

FROM TRADITIONALISM TO MODERNISM: MENTAL HEALTH IN THE OTTOMAN EMPIRE

by Şeyma Afacan

Submitted to the Graduate School of Arts and Social Sciences in partial fulfillment of
the requirements for the degree of Master of Arts

Sabancı University
Spring 2010

©Şeyma Afacan, 2010
All Rights Reserved

FROM TRADITIONALISM TO MODERNISM: MENTAL HEALTH IN THE
OTTOMAN EMPIRE

APPROVED BY:

Asst. Prof. Dr. Y. Hakan Erdem
(Dissertation Supervisor)

Asst. Prof. Dr. S. Akşin Somel

Prof. Dr. Ali Çarkoğlu

DATE OF APPROVAL: 02 / 08 / 10

Abstract

FROM TRADITIONALISM TO MODERNISM: MENTAL HEALTH IN THE OTTOMAN EMPIRE

Şeyma Afacan

History, M.A. thesis, Spring 2010

Thesis Supervisor: Y. Hakan Erdem

Keywords: Ottoman Modernization, Ottoman Social History of Medicine, Mental Health, Mental Asylum

This thesis aims to offer a perspective on the history of mental health in the Ottoman Empire with a special focus on modernization. It is designed to be a modest contribution towards studying social history of medicine relying on the Foucauldian theoretical framework.

It first provides a literature review to delineate the changes in the Ottoman medical history writing and the origins of the Ottoman social history of medicine. Originally being a purely institutional history, Ottoman medical historiography has become transformed in the late 1970s by discussing social effects of medicine.

This thesis then intends to portray the transition from traditionalism to modernism. It investigates the limits of medical modernization and asks the question as to what degree medical knowledge was used as a disciplinary mechanism. It searches for how modernization shaped mental health in the Ottoman Empire with respect to confinement practices and state control. With this regard this thesis is aimed to show a comparative perspective between pre-modern and modern mechanisms in terms of confinement practices and state control.

Up until the commencement of medical modernization confinement practices were not standardized, and were not necessarily under the control of the state. Religious institutions as well as family and neighborhood members did play decisive roles in confinement practices. However, from the second half of the nineteenth century, medical knowledge was used as a disciplinary mechanism to a degree in which effective organizational structures were established. Mental treatment, hospital conditions and confinement practices were left to state control.

This project aims to show that state control was increased and confinement was used as a disciplinary mechanism to a degree in which the required effective organizational structures to be established. Discipline imposed upon individuals was not experienced homogenously due to differences in the level of institutional effectiveness and modernization throughout the Empire.

ÖZET

GELENEKSELÇİLİKTEN MODERNLİĞE: OSMANLI İMPARATORLUĞU'NDA RUH SAĞLIĞI

Şeyma Afacan
Tarih, Master Tezi, Bahar 2010
Tez Danışmanı: Y. Hakan Erdem

Anahtar Kelimeler: Osmanlı Modernleşmesi, Osmanlı Sosyal Tıp Tarihi, Ruh Sağlığı,
Akıl Hastanesi

Bu tez Osmanlı İmparatorluğu'nun modernleşmesi bağlamında ruh sağlığı tarihi alanında bir perspektif sunmaya çalışmaktadır. Araştırmanın amacı Foucault'cu teorik bir çerçevede sosyal tıp tarihine mütevazı bir katkı sağlamaktır.

İlk etapta literatür taraması yapılarak Osmanlı tıp tarih yazıcılığındaki değişimler ve sosyal tıp tarihinin ortaya çıkış süreci gösterilmiştir. Başlangıçta sadece kurumsal tarihten oluşan Osmanlı tıp tarihyazıcılığı 1970'lerin sonlarına doğru yön değiştirmiş, bu değişim ile tıp tarihi çalışmaları tıbbın toplum üzerindeki etkilerini de inceler hale gelmiştir.

Tez bundan sonra gelenekselcilikten modernliğe geçiş sürecini irdelemiştir. Bu bağlamda tıbbi modernleşmenin sınırları ve tıbbi bilginin ne ölçüde bir disiplin aracı olarak kullanıldığı sorgulanmıştır. Böylelikle Osmanlı İmparatorluğu'nda modernleşmenin ruh sağlığını ne yönde etkilediği tecrit uygulamaları ve devlet kontrolü yaklaşımı açılarından tartışılmaktadır. Bu anlamda modernite öncesi ve sonrası dönemler arasında karşılaştırmalı bir bakış açısı sunulmaya çalışılmaktadır.

Tıbbi modernleşme sürecinin başlangıcı öncesinde tecrit pratikleri ne tek tıp idi, ne de tamamen devletin kontrolündeydi. Gerek dini kurumlar, gerekse aileler ve mahalle sakinleri gerekli gördüklerinde hastaları tecrit edebiliyorlardı. Öte yandan on dokuzuncu yüzyılın ikinci yarısından itibaren tıbbi bilgi bir disiplin aracına dönüştürülmüştür. Buna karşın ancak gerekli organizasyon yapısı kurulduğu ölçüde kullanılabilmiştir.

Bu bağlamda bu çalışma devlet gözetiminin artışının ve tecrit uygulamasının bir disiplin aracı olarak etkinleşmesinin ancak gerekli kurumsal altyapının inşası ölçüsünde gerçekleştiğini göstermek amacındadır. Hasta kişilere uygulanan disiplin, kurumların aynı düzeyde yenilenmemesi sonucu eşit bir şekilde ve aynı zamanda gerçekleşmemiştir.

Acknowledgements

I am grateful to my thesis supervisor Y. Hakan Erdem. Without his attention and care, this thesis could not be written. I am thankful to S. Akşin Somel for the interest he showed in my work and his comments that enriched my thoughts. I am also grateful to the whole history faculty for everything they taught during my graduate years. I am thankful to Pınar Ceylan, Cenk Cengiz, Bojana D. Savić who have shared this experience with me.

I owe my gratitude to my family, who has created a tolerant and creative environment. Without their guidance, inspiration and care this thesis could not be written. I must express my gratitude to my brother who has always supported me with his endless support and friendliness.

To my mother and Bora...

TABLE OF CONTENTS

INTRODUCTION.....	1
CHAPTER I	
LITERATURE REVIEW: HISTORY OF MEDICINE.....	5
CHAPTER II	
OTTOMAN MEDICINE AND MODERNIZATION.....	19
II. 1: Pre-modern Ottoman Medicine: Medical Pluralism; Therapy and Preventism.....	20
II.2: Ottoman Learned Medicine.....	26
II.3: Modernization of Medicine: Growing Institutionalization.....	35
CHAPTER III	
GLIMPSES OF THE DEMENTED IN THE MEDIEVAL AND EARLY MODERN PERIODS	41
CHAPTER IV	
MENTAL HOSPITALS IN THE LATE OTTOMAN EMPIRE WITH RESPECT TO MODERNIZATION, CONFINEMENT AND GROWING STATE CONTROL.....	60
IV.1: Growing State Control: The demented in Istanbul from <i>Süleymaniye Darüşşifa</i> to <i>Toptaşı Bimarhane</i>	61
IV.2: Cases of Institutional Modernization and Confinement Practices Outside of Istanbul: The <i>Edirne Darüşşifa</i> and the <i>Manisa Bimarhane</i>	71
CONCLUSION.....	77
BIBLIOGRAPHY.....	81

INTRODUCTION

“All societies judge some people mad: any strict clinical justification aside, it is part of the business of marking out the different, deviant, and perhaps dangerous”.¹ According to Roy Porter marking out “the different” is rather a societal issue. Hence studies on social history of mental health provide important clues both about the demented as one of “the others” in society and about society itself. Thanks to Michel Foucault the connection between mental health and culture is no more novel. Michel Foucault’s work *Madness and Civilization* (1961) described mental illness not as a natural phenomenon but as a cultural construct. For him history of mental disorders would be an account of control, power, knowledge and freedom beyond a history of a disease and its treatments. In that regard history of mental health provides weighty and significant information on a particular society. Moreover the process of the treatment and the question of how the demented were approached offer clues about confinement, surveillance and control deployed by a power holder such as society and state. In a way the discourses on the distinctions between normal versus abnormal, dangerous versus safe and unhealthy versus healthy subjects, which have been constructed in a particular society, could be studied via history of mental health. In other words studying history of mental health serves to understand the changing attitude towards abnormality, and thereafter towards comprehending the intertwined nature of concepts such as normality and abnormality. Albeit one should be careful not to be oblivious of the fact that discerning the changing nature of mental disorders from one society to another and from one timeframe to another thus it is a heavy task. Still it is possible to make modest contributions thanks to some existing notable scholarly works.

As far as I observe through my study many of the works on medical history of the Ottoman Empire largely focus on institutional medicine and its transformations. However, social implications of these transformations which might be analyzed via

¹ Roy Porter, *Madness: a Brief History*, Oxford University Press, New York, (2002), p.62

interpretive framework and social theories are scarcely studied. Yet again thanks to the existing literature on the subject, considerable information on the topic has provided the author of this thesis the possibility to undertake an analytical study. In that regard this study is designed to be a modest contribution towards analyzing history of medicine with no intention but to integrate it with social science based theoretical framework thus to make an attempt for a social history of medicine. In other words it is not only intended to provide a descriptive account on the medical institutions and therein the demented; but also to discuss the possible interpretations of the findings in contemplation of the relation between mental health and society. It specifically focuses on the transition from traditionalism to modernism and its consequences on the demented with respect to the confinement practices and state control boosted by modernization. In order to make a discussion this study is aimed to portray both pre-modern and modern institutions and therein the demented with giving special focus on the latter.

This brief survey is neither attempted to provide a panorama of each and every dynamics playing roles in the definitions and treatments of mental disorders nor attempted to make generalizations. In far smaller and down to earth way, it is intended to compile and reformulate existing literature on the topic and more specifically it is aimed to discuss the changes in the practices of confinement and state control with the modernization process. As a theoretical framework it employs the Foucauldian theory of asylum in which confinement is situated at the heart of the modernization, and discusses whether this theory is applicable to the Ottoman Empire or not.

Throughout this study my expectancy to see the entire applicability of the Foucauldian theory has been eventually challenged. My inspiration in the beginning was originated by the points of intersection between the Toptaşı Bimarhane and the Foucauldian theory. Yet throughout my study I have come across with important differences among some other late Ottoman state asylums; *the Edirne Darüşşifa* and *the Manisa Bimarhane* in fact challenged my presupposition based on evaluating the Toptaşı Bimarhane as a representative case. I eventually realized that evaluating the Toptaşı Bimarhane as a case representing the whole major state asylums and the late Ottoman medical modernization as a single process imposing surveillance upon subjects homogenously and simultaneously would be an overgeneralization. In that regard I have come to the conclusion that the Foucauldian theory provides a remarkable framework which may be employed to discuss the nature of confinement in modernized

organizations such as *Toptaşı Bimarhane*. Yet this theory might not be applicable to other institutions away from the center and away from the state control.

In a nutshell this study is designed to be an attempt to analyze the transition from traditionalism to modernism in the Ottoman mental healthcare. It focuses on confinement practices and state control over the demented, especially those located at the hospitals. It employs the Foucauldian theory of asylum and discusses the question of whether or not his theory is applicable to medical modernization during the Ottoman reform period. It is intended to show that late Ottoman medical modernization brought increasing state control and disciplinary confinement practices to the extent of the employment of institutional modernization packages.

Chapter one is a literature review and portrays the changes in the way of medical history writing from the early Republican era until the late 1970s where drastic changes took place. It portrays that the discipline was previously studied from less theoretical perspectives and was dominated by the nationalist discourses up until the late 1970s. From then on some notable researches incorporating social theories and analytical categories have been done. It secondly portrays that history of mental health in the Ottoman Empire is one of the least studied subjects which needs further research.

