharmacists was demanded to test those medical staff in order to issue the successful ones a certificate.³⁰⁴

Also, Mehmed Galip, the governor of Manisa, who had written a report on the detrimental effects of undiplomed doctors in İzmir and Manisa, mentioned before while discussing the activities of the practitioners of different ethnic groups, he said that they were also forming “inappropriate models” for healing activities.³⁰⁵ Similarly, Hasan Nussar complained about his working to the Governor of Lebanon and his prohibition was approved.³⁰⁶ Another uncertified doctor from Of, called Şirinoğlu Osman, caused serious injuries or deaths most of the time, so he was demanded that he be questioned.³⁰⁷ But, it was said that he was too qualified for an ignorant person to be prevented from causing the loss of population. That argument of being “too qualified to be prevented from the profession” lay in the deficiency of doctor and pharmacist, which would be ended by appointments from center.³⁰⁸

The causation of serious injuries or deaths formed the terminology of a struggle over the traditional practitioners or quacks, by the use of the expression “introducing himself falsely as a doctor.” Sanctions for fraud were justified by using

³⁰⁴ BOA. DH.MKT. 1435 / 86, 11 Zilkade 1304, 1 August 1887.

³⁰⁵ BOA. Y. PRK. UM. 58 / 72, 21 Safer 1320, 29 May 1902.

³⁰⁶ BOA. DH. İD. 48-2 / 8, 2 Zilkade 1329, 25 October 1911.

³⁰⁷ “...tabiblikten dahi asla haberi ve mezuniyeti olmayarak hilâf-ı nizam muâleceler itasıyle icrâ-yı tabâbetten birçok vefat vuku bulmaktadır.”

³⁰⁸ BOA. DH. MKT. 116 / 49, 8 Safer 1311, 20 August 1893.

deaths and injuries as evidences. Especially the traditional eye healers (*kehhâl*) came under pressure from the smear campaign against the traditional healers. Hacı Mirza Anka worked as ophthalmologist in Damascus. Based on the Code of Medicine of 1861, a note to the province of Syria was sent to prevent him despite the fact that he was did not conduct any harmful activities while he was working.³⁰⁹

Another ophthalmologist was Hasan Bey, a subject of Iran, who was working at the Sublime Porte. He had been a traditional eye healer for 25 years when the Code of Medicine was introduced. Because all of the non-licensed practitioners were to be banned, his practice became illegal. So, his shop in Mercan Hill had to be closed.³¹⁰ The date of the document, 1902, indicates the difficulty in applying the Code not only in distant places, but also at the heart of the government despite forty years after its introduction.

The military barracks of Rumelia, Anatolia and Arabia were cared for in a meticulous way by sanitary officials and doctors. Yet, in those areas, it was understood that in some apothecaries illegal drug preparation was performed. The necessity to investigate whether the people preparing and prescribing the drugs were appropriately educated resulted in the appointment of an investigator from the Military School of Medicine.³¹¹

As already mentioned, sanctions for the illegal practice of medicine were ambiguous. The following example will illustrate the situation better. Already in 1861, the Aleppo Quarantine Health Council had written to the Administration of the School of Medicine that some people were prescribing to patients without

³⁰⁹ BOA. DH. MKT. 1672 / 149, 16 Rebiülevvel 1307, 10 November 1899.

³¹⁰ BOA. DH. MKT. 519 / 52, 1 Rebiülevvel 1320, 7 June 1902.

³¹¹ BOA. A. AMD. 2 / 66, 30 Zilhicce 1263, 9 December 1847.

certification. The answer was that not in provinces, but also at the Sublime Porte, such a lack of order was seen frequently. To prevent this, a legislation was presented in 1861 and sent to the provinces. The center wondered whether this legislation had arrived Aleppo or not. Since the letter of Aleppo Quarantine Health Council demanded what to do despite the clear articles of the legislation, the members of the council he must have been ignorant of it. The reply letter summarized the related articles of the legislation and to act accordingly.³¹²

In 1907 a man named Aşıcı Çavuş treated Hasan Efendi, who lived in Üsküdar Boyacı Street in Azapkapısı, for gonorrhoea. When he was reported to the authorities, with the note sent from the Ninth District, and with medical reports, Aşıcı Çavuş was to be punished and the drugs he prepared had to be analyzed.³¹³ Still in Üsküdar, Hamparsum, the owner of a pharmacy shop named Selamiye, the son of Kigork Ferikliyan, was discovered to have no diploma. He was, thus, banned from the practice, and was sanctioned with indemnity.³¹⁴ As we see, between 1861 and 1907, the central authorities became more decisive about pushing the illegal doctors and other staff from the newly medicalised world, since the new professional group of physicians in the modern sense appeared on the eve of the Constitutional period.

The intent of the center had been decided since the formation of the School. A regulation on the prohibition of empiric physicians to vaccination sent to the council of Maraş expressed in general that non-certified health professionals were not only, in theory, prohibited from treatment or diagnosis but also from simple operations like vaccination. A document dating 1858 reveals that even in a remote place like Maraş,

³¹² BOA. A. MKT. NZD. 368 / 30, 20 Rebiülevvel 1278, 26 September 1861.

³¹³ BOA. ZB. 40 / 38, 16 April 1323, 29 April 1907.

³¹⁴ BOA. ZB. 81 / 82. 29 July 1323, 22 July 1907.

where we could guess that diplomed professionals were missing, and the principle to prevent the traditional practitioner from entering the medical arena was persistently kept.³¹⁵

Any uncertified worker of the sanitary domain was investigated in a meticulous way in every part of the Empire. One of these places was the island of Midilli, where the midwives, doctors and surgeons practiced medicine in an illegal manner.³¹⁶ In Beyoğlu, Tekkekapısı, in han number 637, Nüvvab Ali Han, dealing with medicine and another man practicing dentistry, were banned and reported to the General Administration of Military Schools.³¹⁷

İstanbul, obviously, was not free of these traditional healers having no diploma. Furthermore, it was easier both to gather information about practitioners in İstanbul and quicker to replace them with certified doctors. Süleyman Şevket Efendi had escaped with Hafız Cemal to Marseilles and then to Cyprus, and finally reached İstanbul to settle in Çemberlitaş Kasap Hanı. He was a former student of the Military School of Medicine, but due to an illness, he had been dismissed. After returning to his homeland, he tried to reenter either the military or the civilian school of medicine, applying in September. Then, he found Hafız Cemal who opened a pharmacy shop in Lefkoşe and a consulting room above. It was decided Şevket Efendi would be sent to his homeland, that his existence in İstanbul was harmful.³¹⁸

In the Sublime Porte and the Three Districts, some barbers were suspected of bloodletting and tooth extracting. The center demanded the local authorities to

³¹⁵ BOA. A. MKT. MHM. 146 / 68, 14 Rebiülahir 1275, 21 November 1858.

³¹⁶ BOA. A. MKT. MHM. 221 / 10, 29 Zilhicce 1277, 8 July 1861.

³¹⁷ BOA. ZB. 316 / 103, 17 June 1316, 30 June 1900.

³¹⁸ BOA. ZB. 319 / 114, 3 Kanunievvel 1322, 16 December 1906.

prevent these people. The solution of the problem was accorded to Hafız Bey, a doctor from the School of Medicine and the member of the Council of Police. He was ordered to walk around the area and find these transgressors. If any of them were found nearby the headquarters, he would be sent to the gendarmerie, and then to the School of Medicine, under the surveillance of a gendarmerie sergeant.³¹⁹

Horasani Ali Efendi, who had a shop in Beyazıd in Buğdaycılar Kapısı, claimed to have medical information³²⁰ treated illnesses like syphilis or gonorrhoea. He furthermore declared that he would treat poor patients for free two days a week. Be informed of that, the Council of Medicine decided to ask him for a diploma 14 September 1856. Two days after, the response came that he was not allowed to practice the “science” in question due to the lack of the required certificate.³²¹ An officer was appointed to bring him to the Council of Medicine for a qualification examination.

What is surprising here and in many other documents is that at such a date, the authorities decided not to banish illegal practitioners from all practice, but to send them to the council to take the qualification examination. That might only be linked to the deficiency of proficient medical staff. We do not know whether this person was accorded a certificate or not – most probably, not- but the health council might simply have wanted to gather information on people practicing medicine within the empire. Or, a remote possibility, he might have been given a certificate to treat simple illnesses.³²²

³¹⁹ BOA. A. MKT. MVL. 70 / 41, 17 Rebiülahir 1271, 7 January 1855.

³²⁰ “Güya fenn-i kemalet ve tababette maharet-i kamilesi olduğundan.”

³²¹ “Umur-ı tibbiyeye müdahale eylemesi mugayir-i celeb ve usul bulunmuş olduğundan.”

³²² *Mekteb-i Tibbiye ve Maarif-i Umumiye Nazırları'na, Horasani Ali Efendi namında bir kimsenin Sultan Bayezid'de Buğdaycılar Kapısı'nda bir dükkânda ikamet ederek güya fenn-i kemalat ve*

The legitimate doctors were required also to fight against the the illegitimate practitioners. In a document about the night doctors' negligence of their duties, it was added that these doctors should not have uncertified people substitute for them in their absence, so they should avoid being absent.³²³ In 1912 in Şile, Perikli Saklaridi was understood to be practicing medicine and surgery without a certificate, which was seen as a violation of the poor people's thoughts (*efkar-ı fukarayı iğfal*). In this case, he had a certificate, but it authorized only small surgeries. At such a late date, we still see the ambiguity of the boundaries between several branches of the medical field.³²⁴

The 1910s was a decade in which tuberculosis hit the world with unprecedented speed and intensity. The number of quacks rose each claiming to possess the cure, which would only appear with the discovery of antibiotics. One of these people was a Mıgırđıç Can Kerdanyan, a prisoner in Samsun sentenced to five months' imprisonment, which resulted in his revolt against his imprisonment. Wrote several times for a pardon but received no response. He continued to object to the situation, claiming that if the discoverer of the cure had been European, he would

tababette maharet-i kamilesi olduğundan bahisle göze arız olan her bir illete ve belsoğukluğuna ve frengi ve basur gibi alil ve emraza icra-yı müdavat edeceği ve beher hatta iki gün dahi muhtacine meccanen muallece eyleyeceği bu hafta ceridesinin ilanatında görülmüş olup beyana hacet olmadığı üzere fenn-i tababette hazakat ve mahareti ve elinde diploması olmayan eşhasın umur-ı nazike-i tahtında bulunup çünkü bunu görüp ve işiten ve böyle bir derdine deva talep eden bir takım halk şu adamın ale'l-ima vereceği muallecatı kullanacağı ve ihtimal ki buna bazı kimyevi şeyler koyup ve had insana inas enva-ı mazarrat edeceği ve belki telef-i nefse sebebiyet edeceği cihetlerle burada calib-i dikkat mevad olacağına nazaran acaba bu adam ol vechile evvelce Meclis-i Tibbiye'ye celb ile hazakat-i tecrübe diploması muayene olunmuş mudur ve bunun için kendisine suret-i resmîyede ruhsat verilmiş midir böyle olmadığı halde merkumun celbiyle malumat ve mahareti tecrübe ve imtihan edilerek diploması var ise icra-yı tababet eylemesine ruhsat itası yoğ ise men edilmesi lâzımeden ve böyle şeylere ale'd-devam itina ve dikkat vazife-i memuriyetleri icabından olmağla ve ruhsat-ı resmîyesi olmayan etibbanın ilanatının Ceride-i Havadis'e derc olunmaması dahi maarif-i umumiye nezaret-i celilesine beyan ve işar kılınmağla bervech-i muharrer ifa-yı muktezasına himmet eylemeleri siyakında tezkere. BOA. A. MKT. NZD. 288 / 15, 16 Muharrem 1276, 15 August 1859.

³²³ BOA. A. MKT. NZD. 301 / 96, 23 Cemaziyelahir 1276, 18 January 1860.

³²⁴ BOA. DH. İD. 48-2 / 21, 7 Rebiülevvel 1330, 26 February 1912.

have been rewarded instead of punished like him. The end result was a declaration by the president of the Council of Civilian Medical Affairs and Public Health that a discovery of a cure for tuberculosis by a charlatan was not possible. He, so, must have violated people. Hence, the immediately had to be banished from the profession and hence the issuance of a permit was out of question.³²⁵

Similarly, Boranyan Bedros, an inhabitant of Amasya, claimed to have discovered a cure for syphilis and demanded a permit for its use and distribution. He even prepared a prospectus and instructions for the drug. He also sent to the School of Medicine example of his drug with his petition. The decision was declared to the province of Sivas to analyze the example to see if the person had a medical diploma and to investigate him, and to conduct legal proceeding if he did not. It was then understood that Boranyan Bedros also demanded to acquire an amount between half a liras to two and a half liras for the drug.³²⁶

Public hygiene, as already mentioned, constituted one of the most important elements of the new medicalized world. Once this hygienic arena was lost, it was questioned and reported to the center. One of these cases³²⁷ was that of Bilecik, where Ahmed Cevad, the attorney general of the district of Ertuğrul reported the violation of hygienic principles, in addition to the information that traditional practitioners were overrunning the area. The reaction of the health minister was to order an investigation into the issue.³²⁷

Another trait in the legal correspondances was that sometimes one department could order another to take the necessary measures, and it is possible to guess that

³²⁵ BOA, DH. İD. 48-2 / 24, 28. Rebiülevvel. 1330, 18 March 1912.

³²⁶ BOA. DH. MKT. 350 / 77, 6 Ramazan 1312, 3 March 1895.

³²⁷ BOA. DH. MKT. 76 / 38, 19 Muharrem 1311, 2 August 1893.

those who received the order might not have known what the appropriate measure was. One of these cases took place in 1888. In the province of Erzurum, measures were to be taken against five people who could produce only a permit but not a diploma from the School of Medicine. What these measures entailed is unknown.³²⁸

It was written to the Province of Mosul that Madam Floranse had requested a permit to practice medicine since she was adept at aborting kidney stones. However, at this time, women were not allowed to practice medicine (*caiz olmayacağı*) even if they had a diploma as in her case, since in the Ottoman Empire women were prohibited from attending the School of Medicine, she had obtained her diploma from abroad.³²⁹ However, women continued to deal with other branches of the medical field, especially midwifery. The following was an advertisement of one of the midwives who had been educated abroad:

It is with eagerness that we announce the arrival in Constantinople of Mrs. P. Poumicon, born knight, of Marseilles, where she performed with great success the profession of midwifery. Her degree is the first degree, given by the faculty of Naples, one of the best schools for that specialty. Ms. Poumicon is recommended to the doctors of Constantinople by all the medical body of Marseilles. This is the greatest praise that can show her talent and her qualities. She lives in Pera, Cuiet house, merchant-tailor.³³⁰

It is necessary to emphasize that the central medical authorities had initiated a hunt for traditional practitioners in the 1880s-1890s. The center received many reports in these years about the existence of uncertified practitioners of medicine. The following cases illustrate some examples of this hunt.

Manolaki and Mecail from Fatsa practiced medicine without a diploma. Additionally, in Samsun, Şakiroğlu Adanis and Papazaki and Dedeoğlu, who worked

³²⁸ BOA. DH. MKT. 1517 / 98, 20 Şevval 1305, 30 June 1888.

³²⁹ BOA. DH. MKT. 1845 / 43, 21 Zilkade 1308, 28 June 1891.

³³⁰ *Journal de Constantinople*, 9 April 1852.

in a drygoods store were reported for selling medicine in their shops. All of these people, as an answer, were ordered to be expelled from the practice of medicine.³³¹

Similarly, orders were given to arrest Sakarides a traditional practitioner working in a pharmacy next to Galatasaray and hand him over to the Civilian Society of Medicine.³³²

The investigation process sometimes did not end with the story of the practitioner. In extreme cases, all the family could be investigated. Such was the case of Yusuf Ağa from Bursa. In Filibdar village inhabited by non-Muslims, Yusufoglu Mustafa's activities were identified. He had used a Christian name, Andelip, in some districts. All of his relatives and the past of this thirty-eight years old quack were investigated meticulously.³³³

In Musul, Fethullah Efendi was ordered to stop practicing medicine since he had no diploma.³³⁴ Equally, the Ministry of Gendarmerie was ordered to prevent Charles Kuli from residing in the village of Ayastefanos, Kapanciyan Street, in the house of Monsieur Vandars. Charles Kuli had been practicing medicine without a diploma. He also was reported to the Ministry of Justice. Once he was observed of performing the act, he had to be banished and the production of his formulas also had to be prevented.³³⁵

Esatur, born in Sivas and moved to İstanbul from Samsun, had falsely announced his profession as doctor. Hence, after the advice to return Sivas to deal with commerce, he was freed. After a while, it was reported that Esatur had given a

³³¹ BOA. DH. MKT. 2088 /49. 8 Şevval 1315, 1 March 1898.

³³² BOA. DH.MKT. 2096 / 99. 9 Rebiülahir 1316, 13 December 1888.

³³³ BOA. DH. MKT. 2151 / 69. 8 Şaban 1316, 22 December 1898.

³³⁴ BOA. DH. MKT. 2335 / 126. 23 Zilhicce 1317, 23 April 1900.

³³⁵ BOA. DH. MKT. 2449 /87. 15 Şevval 1318, 5 February 1901.

drug to an Armenian woman and a man named Rasim to the administration in Trabzon. He was again interrogated with the attendance of the quarantine doctor. He affirmed that while he had been preparing for the return trip, he had received an insistent request from these people and gave them some pills and powder made of certain spices. It was decided to analyze the drugs and give the doctor to the police out of the fear that he might give drugs to the inhabitants of his homeland and cause damage.³³⁶

In Aleppo, some traditional healers and herb and spice sellers who provided drugs found out from the inspection committee that they had banished and their shops closed by the police and municipal authorities. This created an anxious atmosphere among the people, as did the rumour that the shops of the grand bazaar were being closed one by one. After the tradesmen and craftsmen calmed down, it was reminded them that the opening of shops selling unsanitary materials was strictly forbidden.³³⁷

The existence of uncertified doctors sometimes appeared in complaint letters in a social context, as well. We know that a doctor could enter the house of any patient without being questioned. But some people, knowing this, claimed to be doctors for open access to the desired house. These cases appeared also within the context of the struggle against uncertified doctors, to separate doctors with diplomas from any other professional group.

An employee in Osmaniye, Urban Efendi, was reported for giving himself the title of doctor improperly, which was revealed by the following incident: Sergeant Hüseyin and company captain Bekir, twenty days before the preparation of the

³³⁶ BOA. MVL. 307 / 27, 7 Receb 1273, 3 March 1857.

³³⁷ BOA. Y. PRK. ASK. 214 / 33, 26 Zilhicce 1321, 13 March 1904.

report, had used a bayonet. When the reason for it was investigated by the local district administration, it was found that he had been seen entering the house of Marika, the daughter of the miller Georgi and Yenko, whose honor was suspected, at one o'clock in the night on the pretext of treating them. Hüseyin and Bekir had pulled out their revolvers and demanded he present himself.

Then, they immediately recognized Urban Efendi, and they turned back to their ward. Yet, they argue that Urban Efendi, since he had been leaving an unchaste house, had decided to complain that he had been attacked with a bayonet. It was also claimed that Urban Efendi had been visiting some Christian houses to treat women and even had invited some of them to his own house. It was also understood that since a municipal physician had not been appointed to the area, and since the existing certified physician was costly, the Bulgarian people preferred Urban Efendi, whom they could afford. The duties of the municipal doctor were fulfilled by the military physician, who was forced to treat the poor. Hence, the allocation of a payment for the municipal physicianship was found unnecessary.³³⁸

Besides these issues, a large number of letters about lay practitioners or quacks appears in the 1860s, and escalates especially after the 1890s, as mentioned before. That is the period, as indicated above, in which medicine began to be standardized through several codes. However, the sanction of the transgression of the regulations shows no consistency, which raises questions about material, conjectural local conditions.

Two healers in Sürgün village, in Çatalca, in 1893 were reported for quackery. One of them, Hacı Andon, had also opened a pharmacy. The police forces were ordered to investigate the issue. Because of the police's lack of authorization on

³³⁸ BOA. TFR. I. KV. 95 / 9481. 1 Cemaziyelevvel 1323, 4 July 1905.

the issue, the gendarmerie forces were ordered to get involved.³³⁹ Remembering that Hacı Mirza Anka, the ophthalmologist in Damascus, was stopped from working based on the Code of Medicine of 1861³⁴⁰ and ophthalmologist, Hasan Bey, had been working for 25 years when his practice fell out of the legal framework and his shop in Mercan Hill had to be closed,³⁴¹ Hahir Necm Tanuş, still without a diploma, was added to these people as an individual to be banned from working because he caused the deaths of several people. The inhabitants of Tayatir village sent a petition to the governor of Lebanon to find a solution to the problem caused by this person who called himself doctor (*kendi kendine doktorluk namını veren*), but the governor did not intervene, so they appealed to the Ministry of Interior.³⁴²

These people were defined as people practicing medicine without certificates; hence, they were perceived as quasi-legitimate practitioners who most probably had been trained in master-apprentice relations. The archives, however, show other groups of people who were described as charlatans. Mirza Yakub, Arlito Müskat, and Haim İbrahim were among such people. They had not graduated from any school of medicine and they were labeled as charlatans (*hiçbir Darülfünun-ı Tıbbiye'den diplomaları olmayan cahil şarlatanlardır*).

Mirza argued that he was from Iran, and he had been educated there. However, in that period, there were no medical institutions in Iran. Hence, they needed to be carefully controlled and followed. The document indicates that it was almost impossible to deal with such people since they were foreigners and the

³³⁹ BOA. DH.MKT. 144 / 21, 22 Rebiülevvel 1311, 2 October 1893.

³⁴⁰ BOA. DH.MKT. 1672 / 149, 16 Rebiülevvel 1307, 10 November 1899.

³⁴¹ BOA. DH. MKT. 519 / 52, 1 Rebiülevvel 1320, 7 June 1902.

³⁴² BOA. DH. MKT. 230 / 61, 23 Şevval 1311, 30 April 1894.

relevant embassies did not interfere. Charlatans like Mirza had to be sent away according to the Regulation on the Vagrants (*Serseri Nizamnâmesi*.)³⁴³

Another person described as a quack was Mehmed Şerif, 76 years-old, who was to be banned from the profession he had practiced in Fındıklı Han Kapısı under the name of Eskici Hoca for a long time. Finally, the drugs he prescribed caused brutal diarrhea in one of his patients and this was reported to the Sanitary Commission. During the investigation, he declared that he had learned the trade from his father, and would not leave it, so the case was directed to the police. The report of the Commission was that his chemistry laboratory was improper, and that he was ordered to be banned from healing.³⁴⁴ Unexpected raids were undertaken after reports by the police on these quacks. A cook's shop in Azapkapı was subject to one of them, but in his shop, no healing tools were founded.³⁴⁵

Unexpected Results of Unrequested Medical Activities: Pseudo-physicians Causing Deaths via False Prescriptions

Death of patients due to improper medical treatment is seen among those who received official treatment by legitimate practitioners. Yet, complaints about death caused by the legitimate doctors have not been found in the archives high frequency. When the drugs were given by a traditional healer, drug seller or a quack, these drugs caused serious injury or death. However, these cases immediately appeared in the official correspondances to inform (and warn) about the dangers of the illegitimate practice of medicine.

³⁴³ BOA. BOA. DH.İD 7-1 / 14, 3 Şevval 1328, 7 October 1910.

³⁴⁴ BOA. DH.EUM.THR 5 / 20, 10 Ramazan 1327, 25 September 1909.

³⁴⁵ BOA. ZB. 347 / 72, 9 June 1323, 22 June 1907.

In Hanya, because of drugs sold by a Jew, three Greek died. The expression to designate these people was such that: “*fenn-i tababetin mübadelesinden bile külliyyen bi-behre olarak bu havalide hekimlik etmeye kalkışan*” (the one who dared to practice medicine despite its ignorance of the entire medical science). From among the people, hundreds suffered because of the treatment in question. Another problem was “*bu taraflarda edviye furuatına ne derece kolaylıkla ruhsat verilmesi hususu*” (the question about the easiness of issuing the permit of the branch of medicine in the area). An anecdote follows this question: A few years earlier, in Rhodes, a few men believed to be selling sulfate by ignorance killed three Greek Ottoman subjects. Then, the municipal investigation revealed the fact that, over time, the number of victims reached to 60.³⁴⁶ As seen from this example, the process in which permits were handled was also questioned.

When Mustafa Ağa, a captain of an imperial corvet of the harbor of Thessaloniki, fell ill, a traditional practitioner Jew named Baruh administered a drug which caused his death. When Baruh was investigated, he said that he had given some small drugs, like lime, at the behest of the deceased’s wife and acquaintances. Actually, the deceased in question had been examined by several doctors. While he was dying, the drug given by the Jewish was not with him. So, the investigators could not deduce that the death incidence had been caused by Baruh. Still, Baruh was accused of prescribing drugs without a legitimate certificate. His shop was shut down and he was arrested. If the goods in his shop were his own possession, he was ordered to get rid of them and the shop had to be transformed into something other

³⁴⁶ BOA. A. MKT. MHM. 45 / 67, 18 Cemaziyelahir 1268, 09 April 1852.

than a pharmacy. Then, he would be checked to make sure he did not repeat those crimes.³⁴⁷

Another Jew was accused of having caused the death of an ill person in the same year, 1860. Mustafa Ağa, the captain of the Necatfer Corvette in the harbor of Thessaloniki, was cured by Barduh, and died. The event was published in *Ceride-i Havadis*.³⁴⁸ Similar examples can be found also in the twentieth century. Two French doctors on Tekfur Mountain found to have caused deaths in Gallipoli and Keşan. They were to be tested for their “proficiency in the art of medicine,” which was the duty of their consulates.³⁴⁹ Emir Ali Hakim demanded permit for the production of drug with a petition. Yet, he did not have a diploma. An uncertified traditional practitioner could demand a permit for drug production right in 1912.³⁵⁰

To the office of the physician of municipality, no physician could be appointed unless their appointments were approved by the School of Medicine. If the traditional practitioners were working, they had to be reported with unapproved pharmacists, vaccinators and midwives. That order was sent to the provinces and in the Principality of Trabzon, no such worker could be found. The importance of this document is that it shows us how some uncertified people found places in state positions as salaries.³⁵¹

A barber named Mihalaki from Saraçlı Village, Geyve, gave a drug to the wife of Şarlıoğlu İlyas that killed her. This was one case among five or six deaths in the area. Despite the notification on the prohibition of traditional practitioners and

³⁴⁷ BOA. A. MKT. MVL. 116 / 86, 13 Zilkade 1276, 3 June 1860.

³⁴⁸ BOA. A. MKT. UM. 390 / 72, 22. Cemaziyelahir. 1276, 17 January 1860.

³⁴⁹ BOA. A. MKT. UM. 109 / 49, 21 June 1903.

³⁵⁰ BOA. DH. İD. 48-2 / 17, 13. Muharrem. 1330, 4 January 1912.

³⁵¹ BOA. DH. MKT. 167 / 8, 3 Cemaziyelevvel 1311, 12 November 1893.

quacks, he had not been prevented until that time, and the letter to the governor of İzmir demanded the solution to this problem. It is unknown whether he was banished, but from the tone of the letter, it can be deduced that this person had caused complaint letters before this one.³⁵²

Such practitioners were preferred by people despite the clear legislation, most probably because they were more accessible rather than cheaper, since the physicians with a diploma sent by the state were required to offer free services. Yet, it is unknown whether they were cheaper than the certified free physicians, or not (and most probably, they were.) A possible answer to this question is the Principality of Aleppo, where despite free medical service was available, traditional doctors could work, which caused a complaint letter to the General Administration of Military Schools. Money may not be the sole problem.³⁵³

Likewise, the people of Kosovo, complaining about the ineptitude of the municipal physician, wrote a petition for a permit for Dimitri, a traditional practitioner, to be involved in medicine again. Because of the requirement of a diploma, however, this request was rejected.³⁵⁴ About fifteen years later, in Çankırı, a man named Yorgaki was causing deaths by practicing medicine without a diploma: he conducted abortions and even caused the death of a villagers's son.³⁵⁵ These two cases illustrate the attitude of the people with regards to the illegitimate practitioners. They applied to them, even demanded permission for them, despite they sometimes caused deaths.

³⁵² DH. MKT. 804 / 63, 11 Şevval 1321, 31 Dember 1903.

³⁵³ BOA. DH. MKT. 819 /26, 21 Zilkade 1321, 8 Februray 1904.

³⁵⁴ BOA. DH. MKT. 1627 / 102, 12 Şevval 1306, 11 June 1889.

³⁵⁵ BOA. DH. MKT. 810 / 29, 27 Şevval 1321, 15 January 1904.

Alexandros Diamendopos who had been working in Finike for two years, was reported to the center by the following words: “*ahval-i facia vukuuna sebep vermekte olduğundan*” (because he caused the appearance of disastrous situations). Most probably indicating deaths caused by this person, a reinforcement of this novel terminology of the sacredness of the body and the right to kill that body by a limited group of people was meant. Before, the death of the patient had been perceived as a normal result of the nature of the disease.

With the modern techniques and the new hopeful image of medicine, however, the new body was not subject to a quick death. Instead, its relative probability to survive prepared a higher life expectancy, even in the case of the traditional practitioners. The high expectancy was fortified and fostered by the central authority for a preference for properly educated medical professionals.³⁵⁶

Banning individuals from the practice of medicine was another sanction for medical errors and fraud with the coming of the twentieth century. The measures against illegitimate practitioners, especially when they committed mistakes or crimes, would no longer be excused. In Diyarbekir, the state ordered that the illegitimate healer Hafe Kirkor Tataryan and the barber Toğman be banned from the art of medicine. They were also subject to a monetary penalty, a penalty which was not seen some decades ago. Yet, in this case, the collection of this amount was delayed by hesitation of the officials, and the affair was transferred to the Ministry of Justice.³⁵⁷ To the gendarmerie, Emil Perevilceyo was reported of carrying the key of a pharmacy shop in Beyoğlu and dispensing medicine illegally, was subject to a fine

³⁵⁶ BOA. DH. MKT. 1247 / 15, 12 Rebiülevvel 1326, 13 April 1908.

³⁵⁷ BOA. DH. MKT. 617 / 45, 24 Şaban 1320, 26 November 1902.

of two liras.³⁵⁸ From these documents, it is possible to deduce that the monetary sanction was two liras in 1901 and six liras in 1908.

Measures were taken in Kastamonu against the traditional practitioners. Since the uncertified practitioner called Ahmed, and Nail, and the barber Azmi, from Düzce were poor people, they would not be able to pay the six lira's penalty. Hence, the penalty was turned into a promise to abandon the practice. In another case Mehmed Usta from İnebolu performed surgery and treated syphilis. Also, from İnebolu, the son of a priest and a woman treated eye diseases and performed surgery.

The same document informs that Perukar Osman Ağa involved in bloodletting and surgery, and another person cited only as a "blind doctor" treated syphilis and other diseases. Mahmud took care of syphilis patients and involved in surgery, Ahmed Efendi, with his permit of small surgery involved in serious surgical operations and the treatment of syphilis, Nail and Barber Artin practiced medicine. All of these people from different villages of Kastamonu were reported by the health inspector. Each was subject to and their names published in the local journal.³⁵⁹

In Beyoğlu, the Armenian Manukyan worked without a permit, and the prescription he wrote was prepared the nearby pharmacy shops. Such people were subject to a penalty of two golds to seven golds for the first transgression, and if repeated, while the monetary penalty doubled, a penalty of imprisonment of two to six months was added. Thus, Manukyan was subject to five Ottoman liras.³⁶⁰

The documents show involvement that repeated in the practice of medicine despite prohibition and monetary penalties were not unusual. We might guess that

³⁵⁸ BOA. DH. MKT. 2591 / 88. 21 Rebiülahir 1319, 7 August 1901.

³⁵⁹ BOA. DH. MKT. 566 / 38, 27 Cemaziyelevvel 1320, 1 September 1902.

³⁶⁰ BOA. ZB. 385 / 115. 22 April 1322, 5 May 1906.

paying the penalty and returning to the field were more profitable than retreating from the medicalized world for the practitioners. Agobciyan Efendi, who treated patients without a diploma in Aintab was banished, but he continued practice medicine. The center ordered that he be sanctioned.

Here, we see the ambiguity of the sanction resulting in the repetition of the act. Indeed, in several documents, despite the clear decision to dispatch the traditional healers and charlatans from the medical arena, the “how to do it” of the dispatching was not clearly defined, which resulted in the hesitation of the local governors about applying the legislation and in the continuous repetition of the involvement of the traditional practitioner in the “new scientific world.”³⁶¹

Four or five months earlier, Mihran had been fined six liras for practicing traditional medicine. Yet, he now was reported of continuing his act. With the members of the municipality and the police commissaire, an investigation was launched and Mihran was notified of his banishment from the profession. However, he continued to work. The mayor could not prevent Mihran. He also neglected the complaint of the the municipal doctor about an eight months’ delay of his salary. Then, a health inspector sent to the area for investigating the activities of the major.³⁶²

The example of Hristo Andonyaki did not differ from the other ones. He had been reported to the provincial center of Konya for working without diploma for a few years in the sub-district of Almaki. He was ordered to be banned. After this order, he left his place to settle in İstanbul, where he began to practice again in Divanyolu and Galata. His prescriptions were produced by the nearby apothecaries.

³⁶¹ BOA. DH. İD. 7-1 / 1, 6 Şevval 1320, 5 January 1903.

³⁶² BOA. DH. MKT. 832 / 89, 6 Muharrem 1322, 23 March 1904.

This time, he was arrested by the gendarmerie. He declared that he had obtained a diploma from the Medical School of Athens, which he authenticated when he was in Almaki. He wrote a petition to be allowed to take an assessment examination in İstanbul. His examination was accepted, for an unknown reason, he could not get his permit.

He applied for the permit a second time, was told there was no evidence of his taking or passing such an examination. He had to take the examination for the first time according to the school and for the second time according to Hristo Andonyaki. Still, he had been practicing during this time and residing in Sirkeci, in the apartment of the midwife Anika. Thus, once again, the prohibition of drug preparation by the pharmacists according to his formula and the publication of all these in the journals was ordered.³⁶³

Anderman, a resident of Büyükkada, was warned not to involve in the practice of medicine, yet, he was caught examining a patient in Kartal, and his three prescriptions were handled by the municipal physician, who applied to the governor of Kartal. The decision was to prevent him and, if not, to apply to the attorney general.³⁶⁴

The issue of the diploma was so persistently followed by the professional authorities that the possession of the diploma of a deceased legitimate medical practitioner at any level by an illegitimate practitioner was perceived as an evil to be prevented. Thus, it was ordered to collect such diplomas after a physician died.³⁶⁵ Similarly, the diplomas of the deceased Dr. Nakkaşyan, officer of Gümüşsuyu

³⁶³ BOA. DH. MKT. 1098 / 2, 15 Cemaziyelevvel 1324, 8 July 1906.

³⁶⁴ BOA. DH. MKT. 1520 / 24, 28 Şevval 1305, 8 July 1888.

³⁶⁵ BOA. DH. MKT. 2611 / 114. 16 S 1325, 31 March 1907. , ZB. 595 / 63. 26 Ma 1323.

Hospital who also worked in Beşiktaş Yenimahalle, and Doctor İpsalidis, who lived in Beyoğlu Mis Street and worked at the backside of Anadolu Hanı, Çeşme Street number 5, were all demanded by the central medical authorities. The documents were demanded via the mukhtar but it was in the office of a banker in Hallacyan Hanı.³⁶⁶ Doctor Nakkaşyan's diploma could not be found, but the other one was delivered.³⁶⁷

The diploma of the deceased doctor İsmail Hakkı Efendi, the municipal physician of Yalova, also was demanded by the İstanbul police headquarters.³⁶⁸ The second president of the Sanitary Office Ahmed Hilmi Paşa, who had died in his house near the Kızıltoprak railway station, had also left his diploma and the related documents. His son-in-law, Tevfik Bey, maintained the documents, although he declared that they had burned during a fire that had broken out the previous year in his house.³⁶⁹ The diploma of the deceased doctor Esad Arif Efendi was also requested from his family.³⁷⁰ The diplomas of Doctor Nizanyan and Garih Efendi, however, were lost.³⁷¹

These documents show that that despite the material conditions, the Ottoman state's concern was to draw the boundaries of the standardized medicine both internally and externally. Yet, non-certified practitioners of any branch of medicine, which were also tried to separate from each other, were practicing even in the

³⁶⁶ BOA. ZB. 41 / 8. 7 March 1323, 20 March 1907.

³⁶⁷ BOA. ZB. 347 / 24. 10 April 1323, 23 April 1907.

³⁶⁸ BOA. ZB. 346 / 109. 18 Ks 1322, 31 January 1907.

³⁶⁹ BOA. ZB. 346 / 119. 17 February 1322, 2 March 1907.

³⁷⁰ BOA. ZB. 346 / 126. 25 December 1322, 7 January 1907.

³⁷¹ BOA. ZB. 349 / 12, 24 March 1324, 6 April 1908.

Hamidian palace: Abdülhamid appreciated Mavroyeni Paşa,³⁷² yes, but he appreciated also the traditional surgeon Bayram Efendi, who had no belief in microbes or amputation. The palace also sheltered other traditional healers like bonesetters and healers of hemorrhoids.³⁷³

International rivalries were intermingled with the internal ones. Not in terms of only medical developments in science and technology, but also in terms of law and administration. Europe was closely observed. Efforts were made to collect any information about physicians and their patients in cases like epidemics in the provinces which were tried to be gathered, systematized, and registered. Taking this process of information gathering into consideration, the state would not allow the non-licensed healers to practice in the Ottoman Empire.

However, the tentative steps for the actual modernization of medicine did not overlap with the modernizing ambitions of the state: while efforts of standardization were in question, the people who were left outside the boundaries of the new system were also perceived as a heterogeneous group. They had partial access to that system in need of medical staff by handing certificates without graduation. If the need was fulfilled, for those who were practicing traditional medicine, however, the terms “*kendisine hekimlik süsü vererek*,” “*diplomasız hekimlik yapan*,” or “*sahte doktor*,” were used to be categorized outside the standards.

First, it seems that irregular practitioners were not perceived as a homogeneous group by the center, or the local administration. The local networks

³⁷² The private doctor of sultan Abdulhamid, professor of the School of Medicine, president of the Imperial Society of Medicine. He was educated in Paris Faculty of Medicine. For further information, see Feza Günergun, “Spiridon Mavroyeni Paşa (1817-1902) ve Osmanlı İmparatorluğu’nda Modern Tıbbın Yayılmasına Katkısı,” *Osmanlı Bilimi Araştırmaları* 6, no. 1(2002).

³⁷³ Süleyman Kani İrtem, *Bilinmeyen Abdülhamid Hususi ve Siyasi Hayatı* (Ed. Kocahanoğlu, Osman Selim) (Temel Yayınları, 2003), pp. 177-8.

need to be deciphered for a better understanding on the policies regarding the boundaries in question. Second, it is unknown whether people were willing to welcome the modern physicians appointed by the center or not. While some documents indicate petitions of villagers demanding a permit for their traditional healers, some others reported unlicensed practitioners. More research in the archives would find some answers to that question. Last, the formation of the professionalization of modern medicine would require a study of the school-trained physicians, which needs an evaluation of memoirs and biographies. Several of them have been published, such as those of Cemil Paşa,³⁷⁴ Hazım Paşa,³⁷⁵ Celal Muhtar Özden,³⁷⁶ Rıza Nur³⁷⁷ or Cemil Topuzlu.³⁷⁸ A research in these memories will provide the atmosphere of the period among regular practitioners.

What is seen from the study in the archives is the vague boundaries between lay practitioners of medicine and the modern ones, which was driven by the codes enacted between the 1860s and 1880s, although it had begun to appear since the formation of the School of Medicine. Before the 1860s, the documents simply pointed out the prevention of non-graduates of the School of Medicine from practicing medicine, which had no specific sanction. The increase in the number of objection letters or reports about quacks or lay healers can be explained not by the rise of this group in quantity, but by the decline of tolerance against them. With the

³⁷⁴ Sabih Alaçam, *Canlı Tarihler VIII: Operatör Cemil Paşa Hatıraları* (İstanbul: Türkiye Yayınevi, 1945).

³⁷⁵ Sabih Alaçam, *Canlı Tarihler VI: Operatör Hazım Paşa Hatıraları* (İstanbul: Türkiye Yayınevi, 1945).

³⁷⁶ Sabih Alaçam, *Canlı Tarihler X: Dr. Celal Muhtar Özden Hatıraları* (İstanbul: Türkiye Yayınevi, 1945).

³⁷⁷ Rıza Nur, *Hayat ve Hatıratım* (İstanbul: Altındağ Yayınevi, 1967.)

³⁷⁸ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet.*

growing number of the group of properly-educated physicians, the need for the outsiders faded away from the scene, as did the tolerance.

The period after the 1860s was dissimilar to the previous one because of the level of intervention in local applications of medicine and its terminology: the basis of these documents was the legal framework. The contravention of this legal structure was penalized in a number of ways, which seems to have depended on local circumstances. Efforts were made to protect the lines between the numerous divisions of medical services. The certification system functioned as a control mechanism of practitioners to ensure whether they acted within the limits of their diplomas, or not.

Lay healers constituted a vital part of healing practices because of their accessibility. Hence, in the earlier periods of the modernization of medicine, while hypothetically they were removed from the system, in real terms, efforts were made to draw them inside by granting official permits in return for the demonstration of their capacity. Especially for the small surgery, official permits were granted with no trouble on the condition that the practitioners would act within the boundaries of their permits. Yet, lay healers did not find acceptance as “proper-physicians.”

This chapter described the new medical environment with its new actors in professional competition, where only these new actors were considered legitimate. Through legislation, traditional medicine was pushed away from medical practice in favor of properly educated physicians, who graduated from the Military School of Medicine. Struggle against traditional physicians and other practitioners of the field transferred itself into a language of quackery. Meanwhile, the legislation and archival documents show that throughout almost the whole century, efforts were made to draw the line between the traditional practitioners and the modern physicians but also

between different branches of the field, such as doctors, midwives, and small-surgeons, who were now expected to act only within their professional circle and not to interfere in the domains of the others.

The archival documents also showed that this process was not realized without its problems. Mostly determined by the insufficient number of physicians provided in the provinces and the ethnic relations, which meant the gradual elimination of non-Muslims from the field, this struggle was carried out with continuous ambiguities until the appearance of a settled Muslim Turkish professional body in the 1890s. Before that, although it had been repeated continuously that non-certified physicians were not allowed; they actually had been occasionally, by granting types of certification. Only in the first decade of the twentieth century and in the last quarter of the nineteenth, did monetary fines and strict banishments against transgressors appear. Before then, the uncertified individuals had been called to the Military School of Medicine to prove their professional capacities. After the settling of the profession, these people were strictly rejected.

A similar determinant of ambiguity was the remoteness of the province from the center. In the Middle Eastern provinces of the Empire, the traditional practitioners were not immediately rejected due to the lack of modern personnel to replace them. Yet, for a district nearer the Sublime Porte, the traditional practitioner was less likely to be accepted as quasi-legitimate for a limited period of time. One reason for this acceptance seems to have been the ethnic diversification of remote places, where Muslim doctors were not commonly accepted most of the time, as will be demonstrated later in this dissertation.

The archival documents provide many cases that illustrate the need to replace existing doctors with a new kind, one who belonged to the same community as the

appointment location. When we consider this great number of documents, the frequent appearance of the terminology of deaths and injuries caused by professional ineptitude in the last decades of the century seems significant. Such terminology did not appear as frequently before that time. Yet, that policy also would change with the rise of missionary activities in these remote places.

CHAPTER 4

TO BE A STUDENT OF THE MEDICAL SCHOOL: THE MICRO WORLD OF A PROSPECTIVE PHYSICIAN IN THE NEW MEDICAL ENVIRONMENT

This chapter examines the ways in which a professional elite, who were located at an important place in the social and political life of the nineteenth century Ottoman modernization process, were produced or produced themselves. How could it be that those children coming from different parts of the Empire, different from each other in terms of familial, traditional, linguistic or economic qualities came to be closely involved in the country's social and political matters beyond sanitary aphorisms within ten or fifteen years and found themselves established places either at the top of the CUP or the palace, but most of all, at the very center of the debate over political power?

Peter Burke writes about a newer form of narrative, a thick one, to deal with both "the sequence of events" and "the conscious intentions of the actors of these events, and also with structures."³⁷⁹ To narrate the usual day of an ordinary medical student in sequential order at a one-day-time level might give us also some inspirations and clues about the structure of this new education system from which mostly Abdülhamid II sought to benefit in the name of a modernizing sultan.

As Findley affirms, the topic in which the social historian is interested most is not the official organization of the educational institutions, but the way people made use of it.³⁸⁰ That is why, to understand this, I initiated my research by taking a microscopic look at the school life where I believe this transition took place. I

³⁷⁹ Peter Burke, "History of Events and the Revival of Narrative," in *New Perspectives on Historical Writing*, ed. Peter Burke (Pennsylvania State University Press, 2001), p. 240.

³⁸⁰ Findley, p. 152.

focused on the Military School of Medicine that created the professional elite, by mainly leaving aside the graduates of the civilian school of medicine, first because they were educated as prospective provincial physicians, representatives of the offices of the state and compulsory provincial service, not part of an elite, and also because we have little information because mostly they did not write autobiographies or memoirs. To do this, besides the memoirs of prominent figures like İbrahim Temo or Tevfik Sağlam, who studied in the last decades of the nineteenth century, I also looked at the commemorative memoirs of students after the deaths of certain professors that were published in some medical journals.

While discussing medical professionals in America between 1849 and 1925 Joyce Marie Butler Ray writes that personal narratives provide unique experiences of a “wealthy homely historical detail and a broad canvas of American cultural experience.”³⁸¹ Despite the awareness of the drawbacks of looking at the daily life through memoirs and biographies, by the help of certain filters, one can confirm that those sources provide important information on –sometimes- neglected tiny details of life.

Besides those elite physicians’ reconstruction of the past from their elevated social positions and their glorification of their past positions, it is not unexpected that they made personal judgments regarding their past environment, especially if the CUP was in question. Such a reconstruction has value in itself, and the following paragraphs will be shaped around the question of how that prospective elite group shaped their world view within this environment. In other words, the tiny details of daily life, from the use of plates and materials for gardening will be used not for

³⁸¹ Joyce Marie Butler Ray, "Women and Men in American Medicine, 1849-1925: Autobiographies as Evidence " (Ph. D. diss., The University of Texas, 1992), p. ix.

information in itself and also not for a sole political discourse analysis, but a sociological analysis, as well.

The historical description of the autobiography in terms of a Western-style way of self-production related to the legacy of the Enlightenment involves a personal “I,” that is located right at the center of the narrative.³⁸² Jeremy D. Popkin underlines that like history, autobiography has the character of truth claim and a chronological narrative. Yet, unlike history, it does not deal with collective experience. Still, it has the quality of telling a history, although a personal one and historians cannot cut themselves off from this kind of narrative. As Paul Ricoeur affirms, narrative serves to understand the relationship between time and men’s lives.³⁸³

To answer a person’s questions about his own life demands “reconstruction and understanding the process involved through introspection,” in the words of Richard Freadman. That is exactly what the autobiographers do.³⁸⁴ As Paul Thompson describes, memory is an active social process.³⁸⁵ Carolyn Steedman confronts the idea that all these qualities of the autobiography differ when a biography comes into question. She says that a biography also must deal with all the problems of telling the past.³⁸⁶

³⁸² Leigh Gilmore, *The Limits of Autobiography* (New York: Cornell University Press, 2001), p. 2.

³⁸³ Jeremy D. Popkin, *History, Historians and Autobiography* (Chicago: The University of Chicago Press, 2005), pp. 13-37.

³⁸⁴ Richard Freadman, *Threads of Life: Autobiography and the Will* (Chicago: The University of Chicago Press, 2001), p. 21.

³⁸⁵ Harold Rosen, *Speaking from Memory: A Guide to Autobiographical Acts and Practices* (Staffordshire: Trentham Books, 1998), p. 93. The same ideas on the reflection of the self as an active process are discussed in Nicholas D. Paige, *Being Interior: Autobiography and the Contradictions of Modernity in the Seventeenth Century France* (Philadelphia: University of Pennsylvania Press, 2001).

³⁸⁶ Carolyn Steedman, *Past Tenses: Essays on Writing, Autobiography and History* (London: Rivers Oram Press, 1992), pp. 159-170. By quoting Polanyi, Mary Jo Nye emphasizes the interactive subjectivity of writing a biography. The author must reconstruct the life of the subject. This proposition is also valid for amassing and re-writing another text from these biographies and

David Huddart quotes from Janet Harbord when he states that autobiography has always more than the desire to write for the sake of writing. It involves an engagement.³⁸⁷ Here, in the case of the Ottoman physicians, we do know that memoirs written after mostly the Hamidian regime, some in the republican period, preserve the will to defend the existing regime against the older ones between the lines (or sometimes openly).³⁸⁸

This study tries to debug the narratives, or tries to stress them in certain cases. In addition to political engagements, doctors seem to over emphasize their own deeds, both medical and social or political. These are left out of the narration of this dissertation. Donald Pollock warns that especially medical autobiographies have two characteristics: one, they are forms of narrative and represent episodes selected from a range of possibilities; and second they are “social acts of representation,” and may have the risk of simply describing medicine itself.³⁸⁹ This will be taken into consideration in the analysis of the memoirs and biographies of the physicians (and sometimes the students of prominent physicians). A similar and complementary statement is given by Mary Terrall, who examines how science is intergrated into

autobiographies to form a consistent and meaningful text. Mary Jo Nye, "Scientific Biography: History of Science by Another Means?" *Isis*, no. 97 (2006).

³⁸⁷ David Huddart, *Postcolonial Theory and Autobiography* (London and New York: Routledge, 2008), p. 7.

³⁸⁸ Christoph Neumann underlines that new sources and new understandings of reading altered the narration of the “I” in Ottoman history writing, especially for the history of science and scientists and had double effect. On one side, the history of science has attracted the attention and effort of many students of history, but on the other hand, an area even whose sources have not yet been defined caused many difficulties in the research process. Christoph K. Neumann, "Bir Bilim Adamının Biyografisini Yazmanın İmkanları ve İmkansızlıkları," *Tarih ve Toplum Yeni Yaklaşımlar* 3 (2006), pp. 275-276.