Chapter two asks the questions of what Ottoman medicine was about and how it was affected by modernization. It is aimed to portray both pre-modern and modern Ottoman medicine while giving emphasis on the multiplicity of the former and growing institutionalization which took place in the latter. In that regard learned medicine in the pre-modern Ottoman Empire served only a limited part of the population. Meanwhile in the nineteenth century major institutional transformations and medical modernizations took place. Thereafter with the new concepts such as public health, procreation and quarantine; masses were intended to be reached.

Chapter three aims to gather the bits and pieces of information on the demented people in the medieval and early modern Ottoman Empire. It portrays “integrative mechanisms” used in the pre-modern period and focuses on confinement practices. It discusses the prevailing argument promoting “Islamic greater tolerance” as opposed to “European great confinement” and challenges the ways the argument relies on generalizations and essentialism.

Chapter four attempts to analyze mental hospitals in the late Ottoman Empire in relation to modernization, confinement and growing state control. It discusses the meaning of state regulations which aimed to increase the control and surveillance over

the demented. In that regard it is argued that the state attempted to establish efficient structures for the sake of modernization and increasing control. In regard to the mental hospitals, this chapter provides considerable analysis on the *Toptaşı Bimarhane* upon which one could find more detailed accounts and few yet substantial information on other two state asylums of the period namely the *Edirne Darüşşifa* and the *Manisa Bimarhane*, thus having the ability to make comparisons. The *Toptaşı Bimarhane* reflects the increasing state control over the hospital and therein the demented. In that regard the demented people of Istanbul might be seen as subjugated to surveillance deployed by the state mechanisms. However the *Edirne Darüşşifa* and the *Manisa Bimarhane* apparently did not take their share from the increasing state control. In that respect the concluding remark would be that the state did attempt to increase its power over individuals via medical knowledge, though individuals in each province were not subjugated homogenously possibly due to the organizational inadequacies.

CHAPTER I

LITERATURE REVIEW: HISTORY OF MEDICINE IN TURKEY

Ottoman medical history has been studied since the late nineteenth century. This chapter is intended to mention important works in the field and to highlight a transformation that took place in the late 1970s. Up until the late 1970s the field has been contributed by notable names who served a lot to accumulate substantial knowledge on the history of medicine. Still the genre has been criticized for being focused mainly on institutional histories and underlining “stories of glory” conditioned by Turkish nationalist discourse and for neglecting societal and historical context. Thanks to scholarly works written until the late 1970s, an important amount of knowledge on the discipline has been accumulated and then after the late 1970s this has enabled new generations to write more comprehensive works and make sounder interpretations. After the late 1970s the discipline has been gaining a methodology integrating historical context and an analytical framework employing social theories. In a nutshell the field has been transformed from institutional histories to a social history of medicine.

Foundation of the Imperial Medical School (*Cemiyet-i Tıbbiye-i Şahane*) and their publication of medical journal *Gazette Medicale d'Orient* might be seen as a cornerstone. Although articles mostly rely on European medicine of the time period, still some historical remarks might be found.² The first generation was originated by medical doctors wrote on various topics and history of medicine as well. One of the

² Hüsrev Hatemi, “Türkiye’de Tıp Tarihi Biliminin Gelişmesi”, in *11nd Turkish Medical History Congress*, 20-21 September, 1990, Kongreye Sunulan Bildiriler, Ankara: Türk Tarih Kurumu, 1999, pp:31-38; Hatemi mentions Dr Mongeri’s article named “Etudes sur l’attention mentale en Orient”, in *Gazette Medicale d'Orient*, v.2, no:10, p.202, 1860

pioneering figures of medical doctors working on history of medicine was Hüseyin Remzi Bey (1839-1896)³, who wrote “*Tarih-i Tıp*” (History of Medicine) in 1886.⁴ In the preface of the book he mentioned his plans to provide a detailed historical analysis on the history of Turkish Medicine up until his time period. In that regard the way he included nineteenth century major physicians such as Ömer Şifai and Şanizade whom were contended first time, deserves attention.⁵ At the turn of the century, interest in medical history was rather weak.⁶ Two following books took attention to Turkish Medical history were “*Mir’at-ı Mekteb-i Tıbbiye*”⁷ (1912) on the history of the Military Medical School written by Rıza Tahsin Bey (1871-1950)⁸; and “*Osmanlı Müellifleri*”⁹ (1915) (Ottoman Writers) on 1691 Ottoman scholars including physicians written by Tahir Bey (1861-1925).

In the third decade of the twentieth century, history of Turkish medicine was at the heart of the works on medical history so as to prove that Turks performed medicine and generated weighty medical works throughout their history. One example might be Osman Şevki Uludağ (1889-1964) who was a military physician and his book “*Beşbuçuk Asırlık Türk Tababeti Tarihi*” (Five and a Half Centuries of Turkish Medical History) published in 1925.¹⁰ This piece might exemplify the early years of the genre having the agenda to refute European view evaluating Turks as enemies of science. Noticeably the piece was quite important since it was one of the first comprehensive works particularly on Turkish medical history. Yet the book was highly criticized by

³ See, Unat EK, “Muallim Miralay Dr. Hüseyin Remzi Bey ve Türkçe Tıp Dilimiz”, *IV. Türk Tıp Tarihi Kongresi Kitabı* (İstanbul, 18–20 Eylül 1996). Ankara: TTK Basımevi; 2003. s. 239- 252.

⁴ Hüseyin Remzi (Doktor, Kaimmakam, Yarbay) *Tarih-i Tıp*, Karabet ve Kasbar Matbaası, İstanbul 1304 (1886)

⁵ Hatemi, Türkiye’de Tıp Tarihi Biliminin Gelişmesi, p. 34

⁶ Feza Günergün, “Medical history in Turkey: A review of past studies and recent researches”, *Symposium on the History of Medicine in Asia: Past Achievements, Current Research and Future Directions*, Academia Sinica, Taipei, Taiwan, 4-8 October, 2003; published as an online article

⁷ Rıza Tahsin, *Mir’at-ı Mekteb-i Tıbbiye*, Second Edition, İstanbul 1330/1914

⁸ See Tıp Fakültesi Tarihçesi; *Mir’at-ı Mekteb-i Tıbbiye: Rıza Tahsin*, (ed) Prof Dr Aykut Kazancıgil. İstanbul: Özel Yayınlar; 1991

⁹ Mehmet Tahir, *Osmanlı Müellifleri*, 1915-1925

¹⁰ Osman Şevki Uludağ, *Beşbuçuk Asırlık Türk Tababeti Tarihi*, İstanbul, 1925

Adivar and Şehsuvaroğlu of being superficial.¹¹ Still as İlder Uzel highlights, Uludağ wrote the book in twelve years during the times in which there was not enough knowledge on Turkish medical history. Besides as Uzel mentions, Uludağ's aim was to prove the very existence of Turkish medicine and in that regard the book might be seen as an accomplishment.¹²

Although above mentioned figures might be seen as the initiators of the discipline, it became institutionalized in the coming years. After the University Reform which took place in 1933 at İstanbul University, the chairs of History of Medicine and Deontology; and later Institute for Medical History were founded. In that regard studies on history of medicine was upgraded in the coming years by the second generation medical historians who were again mostly physicians; and research activities were conducted by interested individuals. The institute collected books on classical history of medicine, translations of ancient medical texts, Islamic –Turkic medicine and books by graduates of *Mekteb-i Tıbbiye* (School of Medicine), publications of Ministry of Health and Social Assistance and so on. Besides, the institute published a journal named “*Türk Tıp Tarihi Arşivi*” (Archive of Turkish Medical History). In 1939 *Türk Tıp Tarihi Kurumu* (the Turkish Society of Medical History) was founded.¹³ The founder members were as follows: Ord. Prof.Dr. Süheyl Ünver, Prof. Dr.Besim Ömer Akalın, Prof. Dr. Akil Muhtar Özden, Prof. Dr. Fuad Kamil Beksan, Dr. Rusçuklu Hakkı Üzel, Prof. Dr. Feridun Nafiz Uzluk, Dr. Metine Bilger, Dr. İhsan Ünal.¹⁴¹⁵ In 1946 a chair for medical history in Ankara was founded with the help of Feridun Nafiz Uzluk (1902 - 1974) who was appointed as professor of medical history. Uzluk, was as well an

¹¹ Osman Şevki Uludağ, *Beşbuçuk Asırlık Türk Tababeti Tarihi*, edited by İlder Uzel, Ankara, Kültür Bakanlığı, 1991, in preface written by Uzel, p. VI

¹² Ibid, p. VI

¹³ Osman Ergin, *İstanbul Tıp Mektepleri ve Cemiyetleri*, İstanbul: Osmanbey Matbaası: İstanbul Üniversitesi Tıp Tarihi Enstitüsü, 1940, pp:73-74

¹⁴ Ekrem Kadri Unat, “Türk Tıp Tarihi Kurumu'nun İlk Elli Yılı'nın Tarihçesi”, in II. Türk tıp Tarihi Kongresi, İstanbul, 20-21 Eylül 1990, Kongreye Sunulan Bildiriler, Ankara: Türk Tarih Kurumu, 1999 pp:1-30

¹⁵ The presidents of the Turkish Society of Medical History are as follows: Besim Ömer Akalın (1938-1940), Akil Muhtar Özden (1940-1949), Rıza Tahsin Gencer (1949-1950), Cemil Topuzlu (1950-1956), Kazım İsmail Gürkan (1956-1972), Hüsrev Hatemi (1990-2000), Nil Sarı (2000-2005), Ayşegül Erdemir (2005-2009), İbrahim Başağaoğlu (2009-...) Retrieved from <http://www.ttk.org.tr/tarihce.htm> on 23.06.2010

important figure in the discipline, who published Turkish and Islamic physicians' works and translated numerous books on medical history to Turkish.

Institutionalization brought about both qualitative and quantitative advancement in the genre. Numerous works on Ottoman and Turkish history of medicine were produced in the period started with the foundation of the Institute. Participants of the institute were played important roles in the accumulation of the required historical information for the foundation of the genre which later works have relied upon.

Two other important figures were Adnan Adıvar (1882-1955) and Osman Nuri Ergin (1883-1961). A Physician, a nationalist statesman and a scholar Adnan Adıvar (professor of Süheyl Ünver in Medical School) wrote *La Science chez les Turcs Ottomans*, in 1939, and four years later published second edition in Turkish *Osmanlı Türklerin'de İlim* (Science among the Ottoman Turks) in 1943.¹⁶ This book is also important of being the first comprehensive research on Ottoman sciences. Adıvar presented a chronological organization from the fourteenth century to the nineteenth century in which each chapter offered a different period and a precise scientific activity such as medicine, cartography, and printing. Another important figure was Osman Nuri Ergin who wrote *Istanbul Tıp Mektepleri Enstitüleri ve Cemiyetleri* (Medical Schools, Institutions and Associations of Istanbul) in 1940.¹⁷

Süheyl Ünver (1898-1986) who initiated foundation of the Society was one of the most well-known figures among medical historians. Ünver wrote more than 2300 pieces such as books, articles, columns, prefaces.¹⁸ His pieces might be categorized in two groups; studies on famous Turkish physician figures and institutional histories. He primarily published works on sources of Turkish medicine. He worked on medical institutional histories of ancient and medieval assumedly Turkic entities such as

¹⁶ Adnan Adıvar, *Osmanlı Türklerin'de İlim*, İstanbul, Maarif Vekaleti Basımevi, 1943, For detailed information on her contributions see Halide Edip Adıvar, Doktor Abdülhak Adnan Adıvar (by Halide Edib) İstanbul, A.H. Yaşaroğlu, 1965

¹⁷ Osman Ergin, *Istanbul Tıp Mektepleri Enstitüleri ve Cemiyetleri*, (Medical Schools, Institutions and Associations of İstanbul) İstanbul Tıp Tarihi Enstitüsü, v.17, Osman Bey Matbaası, 1940; Osman Ergin has been known with his famous work *Türkiye Maarif Tarihi* (Turkish History of Education), İstanbul, Osmanbey Matbaası, 1939

¹⁸ Ahmed Güner Sayar, A. Süheyl Ünver, Hayatı, Şahsiyeti ve Eserleri, 1898-1986, 1994, p.563 For detailed inf on his bibliography Prof. Dr. A. Süheyl Ünver bibliyografyası/ Osman Ergin, İstanbul Milli Mecmua Basım Evi, 1941; A. Süheyl Ünver, Hayatı, Şahsiyeti ve Eserleri, 1898-1986 by Ahmed Güner Sayar, 1994; Cf.,C.Yalın, "Ord. Prof. Dr. A. Süheyl Ünver Bibliyografyası", IV, İstanbul(1985)

Medicine of Uygurs (1936) and History of Seljuk Medicine.¹⁹ He attempted to prove that figures such as Avicenna, al-Biruni and al-Farabi were of Turkish origin.²⁰ In that regard his researches were under the influence of Republican Ideology and nationalist history writing.²¹ He has been one of the most praiseworthy medical historians since he contributed a lot in commencing of systematic research in Turkish medical history and the way he revealed various manuscripts and documents.²²

A physician, Bedi Nuri Şehsuvaroğlu (1915-1977) was another important figure should be added to the contributors of the genre. He wrote numerous pieces on medicine, history of medicine and culture and society.²³ His works on history of medicine were mostly articles presented on symposiums and conferences starting with the one he published in 1959 on IXth International Symposium of History of Science. He particularly worked on deontology, on history of pharmacy and on pioneering figures in Turkish medical history such as Razi, Sabuncuoğlu, Şanizade. He contributed to nationalist history writing both through the way he articulated Turkish medical history and the way he contended personal life story of Atatürk from a medical perspective. *Anadolu'da Türkçe ilk Tıp Eserleri* (First Medical Works in Turkish Anatolia) (1957)²⁴, *Anadolu'da Dokuz Asırlık Türk Tıp Tarihi* (Turkish History of Medicine in Anatolia for Nine Centuries) (1957)²⁵, *Türk Tıp Tarihi* (Turkish Medical History) (1984)²⁶ might exemplify the former, and *Atatürk'in Sağlık Hayatı* (1981)²⁷

¹⁹ Feza Günergun, Medical History in Turkey: A review of past studies and recent researches”, p.6

²⁰ Ibid, p.6

²¹ Aykut Kazancıgil, “1973'ten Bugüne Tıp ve Bilim Tarihi Araştırmaları Üzerine Bir Deneme”, Türkiye'de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998): Son 25 Yılın Değerlendirilmesi ve Yeni Ufuklar (1998: İstanbul, Turkey), Türkiye'de bilim, teknoloji ve tıp tarihi çalışmaları, (1973-1998) : Türkiye Cumhuriyeti'nin kuruluşunun 75. yılı münasebetiyle düzenlenen "Türkiye'de bilim, teknoloji ve tıp tarihi çalışmaları (1973-1998): son 25 yılın değerlendirilmesi ve yeni ufuklar" sempozyumu'nun (İstanbul, 19-20 Ekim 1998) yeni yayınlar ile güncelleştirilmiş bildiri kitabı, edited by Feza Günergun, İ.Ü. Rektörlük, İ.Ü. Bilim Tarihi Müzesi ve Dokümantasyon Merkezi, Ankara, 2000, (87-88), p.87

²² Feza Günergun, Medical History in Turkey: A review of past studies and recent researches”, p.7

²³ See for example Çağan, Nazmi. *Dr. Bedi N. Şehsuvaroğlu Biyografisi ve Bibliyografyası (1948-1960)*, Ankara: İstanbul Üniversitesi Tıp Tarihi Enstitüsü, 1963

²⁴ Bedi N. Şehsuvaroğlu, *Anadolu'da Türkçe İlk Tıp Eserleri*, İstanbul: İsmail Akgün Matbaası, 1957

²⁵ Bedi N. Şehsuvaroğlu, *Anadolu'da Dokuz Asırlık Türk Tıp Tarihi*, İstanbul:İsmail Akgün Matbaası, 1957

might exemplify the latter. *Türk Tıp Tarihi* was published after his death by Ayşegül Erdemir and Gönül Cantay who were students of him. Erdemir and Cantay stated that Şehsuvaroğlu highlighted the need to write a comprehensive Turkish medical history textbook and in the end, the book was intended to fulfill the need.

The major and thus prevalent interpretation might be the nationalist discourse promoted in the works. Apart from the criticisms originated by nationalist discourse, another major criticism might be related with the way they ignore social and cultural components. Medicine was presented as a separate entity, and societal context was not deeply taken into account. Rhoads Murphy, in his article “Ottoman Medicine and Transculturalism from the Sixteenth through the Eighteenth Century”²⁸ written in 1992, explicitly criticized the traditional medical history writing for many reasons but primarily for ignoring cultural milieu. He categorized existing methodological schools working on history of medicine in four groups: the first group studied history of medicine as a branch of history of science and technology, the second group studied it as a branch of history of ideas, the third group studied Ottoman medicine as a branch of institutional histories focusing on training of physicians and the final group studies it as a branch of biography analyzing the lives of famous physicians. Murphy is critical of the first three groups for being focused exclusively on medical theory and ignored practice, and he is critical of the last group for being highly subjective, and for being cultural and national chauvinists. He rather points out the need for focusing on “cultural milieu within which professional and popular medicine developed” instead of making text based analysis of medical treatises. Apart from the criticisms, his article might be seen as a seminal in the way he shows the importance of popular medicine and its compatibility with professional medicine. For him professional medicine was highly limited and majority of the population consulted to popular medical techniques. In that regard popular and scientific medicines were indeed complimentary.

Ekmeleddin İhsanoğlu whose contribution to history of science in the Ottoman context is substantial, as well criticized the contributors to the genre up until the 1970s

²⁶ Bedi N. Şehsuvaroğlu, Ayşegül Erdemir Demirhan, Gönül Cantay Güreşsever, *Türk Tıp Tarihi*, Bursa, Taş Kitapçılık-Yayıncılık, 1984

²⁷ Bedi N. Şehsuvaroğlu, *Atatürk'ün Sağlık Hayatı*, İstanbul, Hür Yayın, 1981

²⁸ Rhoads Murphey, Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century, *Bulletin of the History of Medicine* 66. Baltimore, MD, (1992),376-403, p. 378

and he labeled the contributors as “internalists”.²⁹ For him, these figures were focused on major medical developments, theories and figures. They did not pay attention to the social and cultural milieu, economic and political factors which did play roles in medicine. Medical developments, institutional histories, men of science were described as separate and thereafter impenetrable entities; and thereof the historical context was ignored to an extent. İhsanoğlu does not push forward and does not explicitly criticize “internalist”s, he rather makes an analysis. For him this is a methodological issue which one should not utter critical sayings such as “should not be” or “wrong”.³⁰

İhsanoğlu does not only identify “internalist”s but also calls attention to the origination of novel methodology by scholars which he called “externalist”s. For İhsanoğlu methodology of medical history has become more comprehensive after the 1970s and thus has established an understanding embracing socio-cultural and economic factors with which science was directly related. For him due to former major medical historians’ contributions and accumulation of knowledge, a transition from “internalism” to “externalism” took place. Before going deeply into the pillars of the novel genre, one striking question might be about the accuracy of the terminology. External as a term still connotes the idea that social, cultural, political, religious, economic and other factors are relational though still external to the contend. In other words via internal and external dichotomy, medicine and its historical context are presented as two relational though still different spheres. At this juncture the very existence of the dichotomy might be problematic.

Recently, Shefer-Mossensohn’s criticisms originated by pretty much similar observation. Shefer-Mossensohn criticizes the genre for simply focusing on great success stories strengthening nationalist narrative and therefore ignoring those dynamics outside of these great success stories. Besides, for her these “historians” presented learned medicine and other medical traditions such as popular and religious ones were vastly ignored. Other types of medical practices which were followed by large amount

²⁹ Ekmeleddin İhsanoğlu, “Açılış Konuşması”, Opening Speech, in Türkiye’de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998): Son 25 Yılın Değerlendirilmesi ve Yeni Ufuklar (1998: İstanbul, Turkey), Türkiye’de bilim, teknoloji ve tıp tarihi çalışmaları, (1973-1998) : Türkiye Cumhuriyeti’nin kuruluşunun 75. yılı münasebetiyle düzenlenen "Türkiye’de bilim, teknoloji ve tıp tarihi çalışmaları (1973-1998): son 25 yılın değerlendirilmesi ve yeni ufuklar" sempozyumu’nun (İstanbul, 19-20 Ekim 1998) yeni yayınlar ile güncelleştirilmiş bildiri kitabı, edited by Feza Günergun, İ.Ü. Rektörlük, İ.Ü. Bilim Tarihi Müzesi ve Dokümantasyon Merkezi, Ankara, 2000, (5-14) p.9

³⁰ Ibid, İhsanoğlu, Açılış Konuşması, p.9

of the population were not covered. For example medical personnel, female healers and healers performing folk medicine were neglected. These criticisms are related with the former findings since for her the main reason of the negligence was because they focused on great successes.³¹ Shefer- Mossensohn borrows Mary Lindemann's term "internalist history" relying on her observations on the history writing of early-modern European medicine which again focused on great names and great successes. For Lindemann the problem was caused by physicians willing to write history: "Physicians wrote history of medicine from the point of view of physicians."³²

İhsanoğlu is not the only one evaluating the 1970s as a turning point in medical history writing. Shefer-Mossensohn also limits her critiques with the period up until the late 1970s and then pinpoints the gradual change in the genre.³³ For her, one of the real reasons of the change was the gradual diminution of Nationalist discourse which was still effective yet weaker than before. In that regard Shefer-Mossensohn provides a rather ongoing gradual improvement instead of a complete transformation.

Hereafter the brief outline has been presented to show major works and medical historians in the genre up until the late 1970s. The first generation medical historians deserved great attention and appreciation since they indeed achieved to initiate the discipline, provided very important books and presented very important outlines of Turkish medical history. These works in a way enabled further studies employing societal, historical contexts and social theories.

After the late 1970s, one might argue that the narratives covering large periods have been replaced with series of descriptive articles on rather limited periods. On top of that the number of works and scholars working on medical history has increased. The number of symposiums has increased as well and this has created a chance to publish numerous articles. Significant names might be mentioned such as Arslan Terzioğlu, Aykut Kazancıgil, Ayşegül Demirhan Erdemir, Bedizel Aydın Zülfikar, Ekrem Kadri

³¹Miri Shefer-Mossensohn "A Tale of Two Discourses: The Historiography of Ottoman-Muslim Medicine," *Social History of Medicine*, 21:1 (April 2008), (1-12) p.4

³² As Lindemann quoted in Ibid, p.4

³³ Ibid, p.5

Unat, Esin Kahya, Feza Gunergun, Vural Solok, Nuran Yıldırım, Nil Sarı, Mebrure Değer.³⁴

Another thought provoking point is that some of the pre and post 1970s Turkish scholars of medical history had started their profession in other disciplines (especially in medicine), and then later history of medicine turned into focus of their work. As Shefer-Mossensohn argues there is the danger of medical background shaping the way in which “they understood what the history of medicine was or how it should be written”.³⁵ Nevertheless this enables them to be familiar with medical content of the material that they come across. Nevertheless the link between those from medical origin and history of medicine was beyond familiarity; the latter was thought to serve the former. Working on historical medicine has been thought to contribute to current medical ethic. At this point, history of medicine gains a new ethical function, proliferating medical ethic and love for the nation which are needed especially for students of medicine. Ayşegül Demirhan Erdemir similarly attracts attention to the importance of medical history in 1999, in the booklet of the second Turkish Medical History Conference: “The most valid reason to examine the history of medicine might be to understand medicine itself, medical methods and medical organizations.”³⁶ At this juncture history of medicine was still seen as a branch of medicine in 1999.