³⁸⁹ Donald Pollock, "Physician Autobiography: Narrative and the Social History of Medicine," in *Narrative and the Cultural Construction of Illness and Healing*, ed. Cheryl Mattingly and Linda C. Garro (California: University of California Press, 2000), p. 109.

society and culture.³⁹⁰ This study reformulates the question in favor of medicine instead of science.

Even if Carlo Ginzburg discussed about the presentation of Menocchios's world while talking about the reconstruction of individuals, and if we leave aside a Rankean history, we might realize this ideal of the reconstruction of individuals through a social and cultural look at memoirs.³⁹¹ To extract a physician from yearbooks, quarantine reports, or the statistics within the Medical School, even if still not as exciting as putting a villager to the desk of history writing, should be at least encouraging. To visit a doctor who would later become one of the prominent figures of city governing, or to witness the moment of first encounter with the school that is mentioned as the receptacle of the political opposition of a person who would change the flow of politics, should be considered a form of penetration into those people's political and social consciousness.

Cengiz Kırılı gives an account of the 1840's techniques of surveillance and new reports on the idea of "rendering society readable."³⁹² Is it possible that this tendency of state infiltrated the minds of these physicians? Did they make efforts to render the society readable, predictable and intervenable in their own conditions? Did the duty of preparing medical topography, which was one of the primal duties of each doctor, cultivate a consciousness about state and society? Ellis' study reveals that his legitimate question of whether the existence of physicians in parliament was the result of a professional failure or not, would be responded to with a negative.

³⁹⁰ Terrall, p. 307.

³⁹¹ Carlo Ginzburg, *The Cheese and the Worms: The Cosmos of a Sixteenth Century Miller* (Baltimore: Johns Hopkins University Press, 1992).

³⁹² Cengiz Kırılı, *Sultan ve Kamuoyu: Osmanlı Modernleşme Sürecinde "Havadis Jurnalleri" (1840-1844)* (İstanbul: Türkiye İş Bankası Kültür Yayınları, 2009), p. 17.

Actually, physician-legislators in France were the result of what Ellis terms a “political consciousness accompanied by medical recruitment, training and practice.”³⁹³ Was there a similar situation in the Ottoman context?

Why was this school so vital for the modernization of the medical affairs?

The educational turn in the second half of the century could be cited among those of the Russian, Austrian, French, British, German and Japanese empires as, what Hobsbawm describes as the mass producing and population-infusing state, an indoctrinable mass with a civilizing mission.³⁹⁴ The medical school in the Ottoman context was not different from its European contemporaries. It was among the institutions sharing the same temporality within the same positivistic environment.

While narrating the collective professionalism among doctors in nineteenth century Germany, Alfons Labisch explains that the academically trained doctors represented both the formation of a uniform professional group via state-sponsored education and examinations, but also liberation from direct state control. The outcome of the state’s intervention in health care, he says, was the rendering of doctors as a fixed item of the late absolutist welfare state.³⁹⁵

Actually, educational systems form one the physical locations for the reproducing of state ideology.³⁹⁶ In the case of the medical school, this ideological shift was the emphasis given to the ideas of progress and positivism. In theory, the medical school was the center and the node of the positivist ideals via its

³⁹³ Ellis, p. 11.

³⁹⁴ Deringil, *İktidarın Sembolleri ve İdeoloji*, p. 125.

³⁹⁵ Alfons Labisch, "From Traditional Individualism to Collective Professionalism: State, Patient, Compulsory Health Insurance, and the Panel Doctor Question in Germany, 1883-1931," in *Medicine and Modernity: Public Health and Medical Care in Nineteenth and Twentieth Century Germany*, ed. Manfred Berg and Geoffrey Cocks (New York: Cambridge University Press, 1997), p. 36.

³⁹⁶ İlhan Tekeli and Selim İlkin, *Osmanlı İmparatorluğu'nda Eğitim ve Bilgi Üretim Sisteminin Oluşumu ve Dönüşümü* (Ankara: Türk Tarih Kurumu, 1999), p. 59.

concentration on the physical atomization of the body; that is, the ability to cut the body into tiny pieces. Yet, while this was the ideal in the minds of the bureaucrats, the instructors and the trainees, their material conditions were insufficient render the realization of such positivism until the end of the century.³⁹⁷

Hence, the opening of technical schools came onto the agenda, the medical school being the primary one, which created an environment of biological materialism, an ideology common amongst the French intelligentsia with empiric observations. What lay behind the new materialistic view was its theoretical power to explain and transform the social and the physical body. Its real impact was on the self perception of these students and applicants of medicine concentrated on their ability to open up, cut into and reshape the body, which was now observable from inside [note that traditional medicine was based on observation from outside and the restoration of the four basic elements constituting the body] and available for interventions by new scientific tools. The common opinion in the medical school was similar to that of the autocratic regime and focused on the cure of society more than religion per se.³⁹⁸

The main component of the Ottoman centralization, that is, the organization of the provinces, could only be possible with the constitution of a new bureaucratic class to be raised and trained within a new educational system. That is why schooling constituted an integral part of the Ottoman and of all modernizing countries' reforms. With their quality of institutionalized entities, public schools introduced new ideas of order, discipline and efficiency to facilitate an ideological legitimacy.³⁹⁹

³⁹⁷ Ibid., p. 59.

³⁹⁸ Hanioglu, p. 8.

³⁹⁹ Selçuk Akşin Somel, *Osmanlı'da Eğitimin Modernleşmesi (1839-1908): İslamlaşma, Otokrasi ve Disiplin* (İstanbul: İletişim Yayınları, 2010), p. 11.

Akşin Somel directs our attention to the Benthamian manifestation of Foucault's concept, social discipline, in the structural reorganization of schools. Until the 1870s, especially in critical periods, the organization of schools for the awakening of loyal feelings towards the center was a tradition. What was new in the 1870s was this organizations' new quality of enframing and unification: school uniforms, classrooms, schedules, and merit-based advancement, all of them framed standardization.⁴⁰⁰

Within this framework, the opening of the military medical school in İstanbul in 1839 introduced a totally fresh atmosphere for the new medical students. This school became the nucleus of the new political and social atmosphere of the late Ottoman Empire. How were medical students educated in this institutional structure? The basic institution was the Imperial School of Medicine, the school for the education of the entire medical services, from apothecaries to small surgeons.

In 1867, the Civilian School of Medicine was added to raise a group of doctors who would offer medical services to provinces. These two institutions (the civilian and the military medical schools) have been the sole ones until the opening of the Damascus School of Medicine in 1903 as a response to the American one

⁴⁰⁰ Ibid., p. 25. About Egypt, Timothy Mitchell described an atmosphere in the schools in which any action of the students determined in detail and controlled meticulously. Students were kept busy at all times, all movement was disciplined and functional, hence, a technique to turn the students into a collectively and simulteneously-moving machine was applied. Yes, we might say that for the Ottoman schooling system similar techniques were planned in a decisive way, but the application of these plans would have different outcomes than predicted. Timothy Mitchell, *Mısır'ın Sömürgeleştirilmesi* (İstanbul: İletişim Yayınları, 2001), p. 135.

opened in Beirut.⁴⁰¹ In addition, a considerable number of medical students graduates were sent to Europe for further education or specialization.⁴⁰²

As for the buildings themselves, when its building was burned in 1848, the school moved to Hasköy, to the Humbarahane Barracks. Eighteen years later, that time because of cholera, it had to move again to the inner part of Topkapı Palace. Then, the military medical high school moved to the Red Barracks in Gülhane, and the medical classes moved to Hasköy, to the Gergeroğlu Mansion. In 1874, the school moved back to Galatasaray, to move to Demirkapı in 1876. The high school classes were left in Kuleli.

Entrance to the School, Courses, and Examinations: Through a Standardization of Schooling

The students' first encounter with the school was decisive in their memories as having opened a completely new experience with a cosmopolitan atmosphere, where all the components of the Empire could be observed. That is why, this encounter was vital in the formation of their future minds: it was the summary of the new climate of the Empire. In that sense, the first encounter of a later personality, Tevfik Sağlam, to the School of Medicine in 1898 is valuable.

On 2 April 1895, Tevfik Sağlam arrived at the Kuleli Military High School of Medicine. After a short examination, he was accepted as one of the 311 students of

⁴⁰¹ For detail information on this school, see Ekmeleddin İhsanoğlu, *Suriye'de Modern Osmanlı Sağlık Müesseseleri, Hastahaneler ve Şam Tıp Fakültesi* (Ankara: Türk Tarih Kurumu, 1999).

⁴⁰² The first of these was a graduate called Ömer, who was sent after submitting a petition in 1850 to Paris. In 1864, six students were sent. That was the time in which the experimental school in Paris, *Mekteb-i Osmani*, was shut down for the failure of its students. After 1869, acceleration in the number of medical and military students sent abroad can be observed. Those students were sent to London, Paris, Vienna, Berlin and Petersburg. Medical students were required to attend medico-surgeries in the hospitals they were established. Until 1872, those students, elected from among their colleagues by a contest, and numbering up to fourteen, were educated mainly in *Faculté de Médecine de l'Université de Paris*, Sorbonne. Şişman, p. 73.

the school. The high school was composed of four parts. The first one was the two-floor building containing classrooms, and a mosque. The second part was a building adjacent to the first one, containing dormitories, and room for the internal guards. The third part contained a large refectory, kitchen, pantry, laundry, bathrooms and a jail. The final part was composed of a new hospital outside the school door.⁴⁰³

The yellow building used for the school was in Demirkapı at the left side of Gülhane Park's internal road to Sarayburnu. The outer door opened to a long road to the gateway. The building was formed as rectangular, a big old building of three floors. In the middle was a courtyard decorated by big plane trees. By the façade, at the lower floor, there were two guards' room and two classrooms; at the second floor, the rooms of the administrators were located and the upper floor there were a museum, physics laboratories and intern hospital. In the front looking to the railway, there were classrooms on the lower floor and dormitories on the upper one. In the middle was a mosque.



Figure 6. The Imperial School of Medicine at Demirkapı

Source: Nuran Yıldırım. *İstanbul'un Sağlık Tarihi*. İstanbul: İstanbul Üniversitesi, İstanbul 2010 Avrupa Kültür Başkenti Ajansı, 2010.

⁴⁰³ Tefik Sağlam, *Nasıl Okudum?* (İstanbul: Doğan Kardeş Yayınları, 1959), p. 21.

The third part of the building housed refectories, kitchen, laundry, physiology laboratory and the dissection hall. At the back side of the courtyard a bathroom was located. The outer garden contained the bacteriology institute, the polyclinics of otolaryngology and dermatology, the chemistry institute and Cemil Paşa's surgery clinics. At the side of the outer gate was Zoeros Paşa's clinic of internal diseases. Near it was a botanical garden, with an ophthalmology clinic. Finally, on the Demirkapı side was a two-floor wooden building and the Birth Clinic and nearby, the Smallpox Institute and the Rabies Institute were located.⁴⁰⁴

That was how the school was organized in an established period. When we look at the earlier period, we see a smaller and non-specialized establishment. A person coming to the school thirty years earlier would have seen a more amateur and a poorer scientific environment that claimed to be following all European developments, but which could not actually for lack of budget.

Why did a young man enter the Military School of Medicine? In the late 1840s, parents from all communities were willing to send their sons for medical education since it was a trustworthy educational institution that offered modern living conditions with food and clothing assistance. Even the students who did not board at the School benefited from these forms of assistance.⁴⁰⁵

⁴⁰⁴ Ibid., pp. 41-42. Anne Marie Moulin dwells over the question of why the sultan preferred rabies for the formation of such an institute: Actually, despite the great number of dogs wandering in the streets of İstanbul, rabies did not constitute a serious danger. Yet, recent developments over the disease in Europe were obviously a perfect opportunity for the presentation of a modern regime difficult to be missed. Anne Marie Moulin, "Kentte Koruyucu Hekimlik: Pasteur Çağında Osmanlı Tıbbı: 1887-1908," in *Modernleşme Sürecinde Osmanlı Kentleri*, ed. Paul Dumont and François Georgeon (İstanbul: Tarih Vakfı Yurt Yayınları, 1996), p. 179.

⁴⁰⁵ Yeşim Işıl Ülman, "Journal de Constantinople'a Göre Mekteb-i Tıbbiye-i Adliye-i Şahane'nin Galatasaray Dönemi" (MA Thesis, İstanbul University, 1994), p. 76.

Additionally, as already mentioned, since the 1870s, the education language in the Military School of Medicine had been changed to Turkish from French, which enabled middle class Muslims obtain medical educations in addition to the multilingual non-Muslims, to guarantee a life-time state post or a prestigious title of military rank. From then on, non-Muslims would prefer the Civilian School of Medicine.⁴⁰⁶

In the first period, only boarding students were accepted to the school, on the condition that their needs would be fulfilled by the state. In addition, no restriction of religion was in question. Students wore a specific uniform of black broadcloth with saber attached to their belt.⁴⁰⁷ The capacity of the school in Galatasaray was 400, and it necessitated the acceptance of non-residential students.⁴⁰⁸ In 1850, the number of students was such: 225 preparatory, 79 medicine, 13 pharmacy, 35 surgery classes, and 352 in total.⁴⁰⁹ At a period in which medical institutionalism was more developed the numbers were as follows.⁴¹⁰

Table 2. Comparison of the Numbers of Medical Students in 1873 and 1883

Schools of Medicine and Number of the Students in 1873	
The Imperial School of Medicine	259
The High School of Medicine	546
The Civilian School of Medicine	157
	962

⁴⁰⁶ Kieser, p. 53.

⁴⁰⁷ Turhan Baytop, "Mekteb-i Tıbbiye-i Adliye-i Şahane'de Eczacılık Öğretimi'nin Başlaması," in *Mekteb-i Tıbbiye-i Adliye-i Şahane ve Bizde Modern Tıp Eğitiminin Gelişmesine Katkıları*, ed. Arslan Terzioğlu and Erwin Lucius (İstanbul: Arkeoloji ve Sanat Yayınları, 1993), p. 64.

⁴⁰⁸ Yeşim Işıl Ülman, "Journal de Constantinople'a Göre Mekteb-i Tıbbiye-i Adliye-i Şahane'nin Galatasaray Dönemi", p. 34.

⁴⁰⁹ Ibid, p. 65.

⁴¹⁰ Mehmet Ö. Alkan, ed. *Tanzimat'tan Cumhuriyet'e Modernleşme Sürecinde Eğitim İstatistikleri 1839-1924* (Ankara: T. C. Başbakanlık Devlet İstatistik Enstitüsü, 2000).

Schools of Medicine and Number of the Students in 1883	
The Imperial School of Medicine	497
The High School of Medicine	151
The Civilian School of Medicine	502
	1150

In the first years of the *tıbhane*, the entrance to the school and the class passing were not based on a specific examination. Instead, during dissections and instructions, evaluations were made by teachers, and based on their appreciation, the degree of the student was determined. A couple of elected students would be advanced to a higher class. Students graduating by this method were appointed to necessary locations with the title of assistant physician.⁴¹¹

Also in the beginning, only Muslim children were accepted to the School. But a few years later, in 1841, non-Muslims began to enter after a decree declaring their right to be accepted was issued. State declared the percentage of children that would be accepted according to that year's needs and the quotas of the communities. Communities chose the children who would be sent. In the education year of 1842-43, among the 341 students of the school, 303 of them were Muslim and the remaining 38 were Christian. Jewish students appeared in the school in the 1846-47 education year.⁴¹²

The reasons for entrance to the School are not independent from the question of the background of these physicians. Not all of them were the sons of notable families of İstanbul. In fact, medical school constituted a perfect step for social mobility. For the Young Turks, E. J. Zürcher affirms that the traditional Muslim middle class children could benefit from upward mobility within state bureaucracy

⁴¹¹ Kazancıgil, *Binbaşı Elhaç Rıza Tahsin*, p. 7.

⁴¹² Yıldırım, *İstanbul'un Sağlık Tarihi*, p. 261.

and the military which grew by thirty times in the nineteenth century.⁴¹³ This was also valid for the military medical school candidates.

Let us see the example of Colonel Doctor Hüseyin Remzi. He was the son of a navy yard worker who entered the middle school of the medical school in Humbarahane. In that period, the first class of the medical middle school was formed of two sections, the first one having the opportunities of board, stipend and uniform, which were lacking in the second one. Hüseyin Remzi was able to qualify for the first one only in three months later, when a position was available, and received a stipend of 20 piasters. He could not afford to buy course books and borrowed those of his classmates.⁴¹⁴ Additionally, the first entrance of non-Muslim students to state schools was realized in the School of Medicine. Students were accepted to these schools partly due to their familiarity with French and partly to the egalitarian articles of the Tanzimat Edict. Then, with the Islahat Edict they were accepted to other civilian and military state schools.⁴¹⁵



⁴¹³ E. J. Zürcher, "Jön Türkler: Sınır Bölgelerinin Çocukları," in *Savaş, Devrim ve Uluslaşma: Türkiye Tarihinde Geçiş Dönemi (1908-1928)* ed. E. J. Zürcher (İstanbul: Bilgi Üniversitesi Yayınları, 2005).

⁴¹⁴ A. Süheyl Ünver, *Miralay Doktor (Evliya) Hüseyin Remzi (1839-1896)* (İstanbul: İsmail Akgün Matbaası, 1943), pp. 5-6.

⁴¹⁵ Findley, p. 151.

Figure 7. Hüseyin Remzi Bey at the Imperial Vaccine Institute, 1892.

Source: Nuran Yıldırım. *İstanbul'un Sağlık Tarihi*. İstanbul: İstanbul Üniversitesi, İstanbul 2010 Avrupa Kültür Başkenti Ajansı, 2010.

The diversity of the students' backgrounds can be seen in the memoirs of Derviş Kuntman, who entered the Medical High School in Çengelköy in 1900 after an examination in the form of competition. He described his first impression of the school as such: a group of students gathered from all over the Empire, speaking all languages and dialects. The school, which was residential, offered military uniform and its discipline on the very night the students entered. The trumpets reminded them that they would lead a barracks-life style.⁴¹⁶

Indeed, the medical high school included students from all parts of the empire: young Arab, Albanian, Kurdish, Caucasian, Roumelian, Anatolian and Istanbulite men whose traditions, sensibilities, dialects, were all different from each other were gathered there. Students from the middle school of veterinary and pharmacy were mostly older than the prospective physicians, and troubles were caused mostly by those students. The school was completely a military school, under the principle, the internal administrator, an adjutant major, and finally one captain and two lieutenants for each class.⁴¹⁷

What gave the school its positivistic character was the nature of medicine, a highly specific discipline, and this character was settled by the curriculum of the medical education system. When the school of medicine was first introduced to the education of young tutors of the art of medicine, courses were decided to be given in

⁴¹⁶ Derviş Kuntman, "Bir Doktorun Harb ve Memleket Hatıraları Fasikül 1," *Silahlı Kuvvetler Dergisi'nin Ek Kısmı* 215, no. Ek Sayı 1 (1965), p. 22.

⁴¹⁷ Sağlam, *Nasıl Okudum?*, pp. 24-25.

French. However, the students in question, ignorant of the language, needed a preparatory class, which was soon rendered compulsory. The preparatory classes were numbered from fourth to first, in which the following courses were taught: First; Arabic, religion, French, philosophy, chemistry; second, religion, French, dissection, botany, and zoology; third, hygiene, medicine, physiology and surgery; and fourth, internal diseases, external diseases, and obstetrics.⁴¹⁸

Note that when the school of medicine first opened after the Tanzimat, French-speaking foreign professors had to be accompanied by a translator. Years later, the administrator of military schools, Zeki Paşa, declared that as few publications were available in Turkish, those competent in French would become the most capable physicians.⁴¹⁹

The course schedule was similar to that of the medical school in Vienna, in Josephinum since 1822. That was formed of four preparatory classes and six main classes.⁴²⁰ Actually, the six year medical section was accompanied by a three years pharmacy program, a three years surgery program and a midwifery program. On the first period of the Medical School, students were chosen by examination, without requirement of a diploma. Then, the middle schools and high schools were opened for specialization purposes, such as the military Middle School of Veterinaries and Pharmacists.⁴²¹

⁴¹⁸ Kazancıgil, *Binbaşı Elhaç Rıza Tahsin*, p. 5.

⁴¹⁹ Ratıp Kazancıgil, ed. *Tosyavizade Rifat Osman, Hayatım ve Hatıratım, "Doktor Rifat Osman'ın Öğrencilik ve Gülhane Anıları"* (Ankara: GATA Basımevi, 1998), p. 19.

⁴²⁰ Arslan Terzioğlu, "Galatasaray'da Mekteb-i Tıbbiye-i Şahane'nin Tesisi ve Bizde Modern Tıp Eğitiminin Gelişmesinde Önemi," in *Mekteb-i Tıbbiye-i Adliye-i Şahane ve Bizde Modern Tıp Eğitiminin Gelişmesine Katkıları*, ed. Arslan Terzioğlu and Erwin Lucius (İstanbul: Arkeoloji ve Sanat Yayınları, 1993), p. 16.

⁴²¹ Baytop, "Mekteb-i Tıbbiye-i Adliye-i Şahane'de Eczacılık Öğretimi'nin Başlaması," p. 64.

Dr. Bernard, one of the founders of the modern school of medicine, gave courses on external and internal diseases besides his administrative duties, had also been the initiator of the opening of the clinic in 1842.⁴²² A year later, 67 students acquired the title of doctor after an examination.⁴²³ That was the sign of the new understanding of medicine practiced after assessment examinations.

Students were entering the school after the age of 17 or 18. They underwent a military training for four years, and then they began six years of medical education.⁴²⁴ Although education lasted for six years, a considerable amount of their education was spent on vacation: three months for summer, and students had additional vacations in Friday, Saturday and Sunday for religious holidays. In addition, courses were suspended in case of fires or on the death of a professor or student.⁴²⁵

According to the information given by Feza Gunergun and Nuran Yıldırım give us the information from *Gazette Médicale d'Orient* that in 1861, the members of the school committee discussed the abrogation of preparatory classes (primary and secondary education) and the adoption of another method for recruiting young adults instead of children to the school. In fact, the support given to the children imposed high expenses for the school budget. Especially after the doctoral examinations, some students stayed at the school as long as fifteen years.⁴²⁶

⁴²² Aykut Kazancıgil discusses the young age and inexperience of the doctors from abroad for the institutionalization of medicine in the Ottoman Empire: Dr. Bernard was 30 years old when he came, Rigler 27 and Spitzer 26. Kazancıgil, *Osmanlılarda Bilim ve Teknoloji*, p. 267.

⁴²³ Kahya and Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, p. 262.

⁴²⁴ Hikmet, p. 44.

⁴²⁵ Ibid, p. 47.

⁴²⁶ Feza Günergun, Yıldırım N, "Cemiyet-i Tıbbiye-i Şahane'nin Mekteb-i Tıbbiye-i Şahane'ye Getirdiği Eleştiriler," *Osmanlı Bilimi Araştırmaları*, 3, no 1 (2001), pp. 19-63, 23.

The educational staff was also problematic. The missives sent by some notables for the employment of certain doctors already led to objections. When in 1865, a rumor spread that the government had decided to determine the educational staff, the anxiety of foreign doctors escalated. The following year, Zoeros Paşa demanded that Salih Efendi organize a system for the assessment of cadre applicants.⁴²⁷

The education in the more established period consisted of six classes enumerated from five to ten. The courses were such that in the fifth year they studied inorganic chemistry, medical physics, geology and minerology, religion, and French; in the sixth year they studied botanic, organic chemistry, pharmaceuticals, dissection, religion, and French; in the seventh year dissection, analytical chemistry, physiology, zoology, religion and French; in the eight year public hygiene, clinical pharmacology, surgery, histology, general pathology, religion and French; in the ninth and tenth years all branches of medicine like internal diseases, dermatology, gynecology, pathological anatomy, bacteriology, neurology, science of medicine, pharmacology, pediatrics, surgery, otolaryngology, and forensics.⁴²⁸

The courses taught in the high school at the time of Rifat Osman were Ottoman history, Ottoman geography, arithmetic, Ottoman literature, French, solid geometry, trigonometry, painting, world history, mechanics and astronomy. As seen from this curriculum, the medical high school provided a preparatory period to higher studies with general information on all branches of sciences, far from being a technical or medical high school. It was intended to give general education and culture to future physicians, including language.

⁴²⁷ Ibid., p. 31.

⁴²⁸ Nil Sarı, "Mekteb-i Tıbbiye (1827-1909)," in *Kuruluşundan Günümüze Cerrahpaşa Tıp Fakültesi*, ed. Nil Sarı, Zuhâl Özyayın, and Burhan Akgün (Cerrahpaşa Tıp Fakültesi, 2009), p. 15. Besim Ömer, "Mekteb-i Tıbbiye-i Şahane'de Tedris Olunan Fünun " in *Nevsal-i Afîyet Vol 1* (1315).

Rıfat Osman evaluated the curriculum of the school as being unsuitable for medical studies, but solely a copy of the curricula for soldiers and engineers. Most probably, such a curriculum was chosen for producing a generation of professionals who were fully-equipped, specialized not only in their profession but also able to understand and evaluate all aspects of life. Hence, it might be possible that such a curriculum choice was not the result of inexperience, but a calculated decision.⁴²⁹

How were the certification examinations conducted? These French-modeled examinations included questions on chemistry, anatomy and physiology. Rıfat Osman described these examinations as illegitimate since they involved *questions posées*, pre-introduced questions to the students. In addition, no external member was included in the committee. Every week, about ten students were accepted to these examinations. A possible result was to be *ajourné*, which meant a postponement of two months. The second *ajourné* required a postponement of three months and the third one's penalty was class repetition.⁴³⁰

Sending Doctors Abroad: European Experiences

Table 3. Medical Students Sent to France

Name	Education Background	Arrival in Paris	Education
Abdi Süleyman		1839	Faculte de Medecine de l'Université de Paris
Civan Ananyan	1871 graduate of	1871	Medical education

⁴²⁹ Kazancıgil, *Tosyavizade Rıfat Osman*, pp. 18-19.

⁴³⁰ *Ibid.*, pp. 68-69.

	Mekteb-i Tıbbiye		
Dikran Avadis	1872 graduate of Mekteb-i Tıbbiye	1872	Medical education
Bogos		1840 (?)	Medical education
Dikajak	1853 / 1854 graduate of Mekteb-i Tıbbiye	1870 (chemistry)	Faculte de Medecine de l'Université de Paris
Kirkor Eczacıoğlu		1840 (?)	Medical education
Fevzi Hasan	1870 graduate of Mekteb-i Tıbbiye	1870	Faculte de Medecine de l'Université de Paris
Havidi	Graduate of Mekteb-i Tıbbiye	1869	Faculte de Medecine de l'Université de Paris
Hayreddin Mustafa	1870 graduate of Mekteb-i Tıbbiye	1872	Paris, medical education, specialization on surgical medicine
Hüsamettin Mustafa	1871 graduate of Mekteb-i Tıbbiye	1871	Medical education
İbrahim	1870 graduate of Mekteb-i Tıbbiye	1870	Faculte de Medecine de l'Université de Paris , specialization on

			neurology
İsmail	1840 graduate of Mekteb-i Tıbbiye	1840	Medical education
Kaspar		1840 (?)	Medical education
Süleyman Mazhar	Graduate of Mekteb-i Tıbbiye	1869	Faculte de Medecine de l'Université de Paris
Mikayel		1840 (?)	Medical education
Osman Mustafa	1871 graduate of Mekteb-i Tıbbiye	1871	Medical education
Serop		1840 (?)	Medical education
Vahan Agop	1870 graduate of Mekteb-i Tıbbiye	1870	Medical education

The men presented in this table were medical students sent to France.⁴³¹ They have been, with the foreign physicians invited to the School of Medicine, constituted the training staff of the school in question. This new generation that appeared from modern medical schools was a transitory one for the formation of a more mature professional class, that of the 1890s on the contrary to the earlier periods when medical students were sent for medical education totally before any professional education in the Ottoman Empire.

⁴³¹ The table has been created through the general index of students sent to France created by Adnan Şişman. Şişman, *Tanzimat Döneminde Fransa'ya Gönderilen Osmanlı Öğrencileri*.

For example Hamdi Bey (Suavi, and then Suat as his nickname), the son of Hasan Efendi, a member of the military, born in Harput in 1873, came to İstanbul, which was the only choice for medical education, to the Kuleli Medical High School in 1890. This opened him the doors to the Demirkapı Military School of Medicine, which he finished in 1899. After one year of clinical internship in Gülhane, he was sent to Germany with Orhan Apti, Tevfik Recep and Ziya Gün, his colleagues, where he would work with prominent names in the profession like Flemming, Köllicher or Marchand. This education gave the occasion to give service as a professor of pathological anatomy at Gülhane.

Unable to cope with Witting Paşa, within two years, Hamdi Bey had to leave his laboratory, and was transferred to the Civilian School of Medicine in 1906, where he worked only one year. After the formation of the Faculty of Medicine, he was appointed to this institution as professor of pathological anatomy, where he worked until 1933. He also worked within military hospitals during wartimes, and in Erzurum, he served in the name of the Red Crescent. He founded in the early republican period a society to struggle against cancer: *Kanser Mücadele ve Taharri Cemiyeti*.⁴³²

In later periods, most of the important figures in the history of the medical school were educated abroad after graduation. Paris, mainly, was the nucleus of both scientific medicine and new political activities against the autocratic regime.⁴³³ Paris was also a nucleus for recently graduated American doctors, who also travelled to

⁴³² Kazım İsmail Gürkan, Perihan Çambel, and Tevfik Remzi Kazancıgil, *Ölümünün Onuncu Yıldönümünde Hamdi Suad Aknar 1873-1936* (İstanbul: İstanbul Üniversitesi Tıp Tarihi Enstitüsü no:34, Kenan Matbaası, 1946).

⁴³³ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 42.

Paris after graduation, which meant, Paris was a center to “complete” their education.⁴³⁴ Indeed, the city itself had become “a patient.”⁴³⁵

Akil Muhtar, the brother of Celal Muhtar, a dermatologist, and Kemal Muhtar, a bacteriologist, entered the military high school of medicine in Çengelköy like his brothers and the medical school in Sarayburnu, where he later joined the CUP. The members of the Committee were supposed to maintain in several ways European publications to distribute to their friends. Yet, unsatisfied with training conditions, Akil Muhtar decided to continue his studies in Europe. Thus, in 1896, he fled to Switzerland without a state permit at the age of nineteen to complete his studies at the Geneva Medical Faculty in 1902.⁴³⁶ During an intimate conversation with Süheyl Ünver, he said that to train a physician, a scientific environment was compulsory and even he himself could reach to such an environment in West.⁴³⁷

The Material Conditions of Life and Modern Medical Supplies: From Timetables to Laboratories, a New Organization of School Life

The regulation of the Military School of Medicine (*Mekteb-i Tibbiye Nizamnamesi*) was enacted in 1857. To present a similar document had already been discussed in the time of Salih Efendi, who had become the director of the School of Medicine on the order of Sultan Abdülmecid in 1850. The document titled in full *Mekteb-i Tibbiye-i Şahane'nin İdare-i Dahiliyesine Dair Kanunname* (Regulation on

⁴³⁴ John Harley Warner, *Against the Spirit of System, the French Impulse in Nineteenth-Century American Medicine* (The Johns Hopkins University Press, 2003), p. 40.

⁴³⁵ Dora B. Weiner and Michael J. Sauter, "The City of Paris and the Rise of Clinical Medicine," *Osiris*, no. 18 (2003).

⁴³⁶ Muhtar Tevfikoğlu, *Akil Muhtar Özden* (Ankara: Türk Kültürünü Araştırma Enstitüsü, Ankara Üniversitesi Basımevi, 1996), pp. 5-9.

⁴³⁷ A. Süheyl Ünver, *Dr. Akil Muhtar Özden'in Moral Üzerine Çalışmaları* (İstanbul: İsmail Akgün Matbaası, 1949), p. 4.

the Direction of the Imperial School of Medicine) was published 7 July 1857 with 24 pages, in 200 copies. That was the first charter of the school.⁴³⁸

According to the charter, the administration of the school was formed of two parts: education carried out by the professors, and discipline by the guards (*zabitler*). The document had articles on the duties of all the staff, and responsibilities of all the members of the school in great detail, including their clothing, the number and title of the officials, employment and abolition conditions, disciplinary penalties, examinations, and fellowships.⁴³⁹

One year later, new arrangements were made to organize the Council of the School of Medicine (*Meclis-i Mekteb-i Tıbbiye*). Three commissions were to be created: first, a commission of presentation to control the title of the applicants, second, a commission of examination to assess aptitude, and finally, a commission of material to control items used in the school.⁴⁴⁰

The quotidian life in the School of Medicine in a way authenticated the modern white-collared, bearded, bespectacled, proud group of doctors and medical students within a dissection hall or a laboratory. Yet, always due to the lack of necessary funds, they also shared a second face, the reverse of this, which mostly showed-off the insufficiencies and contradictions of this prosperous image.

The declaration of scheduled activities like going to a bath or courses announced with the voice of a trumpet was settled in the school by Dr. Bernard.⁴⁴¹ A day in the medical high school was divided into eight hours: four classes of one hour

⁴³⁸ Günergün, Yıldırım, p. 20.

⁴³⁹ Ibid, p. 20-23.

⁴⁴⁰ Ibid, p. 23.

⁴⁴¹ A. Süheyl Ünver and Metine Belger, "Tam Bir Asır Evvel İstanbul Tıbbiye Mektebinde Avusturyalı Bir Muallimi Evvel: Dr. C. A. Bernard, 1806-1844," *Tıp Fakültesi Mecmuası*, no. 11 (1940), p. 1421.

for each during the day, and two hour study sessions in morning and evening. Twice a week, they studied French for a whole day. The French courses were composed of grammar, reading, recitation, and conversation. Success in some occasional examinations was rewarded with the yellow sign of corporal on their arm.⁴⁴²

Dr. Rifat Osman's memoirs were belonging to the years 1910-1912 given by Süheyl Ünver to Ratıp Kazancıgil, who translated them into modern Turkish. These memories are valuable for their information on Dr. Rieder, whose interpreter and representative was Rifat Osman. After the Paşakapısı Military Middle School, he entered Çengelköy Kuleli Medical High School. Those who were accepted to the school took a ballot to choose between naval or land medicine, the second of which he had chosen, but he exchanged it with one of other students.

His introduction to Kuleli was on 3 July 1889. He described the school as similar to a hatch unfitting any architectural style. Furthermore, the hundred people he saw within did not resemble students in their clothing: Some wore uniforms, some others, pants. It was a community composed of people without socks, wearing slippers, clogs, in sum, he said, as in Noah's ark.⁴⁴³

He learned that this group was among the highest classes of the school. In 1889, due to the increasing number of students, the high school which had been in one part of the main building was transferred to the Kuleli Military Hospital. Yet, because of a lack of classroom, students sat on the ground on mats. The word "classroom" was equated with "mat room."

Ussama Makdisi summarized Osman Hamdi Bey's words in *Les Costumes Populaires de la Turquie en 1873* for the universal Exposition in Vienna. He had a

⁴⁴² Sağlam, *Nasıl Okudum?*, pp. 27-29.

⁴⁴³ *Kimisi entarili, kimisi pantolonlu, baş çıplak, ayak çorapsız, nalınlı, terlikli, özetle Nuh Peygamber'in gemisindeki gibi bir topluluktu.*" Kazancıgil, *Tosyavizade Rifat Osman*, p. 17.

distinguished clothing and costume, where the former had a uniform character to erase distinctions within a society, but also between different nations. Yet, costumes gave the most innate characteristics of traditions.⁴⁴⁴ The clothing was provided by the school. Yet, they were not easy to wear because of their quality and the unavailability of the necessary sizes: the three sizes were distributed randomly. And as underwear, they were given the cheapest cambric. As for the fez, that was almost ridiculous, bright red unwanted by the student, mostly big and unshapeable. Students, if they could, sold them for 40-50 money and acquired better quality uniforms from outside.

Additionally, food was poor. Once aubergine season came to İstanbul, they ate it for months, almost exclusively without oil and meat, which then ceded its place to pilaf and bread in the stomachs of the students. Instead of desserts they were served lemonade, called “Zeki Paşa desert” among the students. The classrooms and barracks were heated by stove produced in Tophane. But, especially the barracks which faced the northeast wind were really far from heated well enough. The lighting was accomplished by ceiling-hung oil lamps. Both the improper alimentation and insufficient heating caused the loss of many students from tuberculosis.⁴⁴⁵

Tevfik Sağlam remembered having to sit in the classroom on the hottest days of the summer with their uniforms in their full form. If one of the buttons was unbuttoned, the guard would admonish the student. The decorated uniforms pleased the students, especially with the increasing number of strips on their shoulders with each subsequent class. Yet, as an act of disobedience to the administration, they were degrading their uniforms by unbuttoning, opening their chests, wearing flowing

⁴⁴⁴ Makdisi.

⁴⁴⁵ Sağlam, *Nasıl Okudum?*, pp. 22-24.

pantaloons on any occasion. In this condition, they looked like hell-raisers or *külhanbeyi*, the young and fearless men who hung at the streets. They also wore different types of fez from the students of the military school, including long hair despite the brush (*â la brosse*) haircut of the military school. An attempt to make those students cut their hair would result in an internal insurgence, which was highly possible regarding the tension within the school.⁴⁴⁶

Two conflicting ideas on the educational reform prevailed even during the second constitutional period. Despite the view that reform had to be performed from below, the proponents of the “tuba tree thesis” said that this tree, grown in heaven, had its roots above and its branches looked downwards to feed the inhabitants of heaven with fruit and flowers. This metaphor dominated the envisioning of educational reform from above.⁴⁴⁷

While living conditions were poor in general, indeed, educational conditions were not different, as well. The narration of a glorified school of a fully-equipped medicine with its totally modern laboratories belonged to the last decade of the century. Before, scientific training had been given either “despite” the older generations, or by the exemplification of each scientific laboratory or medical tool. Cemil Topuzlu writes that until the Constitutional Period only two microscopes were available in the school, even when he had been a student, this number had been only one. All students gathering around that microscope could only be taught circular formations (*küreviyat*) in the blood. Similarly, the provisioning of cadavers was an important problem: their class could only find four of them. Additionally,

⁴⁴⁶ Ibid., p. 45.

⁴⁴⁷ Findley, p. 141.

laboratories were insufficient or inexistent: lessons of chemistry or physiology were given only theoretically.⁴⁴⁸

Education in the medical high school was high quality in contrast to material conditions: bedbugs in the barracks, poor nutrition, and airless classrooms. After four years in these conditions, their population of 200 was diminished to 60-70 when they moved on to Haydarpaşa, which did not improve their condition.⁴⁴⁹ Dr. İbrahim Temo's entrance to the medical middle school in Ahırkapı was possible on his father's initiation and that of Miralay Dr. Hüseyin Bey, the director of the Civilian School of Medicine. He was accepted to the school after a short examination. Deprived of comfortable living conditions, in return for taking care of his son Nikolay Efendi, his classmate, a military pharmacist, welcomed him in his house. The next year, he rented an apartment in Çemberlitaş Emin Paşa Hanı with two of his classmates, one of him being his brother.

When İbrahim Temo passed to the last class of the Civilian School of Medicine, that their father would be unable to afford the education of two of them become obvious. One of them needed to pass to the Military School of Medicine which was residential. He consulted and requested a transfer, which was realized even though he had not acquired a certificate from the Military High School, in 1883/1884.⁴⁵⁰ What he saw in the school was airless classrooms, better, still not sufficient nutrition in comparison to the medical high school, again a grocer providing cheese, faggot, jam for them. Many students suffered from tuberculosis.⁴⁵¹

⁴⁴⁸ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 19.

⁴⁴⁹ Kuntman, p. 8.

⁴⁵⁰ İbrahim Temo, *İttihad ve Terakki Cemiyetinin Teşekkülü ve Hidemati Vataniye ve İnkılabi Milliye Dair Hatıratım* (Romanya Mecidiye, 1939), pp. 9-10.

⁴⁵¹ Sağlam, *Nasıl Okudum?*, p. 49.

The same school contained a school for surgeons, as well. After an education of five years, students could graduate as legitimate surgeons of the empire. Yet, as for surgery, lack of equipment was a much serious problem. In the hospital of the school, an operating theater was lacking. Operations were done in the bathroom, over a marble platform. Hydrophilic cotton not yet known in that period, and operations were performed under the auspices of one of the guards carrying a tray containing small cloths, mohair, sponge, pasted cotton, boric acidic water, iodoform pomade, unhygienic surgical tools with wooden handles. No nickel or metallic tool was used. Another guard carried a washbowl and water can. Surgical tools were not washed, but wiped.⁴⁵²

The turn of the century meant medical welfare for the prospective medical personnel. The existing laboratories within the school were for chemistry, physiology, histology, antirabies, vaccination, and bacteriology by 1907.⁴⁵³ Actually, one of the best-handled courses at the time was bacteriology.⁴⁵⁴ Akil Muhtar explained that when he studied at the Demirkapı Military School of Medicine, the school housed only a mediocre dissection hall, and lacked satisfactory laboratories. The whole school had one chemistry laboratory under Dr. Vasil Naum and a bacteriology room under Maurice Nicolle. Clinics were solely composed of wooden barracks, with a few beds within. Yet, a considerable number of patients were referred from polyclinics. The laboratory classes served a couple of talented students who worked as assistants, the other ones could see the microscopes only from far

⁴⁵² Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 22.

⁴⁵³ Hikmet, p. 49.

⁴⁵⁴ Sağlam, *Nasıl Okudum?*, p. 80.

away. Yet, he said, despite the lack of medical equipment, they were lucky in terms of having qualified professors.⁴⁵⁵

In 1892 Rıfat Osman passed from high school to the medical school with almost 140 friends. Here again, he was welcomed by devastated buildings and dilapidated gardens. One of the pavilions was so broken that it was held up by many columns, which gave it the nickname “millipede”. Originally, a barrack (Demirkapı), many architectural changes and additions had been made between 1873 and 1890. Transportable barracks in the garden had been a gift of Red Cross during one of the cholera epidemics, which sheltered the patients of Monsieur Düring, the professor of venereal diseases.⁴⁵⁶

Debates on Turkish and French as the Language of Medical Education and Production

Yeşim Işıl Ülman’s research on the Galatasaray period of the school by the study of *Journal de Constantinople* informs us that Spitzer was saying in 1838 that the number of those who could follow courses taught in French from among 80 students was only fifteen.⁴⁵⁷

Efforts to solve the problem of the insufficiency of medical staff first were made by inviting foreign physicians during the Crimean War. Already Dr. Bernard had initiated medical education by separating those with knowledge of French and those without, and to fill the gap of the second group with extra courses.⁴⁵⁸

⁴⁵⁵ Tevfikoğlu, pp. 5-9.

⁴⁵⁶ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 34.

⁴⁵⁷ Ülman, “*Journal de Constantinople’a Göre Mekteb-i Tıbbiye-i Adliye-i Şahane’nin Galatasaray Dönemi*,” p. 34.

⁴⁵⁸ Ünver and Belger, “*Tam Bir Asır Evvel İstanbul Tıbbiye Mektebinde*,” p. 1421.

Therefore, with the education language that was French, unfair competition existed between non-Muslim and foreign doctors and the Muslim physicians.⁴⁵⁹

Hence, with the initiation of Cemaleddin Mehmed Efendi, the head of the School, a special class (*mümtaz sınıf*) was opened in 1857, in which Turkish, Arabic and Persian were studied for the Turcification of medical terminology, the writing of dictionaries, and the translation of foreign medical works. Ömer Lütfi Efendi, who would write *Lütfi Tarihi*, was appointed as professor and Arif Efendi and Şevki Efendi were assigned as consultants.

By the mid-nineteenth century, the problem was being discussed in terms of increasing number of non-Muslims within the sector. Already in the foundation of the Military School, there lay the idea that non-Muslims and foreign doctors dominated the sector and that Muslims would fill the classes. Yet, a few years later, the non-Muslims began to be accepted with special quotas. In twenty years, the balance once again turned in favor of the non-Muslims, who benefited from their knowledge of foreign languages, especially French. Because they had difficulties following courses in French, the number of Turks was diminishing. When seven students graduated in 1855, only one of them was Turkish. Similarly, only one of the nine students graduating in 1856 was Turkish.⁴⁶⁰

Since the Tanzimat, the problem born out of the creation of modern schools, the introduction of western-style education and the efforts of Turkification in the domain of education language had been subject to discussions among the Ottoman bureaucrats and intellectuals. Opinion flowed toward making Turkish a scientific language. Yet, events did not move at the desired speed. Turkish was stuck between

⁴⁵⁹ For instance, Zoeros Paşa, educated in Italy, knew perfectly French, Italian, Arabic and Greek. Sağlam, *Nasıl Okudum?*, p. 90.

⁴⁶⁰ Yıldırım, *İstanbul'un Sağlık Tarihi*, p. 272.

Arabic and Persian, the traditional languages for Ottoman education system, and French, the newly-introduced one. Ottoman intellectuals like Şinasi, Ziya Paşa, Namık Kemal and Ali Suavi all participated in the discussion.

Şinasi supported a simple Turkish language for the education and leisure activities of the common people. Ziya Paşa affirmed that the Divan literature did not really reflect a Turkish example, and that the real Turkish language lived in İstanbul and the provinces, not in the palace. He criticized the official language of state correspondences:

A person could read a document from the Chamber of Finance, but if he took the document and was required to explain its meaning, he could not. The interrogator asks the defendant in spoken Turkish and gets his answers. But he writes his minutes in an official language and when he reads them as they are, the defendant believes that his words have been translated into Arabic, understands nothing and out of kindness, he signs or gives his fingerprint on the minutes.⁴⁶¹

While Ali Suavi had been a passionate advocate of Turkish during the Abdulaziz period, Namık Kemal did not have such decisive ideas about the Turkish language. For instance, he did not defend the use of Turkish instead of German or French in the medical schools: Students taking medical courses in French began to translate the texts into Turkish. Yet, those with medical education in Turkish were ignorant of both Turkish and French.

After 1876, what was at stake was the creation of an Ottoman nation. But, within a large geography, to enact laws introduced the obligation to choose one language. In the 18th article of the Constitution, the official language of the Ottoman state was declared to be Turkish. So, the officials were now supposed to know the

⁴⁶¹*Maliye dairesinden çıkan bir yazıyı yazan okuyabilir, ama elinden yazı alınsa ve yazı konusu anlatması istense, anlatamaz. Sorgu hakimi, davalıya konuşulan Türkçe ile soru sorar ve cevaplar alır. Fakat tutanağını resmi ifade ile saptar o biçimde onu davalıya okuduğu vakit, davalı sözlerinin adeta Arapça'ya çevrilmiş olduğunu sanarak hiç bir şey anlamaz ve nezaket gereği tutanağın altına mührünü veya parmağını basar.* Enver Ziya Karal, "Tanzimat'tan Sonra Türk Dili Sorunu," in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi 2* (İletişim Yayınları, 1985), p. 315.

language. From now on, discussions on Turkish language would spread to a large public, including newspaper letters sent by different strata of the population, including “a group of students of the school of medicine.”⁴⁶²

While this transition to Turkish marked all the intellectual milieu of the empire, debates on the language of medical education were increasing in frequency. Two years following the opening of the school, Hayrullah Efendi, the son of Abdülhak Molla, replaced Cemaleddin Mehmed Efendi and this special class was closed. However, its students, among which were Kırımlı Aziz, Hüseyin Remzi, Mehmet Nazif, İbrahim Lütfü, and Hüseyin Sabri continued the mission and they formed with Binbaşı Ahmet Ali Bey the Scientific Society of Medicine (*Cemiyet-i İlmiye-i Tıbbiye*) in 1862 in secret. It was transformed and legally founded in 1866 under the name of the Ottoman Society of Medicine (*Cemiyet-i Tıbbiye-i Osmaniye*), against the French-educated Imperial Society of Medicine (*Cemiyet-i Tıbbiye-i Şahane*), which paved the way for the establishment of the Civilian School of Medicine, the first principal of which was Kırımlı Aziz.

This led to switch to the use of Turkish in the education of medicine in the Military School of Medicine, as well, in 1870.⁴⁶³ This effort of Turkification for the

⁴⁶² Ibid.

⁴⁶³ Sarı, "Mekteb-i Tıbbiye (1827-1909)." 18-19. The opening of the first society was explained in the newspapers with the following words: "Last Sunday, at 10 o'clock, a deputation from the medical society in Constantinople visited Fuad Pasha, Minister of Foreign Affairs. The purpose of this visit was to announce to Fuad Pasha the formation of a medical society, like those in all the capitals of Europe, as purely scientific society, which aims to serve individual observations in the public interest and which already consists of physicians of all nations, will tend greatly to redress the scientific links between Turkey and Europe." *Journal de Constantinople*, (10 April 1856.) The *irade* on the formation of the society said: The learned doctors who live in the Ottoman Empire sought our sovereign authority the permit to form a scientific society whose purpose is to serve humanity and medicine, the most notable of all the sciences, and it was requested further that the company receive the designation of the Imperial Ottoman Society of Medicine" as a title of honor and distinction, and as a brand and a special token of our high protection. The project was the incorporation of the company, which has been presented by members of society. Whereas the formation of this company is a work which should have the results of a general utility, the company aims to serve science and humanity. For these reasons, assessing the purpose and the wish of the learned exponents, we set a *irade* Imperial conferred upon the said company." *Journal de Constantinople*, (10 July 1856.)

medial field is clearly illustrated in the period when Rıfat Osman was a student at Kuleli High School in 1889 (1305), when the number of non-Muslim students was about fifty, and which was diminished to one in 1900 (1318) by the special order of Zeki Paşa. Rıfat Osman himself asked Zeki Paşa later his motivations, and the answer was (off-the-record) that non-Muslims never served to the Ottoman state and both schools and the government had to close their doors to them.⁴⁶⁴

Education per se: Medical Training of the Student, towards a Holistic View of the Body and a Comprehensive View of Society

When Cemil Topuzlu mentioned about the problem of provisioning cadavers, he was marking the Constitutional period and just before that. Long before, the problem in question was more dramatic. The use of cadavers in anatomy courses can be considered as a turning point in medical training. This application was legalized by a code enacted in 1838 in the Ottoman case, allowing study on the bodies of nonmuslims.⁴⁶⁵ Dissection had begun with Dr. Bernard's coming to the Ottoman land.⁴⁶⁶

Additionally, during the reign of Abdülhamid, two kinds of medical books were written under the categorizations *tıbb-ı kadîm* (old medicine) and *tıbb-ı cedîd* (new medicine).⁴⁶⁷ Despite their vitalness for medical education, anatomy and dissection constituted a highly contested area, and the problem of finding cadavers

⁴⁶⁴ *Her millet kendi hükümetine yakışır vesselam*. Kazancıgil, *Tosyavizade Rıfat Osman*, p. 21, footnote.

⁴⁶⁵ Uludağ, p. 3.

⁴⁶⁶ Ülken, p. 29. The first dissection session which was organized in 1526 by Harvey had been resulted in his putting in fire alive.

⁴⁶⁷ *Ibid.*, p. 9.

continued to be a general trouble. In the initial period, instruction in anatomical dissection could only be done through models. Dissection was applied most probably on the deceased bodies of non-Muslims. Yüksel Çelik informs us on the vocabulary of the archives on the subject of the corpses of non-Muslims, which had been subject to post-mortem examinations: In the eighteenth and nineteenth centuries archival documents, for these people, the expression was “carcass,” and instead of deceased, the expression was “dead.”⁴⁶⁸ A further development was the opening of the Kuruçeşme Greek Hospital in 1805 for the purpose of dissection. Then, in 1806, in *Tersane-i Amire* (the Imperial Shipyard) another school for medicine was introduced, the regulation of which was written in 1807 and contained articles on the viability of anatomy.

For the training of dissection the bodies of those who had died in the dungeons of the shipyard (either prisoners condemned to death or dead slaves) were ordered to be transported in secret. The next and vital development in dissection and anatomy was the opening of the school of medicine. Skeletons and models were ordered from abroad because at that period, actual dead bodies were not used for dissection. A marble dissection theater was constructed in 1837. Yet, we do not have any proof of applied dissection.

With the arrival of Dr. Neuer, Dr. Bernard and the pharmacist Hoffmann in 1838, and the edict of Abdülmecid in 1841, the situation altered. Following these developments, Dr. Spitzer, a professional of dissection and anatomy, was introduced after an examination attended by 25 candidates. However, the problem of the

⁴⁶⁸ “XIII. ve XIX. yüzyıla ait arşiv belgelerinde gayrimüslim cesetleri için “lâşe” (leş) tabirinin kullanılması ve fevt (ölmek) kelimesi yerine “mürd olmak” ifadesinin kullanılması dikkat çekicidir.” Yüksel Çelik, “Osmanlı Devleti'nde Anatomi Eğitimi Ve Kadavra Teminindeki Sorunlar,” in *İğdiş, Sünnet, Bedene Şiddet Kitabı*, ed. Emine Gürsoy-Naskali and Aylin Koç (Kitabevi, 2009), p. 341, footnote 16.

provision of corpses was in question. The idea of homeless of the Çürüklük Cemetary could be sent to the dissection theater in secret was discussed.

Yet, in its stead, sending the bodies from the shipyard dungeons was accepted. But, this measure did not conform to ideals since it did not allow the provision of bodies unless somebody died in the dungeons. Hence a structural measure was needed: that would be the slave market until 1847, when those markets were dismantled. Thus, the bodies of the deceased black concubine and ghumams began to be used in the training of medical students. In 1862, to overcome the ongoing problem, the bodies of poor and homeless dead in the hospitals of the shipyard and the police station (*Bab-ı Zabtiye*) were demanded.

But those bodies had not been able to meet the demand: the Mental Asylum (*Bimarhane*), the Charity Hospital (*Gureba Hastahanesi*) and the General Penitentiary (*Hapishane-i Umumi Hastahanesi*) were also ordered to send their corpses. Similar problems are cited by Cemil Topuzlu for the 1880s and Adnan Adivar for the 1900s. Therefore, the political development of the twentieth century would leave the issue more and more abandoned solely to its milieu.⁴⁶⁹

A post opened to lecture autopsy, a competition was held, declared to all Europe. Dr. Spitzer placed first among 25 candidates. He replaced Dr. Bernard after his death in 1844.⁴⁷⁰ Dr. Spitzer was a second important figure for the formation of anatomical dissection on real cadavers. He also was the one who initiated the sending of successful students to Europe. The first four were sent to the Vienna School of Medicine after his initiation, where they all received title of physician. One of them, Musa Arif Bey, had been in the school after returning back, and another one, Stefan

⁴⁶⁹ Ibid., pp. 341-342.

⁴⁷⁰ Ünver and Belger, "Tam Bir Asır Evvel İstanbul Tıbbiye Mektebinde", p. 1422.

Aslanian Paşa, became a professor of pathology, deontology and historian of medicine.⁴⁷¹

Once, during Cemil Paşa's time as a student in the 1880s, he was rewarded by Mazhar Paşa with the cadaver of a black man. Cemil Paşa's hesitation to dissect the body for fear of finding a dissimilar body from his usual models might give a clue about the period's proximity to real bodies in the replacement of the models and anatomy books.⁴⁷² At that time, the biological analyses were done for free until 1870.⁴⁷³ This anecdote illustrates the distance from the most brilliant students to the activities of dissection. Their basic knowledge of anatomy would be based on modeling and drawing until the late century.

Despite the mostly theoretical education, the provisioning of the school with 35 cadavers in 1892-93 was described by Rıfat Osman as "unseen since the formation of the school." In addition, to facilitate night courses, ambulant lambs, and perfect tables were put inside. That was the period in which Cemil Paşa was appointed to the surgical service of the school. That was the beginning of a new period for the school thanks to Zeki Paşa, which also initiated the opening of several special pavilions, including that of ophthalmology.⁴⁷⁴

⁴⁷¹ Terzioğlu, "Galatasaray'da Mekteb-i Tıbbiye-i Şahane'nin Tesisi," p. 18.

⁴⁷² Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 13.

⁴⁷³ Rengin Dramur, "Mekteb-i Tıbbiye-i Şahane Üzerine Bazı Belgeler," in *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990* (Ankara: Türk Tarih Kurumu Basımevi, 1999).

⁴⁷⁴ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 56.



Figure 8. Cemil Paşa with his students at Haydarpaşa.

Source: *Türk Tıbbının Kahramanları*. İstanbul: Organon, 2002.

Why were the physicians painters at the same time? This was an outcome of the necessities of the profession. Because of the lack of cadavers and practical training, students took their education from anatomical atlases. Their studying also required to the painting of these atlases, making anatomical reproductions with legends on them. Hence, they needed to be good painters. A close look on their course schedules illustrates this necessity better: painting was one of the vital courses at every level of their education. Still, painting courses were given as charcoal drawing in the first two classes, and watercolor painting in the third. However, Tevfik Sağlam would be one of the exceptions among medical students being untalented at painting. Therefore, that course, with gymnastics, was called “*beylik dersler*,” which no students failed.⁴⁷⁵

⁴⁷⁵ Sağlam, *Nasıl Okudum?*, p. 35.

So, what about the practical training? We learn from Rıfat Osman that they were actively painting anatomical parts of the body not for training, but also for producing an archive. Rıfat Osman himself was responsible from Rieder Paşa's pathological anatomy courses. He would paint colorfully the ill parts of the bodies extracted during his lectures. Unfortunately, he claimed that seventy paintings were lost during Deycke Paşa's visit to Germany.⁴⁷⁶

Education on anatomy and dissection began during the second year of the medical education, which would be given for three years. The professor gave the lecture with the bones that had been brought to the classroom. The anatomy teacher of Tevfik Sağlam was Lieutenant General Rasim Paşa, and his assistant, Major İsmail Besim Bey. For anatomy, students were provided four books, two in French and two in Turkish. One of the Turkish ones was a translation of Mazhar Paşa from Jamin, without pictures, and therefore useless. The second one was also translated by Mazhar Paşa, from Sappey, but with large pictures. The French ones were Testut's four-volume anatomy atlas and Sappey's book with fewer pictures. As for anatomy practice, they experienced it by working with different bones and a whole skeleton, which were preserved in the dissection hall. Despite the large number of the students, they were not deprived of bones, not because of school provisioning, but because they collected bones in secret from the Cemetary of Karacaahmet.⁴⁷⁷

Where to supply anatomy materials besides dead bodies from Karacaahmet? The physiology laboratory, a quasi-laboratory, was in fact a ruined building where Şakir Paşa worked on dogs and frogs. The frogs were provided by the beadle from the garden of the school. As for the dogs, they were among the thousands wandering

⁴⁷⁶ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 81.

⁴⁷⁷ Sağlam, *Nasıl Okudum?*, p. 63-65.

in the streets of the city, which were also collected by the same man. The dog was laid over the wooden table, his legs and head were tied tightly, he was anesthetized, his throat opened, a pipe was inserted to give way to artificial respiration, and then, all the experimentation started. Mostly, the dogs died during the experiments.⁴⁷⁸

The third class focused on the anatomical education of the nervous system and senses, which would terminate the two years' program of theoretical anatomy (*tasvifi teşrih*), which was taught by Mazhar Paşa and Yusuf Rami Bey. Mazhar Paşa had been trained by Sappey in Paris. He was the one who Turkified anatomical terms and formed modern anatomy. For anatomy, one or two cadavers a year could be handled by the school. The dissection hall was a ruinous building at the back side of the building. The big one was used for the display of the body where it lay, a couple of lines of students gathered around, with little chance to participate the dissection. At that time, a solution called "cuvé" used for body-preservation was not used and the body left on the table expanded, took a green color, and then smelled so much that students had to use handkerchief drenched with lavender, and even some of them painted during anatomy courses.⁴⁷⁹

The German versus French Understanding of Medicine: The Transformation of the School into a Faculty

The *guerre des savants* (war of scientists) mentioned in Chapter II showed itself in the School of Medicine, as well, with a clash between the followers of the French and the German examples. In Germany, in the 1880s, medical milieus moved away from physiological medicine and returned back to clinical. The difference was

⁴⁷⁸ Ibid., p. 69.

⁴⁷⁹ Ibid., p. 65.

the emphasis on the possibility of becoming an exact science, contrary to the previous emphasis on the art and mysteries, following a program of Friedrich von Frerichs, with the collection of any possible information at the bedside by means of science.⁴⁸⁰

Similarly, during the last quarter of the nineteenth century, the policy of Germany about the Ottoman Empire had been to penetrate within through merchants and investors, with accelerating imperialistic desires. Britain's share of imports to the port of İzmir was 45.2 while that of German-Austria 14.1 in the 1870s. These distributions became 32.8 to 23.1 at the end of the century. This developing trade found its echo with the increasing density of railways and banking to support trade.⁴⁸¹ That increasing penetration manifested itself among the intelligentsia, as well. This economic penetration was one of the reasons, besides solely medical developments, of the orientation towards Germany by the Ottoman medical milieu.

After the formation of Gülhane under the presidency of Rieder and Deycke, a competition between Gülhane and the Military School of Medicine manifested itself in a rivalry between German and French methods. The School of Medicine, representing the French school, and Gülhane who was under the German influence, came into confrontation all the time. In addition, there were contestations among the civilian and the military schools of medicine. The result was to gather these two under the Darülfünun Faculty of Medicine (*Darülfünun Tıp Fakültesi*), and to recruit the professors of Gülhane.⁴⁸²

⁴⁸⁰ Christopher Lawrence, "Incommunicable Knowledge: Science, Technology and the Clinical Art in Britain 1850-1914," *Journal of Contemporary History* 20, no. 4 (1985), p. 511.

⁴⁸¹ Necla Geyikdağı, *Foreign Investment in the Ottoman Empire, International Trade and Relations 1854-1914* (I.B. Tauris Publishers, 2011), p. 65-66.

⁴⁸² Ayten Altıntaş, "Gülhane Ekolü: Askeri Hastane ve Tatbikat Hastanesi Dönemi," in *Osmanlı Sağlık Kurumları Sempozyumu 2 Haziran 2007*, ed. Bülent Özaltay, Nuran Yıldırım, and Murat Çekin (İstanbul: Zeytinburnu Belediyesi, 2008), p. 134.

When Rieder Paşa came to İstanbul, the existing professors of the School of Medicine, trained in French methods, could not accept the existence of a German doctor as their director and they did not hide the anxiety that they felt about him. Since he could not deal with the anxieties, he made use of the article in his contract on the right to form a hospital, and that was how he came head the administration of Gülhane.⁴⁸³

Students of medical school, even before having seen Gülhane, began to feed antagonistic feelings toward it, which was headed by Süleyman Numan.⁴⁸⁴ The hospital was officially opened with a ceremony on a symbolic day, the birthday of the sultan, on 30 December 1898 under the name of Gülhane Clinical School of Practice (*Gülhane Tatbikat Mektebi ve Seririyat Hastahanesi.*) The school began to serve the graduates of the Military School of Medicine in 1899.

Dr. Rieder worked as the principle and the surgical administrator for five years. Dr. Deycke was co-director and the administrator of Internal Diseases. Dr. Rieder was assisted by Dr. Raşid Tahsin, who also was the responsible of Mental Diseases. First graduates, Dr. Süleyman Numan, Dr. Ziya Nuri Bey, Dr. Asaf Derviş Bey, Dr. Kerim Sebati and Dr. Eşref Ruşen Bey were sent to Germany to come back to be appointed at Gülhane Hospital. Dr. Rieder went back in 1904 to Germany ceding his place to Dr. Deycke, who returned in 1907. This time, Dr. Julius Weiting took over the office until 1914.⁴⁸⁵

When in 1898, professors Robert Rieder and Georg Deycke were invited to the school from Prussia, their entrance to the school provoked severe resistance and

⁴⁸³ Yıldırım, "Tıp Eğitimimizin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)," p. 253.

⁴⁸⁴ Tefik Sağlam, ed. *Süleyman Numan* (İstanbul: Şirketi Mürettibiye Matbaası,1935), pp. 10-11.

⁴⁸⁵ Altıntaş, "Gülhane Ekolü," p. 133.

feeling of insecurity among the professors. The formation of an internship hospital in Gülhane for the practical education of recently graduated students trained the future staff of this hospital. The youngest graduates were sent to Germany in 1894 and returned back to be appointed in this hospital.⁴⁸⁶

Dr. Rieder was a strong but a hard man, not a Turkish-speaker, willing to express any mistake he observed and he became one of the most feared professors within a short time. He was believed to be ignorant of the possible results of his severe critiques: he rejected without mercy unsuccessful students, who could lose their chances to go to further medical studies. In addition, he did not hesitate to harshly criticize the government and pronounced all of the forbidden words.⁴⁸⁷

The right half of the building was appropriated by the Military School of Medicine while the left one was given to the high school. The students of the Military School of Medicine on their purple velvet-collar and red-lined costumes were famous for their rejection of political suppression that led to implacable exiles to Fezzan, Yemen, Baghdad or Damascus. This was symbolized by their refusal to yell “*Padişahım çok yaşa!*” (Long live the sultan). In its stead, the motto was “*Padişahım başaşağı!*” (Turn down the sultan!)⁴⁸⁸

In the year in which Cemil Topuzlu entered Gülhane, the length of education was six years. The first two years were composed of courses of physics, chemistry,

⁴⁸⁶ The professors of Gülhane during the studentship of Rıfat Osman were Vasil Naum Bey, Antranik Paşa, İbrahim Lütü Paşa, Monsieur de Vares, Hacı Ali Paşa, Dela Suda Faik Paşa, Mazhar Paşa, Ali Rıza Bey, Şakir Bey, Hüseyin Remzi (Evliya) Bey, Monsieur Barel, Feridun Paşa, Münir Bey, Osman Paşa, Haydar Bey, Hacı Nafiz Paşa, Monsieur Fur, Feyzi Paşa, Hayrettin Paşa, Besim Ömer Bey, Refik Hüsametdin Bey, Hamdi Bey, Raşit Tahsin Bey, Rüşdi Bey, Fahri Bey, Salih Bey, Şefik Hoca, Esat Bey, Zoeros Paşa, Cemil Paşa, Horasancıyan Efendi, Monsieur Abzen, Düring Paşa. As seen from this list, the teaching staff was mostly Turkified in the last decade of the century. Additionally, a serious specialization was conducted within the medical milieu. After Rieder Paşa, the education in the high school was also transformed into a more specialized curriculum for medical training. Kazancıgil, *Tosyavizade Rıfat Osman*, pp. 35-37.

⁴⁸⁷ Kuntman, p. 7.

⁴⁸⁸ Ibid., p. 8.

zoology, and botanics. The third year was dedicated to dissection and physiology, the fourth one to hygiene, surgery and general diseases; and the final two were composed of internship in hospitals.⁴⁸⁹ His secondary duty in Gülhane Military School of Medicine as assistant professor began on 27 November 1891, which did not give him the impression of any difference in terms of conditions. Indeed, problems of hygiene, or lack of operation rooms remained the same. Topuzlu's explanation of that problem was the conservative character of Aristidi Paşa, the director.⁴⁹⁰

Topuzlu restored and appointed the school with an amphitheater of operation and a wooden pavilion for 50 beds, overcoming financial restrictions, which, indeed seem to have been an important drawback for Aristidi Paşa, who had lacked the courage to restore the school. Now it was made possible thanks to a coincidence that introduced him with Hasip Paşa, the health chairman. After his successful treatment of Hasip Paşa's broken clavicle that consisted an exhibition of modern methods of medicine against traditional bone-settling.⁴⁹¹

⁴⁸⁹ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 13.

⁴⁹⁰ *Ibid.*, p. 42.

⁴⁹¹ *Ibid.*

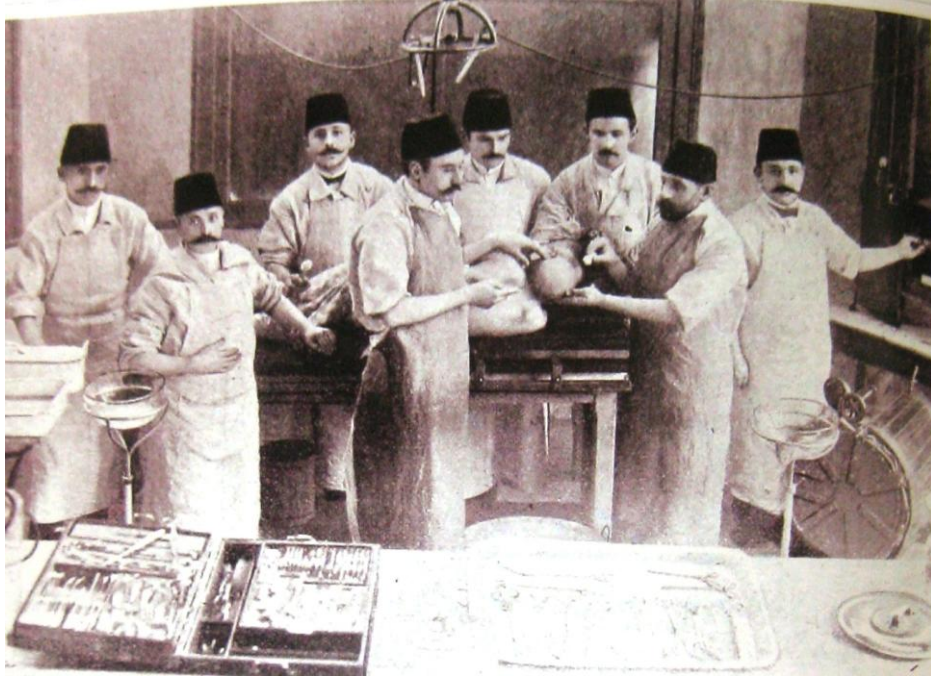


Figure 9. An operation realized by Doctor Cemil Bey in the Clinic of External Diseases.

Source: Ömer Faruk Yılmaz,(ed.), *Son Devir Osmanlı Hastahaneleri Fotoğraflar ve Planlar* (Çamlica Basım Yayın, 2007).

In 1900, the education system was altered. German became a secondary foreign language and the length of high school education was increased from three years to five. Meanwhile, the school of medicine lasted six year, not five, and the school soon moved to Haydarpaşa. One of the motives behind this was Abdülhamid's desire to close the medical school in Ahırkapı.⁴⁹²

His plan to move the medical students out of the city walls with Serasker Rıza Paşa, together with Cemil Topuzlu's incessant complaints about the actual situation of a new hospital-school in Haydarpaşa, the biggest civilian building modeled on the old one in Demirkapı, but ten times bigger. The halls were of 190 meters long, and five meters width, the ceiling measured eight meters high, and the walls were one

⁴⁹² Kuntman, p. 7.

and a half meters thickness. If Abdülhamid targeted a politically calm school, Dr. Rieder expected a professionally concentrated place. Yet, the building was more a military school than a medical one. In vain, he tried to convince Hamid to change the school plans. Only after the construction of the building was he able to make some alterations. Kuleli's unhealthy building caused a thirty per cent of the high school students to fall ill with tuberculosis.



Figure 10. The Imperial School of Medicine at Haydarpaşa

Source: Nuran Yıldırım. *İstanbul'un Sağlık Tarihi*. İstanbul: İstanbul Üniversitesi, İstanbul 2010 Avrupa Kültür Başkenti Ajansı, 2010.

The new building, with its huge and spacious environment would solve that problem. By combining a medical high school and the school of medicine, he erected a school that housed 1200 students in total. It cost 450,000 gold and gained the reputation of being one of the biggest buildings in the empire. With two groups of buildings, one main complex and another a set of clinics for 400 beds, were included classrooms, laboratories, a dissection theater, library, publishing house, study rooks, dormitories, refectories, an administrative section, bathrooms and a mosque. The

inner courtyard was used for gymnastics, equitation, and gardening. The construction of the whole building lasted for eight years, to be finally opened in 1903.⁴⁹³

Sometimes considered as the “Muslim” side of the capital, the Asian side was more visible and this quality of the side mostly initiated the choice of Abdülhamid II to construct two modern buildings there: The School of Medicine and the central railway station. These two buildings remained with their gorgeous appearance. Especially, the choice of the buildings, one a transportation center and the other an education one, symbolized the modernization aspirations of the sultan. Additionally, they formed a perfect contrast with the Selim III’s military building that had dominated the location for a whole century, the Selimiye Barracks.⁴⁹⁴ All these architectural renovations were the result of a desire to exhibit the greatness of the sultan and his empire.

After their return to İstanbul, most of these physicians began to work in the two schools of medicine in İstanbul. Cemil Topuzlu, after his return from the Paris Medical School, was appointed to Haydarpaşa Hospital as chief surgeon in 1890. His educational service had been first of all the opening of the school for small surgeons. That was a transitory class for small operations until the fully-equipped professional class of surgeons would be founded, against the competitive group of barber-surgeons that could be found. The duration of education was three years. In the beginning, the class contained about thirty students. Most of them worked in Anatolia as civil surgeons.⁴⁹⁵

⁴⁹³ Nadire Berker and Selim Yalçın, *Tıbbiye'nin ve Bir Tıbbiyeli'nin Öyküsü: Osman Cevdet Çubukçu* (Vehbi Koç Vakfı, 2003).

⁴⁹⁴ François Georgeon, *Sultan Abdülhamid* (İstanbul: Homer Kitabevi, 2006), pp. 380-181.

⁴⁹⁵ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 42.

Following the declaration of the constitution, Süleyman Numan, Ziya Nuri, Asaf Derviş, Cemil Topuzlu and some other professors had a meeting; Topuzlu opened the topic of making changes to the school. The renaming of the school as a faculty after the European examples, and the collection of a new cadre were commonly accepted after a few discussions. The formation of the faculty initiated serious troubles of the cadre. The 1909 budget of Cavid Bey transferred the budget of the Military School of Medicine to the Faculty of Medicine and the budget of the second to the Ministry of Education, which rendered the former under the authority to the latter. The new appointment of cadre was planned as 27 professors, which evoked rejection and indignation among the old staff with a reduction of wages.⁴⁹⁶

The two schools were gathered at Haydarpaşa to be formed into a faculty. Construction was never-ending because of the incessant and increasing needs of the hospital. Because the faculty's large rooms and high ceilings did not allow for a successful heating, a heating plant was installed, a first for a state building. 200 microscopes had been ordered from Europe, a great improvement over the two just a few years earlier. Small pavilions of eight to ten beds were opened on the upper floor of the school, which increased the number of beds to 250. Furthermore, a special room of thirty beds was assigned to midwives, to be administered by Besim Ömer Paşa.⁴⁹⁷

⁴⁹⁶ Ibid., pp. 93-95.

⁴⁹⁷ Ibid., p. 97.

From the Coursebooks to the Laboratories:
Practical Education, Assistantship and Clinics

The curricula had been re-formed to allow a more holistic conception of the body, to examine all of tiny parts of the human body considered as a whole formed of small components in its totality. The practical training also moved in line with the same envisioning. Practical training, in its immature form, had already been given since the 1840s, via random contact with the patients without forming specific codes, timetables, or schedules.

One of the factors facilitating medical and surgical training was the opportunity for access to a considerable number of patients, according to a report by Dr. Bernard published in *Journal de Constantinople*.⁴⁹⁸ Within a year, 8000 patients were treated for free under the supervision of Dr. Bernard. For clinical courses, professors chose "interesting cases" from among them to use as the subjects of the lectures.⁴⁹⁹

Medical education through practical training became an important part of the daily curriculum for the students in the last decades of the century. When Gülhane was opened, the new graduates, including Rıfat Osman, stayed on for practical training. Rieder's contract with the Ottoman government was that: physicians graduated from the School of Medicine would practice in Gülhane for one year, after that, five elected students would be sent to Germany for three years, five others would be assistants in the hospital, and sent to Germany when the first five returned to the country. In this way, ten students would have access to German education.

⁴⁹⁸ *Journal de Constantinople*, 25 September 1843.

⁴⁹⁹ Arslan Terzioğlu, "Dr. Karl Ambros Bernard ve Onun Galatasaray'daki Mekteb-i Tibbiye-i Şahane Hakkındaki Fransızca Raporu," *Tarih ve Toplum* 103(1992), p. 20.

Other students would be sent to provincial hospitals and given military ranks.⁵⁰⁰ The professors elected the most successful student of each year for assistantship. Cemil Topuzlu, for instance, used to assist Mazhar Paşa, the instructor of dissection, and Şakir Paşa, that of physiology.⁵⁰¹

Gülhane was a center for clinical studies. Everyday in the polyclinics the interns were allotted patients, whom they diagnosed. The interns decided on the appropriate treatment and presented the patients to their professor. After the professor finished his medical examination, they discussed the disease, diagnosed it together, and decided on the treatment a second time. The German professors founded a laboratory- based system. This approach was also transferred to the Military School of Medicine in Haydarpaşa.⁵⁰²

We learn how the assistantship worked in medical training from the memoirs of Tefvik Sağlam. Sağlam was the assistant of Süleyman Numan for five years in Gülhane polyclinic. First of all, during patient consultation, the professor's questions were directed only to the students, the assistant would stay silent at the period. However, before and after the visits, he made serious calculations and debates with his assistant. In the case of Süleyman Numan, considering his assistants as his inexperienced colleagues, he met with them after school, invited them to dinners and chatted with them. He worked with his assistants on the most recent discoveries in the world of medicine in Europe.⁵⁰³

⁵⁰⁰ Kazancıgil, *Tosyavizade Rifat Osman*, p. 77.

⁵⁰¹ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 13.

⁵⁰² Yıldırım, "Tıp Eğitimimizin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)," pp. 254-258.

⁵⁰³ Sağlam, *Süleyman Numan*, p. 17.

Specialization began with the fifth class of the school education. At this level, the student was accorded the right to choose his preferred branch, the courses of which he had to attend fully. Similarly, students worked in clinics in the fifth and sixth classes. Patient examinations were undertaken by the sixth classes, and the fifth years worked as their assistants. The tasks of a medical attendant, such as injections or proctoclysis,⁵⁰⁴ were done by these students, as well. The duration was two or three days a week, one hour for each day, attendance being obligatory.⁵⁰⁵

Tevfik Sağlam's memoirs illustrate the daily life of an intern of a clinic in 1902. In that period, all fifth year students chose a branch in which to be specialized. Sağlam's choice was internal medicine. Students were assigned to patients' beds: the sixth classes took consultations and the fifth ones assisted them. One hour's training was given by Zoeros Paşa three days a week and another one hour was presented by Colonel Celal İsmail Bey one day every week. Students read the consultation; the professor made physical observations and diagnosis, described the treatment and wrote the prescription to the pharmacist who also attended the patient visits. In the clinics, the equipment of the laboratory provided the diagnosis of solely albumin and glycemia. Autopsies were undertaken only once or twice a year.⁵⁰⁶

The polyclinic was another vital institution for training doctors in internal disease. This section was presided over by Horasancı Efendi and his assistant, Vahan Paşa, who taught twice a week, for one hour each. In addition, Feyzi Paşa, professor of internal diseases; Rifat Hüsamettin Bey, professor of general pathology; and Dr.

⁵⁰⁴ Slow injection of large quantities of a fluid (as a solution of salt) into the rectum in supplementing the liquid intake of the body. Merriam-webster dictionary. 17.09.2011. available [online] at <http://www.merriam-webster.com/medical/proctoclysis?show=0&t=1291919555>

⁵⁰⁵ Sağlam, *Nasıl Okudum?*, p. 88.

⁵⁰⁶ Sağlam, *Süleyman Numan*, p. 7.

Remlinger, head of the rabies institution, attended the polyclinics. Students highly esteemed these polyclinics for learning consultation.

These students felt free to present interesting cases to their polyclinic professors. The diagnosis given in clinics after a long observation and those given in polyclinic after a brief consultation were not similar. Students mostly crossed their professors and because of the lack of necessary laboratories, roentgen observations and autopsy, diagnosis could not be cross-checked.⁵⁰⁷ The ideas of materialism, morphological discoveries and empiricism had been inculcated into the minds of the medical students; yet, these did not allow the students to apply them. Without fully-equipped laboratories, some successful diagnoses did initiate enthusiasm in their souls.⁵⁰⁸

Obstetrics, taught by Besim Ömer Paşa, was a sub-discipline handled only theoretically. Like working with microscopes, witnessing real childbirth was an extraordinary occasion for the students. The birth clinic was a place of duty, one day for each student, but each student could have this opportunity only once a year and being present at childbirth would be a lucky surprise for him. Tevfik Sağlam, for example, graduated without seeing a single birth. Gülhane constituted a center to fulfill such a lack of practical training, as in the case of pathological anatomy.⁵⁰⁹

Professor- Student Relationship: Through A Generation Clash

One of the problems within the school was the competition between generations in terms of medical science, as we see from all the memoirs of the physicians. “The traditional with the modern” can be an appropriate expression to

⁵⁰⁷ Ibid., p. 8.

⁵⁰⁸ Ibid.

⁵⁰⁹ Sağlam, *Nasıl Okudum?*, p. 81.

express the situation of the 1860s-70s generation in comparison to that of the 1880s-1890s. The term “generation” here is used to designate a group of people of the same age, who came together in a single class to be trained under the modern education system. In that sense, being all at the same age, was new in the era.⁵¹⁰

The professors, except for teachers of language, were all physicians. Those connected with the palace were less preferred by the students. Most of the professors, however, were against the autocratic government, which gave a feeling of security among the students. Therefore, the soul of the school was in the veins of all of the students, the *tıbbiyeli ruhu* (medical spirit):

At the medical school, a common soul was shared by the students. The source of this soul was deep inside the School of Medicine, at which our teachers had been educated, had been founded in 1827 by Mahmud the 2nd as an entirely Western institution. This school was the first window to open to the Western world by the Ottoman Empire. The students trained here had turned their face to the West. The students of the medical school were people who would differentiate West and East, and they suffered greatly for our backwardness. That is why the School of Medicine has been the home of patriotism, love of freedom, and escape from the Eastern apathy, progress, the ideal of reaching the level of progressing countries as soon as possible. The students of medicine have always positioned themselves against the backward and oppressive regimes of the previous sultans. That is why Abdülhamid disliked these students, even was afraid of them, and applied harsh pressure on them. The reason for the terror regime within the school was that. / Despite the intimidation of the students, this terror regime fortified the soul of the school, made it a strong castle against tyranny and oppression. / The students grew deep hate against the Hamidian regime in the school, and they did not avoid expressing their feelings at any occasion, even at the price of their lives.⁵¹¹

⁵¹⁰ Zürcher.

⁵¹¹ *Tıbbiyede hoca ve talebeye şâmil bir tıbbiyeli ruhu hüküm sürüyordu. Bu ruhun temelleri derinde idi. Hocalarımızın içinde yetiştirdikleri Tıbbiye Mektebi 1827'de Sultan 2. Mahmut tarafından tam bir garp müessesesi olarak kurulmuştu. Orada tıp yıllarca Fransız diliyle okutulmuştu. Bu mektep Osmanlı İmparatorluğu'nun Garp alemine karşı açılmış ilk penceresiydi. Burada okuyan tıbbiyelinin yüzü garba çevrilmişti. Tıbbiyeli, Garp ile Şarkın farkını bilen ve geriliğimizin derin acısını duyan insanlardı. Bu sebepten Tıbbiye Mektebi vatanseverliğin, hürriyet aşkının, şark meskenetinden kurtulma, ilerleme, bir an önce yüksek bir medeniyetin seviyesine ulaşmış memleketlere yetişme cehdinin bir yuvası olmuşdu. Tıbbiyeliler Osmanlı İmparatorluğunun son padişahlarının gerici ve müstebit idaresine karşı daima isyancı bir durum almışlardı. Bunun içindir ki, Abdülhamid tıbbiyelileri hiç sevmez, onlardan korkar, çekinir ve onlara karşı şiddetli bir baskı yapardı. İşte tıbbiyedeki terror idaresinin sebebi bu idi. / Terör rejimi tıbbiyeliyi yıldırma şöyle dursun, tıbbiyeli ruhunu bir kat daha pekiştirmiş, onu zulme, istibdada karşı yalçın bir kale haline getirmişti. / Tıbbiye'de talebe Abdülhamid idaresine karşı derin bir nefret besler ve hislerini her fırsatta, en büyük*

The older professors, still using modern medicine, but teaching it theoretically, were considered by the younger students to be lassitude, and their society for status loss in case of the acceptance of a differentiated method that could be used by the next generation. A similar situation could be observed in continental Europe, in Britain and in America. The victory of the laboratory especially after the 1870s attracted skepticism for its suspicious utility and its enormous time expense. So, established professors were slow to open places for laboratory work in their curriculum.⁵¹²

Some others were trying to benefit from the new methods in question used by the students. An important example of this can be the famous story of Esad Feyzi and Rıfat Osman, who began to use x-ray for the first time within the empire. The work of two medical students attracted the attention of the sultan and was presented by Lieutenant Colonel Doctor Salih Bey, their assistant professor and a palace doctor.⁵¹³ The medical college was highly different from the high school in terms of the conduct of the professors towards the students. By contrast to the corporal punishment of the previous school, this new environment offered the young men polite and egalitarian conduct by their professors.⁵¹⁴

The image of the doctor and the students were dissimilar in the lower classes, during the times at which students preferred a more casual wearing of their uniforms. Pince-nez eyeglasses constituted one of the important components of the modern-educated image of the physician. If the stethoscope designated the image of an

tehlikeler ve hatta hayatları bahasına da olsa, açığa vurmaktan çekinmezlerdi.” Sağlam, Nasıl Okudum?, pp. 43-44.

⁵¹² Bonner, p. 268.

⁵¹³ Kazancıgil, *Tosyavizade Rıfat Osman*, pp. 63-69.

⁵¹⁴ Sağlam, *Nasıl Okudum?*, p. 31.

educated professor, those eyeglasses gave the impact of a sage one.⁵¹⁵ Once the student reached the fourth class, he was introduced to a clinic and real patient.



Figure 11. Physicians of the Erzincan Military Hospital

Source: Source: Ömer Faruk Yılmaz,(ed.), *Son Devir Osmanlı Hastahaneleri Fotoğraflar ve Planlar* (Çamlıca Basım Yayın, 2007).

That was an occasion for the young scholar to wear the symbols of a real physician, with his stethoscope and thermometer: In this way, at the moment the student reached the fourth class, as a physician's implements, acquired immediately a stethoscope and a thermometer, and wore them all the time. With them, they were proud as if they had become physicians. The most valuable stethoscope was a handmade one, produced from wood by Mehmed Efendi, the nosepiper in Şehzadebaşı, who sold his signed stethoscope for 20 piasters.⁵¹⁶

⁵¹⁵ Ibid., p. 68.

⁵¹⁶“Bu münasebetle talebe dördüncü sınıfa geçer geçmez hekimlik avadanlığı olarak behemahal bir stetoskop, bir de termometre tedarik eder ve daima üstünde taşırdı. Bununla adeta hekim olmuş gibi bir gurur duyardık.” Ibid., p. 75.

The students did not have close feelings for the professors who were connected to the palace. Their proximity was transformed into the complaints of the students into a language of professional incapacities. That is to say, the students' enduring rumor was not straightforwardly on their palace-connected milieu, but on their so-called inability to teach the art of healing. One of them was Rıfat Hüsametdin Paşa, the anatomy professor. By contrast, Albay Asabi Salih, the professor of internal diseases, continuously repeated the words "*saye-i şahane*" (in the shadow of the majesty), portraying a figure totally loyal to the sultan.

Two of other professors that the students complaints were centered were Ahmed Bey, the professor of external diseases, whose education was said to have been composed of solely the repetition of a single book, and Albay Raşid Tahsin Bey, that of mental diseases who spoke at a speed which rendered him almost impossible to follow. However, Mazhar Osman's courses were easy to follow and efficient. Students who wanted to be experts in branches in the tutors they complained followed European medical publications due to their fluency in foreign languages, mainly French. Derviş Kuntman's memoirs highlighted, meanwhile, many other figures of the school of medicine about whom he was merciful: Mazhar, Şakir, Cemil, Feyzi, Esad, Asaf Derviş, Besim Ömer, Süleyman Numan, Ziya Nuri, Aristidi Paşa's, Tevfik Vacid, Kemal Cenap, Akil Muhtar, Yusuf Rami, and Vasil Naum.⁵¹⁷

Rıfat Osman also complained about Aristidi Paşa, like Cemil Topuzlu, for not having the will to conduct serious medical operations, even to prepare the necessary tools. The operation room was dilapidated, the windows were glassless, the operation desk was wooden, and the tools were rusty. In such conditions, when Hayreddin

⁵¹⁷ Kuntman," p. 10.

Paşa, the professor of surgery, put a nephrolith (kidney stone) patient over the heated marble of the bath within the school, and pulled out a huge rock, it provoked feelings of joy and gave rise to applaud among the students. Cemil Paşa's reform came just one year after this incident, which Rıfat Osman remembers with the following words: "So, we understood that surgery really existed in the world."⁵¹⁸

On 25 February 1902, Süleyman Numan was appointed to the polyclinic (*seririyat-ı mütenevvia*) in the military school of medicine to replace Horasancıyan Efendi. His arrival arose curiosity among the students. His first words to the patients, "May you recover soon, sir" (*Geçmiş olsun, efendim*) was met with astonishment by the students who were accustomed to the phrases like "What is wrong, my compatriot?" (*Hemşeri, nen var?*) or "Father, where does it hurt?" (*Baba, neren ağrıyor?*) The terminology and daily language used with the patients was thus altered in a more democratic way and this small transformation had a significant effect on the minds of the patients who were put on a hierarchically higher place in relation to the common people.

Tevfik Sağlam's words illustrate the situation better: That kind of conduct of a professor who addressed a villager, a low-down person formally, evoked feelings of irony among the students. Another transformation was the use of a practical notebook, which was used after medical consultation. The Turkish language that Süleyman Numan used instead of Arabic words evoked giggles from the students, as well. His different world transferred from Gülhane was not accepted by the medical school.⁵¹⁹

⁵¹⁸ "Anladık ki yeryüzünde bir cerrahlık var imiş." Kazancıgil, *Tosyavizade Rıfat Osman*, pp. 48-49.

⁵¹⁹ "Bir köylüye, bir süprüntüye de siz diye hitap eden hocanın nazik muamelesi talebede hafif bir istihza işmizazı uyandırıyor." Sağlam, *Süleyman Numan*, p. 12.

Actually, Tevfik Sağlam entered that new world just one year after Süleyman Numan arrived at the Military School of Medicine. In 1903, he graduated as captain and entered Gülhane presided by Rieder Paşa. He was assigned to the internal clinic of thirty beds. At the entrance, the patients' consultation was obligatory, which was a novelty for the students. Daily consultations were registered and on charts hung over his bed, his temperature, weight, pulse, respiration, and urination were written. All deceased patient was to be autopsied. After a patient was discharged, the consultations were recorded on a register book and preserved meticulously.⁵²⁰

The generation clash was visible also in the use (and refusal to use) of course books written or brought from Europe, mainly Paris, by the professors. School administration distributed books to the students in return for their monthly stipend, yet, since those were works of outdated almost thirty years. They used to sell them in the district of Sirkeci. A small percentage of the students used to read French books and some of them took notes from the "untrustworthy" lectures of the professors. Those studying French used to edit those lecture notes.

To overcome this barrier, Zeki Paşa sent some young physicians like Süleyman Numan, Ziya Nuri, Asaf Derviş, Kerim Sebati and Eşref Ruşan to Berlin to serve as interpreters in the school on their return. Yet, they were concentrated in their special branches in Berlin: Süleyman Numan worked on internal diseases, Ziya Nuri otolaryngology, Asaf Derviş obstetrics, Kerim Sebati surgery, and Eşref Ruşen dermatology. Thus, a secondary measure, the importation of foreign physician came onto the agenda. After a meeting of the Prussian Emperor and Abdülhamid, that decision was realized.⁵²¹

⁵²⁰ Ibid., p. 13.

⁵²¹ Kazancıgil, *Tosyavizade Rifat Osman*, p. 60.

İsmail Ali Bey, the professor of physics was given the nickname Voltaire because of his proficiency in French. The professors generally were described by their solemn entrance to the classroom, taking a look over their pince-nez eyeglasses, speaking politely and in a more egalitarian way than the previous schools through which the students had passed, as in the example of İsmail Ali Bey. The same professor, during Tevfik Sağlam's visit to his home with Doctor Süreyya Ali, was seen reading *Hafız Divanı* and the books of Corneille successively. Dr. Esad Feyzi was the assistant for the course of physics when Tevfik Sağlam studied in the school. Vasil Naum, a Lebanese professor of inorganic chemistry, provided a perfect book written by himself to the students; even those following courses in French read his book.

However, despite his clear explanation and experimentation, students did not experiment themselves in the laboratories. Vasil Naum also worked as a customs chemist, whose honesty was approved by everyone without any doubt. İbrahim Lütfi Paşa, one of the most experienced professors of the school, taught geology and mineralogy. He was among those working for the Turkification of the medical language. His deep knowledge had given him the nickname "Taşçı İbrahim." (İbrahim the stonedealer). His course book was a perfect translation of Lapparant, a French paleontologist, yet, due to the difficulty of its Turkish translation, students had to apply to its original French version in order to understand.

After the 1890s, when the arrests and suspicions of Abdülhamid II focused on the School of Medicine, the relationship between the professors and the students began to be aggravated for political reasons. Professors who had been expected with enthusiasm to appear in the corridors of the school were now far from welcomed. This situation was such that some students took secret lessons on medicine from

outside the school. Unfortunately no data exists to allow us to verify this information. Suffice to say that a common resistance of some professors and students against the administration had begun. These were dealt with by Zülüflü İsmail, the general inspector of military schools and his second director, Ferik Rıza Paşa, who believed that the major trouble of these activities was the medical school. By that time, Doktor Saip Paşa had just replaced Marko Paşa, who had died, and had begun to complain about the pressure applied on the students of medicine.⁵²²

This pressure in question had a radical result: The students of medicine began to escape abroad, especially to Bulgaria, Greece, Egypt, France and Switzerland since they felt stuck between the probabilities of being expelled from the school and being sent into exile. The escaping student of medicine is a common theme of the archival resources, coming incessantly onto the agenda of the ministries of internal and external affairs. Those escaping to Paris suffered from poor living conditions. Some even studied by the sultan's scholarship. Some others applying to the consulate declared that they had escaped because of the poor conditions of the school in terms of cadavers, medical tools or professional education; in return, Abdülhamid ordered Zeki Paşa to take necessary measures against this drawback.⁵²³

Extracurricular Activities: Problem of Discipline and Daily Life

A usual day in the School of Medicine began at five o'clock. By 1907, students awoke at five o'clock in summer and six in winter by the sound of a drum (tambour). Those who wish went to say their prayers in the mosque under the supervision of their officers, and then went to the refectories for breakfast. Courses

⁵²² Ibid., p. 54.

⁵²³ Ibid., p. 55.

were taken between 8.00 and 17.00 divided by prayer of the middle day, lunch, and recreations. At seven and a half o'clock in the afternoon, students returned to classes for study.⁵²⁴ During Marko Paşa's presidency of the school, the younger classes slept in the barracks while the elder ones were given the opportunity to sleep in double or triple rooms. From time to time, those children used oil lamps (no natural gas was available). The students also used to accept guests from among their friends, contacts, neighbors. Cemil Topuzlu describes that situation of the school as the Hotel of the Medical School, "*Tıbbiye Oteli*."⁵²⁵

As a residential school, Tuesday midday students were amassed in battalions. After the uniform inspection, they went to the Çengelköy quay altogether to take the ferry, to return back on Friday evening. There, the guards checked the students to prevent the entrance of any forbidden journals or books. Like the secondary school, the medical high school had education duration for nine months. Courses finished in *Recep*, to give the students enough time for preparation to the examinations. *Şaban* was the month of the examinations, after which all students were sent home to return after the religious holiday.⁵²⁶

In addition to their scientific education and political activities, social life was also active in the school. For instance Şükrü Kamil (Talimcioğlu), born in 1870, and a student in the last decades of the century, was devoted to theater, as other students. Twice a week, the doors of the school were opened to allow the students go to attend the most up-to-date plays.⁵²⁷ Except for theater nights, students organized music

⁵²⁴ Hikmet, "La Medecine En Turquie," p. 48.

⁵²⁵ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 18.

⁵²⁶ Sağlam, *Nasıl Okudum?* p. 21.

⁵²⁷ Feridun Frik, *Dr. Şükrü Kamil Talimcioğlu, Hayatı ve Eserleri* (İstanbul: Güler Basımevi, 1947), p. 4.

nights as well, once a week. With the attendance of singers and players collected from all classes, the most recent music and songs were performed with the accompaniment of coffee and tea. The school garden constituted another important socialization place for the students in all of the schools except for the difference that the garden was divided among students according to the principles of *hemşehrilik*, being the most famous ones were the gardens of those coming from Edirne, Sivas, Kastamonu and Diyarbakır. Summers were spent drinking alcohol in these gardens, chatting on politics, literature or philosophy, and playing checkers, backgammon, or cards.⁵²⁸

The problem of discipline was emphasized in the memoirs of all the former students and graduates of the school of medicine. Neither students nor instructors attended courses regularly. Instructors were giving priority to their private lectures, a habit that had begun during the presidency of Marko Paşa; however, many contradictory figures also existed within the body of the school. One example was Zoeros Paşa, a Lebanese professor who had dedicated himself to the school. He spoke Italian, French, Arabic and Greek, and he taught internal diseases, philosophy and history. He was a passionate advocate of Turkish as the medical language.

İbrahim Temo wrote about class battles (in the original sense of the word) within the school: During his last years, the ones from İstanbul and those coming from provinces fought in public battles in Beylerbeyi with short, thick sticks hidden within their jackets, under the risk of severe punishments.⁵²⁹ Some students were gambling, drinking and wasting time instead of being interested in their studies. In clinics, a guardian used to sound a pipe to inform the students of the arrival of

⁵²⁸ Kuntman, p. 8.

⁵²⁹ Temo, p. 12.

professors; and yet, students resting in their rooms did not move and only three-four students attended the classes of Zoeros Paşa or Horasancıyan Efendi. The nights passed so joyfully that they held drinking parties reminiscent of a Pompei night. While some students were engaged in debauchery, some others did so in politics.⁵³⁰

In the military medical school, each class had an administrative board consisting of students. Rıfat Osman was a member of his class's board. When Abdullah Cevdet, İshak Sukuti, Şerafeddin Mağmumi and his friends declared an invitation to the students for secret meetings in their room for political and medical discussions, these boards decided to partially attend to these meetings so as not to cause harm to the school's private organization.⁵³¹ In addition to the reading of newspapers, and non-scientific works, going to coffeehouses, the theater, or even to Kağıthane were forbidden. Otherwise, the orders read every Wednesday night would declare the students name, which meant a loss of permit to go out for four weeks. Additionally, all kinds of corporal punishment were administered, including corporal punishment in public (*meydan dayağı*).⁵³²

The dormitories, barracks composed of 60-70 beds contained a large toilet section at the side of each. These were formed ideal places of joy for students, where they put production of *karagöz* (Turkish shadow show). They even once organized fashion shows. Additionally, their night entertainment included a “*meddah*,” with one of their friends who visited the dormitories from time to time. Except for these, they had lives in a community as in the medical high school: newspaper,

⁵³⁰ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 43.

⁵³¹ *Ibid.*, p. 43.