As far as I observe, the recent genre has composed of important articles covering specific periods, figures, institutions and developments. Many of these works have presented detailed analysis. In addition scholars have integrated social scientific

³⁴ For more information see Feza Gunergun, Türkiye’de Bilim, Teknoloji ve Tıp Tarihi Konusunda Çalışmaları Bulunan Bazı Yazarların 1973-2000 Yılları Arasında Yaptıkları Yayınlar, in Türkiye’de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998): Son 25 Yılın Değerlendirilmesi ve Yeni Ufuklar (1998: İstanbul, Turkey) , Türkiye’de bilim, teknoloji ve tıp tarihi çalışmaları, (1973-1998) : Türkiye Cumhuriyeti'nin kuruluşunun 75. yılı münasebetiyle düzenlenen "Türkiye’de bilim, teknoloji ve tıp tarihi çalışmaları (1973-1998): son 25 yılın değerlendirilmesi ve yeni ufuklar" sempozyumu'nun (İstanbul, 19-20 Ekim 1998) yeni yayınlar ile güncelleştirilmiş bildiri kitabı, edited by Feza Günergun, İ.Ü. Rektörlük, İ.Ü. Bilim Tarihi Müzesi ve Dokümantasyon Merkezi, Ankara, 2000, (5-14) p.9 Unfortunately the list represents only tiny part of the contributors, and numerous other contributors are not included. Since the number of scholars have increased, only those published numerous works are included.

³⁵Shefer-Mossensohn “A Tale of Two Discourses: The Historiography of Ottoman-Muslim Medicine,” p.4

³⁶ As Ceren Gülser İlikan cited in her unpublished thesis; “Tıp tarihini incelemenin belki de en geçerli nedeni, tıbbın kendini anlamak, tıp tekniklerini, tıp organizasyonunu kavramaktır.” Ceren Gülser İlikan’s translation, in Ayşegül Demirhan Erdemir “Tıp Tarihi ve Deontoloji Anabilim Dalının Tıp Bilimleri İçindeki Yeri, Geleceğe Yönelik Özellikleri ve Bazı Orijinal Sonuçlar”, in II. Türk Tıp Tarihi Kongresi, İstanbul, 20-21 Eylül 1990, Kongreye Sunulan Bildiriler, Ankara, Türk Tarih Kurumu, 1999, p.54

perspectives by using new analytical categories. Good examples employing social scientific perspective are numerous, though the ones integrating gender as an analytical category into history of medicine written by Nuran Yıldırım and Nil Sarı might be more important to remember. Nuran Yıldırım edited a book³⁷ on the position of women in the Ottoman health in which Nil Sarı, who had published several pieces on women in history of medicine,³⁸ beside many other scholars contributed. Nuran Yıldırım has offered numerous important pieces intersecting history and social sciences. She initiated studies on public health in her article on preventive health measurements³⁹ and thereof public health has become a popular topic of interest on which several articles and Master Thesis have written.⁴⁰ Among many other important works written by her, one⁴¹ on Hamidiye Etfal Hospital portrays that institutional histories might be as well studied as a branch of social history of medicine. Her significant book *A Tour of the History of Medicine in İstanbul Taksim Beyoğlu Üsküdar*⁴² offers another important example of social history of medicine.

Miri Shefer-Mossensohn is yet another important figure whose works rely on social theories and their applications to medicine, health, madness and medical

³⁷ Nuran Yıldırım,(eds) *Sağlık Alanında Türk Kadını:Cumhuriyet'in ve Tıp Fakültesine Kız Öğrenci Kabulünün 75. yılı*, İstanbul, Novartis, 1998

³⁸ See for example, “Women dealing with health during the Ottoman reign”, 35th International Congress on History of Medicine, Kos Island, 2-3 September, 1996, Book Abstracts, 1996, p.63, “Osmanlı Sağlık Hayatında Kadının Yeri”, Yeni Tıp Tarihi Araştırmaları, V.2-3, İstanbul, 1996-1997, pp.11-64; “Kadın Hastabakıcılar ve Osmanlı Toplumunda Uyandırdığı Yankılar”, *Sendrom*, Year:4, V. 8, August 1992, pp:6-15 (with Zuhul Özaydın)

³⁹ Yıldırım, Nuran, “Tanzimat’tan Cumhuriyet’e Koruyucu Sağlık Uygulamaları” in *Tanzimat’tan Cumhuriyet’e Türkiye Ansiklopedisi*, İstanbul: İletişim yayınları (1985) , v.5

⁴⁰ See for example İbrahim Halil Kalkan, an unpublished M.A. thesis “Medicine and Politics in the late Ottoman Empire (1876-1909) Boğaziçi University, 2004; Kathryn Kranzler, an unpublished M.A. thesis “Health Services in teh Late Ottoman Empire, (1827-1914)”, Boğaziçi University,2004; Ceren Gülser İlikan, an unpublished M.A. thesis “Tuberculosis, Medicine and Politics: Public Health in the Early Republican Turkey”, Boğaziçi University, 2006

⁴¹ Nuran Yıldırım: “Hamidiye Etfal Hastane-i Alisi/Şişli Etfal Hastanesi (24 Mayıs 1315/5 Haziran 1899)- Hamidiye Childrens’ Hospital/ Şişli Etfal Hospital (24 May 1315/5 June 1899)”, Ülker Erke’nin Yorumu ve Fırçasıyla Türkiye’de Tarihi Sağlık Kurumları. Historical Health Institutions in Turkey Through Ülker Erke’s View and Style. Sergiyi Haz. Ülker Erke, Yay. Haz. Nil Sarı, Nobel Matbaacılık İstanbul 2002, 151-153

⁴² Nuran Yıldırım: *A Tour of The History of Medicine in İstanbul Taksim Beyoğlu Üsküdar*, İstanbul 2008, The Turkish Society of Clinical Microbiology and Infectious Diseases (KLİMİK)

institutions. Her seminal book named *Ottoman Medicine: healing and medical institutions, 1500-1700*⁴³ is important since it applies post-modern discussions and social theories and since she attempts to give voice to medical practices and practitioners outside the learned medicine. On top of that her works are also important in the way she touches upon history of mental health providing foundation for further analysis.

Mental health is one of the least studied subjects. Although important books and articles have been published, and major books on history of medicine have touched upon the subject, it obviously needs for further elaborations. Existing literature provides main pillars such as institutional descriptive histories of main institutions and figures though still comprehensive analytical framework might be seen as rudimentary. Since this thesis largely relies on these major important pieces, a detailed analysis on historiography of mental health might be helpful. Yet, sources on different topics briefly mentioning some aspects of it will not be included.

“Karacaahmet ve Delileri Tedavi Yurdu” (Karacaahmed and the Insane Asylum), short, though important, this article was written by Edip Ali Baki in 1947.⁴⁴ This article is one of the first pieces particularly on the demented and popular medicine. It is about the insane asylum founded by Karacaahmet about whom we do not know much except he had died before 1390 as a waqf deed reflected. Ali Baki argued that Karacaahmet, his son and grandchildren had founded a dervish lodge serving like an insane asylum and had cured the demented as physicians for centuries. In that respect although the piece is rather short, it still proves the very existence of popular medical curative practices by folk practitioners whom had believed to have knowledge and wisdom on mental illnesses. Findings might be summarized as follows: first of all primarily those in tantrum had been welcomed (and those stayed calm were supposed to be taken care of by family members), and then they had been confined for a period until recovery, special regimen had been enforced, sacred water had been given to drink and bath; female patients had been welcomed as well, and all of these services had been free of charge.

⁴³ Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500-1700*, State University of New York Press, Albany, (2009)

⁴⁴ Edip Ali Baki: *Eski Bir Halk Hekimi: Karacaahmet ve Delileri Tedavi Yurdu*, İstanbul, Milli Mecmua Basımevi, 1947

Nil Sarı one of the first historians working on the subject provides several new findings on a rather unknown topic.⁴⁵ In addition she offers great examples of social history of medicine. In that regard her pieces offer both good examples of the way social history of medicine might be done and very important knowledge on the field such as classification of mental diseases in the manuscripts, detailed analysis of *mal-i hülya*, a mental disease, and popular medicine in mental health treatment.

Michael Dols's important piece "Majnun: The Madman in Medieval Islamic Society"⁴⁶ is a distinguished enterprise. The book might be seen as a cornerstone since writing on medicine itself a heavy task due to its changing nature. In that regard Dols' work obviously deserved great attention in the way he presented richness of topics, manuscripts, interpretations and application of social theories to an extent. This book is an undeniable proof of how medicine and culture in that regard cultural and medical histories are interrelated. In other words, he managed to study Islamic culture via history of medicine which serves here to grasp a societal picture. Despite the fact that the way he achieved his goal might be criticized, his work is still a great work to position madness as a component of culture. Nevertheless his book has been highly criticized despite the appreciations. The title even speaks for itself, "Madman in Medieval Islamic Society". The book follows orientalist discourse taking medieval Islamic societies (this time plural) as a single and homogeneous entity and in that regard neglects the very existence of heterogeneity. Besides he did not employ chronological perspective and thus Islamic societies' transformations were ignored, and thereafter they were presented as frozen and unchanged. Shoshan's article "The State and Madness in Medieval Islam" deepens the criticisms.⁴⁷ Shoshan was critical of the book for many reasons such as being anachronistic, being inconsistent in the essential definition of

⁴⁵ See for example, Nil Sarı, "Halk hekimliğinde ve Osmanlı Tıp Yazmalarında Akıl ve Sinir Hastalıklarının Tedavisi" II. Milletlerarası Türk Folklor Kongresi Bildirileri, Ankara, 1982 Kültür ve Turizm Bakanlığı, Milli Folklor Araştırma Dairesi Yayınları 40, Seminer- Kongre Bildirileri Dizisi II, pp.429-443; *Yeni Symposium*, Yıl19, V. 3, Temmuz 1981, pp:72-84; Osmanlı'ca Tıp Yazmalarında "Mal-i Hülya" ve Tedavisi (XV-XVIIth C.) İstanbul Üniversitesi Cerrahpaşa Tıp Fak. Tıp Tarihi ve Deontoloji Kürsüsü, yayınlanmamış Doçentlik tezi, İstanbul, 1982; "The Classification of mental diseases in the Ottoman medical manuscripts," *Tıp Tarihi Araştırmaları* 1, İ.Ü. Cerrahpaşa Tıp. Fak. Deontoloji Anabilim Dalı ve Tıp Tarihi Bilim Dalı Yayınları Özel Seri No:1, İstanbul 1986, pp:105-112

⁴⁶ Michael W. Dols: *Majnun : the Madman in Medieval Islamic Society* edited by Diana E. Immisch, Oxford : Clarendon Press ; New York : Oxford University Press, 1992

⁴⁷ Boaz Shoshan, The State and Madness in Mediaval Islam, *International Journal of Middle east Studies*, Vol.35, No.2, May 2003, pp.329-340

madness, using dubious evidences in order to underscore Islamic tolerance towards the demented and in order to refute applicability of Foucauldian theory to the Islamic societies. Here what Shoshan attempts to do is not to prove the applicability of the theory, rather he criticized the way Dols dubiously and inconsistently used sources. For him other examples refuting the Islamic tolerance arguments did exist and thus Shoshan's portrayal of society was not that much tolerant.

İç Bahçe: Toptaşı'ndan Bakırköy'e Akıl Hastanesi (The Courtyard: the Mental Hospital from the Toptaşı to the Bakırköy)⁴⁸ is another book written by Betül Yalçiner and Lütfü Hanioglu in 2001 that highlights the institutional history of the Bakırköy Mental Hospital. Since the hospital has a long history from Ottoman Empire to the Modern Turkey, the book presents important information on the transitional period and pioneering figures in a way enabling further social analysis. This book is also important to highlight the role of Mazhar Osman as the initiator of psychiatry in Turkey.