⁵³² Sağlam, *Nasıl Okudum?* pp. 25-26.

nonscientific reading and music were forbidden, a strict discipline presided, but human dignity was more respected than in the high school.⁵³³

The Reading Practices of the Students:
From Objection to Oppression to the Glorification of Positivism and Progress

Here distinguished readers! The biggest one being eighteen years old, more populated than a hundred, excited to learn, especially reading history, literature and other high works, with the feeling of pride aroused by patriotism, we did not have any social or moral blame, but picturing the past respected by people, being aware of their deeds; and like everyone, reading foreign newspapers, books and journals published abroad, and also Ottoman newspapers to speak of benefaction and correctitude. Yet, we lived deprived of any quilt, blanket, fire or heater, and also nutrition except for some loaves of bread supplied by the military.⁵³⁴

Despite these words of Rıfat Osman, we know that in this period, scientific reading was accompanied secretly by political reading.⁵³⁵ The Ottoman state had given importance to all scientific reading. In the library of the school, the latest publications in French and German could be accessible to the students, more than one copy could be found, and despite financial difficulties, efforts were made to locate the scientific provisioning of the school at the top level of the budgets. Gifts, badges, and promotions were granted by the sultan. This easy access to European sources had a double effect: first, medicine developed in a way that no other

⁵³³ Ibid., pp. 49-51

⁵³⁴ “İşte ey sayın okuyucular! En büyüğümüz on sekiz yaşında olan, yüzün üstünde ve öğrenme isteklisi, özellikle tarih, edebiyat ve öbür yüksek eserler okuyarak vicdanlarımızda vatan sevgisi duygusunun uyandırdığı bir öğünçle, halkın saygı duyduğu geçmişlerin fotoğraflarını çıkartmak ve yaptıklarından haberdar olmak ve herkes gibi iyilikten, doğruluktan söz eden yabancı gazeteler ve dışarıda basılan dergi, kitap ve Osmanlı gazetelerini okumaktan başka sosyal ve ahlaki bir kusurumuz olmadığı halde yorgansız, örtüsüz, ateşsiz, sobasız bir çift asker ekmeğinden gayrı yiyeceksiz yaşadık.” Kazancıgil, *Tosyavizade Rıfat Osman*, p. 53.

⁵³⁵ While introducing the appearance of the CUP, Yusuf Hikmet Bayur stresses that despite the harsh controls of the agents of the state, the schools, that sheltered mature people as well as teenagers, were in state of constant meetings in which political debated prevailed. Yusuf Hikmet Bayur, *Türk İnkılabı Tarihi 1* (Ankara: Türk Tarih Kurumu Basımevi, 1963), p. 64.

discipline could at its point. The second one was the rise of political awareness and repulsion of the regime among the students.

When Harold Mah writes about a formulation of space in Habermas' idea of public sphere, he clearly states that historians see the public sphere in a multiplicity of social groups that represent their activities, which are consistent with their social identity. That is the "process by which a distinct social group comes to define itself as a group."⁵³⁶ For medical students, the public sphere appeared with common reading practices, as well as the timetable of the school life, and the sharing of a positivistic picturing of the world.

When printing was commonly introduced to the service of the Ottoman intellectuals, indeed, if one searched for the quality of the printed material, he would find that they were in most cases works of general culture to ameliorate the wisdom and knowledge of prospective state officials. Şerif Mardin deduces that most probably such a choice for printing source was proposed by foreign educators and reformists brought for the elucidation of the Ottomans. Indeed, with the monetarization process that was the opening of the world, not only reading habits, but also the "changing attitudes of mind" were a noteworthy diversification of consumption. Both Muslims and non-Muslims began to dress in Western style, not as sober as the previous era.⁵³⁷ The reading habits were part of this transition, which manifested itself in all parts of daily life.

Those people acquired a more liberal education with regard to the classical ulema, which means they were more voluntary for a philosophical discussion.

⁵³⁶ Harold Mah, "Phantasies of the Public Sphere: Rethinking the Habermas of Historians," *Journal of Modern History* 72, no. 1 (2000), p. 161.

⁵³⁷ Zafer Toprak, "Modernization and Commercialization in the Tanzimat Period: 1838-1875," *New Perspectives on Turkey* 7 (1992), p. 65.

However, with the rise of the state monopoly over printing activities, in the 1840s, private printing activities underwent a change and in the 1870s, along with prominent figures like Şinasi many Islamist journals were introduced, including those by Basiretçi Ali Efendi. With the introduction of the 1876 constitutional regime, literature became the zenith of intellectual activities.⁵³⁸

Actually, since the 1850s, literature had developed widely in the Ottoman Empire. The languages of literature had been Ottoman Turkish, Persian, Arabic, Greek, Armenian, and Hebrew, fed by the printing press of the Empire and those belonging to foreign countries, like the role played by Vienna in this respect. The number of bookshops was 34 in 1882, 49 in 1889 and 63 in 1912 according to the *Indicateur Ottoman*.⁵³⁹ Such material developments gave the medical students the opportunity to read Mithat Paşa's or Namık Kemal's works. The tastes of the students had also changed, as anyone would expect from an elite group of a modernizing country.⁵⁴⁰

Within this environment, the books published by the printing house of the school were mainly about medicine, public health, scientific and medical translations, but also about literature, mathematics, religion, geography, and history.⁵⁴¹ These were the course books of the school, whose students were judged to be ignorant of general culture. 104 of the 256 books published by the school were

⁵³⁸ Şerif Mardin, "Tanzimat ve Aydınlar," in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi 2* (İstanbul: İletişim Yayınları, 1985).

⁵³⁹ Johann Strauss, "Who Read What in the Ottoman Empire (nineteenth-twentieth Centuries)?" *Arabic Middle Eastern Literatures* 6, no. 1 (2003).

⁵⁴⁰ The appearance of salons was effective in the initiation of the appearance of a public opinion, being the first one is the Beşiktaş Scientific Society, that formed an important ground of contact between the Ottoman intelligentsia with the Western world. Şerif Mardin, *Yeni Osmanlı Düşüncesinin Doğuşu* (İstanbul: İletişim Yayınları, 1996), p. 257.

⁵⁴¹ See Emre Dölen and Nuran Yıldırım, *Darülfünun'dan Günümüze Üniversite Yayıncılığı ve Yaşamı* (İstanbul: İstanbul Bilgi Üniversitesi Yayınları, 2003).

translations. The books began to be published in a higher density after the 1870s, the period in which the efforts for the Turkification for medical education dominated the whole Ottoman medical world. Nine periodicals, including *Vekayi-i Tıbbiye* and *Gazette Médicale de Constantinople* (The Medical Newspaper of Konstantinopolis), were published within this printing house.⁵⁴²

The dissertation of Yeşim Işıl Ülman on *Gazette Médicale de Constantinople* informs us that the journal presented not only all of the medical activities within the school, but also the most recent developments from European, especially French, medical journals. The journal contained four types of articles: medical and surgical observations and applications in the empire; articles translated from foreign medical journals; articles on public health; and articles on the School of Medicine⁵⁴³

These foreign journals were *Abeille Médicale*, *Annales de Flandre Occidentale*, *Archives Générales de Médecine*, *Gazette Médicale de Paris*, *Jenaische Annales für Phys. und Medic.*, *Journal des Connaissances Médico-Chirurgicales*, *London Journal o Medicine*, *London Medical Gazette*, *Prager-Vierteljahr-Schrift*, *Union Médicale*, *Zeitschrift der K. K. Gsellshaft der tertze in Wien*.⁵⁴⁴

Robert Darnton suggests looking at the place in which the reading practices occurred by the words: “The ‘where’ of reading is more important than one might think, because by placing the reader in his setting it can provide hints about the

⁵⁴² Gülten Dinç, "Tıbbiye Matbaası'nın Gelişimi ve Burada Basılan Osmanlıca Yayınlar Üzerine Genel Bir Değerlendirme (1844-1928)," in *IX. Türk Tıp Tarihi Kongresi Bildirileri Kitabı*, ed. Esin Kahya, et al. (Ankara: Nobel Yayınları, 2006). Nuran Yıldırım sees the breaking point of the domination of foreigners in medical domain in 1870, when Turkish replaced French as a medical education medium. Since then, waves of translations and visits to European lands led to the foundation of a new class of Turkish physicians. Nuran Yıldırım, "Türk Hekimlerinin Seçkinleşme Sürecinde Tıp Bilgisinin Transferi," in *Uluslararası Türk Tıp Tarihi Kongresi, 10. Ulusal Türk Tıp Tarihi Kongresi Bildiri Kitabı. C. I. 20-24 Mayıs 2008.*, ed. A. D. Erdemir, et al. (İstanbul: 2008), p. 111.

⁵⁴³ Yeşim Işıl Ülman, "Gazette Médicale de Constantinople ve Tıp Tarihimizdeki Önemi" (Ph. D. diss., İstanbul University, 1999).

⁵⁴⁴ Ülman, "Gazette Médicale de Constantinople ve Tıp Tarihimizdeki Önemi," p. 44.

nature of his experience.”⁵⁴⁵ That suggestion is fruitful for an analysis at the first place of the reading practices within the School of Medicine, a practice that occurred as a shared experience, much more than an individual one, performed by reading aloud to the class or dormitory, whenever possible.

Students were also involved in academic publishing in the 1850s. Several students wrote in *Gazette Médicale de Constantinople*, including Ahmed Ali, who was one among the students rewarded for their success, and who worked as assistants, and presented the cases that they followed in their clinics. He presented a case of syphilis in 1850. Andon Ohannes presented two cases in January and May 1850. Christophe Patrocle also presented syphilis in February 1850. Constantine Belisaire, A. Davud, Marc Apostoli Pizipio, Memiş Süleyman, Miliadi Konstantin, Osman, Rifat İsmail and Spiro Yanni were all students who wrote in the journal between 1850 and 1851.⁵⁴⁶

Despite the lack of hygiene and ideal conditions in the school, the students used to read about the discoveries of Pasteur and Lister from medical journals from France. They demanded that the earliest generation of physicians, such as Aristidi Paşa, to teach them those methods, but to no avail. These students later constituted the generation who spread hygienic principles to the Empire in a systematic way.⁵⁴⁷ Anatomy and physiology courses were followed by the most recent publications of the European colleagues. For instance, Tevfik Sağlam’s study of physiology was

⁵⁴⁵ Robert Darnton, "History of Reading," in *New Perspectives on Historical Writing*, ed. Peter Burke (Polity Press, 1991), p. 149. Veillée, in his account, is obviously a different shared experience than the reading of one of the most educated groups of a country; yet, the state of reading aloud and together diminishes the distance between these two. A similar statement can be made about the peasant readings of Roger Chartier. Roger Chartier, "Figures of the 'Other': Peasant Reading in the Age of the Enlightenment," *Cultural History: Between Practices and Representations* (1988).

⁵⁴⁶ Ülman, "Gazette Medicales de Constantinople ve Tıp Tarihimizdeki Önemi," p. 92-96.

⁵⁴⁷ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 23.

supported by two volumes from five of Morat and Doyan that had been recently introduced to the reader. They also read Şakir Paşa's own book entitled "*İlm-i Menafi'ül-Aza*," (The Science of Physiologie) Jolyet's middle, and Hédon and Mathias Duval's small books of physiology, which were all in French.⁵⁴⁸

In the last quarter of the nineteenth century, the Military School of Medicine was a vital center for the faith of western science, political conspiracy, and being a military institution, all of which would create the conditions to determine the Turkish national movement in total.⁵⁴⁹ Almost all of the students entering the school in the 1880s witnessed the effects of the 1877 / 78 Otto-Russo War. The Empire was in agony, and they saw themselves as a small-number, well-educated elite capable of intervening in the traumatic situation of the empire. It was that motivation that led the formation of the CUP under the roof of the school.⁵⁵⁰

During the reign of Abdülhamid, the positivist discourse was passionately carried out by the Ottoman doctors. New specialties that developed parallel to medical novelties such as bacteriology created a dissimilar political discourse.⁵⁵¹ Abdülhamid II was extremely suspicious of the students of the Military School of Medicine. He appointed the members of the army instead of the members of the medical milieu to direct the medical schools.⁵⁵² This continuous controlling policy generated mistrust among the students.⁵⁵³ Rieder Paşa came to the directorate of

⁵⁴⁸ Sağlam, *Nasıl Okudum?* p. 68.

⁵⁴⁹ Kieser, p. 53.

⁵⁵⁰ *Ibid.*, p. 54.

⁵⁵¹ Nadir Özbek, *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar, Meşruiyet* (İstanbul: İletişim, 2002), p. 225.

⁵⁵² Salih Alaçam, *Canlı Tarihler VIII*, p. 50.

⁵⁵³ Kieser, p. 55.

Gülhane partly as a result of Abdülhamid's discomfort with spy reports about medical students in France.⁵⁵⁴ Additionally, the transfer of the Medical School to Haydarpaşa also was the result of Abdülhamid's suspicion and desire to keep the school outside the walls of the city.⁵⁵⁵

Political activities were quite common among medical students. The formation of the CUP in Gülhane during recreation time was realized by İshak Sukuti's suggestion to İbrahim Temo and Mehmed Reşid, with the addition of Abdullah Cevdet. Despite a hesitation, İbrahim Temo said:

Fellows, do you know who formed the committee called *Etniki Eteryä*, which bedeviled our Turkey and gave freedom to the Greeks? A barkeep dealing with commerce, the apprentice of a grocery shop, and three Greek apprentices that were the nephews of a wealthy merchant from Odessa, Russia. Those undeveloped and uneducated youngsters achieved their high goals in a limited period of time. We, by contrast, highly educated and experienced four students of medicine, why can we not be successful?⁵⁵⁶

The students read, wrote and distributed many booklets and brochures against the autocratic regime of the sultan Abdülhamid. They were mostly suspected of carrying harmful documents (*evrak-ı muzırır*) with them. Some of these students were arrested for that reason and were exiled to Fezzan. Additionally, the sultan ordered that the Military School of Medicine, a center for revolution, in his eyes, be transferred to Haydarpaşa, a remote location from the center of the city, as mentioned before. They had been removed to Haydarpaşa within a week, without the construction of the clinics being finished. The modern operation room, amphitheater

⁵⁵⁴ Mazhar Osman, "Gülhane Seririyatı" in *Sıhhat Almanakı*. ed. Mazhar Osman (İstanbul, Kader Matbaası, 1933), pp. 110-116.

⁵⁵⁵ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 21.

⁵⁵⁶ *Arkadaşlar, Türkiyemizin başına bela kesilerek Yunanistan'ın istiklalini kazandıran "Etniki Eteria" komitesini teşkil edenler kimlerdi, bilir misiniz? Rusya'nın Odesa şehrinde ticaretle meşgul bir meyhaneci ve bir bakkal çırağı ile amcası zengin bir tüccarın yeğeni üç Rum çırağı idi. Tekamül etmemiş bu cahil gençler pek az zaman zarfında buna, bu büyük emellerine muvaffak oldukları halde bizim gibi ali tahsil görmüş, dünyanın germü sermini görüp çıkmış dört tıbbiyeli niçin muvaffak olamamışlar?* Temo, p. 48.

and small laboratories, which were the essential components of the modern education, would be constructed later.⁵⁵⁷

The school was administered by Zeki Paşa and Avni Paşa, the eyes of the sultan within the school. The internal principal of the school was Colonel İhsan, a loyal informer of the sultan who resided almost exclusively at the school. A second informer was the chief pharmacist Major Refik. The principal dealt directly with the students, searched them and their lockers and did not hesitate to imprison or exile any student who carried a forbidden document.⁵⁵⁸

The students of the medical school, most of them residential, stayed awake at night for enthusiastic political purposes. Residential students of the last two classes stayed in rooms shared by three to five people instead of barracks. İbrahim Temo, shared his small room with Raşid Tahsin only; hence, partisans willing to meet him could easily come to his room.⁵⁵⁹ They wrote small booklets or brochures against the sultan, published them with a shapirograph and distributed them to their colleagues and outside the school in secret.

Cemil Topuzlu himself distributed those booklets in the city. Once, he almost arrested by an elder beggar, who was actually a disguised police-officer. Because of his military uniform, nobody dared interfering in his business and thanks to that reservation, he remained free. Topuzlu affirms that this incident arrived at the head of the school, Marko Paşa, who covered it up. Otherwise, he deliberated; he would be wasted in African deserts.⁵⁶⁰

⁵⁵⁷ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet Devirlerinde 80 Yıllık Hatıralarım*, p. 58.

⁵⁵⁸ Sağlam, *Nasıl Okudum?* p. 42-43.

⁵⁵⁹ Temo, p. 36.

⁵⁶⁰ Topuzlu, *İstibdat Meşrutiyet Cumhuriyet*, p. 17.

The inspections of Müşir Zeki Paşa, the administrator of military schools, constituted a serious obstacle to the political activities of the students. Despite the harsh discipline within the other residential military schools, the medical school, as already described, had a much freer environment in which all activities could be realized without serious interruption, unless Zeki Paşa showed himself. At the moment rumor began to be spread about his arrival, an agitated rush enfolded the school and books and all publications were hidden.

When the ambassador in Paris had informed the entrance of forbidden publications from France to the school of medicine and the money collected to be sent to the friends in Paris, Abdülhamid ordered Zeki Paşa to take the necessary measures. Zeki Paşa's method was to investigate some students and to control the identities of those involved in politics, who had a relationship with Paris, or had enlisted in the French post office. The end result was the labeling of more than four hundred students. Yet, his espionage organization was informed by the students, who disguised many documents.

In 1892, Zeki Paşa, with his men, went to the school to arrest people who were involved in forbidden activities, starting with Abdullah Cevdet and Şerafeddin Mağmumi's rooms. His starting point was evaluated by Rıfat Osman as a pre-organized arrest. That day, over 80 people were arrested, Rıfat Osman being one of them. He was questioned for his connection to Abdullah Cevdet and kept imprisoned for 171 days. He was charged with having the portraits of important figures like Alemdar Mustafa Paşa, Şinasi, Namık Kemal, Ziya Paşa, Ebuzyia Tevfik, Ahmet Mithat, Suavi, Sultan Selim III and with selling them in return for 20 piasters by photographing these portraits.⁵⁶¹

⁵⁶¹ Kazancıgil, *Tosyavizade Rıfat Osman*, pp. 49-50. Actually, these books were also read secretly in the Kuleli Military High School, and the pressure applied by Zülüflü İsmail Paşa and Zeki Paşa was as

Zeki Paşa had hired Major Raif Bey from the Engineering School to act as administrator. His entourage was composed of the staff officer Avni Paşa, the head of Court Martial; Topal Atif, the lieutenant; and Tevfik Bey, a cannoneer major. The last two were responsible for interrogating in harsh ways those refusing to respond to the proper interrogation of Raif Bey.⁵⁶²

After his graduation in 1891/1892, İbrahim Temo began his internship in Haydarpaşa Hospital, which was the practical training location of the school of medicine. After a couple months of general internship, he passed to ophthalmology with six of his friends for two years. Then, cholera showed its face, which kept him in the hospital for two months: only after the disappearance of cholera was able to freely go outside the hospital for his activities in the committee.⁵⁶³

The great earthquake of İstanbul led İbrahim Temo to the entrance of the world of satirical poetry. The maintenance of his verses resulted in his arrest; yet, the guards did not believe in his capacity to write such complex phrases. Abdullah Cevdet, a more competent figure in satirical literature, was accused instead of him. After long interrogations in court martial, they were freed.⁵⁶⁴

harsh as that applied at the School of Medicine, as well. But while in Kuleli, Namık Kemal or Ziya Paşa were read, in the Military Academy, this time, texts like Constitutional Texts, the *Şura-yı Ümmets* published in Egypt or Switzerland. Ahmed Bedevi Kuran, *Harbiye Mektebinde Hürriyet Mücadelesi* (İstanbul: Çeltüt Matbaası, 1960), pp. 25-48. The third important institution for the appearance of the Republic, the School for Civilian Services, had introduced figures like Ali Reşad, graduated from the school in 1897, who had given near fifty literary or translation works. Zafer Toprak, "Üçüncü Cumhuriyet Fransası," "Aydınlanma" ve Osmanlı'da Tarihyazıcılığı," in *Aydınlanma Sempozyumu 11-12 Mayıs 2007*, ed. Binnaz Toprak (İstanbul: Osmanlı Bankası Arşiv ve Araştırma Merkezi, 2007), p. 81.

⁵⁶² Kazancıgil, *Tosyavizade Rifat Osman*, pp. 50-51. Ahmed Bedevi Kuran accentuates that after Zeki Paşa and the harsh pressure applied by the Hamidian regime, the reaction of the CUP had been to widen its area outside the walls of the school. Ahmed Bedevi Kuran, *Osmanlı İmparatorluğu'nda İnkılap Hareketleri ve Milli Mücadele* (İstanbul: Çeltüt Matbaası, 1959), p. 157.

⁵⁶³ Temo, p. 40.

⁵⁶⁴ *Ibid.*, p. 41.

Abdullah Cevdet graduated from Kuleli Military High School of Medicine in 1883/1884. When he registered to the school, its climate was already affected by extreme political flows opinions against the existing regime. Within three years he had passed to the Military School of Medicine. During that period, he began to write poetry by the influence of Abdülhak Hamit.⁵⁶⁵

The most obvious question, as Hanioglu poses, is why this hostile reaction developed in the school more than in any other place. That was related to its proximity to Western culture, openness to the world despite an internal-oriented look. The debate was that the young men sent to Europe were expected to grasp solely the techniques of Western culture instead of acquiring its moral culture. This debate had begun with the start of the Tanzimat period, which never ceded its priority in the progressive ideology of the Empire. Yet, sending students abroad has not been sufficient for the accumulation of scientific knowledge.⁵⁶⁶

Yet, as already mentioned, the rivalry between generations manifested itself in the austere appreciation of lectures and course books of the professors by the students. To improve their French, some high school students including Tevfik Sağlam, began to import books from outside, including novels, and history books. In the beginning, they used to leave the books in the classroom, not put them in their lockers for fear of being identified as readers of prohibited publications, which actually happened. Thus, these students found an empty locker, put their boots within and locked it with a padlock. But the locked books were found again.

Finally, they began to take the books to their houses. In time, they began to read books forbidden not only in the school, but also in the whole country, such as

⁵⁶⁵ Hanioglu, p. 5.

⁵⁶⁶ Ibid., p. 6.

the works of Voltaire, or the books named “X’s Ottoman history.” Tevfik Sağlam writes that despite the administrative prohibitions, the teachers did cover up their reading activities. When they entered the school of medicine, they were at an advanced level in French, and able to follow all of the courses from French books.⁵⁶⁷

Ali Rıza Bey, a professor of history in the school of medicine had a great impact on the students. His analytical method was different from that of his predecessors, and pushed the students to further their readings. Tevfik Sağlam used to read history and literature in French, such as Victor Duruy’s small history book.⁵⁶⁸ A bookseller in Yüksekaldırım, “*Hacı’nın Dükkanı*” (The Shop of the Pilgrim) provided him Lamé Fleury’s small history series, for school children, about twenty volumes, which covered history from Ancient Greece to modern France. Then, an Ottoman history book attracted the attention of Tevfik Sağlam, which pushed him to read the history of the Ottomans.⁵⁶⁹ Rıfat Osman and some of his friends had learned French Revolution and Roman history from their professor of painting in medical high school, Seyit Bey, their professor of world history, Ali Razi, and their professor of literature, Şem’i and Nuri Bey.⁵⁷⁰

The book of hygiene from Tevfik Sağlam’s time as a student was outdated. It even said that malaria was caused by as gas spreading from the marshes, an ancient theory that had been disproved. Similarly, general pathology was still taught from the book of Kırımlı Aziz Bey. The students followed the translation of Faik Bey of François- Henri Hallopeau, a French dermatologist, or Léon Moynac, the professor

⁵⁶⁷ Sağlam, *Nasıl Okudum?*, p. 29.

⁵⁶⁸ Victor Duruy (1811-1894): French historian and politician. He published his "Histoire des Grecs" in 1873 and "Histoire des Romains" in 1889.

⁵⁶⁹ Sağlam, *Nasıl Okudum?*, p. 34.

⁵⁷⁰ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 24.

of pathology, or the freshly-published book of Charles Joseph Bouchard of general pathology.⁵⁷¹ Tevfik Sağlam read the four volumes book of Paul Georges Dieulafoy, a professor of pathology of Paris. In addition, began to read French medical magazines, like *La Semaine Medicale*, and *La Presse Medicale*, which could be found at the bookseller Nikoladi, whose shop was located in Babiali Street.⁵⁷²

Derviş Kuntman wrote that when he entered the Military School of Medicine in 1904, the free environment, which totally contrasted with the general situation of the empire, was astonishing. All of the forbidden publication being read, including Ludwig Büchner's⁵⁷³ *Madde ve Kuvvet* (Force and Matter), one of the contemporary masterpieces of materialism, was commonly read by the students. Therefore, newspapers informed about such throughout the world. In an article entitled "Materialism triumphs" at the Paris School of Medicine, it was said that Darwin, Lyell, Huxley, Büchner, Vogt and Molescholt were read. "We remember the wild cries of 'Long live materialism!' that broke out last year in the open courtyards."⁵⁷⁴

Hans Lukas Kieser, quoting from a certain Cevrî, which he believed to be Mehmed Reşid Şahingiray, wrote that the students used to have common readings in the school: "All was read, talked and discussed." Their intellectual icons were Ludwig Büchner, Ernst Haeckel, Gustave le Bon, Auguste Comte and Carl Vogt. All this material was mainly read in French, with dictionaries in their hands.

⁵⁷¹ Sağlam, *Nasıl Okudum?* pp. 74-75.

⁵⁷² Ibid., p. 92.

⁵⁷³ Ludwig Büchner (1824-1899): Ludwig became a lecturer in medicine at the [University](#) of Tübingen, but the outspoken materialism of his masterpiece, *Kraft und Stoff* (1855; *Force and Matter*), caused such an outcry that he was forced to resign. He retired to his hometown of Darmstadt and practiced medicine there while continuing to expound his materialistic and atheistic views in numerous publications. Encyclopedia Britannica. 20.09.2011. Available [online] at <http://www.britannica.com/EBchecked/topic/82914/Ludwig-Buchner>

⁵⁷⁴ La Turquie, 02 May 1868.

Hüseyinzade Ali, an immigrant from Tzarist Russia, taught the Ottoman-centered students about the Turkic world. Abdullah Cevdet had entered the school one year before Hüseyinzade Ali in 1888/9, the year in which he had already read *Force and Matter* (Büchner).⁵⁷⁵

The philosophical treatment of the school was such that the school was administered almost exclusively by the ideas of the former students instead of the actual administrators. Among the students were revolutionists, philosophers, poets, writers, and musicians in groups. The students' suspicious view of the administration was a reflection of Abdülhamid's suspicious gaze over them to the point that the sultan did not bother hiding it. He even did not invite students of medicine to his Ramadan feasts given for all schools of İstanbul.⁵⁷⁶

İbrahim Temo was not also falling behind literary and political reading activities, discussing them with İshak Sukuti, Ziya, Edhem, Cevdet Osman, Şerafeddin Mağmumi, Arnavud Rıza, Selaniki Ahmed Bahtiyar, Cihangirli Adil. He remembers that his close relationship with İshak Sukuti had begun when İshak Sukuti saw him reading Namık Kemal's *Rüya* (Dream). From then on, they were exchanging their knowledge of Eastern Anatolian literature in return for Western *Bektaşî* and *Mevlevî* works.⁵⁷⁷

Tevfik Sağlam described the medical high school as a center for forbiddenness: reading except for scientific works was totally forbidden, including Larousse dictionaries and newspapers.⁵⁷⁸ *Télémaque*, a forbidden work, was a

⁵⁷⁵ Kieser, p. 55.

⁵⁷⁶ Kuntman, p. 8.

⁵⁷⁷ Temo, p. 11.

⁵⁷⁸ Sağlam, *Nasıl Okudum?*, p. 25.

common book among the students.⁵⁷⁹ Mithat Paşa or Namık Kemal were present within the walls of the school by their works and portraits.⁵⁸⁰ İbrahim Temo cited what he had written personally and published. The first one was a book entitled *Aile Tabibi* (Family Doctor) published by the librarian Arakel Efendi as one thousand copies. The second one was *Tegaddi ve Devam-ı Hayat* (Nutrition and Survival), a scientific booklet, and the third one his thesis on rabies. The thesis was not compulsory until his graduation year in the school of medicine, by contrast to the European faculties of medicine.⁵⁸¹

A future surgeon, the student of the School in the 1890s, Ali Osman (Onbulak), had close ties with the CUP. The Committee sent to İstanbul journals and magazines from Europe and Ali Osman used to collect them at the weekends, while leaving the school from the post office, keep them at his uncle's shop at Unkapanı, and bring to school on the weekdays to distribute to certain people. In addition, he collected money during these distributions and sent to Europe. He continued this duty until 1896.⁵⁸²

Abdullah Cevdet was drawn to the ideas of biological materialism by reading Vogt, Moleschott, and Büchner. He also translated "Force and Matter." All of these works were inspired by Darwinism. Also interested in Spencer, he developed the idea that a biological elite group had to maintain the administration of society for social progress.⁵⁸³ Hanioglu writes that the training environment did not suffice for

⁵⁷⁹ Kuntman, p. 8.

⁵⁸⁰ Süheyl Ünver, *Mekteb-i Tıbbiye Talebesi Arasında Hürriyet ve Serbest Düşünüş Cereyanları*, İstanbul Klinik Dersleri Cilt 7 No 40 (İstanbul: İsmail Akgün Matbaası, 1953), p. 4.

⁵⁸¹ Temo, p. 38.

⁵⁸² Onbulak, pp. 15-16.

⁵⁸³ Hanioglu, pp. 14-16.

an explanation of the reasons why organized opposition emerged within this institution and not in others which also were deeply involved in political affairs. It was not only the idea to apply biological materialism to social affairs, but also highly common political discussion within the school and Hüseyinzade Ali Bey's transformation of ideology via Western political thought that spread Russian populist thought among the students. Hence, biological materialism, together with political populism, produced a student group that was ready to be organized.⁵⁸⁴

But Hanioglu's narration provides us one facet of the political activism of the medical school. The period in which Hanioglu was deeply involved was the last decades of the nineteenth century, when the Turco-Muslim population began to dominate the medical school. The debate on religion was not only the binary opposition of religion versus progressivism but also religion as a representation of Abdülhamid's authority versus progressivism led by empiricism. However, the debates were different a few decades earlier, in which the Military School of Medicine had been dominated by non-Muslim students and foreign professors.

In the school, empiricism, which had not been organized yet under the idea of biological materialism, was translated into a language of pure empiricism and a set of tremulous, but eager steps towards the discovery of the body. Hence, religion was not a topic of discussion, except for anatomical dissection and obligatory quarantine consultation of – mostly- the female body, which were actually not on the agenda of the earliest physicians and medical students, who had a free relationship with the human body from outside since İbn Haldun.⁵⁸⁵

⁵⁸⁴ Ibid., pp. 21-23.

⁵⁸⁵ Ibid., pp. 21-23. At the school of medicine, students used to gather in the mosque once a week for the course of "*akaid*" given by a hodja. Yet, they did not take the course in serious. The course was not appreciated by the grading system. Tevfik Sağlam himself said that they prayed five times a day. Sağlam, *Nasıl Okudum?*, p. 100. In fact, the idea that the traditional schools, by their emphasis on

Medical high school students copied out Namık Kemal's book after his death, and decorated them, including "Celaledin Harzemşah," his theater play. They multiplied rare works and sold them to their school mates, or the students of other schools. Rıfat Osman's locker was full of such publications.⁵⁸⁶ A schoolmate of Rıfat Osman was informed to Zülüflü İsmail Paşa, the inspector of military schools, resulted in a search of his locker, finding of his banned books.

The penalty was imprisonment in a basement within the school following continuous interrogations at the age of fifteen by the almost twenty-member council of the Military School. He was kept in a cell for seven and a half months and interrogated about his paintings, Celaledin Harzemşah's original copy, and copies of the French Revolution and Roman history. A number of his friends underwent the same interrogation, and four of them died of tuberculosis in the four years following their imprisonment.⁵⁸⁷

In the class of Rıfat Osman, attended by 150 students in 1892, two hundred volumes of books, historical works, dictionaries of Larousse and Litre and Ottoman dictionaries in addition to subscribed journals constituted the library. They decorated a room in the dormitory with tables and chairs appropriate for a library. In some respects, they considered themselves philosophically and scientifically self-taught because they did not find their courses sufficient, a common complaint in the memories of the physicians of the period.⁵⁸⁸

religion, prevented the rise of science and medicine is shared by the narrator of the progressivist period, such as Adnan Adıvar or Hilmi Ziya Ülken. Ekmeleddin İhsanoğlu, "Osmanlı Devleti'ne 19. YY'da Bilimin Girişi ve Bilim-Din İlişkisi Hakkında Bir Değerlendirme Denemesi," *Toplum ve Bilim* 29 / 30 (1985).

⁵⁸⁶ Kazancıgil, *Tosyavizade Rıfat Osman*, p. 24.

⁵⁸⁷ *Ibid.*, p. 25.

⁵⁸⁸ *Ibid.*, p. 44.

In 1897, 29 medical students seeking to overthrow Abdülhamid for the coronation of Sultan Reşad were arrested and exiled to the Libyan deserts. Additionally, some students were sentenced to death, and some others were expelled from the schools. Yet, the passing of seven months was sufficient for Abdülhamid to forgive them by welcoming them to the school once again. Mehmed Reşid, who was graduated in 1884, was closely interested in the country's problems. All of his friends remembered him for his reliable and communicative nature, so different from the truculency and ostentatiousness of the students.⁵⁸⁹

Because of the increase in the number of Military High School students, some were sent to the Kuleli Military Hospital, to study in poor conditions, on the grounds for one and a half years. Actually, the reason for the separation of these two schools was the need to isolate medical students who had been "poisoned" by politics.⁵⁹⁰ In his second year in the medical high school, that is around 1901, Derviş Kuntman was asked to receive a letter from his family by Tunuslu Habib Poyraz, which turned out to be a newspaper published by the Young Turks. Despite his first astonishment, he was interested in Young Turk publications, and kept on reading them with his friends. Their interest was reported to the center, and one of his friends was sent to Bodrum Castle to be questioned in vain.⁵⁹¹

Once the government was notified about the activities of İbrahim Temo and his friends, the administrator of the Medical School was dismissed and the administration of the school was attached to the General Administration of Military Schools. The minister of this office, Tophane Marshal Zeki Paşa, was appointed to

⁵⁸⁹ Nejdet Bilgi, *Dr. Mehmed Reşid Şahingiray Hayatı ve Hatıraları* (İzmir: Akademi Kitabevi, 1997), p. 11.

⁵⁹⁰ Kazancıgil, *Tosyavizade Rifat Osman*, p. 24.

⁵⁹¹ Kuntman, pp. 7-8.

investigate the situation in 1890, which created an authoritarian administration within the school. The first act of the new policy was to institute a search in classrooms and dormitories meticulously. Ten students found with forbidden materials, were court-martialed which carried a penalty of castle-imprisonment, which was then commuted into imprisonment for four and a half months. However, this measure did not dissuade the students away from their activities.

The second important event after the first raid of Zeki Paşa came in 1897 with the students' plan to overthrow the sultan, which resulted in the organization of an extraordinary court-martial that decided to send 78 men to exile to Tripoli. This event would later be remembered as the incident of "*Şeref Vapurı*," (Ship of Glory) because they were sent by that ship. 32 of these people were from the School of Medicine.⁵⁹² After this incident the opposition was fortified and rose as a total force with the cadres that appeared in the formation of early republication Turkey, as well.

This chapter provided descriptions of an ordinary day of the average medical student within the school. The purpose in this description was to grasp the process by which a young man, mostly descendant of an urban family, from any province, was turned into a politically active subject of the Empire. The term “political” is perceived in its wide sense to designate the will to “save the empire,” shared by most of the educated elite of the generations the 1880s and 1890s.

What we see is the high percentage of the graduates of the School of Medicine, with those of the Military Academy and the School of Civilian Services, among the followers of the same problem. In addition, the word “political” is also understood as a will to cure the whole society, politically, and medically. All in all,

⁵⁹² Ünver, *Mekteb-i Tıbbiye Talebesi Arasında Hürriyet ve Serbest Düşünüş Cereyanları*, p. 3. Ahmed Bedevi Kuran affirms that the students of medicine made the most efforts for the constitutional regime and for breaking the autocracy of Abdülhamid among the oppositional circles. Ahmet Bedevi Kuran, *İnkılap Tarihimiz ve Jön Türkler* (İstanbul: Tan Matbaası, 1945), p. 32.

medical measures and treatments served for the amelioration of the reproductive capacities of the population.

The chapter presented the population of the school, the usual daily schedule, and the objectivization of medical assessment and practice. The classrooms and the new operation theaters are described, but the memoirs show that despite all efforts, the image of a scientific doctor who had the newest medical tools belonged again to the end of the century. This transition only occurs again gradually with a transition from the French impact to that of the Germans, the debate of Turkish and French as the education language, the intensification of medical knowledge and specialization, and the rising preferation of the students for extracurricular activities. Positivism was problematized in the chapter in relation to the medical reading activities, but also this new scientific image of the school.

Finally, the chapter illustrated the oppositional movements within the school by emphasizing the reading practices of the students. The students reacted not only to the oppressive policies of the sultan, they also rejected the disciplinary atmosphere of the school in order to be left alone with their medical studies, an idea again inspired by progressivism and positivism. With the impact of the same inspiration, fed by both philosophical and medical reading, with a shared and contradictory experience of discipline and progress, they also rejected the outdated studies and visions of their professors, and continuously tried to re-form the school. Their proximity to the European world outside and the tiny parts of a human body inside gave them the self-esteem to intervene in the government of both the school and the Empire.

CHAPTER 5

PROPAGATION OF MEDICALIZATION TO THE COUNTRYSIDE: THE SYSTEM OF PROVINCIAL PHYSICIANSHIP

Geoff Eley asks whether the world was a text or not while discussing the developments that showed up during the course of the study of society. He admits that Foucault opened great routes in the study of power, especially when he changed its conventional meaning of living within the realm of state and embedded it within the very heart of society. From now on, even students of population would be interested not only in its solely demographic value, but also in its effects on everyday life. That would push historians towards studying mentalities again. Now, multiplicity of identities in the historical process would be dealt with.⁵⁹³ But, still, is all the world a text?

The linguistic turn in question opened new routes also for new historical topics, the new social history of medicine being one of them, but in a sense, it carried the danger of opening the possibilities to an endless nature so that context could be lost. However, it has to be remembered that contexts indeed define the texts with which the student of history deals. Nadir Özbek's analysis of the formation of gendarmerie in the Ottoman Empire in comparison to its European examples underlines its "integrity for modern state formation and its technologies of government,"⁵⁹⁴ and constitutes a source of inspiration for this research's investigation of the existence of the physicians in the countryside.

⁵⁹³ Geoff Eley, "Is All the World a Text? From Social History to the History of Society Two Decades Later," in *The Historic Turn in the Human Sciences*, ed. Terence J McDonald (Ann Arbor: Michigan State University, 1996).

⁵⁹⁴ Özbek, "Policing the Countryside," p. 47.

He differentiates a total translation of the terminology of the infrastructural power, surveillance, administrative power, and governmentality of Michael Mah, Anthony Giddens, and Michel Foucault with a novel understanding of “political practices of flesh and blood historical agents” by avoiding “abstract reifications.”⁵⁹⁵ In other words, everydayness is the key to the conceptualization of these historical tools introduced by the new cultural and social history.

The reason for this chapter’s choice for the introduction of legislation about the application of medicine at provincial level followed by real cases derived from the Ottoman archives. Unfortunately, far from introducing a decisive and total picture, they still able to offer a general idea about the troubles that the centralization process faced, is the same desire to offer some fresh and blood actors to the concepts designating internal colonization. The same process was, it should be noted that not special to the Ottomans. Within the second half of the nineteenth century and the first decades of the twentieth century, many countries passed to that system of compulsory public service in medicine.

“Governmentalizing and thereby controlling, through an appropriate bureaucratic apparatus, the providing of medical, accident and old age care and of death (burial) benefits seemed an obvious way to put the reins on laissez-faire capitalism as well as on labor,” says Palyi about discussing medical public service in the Bismarkian period.⁵⁹⁶ In Thailand, four years after the first modern hospital, the Siriraj Hospital, was founded in Bangkok in 1896, the first Thai medical school was introduced, which assured public service to all graduates, seen as a repayment for the state expenses for medical education. Monetary payments were introduced for

⁵⁹⁵ Ibid., p. 48.

⁵⁹⁶ Melchior Palyi, *Compulsory Medical Care and the Welfare State* (Chicago: National Institute of Professional Services, 1949), p. 23.

violating the service obligations.⁵⁹⁷ In the U.S.A., the medical profession was determined by the formation of local medical societies in the eighteenth century and the state medical societies in mostly the nineteenth, which also defined the introduction of licencing laws, and the conduct of society members.⁵⁹⁸

About Russia, zemstvo medicine was a free rural medical service in the late-nineteenth century. Zemstvos, the local institutional governments, introduced small rural clinics with an emphasis of preventive medicine. The renovation marked the era, with organizations of public health councils dealing with medical programs in the countryside (a feature which we cannot talk about in the Ottoman case of provincial medicine, where public health was still targeted, but with a less structural and planned form). Yet, already before that, when students entered the Kazan school of medicine in 1849, they were told that they were “no longer ordinary citizens, but state officials.”⁵⁹⁹ The Odessa Bacteriological Station was opened in 1886 under Mechnikov,⁶⁰⁰ a few years earlier than its Ottoman counterpart.

As seen from these examples, the universalisation of medical codes was introduced via legislation throughout the world, with the introduction of its centralized agents. This called for a medical staff to apply these laws. A totally new and modern staff could only be achieved by a new and modern education, different from the so-called arbitrariness of previous training system. The hierarchy between educators and students could be presented via competence examinations claimed to

⁵⁹⁷ V Wiwanitkit, "Mandatory Rural Service for Health Care Workers in Thailand," *Rural and Remote Health*: 24 February 2011.

⁵⁹⁸ William G Rothstein, *American Physicians in the Nineteenth Century* (Baltimore: The Johns Hopkins University Press, 1992).

⁵⁹⁹ Nancy Frieden, "Physicians in Pre-Revolutionary Russia: Professionals or Servants of the State?," *Bulletin of the History of Medicine* 49, no. 1 (1975), p. 25.

⁶⁰⁰ John F. Hutchinson, "Tsarist Russia and the Bacteriological Revolution," *The Journal of the History of Medicine and Allied Sciences* 40(1985).

be value-neutral and licenses and diplomas, their proof. So, the school of medicine was introduced.

As for the Ottoman state, it was decided in 1866 to form a civilian medical school because the population of the empire was unaware of the modern methods of medicine and had to apply to foreign applicants of the profession. Hence, it was urgent to discard that desperate need, which also involved the use of Turkish language since the use of French in the military school caused troubles. But the central authorities had also to avoid from extreme expenses for state treasury.⁶⁰¹

The first Civilian School of Medicine was opened on 1 March 1867 as a part of the Military School of Medicine under the name of *Mekteb-i Tıbbiye-i Mülkiye-i Şahane*. Salih Efendi, the last chief-doctor of the Empire, who was also the director of the School of Medicine, initiated the efforts to form the Civilian School.⁶⁰² The education language being Turkish, and the education duration, planned as five years, became six. To attract students was another problem, which necessitated many concessions. New candidates were exempted from proficiency examinations compulsory for the graduates of the Military School. They were rewarded with the third rank, and appointed as municipal physicians.

⁶⁰¹ *Memalik-i mahrusa-i şahane ahalişi öteden beri ekserisi meçhulü'l-efkar ve tababetden bihaber birtakım etibba-i ecnebiyeye muhtac olageldiklerinden şu ihtiyacı vahimi bertaraf etmek ve lisan-ı Osmani ile tahsil-i fenn-i tababet ettirmekte ki fakr-ı'l-alayı mevki-i icraya koymak maksad-ı hayr-ı mersediyile mahaza hazine-i celileye masarif-i kesire ihtiyar ettirmemek şartıyla mülkiye etibbası yetiştirmek için bir mekteb-i tıbbiye teşekkülü hakkındaki tasavvur 1282 senesi şerefsudur olan irade-i padişahi ile imkan husule gelmiştir. Bunun üzerine seksen üç senesi martında (mekteb-i tıbbiye-i mülkiye-i şahane) namıyla müddet-i tahsilîyesi beş sene olmak ve tercihen tedris-i fünun olunmak üzere mekteb-i mezkur küşad edilmiş ve birinci sene için müstakil bir daire tahsis olunmayarak mekteb-i tıbbiye-i askeriye derununda bir mahal-i dersane intisabıyla tedrise başlanılmış ve rağbet-i umumiyeyi celb için şakirdan-ı mekteb-i tıbbiye-i askeriye talebesinin vermeye mecbur oldukları doktora imtihanlarının ve mektebe dahil olan taşralılar kuradan muaf tutulmak ve diploma alanlar rütbe-i salise ile taltif ve biner kuruluş maaşla belediye etibbası tayin kılınmak gibi teşvik-i amiz olanak ile talebe celb ve kaydına ve bir taraftan tedris kılınacak kitapların büyük mükafatlar vaadiyle erbab-ı cemiyet tarafından tercüme edilmesine bez-i gayret edilmiştir. Besim Ömer, *Nevsal-i Afîyet Vol 1* (1315).*

⁶⁰² Ayten Altıntaş, "Mülki Tıbbiye'nin Kuruluşu," *Tarih ve Toplum* 184, no. 12-18 (1999).

The candidates were required to be graduated from middle school, but in 1882, the formation of a special high school for the Civilian School of Medicine came onto the agenda. Students were required to elect either medicine or pharmacy. For lack of room, the school was moved to Ahırkapı in 1873, and then to Kadirga, Menemenli Mustafa Paşa House until it was incorporated with the military school in Haydarpaşa in 1909.⁶⁰³

Indeed, measures of exemption from military service and job guarantees were successful and demand for the School of Medicine rose ever more. In the year in which the school moved to Ahırkapı, it presented 25 new graduates. The Edict of the Civilian School of Medicine (1870) declared that Muslim and Christian boys between the ages of 16 to 25 would be accepted. Most of the candidates were non-Muslims. Between 1873 and 1899, 584 physicians were graduated. In 1899, the school was boarded 142 students with a distribution of 62 Muslims, 62 Christians and 18 Jews.⁶⁰⁴

The organization of the two civilian medical faculties of the Empire, that of İstanbul and Damascus, was modeled, in all points, on the Military School of Medicine. In 1877, the school in İstanbul was established in Ahırkapı and was transferred to Kumkapı in 1895. The school had about 400 pupils. The one in Damascus was opened 1899.⁶⁰⁵ The Civilian School of Medicine awarded thirty diplomas per year, while this number reached 150 for the military one. From the

⁶⁰³ Emre Dölen, "Tanzimat'tan Cumhuriyet'e Bilim," in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi*, Cilt 1, ed. Murat Belge (İstanbul: İletişim, 1983), p. 170.

⁶⁰⁴ Osman Nuri Ergin, *İstanbul Mektepleri ve İlim, Terbiye ve San'at Müesseseleri Dolayısıyla, Türkiye Maarif Tarihi, C.I-II* (İstanbul: Eser Matbaası, 1977), p. 652.

⁶⁰⁵ Hikmet, p. 52.

Civilian School of Medicine, until 1900, 623 doctors and 501 pharmacists graduated.⁶⁰⁶

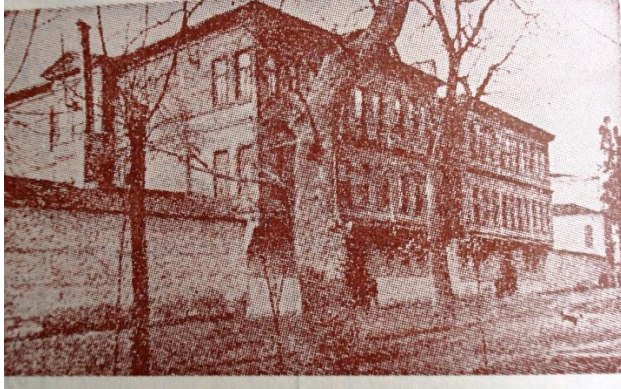


Figure 12. The Civilian School of Medicine at Kadirga

Source: Ekrem Kadri Unat, Mustafa Samastı. *Mekteb-i Tıbbiye-i Mülkiye (Sivil Tıp Mektebi) 1867-1909*. İstanbul, 1990.

As for the ones graduated from other schools of medicine that were foreign physicians, they were suspected of being frauds, including the graduates of the American School of Medicine of Beirut, or the Armenians educated in America.⁶⁰⁷ Some were employed by the municipality of İstanbul as civilian doctors for civilian hospitals or municipality inspectors, but most had their own customer base whom they received at determined hours, at home or in a pharmacy. They were, all in all, quite small in number.⁶⁰⁸

Except for private hospitals, the civilian hospitals in İstanbul, the major ones numbered four: Valide Hospital, Nisa Hospital, and the hospitals of the two faculties of medicine. The other ones were clinics with three to four beds. Provincial civilian

⁶⁰⁶ Kazancıgil, *Osmanlılarda Bilim ve Teknoloji*, p. 273.

⁶⁰⁷ Hikmet, p. 70. The issue of foreign physicians will be evaluated with the problem of diploma equivalence.

⁶⁰⁸ *Ibid.*, p. 69.

hospitals were tied to provincial governments, and indirectly to the Ministry of Interior. In 1909, Abdülhakim Hikmet gave their number as 24. In general, these institutions were established in private houses, leased by the local authority, and did not meet the requirements of any medicine. There was a doctor, rarely two, with a pharmacist and the number of the beds varied from 10 to 30. Remedies were usually insufficient in quantity and some even failed completely.⁶⁰⁹ As will be explained later, while the Military School of Medicine was influenced in German school, the civil one had been under the influence of the French one since the 1880s. This quarrel between Gülhane and Tıbbiye survived for decades, not only in medical arena, but also in the political one.⁶¹⁰

With the initiatives of Kırımlı Aziz, İdris, Emin, Hacı Arif, Vakanüvis Lütfü, Hüseyin, Remzi, Sabri and Vahid Efendi, the Civilian School of Medicine introduced Turkish as the education language, the idea of which Namık Kemal spread. Therefore, the same preference in the Military School of Medicine was countervailed by the opposition of the non-Muslim teachers, who were at risk of losing their positions.

The same reaction can be found in the debates of the Imperial Society of Medicine that opened in 1856 during the Crimean War. An adversary society, the Ottoman Society of Medicine was established in 1867. The newspaper articles of this debate were manifested in *Vakayi-i Tıbbiye* and *Gazette Medicale d'Orient*.⁶¹¹ While before 1870 there were only two journals of medicine (*Vekayi-i Tıbbiye* and *Gazette*

⁶⁰⁹ Ibid., p. 62-64.

⁶¹⁰ Gencay Gürsoy, "Sağlık," in *Cumhuriyet Dönemi Türkiye Ansiklopedisi* (İstanbul: İletişim Yayınları, 1983), p. 1718.

⁶¹¹ Kazım İsmail Gürkan, *Türkiye'de Hekimliğin Batı'ya Dönüşü* (Yenilik Basımevi, 1967), pp. 18-19.

Médicale de Constantinople), between 1870 and 1910, this number reached eleven.⁶¹²

While in İstanbul corner doctors, who were called so because they received patients on İstanbul's street corners, grew out of estimation with the coming of the graduates of the Military School of Medicine, they were appointed to several districts and subdistricts in provinces. Yet, due to the rising necessities of the army, they would no longer be available for the Ottoman countryside. In addition, debates continued on the conveniences and inconveniences of French as the language of medical education. The Civilian School of Medicine was introduced to offer an answer to these two problems.⁶¹³

Along with the system of introducing the staff to offering medical services to all parts of the Empire, the need to regulate and standardize these services arose. The answer of the medical authorities to this problem was to organize civilian medical activities under a system of compulsory service to be fulfilled by the graduates of the Civilian School of Medicine. That service would be standardized through a new set of legislation, which would, indeed, fall into a cloud of ambiguity in its application.

The laws on the application of medicine introduced since the 1860s targeted an expansion of the medical system to the countryside. The staff, formed by the modern school of medicine, was required to offer compulsory service by appointments from the center. So, how did these officers spread to the provinces? Actually, the physicians appointed to the provinces took the title of "*memleket tabibi*" (provincial physician) long before the law of 1871. The difference was that they were sent to the provinces for such occasional purposes indicated above, far

⁶¹² Yıldırım, "Le Rôle Des Médecins Turcs," p. 131.

⁶¹³ Yıldırım, *İstanbul'un Sağlık Tarihi*, p. 272.

from being a pattern. After 1871, at least in ideal terms, they were appointed state officers, educated and served within the system with definite and pre-determined steps.

Before the 1870s, the assignment of physicians to provinces seems to have been occasional. Either the provincial governors demanded a physician to be assigned for general purposes, or one was needed for urgent circumstances caused by a contagious disease.⁶¹⁴ The appointments of the graduates were handled by the Civilian Society of Medicine. The new graduates had to apply to the society every Wednesday and Saturday whether there was an available position or not.

For instance, the 13 graduates of 1874 were appointed to Tuzla, Çankırı, Urfa, Kayseri, Yenicekarasu, Simav, Burdur, Şehirköy, Elbasan, İzornik, Sandıklı and Rahve. Two of the three graduates of 1877 were appointed to Haydarpaşa Hospital, and the remaining one was sent to Batum as a provincial physician.⁶¹⁵ We know that a physician assigned as ordinary provincial physician in 1861 received a salary of 750 piasters.⁶¹⁶ Another important cause of the urgent need of doctor was migration.⁶¹⁷ Trabzon, Sinop and Samsun, by the request of the Commission of the Immigrant Office, were provided with proficient physicians.⁶¹⁸

An article published in *La Turquie* in 4 April 1874 gives information about the school of medicine. It was demanded that medicine law, introduced 11 years ago, to be finally realized from the beginning of a decisive day: 1st January 1875.

⁶¹⁴ Since the wars is the subject of interest of military physicians, this situation will be evaluated elsewhere.

⁶¹⁵ Yıldırım, *İstanbul'un Sağlık Tarihi*, pp. 274-275.

⁶¹⁶ BOA. A. MKT. MHM. 195 / 14, 29 Safer 1277, 16 September 1860.

⁶¹⁷ Karpat, *Osmanlı Nüfusu 1830-1914*.

⁶¹⁸ BOA. A. MKT. MHM. 290 / 37, 9 Şaban 1285, 18 January 1864.

According to that, as a brief summary of the law, appointed physicians would fulfill their compulsory services, and the list of the certified physicians would be distributed to pharmacists. Actually, this article illustrates that people who were aware of the law were also aware that it was not really applied properly.⁶¹⁹

So, what were these physicians doing in the countryside? Their primary duty was clearly defined in the Regulation of Provincial Physicians. They were responsible for all of the medical care of their area until a second qualified physician came for urgent circumstances, including such services as simple consultation, vaccination, and death inspection. One of the main duties of municipal physicians was to realize post-mortem examination for writing medical reports required by the state before a corpse could be buried. The permit for burial was issued by the Chamber of Public Health. The necessity for this application may have been the avoidance of the people of informing the government of dubious deaths reminding of epidemics, which might have been cholera since the affair dated to 1893.⁶²⁰

The Ottoman administration used the Regulation of the General Administration of Medicine to assign doctors to the provinces. The duties of these physicians can be defined as both curative and preventive medicine with the application of all hygienic rules if possible, including forensics. While these physicians were paid by local municipalities at least until 1888, the year in which they began to be paid by the center, they were indeed responsible directly to the

⁶¹⁹ Indeed, as Aboul-Haj asserts, the misunderstanding about Tanzimat was that it was not, indeed, a wholistic and sudden transition without a preliminary long-term transformation. Rifa'at Ali Abou-el-Haj, *Formation of the Modern State: The Ottoman Empire Sixteenth to Eighteenth Centuries* (Albany: State University of New York Press, 1991).

⁶²⁰ BOA. İ. SH. 1 / 1311-S-1, 18 Safer 1311, 30 August 1893.

center, the Health Administration in İstanbul. The offices of these physicians were imprecise, as well, which seems to have been defined by the municipalities.⁶²¹

The 1882 Law on the General Administration of Medicine in Rumeli also involved a section on the doctors and surgeons of county. In all counties, a doctor or surgeon would be present. Surgeons would work under the supervision of doctors, and they together were responsible to the health council and the local administration. Additionally, they were supposed to present health reports every three months, including death, birth and disease statistics. The county doctor would assist the local administration in sanitary inspections. He also was supposed to vaccinate the poor for free, or make free consultations in their houses. He could accept an amount defined by a special directory from the propertied. In addition to these duties, he also was supposed to visit the villages every three months if they numbered from 30-50, and four months if more, inform the health council in case of epidemics, and visit infected places at least every five days. In his absence, health care would be given by the municipal or a freelance physician. In 1913, that system would become the organization of governmental physician (*hükümet tabipliği*) with the Regulation of the Provincial Sanitary Administration.⁶²²

Efforts to Spread Medical Services to the Provinces with an Insufficient Number of Physicians

The main problem with the application of the laws mentioned before on the official status of doctors was the insufficiency of the physicians in number, which also is seen in the process of the formation of the boundaries between the legal and

⁶²¹ Erdem Aydın, "19. Yüzyılda Osmanlıda Sağlık Teşkilatlanması," *Ankara Üniversitesi Osmanlı Tarihi Araştırma ve Uygulama Merkezi Dergisi* 15 (2004).

⁶²² *Ibid.*, pp. 220-221.

illegal practitioners of medicine. The physician, like the pharmacist, lawyer or teacher, was among the middle-class, while the rich preferred banking, trading and manufacturing.⁶²³ The Military School of Medicine in the education year of 1842-43 had 841 students, 803 of them Muslim. Only 80 of them passed the preparatory class. The school gave its first graduates, which numbered only 16, in 1843.⁶²⁴ Mağmumi writes in 1911 that half a century earlier, to say nothing of the provinces, even in İstanbul, properly educated doctor numbered not more than five or six, and only some foreign physician resided in Beyoğlu.⁶²⁵

To estimate the number of provincial physicians from some provincial yearbooks after the proclamation of the edict of 1871, we should examine the municipal staff list, where the names municipal physicians, apothecaries and the chief doctor of the local hospital (*memleket hastahanesi*), which is usually the same person as the municipal physician. Let us take the 1896 Kosova yearbook as an example: Under the title of municipal chamber, we see the name of Eşref Efendi as the provincial physician.⁶²⁶ His name can also be seen in the committee of statistics.⁶²⁷

The same yearbook provides information about the medical staff of the hospital of the province: in the hospital of Üsküp, three physicians, Raşid Bey, Yusuf Bey, and Galip Efendi, were employed in addition to five apothecaries and four

⁶²³ Kirki Georgiadou, "Selanik'in Yunanlıları," in *Selanik (1850-1918): "Yahudilerin Kenti" ve Balkanlar'ın Uyanışı*, ed. Gilles Veinstein (İstanbul: İletişim, 1999) p. 130.

⁶²⁴ Muhtar, p. 83.

⁶²⁵ Şerafettin Mağmumi, "Doktorluk ve Eczacılıkta Terakkiye Doğru!.." in *Hatıralar Vesikalar Resimlerle Yakın Tarihimiz 3 Dünden Bugüne 1911*.

⁶²⁶ H. Yıldırım Ağanoglu, *1896 (Hicri 1314) Kosova Vilayeti Salnamesi (Üsküp, Priştine, Prizren, Yenipazar, Taşlıca)* (İstanbul: Rumeli Türkleri Kültür ve Dayanışma Derneği, 2000), p. 71.

⁶²⁷ *Ibid.*, p. 73.

surgeons. In contrast, the hospital of Mitroviçe had one physician, Ali Efendi, one surgeon and two pharmacists.⁶²⁸ Note that at the very end of the century all of the municipal physicians were Turkish Muslims, who numbered only to four for the whole province of Kosovo. The scene was much different in the middle of the century, where appointed physicians were even fewer in number, and mostly non-Muslims. It is not surprising that a rivalry was in question among freelance doctors and other workers in the domain of health.



Figure 13. Map of the Ottoman provinces

Source: İnalçık, Halil; Quataert, Donald. *An Economic and Social History of the Ottoman Empire 1300-1914*. Cambridge: Cambridge University Press. 1994.

The provincial physicians were not all the time sufficient in quantity to take care of the peoples' health. This time, this gap was filled with military physicians if

⁶²⁸ Ibid., p. 103.

there was not urgency such as the case in the Province of Danube in 1876.⁶²⁹ In 1894, there were 19,600 hospital servants, 14,000 physicians, 7,210 pharmacists, 6,500 midwives, and 5,800 surgeons in the Empire.⁶³⁰ According to the yearbook of the province of Selanik, dating 1900, five of the 49 doctors and five of the 44 pharmacists were Turks.⁶³¹ Balıklı Greek Hospital, with 280 beds, had only one permanent physician in 1877-79.⁶³² In 1899 in Van, only one municipal pharmacist served.⁶³³ Even in 1908, because in the district of Anamur there was not a municipal physician, the deceased and injured people's medical examination was performed by barbers and barber-like people.⁶³⁴

Since the physicians educated from the school of medicine were insufficient in number, and since the health issues of the provinces had to be dealt by the certified practitioners sent by the center (*mekteb-i tıbbiye-i mülkiye-i şahaneden yetişmekte olan etibba henüz derece-i kafiyede bulunmadığı cihetle dahil-i vilayette ekser kazalarda tabib bulundurulmasına binaen*), until this deficit is eluded, the province of Konya was informed that for the moment physicians educated abroad would be charged.⁶³⁵

⁶²⁹ *Vilayatta müstahdem askeri zabiti hastegana müdavat için muvazzaflı tabib istihdamı mesbuk olmayıp bunlara memleket tabibleri marifetiyle tedavi ettirilmesi taht-ı iradede ise de bazı mahallerce memleket tabibi bulundurulmamasından naşi asker-i merkume ve emsali hasteganına asker-i nizamiye etibbasına maaş itasıyle tedavi ettirilmekte olduğundan.* BOA. C. SH. 17 / 841, 2 Rebiülahir 1293, 24 July 1876.

⁶³⁰ Karpat, *Osmanlı Nüfusu 1830-1914*, p. 442.

⁶³¹ François Georgeon, "Müslüman ve Dönme Selanik " in *Selanik (1850-1918): "Yahudilerin Kenti" ve Balkanlar'ın Uyanışı*, ed. Gilles Veinstein (İstanbul: İletişim 1999), p. 118.

⁶³² Yıldırım, "Panoliko'dan Balıklı Rum Hastanesi'ne.", p. 54.

⁶³³ Salih Allahverdi and Osman Güven, *Van Vilayet Salnamesi 1315 (1899)* (Ankara: Van Belediyesi Başkanlığı Kültür ve Sosyal İşler Müdürlüğü Yayınları, 1995).

⁶³⁴ BOA. DH. MKT. 1257 / 11, 24 Rebiülahir 1326, 25 May 1908.

⁶³⁵ BOA DH. MKT. 699 /16, 1 Safer 1321, 29 April 1903.

The first municipal physician in Diyarbakır, Dr. Vanitirker, appears in the provincial salname in 1876-77. The sancaks had no such a position, except for the sancak of Malatya, which was treated by the municipal physician Abdülahad Efendi.⁶³⁶ In 1883 we come across the name of the physician of the district Ergani Madeni, Yusuf Efendi. The 1884 report cites the names of the physicians serving in the province: Veli Efendi (pensioner from the rank of major), Bedros Efendi (a provincial physician), Samuelyan Ohannes Efendi, Kapancıyan Karabet Efendi, Mandros Kılıçyan Efendi (in the district of Yenihan), Osib Benokyan Efendi (near the Bath of Vahhab Ağa), and Patris Efendi (in Saman Pazarı).⁶³⁷

While the situation did not allow for a widening of the office of provincial physicians, for İstanbul, such was the case: Some people's proximity to the night doctors led some others to request medical care for them, as well. In 29 April 1865, the mukhtars of Fındıklı and Kabataş presented a petition complaining about the lack of a nearby night pharmacy by indicating that many lives had been lost as a result. They demanded the formation of a night pharmacy in Yorgaki's pharmacy shop: This place had rooms available for such a purpose and he was a trustworthy person.

After discussions in the Health Council this proposal was found appropriate and it was announced in *Tasvir-i Efkar* on 6 July 1866 (22 Safer 1283) that a new night pharmacy was opened in Fındıklı. This petition constituted an example to other ones, such as the case of the petition written on 31 January 1870 (29 Şevval 1286) complaining about the insufficient number of physicians in the district and demanding the permanent existence of a physician in Topkapı pharmacy written by

⁶³⁶ Ahmet Zeki İzgöer, *Diyarbakır Salnameleri (1286-1323)* (İstanbul: Diyarbakır Büyükşehir Belediyesi, 2002). Vol 1.

⁶³⁷ *Ibid.*, Vol 3.

the mukhtars of Topkapı and Yenikapı, which led to the opening of Topkapı night pharmacy on 1 July 1870 (1 Rebiülahir 1287).

However, the petition written by the residents of Anadoluhisarı in 1887 and those of Kasımpaşa in 1888 were rejected due to lack of satisfactory financial means: that difference arose from the transfer of the administration of these pharmacies to the municipalities. Therefore, the staff of the pharmacies, which were twenty-one doctors and three surgeons in Beyazıt, twenty-one doctors and six surgeons in Eyüp was decreased to one for each after 1866. So, their closure also was linked to the formation of the municipal administration. Yet, they managed to survive until 1895.⁶³⁸ Therefore, in İstanbul, when people needed a doctor, they went to the pharmacies, and were able to find one.⁶³⁹ The prices of consultation were one mecrediye for professors in pharmacies and distinguished physicians, and ten piasters for the other doctors.⁶⁴⁰

In the first half of the nineteenth century, the basic threat to the Ottoman Balkans could be seen in a duplicity, the Austrian and Russian desires and the separatist wills of the non-Muslim subjects of the Empire. The Balkans had been a totally integral part of the Ottoman land for centuries.⁶⁴¹ One of the reflections of this situation on the medical treatment had been the scarcity of state officers within the Balkan lands. In Bulgaria, since the number of competent physicians was scarce, young Bulgarians were sent to İstanbul to study medicine on the condition that they

⁶³⁸ Yıldırım, "İstanbul'da Nöbet Mahalleri- Nöbet Eczaneleri (1845-1895)," pp. 157-162.

⁶³⁹ Rıza Tahsin, "60 Sene Evvel İstanbuldaki Pratisiyen Hekimlere Dair Hatıralardan," *Türk Tıp Tarihi Arkivi* 6, no. 21-22 (1943), p. 46. Besim Ömer Paşa was accepting patients in Divanyolu Pharmacy of Alaimüssema, Şefik Bey in a pharmacy in Ayasofya, Civani Ananyan Bey and Dikran Acemyan Bey in Bahçekapısı, Naim Bey in the pharmacy of Kostaki in Saraçhane, Cemal Bey in Yusufpaşa, and Salim Bey in Koska.

⁶⁴⁰ *Ibid.*, p. 46.

⁶⁴¹ Georgeon, *Sultan Abdülhamid*, p. 24.

would serve the Ottoman army after graduation. While the doctors employed in Bulgarian hospitals were mainly foreigners, after the graduates reached a sufficient amount, those foreigners ceded their place to Turks, Greeks or Bulgarians.⁶⁴²

There, the lack of proficient physicians was seen clearly in the great number of official letters demanding them. Such a letter was sent from Niş to the Sublime Porte requesting two proficient and qualified physicians. The request was discussed with the governor of Niş, Hafız Paşa, and it was decided to send them since in the whole area, two of such kind of physician could not be found.⁶⁴³

The deficit of physicians reached to such an extent that the retired military physicians were ordered back into service again in 1911. It was said that the salaries of the municipal physicians were guaranteed, information which, indeed, we know, did not reflect realities, but to many subdistricts and districts, no physician was appointed. The reason for this was the equilibrium between the number of the existing physicians and the country. And that insufficiency had harmful effects on the population. It is obvious that without taking any measure, the same troubles would bedevil them. That is why physicians who were or would be retired from the military were required to work in the civilian medicine with a reorganization of their salaries according to the regulation of the provincial physicians and the retirement pensions, if they accepted.⁶⁴⁴

⁶⁴² Toncheva and Kerekovska, p. 1374.

⁶⁴³ BOA. A. MKT. 26 / 84, 5 Şaban 1261, 10 August 1845.

⁶⁴⁴ *Tezkere-i mezkurede etibba-yı belediye maaşatı taht-ı temine alınmış olduğu halde henüz bir çok kaza ve liva merkezlerine tabib tayin edilememesi etibba-yı mülkiyeye mevcut hazıranın memleketin ihtiyacıyla gayri mütenasib olmasından ileri gelmekte olduğundan ve etibba-yı mumaileyhinin ihtiyaca adem-i keyfiyetinden naşi geçenki kullara esnasında müşkilat-ı azımeye tesadüf edildiğine nazaran zuhuru halinde aynı müşkilatın tekrar ve teceddüd edeceği bedihi bulunduğundan tekaüdü icra kılınmış olan etibba-yı askeriyeden ehliyetleri sabit ve kudret-i bedeniyeleri müsaid olanların heman tıbbiye-i mülkiyede istihdamları münasib görülmüş ise de kendilerinin bu gibi hizmetleri kabul edebilmeleri mahsusan eskerlerine haleb gelmemek şartıyla mümkün olmasına nazaran belediye tababetlerine tayin edilecek olan etibba-yı mumaileyhaya ücret namiyle 600'den 1500 hatta 2000*

Aggravated Insufficiencies Caused by the Instability of Payments

The fiscal problem of the Ottoman state was that it was moving towards bankruptcy, which necessitated first a cut-off of salaries. That situation fostered the salaried officers to sell their salary rights to usurers or money changers, an act called “*maaş kırdırmak*” or “*maaş buyurtmak*.” Findley describes the payment of the bureaucrats as “living conditions in a bankrupt bureaucracy” to designate the problematic salary system. The fiscal centralization efforts failed but it was impossible to erase the problems with all the political centralization policy. The system had begun in 1838 for the civilian officers, but like all legislation, the legislation on service costs also could not be fulfilled until the 1880s.⁶⁴⁵ It is difficult to guess the nominal wage of an average official. A source dating 1884 shows that the official of a bureau with no separate income could be considered lucky if he

kuruşa kadar tahkikat verilmesi Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye riyasetinden varid olan tezkerede beyan kılınmış ve memleketin etibbaya olan derece-i ihtiyacına nazaran mütekaidin etibba-yı askeriyenin belediye tababetlerinde istihdamı zaruri bulunmuş olup ancak bu gibi etibbanın mahsusen tekaüdiyeleri de tesviye edileceğine nazaran riyaset-i mezkureden tayin edilen mahsusan mekadir-i şayan-i istikrar olduğundan ve Memleket Etibbası Nizamnamesi'nde liva belediye tabibleri için 600 kaza tabibleri için 800 vilayet tabibleri için 1200 kuruş maaş tahsis olduğundan nizamname-i mezkurede muayyen maaşat ücret namıyla tesviye ve tekaüd maaşları da kemakan tediyeye edilerek etibba-yı mumaiyhanın belediye tababetlerinde istihkamı nezaretçe de tensib edilmiş olduğu beyanı ile istizan keyfiyet olunmuştur. Etibba-yı belediyenin lüzum ve ehemmiyetine ve memleketin bu babdaki ihtiyacıyla tababet-i belediye mesleğinde bulunan etibba-i mülkiyenin katına göre bu babda bir çare ittihazı lüzumu derkar ise de kanun-ı hükmünü haiz olan memleket etibbası nizamnamesinde maaş olarak muayyen ve mahsus olan bir meblağın ücret namıyla ita ve tesviyesi hükm-ü nizamı mahal olacağı cihetle bu babda bir madde-i mahsuse-i kanuniye tanzimiyle ale'l-usul tasdike iktiram ettirilmeksizin bu suretin ihtiyarı mümkün olamayacağından ve buradan etibba-yı belediye tayin ve izam olunamayan mahallerin bir takımında ecnebi mekatib-i tıbbiyesinden neşet edip diplomaları tıbbiyece musaddık bulunan osmanlı tebaasında doktorluk icra-yı sanat etmekte olup bunların evsaf-ı lazımıyata haiz olanlarından mahall-i hükümetlerince intihab olunacakların belediye tabib vekaletinde istihdamı kabil ve bu surethazla mesarif ihtiyarını da gayrımüstelzim bulunduğundan etibba-yı belediyeye muhtac olup da meslekten yetişmiş etibbanın buradan tabib gönderilemeyen mahallerde o vechle osmanlı etibba-yı mahalliyeden belediye tabib vekilleri istihdamı için tebligat ifası ve bu suretle dahi temin-i ihtiyac edemeyen mahallerde mütekaiden etibba-yı askeriyenin ehliyet ve kudret-i bedenleri anlaşılınlarından etibba-yı belediye tayin edilmesi mezuniyetleri ve bunlara tekaüd maaşlarına zammiyet verilecek maaşları ve suret-i istihdamlarını mütesammın bir madde-i kanuniye layikası tanzimiyle ifa-yı muktezası hususunun Dahiliye Nezareti'ne havalesi tezekkür kılındı. BOA. DH. İD. 18-1 / 14, 6. R. 1329, 6 April 1911.

⁶⁴⁵ Findley, p. 315.

received a salary seven or eight months a year.⁶⁴⁶ So, what was a sufficient salary? In the 1890s, the officers accepted a certain 1000 piasters to get by on with their families. During the Second Constitutional period, that amount reached to 1500-2000 piasters.⁶⁴⁷ Yet, we should note that salaries were, in theory, fixed in the case of the Ottoman provincial physicians.

In 1889, the four thousand inhabitants of the Ottoman palace received a sum of 150 million franks. Yet, the Hamidian treasury had a value of only 25 million franks. The deficit was covered through duties, municipal revenues, the proceeds of factories belonging to state treasury, farm revenues belonging to state and the confiscation of all the state revenues despite the articles of the New Edict.⁶⁴⁸

Low wages were not a special case for the physicians; instead, they constituted a general problem for the Ottoman officers, including the governors,⁶⁴⁹ or the members of the gendarmerie.⁶⁵⁰ They constituted a significant reason for the troubles of the application of medical reforms via the physicians: they were unwilling to go to the distant places, especially to places where ethnic or political fluctuations dominated, of the empire in return for small amounts.

The physicians constantly complained about their wages. To give these complaints a voice, a long article was written in the journal *Hekim* in 14 February 1911 (1 February 1326): “*Feryâd-ı Etubbâ Ne Hazin Bir Rûya*” (Clamour of the Doctors, What a Sorrowful Dream). This article’s main concern is to give notice

⁶⁴⁶ Oriental Adviser / Le Moniteur Oriental, 3 December 1884, “Les Appointements”. Ibid, p. 323.

⁶⁴⁷ Ibid., p. 347.

⁶⁴⁸ İrtem, p. 50.

⁶⁴⁹ Abdülhamit Kırmızı, *Abdülhamid’in Valileri: Osmanlı Vilayet İdaresi 1895-1908* (Klasik Yayınları, 2007).

⁶⁵⁰ Özbek, "Policing the Countryside."

about the long duration of education and its result of only six hundred liras as a wage in contradiction to the salary of professions such as engineers, and to accentuate the inequality of working conditions in relation to wages.⁶⁵¹

To obtain an answer to the question of what the wages of the physicians were, let us take a brief look of municipal and quarantine physicians, since the salaries of municipal physicians fulfilling duties were fixed in legislation, which is yet the subject of bargaining from time to time: 600, 800 and 1000 piasters due to location. The 1882 Quarantine of Kamaran offered 3000 piasters to physicians, 1500 to pharmacists and clerks, and 1000 for the head guard⁶⁵² and the inspector received a special salary defined by conditions.⁶⁵³

But from the correspondance about this issue, we learn from Süheyl Ünver, that a direction was given to the provincial physicians. According to that, the provincial physician was obliged to make a consultation to any person applying to him for health care, regardless of his financial condition. If a poor patient, even if he wanted to pay a fee to the physician, the price would be confiscated from his wage.⁶⁵⁴

The provincial physician of Kastamonu, Virköy, named Cako resigned from his job which paid of 600 piasters. When a replacement was demanded from the Ministry of the School of Medicine, a certain Ahmed Sabri Efendi, an old graduate of the School of Medicine, now retired from military duties on a 1000 piasters salary,

⁶⁵¹ Çulfaz, pp. 343-349.

⁶⁵² *Gardiyan* was the term used for medical attendant.

⁶⁵³ Gülden Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)* (Ankara: Türk Tarih Kurumu, 1996), p. 56.

⁶⁵⁴ *Memleket tarafından muvazzaף olarak memur olan tabip, şehrin içinde bulunan sekeneden gani ve fakir her kim hasta olup tabibi celbetmek murad eyledikde, bila muhalefet tabib olan şahıs gidip tedavi-i lâzimesini icra ede.* A. Süheyl Ünver, "19. Asır Ortalarında Memleket Hekimlerine Verilen Tıbbi Talimata Dair Bir Vesika," *Dirim* 6 (1946).

was found eligible for the position. Yet, he demanded 10 liras: the solution found was that he would be paid 600 piasters from Virköy and an additional 150 piasters would be taken from an increase in the town's taxes, so the salary would be fixed to 750 piasters. Unfortunately, we do not know whether Ahmed Sabri Efendi accepted the position or not.⁶⁵⁵

They could not find physicians in the districts of Çerkez, Gerede, or Düzce and they were complainant of this situation.⁶⁵⁶ Similarly, Josef Hayım Efendi, the municipal physician of Siverek, wrote that he could not survive with a salary of 600 piasters and demanded an increase, or else, he would quit. Because of the bad weather conditions in the area, the continuing diseases, and the paucity of the salary, no proficient physician could be found for the position. The result was an increase in the salary to 1000 piasters with the support of the local municipality after the demand of the Province of Diyarbekir.⁶⁵⁷ The same problem of salary was seen in the province of Hudavendigâr. The districts of Atranos, Yenişehir and Pazarköy, deprived of municipal physicians, started a discussion of recording the existence and inexistence of district physicians properly (*dahil-i vilayetten kazaların hangisinde belediye tabibi bulunup nerelerde bulunmadığı mübeyyin muntazam bir defter*).⁶⁵⁸

The municipal physician employed in the mines of Akdağ, Hanter İstapan Efendi, and his vaccine officer could not receive their salaries for five and six months consecutively. They telegraphed for the acceptance of their resignations. With this occasion, the problem caused by the lack of demand for the offices of municipal

⁶⁵⁵ Ibid.

⁶⁵⁶ BOA. DH. MKT. 5 / 19, 25 Ramazan 1310, 12 April 1893.

⁶⁵⁷ BOA. DH. MKT. 375 / 42, 20 Zilkade 1312, 15 May 1895.

⁶⁵⁸ BOA. DH. MKT. 393 / 31, 13 Muharrem 1313, 06 July 1895.

health care due to the instable payment of salaries appeared once again. Many places were deprived of health care because of this problem, which was seen as urgent.

Hence, the head of the General Administration of the Military Schools wrote to the Ministry of Interior for the payment of these salaries from treasury authorities.⁶⁵⁹

For some locations, despite the obligation of an appointment from the center, due to financial or political troubles, local assignments were preferred. The centralization of appointments in any field in the nineteenth century was a principle for the Ottoman state as we know; yet, we come across such deviations from this principle in actual cases. Tepedelen, a troubled place in nineteenth century for the Empire, was subject of debate in 1886 / 1887 because of the unwillingness of physicians to accept the appointment. The Ministry of the School of Medicine asked for the assignment of a physician for a salary of 500 piasters, which was a diminished amount regarding to the usual salary of 750. Hence, the assignment of such a physician from the local area was proposed.⁶⁶⁰

Competitive Medical Care: Ethnic and Political Conflicts and Claims of Quackery

As has already been discussed, the history of the Ottoman physicians was marked by a power shift from non-Muslim and non-Ottoman physicians to Muslim-Turkish ones.⁶⁶¹ When the modern school of medicine opened in 1827 and

⁶⁵⁹ BOA. DH. MKT. 814 / 45, 08 Zilkade 1321, 26 January 1904.

⁶⁶⁰ BOA. DH. MKT. 1396 / 113, 07 Cemaziyelevvel 1304, 31 January 1887.

⁶⁶¹ Yıldırım, "Türk Hekimlerinin Seçkinleşme Sürecinde Tıp Bilgisinin Transferi."

physicians were appointed from the center, the first ones that were sent to provinces had been non-Muslims which were raising doubts among Muslim population.⁶⁶²

It was the era in which due to Greek uprisings, even the dragomans, who occupied important place in the international relations of the Ottoman state, began to raise doubts among the bureaucratic elites, which led to the replacement of these people by their Muslim / Turkish counterparts, who would later be trained in the Translation Offices. Doctors constituted another important suspicious professional group overwhelmingly composed of non-Muslims and open to international relations. Religious troubles were noticeable especially in quarantines, where in all stations one Muslim administrator worked together with a European physician during the first encounter of people with that kind of enclosure.⁶⁶³

One of the main confrontations was among the foreign physicians and their coworkers or compatriots. The foreign physicians were highly suspected by the central authority for their proximity to anyone by the nature of their profession and also because of quarantine conditions. Having the authority to keep people in quarantine stations gave the physicians full influence within quarantine borders; they could contact anyone. Doctor Markovaldi, the Italian quarantine physician of Vidin, was one of them. He was constantly being visited by all Italians who came to Ottoman lands.

Dr. Markovaldi gave lodging to the Italians in his house, paying frequent visits across Danube, and finally corresponded with people living across the river. Thus, he was suspected of being involved in business other than his own profession. Furthermore, he was among the advocates of Giuseppe Garibaldi, the Italian patriot.

⁶⁶² Yıldırım, "Osmanlı Coğrafyasında Karantina Uygulamalarına İsyanlar: "Karantina İstemezük!," p. 21.

⁶⁶³ Ibid., p. 20.

Last but not least, he acted inappropriately and spoke with indifference. So, he was demanded to be assigned to a place across Danube. Hence, to the doctorate of the Vidin quarantine, another proficient physician from the School of Medicine was in need. This petition, written by the commander İsmail Paşa, was found as appropriate. So, Markovaldi was assigned to the quarantine of Mersin, a location closer to the center, and safer, as well.⁶⁶⁴

Sometimes, language barriers constituted serious obstacle for the interaction of physicians with the common people. When Şerafeddin Mağmumi visited the town of Kemer (today, Burhaniye) in Edremit, he complained about not being able to communicate with anyone except for the municipal physician and the military pharmacist because the local language was Greek.⁶⁶⁵ As for the Christian inhabitants of Tarsus, they were unwilling to report their deaths for fear of washing and smudging the bodies. They buried them at nights in secret.⁶⁶⁶

Doubts about provincial physicians educated abroad were another significant barrier. In Rumeli, since most of the municipal physicians were educated in Greece, and since they were involved in suspicious activities in the public opinion (*halkın efkarını ifsad ettiklerinden*) their replacement with those educated in the school of medicine in İstanbul and working in Anatolia: These people, while performing the art of medicine, used to spread Greek ideals to the local people in secret. The continuation of the situation would have detrimental effects. Thus, to the municipal physicianship in Anatolia, the ones graduated from the School of Medicine in İstanbul had to be appointed.

⁶⁶⁴ BOA. A. MKT. NZD. 352 / 49, 04 Zilkade 1277, 15 May 1861.

⁶⁶⁵ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 141.

⁶⁶⁶ *Ibid.*, p. 179.

That warning was presented to the Minister of Exterior by the Athens ambassador, Rıza Bey, who was in turn ordered to investigate the number of foreign physicians.⁶⁶⁷ One year later, on 16 May 1889, after the request for the exchange of Anatolian and Roumelian physicians, an answer from Monastir indicated that the Greek physicians working for state were indeed Ottoman subjects although they had been educated in Greece, Italy and Germany; and they were not supposed to be replaced.⁶⁶⁸

Similarly, the graduates of the School of Medicine established in Beirut by American missionaries were suspected. Efforts were made to keep them at a distance from municipal medicine in the province of Syria. That was the reason why İskender Efendi, the municipal physician of Hama, was ordered to leave his office.⁶⁶⁹ For the same reason, Nahif Efendi working in the district of Baban was banished from his duty when it was understood that he was graduated from that school.⁶⁷⁰

In the same year (1888), another decision was taken: Physicians graduated from a foreign school of medicine, as we grasp from this decision, had grown in number and they had become impossible to ignore. Hence, it was decided to gather information about their schools, especially those in Athens and Paris. Their diplomas

⁶⁶⁷ BOA. DH. MKT. 1544 / 83, 13 Muharrem 1306, 19 September 1888.

⁶⁶⁸ BOA. DH. MKT. 1623 / 58, 16 Ramazan 1306, 16 May 1889.

⁶⁶⁹ BOA. DH. MKT. 1545 / 55, 15. M. 1306, 21 September 1888. Already in the 1840s, these people were not suspected at all. From Damascus, a letter of 21 March 1849 indicated that the people of Damascus were suffering from the loss of a doctor: "Mr. Dr. Stwerka, doctor of the hospital in Damascus, who left last Thursday to go to Aleppo, has left us without a doctor. The departure of Mr. Stwerka is a real misfortune for the hospital which, in time, is served by 2 or 3 young doctors from the Galatasaray school who still need an experienced guide, as was Mr. Dr. Stwerka. For the duration of cholera-morbus, in this town, Mr. Stwerka proved the need we have of his presence at the hospital. Seized by fear, all other physicians have retired to their houses under the pretext of indisposition. Mr. Stwerka held out until the last moment with Mr. Dr. Amstein, medical officer of R. French. It is rumored that several cases of cholera morbus took place in Jerusalem and Jaffa. Hope that this rumor will not be confirmed." *Journal de Constantinople*, 9 April 1849.

⁶⁷⁰ BOA. DH. MKT. 1560 / 60, 26 Safer 1306, 01 November 1888.

were demanded via the relevant consulates.⁶⁷¹ Also, the conditions to be looked for candidates of work in Ottoman Empire were offered to center.⁶⁷² Here, we should remember that the year in question was approximately the period in which the hunt for traditional healers and quacks saw its peak point.

As already mentioned, the issue of Beirut School of Medicine was a trouble. To the consulate of Athens, a list of the ideal number of foreign physicians in definite locations was declared. The registration book recording physician serving in Rumeli indicted that many Greek physicians had been employed. A measure was needed to be taken against this situation: The same words were repeated by asking the answer of Rıza Bey for the foreign physician recorded in Rumelia. Rıza Bey had sent a register book to the center which proved that many Greeks were working in the Ottoman lands as healers and physicians.⁶⁷³

The registration book was sent to the center for investigation. The grand vizier replied that the trouble in question was valid only for Janina, Thessaloniki, and Monastir, and measures would be sufficient only for these three locations. Elsewhere doctors would be free of investigation.⁶⁷⁴ The foreigners working as physicians or pharmacists in Beirut were followed and their conduct records were sent to the center one year after the debates on their serving as state physicians.⁶⁷⁵ An important number of documents are available for the same year, 1888, indicating the demands of the diplomas from physicians educated abroad, was not a coincidence.⁶⁷⁶ The

⁶⁷¹ BOA. DH. MKT. 1561 / 6, 01 Rebiülevvel 1306, 05 November 1888.

⁶⁷² BOA. DH. MKT. 1561 / 59, 02 Rebiülevvel 1306, 06 November 1888.

⁶⁷³ BOA. DH. MKT. 1578 / 15, 20 Rebiülahir 1306, 24 December 1888.

⁶⁷⁴ BOA. DH. MKT. 1578 / 107, 22 Rebiülahir 1306, 26 December 1888.

⁶⁷⁵ BOA. DH. MKT. 1622 / 47, 09 Ramazan 1306, 09 May 1889.

⁶⁷⁶ BOA. DH. MKT. 1579 / 97, 25 Rebiülahir 1306, 29 December 1888.

Russian consulate wrote about the difficulties caused by the Ottomans to the services given by physicians educated in Russian medical training institutions. As a result, physicians from Russia having passed the examination introduced by the School of Medicine would be offered work permits.⁶⁷⁷

Similarly, Doctor Mehmed petitioned for a replacement with the first chamber of the municipal physician of Aydın Province, Nalbantı the Greek, who had been appointed unlawfully.⁶⁷⁸ Unfortunately, we do not know whether he was really a Greek citizen, or a Greek subject of the Ottoman state. Yet, we encounter several petitions in this way written by Turkish / Muslim physicians for their replacement with the non-Muslims. That marks the period in which a rivalry between these two groups over health services began not only in freelance domain, but also at the state level, as well.⁶⁷⁹ That was the period in which non-Muslim subjects ceded their places to the Muslim ones, and the office of municipal / provincial medicine was one of the vital media for this transition.

These ethnic and political conflicts were a part of the whole competition for medical practices.⁶⁸⁰ Foreign physicians and midwives working freelance, placed advertisements in the newspapers.⁶⁸¹ An example of this is the following one: A

⁶⁷⁷ BOA. DH. MKT. 1584 / 46, 12 Cemaziyelevvel 1306, 14 January 1889.

⁶⁷⁸ BOA. DH. MKT. 1630 / 116, 24 Şevval 1306, 23 July 1889.

⁶⁷⁹ The doctors educated in Anatolian medrese's, in addition to those educated in Fatih darüşşifa were aiming at settling either in the army or in the palace since full employment were only there, in addition to hospitals. Self-employment in medicine was rare until the formation of the school of medicine in the time of Mahmud II. Freelance physicians appeared especially after the Crimean War, and centered in İstanbul. Gürkan, *Türkiye'de Hekimliğin Batı'ya Dönüşü*.

⁶⁸⁰ Roy Porter defines this competitive environment as a "medical marketplace." Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, no. 2 (1985).

⁶⁸¹ Some examples are that of Madame Pournicon who declares her arrival from Marseille on 9 April 1852 in *Journal de Constantinople*; Dr. Pogov Grabowski claimed having taken education in France and accepting patients in Teke de Pera, number 1 on 9 October 1852 *journal de Constantinople*; or Dr. Kolman from Berlin accepting visitors every afternoon in Beyoğlu the great casino for a fee of 10

certain Anastasia wanted to practice vaccine and nursery in Kilisora village of Görice, but she complained that the present provincial physician was preventing her, so, she had written a petition to the Province of Manastr. Actually, we see that a competition over the practice of medicine of any kind was in question.⁶⁸²

The state's appropriation of medical services could be read as an effort to appropriate souls via the bodies of people. Who would take care of the health of the people? The answer to this question did not differ from the question of who would benefit from the capacities of the population. That is why activities like hospital-opening or free health service-offering came to be constitutive elements of medical care.

Between 1870 and 1890, many French monasteries providing medical and educational services to people were established.⁶⁸³ Indeed, "the cure of the body was expected to constitute of a medium for the acquisition of the souls. The first Jewish hospital was Mayer-Rothschild, founded in 1854. In 1857, the perushims founded their hospital, Bikkur Holim, with the assistance of European and American philanthropists. This hospital provided free health care three days a week.⁶⁸⁴

Mağmumi wrote that in response to the two foreign schools of medicine, the government was certainly supposed to introduce a school of medicine in Damascus.⁶⁸⁵ Beirut had two schools of medicine, one financed by the American Society of Missionaries, the other one by the French Jesuits. Both had many

francs on 3 July 1866 in Tasvir-i Efkar. Necdet Hayta, *Tarih Araştırmalarına Kaynak Olarak Tasvir-i Efkar Gazetesi (1278/1862-1286/1869)* (Ankara: TC. Kültür Bakanlığı Yayınları, 2002).

⁶⁸² BOA. DH. MKT. 1469 / 44, 27 Rebitülevvel 1305, 13 December 1887.

⁶⁸³ Nicault, p. 59.

⁶⁸⁴ Ibid., p. 78.

⁶⁸⁵ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 246.

Lebanese students, and had unsatisfactory reputations because of the dominance of theoretical courses: the graduates were able to practice medicine only after an assessment examination given by the School of Medicine in İstanbul.⁶⁸⁶

The tutor of Thessaloniki at the end of the eighteenth century was a doctor from a rich and powerful family, Doctor Moiz Allatini, educated in Florence and Piza. Focusing on family business, he founded the first industrial facilities of the city, including a brick factory, a beer factory, a printing atelier, several other ateliers and factories, and the Bank of Salonica in 1888. He provided health services for free to all the poor of the city regardless of their belief. Another physician was Doctor Moiz Mizrahi, who had founded an institution to provide hot food to poor students. The Bikkur-Holim Hospital and Hirsh Hospital provided medicine, food and health care for free. A mental hospital founded by the poet Salomon Şalem began helping mentally ill people in 1908. Another institution, Agoudat Esra la Yoldot, gave assistance to women with children.⁶⁸⁷

In the second half of the century, *Les Filles de la Charité*, a religious order formed of Lazarists, amassing sisters volunteering for help to the poor and the sick, were extremely active in Salonica. They founded two orphanages, a school for boys, another one for girls, and a dispensary out of the town, to which a hospital was added in 1895. They distributed medicine for free to poor Greek, Jewish, Turkish, Bulgarian and Albanian patients.⁶⁸⁸

⁶⁸⁶ Terzioğlu, "Joseph Russeger," p. 33.

⁶⁸⁷ Rena Molho, "Yenilenme," in *Selanik (1850-1918): "Yahudilerin Kenti" ve Balkanlar'ın Uyanışı*, ed. Gilles Veinstein (İstanbul: İletişim, 1999), pp. 74-81.

⁶⁸⁸ Meropi Anastassiadou Dumont, "Yörenin Batılıları," in *Selanik (1850-1918): "Yahudilerin Kenti" ve Balkanlar'ın Uyanışı*, ed. Gilles Veinstein (İstanbul: İletişim, 1999), pp. 160-161.

Karabet Efendi, the municipal physician of Bartın prepared illegal reports, humiliated poor patients, and made consultation. Additionally, some of the medicines he prepared provoked deaths. Hereupon, the residents of Bartın had lodged a complaint against him, and he was dismissed from his position. He had acquired his conduct certificate illegally, and went to the Sublime Porte. This behavior was denounced by a man named Kandirođlu Hasan and his friends by a telegramme. The certificate was demanded by the General Administration of Military Schools from the province of Kastamonu to enter into his employment record.⁶⁸⁹

The same debate over healthy bodies can be seen in an example from Egypt. At that period Egypt, which was a part of the Ottoman state, had formed its own medical organization. As a response, Ottoman state had formed a quarantine section in this area in search of a powerful position in Hejaz and the Red Sea. At the same time, when the horrible cholera epidemic broke out in 1893, because satisfactory measure could not be taken, international health conferences that rendered the involvement of the European states possible in Hejaz appeared. Therefore, two power nodes causing competition were apparent in Hejaz: the power of the *emir* and that of the governor.⁶⁹⁰

Perception of the Physicians by the Common People

Generally, people wanted for medical care, especially for free on the condition that the disposal of their bodies would not be taken away from themselves. In other words, unless there was a precondition of closure of the body, they applied to doctors and hospitals. It is obvious that common people did not always suffer from

⁶⁸⁹ BOA. DH. MKT. 800 / 68, 22 Ramazan 1321, 11 December 1903.

⁶⁹⁰ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*.

the inappropriate behavior of physicians. There were some cases in which they wrote to the center informing about their satisfaction with their provincial physician. Doctor Ostoyanci, the provincial physician of Filibe, was one of them. But, in this case, the reason for this petition was the desire to prevent the Greek subjects from replacing him with another physician.⁶⁹¹

However, once physicians began to impose restrictions, or even an alternative for their simple behaviors on their daily lives, reluctance or insurgencies began to appear. One and the most extreme condition of that was, needless to say, quarantine enclosures. Being kept in a quarantine station for several days both harmed the businesses⁶⁹² and the mobility of people. As a result, pretexts or reasons were found to avoid the quarantine.

One of the most troubling issues was the burying of deceased bodies. Medical controls being the responsibility of provincial physicians, due to the deficiency of properly-educated medical staff in the provinces, bodies were ordered to be left for several days when the district was under the attack of an epidemic. Additionally, the ethnicity or religion of the physician in contact with local people was controversial since they were not willing to show their deceased bodies to a member of another religion.⁶⁹³

⁶⁹¹ BOA, A. MKT. NZD. 393 / 11, 17 Receb 1278, 19 January 1862.

⁶⁹² During the cholera epidemic of Bağdat, the price of all basic goods increased sharply: wheat increased to 28 piasters for kilo from 20, coffee increased to 90 from 60 per *okka*, and sugar's increase was 30 from 13. As a result, thieves populated the city. But, the most disturbing result had been hatreds among the Muslims against the Jews. Paul Dumont, "Yahudiler, Araplar Ve Kolera: 19. Yüzyıl Sonunda Bağdat'ta Cemaatler Arası İlişkiler," in *Modernleşme Sürecinde Osmanlı Kentleri*, ed. Paul Dumont and François Georgeon (İstanbul: Tarih Vakfı Yurt Yayınları, 1996), p. 143.

⁶⁹³ The issue of religion was important for especially the Arabic provinces of the Empire. Yet, as signification of the identity, it became more political than ever in the nineteenth century, and spread to all dimensions of human life. Masters, p. 133.

A directory introduced in 1866 regulated the burying bodies was forbidden in churches, mosques and their cemeteries, in addition to the cemeteries nearby populated places, except for the already existing family graves.⁶⁹⁴ That measure was obviously related to public hygiene. The burying processing needed to be done by a permit but in Mina and Arafat, a considerably few number of bodies were brought, which led to the idea that people were burying the corpses of their families themselves.⁶⁹⁵

In Atranos, Bursa, the death of an officer in 1894 mooted the need for local physicians for death reports, because the corpse was kept to be buried after a medical report and no physician was working in the area, and the lack of telegraph had delayed communication with the town. Finally, they had reached to the Health Inspectorate of Bursa, and managed to convince a doctor to travel to Atranos, which was famous for its steep hills. That doctor was Şerafeddin Mağmumi, who indeed wanted to visit a relative at the area. When he reached the area three days had passed. The body, found the cause of death to have been angina, had been waiting for three days.⁶⁹⁶

The complaints of the people may be considered to have been of three main types, one was the negligence, another malpractice and misconduct, and ignorance. A final strategy of the people to avoid the doctors was to disguise diseases. One problem of provincial physicians was that they were not loyal to their duties. Complaints about their escape from assignment locations were so common that it attracted attention.

⁶⁹⁴ Nicholas Vatin, "Osmanlı Döneminde Sur İçi Defin," in *Osmanlılar ve Ölüm: Süreklilikler ve Değişimler*, ed. Gilles Veinstein (İstanbul: İletişim, 2007).

⁶⁹⁵ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 65.

⁶⁹⁶ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, pp. 63-69.

The provincial governor of Prizren, Doctor Filip Batelence was assigned with a salary of 1500 piasters, while the first amount pronounced was 2750. He first seemed to accept the second amount but after a while, his refusal to visit the houses of the patients and his demands for extra money from them attracted attention. Furthermore, rumors began to spread so that he was not examining patients personally, but he left them to the examination of a Jewish pharmacist at his company. Hence, he attracted the hatred of the people and pushed the mukhtars, Christian despots,⁶⁹⁷ and local notables to petition against him.⁶⁹⁸ We do not know whether he was really acting in such a way but the hatred of people should be thought on.

We also do not know whether the subject of the non-Muslim / Muslim debate was in question in the previous case, but whether it was just a rumor or not, even the existence of such a rumor provides some clues about ethnic troubles in provinces. The prevalence of non-Muslim physicians could have been an initiative force for public hatred among the Muslim population against them. Hence, we encounter official letters demanding assignments on the basis of ethnicity or religion of the appertaining area. For instance, the death of the provincial physician of Skopje, Dimitri, was used as an opportunity to demand a middle-aged Muslim physician from the School of Medicine⁶⁹⁹

⁶⁹⁷ A bishop or patriarch of the Eastern Orthodox Church. Merriam Webster Dictionary. 29.04.2012. Available [online] at <http://www.merriam-webster.com/dictionary/despot> . A title borne by numerous persons of rank in the later Roman, Byzantine, and Ottoman Empires. The Free Dictionary. 29.04.2012. Available [online] at <http://www.thefreedictionary.com/despots>

⁶⁹⁸ BOA. A. MKT. MHM. 358 / 99, 05 Muharrem 1276, 04 August 1859.

⁶⁹⁹ BOA. A. MKT. NZD. 89 / 64, 05 Zilhicce 1269, 09 September 1853.