Türkiye Nöroloji Tarihçesi (History of Turkish Neurology)⁴⁹ published in 2004 by physician Dursun Kırbaş head of the Turkish Neurological Sciences Association, provides rather institutional history of neurology in Turkey in which major figures might be founded. Similarly, physician Sait Naderi published a detailed book in 2004 "Mazhar Osman ve Türkiye'de Nöroşirürjinin Doğuşu"⁵⁰ on the emergence of neurosurgery and particularly the contribution of Mazhar Osman to the discipline. Similar to *İç Bahçe*, the book sheds light on a rather unknown period, and provides descriptive information on both Mazhar Osman's personal life story and the emergence of a discipline neurosurgery. In that regard the book portrays a scholar of mental health working on not only psychiatry, but also neurology, neurosurgery. Thus it offers important information on both Mazhar Osman, his period; but also the early years of mental health treatment before the partition of disciplines such as neurosurgery, neurology, psychiatry, psychology.

Apart from comprehensive books on the subjects, articles written by interested psychiatrists are also quite illuminative. Şahap Erkoç a psychiatrists has contributed a

⁴⁸ Betül Yalçiner, Lütfü Hanioglu, *İç Bahçe: Toptaşı'ndan Bakırköy'e Akıl Hastanesi*, İstanbul, Okyanus Yayın, 2001

⁴⁹ Dursun Kırbaş, *Türkiye Nöroloji Tarihçesi*, İstanbul, 2003

⁵⁰ Naderi Sait, *Mazhar Osman ve Türkiye'de Nöroşirürjinin Doğuşu*, İzmir; Dokuz Eylül Yayınları, 2004

lot to the discipline. His articles so far revealed the importance of Mazhar Osman, of first neuropsychiatric journal and of first psychiatric association “Osmanlı Tababet-i Akliye ve Asabiye Cemiyeti”.⁵¹

Thanks to above mentioned scholars’ works, the main pillars and figures of the transitional period are partially known. Still interpretive framework on the characteristics of the transition and of the early psychiatry in Turkey is rather rudimentary.

In a nutshell the history of medicine of the Ottoman Empire is one of the novel subjects which still needs further elaboration. Thanks to the old established genre up until the late 1970s originated by mostly physicians interested in the history of the subject, a largely unknown topic became more known. This period was dominated by nationalist discourse, therefore the excessive success stories of medical figures and Ottoman science in general. Following the late 1970s the discipline has gained a deeper historical understanding into which historical context have started to be integrated. The entrance of certain analytical categories such as gender, public health, and abnormality-madness has been possible due to the endeavors of novel scholars and enthusiastic students of medical history whose theses have been quite influential.

Mental health might still be seen as one of the novel topics on which few but notable works have been published. Thanks to these works and other works on medicine having touched also upon mental health, the foundational information has been partially offered enabling analytical studies.

⁵¹ See for example Şahap Erkoç, “Mazhar Osman ve Alzheimer” *Artimento*, Sayı 1, 1999, 68-71; “Melankoli, malihulya, karasevda” *Artimento*, Sayı 2, 1999, (80-85), “İlk Türkçe nöropsikiyatri dergisi: Şişli Müessesinde Emraz-ı Akliye ve Asabiye Müsamereleri”, *Tıp Tarihi Araştırmaları*, Sayı 10, 2000; “Osmanlı Tababet-i Akliye ve Asabiye Cemiyeti’nin kuruluşu ve cemiyetin ilk celselerinin zabıtları” VI. Türk Tıp Tarihi Kongresi, İzmir, 22-24 Mayıs 2000, Bildiri Özetleri, İzmir, 2000

CHAPTER II

OTTOMAN MEDICINE AND MODERNIZATION

Medical practices, the development of medical sciences, medicalization and societies' approaches to health bear the marks of historical, cultural, religious norms and social orders. Thus they should be evaluated within the societal context. Before questioning mental health issues in the Ottoman Empire the preliminary questions we should raise here are what Ottoman medicine was about and how it was affected by modernization. In that regard this chapter contains brief though required information on both the pre-modern Ottoman medicine (including institutional and popular practices) and on the emergence of modern Ottoman medicine in the nineteenth century. These two questions are rather intertwined and required some attention since both highlight the gradual increase of social control mechanisms.

Thanks to Michel Foucault the connection between medicine and power is no more novel. Many of the concepts originated, articulated and rendered by Foucault has been applied to historical analysis and in that regard has shed light on intensifying control mechanisms during modernity.⁵² Although his theory has been highly criticized of being ahistorical, still his emphasis on medical knowledge being used to indicate marginal accordingly “dangerous” groups has been widely accepted.⁵³ According to his theory medical institutions (such as hospitals, clinics, and mental asylums) were more relevant to exclusion and confinement than for medicine and health.

Applied to the Ottoman Empire, the second half of the nineteenth century was marked by a dramatic increase in the institutionalization of medicine. In that regard it

⁵² Michel Foucault, *The Archeology of Knowledge*, trans. A. M. Sheridan Smith (New York: Pantheon Books, 1972), Michel Foucault, *The Birth of the Clinic: An Archeology of Medical Perceptions*, trans. A. M. Sheridan (London, Tavistock Publications, 1976) Michel Foucault, *Discipline and Punish: The Birth of the Prison*, trans. A. M. Sheridan (New York: Vintage Books, 1979), Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (London: Tavistock Publications, 1967)

⁵³ Miri Shefer Mossensohn, Health as a Social Agent in Ottoman Patronage and Authority, *New Perspectives on Turkey*, no:37, 2007, p. 148

should be useful especially to start with the main characteristics of pre-modern Ottoman medicine and then searching for how it did change during the nineteenth century.

II. 1: Pre-modern Ottoman Medicine: Medical Pluralism; Therapy and Preventism

Medical pluralism: Coexistence of diverse medical traditions

Ottoman medicine was formed within a multicultural context thus was embedded with plurality of medical techniques, thus offered multiple alternatives to commoners who was faced with insufficiency of pre-modern institutions. It was dominated by a combination in which multiple legitimate centers of inspiration did coexist. Thus Ottoman medicine was a system enriched by multiple compatible sub-fields of knowledge and medical practices three of which were folkloristic popular medicine, mechanistic Greek medicine and Muslim religious medicine.

Popular medicine was an amalgamation of different traditions from “Hellenic Anatolia” to “Christian Balkans”. Popular medicine was a custom based one thus it is not easy to decompose it to each and every source of inspiration. It provided important knowledge about therapeutic value of herbal preparations and proliferated from below by inheritance of techniques and accumulation of knowledge.⁵⁴ Given the low number of Ottoman trained physicians, commoners relied on popular medicine and folk healers. “Whatever the cause, whether physical and spiritual, it is an indisputable fact that individuals from all social classes...in both rural and urban settings had universal and frequent recourse to practice we would today describe as folk medicine or outright superstition.”⁵⁵ In that regard in the pre-modern period the distinction between superstition and medicine might be seen as a blurry one. Although it is rather hard to determine each and every popular medical practice, prevalence of it, is also indisputable.

⁵⁴ Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions*, p. 25

⁵⁵ Rhoads Murphey, *Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century*, p. 384

Another medical tradition was Mechanistic medicine inherited from Greek antiquity. This tradition can be seen as the learned medicine of the time, was incorporated through educated and literate Muslim urban elites who were keenly interested in antique scientific treatises and major Greek medical figures up until the nineteenth century. In addition humoral medicine had the priority among other medical traditions and gained official support.⁵⁶ This system was practiced in the Ottoman hospitals. Mechanistic medicine was based on the humoral theory which was rooted in Greek philosophy, Hippocratic doctors' practices and Galenism.⁵⁷

It was a world view, beyond a simple medical principle. Essentially this theory was an application of the concept of four elements of nature (air, earth, fire, water) to human body. According to the theory, human body was composed of four humours made in various organs: blood (air), phlegm (water), black bile (earth), yellow bile (fire). Each humour was formed by two qualities; blood was moist and hot, black bile was dry and cold, yellow bile was hot and dry, phlegm was cold and moist. Within the doctrine these humours had to be in great equilibrium and the direct reason of an illness was an imbalance in the body caused by either excess or deficiency of a humor or humors. In the case of an illness humoral equality was supposed to be ensured by a doctor via manipulation of humours by their qualities.⁵⁸

Humoralism had also a preventive side. It provided not only curative but also preventive techniques. The humoral doctor was supposed to know the requirements of humoral balance and lead healthy individual to preserve it. Retaining humoral balance was not an easy task and relied on many broadest variables' integration, namely "diet". Diet comes from Greek word "diata" means "regimen for life". It was a manner "by which a man through his daily activity found himself in a lively and permanent relation with his surrounding world".⁵⁹ Diet was actually used very different from existing food regimen. It was a broader term meaning six non-naturals, promoted the idea that non-

⁵⁶ Dror Ze'evi, *Producing Desire: Changing Sexual Discourse in the Ottoman Middle East, 1500-1900*, Berkeley: University of California Press, 2006, p.18

⁵⁷ Dols, Michael W.: *Majnun*, p.18

⁵⁸ Ibid, p.18

⁵⁹ Expiracion Garcia Sanchez, "Dietic Aspects of Food in al- Andulus" in *Patterns of Everyday Life*, ed. David Waines (Alderson, UK: Ashgate,2002), p.276

naturals should be used in the proper order, place and time. Six non-naturals were light and air, food and drink, work and rest, sleep and waking, excretions and secretions (includes baths and sexual intercourse), dispositions and states of the soul.

From the ninth century onwards Muslim scholars developed Muslim religious medicine a genre of medical writing known *al-tibb al-nabawi* or “Prophetic medicine” used as an alternative to Greek based medical system.⁶⁰ Authors were usually clerics rather than physicians. The genre relied mostly on *hadiths*, the written traditions of Prophet Muhammad. Within this framework suffering was presented as a purifying element, thus as a desired religious virtue. Thereafter illness became a mean on the way of martyrdom and holiness, in a way accelerating an entrance into paradise. Prophetic medicine and mechanical medicine cannot be evaluated as two unconnected or counter entities. These two had many points of convergence and indeed the former employed the latter to explain God’s acts in human body and to complement religious practices with healing practices.⁶¹ The aim of the scholar might be seen as to legitimize medicine in the eyes of Muslim scholars and making it pertinent to religious view point. The treatises on the Prophetic medicine were not seen as competitive with Greek medicine.⁶²

Muslim scholars have contributed to medicine, science and philosophy for many centuries. Islamic medicine facilitated the preservation of Greek medicine as well.

“On the ground the preservation and promotion of Galenic teaching may be explained by Galen’s popularity with the medical school of Alexandria. Moreover, the survival of the Alexandrian school into the Islamic Era represents the continuity between Greek medicine and Islamic medicine.”⁶³

At this juncture major Muslim scholars were endowed with both the escalation of Muslim medicine and continuation of Greek medicine. These scholars such as İbn-i Sina, ar-Razi, al-Majusi offered an amalgamation of the two and reformulation of the

⁶⁰Emilie Savage- Smith, “Muslim Medicine” *Encyclopedia of Islam*, v.10, p. 453

⁶¹ Dols, *Majnun*, p.11

⁶² Ibid, p.453

⁶³ Ibid, p.38

former; thus played significant roles. İbn-i Sina (c.980-1037) known as Avicenna was one of the most significant figures. He was considered the “second teacher” after Aristotle since he was foremost an Aristotelian philosopher; applied to medicine, his predominance was owing to his reconciliation of Aristotelian natural philosophy with Galenic medicine.⁶⁴ He offered numerous works on medicine, one of which was “*el-Kanun fi’t-Tıbb*”. The book was translated to Latin by Gerard of Cremona and became very prominent in medieval and Renaissance European medicine. It is divided into five parts, covers principles of medicine, material medicine, diseases of bodily parts, general diseases, cosmetics, and a formulary of compound medicine. İbni Sina has been an important scholar with regard to the way he contented madness, and mental illnesses. He covered major mental illnesses such as melancholia, mania, love-madness (*‘ishq*) and he emphasized not solely the treatment of the body, but also the psyche.