Similarly, during the cholera epidemic of 1895, the municipal physician of Tarsus was dismissed, and a Greek doctor fled from the area of infection.⁷⁰⁰ The administrator of the quarantine of Tur, Dr. Zaharriyadis, wrote a letter to the İskenderiye Health Council: In most of the ships, the duty to treat the patients had been assigned to inexperienced physicians. They were negotiating with the captains, and giving false and misleading information to them. About cases of disease and deaths, it was impossible to gather information from them. Especially the ships that arrived in the port with delay did so in without being sanitized. First of all, no physician could be seen on the deck. People to disinfect the passengers were also missing. No special place to shelter the patients could be observed. Furthermore, most of the time the physicians did not treat the patients, so, they had to practice self-medication.⁷⁰¹

The provincial physicians were recorded in the State Yearbooks. Yet, in 1862, a letter sent from the Sublime Porte to the administration of the School of Medicine stated that the physicians and surgeons in attendance were neglecting their duties, leaving their post to pharmacists. People looked for a cure when the circumstances were available for them, although they rejected it when the cure involved compulsory applications such as compulsory enclosing. The case of the night doctors provides us a valuable opportunity to illustrate this situation.⁷⁰²

⁷⁰⁰ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 178.

⁷⁰¹ "...sefainin oğunda hastegana bakmak vazifesi bir takım acemi tabiblere muhavveldir. Onlar ise kapudanlarla uzlaşarak bize daima sahte ve yalan malumat veriyorlar. Ve hem de gerek emraziçün ve gerek yolda vefat edenler için onlardan doğru haber almak kabil olmuyor. Hususen sonradan gelen vapurlar yani yolda ziyade gecikmiş sefain son meretebe nezafetsiz bir halde muvasalat ediyorlar. Zira bir kere güvertede tabib bulunmaz. Onları tathir edecek kesana dahi tesadüf olunmaz. Hastaların barındırılmaları için hiçbir muayyen yer dahi yoktur. Hem de onları alekser etibba asla göremediklerinden kendi kendilerine tedavi olunmaya çalışmaktan başka çareleri kalmaz." Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 45.

⁷⁰² Yıldırım, "İstanbul'da Nöbet Mahalleri- Nöbet Eczaneleri (1845-1895).", p. 155.

The image of the physician who had full authority over patients is an image inherited from the late nineteenth century.⁷⁰³ Benefiting from this image, misconduct was highly common. Many complaints about the doctors from the patients and the general people involve charges of malpractice. The central authority's self-envisioning of the "all-caring father" was harmed by these physicians because most of the time, they received, demanded or took by force some extra amount from the patients during consultation, despite the fact that all the regulations manuals and books clearly stated the requirement of free consultation for the poor.

We do not know whether they were really forced to choose such an unscrupulous manner against the public. Their common refusal to work for unsatisfactory salaries gives the impression that they were not in a comfortable condition, as well. So, can we say that they were the subjects of the modern administrative tools as well as they were the actors of it? Highly possible. Despite the common image of state physicians, educated, modern, wise, and different from the common people, we do see a newly graduated, young, inexperienced bunch of people with monetary problems.

The poor of the town of Antalya wrote to the province of Aleppo that the professional knowledge of their municipal physician, Minos Efendi was dubious and he refused to visit the poor unless he received twice as the usual fee. That was why orders were sent to replace him with a Muslim physician. It was decided to investigate whether he was a graduate of the School of Medicine or not.⁷⁰⁴

The municipal physician of Kavala refused to visit the poor (*hastaların hanelerine kendi gitmek külfet ve zahmetini red maksadıyla*) and claimed that he was

⁷⁰³ Shorter, p. 790.

⁷⁰⁴ BOA. DH. MKT. 583 / 41, 9 May 1320, 22 May 1904.

only responsible for treating patients in the local charity hospital. People uncomfortable with the inappropriate manner of the physician avoided his consultation both for their women and their relatives, but they were obliged then to see foreign physicians. Despite their multiple requests of his dismissal, the patronage of Rıza Servet Bey, the health inspector of Salonica, prevented him from losing his post. The last resort of the people was to write a petition to the province of Salonica.⁷⁰⁵

Mehmet, one of the local notables of Düzce petitioned with his friends for some requests after the spread of important diseases in the year 1904. Indeed, the document informs us that the residents of Düzce did not trust to the municipal physician, and they were not appointing to him. Even from this tiny information, we can guess that the people, either sick or healthy, sought for health care, but not regardless of the attitudes of the physician, or maybe his religion or ethnicity.⁷⁰⁶

One kind of misconduct of municipal physicians was the preparation of fake reports. Medical reports were used as evidence in criminal investigations. That is why those who prepared them were subject to either misuse or pressure from outside. In either case, they were vital in the decision-making of judicial processes. Thanks to the correspondence between the Ministry of Interior and that of Justice, we are able to get some information on these cases of fake medical reports.

One of them was the case of Artin Karabetyan Efendi, the municipal physician of the town of Safranbolu. Because of the attack of Hüseyin, son of Said, a certain Mustafa was imprisoned for three months after a medical report from the doctor in question. Yet, a medical council produced a different report, which gave

⁷⁰⁵ BOA. DH. MKT. 704 / 79, 11 Safer 1321, 09 May 1903.

⁷⁰⁶ BOA. DH. MKT. 865 / 17, 13 Rebiülahir 1322, 27 July 1904.

Mustafa hard labor for three years, in the appeal court of the province of Kastamonu, which ended in the physician being subject to investigation.⁷⁰⁷ Similarly, complaints about the Soma municipal physician, Leondros Patopolis Efendi, were filed for insulting people, writing fake reports and even having slapped Hasan Fuad Efendi, the fiscal director of Soma.⁷⁰⁸

Because of the information that the municipal physician of Bergama, Kamil Efendi had embezzled funds, he was assigned to the medicine of Foça, and Mustafa Efendi, the physician of Demirci, was assigned to Bergama. But Kamil Efendi, after having been returned to Bergama, was so audacious that he started to write fake reports, request a travel allowance from the revenue authorities after having already received it from the patient by making him sell his livestock. He also received an amount from the patients who were to be examined for free. As for Mustafa Efendi, he was not left out of service, and appointed to the medical post of Bozdoğan.⁷⁰⁹

It is interesting that in the years 1888-1889, we encounter several documents on either the problem of foreign physicians, or the problem of misconduct of municipal physicians. The provincial physician of Karahisar, who was reported for ignoring his duty, was an example of that.⁷¹⁰ Yet, several reports indicated that they avoided this mission, with the expressions that: “*eshab-ı emraz-ı muayeneye tayin olan etibbanın ve kabilelerin vefiyatta mahallerine gitmediklerinden bahisle...*” (on the unwillingness of doctors and midwives appointed for medical consultations for post-mortem examinations), so they were warned several times on this avoidance of

⁷⁰⁷ BOA. DH. MKT. 877 / 35, 02 Cemaziyelahir 1322, 14 August 1904.

⁷⁰⁸ BOA. DH. MKT. 889 / 54, 07 Receb 1322, 17 September 1904.

⁷⁰⁹ BOA. DH. MKT. 908 / 81, 29 Şaban 1322, 07 November 1904.

⁷¹⁰ BOA. DH. MKT. 1650 / 124, 27 Zilhicce 1306, 24 August 1889.

the deceased. In 1895 in Kilis, there was no distinction made between a doctor and a pharmacist. Places called “doctor’s shop” stocked inventories of medicines worth of hundreds of piasters. Without a prescription, those doctors wrote formulas for their apprentices, who prepared the medicines from that stock.⁷¹¹

For the negligence (*tekasül, rehavet ve adem-i dikkat*) of the physician, surgeon and pharmacists, a commission was formed to try them in court against them by indicating that some of the physicians, surgeons and pharmacists showed inattention, negligence and lassitude in the treatment, operation, and prescription of the patients. These mistakes sometimes ended up in the loss of the patient. Deaths had begun to appear frequently. Some excuses like the inexistence of a surgeon would no longer be accepted. The recent death of the daughter Ahmet Eyüp Paşa appeared to have been caused by the inattentive manner of the doctor. It is heard like in this case that physicians refused to visit the patients in their houses or even if they went, they acted inattentively and involuntarily. An office in the military for the investigation of such complaints would be ready for investigations. A military court was composed of six members to investigate such physicians. This committee would be formed by the Major General Aziz Bey; Doctor Nikolaki, the chief doctor of the military hospital; Mahmut Bey, the governor; and Doctor Ali Efendi under the presidency of Lieutenant General Mustafa Paşa. This commission would visit all hospitals in the Sublime Porte and control the situation and conduct of the doctors.⁷¹²

A letter of complaint dated 28 July 1866 from Monastir was published in *La Turquie* about a doctor. He had committed a crime and had received his penalty. Rumor said that he had been condemned and he had ridden a donkey, his head turned

⁷¹¹ Mağmumi, *Bir Osmanlı Doktorunun Anıları*, p. 222.

⁷¹² BOA. Y. MTV. 62 / 39, 12 Şevval 1309, 09 May 1892.

towards the tail of the animal. Then the truth was revealed by the letter: A certain Cosma, after completing his military service in Albania, had returned to headquarters by way of Elbassan. Back in Monastir, he was accused of raping a nine year old Muslim child on the way. By the order of the Governor General, Cosma had been immediately brought before the grand committee, which undertook an impartial investigation. With the minutes of proceedings, all documents were sent to İstanbul. Within this time, people's reaction escalated because he had not been sent to prison. The response of İstanbul was a punishment of five years' imprisonment. Furthermore, a sign indicating his crime and punishment had to be hung from his neck to be exhibited to the people. That punishment was fulfilled.⁷¹³

The ineptitude of the physicians constituted a significant topic for the subjects of new medicine. To any location reached by the restrictions of modern medicine, rumors about the failures of those who carried out the restrictions spread Osman Nuri, inspecting the Tur quarantine, reported that the infected patients had not been separated from the healthy ones. Furthermore the officers and doctors responsible for the disinfection machine were ignorant of its use, which caused the 31,000 pilgrims to be allowed to go home without disinfection.⁷¹⁴

The problem of available places for physicians was common in the Ottoman provinces. Both health inspectors and health officers suffered from this problem, grounded by the instabilities of municipal organizations. The Bitlis municipal governor was brought under investigation because of his ignorance on such a setback

⁷¹³ La Turquie, 10 August 1866.

⁷¹⁴ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 85.

in his vicinity in addition to allowing an uncertificated pharmacist to work in the municipal pharmacy.⁷¹⁵

Mehmed Faik, the governor of the province of Kosova, reported that the municipal physicians of İştib, who was unable to take care of the public health of the people, was demanded by the public to be replaced by the traditional doctor of the area, Dimitri. After this request, an investigation was opened and it was determined that he did not have a diploma. He even had not acquired a permit from the Sublime Porte. The answer to the petitioners was given in this way with an addition that a municipal physician had been assigned from among the certified ones by the Ministry of the School of Medicine.⁷¹⁶

We do not know how it was possible for people to be employed by the Ministry of the School of Medicine without acquiring a diploma, but we encounter several documents indicating the existence of such people working as municipal physicians or pharmacist. As late as 1891, the center demanded from Trablusşam the preparation of a register book recording the names of such people.⁷¹⁷

A final tactic of the people was to disguise their diseases, which indeed was more common in cases of epidemics, which had to be dealt with by the quarantine physicians; yet, since the provincial physicians also were involved, they were represented among the people's views of physicians in the countryside.

⁷¹⁵ “Belediye riyaseti tarafından henüz icab-ı icra olunmadığı cihetle memurin-i sıhhiyenin ifa-yı vazife edebilmelerini teshil zımında bilcümle alat ve vesait-i lazımenin tedarik ve celbi ve daire-i belediyenin de kanuni bir daire-i belediye hal ve şekline kabil-i esbabının istikmalî vilayet-i müşarileyha sıhhiye müfettişi tarafından bu kere dahi gönderilmiş tahriratta beyan olunmuştur memurin-i sıhhiye için bir mahall-i mahsus tefrik ve tahsis ve levazım-ı kırtasiye itası ve diploması istihdam edilmiş mezkur vilayet eczanesinin ihracı hakkındaki tebligat-ı mükerrerereyi imza ve infaz etmediği işar edilmiş Bitlis belediye reisi hakkında kanunen lazım gelen muamelenin icrası esbabının istikmal buyurulması.” BOA. DH. İD. 48-2 / 54, 1330 Zilhicce 11 , 23 October 1912.

⁷¹⁶ BOA. DH. MKT. 1627 / 102, 12 Şevval 1306, 11 June 1889.

⁷¹⁷ BOA. DH. MKT. 1903 / 30, 18 Cemaziyelevvel 1309, 20 December 1891.

Cholera, transported to Suez via infected pilgrims, was to be reported where it was seen. After a fraudulent declaration by a captain, a ship coming from Suez acquired the right to a bill of health (*pratika*.) However, the disease had caused the deaths of a couple of people on the ship, and the captain had ordered their bodies thrown into the sea. Similarly, cholera arrived to İstanbul by an Ottoman corvette from which two bodies had thrown out secretly. As a result, the disease spread to Hasköy and Kasımpaşa within two days.⁷¹⁸

Dr. Ferrari, responsible for Suez's medical affairs, presented to the Health Council of Alexandria a report in which the following words summarized the situation:

The pilgrims are transferred to extremely decrepit ships and since they are very overcrowded, their situation is a mess. Hence, one can find a place to wonder neither at the deck nor at the hull. In addition, the number of the pilgrims always exceeds the one indicated the list of bill of health. And moslty, they are deprived of tents to protect them from the sun. As a result, they all the time undergo the harsh effects of the sun. The restrooms near the ships are insufficient both in number and in hygienic conditions. So, they are dangereous. / Additionally, I should also declare that the information that I received from the captain and the ship physicians is misleading. To sum, even at the times I hear that their passengers are in perfect sanitary condition, when I myself take in, I notice that there are actually several patients, and since the ship does not have a sanitary ward, I observe that they have to practice self-treatment. Even, I see cases of deathly diarrhea. It is impossible to come close because of the horrible stench. They received assitance from neither the physician nor the crew members.⁷¹⁹

⁷¹⁸ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 14.

⁷¹⁹ “*Hüccac hemen daima son mertebe köhne ve artık amelmande addolunacak vapurlarla nakledilirler. Ve hüccac son mertebe irkab ettiğinden onlar orada karma karışık halde bulunurlar. Binaenaleyh ne güvertede ne de teknede asla gezilecek yer bulunmaz. Bundan maada hüccacın miktarı her vakit vapurlarda kapudanların pratika için gösterdikleri listede beyan olunandan ziyade bulunur. Ve çok kere onların güvertelerinde hacıları güneşten muhafaza edecek tenteler dahi bulunmaz. İşte bunun neticesi olarak hüccac sürekli müddet heman bütün gün şiddetli güneş altında kalırlar. Vapurların yanlarında sade halatlarla bağlanmış olan ve gûştan hiçbir farkı olmayan abdesthaneler ve daima hüccaca nisbeten gayr-ı kafi olub, hıfzıssıhhaya kat'en muvafık bulunmazlar. Binaenaleyh bu gibi abdesthaneler pek tehlikelidir. / Bir de ben burada kapudanlarla gemi etibbasının bana vermiş oldukları malumatın doğru çıkmadıklarını beyan etmeliyim. Ezcümle ben birkaç kere kapudanlarla etibba-i sefainden kendi yolcularının mükümmel halde bulduklarını işittiğim halde vapura girüb gezdiğimde müteaddid hastalar bulunduğunu gördüm ve hem de vapurun hastalar koğuşu bulunmadığından hastagan-ı merkumenin kendü çarelerine bakmaları için ötede beride yatırıldıklarını müşahade eyledim. Ve hatta anlar meyanında ölüm halinde amel ve kanlı ishal*

An Austrian ship leaving Jidda in 1893 had 33 incidence of death. They had left the bodies to the sea, and reported to the quarantine of Tur a list of death involving only seven bodies. The list was approved by the signature of Karlinsky, the ship doctor. Dr. Proust's declaration about this issue can be read in following lines:

The bodies were thrown into the sea with artificial weights so that they did not break the surface. But, most of the time sharks cut the ropes attached to the bodies, freed them from the weights and caused them to break the surface. Sometimes, they ate the bodies within one hour. Some other times, the bodies were set on fire in the ship's boiler.⁷²⁰

When a syphilis hospital in Safranbolu opened in 1886, Hakkı Efendi, health officer of the institution administered the hospital pharmacy, as well. Out of fear of being recorded, the male syphilis patients, Greek and Turkish locals, and the neighbouring notables were treated in his house in secret, his wife, Latife Hanım, took care of the female ones.⁷²¹

Sometimes fake illnesses were presented to the physicians. Each year in spring, provincial doctors were given with the local military authority the examination of the young men called to military service, which was considered as the most painful duty by villagers. Those who could afford 1500 piasters gave it as a substitute. Those who could not, arrange to be exempted, appealed to fraudulent means, such as cutting a finger with an axe. In such cases, the provincial physician who was not equipped with the necessary means to identify a fraud and who was assailed by continuous demands, found himself in difficult situations.⁷²²

hastalıklarına musabları da buldum. Artık anların kokularından yanlarına varmak bile kabil değildi. Halbuki anlar ne tabibden ne gemi mürettebatından hiç yardım da görmüyorlar idi.” Ibid., p. 44-45.

⁷²⁰ Ibid.

⁷²¹ Uğuroğlu Barlas, *Safranbolu Tıp Tarihi Araştırmaları* (İstanbul: Hilmi Barlas Eğitim Vakfı Yayınları, 2004). Similarly, in the same period in Egypt, syphilis was kept in secret. Even the ones looking for a prescription avoided being sent to a hospital. Fahmy, "Medicine and Power," p. 16.

⁷²² Hikmet, p. 62.

This chapter gave a general account of the practice of medicine at the provincial level, focusing on the newly rising group of provincial physicians within the context of the compulsory service for centrally-appointed state officials and the penetration of medical services and controls into the countryside. The chapter first provided a general definition of the medical services for the civilian subjects of the Empire, since most of the medical services were given by and for the military staff. The Civilian School of Medicine, the provider of the provincial physicians, was then described to better illustrate the system of appointments.

Archival sources were used for the actual application of the laws on medical services in the Ottoman provinces from three angles: the self-concept of the physicians by themselves, the demands of the administrative and medical elites from provincial physicians, and the regard of the people at these “outsiders.” The documents mainly showed that, not different from the struggle against the traditional healers, the number of physicians were really low with regard to the needs of the provinces.

People wanted medical care, except for cases in which the doctors’ religion or ethnicity was different from their own. Also, they were not willing to be controlled, checked, and counted. They objected to medical care in such cases using the pretext that the doctor was inept at his profession. As for the physicians themselves, despite obligations, the tendency to escape from compulsory service was common, especially in times when salary payments were delayed for months. The situation was aggravated in cases where the local people did not have trust in them, which was translated into the official language with the expression “not being able to cope with the climate of the area.” Finally, the medical and administrative elites were decisive on the continuation of the policy.

CHAPTER 6

QUARANTINES: DAILY LIFE, COMPABILITIES AND INSURGENCIES

Almost until the 1980s, just like the history of science, the history of medicine has been considered within a single positivistic line, portraying the heroic actions of great doctors dispersed and isolated from their environment and era. Progress and triumph over diseases (which also meant nature) is the basic theme of medical stories.⁷²³ That doxographic approach can also be observed in the early studies of the Turco-Ottoman medical history-writing. Miri Shefer Mossensohn writes that while it is possible to designate an ahistorical understanding of medicine, it is also possible- and more fruitful- to see medicine within its social and cultural constructs, networks, and responses which shape different façades of the medical “reality.”⁷²⁴

By following this proposition, this chapter, in contrast to the doxographic approach, does not target to offer a total picture of the quarantine physician in themselves. Nor does it give full statistical data on quarantines themselves. Instead, it discusses the relationship between states in terms of quarantines, physicians with the state, and physicians with the people staying in quarantine stations or patients through possible reactions.

Most of the Ottoman physicians graduated from the Military School of Medicine found themselves nearby the quarantine stations, which were formed more than in urgent cases, on the contrary, almost a norm, especially in the second half of

⁷²³ Gert Brieger, "The Historiography of Medicine," in *Companion Encyclopedia of the History of Medicine*, ed. Bynum and Porter (London: Routledge, 1993), pp. 24-25.

⁷²⁴ Mossensohn, *Ottoman Medicine, Healing and Medical Institutions*.

the nineteenth century. Quarantine Administration almost defined sanitary measures and legislation, with regard to the rising necessities, and objections.

From this perspective, the aim of this chapter is to look at the relation between politics and sanitary control in the international arena, and daily politics within the boundaries of the empire. Quarantines constitute a special condition, a compulsory break within the course of life. How did people react to this break? How did the doctors, the sanitarians and the quarantine guards operate within this local but international enclosement? This chapter examines these issues via events that were reported to the center from the stations.

Howard Markel divides the look at the concept of quarantine into four: the social response, which is, avoiding the ill; negotiating the concept of ill among the experts and the community at large; political, economic and social battles; and finally, the impact of several characteristics of the community (i.e. ethnicity) on framing social responses to quarantine.⁷²⁵ An understanding of a communicable disease first initiated cordons, and quarantines. The victory of contagionism about its envisioning the transmittable diseases that saw the hindrance in solely eliminating the environmental factors was celebrated by the bacteriological revolution at the end of the nineteenth century.

Sanitary reform, or public health, was one of the most vital means of the state's intervention in daily lives during the nineteenth century. Through developing means of trade and transportation, all European states suffered from these disasters (or the scourge of God), which provoked them to take harsh measures. Any continuation with the outside world now would be organized and controlled by state-responsible sanitary professionals and the state's security forces. These measures will

⁷²⁵ Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore: The Johns Hopkins Press, 1999), p. 2.

meet with several objections; yet, what all countries shared was the determination to maintain these measures.

From the early nineteenth century, the application of quarantine evoked resistance and discussion in Britain. The Quarantine Act of 1825 lost support gradually due to its inefficiency during the 1832, 1848 and 1854 cholera epidemics and the ideology of laissez-faire. Europe's response to epidemics in general was to assemble the Sanitary Conferences, the first of which was organized in Paris in 1850-51.⁷²⁶ Richard Evans mentions about the disease that "it had a good claim to be regarded as the classic epidemic disease of the nineteenth century."⁷²⁷

The prophylactic measures in the case of epidemics and pandemics are subject to fundamental dilemmas between personal freedom and the benefit of the whole society. Peter Baldwin asks, "To what extent may society protect itself against individuals whose misfortune to be stricken with a transmittable ailment poses a threat to others?" Then, he examines the differences in medical techniques between European countries, even after the bacteriological turn. For instance, for syphilis, while prostitution began to be regulated in France and Germany, the British solution was voluntary treatment, and the Scandinavian choice was compulsory treatment of the infected. Baldwin questions how similar problems resulted in dissimilar treatments.⁷²⁸

Rejecting the thesis of national temperament, Baldwin focuses on the idea of a relationship between prophylaxis and national politics, an idea which is mostly

⁷²⁶ Krista Maglen, "The First Line of Defence': British Quarantine and the Port Sanitary Authorities in the Nineteenth Century," *Social History of Medicine* 15, no. 3 (2002).

⁷²⁷ Richard J. Evans, "Epidemics and Revolutions: Cholera in Nineteenth Century Europe," *Past and Present* 120 (1988), p. 125.

⁷²⁸ Ibid.

preferred by Erwin Ackerknecht, who affirms that such measures were mostly preferred by absolutist or autocratic regimes. Liberalists, in contrast, were in favor of more localist thinking, like hygienic reform. Indeed, the British saw themselves as the pioneers of the sanitationist approach to the cholera that shook the world for the whole century, while continental countries were quarantinists. But, in the end, Baldwin poses the causality at vice versa: the nineteenth century was a period in which public health measures developed. All European states began the century as quarantinists, which was affected by the eighteenth century plague. It was during the nineteenth century that they diverged. He questions whether politics shaped preventive strategies, or whether these strategies shaped ideological traditions?⁷²⁹ How did this work in the Ottoman case?

The Establishment of Ottoman Quarantines

Quarantine administrations during the nineteenth century world were initiated mainly by cholera morbus. Seven pandemics shook the whole world during the nineteenth century. The first one began in Calcutta in 1817, moved to the Middle East, North Africa, Spain, Portugal and Poland, then reached America in six years. The second one began in Bengal in 1840 and spread to China, Mogolia, Afghanistan, Iran, Russia, Continental Europe and North America in nine years. The third pandemic originated in Bombay in 1853 and opened to Iran, Russia, Romania, and Europe in three years. The fourth one shook the Ottoman lands in 1865 along with all the Mediterranean, Germany, England and South America. The fifth pandemic, which showed itself between 1879 and 1884 ruined Egypt. The sixth one beginning

⁷²⁹ Peter Baldwin, *Contagion and the State in Europe, 1830-1930* (Cambridge: Cambridge University Press, 2005), pp. 10-36.

in 1891 caused troubles throughout Europe for five years. The seventh pandemic appearing in 1907 spread to Arabia, Egypt, Iran, Russia, the Ottoman Empire, Italy, Germany, Hungary, Romania, and even Japan.⁷³⁰ The Ottoman Quarantine Administration was strictly tied to this global phenomenon of cholera. In 1865, a cholera epidemic spread to Hejaz in a strength never seen before, with 15,000 to 30,000 dead during the pilgrimage of 26 March-24 April.

Quarantines, through such disastrous epidemics that spread to all remote places of the empire, made intervention to daily lives possible, first for these foreign countries, and then for the Ottoman state. Indeed, sanitary issues were subject to authoritative rivalries between these two forces, but also the common people, and the physicians themselves.

The first quarantine was applied against trade ships coming from Russia and carries cholera microbes to the Empire in 1831 in Bosphorus against cholera morbus. The second important quarantine was established in the Dardanelles for protection against the spread of the disease from the Mediterranean. These were qualified as preventive quarantines, “*ih̄tiyat karantinası*,” which were appreciated as insufficient, and ceded their places to a total sanitary organization with the introduction of the School of Medicine reorganized in 1839 after its constitution in 1827, and the establishment of the Quarantine Administration (*Karantina Meclisi*, *Meclis-i Tahaffuz*, *Meclis-i Umur-ı Sıhhiye*, and *Sıhhiye Nezareti* all indicating the same institution).⁷³¹

When the French doctor Antoine Lago, who had been treating plague patients in İstanbul, wrote a booklet on necessary measures against epidemics, he indicated

⁷³⁰ Şerif Kürkçüođlu, *Tarih'de Kolera, Parakolera Salgınları ve Karantina Tedbirleri (Bizde ve Dünyada)* (Diyarbakır: Diyarbakır Üniversitesi Basımevi, 1978), pp. 5-6.

⁷³¹ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 5.

that quarantine needed to be carried out throughout the whole country instead of conjectural measures of temporary small stations.⁷³² The advisory opinion of the şeyhülislam, the chief religious official, was one of the most important measures against the insurgencies. The prevention of commercial activities constituted a serious problem because the quarantine duration was not established and some ships could be left imprisoned in quarantine for more than thirty days which resulted in economic losses and their attempt to evade the enclosure.⁷³³ As a result, the organization was established officially under Abdülhak Molla Efendi, Es'ad Efendi, Selim Paşa, and Monsieur Boulard in April 1838 under the Ministry of External Affairs, which would change over time as Ministry of Internal Affairs, the Administration of the Arsenal or the Ministry of Trade.

Quarantine stations began to be formed in the Ottoman Empire in 1831 under Mustafa Behçet Efendi against the cholera epidemic of 1817, which reached İstanbul in 1830. Daniel Panzac describes the period between 1831 and 1837 as a period of hesitation in sanitary affairs. It was to eliminate these unsure feelings that Mustafa Behçet Efendi wrote a booklet called *Kolera Risalesi* (The Booklet of Cholera), where he enumerated his impressions and proposals.⁷³⁴ First, he explained the biological formation and the symptoms of the disease. He proposed avoiding the houses of contaminated people, to massage the ill person with vinegar and to let blood.⁷³⁵ In 1835, a new cholera epidemic that spread to Alexandria, Cyprus and Syria led to the establishment of another station in the Dardanelles under the presidency of Mehmed Esad Efendi and the Doctor İspiro.

⁷³² Gülden Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri (1838-1976)" (1986), p. 21.

⁷³³ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 7, footnote 36.

⁷³⁴ Daniel Panzac, *Osmanlı İmparatorluğu'nda Veba 1700-1850* (İstanbul: Tarih Vakfı Yurt Yayınları, 1997), p. 217.

⁷³⁵ Feridun Nafiz, "Hekimbaşı Mustafa Behçet: Cholera Risalesi," *Türk Tıp Tarihi Arkivi* 1, no. 4 (1935).

Quarantine stations had begun to be formed in the ship *Kapak*, then moved to Kuleli Barracks, and then to an office in Galata over the Underground Mosque.⁷³⁶ After the formation of the Quarantine Administration in 1837 and the Health Council in 1838, the main stations of the Empire were in Kamerun, Tur-ı Sina, Basra, Beirut, Damascus, İskenderun, Fethiye, İzmir-Urla, Foça, Dardanelles, Tuzla, Anadolukavağı, Kartal, Sinop and Trabzon.⁷³⁷ Thirteen stations were formed in the Rumelian coasts, 29 stations in the Anatolian ones and inner lands, seven stations in Syria, three in Africa, and seven in some islands.⁷³⁸ By 1841, except for İstanbul, 82 quarantine stations were functioning.⁷³⁹ But over time, because of expenses, those stations were closed except for the principal centers and reformed only in urgent cases.⁷⁴⁰

Forming quarantine was expensive, even for just monthly salaries of the staff, which was decided to be 40,900 piasters in sum. First proposals were in the direction of payment by the state, philanthropists, and the beneficiary payment of the four non-Muslim communities residing in İstanbul (Jewish, Armenian, Greek and Catholic) or as a common tax.⁷⁴¹ In the end, it was decided to collect from the communities and

⁷³⁶ Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri," pp. 52-59.

⁷³⁷ Kürkçüoğlu, p. 13.

⁷³⁸ Süheyl Ünver, *Türkiye'de Veba (Taun) Tarihi Üzerine* (İstanbul: Ahmet İhsan Basımevi, 1935), p. 10.

⁷³⁹ Those stations were located in Erzurum, Bursa, Sinop, Sivas, Aydın, Trabzon, Kıbrıs, Ayvalık, Midilli, Saruhan, Antalya, Isparta, Sahibikarahisar, Alaiye, Amasya, Bilecik, Kuşadası, Limni, Sakız, Eskişehir, Bodrum, Balıkesir, Bergama, Bozok, Menteşe, İzmit, Kayseri, Bolu, Erdek, Kütahya, Rodos, İstanköy, Ankara, Samsun, Edirne, Köstence, Selanik, Manastır, Rusçuk, Varna, Kavala, Ahyolu, İslimye, Filibe, Vidin, Silistre, Şumnu, Niş, Galos, Siroz, Tırnova, Gelibolu, Aynoz, Tekfurdağı, Gümülcine, Ereğli, Castelrosso, Draç, Kastamonu, Bahr-ı Sefid Boğazı, Bulakabad, Ayvacık, Yanya, Preveze, Avlonya, Yenişehir, Sofya, Üsküb, Karamürsel, Marmara, Kemer, İmralı, Gülek Boğazı, Safranbolu, Mihaliç, Girit, and İzmir. As it can be seen, they were mainly formed in Anatolian and Balkan lands of the Empire.

⁷⁴⁰ Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri," p. 86.

⁷⁴¹ Quarantine taxes were a problematic issue throughout the whole century, even in the early twentieth century. In the minutes of the High Council of Health, the session of 8 April 1902 witnessed the propositions of Dr. Stekoulis Efendi: 1) regulate the costs that have long been the "health fund" in places to be borne by the Treasury or the "Fund quarantine;" 2) review the project managers and staff

some wealthy residents of İstanbul and that the money would be entrusted to the ministry of finance: 500 purses were collected from Kıbrıs Muhassılı Hacı Mehmed Ağa, 250 purses from Midilli Nazırı İsmail Ağa; 1250 purses from Yakub Paşa, the governor of Tırnova and Derviş Bey, the superintendent of expenses Salih Efendi, and 2000 purses from the Greek, Armenian and Jewish communities. In total, 3250 purses of *akçe* were collected for the expenses of İstanbul station. For the expenses of the provincial stations, two options came onto agenda: to collect a tax from the whole population, or to gather funds from the wealthier people of the areas closest to the quarantine. Those two options were rejected, however, in favor of essentially treasury payment, and supplementary fees paid by the people.⁷⁴² This decision would result in continuous debates throughout century.

The application of quarantine measures proved as difficult as their establishment and its finance. It was understood that the lack of medical specialization on quarantine conditions constituted a serious drawback and the necessity for competent specialists was urgent. Hence, a foreign staff under the direction of Dr. Minas, a physician from Vienna, was gathered. Quarantine legislation followed the invitation of the foreign physicians, concentrating on the issues of establishing quarantines in frontier zones, sending sanitary staff to risky places, and the protection of İstanbul.⁷⁴³

Dr. Minas demanded the presence of a commission formed by permanent members, which resulted in the interference of foreign physicians like Dr. Nauner, Dr. Bernard, Dr. Mayer and Dr. MacCarthy, the imperial doctor. Additionally,

already accepted by the board; 3) review the regulation of retirement pensions in order to make possible improvements; 4) finally, consider the question of lower taxes for health. Y. A. RES. 118 / 7, 8 April 1902.

⁷⁴² Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri," pp. 39-45.

⁷⁴³ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 9.

ambassadors were added to the organization as permanent members because of not only the economic constraints, but also their anxiety about the indecisive nature of the applications: They were not advocates of the health officer's authorization to conduct investigations of dubious houses, considering this right as a violation to their own rights.⁷⁴⁴ From then on, Ottoman harbors would be subject to further intervention through quarantine organization.

The Internal Organization of the Quarantine Administration and the Financial and Sanitary Provisioning of the Stations

Under the name of Administration Sanitaire de l'Empire Ottomane (Sanitary Administration of the Ottoman Empire), the sanitary organization was managed by the Health Council composed of two deputies from the Ottoman state, and one delegate for each foreign country. The Conseil Supérieur de Santé (High Health Council) was responsible for all of the affairs of the Ottoman Quarantine system. Records of medical affairs were written in French, except for the administrative ones which were written in Turkish. Since 1838, physicians worked in big cities, sanitary inspectors in provincial centers and officers called *préposé* in smaller settling areas. Their duties were to inform the center about the appearance of an epidemic, especially that of cholera or plague.

By the 1860s, every year in İstanbul, two months before the opening of pilgrimage season in Kamaran, a competition for the post of quarantine physician was organized and declared in the press six months in advance. Petitions were put in order for the next year. Ottoman citizens under the age of 35 and only graduates of the Medical School could apply to this position. They had to pass an oral and a

⁷⁴⁴ Ibid., p. 9, footnote 42.

written examination on epidemiology, bacteriology, and hygiene, and one practical examination on bacteriological analysis.

Most of the doctors were sent to Kamaran Hospital or the Iranian frontier, where one sanitary inspector, one assistant inspector, six doctors, six clerks, many guardians and one European mechanical technician to operate the disinfection machines.⁷⁴⁵ But at the origin, the Quarantine Administration was meant to protect the center from epidemics, which was why priority was given to the formation of quarantine stations at the entrance of İstanbul from both the Anatolian and the Rumelian sides, those arriving in the city were examined in Büyükçekmece and Fenerbahçe.⁷⁴⁶

At the formation of the Quarantine Administration, the obligations were clearly defined. When disease was observed, and when someone died for any reason, the Quarantine Committee had to be informed immediately. Deceased bodies could not be buried without examination by the quarantine sanitarian and by receiving a sealed health bill. If a member of a community died, the local officer, and if the deceased was a guest of hostel or bachelor room, the hostel keeper had to be informed, as well. Additionally, quarantine measures had to be reported to the community leaders and embassies in İstanbul.⁷⁴⁷

Dr. Minas, and his translator Vasiloviç, who came to İstanbul from Vienna for advisory purposes, wrote a report after they observed that plague was threatening the whole area, which would later shape the quarantine regulation. The first article was that the plague originated from outside the borders of the Empire,

⁷⁴⁵ Orhan Koloğlu, "XIX. Yüzyılda Hac Yoluyla Koleranın Yayılması ve Hanikin Karantina Doktorunun Anıları," in *III. Türk Tıp Tarihi Kongresi: Kongreye Sunulan Bildiriler, İstanbul: 20-23 Eylül 1993* (Ankara: Türk Tıp Tarih Kurumu Basımevi, 1999), p. 63.

⁷⁴⁶ Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri," p. 49.

⁷⁴⁷ *Ibid.*, p. 50.

from Egypt and Berüşsam, which necessitated the formation of frontier stations. Sanitarians would be sent to the places where plague appeared: one or two doctors, an officer at their service, and the necessary number of assistants, who were supposed to patrol the towns for whose health they were responsible, and report back to the Administration continuously. Their first duty was to isolate the infected area and to form a station if necessary.

Additionally, İstanbul was to be separated into parcels for the inspection by of plague by health workers. If possible, the necessary quarantine regulations would be applied in people's own gardens, and guards would be set to prevent entrance or exit. For the inspection of female patients, a satisfactory number of female health workers would be employed. Additionally, trash would be collected. House and street hygiene in addition to the hygiene of the foods would be controlled. Smallpox vaccines would be given by the physicians, who would teach it to barbers. Small factories would be sent out of the city, as the cemeteries. That quarantine regulations book was presented on 10 April 1839.⁷⁴⁸

The quarantine tax tariff which allowed the Ottoman state to impose a tax on foreign ships, was implemented in 1872. That situation was caused by the existence of the foreign deputees in the Ottoman Quarantine Administration as members. The Sanitary Punitive Law (*Ceraim-i Sıhhiye Kanunu*) was put into practice in 1883. The organization was temporarily autonomous, but became a chamber under the Ministries of External Affairs, of Arsenal, Naval Yard, Commerce, and External Affairs again in 1879, and Internal Affairs in 1915. In 1896, except for the Hejaz Quarantine Station, 511 people worked in 125 places.⁷⁴⁹

⁷⁴⁸ Ibid., pp. 60-65.

⁷⁴⁹ Gülden Sarıyıldız, "Karantina," *Türkiye Diyanet Vakfı İslam Ansiklopedisi* 24 (2001), p. 465.

A solution to the problem of provisioning the quarantines was found by taking ten piasters for each pile of the quarantine repository from the tradesmen (*resm-i ardiyye*) since 1851; yet, that proved ineffective. Thus, based on an article of the Paris Sanitary Conference of 1851 about the principle that each state could apply taxes for its sanitary expenses at quarantines, the tariff of quarantine tax was decided to be renewed. But, practically, foreign ship tax payment could not be realized until 1872, when a new quarantine regulation was prepared.⁷⁵⁰

As for Hejaz, which occupied a special position, the payment of the quarantine measures, which could cost a considerable amount (1,303,800 piasters for 1868, for instance), to be made by the Hejaz treasury during the pilgrim period (*ramadan- zilhicce*) and by the residents of the area during the rest of the year. It is unknown whether is constituted a matter for resistance by the people as Sarıyıldız does not mention this issue.⁷⁵¹ After the negative reports of the quarantine doctors in Hejaz, a code was prepared by the Health Commission and presented to İstanbul in 1880. This code "*Hacı Nakleden Vapurlara Aid Nizamname*" (Regulation on Ships Transporting Pilgrims) was indeed not practiced properly. According to the Code, related officers would be in charge of checking the passenger and the availability of the ships in terms of nourishment and sanitation. Malignant materials would not be accepted, and toilets for every fifty passenger and women's toilets would be present. The captain was responsible for recording the name and gender of each passenger, including death records if a death occurred.

The penalty was decided to be from 10 to 200 liras. Ship tickets were controlled by the Health Commission, as well, especially for recording the passengers. Only after these controls would a ship be able to hoist a green flag

⁷⁵⁰ Sarıyıldız, "Karantina Teşkilatının Kuruluşu ve Faaliyetleri," p. 95.

⁷⁵¹ Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 19.

indicating its readiness for departure. Sanitarians at minor level were subject to the Sanitary Penal Code. Any change in the ship from the numbers declared before the departure would inform the Central Health Administration. All ships carrying over hundred passengers were supposed to maintain one doctor or assistant doctor and the necessary medicines for emergency cases.⁷⁵² This code was written by request during the 1866 İstanbul and 1874 Vienna Health Conferences for the formation of a code after the example of the English Code.⁷⁵³

The problem about whom to post at the stations was a constant issue throughout the whole century. Certainly, graduates of the Military School of Medicine were appointed as quarantine physicians; however, these physicians were not all the time willing to be posted, or to work at their permanent stations. Similar to the case of the provincial physicians, the main problem was the irregularity of salary payment. This prevented a willingness to work properly among quarantine physicians. Hüseyin Efendi, the quarantine physician of Bayezid, who demanded to be paid the five months' delayed salary and travel expences, was only one example of many.⁷⁵⁴

The central treasury faced difficulties meeting the payment of the physicians, and the expenses and salaries of the whole quarantine staff. The Avlonia quarantine administrator wrote about some incidents to the center. The quarantine station had 40 guards. The 35 cavalrymen among them received 65 piasters and the other five took

⁷⁵² Ibid., p. 47.

⁷⁵³ Ibid., p. 50.

⁷⁵⁴ BOA. DH. MKT. 2059 / 127, 19 Şaban 1310; 08 March 1893.

between 25 and 30 piasters.⁷⁵⁵ A report stated in 1893 that an additional hundred police officers and gendarmerie would not suffice to guard the sanitary cordons.⁷⁵⁶

All these personnel required the establishment of a tremendous organization and the gathering of a significant amount. The quarantine administrations of Aydın, Saruhan and Kuşadası demanded salary increase in 1842. In addition, collecting the quarantine fee from the people caused considerable increase in popular complaints since they traveled to İzmir sometimes twenty times a week. Furthermore, in some districts of Aydın, street bazaars attracted people from neighbouring districts, which necessitated the payment of quarantine fee.

The solution to this problem was tried to be solved among local governors.⁷⁵⁷ The medical examination of ship passengers was also a highly costly activity. In addition to the salaries of the doctors, the men who operated the fumigation machines and the guards were causing fiscal problems for the treasury. Despite the efforts to collect it from passengers themselves, due to the constant budget deficit, the treasury had to fill the gap.⁷⁵⁸

The Levant Herald reported the imperfections of the quarantine of Kavak, where many ships were currently held in quarantine. He said, among other things an that employee of the Rusçuk railroad could not be housed in the quarantine station for lack of space, and had to serve his quarantine under a tent that barely protected him against the heat of the sun and the cold of night and he had to pay three livres for this. The result was the risk of obituary along with severe hemorrhage which necessitated his immediate transfer to the English Hospital in Galata.

⁷⁵⁵ BOA. MVL. 89 / 47,7 Receb 1266, 19 May 1850.

⁷⁵⁶ BOA. Y. A. HUS. 283 / 94; 30 Rebiyyülahir 1311, 09 November 1893.

⁷⁵⁷ BOA. C. SH. 23 / 1139, 29 Rebiyyülevvel 1258, 11 May 1842.

⁷⁵⁸ BOA. A. MKT. MHM. 365 / 73, 13 Cemaziyelahir 1283, 22 October 1866.

It seems that the quarantine station of Kavak was not a suitable place for buildings that had to be used for lengthy quarantines and the writers of the article believed it would be better to let them cross the Bosphorus under the supervision of a health care and transferred to the Princes Islands, in Plati, for example, where a temporary quarantine station could be established promptly. *The Levant Herald* also announced that English merchants and shipowners were to meet that day with Mr. Herald and Matunin in Galata, in order to submit a memorandum to Lord Lyons on sanitary measures to be taken in respect to the Black Sea.⁷⁵⁹

In 1902, as done every year, a competition was organized among candidates from the School of Medicine exclusively for the opening of quarantine. Many students passed the exams with the highest degree (*aliyyü'l-ala*); but only one of them was selected due to their insufficient knowledge of French. Greek and Italian physicians educated in their countries were taken instead of the Turks, which was the cause of the main complaint of the the President of the General Administration of Military Schools, Zeki Bey.

These people were completely ignorant of the Ottoman language, and partially ignorant of French. They had failed the colloquium of the School of Medicine. The Committee of Public Hygiene declared that it was inconvenient to appoint these foreigners instead of the properly educated physicians of the Ottoman Empire, and cited the regulation that only the graduates of the Ottoman Medical School and people who knew Ottoman language could practice medicine. The regulation was completely violated by the Quarantine Administration. The acceptance examinations had not include any session on Turkish language. The

⁷⁵⁹ La Turquie, 07 August 1866.

Council of Civilian Medical Affairs and Public Health had to deal with the problem.⁷⁶⁰

Foreign doctors were appointed to the quarantine stations frequently. In many documents, especially those in which the refugees carried epidemics into the cities, the doctors involved in the issue were these via the existence of the foreign deputies in the Quarantine Administration. For instance, for the refugees to the Lofça region, an Italian physician, Danil Bladini in addition to Rusçuk provincial physician Dimitri İstanoviç, and Vidin quarantine physician Vrongel Osbele were appointed.⁷⁶¹

⁷⁶⁰ BOA. A. MKT. MHM. 582 / 9, 21 Zilkade 1319, 02 March 1902.

⁷⁶¹ BOA. A. MKT. NZD. 382 / 55, 30 Cemaziyelahir 1278, 04 December 1861.



Figure 14. Map of the growth of the places of pilgrimage

Source: Ruthven, Malise; Nanji Azim. *Historical Atlas of Islam*. Cambridge: Harvard University Press, 2004.

Health Care between the Borders: International Politics Embedded with Quarantine

Since the foundation of the Ottoman quarantine system, it was mixed with the issue of European intervention. This institution was formed basically for the preservation of Ottoman ports and coasts. Yet, its committee in İstanbul was composed of the ambassadors of foreign states. The control of the foreign states over the seas facilitated their control of quarantine stations which popped up in every places of the empire as in the rest of the nineteenth century world. The tension especially with Britain did not diminish until the next century. It was felt through sanitary conferences that rendered the struggle against epidemics an international phenomenon. Hejaz Health Administration, the most important reflection of this debate, was formed only after international pressure was exerted against the Ottoman state for not having taken enough measures against the 1893 cholera epidemics.⁷⁶²

During the 1840s, France and Germany were strictly devoted to public health campaigns.⁷⁶³ This effort began to be internationalized with the emergence of pandemics. International sanitary conferences began to be held with the Paris Conference of 1851, with the attendance of twelve countries, including the Ottoman state, on plague, yellow fever and cholera. Paris was the host of the second conference, organized in 1859, which featured a debate between contagionists and miasmatisists. The third one was in İstanbul in 1866,⁷⁶⁴ the fourth one in Vienna in

⁷⁶² Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 68.

⁷⁶³ Lise Wilkinson, "Epidemiology," in *Companion Encyclopedia of the History of Medicine Volume Ii*, ed. W. F. Bynum and Roy Porter (London: Routledge, 1997), p. 1270.

⁷⁶⁴ See Handan Kılınc, "Isolating the Subject: Cholera, Control and Sanitary Discourse in the Istanbul International Sanitary Conference of 1866" (M.A. Thesis, Boğaziçi University, 2005). The sessions of these conferences were closed by Ali Paşa by expressing that the work accomplished at the conference would stand "as a monument," which would make them famous world-wide. La Turquie, 02 October 1866.

1874, one in Washington in 1881 and another one in Rome in 1885. None of these conferences resulted in effective measures, until the seventh conference that produced an agreement in 1892 on quarantines to be implemented in Egypt.⁷⁶⁵

After another conference, which was held in Dresden, the International Sanitary Conference of Paris of 1894 was organized in order to prevent cholera, which had spread out during the pilgrim season in Hejaz in 1893. The measure to be taken was to establish a quarantine station in the Persian Gulf. Additionally, every year in the month of Ramazan extra medicine was to be sent with a sanitary commission. Also, all ships embarking on Hejaz were required to have a doctor and a disinfection machine. The reflection of this article on the Ottoman Empire was to expand the length of precautionary quarantine from five to ten days. In 1897 at the Conference of Venice, the origin of epidemics was discussed: while Dr. Cozzonis, the Ottoman deputy, affirmed that Bombay was the origin and that the British had to deal with the issue, the Italian delegate Mr. Foa insisted that Hejaz was the source of the disease.⁷⁶⁶

The British physicians were the first practitioners of modern medicine in nineteenth century Palestine, particularly in Jerusalem in the 1840s.⁷⁶⁷ The book of Perry and Lev on health services in Ottoman Palestine describes the devotion of the British physicians to their profession despite the hard life conditions and difficult patients in terms of “prejudices” against the doctors.

When Dr. Edward Macgowan came to Jerusalem in 1842, people went to him for medical advice frequently, and the English Mission Hospital, founded in 1844,

⁷⁶⁵ Milton I. Roemer, "Internationalism in Medicine and Public Health," in *Companion Encyclopedia of the History of Medicine Volume Ii*, ed. W. F. Bynum and Roy Porter (Routledge, 1997), pp. 1420-1421.

⁷⁶⁶ Yüksel Güngör and Nermin Ersoy, "19. Yüzyıl Uluslararası Karantina Konferansları," in *IX. Türk Tıp Tarihi Kongre Bildirileri*, ed. Esin Kahya, et al. (Ankara: Nobel Yayınları, 2006), pp. 346-347.

⁷⁶⁷ Yaron Perry and Efraim Lev, *Modern Medicine in the Holy Land: Pioneering British Medical Services in Late Ottoman Palestine* (London and New-York: IB.Tauris, 2007), p. 58.

became gradually a health center for residents of Jerusalem. This was a remote place of the Ottoman Empire. People were in need of medical care, and they chose to obtain it from anyone who offered. When Dr. Percy Charles Edward d'Erf Wheeler came to Jerusalem in 1885, the Mission Hospital was firmly settled.⁷⁶⁸

Similarly, when a cholera outbreak appeared in Egypt in 1893, right after the coming of the British rule, British sanitarians came in to establish hospitals and to inspect the ports. Germany and France also were involved in showing the effectiveness of germ scientists, and against the Anglo-Indian locality idea of the disease, they argued that a small bacillus was the essential cause of cholera.⁷⁶⁹

Between 1865 and 1882 the Egyptians tried to take over the Foreign Office of Egypt and gain the control of the Quarantine Board. The parties involved in this battle over epidemic control were Europeans residing in Egypt, the Egyptian government, the nationalists, international shipping companies and Muslim pilgrims.⁷⁷⁰

When a vacuum appeared in a remote, politically unstable, and ethnically complex area, many powers confronted each other, as was the case in the Ottoman Palestine. Before 1914, more than twenty hospitals functioned, including the Institute of the Deaconess of Kaiserswerth Hospital, Jesus-Hilfe Leper's Hospital, the Marienstift Kinderhospital, the Order of St. John's Ophthalmic Hospital, the German Templars' Hospital of Jaffa, the Russian Pilgrim's Hospital, and the Ottoman Municipal Hospital.⁷⁷¹

⁷⁶⁸ Ibid., p. 81.

⁷⁶⁹ Michael Worboys, *Spreading Germs: Disease Theories and Medical Practice in Britain, 1865-1900* (New York: Cambridge University Press, 2000), pp. 247-248.

⁷⁷⁰ LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth Century Egypt* (Berkeley: University of California Press, 1990), p. 105.

⁷⁷¹ The Ottoman municipal hospital was constructed in 1890 with its 32 beds, to serve all ethnic groups but preferred only by Muslims. Perry and Lev, p. 81.

In the quarantine station of Jidda, the British consulate reported two incidents of plague in 1898. In return, the Ottoman authorities demanded to be informed on which ships and houses in which disease had appeared. Doctor Mehmed Hüseyin Efendi declared that while visiting a contaminated (or, suspected of being contaminated) area, he had taken all of the necessary measures. He was supposed to inform the local government or the quarantine administration, the negative declaration of the consulate created reaction among the Ottoman authorities. Also, when the British consulate warned Mehmed Hüseyin Efendi was perceived as intervention into Ottoman affairs.⁷⁷²

Since the Russian authorities feared the spread of plague, the Russian health commission claimed the right to control the pilgrims at the Kavak and Klazumen quarantine stations and the Caucasian border via the Russian embassy. The countries which had delegates in the Sanitary Commission, including the Russian authorities, were continuously informed about the course of diseases. That problem was caused when Mehmed Talha, a Russian pilgrim candidate from Daghestan, who brought the sanitary conditions of the Russian pilgrims onto the agenda. The president of the Ottoman Health Council accepted that an observer delegate could assist the Ottoman sanitary officers at the entrance of the Russian pilgrims to the empire. But this might lead to British demands for the quarantine stations at Kamaran and Ebusaid.⁷⁷³

The International Sanitary Conference of Venice

The plague, which has been causing trouble in India and necessitated sanitary measures in Europe, paved the way for the Venice International Conference held at

⁷⁷² BOA. Y. A. RES. 96 / 63, 27 Receb 1316, 12 December 1898.

⁷⁷³ BOA. Y. PRK. SH. 6 / 19; 29. Zilhicce. 1315, 21 May 1898.

the turn of the century. Despite all states signed the agreement; the Ottoman state did not, because of conflicts about Hormuz quarantine station. These conflicts had delayed the establishment of a quarantine station in Basra. That situation also caused fear in İstanbul. Hence, the Ottoman delegates demanded an urgent answer from the Sublime Porte.

The problem was that the Ottoman state was extremely sensitive about the pilgrim road. This had been made clear in the Conference of Paris, and was repeated at the Venice conference, during the discussions on quarantine fee rates via embassies. They could not agree on a tariff. The Ottoman side did not step back since measures were indispensable for protection against cholera and plague. By previous agreements, violation of the quarantine was punished by fines. The Ottomans demanded more than a monetary penalty. A committee would be formed on embassies of İstanbul to control reports of health inspectors and captains. This was found insufficient by the Ottoman authorities as the application methods of such a system were not clear.⁷⁷⁴

During the pilgrimage period, all of the ships needed to stay at the Tur quarantine station if they had embarked from a port of Hejaz or from Arab lands at the shore of the Red Sea. This article was insisted on the Egyptian health officers. In practice, however, this article meant that the pilgrims going to the Mediterranean had to undergo quarantine by force. Another problem emerged between the Iranian and Ottoman authorities since the Iranian flag would be hoisted and the guards would also be Iranian on the quarantine station of Hormuz. But, the quarantine, in the end, was handled by the Ottoman authorities.⁷⁷⁵

⁷⁷⁴ BOA. Y. A. RES. 113 / 50; 15 Rebiyyülahir 1319, 15. R. 1319, 01 August 1901.

⁷⁷⁵ Ibid.

At the Venice Health Conference, the solution to collect the necessary amount of money for the provisioning of the disinfection machine in Kavak, the formation of quarantine stations by reshaping the health tax and substituting needs of one station with the surplus of another was discussed. This would continue to be a burden on the treasury.⁷⁷⁶ The discourse given by the Doctor Cortezo, the Spanish deputy, at a session of the International Sanitary Conference of Venice held on 11 January 1892, emphasized that the harm to the health has disastrous effects on the prosperity and wealth of peoples, as well as damaged commerce and wealth. It was felt in everything that concerned health and life.⁷⁷⁷ He briefly summarized the measures taken by his country.

The International Sanitary Conference held in Paris already introduced a convention requiring that each passenger be checked for cholera when boarding the ship for pilgrimage and be kept five days under observation. Quarantine stations at Kamaran and Shatt-al-Arab were established. One physician was required for ships carrying up to 100 passengers and at least two for those with more than 1000 passengers.

The Ottoman state officers, however, were fully aware of the fact that the sole motivation of the European states was to prevent the spread of the disease to their countries. Koçani Efendi was sent to the conference as the general inspector. He visited the main quarantine stations in Europe. The inspections were called “*keşfiyat-ı fenniye*” (scientific discoveries). Similarly, on the occasion of an epidemic in Egypt,

⁷⁷⁶ BOA. I. MMS. 127 / 5443, 22 Cemaziyelevvel 1309, 24 December 1891.

⁷⁷⁷ BOA. Y. PRK. SH. 3 / 53, 15 Receb 1309, 14 February 1892.

Ottoman professionals read foreign journals to see the measures taken by European states against diseases.⁷⁷⁸

Three years later, during the Venice International Sanitary Conference, the Health Administration was found responsible for the administration of the Ottoman sanitary conditions. The general convention envisaged all the member states as responsible for the entrance of ships to the Suez Canal. All infected ships arriving at the Canal were supposed to send a telegraph message to the quarantine administration. If a captain transgressed the rule, the related country would personally levy relative penalty according to its own penal code.⁷⁷⁹

Additionally, the Yıldız archives indicate that some of the articles of the convention were translated into Turkish with some expressions that were not satisfactorily clear. In the French version, the expression for the Egyptian office of the khedive had to be “*hidiviyet-i mısriyye*” (the khedivate of Egypt) and state “*devlet*” but it was used as the Egyptian government “*hükümet-i mısriyye*” (the government of Egypt) and for nation, “*millet.*”

Furthermore, the convention trusted the declarations of captains and ship doctors who could give fraudulent misrepresentation, which were subject to penalty. Those mistakes needed to be corrected, especially in the direction of avoiding any misunderstanding on the power lines between the Ottoman Empire and Egypt. That misunderstanding was caused by the attendance of Egyptian delegates at the conference. The Ottoman state informed Egypt that it was only a sanitary measure,

⁷⁷⁸ BOA. ŞD. 2469 / 15, 18 Şevval 1300, 22 August 1883.

⁷⁷⁹ BOA. Y. A. RES. 62 / 15, 10 Cemaziyelevvel 310, 30 November 1892.

not a political one. The expression “Egyptian government” did not mean the “Egyptian state.”⁷⁸⁰

Obviously, medicine was a contested domain between the Ottoman Empire and Egypt. The Ottoman state’s way of claiming political authority over the Red Sea was in terms of establishing quarantine organization after a report presented to the Health Commission that had been prepared by Arif Efendi, Monsieur Dickson, Monsieur Marvan, Monsieur Marchand and Bartoletti Efendi on 28 October 1868. Their expenses had been collected from the ships as duty payments and the state treasury, despite the proposition of collecting a tax of 10 piasters from all pilgrims and passengers.⁷⁸¹

The expenditures of the quarantine station at Kamaran were also subject of discussion during the International Sanitary Conference of Venice. In addition, despite the fact that the plague had left Jidda, the Egyptian Health Council had been preventing the entrance of pilgrims by declaring them infected.⁷⁸² The Tur quarantine station had been the subject of disputes between the Ottoman and the Egyptian governments. The Ottoman pilgrims were kept based on the articles of Venice Sanitary Conference. According to the 14th Article, pilgrim ships coming to Tur had to stay seventy two hours for sanitary reasons. Also, because of the insufficiency of the special instruments like landing pier or barge, each ship had to pay. That was

⁷⁸⁰ BOA. Y. A. RES. 62 / 15; 10 Cemaziyelevvel 310, 30 November 1892.

⁷⁸¹ Sarıyıldız, *Hicaz Karantina Teşkilatı (1865-1914)*, p. 29.

⁷⁸² The tension between the Ottoman Empire and Egypt about the quarantines, especially in Jidda, was repeatedly discussed in correspondances made in the Yıldız Palace. For instance, fraudulent information was given that the Egyptian Health Inspectorate prevented the pilgrims in Jidda to be taken on the ship. In fact, more than three thousand pilgrims did take on the ships before the information flew. BOA. Y. A. RES. 18 / 4; 04 Muharrem 1300, 15 November 1882. We should note that that year was the time in which Egypt came under the dominance of the British after the local nationalist insurgencies. The problem of quarantines appeared within the context of the international competition among the British, the French, the Ottomans and the Egyptians. Bayur, pp. 21-37.

accepted by the Sanitary Council of Egypt. In actual situation, they had to stay in the quarantine ten days last year and six days that year.⁷⁸³

Furthermore, severely hot weather tortured the pilgrims in the quarantine tents and nutritional deficiency aggravated the situation. The infected ships were kept for 12 days. It was suggested that a quarantine station would be established for the Persian Gulf and the Strait of Hormuz, under the administration of the Ottoman state. If that suggestion was accepted, that would be formed according to the articles of the 1867 cholera regulation. The most important article was the sanction applied on the breach of duty for the captains and naval physicians, especially fines.

However, it was later decided that a big quarantine station in Basra and a smaller one in Hormuz could not be established because of the deficiency of an available land in Basra. Also, all the two sides of Shatt-al-Arab were overcrowded. It was decided to build one big quarantine station in Hormuz and a smaller one in Basra. If that would not be possible, the bigger one would be established in Kuwait. To decide on these, a commission would be sent to the area. The English delegate pretended to be unaware of the issue despite it having been drawn up in a report in the previous session.⁷⁸⁴

An important drawback to the construction of a quarantine station in Hormuz was its location outside of Ottoman borders, which meant the payment of the quarantine fee to Iran. Foreign passengers requested exemption from the quarantine fee as they did in other countries. Thus, in the agreement, an article on their payment obligation had to be added. However, the incubators and their operators were expensive, which needed to be paid for by these fees. Even in this condition, the fees were insufficient and needed to be increased. Yet, the contract of Venice was almost

⁷⁸³ BOA. Y. A. RES. 93 / 71, 17 Safer 1316, 06 July 1898.

⁷⁸⁴ Ibid.

a similar copy of that of Paris of 1894, except for the substitution of the word “cholera” with that of “plague,” and an increase of the length of the required quarantine from ten days to twelve.⁷⁸⁵

Eliminating Germs: Enclosure, Disinfection and Hygienic Measures

By the mid-nineteenth century, disinfection was carried out by applying liquid chemicals, the burning of materials or artificial ventilation. In the 1860s, Joseph Lister' introduction of antiseptic with carbonic acid sprays gained many adherents. In June 1880, the Public Health Council of Seine reported to the police the activities of Louis Pasteur and Léon Colin, and advised the establishment of a systematic disinfection program with the collaboration of the police. This report marks a turning point in disinfection history.⁷⁸⁶

After the introduction of germ theory by Louis Pasteur, the world saw the development of several disinfection methods. Sprayer machines spreading chemical disinfectants, filters for potable water, and fumigation machines for personal belongings were introduced. The result was an agreement on the effectiveness of high pressure steam of 100-150 degrees and different models of disinfection began to be produced, which was followed by the opening of disinfection stations first in France and then all Europe from the 1870s.⁷⁸⁷

Similarly, in İstanbul, after the cholera outbreak of 1893-94, it was decided to establish three disinfection stations in Gedikpaşa, Tophane and Üsküdar. Each

⁷⁸⁵ BOA. Y. A. RES. 93 / 71, 17 Safer 316, 06 July 1898.

⁷⁸⁶ David S. Barnes, *The Great Stink of Paris and the Nineteenth Century Struggle against Filth and Germs* (The Johns Hopkins University Press, 2006), pp. 141-143.

⁷⁸⁷ Nuran Yıldırım, "Kolera Salgınlarında Alınan Karantina Önlemleri ve Osmanlı Toplumsal Yaşamındaki Yansımaları (1831-1918)," in *IX. Türk Tıp Tarihi Kongresi Bildirileri*, ed. Esin Kahya, et al. (Ankara: Nobel Yayınları, 2006), p. 336.

station was divided into two by a wall, into the dirty and the clean sides. In August 1893, when the disease reached to İstanbul, all hospitals of the city were provided a disinfection machine with the initiatives of Dr. Chantemesse and Dr. Mondragon. Haseki Hospital, which was under construction at that time, later would become the center for fumigation. The domestically produced machines were first used in the Hamidiye Children's Hospital.⁷⁸⁸



Figure 15. Fumigation station, 1894

Source: Adnan Genç, Orhan M. Çolak, *Sultan II. Abdülhamid Arşivi İstanbul Fotoğrafları: Photographs of İstanbul from the Archives of Sultan Abdülhamid II* (İstanbul: İstanbul Büyükşehir Belediyesi Yayınları, 2007).

In the 1940s, Henri Sigerist wrote that “We know much about the history of great medical discoveries but very little on whether they were applied or to whom they were applied.”⁷⁸⁹ Today, we know that these radical solutions were accompanied by smaller interventions in the everyday lives of the potential receivers

⁷⁸⁸ Kathryn Kranzler, "Health Services in the Late Ottoman Empire (1827-1914)" (M.A. Thesis, Bogazici University Institute for Graduate Studies in Social Sciences, 1991).

⁷⁸⁹ James T. Patterson, "How Do We Write the History of Disease?," *Health & History* 1(1998), p. 5.

of germs. Cholera spread to Suez via returning pilgrims after the false declaration of a captain about the hygienic conditions of the ship, the dead bodies were thrown into the sea on the command of the captain. The same epidemic then spread to Suez-Alexandria, then the whole Egypt, Anatolia, Europe and America until 1874, the disease entered Anatolia through a similar disguise of dead bodies thrown into the sea before the afflicted ship came to the port.

These incidents fortified the idea of the pilgrim's equivalence with the spread of cholera. Hence, the first Health Commission was sent to Hejaz in 1866. This commission would be responsible for all the municipal services in terms of public hygiene, from controlling beverages and food to cleaning the toilets. From then on, the Health Commissions would visit the pilgrimage sites every year.⁷⁹⁰ Indeed, at that period, the Ottomans, French and Iranians all accused each other of neglect sanitary measures. The solution was to declare the Ottomans as the "gatekeepers of public health."⁷⁹¹

John Duffy tells about the institutionalization of public health in America by describing it as "sanitary revolution," which was linked to the opening of the first municipal health departments, in addition to a new understanding of chemistry, microbiology, physiology and histology. The major issues to be dealt were the struggle against epidemics and the regulation of food and water. Health departments were broadening their areas of concern, especially after the success of the New York Metropolitan Board of Health in dealing with the 1866-67 Asiatic cholera, which created the idea of improving the poor districts instead of eliminating them.⁷⁹²

⁷⁹⁰ Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 17.

⁷⁹¹ Baldwin, pp. 228-229.

⁷⁹² John Duffy, *The Sanitarians: A History of American Public Health* (Chicago: University of Illinois Press, 1992), p. 128.

The Scottish press expressed the popular views on the promotion of public health, discussing the need for governmental intervention for the improvement of sanitary conditions in cities. The argument of the pamphlets and articles was that the local police forces had to work on controlling epidemics among the poor, and to eliminate the unhealthy areas where they lived.⁷⁹³ The Scottish sanitary reform was defined by the people as such:

The unregulated defecation and urination left ‘accumulations of filth’ in the public spaces of cities that residents found aesthetically unacceptable. / Under the police authorities, conveniences were regularly emptied, cleaned and disinfected, they were lit and they were ventilated through openings of special tubes.⁷⁹⁴

Similarly, to realize this gatekeeping mission, the Ottoman authorities took sanitary measures especially by dislocating the poor, the most vulnerable group, and by settling them within *aşe*’s, or quasi- barracks without toilets made of mat where the urban and rural poor of Mecca lived.⁷⁹⁵ The jobless people were separated from families, and sent outside these barracks. For them, new barracks were in an area of one hours’ distance from the city.⁷⁹⁶

Additionally, the control of the sacrifice of animals constituted one of the most important components of health measures because of the unhealthy conditions of burying. So, wells were drilled near Mina. In addition, potable and general water and toilets constituted other serious challenges for protection from epidemics.⁷⁹⁷

⁷⁹³ Deborah Brunton, "Policy, Powers and Practice: The Public Response to Public Health in the Scottish City," in *Medicine, Health and the Public Sphere in Britain, 1600-2000*, ed. Steve Sturdy (Routledge, 2002), pp. 174-175.

⁷⁹⁴ *Ibid.*, p. 179.

⁷⁹⁵ Mecca saw 19 epidemics of cholera between 1831-1907. Kürkçüoğlu, *Tarih'de Kolera, Parakolera Salgınları ve Karantina Tedbirleri (Bizde ve Dünyada)*, p. 6.

⁷⁹⁶ Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 19.

⁷⁹⁷ *Ibid.*, p. 20.

Lamec Saad, from the Medical Faculty of Würzburg University in Berlin, published in 1913 a book entitled *Sechzehn Jahre als Quarantaene Arzt inder Türkei* (Sixteen years of quarantine physicianship in Turkey), in which he described his experiences in Hanikin, a frontier area of 180 kilometer from Bagdad, in 1865. On the pilgrimage road and a trade center, Hanikin formed an important locus for the spread of diseases, especially cholera. Pilgrims were described from the perspective of a foreign quarantine doctor as being similar to people with the life of a dog, accentuating the “resistant nature of Islamic societies to hygienic conditions.”⁷⁹⁸

Ignorant and resistant of taking bath in a bathroom or bathtub they said that only running water could carry cleanness and that Westerners were having bath in their own dirt. However, they were used rivers as potable water with the same logic for both laundry, and washing humans and animals.⁷⁹⁹ Additionally, the pilgrims avoided the quarantine controls so as not to have to pay the permit fee by attributing their resistance to religious piety, ever the perceiving Iranian and Turkish versions of Islam as identical to each other.⁸⁰⁰

An extraordinary session took place between 10 and 22 October 1891 among the members of the Quarantine Commission under the presidency of Doctor Arif Bey, with not only the Ottoman delegates but also the delegates of other countries such as those of England and France. Two times in the previous eight months, the special commission for the quarantine stations had met to ameliorate the sanitary conditions within the stations. On 20 April 1889, a report was presented to the center including measures against the possibility of reappearance of cholera within the borders of the Empire. First of all, some quarantine stations were reported repeatedly

⁷⁹⁸ Ibid.

⁷⁹⁹ Koloğlu, pp. 61-62.

⁸⁰⁰ Ibid., p. 62.

as inappropriate for use because of either their proximity to the residential area of cities or their alimentary conditions.

Those stations were in Beirut, Thessaloniki, Gaza, and Tripoli. But two stations were needed on the coasts of Syria and Tripoli, which were suitable for their free areas and drinking water conditions. The quarantine station of Kamran was described as the most important one because of its being a frontier zone for the Asiatic cholera, which was needed a commission for the amelioration, as well, under Koçani Efendi as the general inspector. Two other fumigation machines were needed for this station. Additionally, for the Basra quarantine station, an available area had to be found in Basra or Jaffa.

Here, it is underlined that obviously the expenses would be fulfilled by the state treasury. Indeed, the fumigation machines had to be kept in all the quarantine stations within the empire. That report seems to be a warning to the center by the doctors, which shows that without these measures, a future epidemic could not be prevented. Yet, these measures were too expensive and assessed as impossible to be realized at the moment.⁸⁰¹

By the 1860s, moral and cleanliness habits were equalized with the inclusion of the social body into a hygienic discipline, which is why public medicine is inseparable from things like moral education, and the housing, destruction of slums, and repair of drains.⁸⁰² When the 1893 cholera epidemic arrived Edirne, Şerafeddin Efendi, the provincial health inspector, published an article about the nature of the disease and methods of prevention in the Edirne newspaper to inform the public. Simultaneously, he initiated the sanitary measures that needed to be taken by the

⁸⁰¹ BOA. I. MMS. 127 / 5443, 22. Cemaziyelevvel. 1309, 24 December 1891.

⁸⁰² Pamela K. Gilbert, "Producing the Public: Public Medicine in Private Spaces," in *Medicine, Health and the Public Sphere in Britain, 1600-2000*, ed. Steve Sturdy (London and New York: Routledge, 2002), p. 43.

municipality because principally garbage in the streets in the warm season constituted a threat to public health. It was ordered that all the districts of the city be visited, including the markets to ensure the elimination of rotten food, and it was ordered that common places like mosques adhere to hygienic rules.

Also, any small diseases needed to be reported to the city's physicians: the city had civilian and military physicians, but also two physicians in the municipality. Two pharmacies would be kept open all night and visitors from Bulgaria to Edirne were supposed to be kept under quarantine in Kavak for 24 hours, and passthrough the disinfection machine. All of these activities would be recorded and the statistics would be sent to the governor of the province of Edirne, like: "18 passengers arrived at the station by train. On the night of 4 August, the quarantine doctor, Kara Osman, reported that those waiting for quarantine were 47 in total."⁸⁰³ In fact, the schedules of the trains were reframed to facilitate medical examinations.

As for the articles of the newspaper, beginning from the issue of 22 December 1893, the people were reminded that cholera was an intestinal infection, and that water had to be consumed either after infiltration or boiling. Toilet hygiene, consumption of some spices like thyme or cinnamon with water, and tea were also given emphasis. In addition, in the case of disease, the patient had to be carried to the doctor's office immediately, the patient's room and staff needed to be calcificated, and household members in contact with the patient had to wash their hands, mouths and faces with hot soapy water. Yet, in October 1893 alone, 51 people died of cholera in Lüleburgaz, Pınarhisar and Dimetoka. In mosques, imams received

⁸⁰³ Nilüfer Gökçe, "1893-1894 Kolera Salgınları Karşısında Edirne'de Alınan Koruyucu Sağlık Önlemlerinin Edirne Gazetesine Yansıması," *Yeni Tıp Tarihi Araştırmaları* 7(2001), pp. 49-50.

requests for prayers to prevent the disease, and prayers were given for protection against it.⁸⁰⁴

İzmit, which became a center for the transport to Anatolia to after the establishment of Anatolian railway, was highly affected by the same cholera epidemic of 1893-94. Bonkowski Paşa, the head- inspector of public hygiene was in charge of dealing with the contagion. The management of Tuzla quarantine station was not necessary for this place because of the fugitives. Hence, a cordon was established between Tuzla and Şile, and the quarantine duration was increased to ten days. Additionally, every year, a considerable number of soldiers who departed from İstanbul passed through the area, which necessitated the formation of additional barracks near Soğucak, where they were both kept under quarantine and fumigated.⁸⁰⁵

Yet, these efforts were not always sufficient. Quarantine station at Tur was strictly examined and reported on by Dr. Osman Nuri after the appointment of Abdülhamid II. His report mainly indicated that the principle of sequestration, “*meni i ihtilat,*” was continuously violated, that quarantined pilgrims and all officers, Egyptian soldiers, or sellers were in physical contact, that fumigation machines did not function efficiently, that clean and contaminated passengers were kept together which resulted in further spread of the disease, and that officers responsible for the fumigation machine were ignorant of its function, which is why they had sent 41 ships, three sail boats and 31,000 pilgrims on without disinfecting them.⁸⁰⁶

Dead bodies were sent to the Health Council to be examined, and buried only after having received a sealed certificate. Yet, for instance, many few bodies were

⁸⁰⁴ Ibid., pp. 53-57.

⁸⁰⁵ Mine Şehiraltı, "İzmit'te Kolera Salgınları ve Alınan Önlemler," in *VIII. Türk Tıp Tarihi Kongre Kitabı*, ed. Nil Sarı and Ayşegül Demirhan Erdemir (İstanbul: Nobel Tıp Kitabevi, 2006).

⁸⁰⁶ Sarıyıldız, *Hicaz Karantina Teşkilatı*, pp. 84-85.

sent to Mina and Arafat for examination. Sarıyıldız guesses that most of the bodies were buried without permits.⁸⁰⁷

The Stigma of Disease, Reactions to the Health Workers and Disguising Epidemics: Demotic Rejections to the Labeling and Confinement

The reason for the use of “demotic” in the title of this section is the belief that those stigmatized and confined were more than just patients, but a whole population at stake. Whether at the risk of contamination or not, these people were under the auspices of several nations in competition. The separation of the diseased body from the healthy by quarantine also was linked to the lowest strata of society. For instance, during the 1892-93 cholera and typhus epidemics of New York, these diseases were strongly associated with the poor and the foreign-born.⁸⁰⁸

In the Ottoman Empire, the most serious problem appearing in the correspondences between the medical authorities and the Yıldız bureaucrats was that the long periods of quarantine had harmful effects on trade, and it led to smuggling. Additionally, twelve days of quarantine created an excessive number of people within the station, which cancelled out the initial sanitary measures. The ships did not always submit to the regulations anyway.⁸⁰⁹

Dr. Ferrari, who was responsible for Suez, reported that there was no order in the transportation of pilgrims, their number exceeded the one declared for *praktika*, they were exposed to excessive amounts of sunlight, and deprived of hygienic conditions, especially for excretion. The ill passengers had to deal with themselves,

⁸⁰⁷ Ibid., p. 65.

⁸⁰⁸ Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892*.

⁸⁰⁹ BOA. Y. A. RES. 93 / 71, 17 Safer 316, 06 July 1898.

without any health care.⁸¹⁰ Similarly, Dr. Zaharriyadis, the director of the Tur quarantine station wrote to the Alexandria Health Commission that naval doctors not only were neglecting their profession, but also were falsely informing the health inspectors.⁸¹¹ Similar unbearable living conditions created shocking effects and hatred among the common people, which manifested itself in fraudulent information or complaints about either the attitude of a member of the quarantine staff, in disguising the appearance of a symptom, or fleeing from the quarantine station.

The Ministry of Health wrote to the governor of Bagdad to execute legal procedures against the quarantine inspector, Bednavoski Efendi, since he had developed a psychological problem, which attracted the attention of the embassies, after the governor Abdülvahap came on 15 January 1905. His medical reform attracted hatred and enmity among the people, according to the report. From the answer of the General Health Administration, we learn that this hostility was caused by the deportation of some officers during the sanitary reform he had carried out in the area. His professional activities, however, were highly appreciated by the center, and even the complaint of the governor was not taken seriously. The center insisted on keeping the doctor at his position.⁸¹²

Why did the center insist on keeping the doctor at his post? Obviously, it was not the sole case of local efforts to get rid of a centrally-appointed physician. What was it like to be an outsider? We might look at some memoirs, which inform us that being an outsider with a white-coat meant an upper hand at informing people about the proper ways of leading their lives. Additionally, the sanitary reform meant the replacement of certain local people with others, the regulation of trade activities for

⁸¹⁰ Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 4.

⁸¹¹ *Ibid.*, p. 45.

⁸¹² BOA. A. MKT. MHM. 588 / 8, 13 Zilkade 1322, 10 January 1905.

hygienic purposes, and a new hierarchical positioning among the local notables. That is why these centrally appointed physicians were not always welcomed by the people.

As for the central authority, the investment made into even one young graduate of the medical school was so great that the ministry did not want to lose a single physician for small troubles. Additionally, it was obvious that a great number of complaints were fraudulent because of the reasons just mentioned before. Hence, keeping the physicians at the appointed place was the primary solution of the center, at the price of strong efforts to calm the local movements.⁸¹³

The tension caused by the appointment of a doctor whose ethnicity or nationality was different from that of the people in the appointee location caused rumours and rejection of the medical treatment of the doctor from time to time. In a similar way, in the quarantine of Hanikin in 1865, Doctor Lamec Saad reported that the Muslims did not like to receive treatment from a Christian for fear of being deliberately killed, or to be made unclear. Therefore, the pilgrims never requested help from a doctor.⁸¹⁴ Similarly, a report sent to the center from İzmir during the cholera outbreak of 1893 indicated that people were speaking of the doctors, who were Greek, having poisoned people. Hence, they did not consult with the physicians by even when they were afraid of having been poisoned by the river.⁸¹⁵

A correspondence between Hamdi, the governor of Basra, and the Ministry of Health illustrates how the quarantine physician of Basra was suspected of being incompetent for his position, and his replacement was demanded through the official complaints of the common people and the tradesmen. In addition, in Nacid, a

⁸¹³ Ibid.

⁸¹⁴ Koloğlu, p. 67.

⁸¹⁵ Mesut Ayar, *Osmanlı Devleti'nde Kolera: İstanbul Örneği (1892-1895)* (İstanbul: Kitabevi, 2007), p. 109.

sanitary establishment was created with the appointment of a physician. The British embassy officer, Monsieur Diksan, did not approve the activities of this sanitary establishment and complained against the appointment of Ahmed Tevfik Efendi, the physician adjutant major, to the Abu Said quarantine station.⁸¹⁶ The Minister of Health demanded that the governor of Basra deal with the problem. The governor himself corresponded with the governor of Necd. As correspondences could take about fifty days, he requested a time period from the Ministry of Health to solve of the problem. So, the Minister of Health wrote an official letter marked as “classified” (*mahremanedir*) where he summarized the situation.

The health inspector of Basra was reported to be behaving inappropriately. He was said to have collaborated with the local physician and this collaboration had resulted in the complaints of the people and the tradesmen. To prevent further troubles, the governor of Basra applied to the Minister of Health. The doctor in question, Muskidis, had a bad reputation not only regarding personal but also professional behaviour. His personal behavior alone, however, was not considered as a legitimate cause of intervention by the center. As for his professional behavior, he was reminded that even his predecessor Kasım Garaddin Efendi, despite his services, had attracted complaints and had been rejected by certain groups. At Doctor Muskilis’ entrance to Basra, it was understood that complaints were caused by the rejection of some infected materials. As for Ağa Cafer, a complainant, had been rejected the previous year with his company’s ship in Basra.

The intervention of Britain, which was involved in the company, proved the malevolence of Ağa Cafer. Furthermore, the following June, he used a ship called *Muhammedi* belonging to the same company for secretly transporting pilgrims to

⁸¹⁶ BOA. A. MKT. MHM. 578 / 29, 23 Rebiyyülevvel 1317, 31 July 1899.

escape the quarantine measures. Hence, doctors in the area were proved innocent in the eyes of the Ministry of Health after the illegal activities of the tradesmen. The same document reports that the plague, which had been settled in the Kuraci area for two years did show up that year in Maskat, Bender Yuşir, Bender Delmi and even Russia, which reminded everyone of the vitality of sanitary measures.⁸¹⁷

The report by the governor of Basra was harsh and unbending: He said that the quarantine inspector was complaining about him with harsh expressions. He said that his information on the meaning of quarantine was greater than theirs and he vowed that he would never interfere in the cordon, which was under the control of the military. About the issue of the inspector, he collaborated with the doctor and caused the repetition of the people's complaints.⁸¹⁸

Petty offences were common under quarantine conditions. Nasib, the attorney administrator of the Şika quarantine station in Salonika complained of the usurpation

⁸¹⁷ *Basra müdafaa-i sıhhiyesinin bir kat daha tezayüd eden ehemmiyeti hükümet-i mahalliye ile memurin-i sıhhiyenin yekdil ve yekcihet olarak çalışmaları lüzumunu mertebe-i gayeye vardırıldığı ve Ağa Cafer gibi mahiyeti gerek meclisce ve gerek ve acentası bulunduğu kumpanyanın devlet-i mensubiyyesince öteden beri malum olan bir adamın ilkaatına kapılmak cidden mucib-i teessür görüldüğü ve hadd-i engerde ihtilafat sebebiyle hastalık Basra'ya sirayet edecek olur ise mesuliyet-i maddiye ve maneviyyesinin pek ağır olacağı hususlarının vilayet-i müşarileyhaya tebliği ile mamafih tabib-i mumaileyhin behemahal tebalili mahza Bab-ı ali canib-i samiinden emir buyumlayacak olur ise mücerred hükümet-i seniyye hakkında bir eser-i ihtimam ve riayet olmak üzere icabı icra edileceğinin ve bu halde Doktor Muskidis'in yerine tayin edilecek tabibin Basra'ya muvasalatına kadar mumaileyhin orada kalması zaruri bulunduğunun huzur-ı sami-i daver-i azimilerine arz ve izbarı. BOA. A. MKT. MHM. 578 / 29, 23 Rebiyyülevvel 1317, 31 July 1899.*

⁸¹⁸ *Huzur-ı sadaret-i uzmaya, Karantina espektörünün hakk-ı acizanemde birtakım hezeyan yazdığı haber alındı. İşin en garip ciheti iki Yunan'ın vilayet hakkında böyle bir işarata cesaretleridir. Çakerleri karantina ne demek olduğu o iki müfsidden daha iyi biliyorum. Karantina işine katiyen müdahale etmem ve etmeyeceğim sıhhiye kordonu asker-i şahanenin taht-ı muhafazasında olup önlerinde ümeraları bulunduğundan taraf-ı bendeganemden bu babda kendilerine müdahale edilemez. Karantina hakkında beyan olunan müşkilat her ne ise onun maddeten irade buyurulması mütemennadır. Ağa Cafer meselesine gelince valiler ahaliye hüsn-i ahlak talimine memur olup onlar gibi meşedet ilka etmezler. Karantina tarafından bu babda şimdiye kadar işaratta bulunulmuş ise aid olduğu daireye tevdi edilmiştir ki bu da kayden müsbettir. Tabibin tahkikine gelen enspektör ise tabib ile birlikte hareket ederek tüccar ve ahalinin şikayatını bir kat daha tezayüd ettirmiştir. Bu babda ahali tarafından olacak şikayat bu güne kadar men edilmiş ise de bugün men olamamıştır. Bu halin devamından daha büyük fenalıklar melhuz idüğünden buralara mahal kalmamak üzere lazim gelenlere irade-i celile-i cenab-ı sadaretpenahilerinin isdarını istida eylerim ferman. BasraValisi Hamdi." BOA. A. MKT. MHM. 578 / 29, 23 Rebiyyülevvel 1317, 31 July 1899.*

and theft of his materials. Some of them were said to have been taken by Greek bandits, but Nasib declared that it had been the villagers.⁸¹⁹ Especially the pilgrim routes was problematic because of the relations between the doctors and the quarantine guests.

In 1890, the British ship *Dekan* carrying cholera arrived Kamaran. The pilgrims on board had to wait in quarantine for seventy-two days, and returned home without having fulfilled the necessities of pilgrimage.⁸²⁰ A report on the quarantine conditions along the pilgrim routes illustrates the doctors have been accused of killing pilgrims. That report was written by Kadri Tahsin, one of the pilgrims of the ship called *Hüseynel* who had waited at Kamaran for 45 days. It was published in the newspaper *Peşte Ahbar*: “This time, the doctors appointed by the will of the sultan were executioners; twenty-one souls were martyer among us.”

A pilgrim convoy of 800 people from India in 31 March 1895 passed from Bombay and Aden, reached Kamaran and then waited for 45 days there, and was sent back to India on the 46th day, denied the chance to become pilgrims. The complainant continued:

God forbid, amen, although the procedure of quarantine was a measure instituted for the removal of the disease coming from the seaside, our quarantine (prison) is such a place that one could neither find water nor he could see a thing. There are only a few ruinous barracks. There, the pilgrims were settled. The place in question housed neither steady cereals nor shop. The stuff delivered to the pilgrims with a price of two or three times more were really nefarious. Even to light a fire was really difficult; we almost suffocated... That situation, of course, appeared because of the inadequacy of the officials.⁸²¹

⁸¹⁹ BOA. MVL. 281 / 81; 27 Muharrem 1271, 20 October 1854.

⁸²⁰ Sarıyıldız, *Hicaz Karantina Teşkilatı*.

⁸²¹ *Allah hiç kimseye göstermesin âmin karantina usulü denizden reşet eden emrazın izalesi için ittihaz olunmuş bir tedbir ise de bizim bulunduğumuz karantina (hapishane) öyle bir yer ki ne orada taze su bulunabilir ve ne bir şeycik gözükür birkaç yıkık kulübeler vardır. İşte hüccac oraya çıkartılıyor mezkûr yerde muntazam zahair ve dükkanlar asla yoktur. İki kat üç kat fiyat ile hüccaca verilen eşya pek fenadır. Hele ateş yakmak pek usretlidir dumandan adeta boğuluyorduk... Bu halet*

They had been told that the quarantine duration would be only ten days. They carried their food with them. Any acquisition of food from outside the quarantine was forbidden; hence, they had to make do with this ten days' food for the whole 45 days. He said that the quarantine station was managed by two Jews, who supplied them dirty water, which, they knew, would cause the disease. Then, the duration of the quarantine was doubled. Then, he said, they began to mistreat the pilgrims. If a bruise appeared on someone's body, he was carried to the hospital within two hours and his shroud was demanded from his relatives. Medical specialits wandering among them reported anyone who looked ill. None of these people returned home. He remembered that once, when a woman had been forced to be carried to the hospital, she had cried out loud that she was sane in such a way that she moved the hearts of all the pilgrims; yet, she could not escape and died within two hours.

He continued:

In conclusion, we were all eight hundred people tortured and subject to violence. Since all of us were poor and silent and unprotected, we were half alive. There were cannons and guns, we were not permitted to move, the Muslims were insulted to make them clear a field of mines, put in the corpse, covered it with clay and conducted everything like preaching and praying. They did not let anybody near the corpse.

He proposed that the quarantine area be moved to a place with fresh air and clean water, such as Jidda. The patients needed to be cured and the healthy sent on pilgrim. Doctors needed to be chosen from among compassionate Muslims. Where a

quarantine station existed, an impartial attorney or a committee of health officials sanitarians needed to be ready.⁸²²

Another complaint about quarantine conditions was published in *Journal de Constantinople*. In Volo, the government annually paid 6000 piasters for a bad local place belonging to Yakup Ağa, a location across the city, across the Gulf, without any communication with the inhabited part. Unfortunately the current quarantine station was in a state of disrepair. It had no water, not a leaf to create shade, and dormitories with wooden floors in the ground, a repulsive filth, and piles of ten to fifteen and often twenty people. They were about to die of hunger, they had no visitors, hence they remained at the mercy of the guards. They wanted to believe that the Central Office of Health in Constantinople would take prompt and wise action.⁸²³

The administrator of the quarantine station in Zibifçe in Pristina quarantine, Doctor Dober Mayer, was reported to İstanbul for his inappropriate behavior. He was reported of having gathered all the passengers together in the same room without any medical examination or a separation of the healthy from the contaminated. The previous August, still without a medical examination, he had given the clean bill of health to the twenty-one guests of one room, almost dying from lack of ventilation. After this complaint to the center, he was investigated by Enver Bey, the İzmir quarantine administrator.

It was found out that he had fulfilled the disinfection of 1200 passengers (a number of people which, in fact, could not stay within one room) of a train after medical examination, all ten to thirty minutes with their belongings by the disinfection machine. Then the travelers were settled inside the station to rest without

⁸²² BOA. Y. PRK. AZJ. 32 / 103; 06 Muharrem 1313, 29 July 1895.

⁸²³ *Journal de Constantinople*, 09 June 1855.

disregarding their dignity. The report that the doctor had distributed clean bills of health by the guards without examination was not deceptive, and the passengers had been treated appropriately. Thus, it was deduced that the deceptive information had originated from the sellers and restaurant owners. But, all in all, the precautionary quarantine in Zibifçe was abrogated. But the Minister of Health had decided to send the doctor to Thessaloniki.⁸²⁴

Archival evidence shows suspicious doctors traveling in the Ottoman lands through epidemic areas. Doctor Aruvar Galeyer wrote a report on the political activities of certain British people in Yemen. He also indicated that another doctor named Galezer, had been traveling around for fifteen days, speaking also in Arabic. Unfortunately, we do not have any other information on this doctor.⁸²⁵ A certain Doctor Galadner travelled around for fifteen days, speaking Arabic. This information appeared in a secret report about the suspicious political activities of the British in Yemen written by another doctor.⁸²⁶

How was quarantine perceived in terms of religious obstacles? We could discuss cases of quarantine involving daily life, but quarantines established along the pilgrimage roads constituted special occasions since they dealt directly with religious activities. In those circumstances, the prevention of people's actions would have another intervention area, which was one of the domains of contestation. Indeed, we do not know whether during the 1890 cholera epidemic, the 1200 pilgrims who were kept in Kamaran quarantine station for 72 days, which prevented them from being

⁸²⁴ BOA. Y. MTV. 110 / 43; 05 Cemaziyelevvel 1312, 03 December 1894.

⁸²⁵ BOA. YEE. 7 / 20; 25 Zilhicce 1324, 08 February 1907.

⁸²⁶ Ibid.

pilgrim, strictly obeyed the orders to stay in the enclosure but we know that it was not in vain because 52 Indians died at that quarantine.⁸²⁷

The quarantine physician of Filibe, Dr. Mersom, demanded a residence, the rent of which would be paid by him but the residents of the region had not given it because the Greek local governor had banished him on the pretext of his not belonging to their religion. So, the physician had found another shelter in a Catholic quarter. Yet, the Greek local governor prevented that, however, had as well. Hereupon, the rumor spread that the governor was trying to drive the physicians coming to Filibe quarantine away so that he could put his ownmen in their place.⁸²⁸

The Filibe quarantine physician could not find a house to rent from the people of the area. He found a house in the Greek district of the town, but the local governor prevented the owner of the house saying that the doctor was not from their own religion. This time, the doctor found another house, but the despot prevented him from settling in this house, as well.

So, the rumor spread that the brother of the despot was a physician, that he wanted the position of quarantine doctor for him, and that is why the despot had tried to drive the newly-appointed physicians away. Orders arrived from the center to legally prevent the activities of the local governor and to find a house for the doctor.⁸²⁹ It is not known whether the rumor was true or false, nor whether the problem was solved easily or not. What needs to be considered is the success of the despot's efforts in not allowing the doctor within the district for ethno-religious reasons.

⁸²⁷ Sarıyıldız, *Hicaz Karantina Teşkilatı*, p. 63.

⁸²⁸ BOA. A. MKT. NZD. 118 / 5, 30 Zilhicce 1270, 23 September 1854.

⁸²⁹ Ibid.

Ethnic issues arose at quarantine stations either between the medical professionals and the common people or among the people staying on the two sides of the sanitary cordons. The governor of Mamuretülaziz reported that in Dersim, the rebellious Kurdish tribes could not act freely due to sanitary cordons.⁸³⁰ Likewise, the epidemic of Baghdad resulted in a confrontation between the Jewish and Muslim population of the city.⁸³¹ For the quarantines of Mosul and Basra, two Muslim physicians were needed because the stations were managed by foreign doctors whose existence was causing murmurs among the people from time to time. But Muslim doctors could not be found. So, it was decided to wait for the graduation of students, who were expected to work for 2200 piasters in Basra and 1750 piasters in Mosul.⁸³²

The duration of plague quarantine and bad living conditions were always the main causes of complaint. Such duration was even suggested to be 25 days according to the strength of the disaster because they were ignorant of the ability of the disease to spread over a cured patient by some physicians attending to the Venice Sanitary Conference. Yet, this measure was appreciated as overly cautious. Therefore, the measure of the isolation of the sick was found sufficient: For instance, passengers of a ship carrying 500 pilgrims were settled in groups of fifty people in different places. If disease appeared in one of them twelve days later, the quarantine obligations of that group would be repeated. If within another few days another patients appeared, the obligation started all over again.⁸³³

⁸³⁰ BOA. Y. A. HUS. 285 / 75; 21 Cemaziyelevvel 1311, 30 November 1893.

⁸³¹ Dumont, p. 137.

⁸³² BOA. I. MVL. 127 / 3338; 29 Zilkade 1264, 28 October 1848.

⁸³³ BOA. Y. A. RES. 98 / 41, 25 Şevval 1316, 8 March 1899.

A foreign observer, Lucy Garnett notes on the quarantine rebels that: “Quarantine regulations are certainly observed at Constantinople and the other large seaports. But in the towns of the interior, the Moslem population manifests the greatest dislike to such sanitary regulations, which they regard as a profane interference with the will of Allah, and do their best to avoid carrying out. The doctor of the first quarantine station at Bursa was, for instance, attacked in the street by several hundred Turkish women, who, save for the intervention of the police would have beaten him to death for his supposed impiety.”⁸³⁴ Here, except for her association of the rejection solely with Islam, Garnett presented a picture that almost all communities showed response to the confinement.

An article published in *La Turquie*, extracted from the *Levant-Herald* mentioned the quarantine station at Kavak. One of the workers on the Rusçuk railway left the shelter within this station and had to spend the night in a tent. In addition to falling ill because of sun in the day and cold at night, he was obliged to pay his three liras for use of the tent. In the end, he was hurried off to the British Hospital in Galata.⁸³⁵ Quarantine expenditures, including food, drink and shelter along with the quarantine fee, were a problem since the beginning of their application.

The following words, which occurred in October 1840, illustrate the situation: It was heard that disease had appeared in Filibe. The narrator had gone to a shop in Kurşunlu to obtain a quarantine permit. Since it was a Sunday, the foreigners

⁸³⁴ Brummett, p. 276.

⁸³⁵ *La Turquie*, 07 August 1866.

were not at work. Since the quarantine permit was in their hands, so, he spent 10 piasters to no end.⁸³⁶

The Ministry of the Interior had to deal every year with the troubles of the pilgrims on the road, especially due to sanitary conditions. They were in miserable conditions in the quarantine stations in the Mediterranean. The ships demanded such high prices that it was decided to carry poor pilgrims by the state ship. However, they had to wait for quarantine for 48 hours in Tur even if cholera did not show up.⁸³⁷

When cholera spread to Anatolia, it brought ethnic hatred with it. A letter sent from Manisa on 21 August 1893 gave the following information: Jewish street peddlers were unable to enter non-Jewish districts. They were beaten. The main instigator was the town's physician, Cesim Bey, who insulted their community and spread the rumor that their coreligionists were the ones infecting the town with the cholera germ.⁸³⁸

The governor of Hejaz submitted a report to Besim Ömer on 8 January 1884 in which he related his problems by saying that even though cholera was a constant trouble, sanitary inspection was done only four months a year, during the pilgrim season. That year, at the moment of the departure for the pilgrimage, the outbreak of cholera in India was heard. Until that year, the pilgrims coming from India had been subject to quarantine at Kamaran, but now even those coming from the Ottoman lands also were to be kept in Kamaran for twenty days because of the appearance of the disease in Egypt, despite the article of the quarantine regulation stipulating that the longest duration would be fifteen days. Even small boats carrying grains from

⁸³⁶ Kırılı, *Sultan ve Kamuoyu*, p. 163. The effects of a cholera epidemic were similar in Bağdad 1889 and in İzmir 1831, two dates from the beginning and the end of the century: panic of horrible deaths, an evacuated town, and an upside-down social and economic life. Dumont, p. 137.

⁸³⁷ BOA. MV. 64 / 67; 15 Şevval 1308, 23 May 1891.

⁸³⁸ Dumont, p. 151.

Cairo would be kept. This would increase their travel duration to three months, which led to the problem of famine and an easily appeased attack on quarantine station.

The most important drawback of this long enclosure, however, was the inhumane conditions in which the pilgrims were kept since the island did not have a satisfactory amount of water, and the barracks could not protect them from the sun. They, on the one hand, complained about the discomfort they suffered and on the other they declared that the prospective pilgrims were being killed as a result of the quarantines. They also cried out that although they had enthusiastically looked forward to the pilgrimage, instead, they had become wretched.⁸³⁹

The report continues with describing the activities of the foreign deputees who found the occasion to intervene after these complaints. The British embassy representatives appeared several times in Kamaran. In addition, the quarantine physicians and officers would insult the pilgrims by saying things like: “if you have money, go to Europe, see the world. If you do not, what are you doing in Arabia?” Thus, the report stated on physicians and inspectors to be sent to the post should be Muslims. Additionally, pilgrim ships passing from the Canal to the Mediterranean had to wait in quarantine at another station, maybe at Rhodes, or İzmir, and those coming from India at Ebu Said, to temper the complaints.

A further drawback was that different convoys were grouped together, which increased the possibility of infection. For instance, a person whose quarantine time was to end within two days was put together with a new passenger, and let out after two days. Then, information about the appearance of new death incidents in Mecca arrived. Another problem was the continuous stops for quarantines during the

⁸³⁹ *Can atıp gelmiş iken anamızdan emdiğimiz süt Kamaran müşkilatıyla burnumuzdan geldi.*

voyage, with clean patents. The real problem, he says, would begin if the passengers thought that those interventions were done to prevent people from entering Haremeyn. Despite the declaration of the inspector that ships embarking from Jidda would acquire clean bills of health, the Mecca pilgrims did not dare to board on the ships because they remembered previous years in which similar clean ships had been put under quarantine and had not been allowed to pass through the Canal.⁸⁴⁰

The disease in İzmir and quarantine measures, street porters lose their job due to lack of demand. By this occasion, a commission was formed to distribute bread.⁸⁴¹ When the disease had reached to İzmir, all commercial activity was suspended because ships carrying the local goods to America and Europe could not leave and the harbour was empty.⁸⁴² Additionally, two hundred women were famished because of the sanitary cordon against cholera in Bursa. They marched on the provincial governor's office. Twenty households of sixty six people that were almost dying from of hunger were given subsistence allowance including rice by the order of the governor.⁸⁴³

Allegation of unlawfulness was another common strategy for the quarantine population for escaping those measures. A letter from a quarantine physician in Aleppo listed his complaints about the low wages of the guards who had to work for 60 piasters. On a monthly salary, he said, it was obvious that the guards would accept gifts and bribes from the passengers. At this condition, the physician knew that he would be kept for these actions and said it was unfair. Furthermore, the quarantine officers at Aleppo suffered from hard conditions because of the unwillingness of the

⁸⁴⁰ BOA. Y. PRK. UM. 6 / 45, 10 Rebiyyülevvel 1301, 08 January 1884.