On top of that, these three medical traditions - folkloristic popular medicine, Muslim religious medicine and mechanistic Greek medicine - indeed had many other points of convergence and therefore they were not separate and exclusive. Especially when it came to oral transmissions, medical knowledge and practice could no longer carry with origins. Different practices with different origins and sources could be fused and then used regardless of knowledge about their “high” origin. This shows two points, first these three were indeed compatible and patients scrambled for the most effective treatment regardless of the origin of the treatment.

One striking question might be to what extent learned medicine represents medical practices shared by commoners. Learned medicine pervaded via manuscripts and taught in educational and sanitarian institutions. On the other hand accesses to these institutions were quite low.⁶⁵ Beside learned and institutional medicine, there was a bulk of therapeutic techniques constituted an important part of Ottoman medicine.

⁶⁴ Ibid, p.73

⁶⁵ Murphey, Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century, p.384

Therapy and Preventism

Food and beverages were crucial therapeutic and preventive tools, hence used as first courses of action. Food and beverages were seen as illness preventive tools and a healthy regimen was considered as a protector of one's body and soul. The differentiation between gastronomy and pharmaceuticals was not so apparent.⁶⁶ The fact that medical concerns were considered in gastronomy and cuisine in the Ottoman palace as reflected in European travel accounts shows the very existence of that knowledge but remains silent about the practices of commoners.⁶⁷ Health and food had social roles and were used as a signifier for social status assigning social ties.⁶⁸ Certain foods and dishes were ascribed to preventive and curative aptitudes yet not all were present in local regular meals. Thus rare items might be considered as less accessible for the commoner.

Medication was also employed for preventive and curative purposes. However access to medication and especially to some rare and expensive ingredients was related to the one's financial conditions. Drugs wherein opium, hashish, pulverized gems (colored and clear) and precious metals were not available for a regular hospital patient yet given to patients in the imperial palace. Besides, these drugs and ingredients were available for those who could purchase at full prices. Thus poor patients had hardly any choices other than simple and coarse medication.⁶⁹

Two of the popular medication forms mentioned in both scientific and nonscientific works were syrup (*Şerbet* in Ottoman Turkish) and doughy paste (*Ma'cun* in Ottoman Turkish). They were prepared in various ways and popular among the Ottomans. Syrup was a viscous juice mixture of fruits and plants. Doughy paste included more than forty different ingredients such as raisins, honey, almonds,

⁶⁶ Miri Shefer Mossensohn, *Health as a Social Agent in Ottoman Patronage and Authority*, p.152

⁶⁷ Otavio Bon, *the Sultan's Seraglio: An Intimate Portrait of Life at the Ottoman Court*, London: Saqi Books, (1996)pp: 35-36, 64, 93-104,; C.G. Fisher and A. Fisher, "Topkapı Sarayı in the Mid-Seventeenth Century: Bobovi's Description", *Archivum Ottomanicum* 10 (1985),pp.30-32,63-64

⁶⁸ As Shefer noted see for example Tülay Artan, "Aspect of the Ottoman Elites' Food Consumption: Looking for 'Staples', 'Luxuries' and 'Delicacies' in a Changing Century" in *Consumption Studies and the History of the Ottoman Empire, 1550-1922*, ed Donald Quataert (Albany: SUNY Press,2000) Amy Singer, *Constructing Ottoman Beneficence: An Imperial Soup Kitchen in Jerusalem* (Albany: SUNY Press, 2002), Amy Singer, "Serving Up Charity: The Ottoman Public Kitchen", *Journal of Interdisciplinary History*, 35, no:3 (2005)

⁶⁹ Shefer-Mossensohn, *Ottoman Medicine*, p. 30

aromatics, red and black pepper, ginger, coriander, coconut, saffron, cinnamon, mustard, nigella, cardamom and so on. Both were used for nourishment and sometimes for medical purposes. Honey was assumed to be another popular preventive and curative; and rather the cheaper one. It was believed to have high nourishing value thus used for medical purposes. It had religious importance since it was attributed healing quality by the Prophet.

Narcotics such as opium, hashish, wine, coffee and tobacco were among the well known curative drugs yet there were some religious and ethical debates and sometimes prohibitions on their usages. Despite the fact that opium was on the list of imperial kitchen purchase list and used for patients in Topkapı, it was not the prerogative of the upper stratum.⁷⁰ It was as an easily found medicine and consumed rather by Ottomans from all strata as a cure to ache. The demand for it was high. Apart from curing aches, it was used for controlling and pacifying the insane. Addiction was seen as a threat for social order, thus narcotic usages were open to prohibitions of authorities, and users were suspects. Yet still narcotic drugs were tolerated.

Surgery was another curative option. Despite the fact that there were complaints about malpractice against operators as reflected in court cases, it was still a common practice. Surgeon was called *jarrah* in Arabic and *cerrah* in Ottoman Turkish which was different from physician. Surgeons were paid less salaries than physicians as documents on salaries paid to hospital employers reflect.⁷¹ Surgery was thus seen as a separate medical field. The operations were usually done by surgeons, nevertheless surgery was a field in which folk medicine thus folk healers played roles beside surgeons.

Phlebotomy (*hijama*) and cauterization were quite popular and practiced as well. Phlebotomy has a religious legitimization since the Prophet approved it and also humoral reasoning. Bloodletting which supposedly had both curative and preventive function was thought to ensure the humoral equilibrium and cure illnesses caused by excess of blood or that of corruption. It was a regular treatment for aches and pains and operated through multiple methods. Cauterization, in Ottoman Turkish *dağ* and in Arabic *'ilaj bi-nar*, was used for curing multiple illnesses such as headaches, fistulas, hemorrhoids, and even mental illnesses such as forgetfulness and moods. It was

⁷⁰ Ibid, p.39

⁷¹ Ibid, p.46

performed by placing a white-hot iron on a spot on the body and detaching it after few seconds. Inoculation was another surgical operation done against smallpox by specialists in folk medicine. Veins in the arms, chests, forehead of teenage boys (whether it was given to girls is not specified in the sources) were opened and then mucus received from wounds was inserted. Circumcision might also be seen as a form of surgery. Although it was a religious practice recommended by his, namely *sunna*, it had also medical purposes. The operation, cutting of the excess of skin from the male genitals, was performed by surgeons.⁷²

II. 2: Ottoman Learned Medicine

Physicians and Works

Ottoman Empire attached great importance to educational institutions in which learned medicine was evolved. Scientific education was given by *medrese* institutions. *Medrese* (Madrasah in Arabic) was an institution of higher education functioned throughout the Empire. Ruling families and notables donated funds for the erection of buildings; and tuition, lodging, food and medical care of students were free of charge.⁷³ *Medreses* served to cultivate higher educated subjects constituting men of pen specialized on different subjects, medicine as well. *Medreses* were firstly erected in the capitals of the time such as İznik, Bursa, Edirne and İstanbul though there were many other *medreses* founded in other newly conquered territories. Ottoman medreses provided medical education, and even separate medical *medreses* were founded in Edirne Darüşşifa and Süleymaniye Darüşşifa.⁷⁴ From then on Ottoman learned medicine which was largely relied on above mentioned Muslim men of medicine such as ar-Razi, Harezmi and Ibni Sina, was evolved via prominent graduates. Though this project is not aimed to be about Ottoman scholars, only relevant prominent figures worked on medicine and published works originating learned medicine will be mentioned. In that

⁷² Ibid, pp:40-60

⁷³ Encyclopedia Britannica (online), Britannica Advanced Publishing, Inc., Chicago, IL, 1994-2000, *Medrese*

⁷⁴ Cevat İzgi, *Osmanlı Medreselerinde İlim: Tabii İlimler*, İstanbul, İz Yayıncılık, 1997, II, pp:21-25

regard due to the limits of the project, numerous significant Ottoman men of science, technology, natural sciences will be excluded.

The first medical manuscript written in the Empire was *Müntehab-ı Şifa / Edviye-i Müfrefe* written by Murat b. İshak in 1387.⁷⁵ The manuscript was deliberately written in Turkish to make it available to who made use of it. It contains considerable information on both diseases (especially diseases observed in chest, head and stomach) and possible medicaments containing plants. İshaki mentioned that he used the works of major men of science such as Galen, Hippokrates and İbni Sina.⁷⁶ Another important physician of the fourteenth century was Cemaleddin Aksarayi (d.1389) who wrote “*Hall el-Mucez*” in Arabic. In the book one can understand that Ottoman men of medicine highly used humoral theory and İbni Sina’s works employed, articulated and make known the theory. Other important physicians and men of medicine of the century were Celaledin Hızır (d. 1417-1424) and Ahmedi (1334-1413).

Fifteenth century was a period in which several manuscripts were written and translated in order to make known preceding Muslim medicine. Physicians of the period mostly focused on specific organs such as eye and eye diseases. Considerable part of the works was written in Turkish. One could say that many of the works written in the fourteenth and fifteenth centuries were full or partial translations.⁷⁷ Prominent physicians wrote reference works, made translations of the period were İbn Şerif, Ahmed Dai, Şeyhi Yusuf Sinaneddin (1371 ?-1431), Mümin b. Mukbil, Akşemseddin Mehmet b. Hamza (1390-1459), Şükrullah Şirvani, Hekim Beşir Çelebi, Amasyalı Mehmed b. Lutfullah, Eşref b. Muhammed and Şerafeddin Sabuncuoğlu (1386 ?-1470).⁷⁸ Sabuncuoğlu deserves special attention for the way he employed and developed surgery. His famous work “*Cerrahiyetül-Haniyye*” has been one of the most important manuscripts written in the Empire; since beside observations on surgery and required apparatuses for surgery, Sabuncuoğlu included illustrations. The piece shows that Ottoman men of medicine were familiar with preceding literature on medicine since Sabuncuoğlu used “*Kitabü’t- Tasrif*” written by Ebu’l Kasım e’z-Zehravi, an eleventh

⁷⁵ See Ayşegül Demirhan Erdemir, “Geredeli b. İshak”, *Türk Dünyası Tarihi Dergisi*, c8, 1994, (50-54)

⁷⁶ Esin Kahya, Ayşegül D. Ermedir, *Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, p.100

⁷⁷ Esin Kahya, *On Beşinci Yüzyılda Osmanlılarda Bilimsel Faaliyetlerin Kısa Bir Değerlendirilmesi*, p.13

⁷⁸ Esin Kahya, Ayşegül D. Ermedir, *Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, p.101

century physician from Andalusia. Sabuncuoğlu wrote “*Mücerrebname*” on medication and “*Akrabaddin Tercümesi*” a partial translation of el Cürcani’s piece “*Zahire-i Harzemşahi*”.

Prominent physicians offered important works in the sixteenth century were as follows: Ahi Çelebi (1435-1524) who focused particularly on kidney diseases, Hekim Atufi (d.1541) whose major work was “*Ravd el-Esnan fi Tedbir-i Sıhhati’l-Edban*” promoting Prophetic medicine, Hekim Nidai whose major work was “*Menafüü’n-Nas*” one of the most comprehensive medical manuscripts of that period; Ali b. Osman, and Davud el-Antaki (d.1599)⁷⁹. Davud el-Antaki an interesting blind physician, received education in Damascus and Cairo, learned Greek, wrote “*Tezkiretü üli’l-elbab ve’l-cami’l’l-acebi’l ucab*”, a comprehensive book mentioning numerous diseases, and wrote “*Nushet el-Mubhica fi Tashihi’l-Edhan*” comprising human and animal anatomy. “*Tezkiretü üli’l-elbab ve’l-cami’l’l-acebi’l ucab*” might be seen as one of the earliest examples of early contacts with western medicine. Davud el-Antaki in his book wrote about syphilis (*frengi*) and its treatment which was learned through European sources.

Throughout the Seventeenth century, major works on medicine were produced. In addition, the century has been marked as a starting point of European medicine’s influence over that of Ottoman. Yet previous medical traditions did not simply dropped off, rather old and new traditions coexisted for a long time.⁸⁰ Here is the list of major men of medicine of that period.

Emir Çelebi (d.1638) studied in Egypt and then came to İstanbul to serve the ruling family and wrote “*Enmuzec el-Tib*” in which he also mentioned medical ethic. He highlighted the importance of dissection and anatomical knowledge which one could learn via working on the cadavers of non-muslims. Zeynel Abidin (d.1646) wrote “*Şifa el-Fuad li Hazret-i Sultan Murad*” in 1628 upon Murat IV’s request on healthy diet showing the fact that diet was highly mattered for health. Derviş Siyahi yet another figure working on medicament and one of his most important books was “*Lugat-ı Müşkilat-ı Ecza*” (1615). His other manuscript “*Manzume-i Siyahi*” in which he emphasized the importance of humoral theory shows that humoral theory was still

⁷⁹ Ibid, pp:157-166

⁸⁰ Ibid, p:173

acknowledged by the physicians of that time. Sakızlı İsa Çelebi (d.1649) wrote “*Nizam el-Edviye*” on medicament, “*Deva el-Emraz*” (İbtida el-Tıbb) and “*Mifredat el-Tıbb*”. “*Deva el-Emraz*” was a significant work since it contended mental illnesses as well. In addition both “*Deva el-Emraz*” and “*Mifredat el-Tıbb*” (explaining medical terminology) include syphilis as an illness implying the early contacts with the west. Şemseddin-i İtaki el-Şirvani born in Şirvan, then came to İstanbul, wrote “*Teşrih-i Ebdan ve Tercüman-ı Kibale-i Feylusufan*” on anatomy a first manuscript on anatomy with illustrations then presented to Murat IV. “*Teşrih-i Ebdan ve Tercüman-ı Kibale-i Feylusufan İtaki*” partially relied on “*Teşhir-i Ebdan*” written by 14th century Muslim scholar Ahmed b. Mansur with illustrations, still the former might be seen as a novel manuscript. The manuscript was also seen as another example of early contacts since İtaki was supposedly used European sources on the subject.⁸¹

Hayatizade Mustafa Efendi (d. 1692) was yet another important physician of the century of Jewish origin. One of his works “*Hamse-i Hayatizade*” consisting of five chapters deserves attention for two reasons. First the work again proves that Ottomans of that period were aware of European medicine since Hayatizade himself mentioned some of the books on the diseases which were thought to be originated from Europe such as syphilis. On top of that the book is quite important since the first and second chapters “*Risale-i Müşfiyye li el-Emraz el Müşkile*” and “*Risale-i Sevda-i Merakiyye*” are related with a mental illness, anxiety (*merakiyye*). Both chapters explain the reasons of anxiety with biological causes. In the second chapter he mentioned that *sevda-i merakiyye* was caused by excess of black bile and this resulted melancholy. In that regard the book seems quite informative about the discourse on mental health and obviously deserves more attention and further studies. Salih b. Nasrullah (d. 1669) was another important figure in the way he combined European medicine with that of Ottoman in his works. Some of his works are “*Gayet el-İtkan fi Tedbir el-Bedeni'l İnsan*” and “*Tıbbı-ı Cedid-i Kimya*”. He introduced Paracelsus in his work “*Tıbbı-ı Cedid-i Kimya*” in which he highly utilized and made partial translations of Paracelsus. Hazerfen Hüseyin Efendi (d.1672), Ayaşlı Şaban Şifaii (d.1705), Nuh Efendi (1628-1707) were other important physicians of the period.

⁸¹ Ayduz, Salim, “On Sekizinci Yüzyıl Osmanlı Tıbbında Değişim: Doğu Tıbbından Batı Tıbbına Geçiş Üzerine Bir Deneme”, Proceedings of the 38th International Congress on the History of Medicine, (1-6 September 2002)V.2, (Eds) Nil Sarı, Ali Haydar Bayat, Yeşim Ülman, Mary Işın, Ankara: Türk Tarih Kurumu 2005, (1031-1038), p.1031

The translation of German speaking Paracelsus (Philippus Aureolus Theophrastus Bombastus von Hohenheim, d. 1541) on chemical medicine into Ottoman Turkish and Arabic toward the end of the seventeenth century might be seen as a turning point.⁸² Afterwards a new medical doctrine named “*Tıbb-ı Cedit, Tıbb-ı Kimyai*” New Medicine in which full translations and adaptations were proliferated.⁸³ Major pioneering figures of the doctrine such as Salih b. Nasrullah (d.1669), Ömer b. Sinan el-İzniki (18th century), Ömer Şifai (d.1742), Ali Münşi (d.1747), Abbas Vesim (d.1760) and Chief physician Suphizade Abdülaziz quoted, adopted and translated European sources.

During the eighteenth century translations increased and “*Tıbb-ı Cedit, Tıbb-ı Kimyai*” was highly promoted. Baş Hekim Hasan Efendi made important translations such as “*Gunyat el-Muhassilin fi Tercümet Tuhfeti'l Müminin*” and “*Gayet el-Müteharrika fi Tedbir Kuli'l-Maraz*” which were again partial translations of Paracelsus’s books. Tokatlı Mustafa Efendi (d.1782) translated İbni Sina’s work “*el-Kanun fi't-Tıbb*” to Turkish with some editions. Gevrekzade Hasan Efendi (d.1801) followed “*Tıbb-ı Cedit*” by making partial translation form Paracelsus. Besides he wrote several books one of which was “*Neticetü'l-Fikriyye fi Tedbir el-Veladetai'l-Bikriyye*” on obstetrics and gynecology and on infantile diseases. Ömer Şifai (d.1472) was educated in Konya, and then in Cairo then started to work at *Darü'l-şifa* in Bursa. He was influenced by *Tıbb-ı Cedit* and Paracelsus as well as reflected in his works “*el-Cevherü'l-Ferid fi Tibbi'l-Cedit*” (*Tıbb-ı Cedit-i Kimya*). Bursalı Ali Münşi was another important figure promoted *Tıbb-ı Cedit*. He also worked on surgery and pharmacology. The former might be exemplified by his work “*Cerrahname*” and the latter might be exemplified by “*Bidayetü'l Mübtedi*”. He made translations of European medical manuscripts as well such as “*Karabadin-i Mir'ab*” written by Hadrian Myntsich (1603-1638). Abbas Vesim Efendi, Muhammed Rıza Ahmed (d.1766),

⁸² On the translator of Paracelsus into Arabic and then Ottoman Turkish, the Ottoman Court physician Salih b. Nasrallah Ibn Sallum (d. 1670) Al-Muhibbi, Muhammad Amin b. Fadlallah. *Tarikh khulasat al-athar fi ayan al-mia al-hadiya ashara*, 4 vols, El Cairo, 1284H, vol. 2, pp. 240-242; Rashed, Muhammad bin Mustafa. *Tarih-i rashed*, 6 vols, Istanbul, 1282H, vol. 1, p. 96; Adıvar, Adnan Abdülhak. *Osmanlı Türklerinde ilim*, İstanbul, Remzi Kitabevi, 1991, pp. 122-123, 131-132; KÂHYA, Esin; Erdemir, Aysegül D. *Bilimin ışığında osmanlıdan cumhuriyete tıp ve sağlık kurumları*, Ankara, Türkiye Diyanet Vakfı, 2000, pp. 179-184. Shefer, Miri. Old Patterns, New Meaning: The 1845 hospital of Bezm-i Alem in Istanbul, BIBLID [0211-9536 (2005) 25; 329-350], 2005

⁸³ Aydüz, Salim, On Sekizinci Yüzyıl Osmanlı Tıbbında Değişim: Doğu Tıbbından Batı Tıbbına Geçiş Üzerine Bir Deneme, p: 1032

Katipzade Mehmed Refi' Efendi (1682-1769), Levhizade, Suphizade Abdülaziz Efendi (1735-1783) were other important figures of that period.⁸⁴

The nineteenth Century was important since modernization of medicine became much more visible. Significant figures were as follows: Şanizade Mehmet Ataullah (1771- 1826) was an important chronicler of his time. He wrote “*Hamse-i Şanizade*” which is composed of five chapters on anatomy, physiology, illnesses, surgery and medicament. Mustafa Behçet (1774-1834) was yet another physician of the nineteenth century played an important role in modernization of Ottoman medicine. He made important translations such as “*Frengi Risalesi*”, “*Çiçek Aşısı Risalesi*”, “*Tercüme-i Fisilologica*”, “*Ruhiye Risalesi*”, “*Kolera Risalesi*”. His translations and great efforts for modernization generated a new terminology relied on western medicine. Charles Amboris Bernard, Aziz İdris, Mustafa Hami Bey, Ahmed Remzi Paşa, Nuri Kenan, Saip Paşa Abdi Süleyman, Şemsi Şerif Efendi, Hasan Zühtü Paşa, Hasan Mazhar Paşa were among the nineteenth century physicians who were influential on modernization of medicine and translation of major medical books to Turkish.⁸⁵

Medical institutions

Ottoman hospitals were named, *Bimaristan*, *Maristan*, *Timarhane*, *Darü'l-şifa*, or *Dar al Atiya*. *Bimaristan* often contracted to *maristan* from Persian *bimar* “sick” the suffix *istan* denoting a place. In modern usages *bimaristan* is mental asylum.⁸⁶ They were financed by independent funds, and were arranged along with size, importance and requirements of the locality.⁸⁷ Ottoman hospitals were part of complexes of public institutions named as *imarets*. *Imarets* were usually initiated by members of the ruling elite including sultans. Hospitals and imarets were charitable institutions, namely *waqf*. “*Waqf* is in Islamic law, the act of foundation a charitable trust, and hence the trust

⁸⁴ Ibid.

⁸⁵ Ibid.

⁸⁶ D. M. Dunlop, “*Bimaristan*”, *Encyclopedia of Islam*, vol.1, p.1223

⁸⁷ Ibid, p.1223

itself.”⁸⁸ The essential components are a person disposed to commit a pious deed, stated that part of his/her property to be unalienable and designating persons, or public utilities as beneficiaries of its yields.⁸⁹ In other words *waqf* is “a legal format to finance various large projects for the benefit of the community as a whole”.⁹⁰ Public leaders (sultans, governors, bureaucrats, and notables at all hierarchical levels) regularly marked their political power by establishing structures such as soup kitchens, places serving for other types of services (*imarets*), social gathering places (*turba*), medical dispensaries (*bimaristan*), infrastructural services in the shape of bridges, irrigation systems, fortresses, water conduits, aqueducts and so on in urban and rural areas as well.⁹¹ Ottoman hospitals were one of these charitable institutions erected usually by members of ruling family and survived as markers of the political power and social status of the donors. Since in medicine not small scale (such as mosques) but big investment required donations took place thus it was rather restricted to the imperial family.⁹² Ottoman hospitals provided treatment, inclusive of warm, clean beds, food, and physical and mental therapy.