⁸⁴¹ BOA. Y. PRK. UM. 28 / 20; 01 Safer 1311, 13 August 1893.

⁸⁴² Ayar, pp. 107.

⁸⁴³ BOA. Y. PRK. ZB. 14 / 42; 08. Rebiyyülevvel. 1312, 07 October 1894.

guards to be subject to quarantine regulations. The quarantine area was not surrounded with a wall, which created a defenseless environment and the prohibition from entrance was only possible with twenty-five guards who should have had twelve tents to protect them from the rain and wind. However, the quarantine station had only four of them.⁸⁴⁴ The inappropriate behavior of the Edremit quarantine physician, Hacı Ali Efendi, made him support his replacement with another one.⁸⁴⁵

When disease spread to the neighborhood of Muş, it became necessary to set up a sanitary cordon in Erzurum. However, the quarantine regulations were not strictly applied and the disease showed up in a village of eight hours distance to Trabzon. It was understood that the situation had been caused by the neglect of Said Efendi, the quarantine administrator, who had overlooked the residents of Erzurum. It was decided to discharge Said Efendi, to replace him with Halil Feyzi Efendi, the administrator of fumigation station of the Kaleli quarantine station.⁸⁴⁶ In another case, the quarantine officer Mehmed Ağa was found suspect of the troubles within the Silistre quarantine station. He was replaced by Necati Efendi. But this measure was not sufficient enough due to the increased level of contagion in the environment. Thus, a physician named Agop was ordered to be appointed by Fethi Ahmed Paşa to identify the necessary sanitary measures by personally travelling through the villages with a team.⁸⁴⁷

The Bingazi quarantine physician, the Italian Monsieur Palançek in a correspondence between the Ministry of Interior and the Province of Van was reported to be acting inappropriately. The replacement of the doctor was asked. The

⁸⁴⁴ BOA. A. MKT. 32 / 45, 29 Zilhicce 1261, 29 December 1845.

⁸⁴⁵ BOA. C. SH. 22 / 1063, 29 Receb 1256, 26 September 1840.

⁸⁴⁶ BOA. C. SH. 25 / 1241, 27 Cemaziyelahir1257, 15 August 1841.

⁸⁴⁷ BOA. C. SH. 27 / 1325, 29 Zilhicce 1255, 04 March 1840.

request was rejected by the Bingazi vice-consulate. However, because the doctor did not know Turkish he had been misunderstood by people because of his ignorance of the language. It was ordered that he be pardoned. Most probably he was not replaced by another physician.⁸⁴⁸

A disease which caused many deaths in the Müküs district of the province of Van needed to be examined, and the local quarantine physician, Plaleon Efendi, was appointed for this duty. However, he refused to go to the infected area. The request was that he should be appointed to another location. The rest of the story is unknown, like many others we encounter in the archives. However, the multiplicity of the cases gives the impression that not only provincial physicians, but also quarantine physicians were sometimes unwilling to fulfill their duties in areas with contagion.⁸⁴⁹

The orders of the Health Inspectorate were mainly transgressed when quarantines were in question. These problems were commonly pronounced by the physicians, the health officers employed in quarantines, or by the armed forces employed in the area. These people all the time claimed that the opposition to the quarantine was indeed the subject of the Punitive Health Law. The most striking article of this law was the seventh one, which allowed a member of the armed force to shoot at the transgressor.

The Punitive Health Law dating 28 June 1300/1884 (17 Ramazan 1301) indicated that the outbreak of an epidemic would be declared by the Ottoman authorities, and reported to civilian and military health officers, administrators of disinfection stations and the quarantine stations at sea parts. Then, at the respective areas, the punitive articles also would be announced publicly and they could be applied only after the announcement. If a ship embarked on a different place from the

⁸⁴⁸ BOA. DH. MKT. 350 / 40, 5 Muharrem 1312, 02 March 1895.

⁸⁴⁹ BOA. DH. MKT. 365 / 35, 25 Şevval 1312, 21 April 1895.

one that the Health Council allowed, or violated the cordon, it would be sent back, by force if necessary. Or if anyone came into contact with a contaminated passenger, animal or belonging, because of having violated the cordon, he would be punished by hard labor. The guards of the quarantine were allowed to use guns against anyone who violated the quarantine.

If a captain or a passenger contacted the port without receiving a bill of health from there, even if the ship had one, he would be sentenced to prison from one to three years, or pay monetary fee from five to five hundred Ottoman golden *para*. Any quarantine officer who acted in a way to endanger the sanitation of the station would be punished by hard labor. If a military commander did not apply the central orders he would be sentenced to one to three years's imprisonment. Anyone not reporting the information about the appearance of a disease, or not fulfilling the requirements required by the Health Commission would be imprisoned from fifteen days to six months. If this was a physician, the sanction doubled, and he would be banned from the practice of medicine from one to three years.

The sanitary punitive law was prepared by looking at the European examples. Those who tried to escape before finishing the quarantine duration were considered as a threat to the common health. They had to be punished as examples to discourage others from such behaviour. To organize necessary punishments, it was ordered to examine the foreign punitive laws, extract the relative articles and their details.⁸⁵⁰

⁸⁵⁰ *Şura-yı Devlet Tanzimat Dairesi'nin heyet-i umumiyyeden tezyil olunup meyane-i acizanemizde mütalaa kılınan mazbatasının karantina müddetini ikmal etmeksizin fırara tasaddi ile sıhhat-i umumiyyenin alil-i sariyeden muhafazası yolunda mevzu-i karantina nizamatını ihlal ederek celb-i musibete bais olanlar hakkında mevad-ı ibret ve intibah olacak ahkâmın kanun-ı cezaya zeyl edilmesi lüzumuna mebni bu babda kavanin-i ecnebiye memurlarından bakılarak maksada muvafık olan esaslar ile teferrüatını ve iki faslı havi olarak tanzim ve heyet-i umumiyyece bazı mahalleri tashih ve islah edilen layiha-i kanuniyyenin ilam ve bir de ümera ve zabitanın neferrat-ı askeriye ile işbu kanun ile şamil olacak ahkâm-ı cezaiye atf tarikiyle askeri ceza kanununa madde-i mahsusa yazılmasının kanun-ı mezkurun tashihine memur olan komisyona havalesi tezekkür kılınmış ve eğerçi hariciye nezaretinin bu hususa dair olan tezkiresini melfuf hukuk müşavilerinin mütalaanamesinde işbu kanunun düvel-i ecnebiyenin kendi teba ve sefineleri hakkında icrası hususundaki fikr ve niyetlerinin*

The hatred of the doctors reached its zenith in Mitroviçe, where two or three thousand armed Albanians passed over the cordon and attacked the station, killing the quarantine physician and the quarantine was closed.⁸⁵¹ Eight people were interrogated about the issue. A telegraph reported that some notable Albanians had gathered at the medrese of Müderris Orhan Efendi, complained about the delay of the quarantine's closing. Because of their reaction, and also because of the establishment of another quarantine station in Seniçe, the closing down of the former could be acceptable. However, this would mean a submission to local people by the central authorities, and their submission might bring further requests from other places.⁸⁵²

These violent acts resulted in harsh security measures. According to the Sanitary Penal Code, those transgressing quarantine frontiers could be shot after three warnings. Yet, quarantine administrators avoided doing so by evaluating the regulations as too harsh. However, the grand vizier was insistent because the Bulgarian government was applying the code. The Ottoman soldiers and guards also needed to apply it to prevent any access to the Ottoman lands of contagion, both sanitary and politically.⁸⁵³ Therefore in 1892, an official letter was written about the necessity of the changes to the Sanitary Penal Code since it was practically impossible to implement.⁸⁵⁴ In 1893, however, the disease had subsided and any intervention of the Ottoman state was subject to misrepresentation in the

istihrac edilmesi dermiyan olunuyor ise de sıhhat-i umumiyenin muhafazasını temin için yapılacak bir kanun hakkında devletlerin istihrac inkarına lüzum ve mahal görülemediğinden bermucib-i mazbata layiha-i mezkurenin mevki-i icraya vaz'ı ve askeri ceza kanunnamesine madde-i husususa ilavesinin dahi taraf-ı seraskeriye havalesi batezkire mezkur mazbata ve layiha ile nezaret-i müşarileyhanın tezkiresi ve evrak-ı müteferriası leffen arz ve takdim edilmiş olmağla olbabda emrûferman. 24 Haziran 300. BOA. I. MMS. 78 / 3424, 24 June 1300, 6 July 1884.

⁸⁵¹ Yıldırım, "Kolera Salgınlarında Alınan Karantina," p. 334.

⁸⁵² BOA. DH. MKT. 1396 / 80, 7 Cemaziyelevvel 1304, 31 January 1887.

⁸⁵³ BOA. Y. A. HUS. 281 / 81; 27 Rebiyyülevvel 1311, 07 October 1893.

⁸⁵⁴ BOA. Y. A. RES. 60 / 7; 21 Muharrem 1310, 14 August 1892.

international political arena. So, because of the vulnerable situation, it was vital that any transpassing of the Bulgarian frontier quarantines be prevented.⁸⁵⁵

While discussing the improvements of the conditions at the Black Sea Coast, a new quarantine station was planned to be established. It was declared that in earlier times, to that location, two police stations were located. Boats belonging to the stations were sent to check whether the cordons were trespassed or not, with papers indicating contamination. With the formation of disinfection stations in Büyükdere and Tarabya, however, such cordons would become unnecessary.⁸⁵⁶

Twenty-four soldiers and six irregular (*başıbozuk*) passengers on the ship from Adana who was stopped in Samsun did not want to wait in quarantine and passed to another ship of the Paleye Company that was called *Manzaralı* by personal payment and travelled to Trabzon. The information that they had escaped from the Samsun quarantine, however, reached Trabzon before them, and not being accepted, they were returned to Sinop to the quarantine station. A rumor began to spread among them, and the other guests of the Sinop quarantine, that they would not be given water for toilet hygiene. The rumor spread steadily, caused disputes, and finally three soldiers and one civilian were injured by the crew by a scraper anchor. The ship captain and the quarantine administration demanded that everyone calm down. One officer, one police chief and some soldiers stood guard all night, and at the next day, these people were returned to the quarantines to which they belonged. That was reported to Reşid, the governor of Sinop and colonel Kamil, the Sinop attorney commander.⁸⁵⁷

⁸⁵⁵ BOA. I. HUS. 17 / 1311-103; 23 Rebiyyülahir 1311, 02 November 1893.

⁸⁵⁶ BOA. Y. A. RES. 26 / 28; 14 Safer 1302, 03 November 1884.

⁸⁵⁷ BOA. Y. A. HUS. 283 / 56; 22 Rebiyyülahir 1311, 01 November 1893.

When passengers of Revan tried to violate the quarantine zone at the Russian frontier by showing their guns, and six of them could not be arrested, correspondances with Petersburg confirmed that they would be accepted with guns, which reminded the foreign deputies within the Quarantine Organization that the sanction was too harsh and needed to be altered.⁸⁵⁸ When events were aggravated in the quarantine station at Mitroviçe by rejections of the enclosure, two spokespeople were sent by the local people and they proposed the lifting of the quarantine measures in the area. They received the answer from a committee made up of local notables and police station that health regulation allowed the shooting of those refusing to undergo quarantine. The Albanians gathered around the station, said that they would personally end the quarantine with their weapons if it was not legally done. Nevertheless, the answer from the center was not different by fear of their further venture.⁸⁵⁹

The issue that the transgressors of the quarantine were to be shot after three warnings became a matter of political debate between the Ottoman and the Bulgarian authorities. News were coming that after this decision, the Bulgarians distributed many weapons to their villages in Daniçe at September. The center demanded to know whether the information was factual or not, and if it was factual, what kind of weapons they were, to whom they had been given (to the frontier people or to the residents of the inner areas), and what had been the means of distribution.⁸⁶⁰ To find out, a Jewish agent was ordered to be sent to the area but he did not have valuable

⁸⁵⁸ BOA. I. HUS. 3 / 1310. S. 115; 16 Safer 1310, 08 September 1892.

⁸⁵⁹ *Bütün bütün şumaracakları umur-ı bedihiden bulunmuş olmağla*. BOA. Y. PRK. MYD. 6 / 10; 20 Rebiyyülahir1304, 14 January 1887.

⁸⁶⁰ BOA. Y. PRK. DH. 7 / 2; 04 Rebiyyülahir1311, 14 October 1893.

information. Still, the governor had sent a telegraph informing that the villagers of Buruveye, a frontier village of thirty houses, had been given ten rifles.⁸⁶¹

The archival sources used by Nuran Yıldırım give examples of the insurgencies against the application of quarantines established by the order of Mahmut II. On 26 May 1838, some merchants raised opposition against the quarantine of Kuşadası. The quarantine officers were attacked, and some stations were damaged. Similarly, in Amasya in 1840, post-mortem examinations and a rise of grain prices in quarantines for plague initiated people's reactions by religious pretexts which resulted with death. Similar opposition was seen in Mitroviçe, a mentioned above, Aleppo and Hejaz.⁸⁶² In 1895, in Mecca, the fumigation machine and the station were burnt and demolished, and the hospital was plundered because of a rumour that the health workers would boil naked people in the 110 degrees heat. More serious events occurred in Jidda, where French and Russian embassies involved in.⁸⁶³

Many outcries from pilgrims were raised at the entrance of quarantine at Hanikin in 1865 because of their unwillingness. Once, a caravan from Tabriz even crossed over against the city declaring that they preferred death to enclosure since they had already waited at another quarantine district for 15 days. Since the district administrator did not want to get involved in the affair, the doctor gave them their permits. He reported the incident to the administrator, who ordered the gendarmerie to use force the next time. However, the physician said that the reason he had not interfered was the lack of money and soldier.⁸⁶⁴

⁸⁶¹ BOA. Y. PRK. DH. 7 / 13; 29 Rebiyyülahir 1311, 08 October 1893.

⁸⁶² Yıldırım, "Osmanlı Coğrafyasında Karantina Uygulamalarına İsyanlar."

⁸⁶³ Sarıyıldız, *Hicaz Karantina Teşkilatı*, pp. 119-122.

⁸⁶⁴ Koloğlu, p. 64.

In another case, Horasanî pilgrims from Iran refused to enter the quarantine hostel, chased the guard with their spears, and fought with the employees. The doctor entered in the fight with a bayonet, which he grabbed from a police officer. Meanwhile, a pilgrim pointed his gun at the doctor, who was saved by a clerk. Then, the doctor locked the hostel and applied to the district administrator. However, the gendarmerie, who was chasing a thief, applied to the military garrison to find their major. The residents of the hostel and people living near it had closed their doors. Refusing to pay the fee, 600 pilgrims walked to the city, where they met 60 cavalymen.⁸⁶⁵ Indeed, one might think of the doctors' words as exaggeration in his description of the pilgrims all armed and on horse. Therefore, he said that they had been able to calm these 600 pilgrims down within ten minutes, but it is not explained how they managed this.

An Austrian ship named *Îris* left K stence, and while waiting in the quarantine station at the Strait of the Black Sea of Bosphorus at the Kavak Quarantine Station, could not keep some killers of the Greek nation who were on this ship. One of them threw himself into the sea, and boarded a postal ship called *Naezvoŧ*, which would complete its quarantine period⁸⁶⁶ within seven days. The three guards responsible for the custody of his friend on the *Îris* proved inefficient on this occasion. Furthermore, he could contaminate people. The punishment for avoiding quarantines was to shoot the fugitive by gun. But the authorities did not do this. In its stead, correspondences were made between the quarantine administrators and the ministry of police. They received eight policemen to accompany them, three at night

⁸⁶⁵ Ibid, p. 65-66.

⁸⁶⁶ The time during which an infected individual or an area was kept isolated, avoiding contact with uninfected individuals could be any specified period of time, varying with the disease in question. The term was derived from the Italian word for 40, because the period of isolation for people suspected of having plague in the medieval period was 40 days.
<http://www.medilexicon.com/medicaldictionary.php?t=67143>

and five in the morning. In addition, without the permit of the embassies belonging to the ships, they could not arrest the murderers and bring them to land unless the representative of these embassies accompanied them.⁸⁶⁷

In Alaiyye, the expression for the resistance of the people to undergo a quarantine station was: “*kulak tınmadıkları*” (they did not care). Thus, the İstanköy quarantine physician requested intervention by means of an official letter.⁸⁶⁸ In Kolos, a person acted against the regulations. Also, an incident on a Prussian ship caused a diplomatic struggle with the Prussian embassy, which wrote a complaint petition. It was understood that the person would be best handed over the Austrian authorities to calm the two parties down. But the trouble, when inspected closely, turned out to be a case of Russian officers who had violated quarantine regulations by inserting some Cossack soldiers who interfered in the police forces of the city. If the information was true, then the Ottoman authorities could not remain silent.⁸⁶⁹

The main factor of the insurgencies and refusal of quarantine measures was the insecure feelings harbored by the people towards both foreign physicians and the municipal physicians. In 26 May 1838, when women collaborated with Kara İmam, Hacı Molla and the muhtar of the Türkmen district, İbrahim, against the application of quarantine in Kuşadası, harassed the quarantine workers, burned some stations; and they were freed after nine months' banishment to İstanköy. Finally, they were

⁸⁶⁷ BOA. ŞD. 2486 / 24, 6 Safer 1302, 25 October 1884. Austrian quarantines had been settled in the Ottoman lands since the 1840s. The Austrian governor was the first one who pushed for broad reforms in the quarantine system, particularly with respect to arrivals from Turkey. However, it had recently appointed a committee consisting of medical doctors Mr Sigmund, Breaning and Dlanhy to study the effect of quarantine on the empire. If results of the review that the commission would deliver a sufficient guarantee of security in regard to health institutions in the Ottoman Empire, the Austrian government's intention was to remove its own quarantines, the way he would make a strong economy and its trade relations with the East would gain even greater ease. M. Sigmund, Breuning and Dlanhy had arrived at Constantinople by the penultimate boat Galata. They had already visited the quarantine of the Danubian principalities and Varna. They would be leaving the next day to go to Alexandria. *Journal de Constantinople*, 09 May 1849.

⁸⁶⁸ BOA. C. SH. 20 / 979, 29 Zilhicce 1255, 04 March, 1840.

⁸⁶⁹ BOA. I. HR. 74 / 3589, 03 Rebiyyülevvel 1267, 06 January 1851.

pardoned after the advice to accept these measures which were beneficial to the Muslim community.⁸⁷⁰

The same resistance came from Amasya in the 1840s, when famine and plague broke out. Dr. Paldi's examination of female bodies and intimate parts of the bodies, and his threat that in case of plague, he would calcificate and burn the bodies and imprison the remaining people in their houses broke the camel's back. The examination of female bodies had to be done legally by female health workers. Hence, the residents of Amasya gathered after the noon prayer under the leadership of the religious authorities and attacked the quarantine house, which began the events that led to the murder of Dr. Paldi.⁸⁷¹

This chapter analyzed quarantine physicians within the framework of the international debate on health care and politics. After a general introduction of the Ottoman quarantine stations to present the administrative mentality lying within, the international importance of the quarantines to constitute a world-wide barrier to epidemics was stressed. The question of disease in this time was a domain of interest of a multitude of actors, such as embassies, quarantine physicians, and ship doctors. The international debate was illustrated by the International Sanitary Conference held in Venice at the turn of the century, especially in terms of the Egyptian issue. The practice of eliminating germs was then described as a brief introduction to the idea of stigmatizing the "ill," that is infected individuals in the case of epidemics and quarantines.

Especially for the Ottoman Empire, pilgrimage occupied a vital place for the spread of epidemics and prevention enclosures, mainly cordons and quarantines. The chapter did not problematize a total picture of the physicians working in this area.

⁸⁷⁰ Yıldırım, "Kolera Salgınlarında Alınan Karantina Önlemleri," pp. 331-332.

⁸⁷¹ *Ibid.*, p. 333.

Instead, it dealt with the reactions of people to the quarantine physicians, graduates of the Military School of Medicine whose numbers were more than any other kind of practitioners of the medical field mentioned in this dissertation.

Also, their workplace was much problematic than the other ones such as the provincial physicians or the military doctors working in hospitals who generally examined people by their own request. And unlike the provincial physicians, for instance, once they were rejected, this rejection was not simply through a language of professional incapacity, but the actual insurgencies against the existence and the very body of the doctor. But, like the case of the provincial physicians, it was seen that people also were demanding medical care from quarantine physicians, but not the medical gaze in the Foucauldian sense. The quarantine obligations were contestable domains for especially travelers, unless they themselves applied for medical care.

CHAPTER 7

CONCLUSION

When Miri Sefer Mossensohn, inspired from Michel Foucault on medicine, writes that "it was especially during the nineteenth century that medicine was intentionally and successfully implemented in the Ottoman Empire with control as its aim,"⁸⁷² despite its ever-existence and ever-importance during previous centuries, she means that the target of the modernizing empire was more improving state management than solely improving the wellness and health of its citizens. She then argues that the propagation and development of medical knowledge was not necessary to form such a medicalized environment. The application of this accumulation of medical knowledge demanded available social and political conditions, which the empires of the nineteenth century were handling.

This dissertation followed the same perspective, which claims that such political conditions created a new form of medical profession throughout the century, which took its force from the positivist ideals used by the administrative elites as an operational tool for governing the newly medicalized population. In other words, this dissertation's target was to find the process in which traditional dispersed medical practices were transformed into a unified branch of the nineteenth century science, an expression borrowed from the contemporaries, that is to say, into a modern medical profession, that of the Western-type physicians, separate now from the other practitioners of medicine. From that point on, instead of unique solutions to unique health problems, universal solutions, part of a systematized policy, were presented to

⁸⁷² Miri Shefer Mossensohn, "Health as a Social Agent in Ottoman Patronage and Authority," *New Perspectives on Turkey* 37(2007).

universalized sanitary problems, by universally-accepted, modern-educated, Western-styled physicians.

The research was formulated with the idea that efforts were made to standardize medical practices first through the introduction of the School of Medicine in 1839, and fortified with legislations and regulations defining the boundaries of medical practices. It then dealt with the new envisioning of the world through the lens of medicine and the effort to reshape it in sanitary terms with the introduction of a new type of health specialists. Following that, it looked at the extent to which this reformulation was applied in terms of the standardization of medical education. In other words, the study asked the question: "Did legislations regulating the practice of medicine with the new form of education and with those who maintained a diploma through that education manage to throw traditional practitioners out of the medical arena? How did the modern physicians settle in the medical field during the century?"

The study then asked another question: "How were these modern physicians, dispersed throughout the empire, trained and took their modern image and what changed in their education to drive them to their uniqueness as medical actors?" To answer this question, it examined the daily lives of medical students. The study then looked at their spread to the countryside, which was the ultimate goal from the administrative perspectives. Finally, the research dealt with their participation in the most vital phenomenon for the nineteenth century, the quarantine system, to see their confrontation with their foreigner colleagues and the common people.

The dissertation analyzed the foundation of the modern professional group of physicians between 1839 and 1908 by examining the introduction of modern administrative techniques in the Ottoman context. These techniques were fed by the

idea that the population itself had become a totally new source of wealth for the new state. That was why states counted their populations by categorizing them by such criteria as age, sex, or sanitary condition in order to draw maps of populations with the capacity to pay taxes and provide men for military service. During that process, medical professionals took their place between state and society, forming a union between them, both in terms of medical services and population control. Yet, a third dimension derived out of these two, that is, the relation of professionals, first, with the state, and second, with the society, which is the position of the medical profession both the object and the subject of these relations. In other words, while applying the new administrative techniques of the modern state, the medical professional underwent the same techniques, which gave rise to several bargaining grounds between the state, the medical professionals, and the common people. If we replace the term “medical professionals” with “physicians,” we find the very topic of this dissertation.

The study examined these bargaining grounds in between the state, the population, and the medical professionals, specifically physicians, within the process of the formation of a modern, centralized, unified empire that struggled against the streams of nationalism and expansionism between the Tanzimat period and the Second Constitutional period. The reason of this periodization was that the “modern doctor” appeared after long struggles only within that period of time. In other words, at the same time with the appearance of the idea of a modern doctor, troubles also continuously appeared. These troubles presented a fluctuating picture instead of a linear one until the rise of the CUP members. At the time of the CUP authority, a settled, stabilized and institutionalized health system, which only allowed the entrance of modernly-educated professionals, was introduced. Before that, the entire

system was unstable, welcoming all actors due to the prevailing conditions.

Furthermore, the political atmosphere with which this study deals, which was a central empire, had altered.

The basic question of this study, which was, where the actors of the modern medicine appeared in the foundation of the modern state, stands on the multipartite hierarchical relations that the study described, which means that those who worked as physicians, either within or outside the system, were involved in the bargaining system that the efforts of centralizing medical activities created. The study dealt with the ideas of centralization, positivism, modernization, and standardization to describe the application of modern medicine in the ideal and practical cases.

In addition, the research examined physicians in two basic categories: military and civilian, but focused mainly on the civilian medical activities, although some of the actors were graduated from the Military School. When studying inside of the medical school, the main focus was on the life inside a modern technical school instead of a modern military one. The envisioning of the technical education created an appropriate environment for the spreading of the in-school activities to the out-of-the school ones.

Another dimension of the research was that the whole story of the foundation of the modern medical profession was parallel to a story of the foundation of a Turc-Muslim group of physicians. Via medical societies, the debates on the Turkification of the medical education language, the opening of the civilian school of medicine, and finally the appointment policies, the system was moved toward a unified Turkish professional group that would occupy high positions in the constitutional and republican periods. Furthermore, the political awakening that took place within the walls of the school contributed this process through all of the translation activities of

the students from French into Turkish. This situation had the danger for the multilingual non-Muslims, who had benefited from the existing educational system, to be pushed to the same level with the Muslims.

To better illustrate this transition, the study first dealt with the differentiation between classical and the modern medicine, and then focused on the different aspects of the medical professionalism of the physicians. In the background, three levels of perception were sought. The first one is the perception of the physicians of themselves, which was derived mainly from memoirs and biographies, and some petitions written to the center, which described the actual professionalization of the physicians. The second one was the perception of the state of the physicians, derived from legislations and archival documents that continuously mentioned the legislations. This perception gives the idea of the standardization of medical activities in the eyes of the state. The third one was the perception of the physicians by the common people. This perception was also derived from the archival sources, which actually illustrated the centralization at the local level.

All these three perceptions offered a description of the daily life of the nineteenth century Ottoman provinces by emphasizing the different reactions to medical professionalism. How medicine was shaped, categorized, and finally standardized set the conditions of how the professionalism formed hierarchical relations between these three levels and how bargaining positions were created. For a dissertation dealing with the social history of medicine, either defensive or critical, touching on the questions posed by Foucault should be considered natural. Yet, what this study claimed to offer was a more complex relation node for the physicians, rather than being the introducers of the modern techniques of power. Power was both over and in the hands of the physicians in this complexity.

Also, the resistance areas had been created in the relations between modern and traditional physicians, provincial physicians and the common people, quarantine physicians and common people, and finally all physicians and the central medical and political authorities. These physicians, in addition to introducing the Western ideals due to the profession itself, offered alternatives for themselves and the population, which means that despite being loyal state officers, they chose either to practice freely (or evade totally), or get involved in political activism. With his modern image with a white coat and pince-nez glasses, totally different from a simple resident of the countryside, the doctor benefited from a higher status, even at the times he was not welcomed.

Another dimension of the foundation of the modern medical profession was that schools, legislations and ethics formed the three axes of the ideal modern physician. The schools offered issued diplomas, which standardized the acquisition of the title of doctor. New laws determined the rules for the application of medicine, which served for the standardization of the practice of the doctor. Medical ethics served for the organization of the human relations in an ethical way that the profession introduced during its application. The emphasis of the study was that all of these things occurred almost simultaneously in mainly the Western countries, which also dealt with first, forming totally different professional group from the existing one; second, differentiating the medical branches from each other to form clear-cut lines, and finally, to form a more nationalized medicine, which showed itself in the war of the scholars. Back to Foucault, the newly-arising homo-hygienicus, who appeared in his works as the object of the bio-politics, was the main resource for the era of nationalisms, which reached its highest level at the end of the nineteenth century.

What was specific to the Ottoman Empire was its complex ethnic ingredients, which appeared clearly in the archival documents. The issue of religion, not as important for the physicians, when in contact with common people, turned into a vital element. Most of documents indicated that people rejected the appearance of a physician, who had the opportunity to enter inside their houses, belonging to a different ethnic or religious group, in the neighborhood. A considerable number of petitions were sent to the central authorities demanding the appointment of a doctor of the same *millet*. Such documents were concentrated in the Balkan and Middle Eastern parts of the Empire, and almost did not exist in Anatolia. The area in which this problem arose most commonly was the pilgrim way, where quarantine physicians, mostly non-Muslim Ottomans and foreigners, served the pilgrim candidates, who perceived them as obstacles due to their religious identities.

It was not only religion that shaped the ethno-religious doubts. Also, political activities evoked feelings of doubt and hatred not only among the common people, but also by the center. The activities of some people claiming to be, or being physicians in politically troubled places also attracted the attention of the local political authorities. In other words, those having contact with foreigners were suspected of being involved in undesired activities, and they were observed, if necessary, followed.

No matter why the common complaints arose, the center did not want to dismiss or transfer physicians, since the investment into one physician was so great. Also, they were so few in number that they became impossible to sacrifice. The chapter on the provincial physicians showed that due to ethnic conflicts, or problems with payments, the new graduates did not want to work as state officers. In return, the state did not want to lose them. They worked until their payment delays reached a

high amount, reacted, and then the state found some way to pay them to keep them in their places, mostly from local budgets.

In times of emergency at mid-century, even uncertified practitioners were welcomed after a brief training, but by the end of the century, retired modern physicians were preferred. Traditional practitioners were no longer accepted since a stable, unified, standardized professional group had appeared from among the Turkish-Muslims. After the 1890s, we begin to see a different picture, with less tolerance of the less-desired actors. The requirement of diploma and colloquium examinations was applied more strictly despite a vague structure of transgressions and penalties. Throughout the century, transgressions were received penalties, that could not be predicted, which paved the way for the bargaining positions.

From another dimension, physicians felt themselves capable of changing their world since they had been trained in the first residential school of the empire, and had contact with students from all of the provinces. With the experience of sharing the same environment with representatives from throughout the empire day and night, adding to the nature of the profession strengthened by the concepts of dissection and the therapeutic reflex, with the knowledge of foreign languages and proximity to the Western culture, the prospective physicians developed an identity of high culture capable of dealing with the problems of the empire, which showed the formation of not only a professional but also an intellectual elite.

APPENDICES

APPENDIX A

THE APPOINTMENT OF A MUNICIPAL PHYSICIAN

BOA. DH. MKT. 908 / 81; 29 Şaban 1322; 7 November 1904

The appointment of Kamil Efendi, the municipal physician of Bergama, and then his re-appointment to Foça and return to Bergama due to his abusive attitude, and the appointment of Mustafa Efendi, who had been sent to Bergama for the position of the physician in question to Bozdoğan.

Mekatib-i Askeriye-i Şahane Nezareti

Mekteb-i Tıbbiye-i Şahane Tahrirat Kalemî

Dahiliye Nezaret-i Celilesine

Devletlü efendim hazretleri

Bergama kazası belediye tabibi Kamil Efendi'nin vezaif-i memuriyetini sui istimal eylediği tahakkuk etmesiyle vilayetten vuku bulan işar üzerine Foça kazası tababetine nakl edilmiş ve yerine Demirci kazası tabibi Mustafa Efendi tayin kılınmış iken mumaiyleh Kamil Efendi'nin ahiren Bergama'ya iade olunmasıyla cüretini arttırarak hilaf-ı hakikat rapor vermek ve muayene ettiği bir maktulun veresesinden hayvan sattırıp harcırahını aldıktan sonra mal sandığına müracaatla harcırah talep etmek ve meccanen muayene edilecek mecruhlarla hastegandan ücret alınmak gibi ef'ale tasaddisi resmen tahakkuk etmesine mebni muhakeme altına alınıp henüz beraet etmediğinden ve selefi Mustafa Efendi'nin fakr ü hal ve kesret-i ayaliyle beraber hazakat ve istikametten bahisle Kamil Efendi'nin mahall-i ahire nakli ve Mustafa Efendi'nin kaza-i mezkur belediye tababetine tayini Bergama kazası belediye meclisinden varid olan mazbatada istida olduğundan suret-i işarına ve

nezaret-i acizice olan muamelata nazaran iktizasının ifa ve inbasına dair varid olan 26 Teşrinievvel 320 tarihli tezkere-i aliye-i nezaretpenahileri lede'l-havale mumaileyh Kamil Efendi'nin taht-ı muhakemeye alınan hususdan dolayı men-i muhakemesine karar verildiği Aydın vilayet-i celilesinden deveran eden tahriratta bildirilmesi üzerine iade-i memuriyeti hakkında vaki olan istidasına binanen vilayet-i müşarileyhaya sebk eden işar-ı aciziye bir guna işar ve izam edilmeyerek mahall-i memuriyetine izam ve umur-ı memuresine bed'en ve mübaşeret ettirilmiş ve açıktaki kalan selefi Mustafa Efendi'nin dahi ol esnada münhal bulunan Bozdoğan kazası tababetine tayin olunarak saye-i lütufvaye-i hazret-i padişahi mumaileyhin de becam buyurulmuş husus-ı mezkur ol suretle neticelenmiş olduğunun cevaben savb-ı ali-i asafanelerine izbarı sicill-i müdüriyetinden ilam ve ifade kılınmış olmağla olbabda emr-ü ferman hazret-i men-lehü'l emrindir.

11 kanunievvel 320

Yaveran-ı hazret-i şehriyari Tophane-i Amire ve Umum Mekatib-i Askeriye-i Şahane Nazırı Zeki

Umum Mekatib-i Askeriye-i Şahane Nezaret-i Celilesine

Bergama kazası belediye tabibi Kamil Efendi vezaif-i memuriyetini sui istimal eylediği tahakkuk etmesiyle vilayetten vuku bulan işar üzerine Foça kazası tababetine nakledilmiş ve yerine Demirci kazası tabibi Mustafa Efendi tayin edilmiş mumaileyh Kamil Efendi ahiren Bergama'ya iade olunmasıyla cüretini arttırarak hilaf-ı hakikat rapor vermek muayene ettiği bir maktulün veresesinden hayvan sattırıp harcırahını aldıktan sonra mal sandığına müracaatla harcırah talep etmek ve meccanen muayene ettirilecek mecruhlarla hastegandan ücret istemek gibi ef'ale

tasaddisi resmen tahakkuk etmesine mebni muhakeme altına alınıp henüz beraet etmediğinden ve selefi Mustafa Efendi'nin fakr-ü hal ve kesret-i ayaliyle beraber hazakat ve istikametten bahisle Kamil Efendi'nin mahall-i ahire nakli Mustafa Efendi'nin kaza-yı mezkur belediye tababetine tayini Bergama kazası belediye meclisinden varid olan mazbatada işar olunmuşdur. Suret-i istidaya ve nezaret-i celilelerince olan malumata nazaran iktizasının ifa olunmasına himem-i aliye-i desturileri derkar buyurulmak babında.

APPENDIX B

A POPULAR COMPLAINT ABOUT A FAKE PHYSICIAN

TFR.I.KV. 95 / 9481; 1 Cemaziyelevvel 1323, 4 July1905

The complaint of Urban Efendi, the Osmaniye order official, who had been examining some girls and women despite his lack of a diploma, about the soldiers who had pointed him sword bayonet, and the official correspondances of the Province of Kosovo about the the proceedings on the situation.

Mahrem ve mahsusdur

Rumeli vilayet-i şahanesi müfettiş-i umumiliği canib-i samisine,

Devletli efendim hazretleri,

Bundan yirmi gün kadar evvel Osmaniye’de Çavuş Hüseyin ve Bölük Emini Bekir’in gece vakti jandarma tensik memuru Yüzbaşı Urban Efendi’ye kasatura çektikleri ve merkumların Georgi namında biri tarafından ihbar olunmaları üzerine onu dahi tehdit eyledikleri Kont Salis tarafından beş gün evvel ifade olunması üzerine keyfiyet mahalli kaymakamlığından sorulup mumaileyh o gece saat bir raddelerinde yalnız olarak kışla-i hümayun civarında değirmenci Georgi’nin iffeti meşuk kızı Marika ve Lenko’yu tedavi etmek vesilesiyle merkumun hanesine girip çıkarken kontrol ittihazına (...) bulunup avdet etmekte olan Topçu Çavuşu Hüseyin ve Bölük Emini Bekir’e tesadüfle merkumana revolver teşhir ederek bülendavaz ile kimdir o diye bağırması üzerine merkuman dahi ecnebi zabiti olduğunu tandıklarında lazım gelen tazimatı bi’l-ifa koğuşlarına gittikleri ve binaenaleyh Urban Efendi iffetsiz bir haneden çıktığı mülahahazasiyle takib edildiğine zahib olarak asker kasatura çekti diye vaki olan şikayeti ahval-i nabecasını setr ve ihfa etmek fikrinden ibaret idüğü iş’ar ve ahiren alınan telgraflarda da Urban Efendi’nin Hristiyan hanelerine girip birtakım karıları tedavi eylemekte ve bazılarını da bera-yı tedavihanesine celb

etmekte olduđu ve diplomasız icra-yı tababet etmesinden ise bir kaza zuhuru ve münasebetsiz bir takım genç karı ve kızlarla görüşmesinden de beyne'l-ahali müzdad-ü şikayat hüdanegerde vukuat hudusu melhuz bulunduđu izbar edilmiş ise de mebhus an-vuku yirmi gün kadar evvel zuhur etmiş iken mahallinden malumat verilmeyip de istizahtan sonra bu yolda işaretta bulunulması tevilat kabilinden ve ecnebi zabitin Bulgar genç kızlarıyla görüşmesi kendi mezheb ve adetleri mukteziyatından görülüp buna itiraz olunamayacağı kaymakamlığa tevbihat ve vesaya-yı lazıme ile beraber tebliğ olduđu gibi ahiren buraya gelmiş olan Urban Efendi Kont Salis ile beraber taraf-i çakeriye müracaat edip Osmaniye'de belediye tabibi olmadığından ve mevcut olan askeri tabibi de müracaat edenlerden fazla para istediđi cihetle fukara-yı ahali müracaat edemeyüp kendisi ise bazı hafif ilaçlar tertib edebildiğinden tarafına müracaat edenlere bazı müdavatta bulunduđunu Urban Efendi itiraf eylemekle doktor olmadığı halde Umur-ı Tıbbiye'ye müdahalesi caiz olamayacağı suret-i münasebede Kont Salis'e tasdik ettirilmiş ve fakat orada bir belediye tabibi bulundurmak lazım geleceđi dermeyan edilmiş olduğundan orada belediye tabibi bulundurulmadığından dolayı ihtiyaç-ı tıbbi-i mahallinin resmi bir tabib ile temin olunmasına çalışılmakta bulunulmuş ve mamafih bu babda cihet-i askeriyece de arz-ı amik tahkikat icrasiyle Çavuş Hüseyin ve Bölük Emni Bekir hakkında tebeyyün edecek hale göre icabının ifa ve inbası lazımeden görülüp bu cihetle atufetlü Seyfullah Paşa hazretlerine yazılmış olmağla arz-ı malumat olunur ol babda emrü ferman hazreti menlehü'l emrindir.

5 Haziran 1321 / 15 Rebiülahir 1323

Kosova Valisi birinci Ferik bende

Kosova vilayet-i celilesine,

Reside-i dest-i tekrim olan 5 Haziran 321 tarihli ve 292 numarolu tahrirat-ı aliye-i atufiyelerinin cevabıdır.

Hüseyin Çavuş ile Bölük Emni Bekir'in su-i hal ve muamelesi tahakkuk ederse tedibat-ı seri'a ve müessireleri ifa ve Osmaniye kazasındaki taburlardan bilihrac diğer kıtaata izam edilmeleri icab edeceğinde tahkikatın tacili için atufetlü Seyfullah Paşa hazretlerine teyid vesaya buyurula ve böyle bir hadisenin bila ifate-i vakt kaymakamlıktan makam-ı vala-yı vilayete ve mahal-i jandarma bölük kumandanlığı ve polis komiseri taraflarından da ve saye-i jandarma kumandanlığına ve polis müdürlüğüne izbar edilmesi iktiza ederken cümlesi canibinden iltizam-ı sükun ve ihmal kılınması calib-i dikkat olduğundan esbab-ı sükutun tamikiyle memurin-i mumaileyhin suret-i şedidede tevbihleri temin-i huzur Mabole Denise'in o tarafları dolaşarak Selanik'e avdet ettiği ve askerlerini ziyaret eylediği halde tensik-i zabitanın böyle fukarayı tedavi etmekte olduğuna bilmünasebe bahs eylemiş idi. Sanat-ı tababete agah olmayan bir zabitin velev muallece meziyet istimali suretiyle olur. Müdavata kıyam etmiş devlet-i aliyyenin nizamat-ı meriyesine menafî olmağla beraber bilakasd bir hastanın duçar olacağı muataradan dolayı zabıt-i mumalieyh mesuliyet-i azime tertibine de iltizam edeceğinden tababetle iştigalden herhalde içtinab ettirilmesine yine suret-i münasebede Kont Salis'e tebliği ve fukarayı meccanen tedavi etmek üzere mahallinde bulunan etibba-yı askeriyeden birinin üç yüz guruş maaşla vekaleten belediye tababetine istihdamı ve Osmaniye belediyesinin varidatı müsaid değilse merkez vilayet belediyesine muavenet-i mezkurenin ifası rica olunur. Ol babda.

Rumeli vilayet-i şahanesi müfettiş-i umumiliği huzur-ı samisine,

Hülasa: Osmaniye tensik memuriyetinin şikayat ve halat-ı malumesi üzerine ahiren cereyan eden muamelat.

Devletli efendim hazretleri,

Cevaben şerefbaş hame-i tefhim ve tanzim olan 10 Haziran 1321 tarihli ve 741 numarolu tahrirat-ı aliye-i daverilerinde emr-ü irade buyurulduğu vechiyle Osmaniye tensik memuru Urban Efendi'nin şikayat-ı malumesi üzerine Hüseyin Çavuş ile Bölük Emni Bekir'in oradan kaldırılmaları atufetli Seyfullah Paşa hazretlerine yazıldığı gibi malumat verilmemek maddesinden dolayı evvelce tevbih edilmiş olan kaymakamdan maada mahalli zabıta memuru ve polis komiseri hakkında da tevbihat icra kılınmış ve muamelat-ı lazıme-i sairede bulunulmuştur. Seyfullah Paşa hazretleri Hüseyin Çavuş'u Koçana'daki topçu bölüğüne ve Bölük Emni Bekir'i de müfrezelere memur ettiklerini işar etmişlerdi. Hüseyin çavuş hakkındaki muamele münasib görülmüş ise de Bekir'in müfrezelerde bulunması hangi bir takib esnasında tensik memurlarına karşı uygunsuz ahvale tasaddisi gibi bir ihtimal tevlid edebileceğinden bu cihet müşarileyhe ifade olundukda merhum Bekir dahi müfrezelerde bırakılmayıp Selanik'e nakl ve tahvili müşarileyh tarafından merciine işar kılınmıştır. Vukuatın adem-i ihbarı esbabı kaymakamlıktan defaatle sorulduğu halde henüz bir cevap alınamamış ise de bu cihet takib ve tamik olunmakda ve hasıl olacak neticeye göre icab edecek muamelenin başkaca icrası tabii bulunmaktadır. Urban Efendi'nin tababetten katiyen ictinab ettirilmesi için münasebet husulünde Kont Salis'e tekrar tebligat icra edilecektir. Mamafih ihtiyac-ı tıbbiye-i mahallinin resmi bir tabible temin ettirilmesi hakkındaki teşebbüsâtı sabıka üzerine Osmaniye belediye tababeti vazifesinin askeri tabibi tarafından fahriyen deruhde edildiği

gösterilmiş olduğundan askeri tabibinin fukara-yı ahaliyi meccanen muayene ve tedavi etmekde olduğunu fiilen isbat etmesiyle beraber o yolda ilanatta da bulunması mahalline yazıldığı gibi tabib-i mumaileyh tavzifi için de mahall-i belediye varidatından bir karşılık aranmaktadır. Şu halde belediye tababeti maaşı için şimdilik merkez belediyesinden Osmaniye'ye muavenete hacet görülememiş ve hacet görüldüğü takdirde ise merkez belediyesi varidatının adem-i müsaadesiyle beraber bu babdaki irade-i celile-i fehimanelerinin de her ne suretle olursa olsun infazı tabii bulunmuş olmağla olbabda emrüferman hazret-i menlehül emrindir.

Kosova Valisi Birinci Ferik

Mahmud Şevket bin Süleyman

21 Haziran 1321 / Gurre-i Cemaziyelevvel 1323.


APPENDIX C

THE DEMAND OF DIPLOMA FOR THE PRACTITIONERS OF MEDICINE

Y. PRK. ASK. 214 / 33; 26 Zilkade 1321, 13 March 1904.

A letter from Aleppo Commander Bekir Sıtkı on the measures taken by the police and the municipality for the banishment of certain shops from the practice of medical branches due to the lack of diploma.

هـ


 مصلحتاً
 مایه هاپونہ ملوکا بہ لبت مبدہ
 تفع

مصلحتاً و بیوردی بر حق اوردک طبابت و اعراضه اقلده و افوی لیبندک بعضه عصفه دکاندک
 صا اقلده اولیغده هفت نقیسه الحماجر کورنیلوه لزوم اوردیه ببولده طبابت
 و اعراضه و ادویه نف فروقی خلوتی منعه اولر و برطریک ببولده کی اعراضه اولر دکاندک
 قبا تدریس کی بولورج جامع کبر حوزت کی شخص جاسوس بولورج بر حق دکاندک طبع
 دیولیس و کجه بولورج طرفنده تحری و قیارتنه تحت اولرجه سه اولر دکانه قیارتنده صده
 بوحالت ویدرجه تسیل اولرجه ملاحظه بولورجه اهای یخ حاصل اولرجه نلوه اوردیه
 جاسوسی دکورجه بولورجه عموم دکانه صا صده طرفنده قیارتنده اولرجه قند هاپونہ مکلوه
 ضر اوردیه در حال بالذات جاسوس کیدرک و ایجای قید عکس اهان رویه قولورجه
 محده تشریح اسیوانه صاب جلد اهای و واقع اولرجه نلوه نیکه نظریه
 اولرجه دکاندک ایدر بلوب هر کس اسیه و کوجه اعاد ایدر بلوب معایر مرضی بر حالک
 عدونه میده و برطریکی دیوانیک قولورجه طرفنده اعصم و سالفه المستاضی بلورجه
 اضلاله بعد اولرجه وقوع حالت تحت و تحقیق و جو معروضه اوردیه ایدرکی و اهایت
 بوی عصفه دکاندک اوردیه المیزه مالوف بولورجه بونک رضای کدولرجه تقصیر و تریکا
 منفی لازم کلیم حالک شوهره برده بره اجازت تحت اونس و یکس اولرجه و لایف برده
 سدا یکن کورنه دکاندک سائر اهایتک هجای مصلحت ایدر بلوب لالوحد سوبه مکلوه
 امه و لیسه مصلحتی و افسر برکال اولرجه معروضه

صلح الیه قولورجه اعاد
 قیارتنده و لیب و بولورجه صده
 ل مارشکلی

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A. MKT. MVL. Sadaret Mektubi Meclis-i Vâlâ

A. MKT. NZD. Sadaret, Mektubi Kalemi Nezaret ve Devair Evrakı

A. MKT. UM. Sadaret Mektubi Umum Vilâyet

C. SH. Cevdet Sıhhiye

DH. EUM. THR. Dahiliye Nezareti Emniyet-i Umumiye Kalemi

DH. İD. Dahiliye Nezâreti İdare

DH. MKT. Dahiliye Nezareti Mektubi Kalemi

DH. MUI. Dâhiliye Nezareti Muhaberat-ı Umumiye İdaresi

HR. TO. Hariciye Nezareti Tercüme Odası

I. HR. İrade Hariciye

I. HUS. İrade Hususi

I. MVL. İrade Meclis-i Vala

I. SH. İrade Sıhhiye

I.MMS. İrade Meclis-i Mahsus

MF. MKT. Maarif Nezareti Mektûbî Kalemi

MV. Meclis-i Vükela Mazbataları

MVL. Meclis-i Vala Evrakı

ŞD. Şûrâ-yı Devlet

TFR. I. KV. Rumeli Müfettişliği Kosova Evrakı

Y. A. HUS. Yıldız Sadaret Hususi Maruzat Evrakı

Y. A. RES. Yıldız Sadaret Resmi Maruzat Evrakı

Y. MTV. Yıldız Mütenevvi Maruzat Evrakı

Y. PRK. ASK. Yıldız Perakende Askerî Maruzat Evrakı

Y. PRK. AZJ. Yıldız Perakende Evrakı Arzuhal ve Journaller

Y. PRK. BŞK. Yıldız Perakende Mabeyn Başkitabeti

Y. PRK. DH. Yıldız Perakende Evrakı Dahiliye Nezareti Maruzatı

Y. PRK. MYD. Yıldız Perakende Evrakı Evrakı Yaveran ve Maiyyet-i Seniyye

Erkan-ı Harbiye Dairesi

Y. PRK. SH. Yıldız Perakende Evrakı Sıhhiye Nezareti Maruzatı

Y. PRK. UM. Yıldız Perakende Evrakı Umum Vilayetler Tahriratı

Y. PRK. ZB. Yıldız Perakende Evrakı Zaptiye Nezareti Maruzatı

YEE. Yıldız Esas Evrakı

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