The major Ottoman hospitals, erected by the ruling family up until the nineteenth century, were as follows: The first hospital founded in the Empire was built in Bursa by Bayezid I, the second one was a leprosy hospital erected in Edirne by Murat II. Later on *Fatih Darüşşifa* was established in Istanbul by Mehmet II, in 1470.⁹³ It was also the primary medical institution up until 1556. Bayezid II founded another one in Edirne namely *Edirne Darüşşifa*. In the sixteenth century a leprosy hospital was erected in Istanbul by Selim II, in 1514. In 1539 Hafsa Sultan the mother of Suleyman I initiated a new hospital in Manisa namely *Manisa Hafza Sultan Bimarhane*. In the sixteenth century three hospitals were founded in Istanbul. In 1550 *Haseki Darüşşifa* was founded in İstanbul on behalf of Suleyman I’s favorite concubine (*haseki*) and wife

⁸⁸ R. Peters, “*Waqf*”, Encyclopaedia of Islam, v.11, p.59

⁸⁹ Ibid, p.59

⁹⁰ Mossensohn-Shefer, *Ottoman Medicine*, p.113

⁹¹ Randi Deguilhem, Encyclopaedia of Islam, v.11, p.89

⁹² Mossensohn-Shefer, *Ottoman Medicine*, p.105

⁹³ Demirhan and Kahya; *Medicine in the Ottoman Empire and Other Scientific Developments*, Istanbul:Nobel Medical Publications,1997, p: 36

Hurrem Sultan. In 1556 *Süleymaniye Medical School and Darüşşifa* were founded in Istanbul. Foundation of *Süleymaniye Darüşşifa* and Medical School might be seen as the turning point commencing a division of labor in the institutional organization.⁹⁴ In that regard the former started to train on practical issues while the latter contended with theoretical ones. *Toptaşı Atık Valide Bimarhane* was erected in Istanbul, at Üsküdar on behalf of Nurbanu Sultan the mother of Sultan Murad III. Ahmed I founded the only hospital erected in the seventeenth century namely *Sultan Ahmed Darüşşifa* in Istanbul in 1617. As Kahya and Erdemir argued due to the financial problems, in the eighteenth century the ruling family did not found a new hospital which required huge amount of investment.⁹⁵

The hospital might be seen as one of the most notable charity since it promised symbolic presence of the donor for many years. Besides Ottoman hospitals were general hospitals serving all kinds of patients. They were intended to satisfy several needs; medical treatment service, convalescent home for those recovering from illness or accidents, an insane asylum, and a retirement home providing basic maintenance needs for the aged and infirm who were short of a family to care for them.⁹⁶ Despite the variety of services, compared to other forms of philanthropic activities, hospitals were costly institutions. That is why a very limited wealthy group and primarily the ruling family could afford erecting one.⁹⁷ Therefore in early modern Ottoman Empire the size of official medical institutions was very low in terms of hospitals and medical personnel compared to the amount of population. In that regard one should remember that inadequacy of professional physicians was endemic to pre-modern societies, and Ottoman Empire was no different.⁹⁸

⁹⁴ Zorlu, Tuncay; “Süleymaniye Tıp Medresesi – II”, *Osmanlı Tarih Araştırmaları*, 4, no:1,2002, p:94

⁹⁵ For a detailed information see Demirhan and Kahya, *Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, Türkiye Diyanet vakfı Yayınları, Ankara, 2000

⁹⁶ Emilie Savage- Smith, “Muslim Medicine” p. 455

⁹⁷ Shefer-Mossensohn, *Health as a Social Agent in Ottoman Patronage and Authority*, p.159

⁹⁸ Murphey, *Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century*, p.384

In the sixteenth century Istanbul with an estimated population of several hundred thousand people⁹⁹ as one of the crowded cities of that period in the world, had only five hospitals with a few hundred beds.¹⁰⁰ As Evliya Çelebi reflected Istanbul's hospital capacity was again quite low in the seventeenth century and majority of physicians did not have official appointments thus did not have any access to professional training. Relying on Evliya Çelebi's account, for every thousand physicians in private practice, only about thirty physicians obtained official appointments.¹⁰¹ Thus not more than three percent of physicians had official appointment. The semiprofessional remainder practitioners were classified within seven categories: 700 surgeons (*cerrah*); 80 oculist (*kehhal*); 100 purveyors of eye solutions (*tutyacıyan*); 500 purveyors of therapeutic pastes (*macuncıyan*); 600 druggists, makers of prescription (*edviye*) and potions (*eshribe*); 70 purveyors of perfumed waters (*gülab*); and 14 purveyors of therapeutic oils (*edham*).¹⁰²

In contemplation of above mentioned figures Rhoads Murphy puts emphasis on two full fledged findings. At the outset the majority of population did not derive the benefit from the institutional medicine. In other words professors of medicine at the *medreses* and hospitals served only a tiny part of the overall population. Above and beyond treatment together with self administration of drug therapy was common among the bulk of the population. As Murphy illustrated apart from surgeons and oculists all of above mentioned groups reported by Evliya Çelebi were sellers of health care products. Given the low level of hospital capacity, economic factors deterring consultation with physicians and a possible awareness of the high risk of major medical interventions such as surgery, patients especially from the lower and middle classes consulted to inexpensive popular remedies.¹⁰³

⁹⁹ Halil Inalcık, "Istanbul", *Enclylopaedia of Islam*, Second Edition

¹⁰⁰ Shefer-Mossensohn, *Ottoman Medicine*, p.114 (Ot med)

¹⁰¹ As Murphy quoted: Evliya Çelebi, *Seyahatname*, 10 vols., Istanbul: İkdam Matbaası, (vols.1-6), Devlet Matbaası (vols.7,9,10), Orhaniye Matbaası,(vols 8), A.H. 1314, A.D. (1896-1938), 1:530

¹⁰² Ibid.

¹⁰³ Murphey, *Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century*, p.383

In a nutshell, prior to the nineteenth century Ottoman medicine was the combination of variety of sources primarily folkloristic popular medicine, mechanistic Greek medicine and Muslim religious medicine. Trained physicians served only a tiny part of the population yet variety of sources provided numerous alternatives. Folk healers, magicians, experts of occult sciences, pharmacists, druggists, amateur psychologists and imams, rabbis and priests as well offered different alternatives for commoners. At this juncture in daily life practices, learned institutional medicine (comprising Greek and Muslim medicines) and popular custom based medicine were practiced side by side, and both spheres were intermingled to an extent. Thus this variety might pinpoint the fact that these two medicines were indeed complimentary though to what degree and through which means this exchange of information came about in daily life are rather little known. On top of that given the low level of medical institutions and variety of alternatives to institutional medicine, pre-modern Ottoman Empire was far from establishing intense social control and public health policy.

II. 3: Modernization of Medicine: Growing Institutionalization

During and after the nineteenth century major transformations took place. Parallel to the transformations in the socio-political sphere, major changes took place within the realm of Ottoman medicine. On top of that another type of a medicine sponsored by Ottoman urban elite and influenced by Europe was included into the Ottoman medical pluralism.

At the turn of the century European medicine became more visible yet it did not immediately replace the older above mentioned medical traditions; for a long time old and new practices coexisted.¹⁰⁴ As mentioned before rising Ottoman interest in new European medicine started long before the nineteenth century. Since it was rather a gradual process, one can trace back the origin of the process to the first half of the fifteenth century onwards.¹⁰⁵ Jewish physicians named “*etibba-ı Yahudiyan*” who

¹⁰⁴ Shefer, Miri. Old Patterns, New Meaning: The 1845 hospital of Bezm-i Alem in Istanbul, BIBLID [0211-9536 (2005) 25; 329-350], 2005

¹⁰⁵ Aydüz, Salim, On Sekizinci Yüzyıl Osmanlı Tıbbında Değişim: Doğu Tıbbından Batı Tıbbına Geçiş Üzerine Bir Deneme, p. 1031

migrated to the Empire towards the end of the century contributed a lot to the Ottoman medicine to be acquainted with that of the European. The contacts continued throughout the sixteenth, seventeenth and eighteenth centuries.

Given that early contacts with western medicine started since the fifteenth century, and translation of western sources started with the end of the seventeenth century, these contacts were rather on account of intellectual curiosity and far away from originating real durable effects.¹⁰⁶ Real long lasting effects came with institutional changes started with the nineteenth century during which modernization and westernization of medicine was increased. Though this increase was rather gradual and slow one and up until the end of it old and new medical traditions coexisted. In that regard the nineteenth century might be seen as a period during which old and new medical traditions coexisted in rivalry, then finally towards the end of it the latter overcame the former with the help of institutional changes.

Institutional Transformations

Institutional changes affecting state and social mechanisms, and increasing state management were initiated with the Tanzimat reforms. During the period covering the nineteenth century and early twentieth century modern medical system was endeavored to be founded. Medical education and institutional apparatus were restructured; public health was entered into the state agenda.

In 1827 a new military medical school, the *Tıbhane ve Cerrahhane-i Amire* (School of the Medicine and the Surgery) was founded in Şehzadebaşı, Istanbul. As the official proposal prepared by chief physician for the establishment of this school reflected, the requirement of physicians who were acquainted with new medicine and requirement of French courses to enrich the studies on latest methods were acknowledged.¹⁰⁷ Later on in 1839 this school was moved to Galatasaray in Istanbul and renamed *Mekteb-i Tıbbiye-i Şahane* (Military Medical School). Charles Ambroise Bernard, an Austrian physician, was appointed as the chief director who was invited by

¹⁰⁶ Shefer, Miri. *Old Patterns, New Meaning: The 1845 hospital of Bezm-i Alem in Istanbul*, 2005, p.333

¹⁰⁷ Bedi N. Şehsuvaroğlu, "Türk İstanbul'da Tıp Öğretimi" in *Türk İstanbul'da Tıp Fakültesinin 500. Yıldönümü*, İstanbul: İstanbul Tıp Fakültesi, 1971, pp:40,41

the Sultan.¹⁰⁸ He contributed to initiate anatomical dissections in 1841. Although the foundation of Military Medical School adopting modern medicine might be seen as a real turning point, the school did not solve the problem of professional physician shortage. Because of the scarcity of Turkish medical literature, language of the education was French up until 1866 when the school passed to Turkish. Between 1827 - 1870 it graduated only 300 students since students had difficulty following courses.¹⁰⁹ Due to the low number of graduates, in 1867, the *Mekteb-i Tıbbiye-i Mülkiye* (Civilian Medical School), the first civilian school, was opened. The language of the instruction was Turkish. Throughout the century the problem of language barrier was taken seriously. In 1909 Military and Civilian Medical Schools were unified in the new building in the Istanbul district of Haydarpaşa.

In 1856 *Cemiyet-i Tıbbiye-i Şahane* was founded and named as “Société de Médecine de Constantinople” in Istanbul.¹¹⁰ A few months after the foundation, Sultan Abdülmecit set a found and entitled the organization “*Cemiyet-i Tıbbiye-i Şahane-i Osmaniye*” (Society of Ottoman Medicine).¹¹¹ Society spent great efforts to accumulate required background of medical education in Turkish and made several translations.¹¹² Besides the society published a journal named *Gazette Médicale d’Orient* (which later named *Şark Tıp Mecmuası*) for seventy years in order to introduce new European medical developments.

¹⁰⁸ Demirhan and Kahya, *Medicine in the Ottoman Empire and Other Scientific Developments*, İstanbul: Nobel Medical Publications, 1997, p. 116

¹⁰⁹ Esin Kahya and Ayşegül D. Erdemir: *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, Ankara: Türk Diyanet Vakfı, (2000), p. 264

¹¹⁰ for a detailed information see: *Cinquantenaire de la Société Impériale de Médecine de Constantinople / Dersaadet Cemiyet-i Tıbbiye-i Şahane'nin Ellinci Sene-i Devriyesi (1856-1906)*. Constantinople 1908; *Türk Tıp Cemiyeti Mecmuası - 100 üncü Yıl Özel Sayısı*, Yıl (c.) 22, 2 Haziran 1956, 470+XII sayfa; Süheyl Ünver ve Bedi N.Şehsuvaroğlu, *Türk Tıp Cemiyeti – Cemiyet-i Tıbbiye-i Şahane 1856-1956*. İstanbul 1956; H.Hüsrev Hatemi ve Aykut Kazancıgil, “Türk Tıp Cemiyeti (Derneği) Cemiyet-i Tıbbiye-i Şahane ve Tıbbın Gelişmesine Katkıları,” *Osmanlı İlmî ve Mesleki Cemiyetleri*. İ.Ü. Edebiyat Fakültesi Basımevi, İstanbul 1987, s.111-119; E.Kadri Unat, Osmanlı Devleti’nde Tıp Cemiyetleri, *Osmanlı İlmî ve Mesleki Cemiyetleri*. İ.Ü. Edebiyat Fakültesi Basımevi, İstanbul 1987, s. 85-110; N. Tekül, H. Hatemi, *Türk Tıp Derneği (Cemiyet-i Tıbbiye-i Şahane) 130. Kuruluş Yılında*, İstanbul, 1986 (1997’de 140.Yılı, Değişmemiş İkinci Baskı, İstanbul, 1997); Feza Günergun & Nuran Yıldırım, “Cemiyet-i Tıbbiye-i Şahane’nin Mekteb-i Tıbbiye-i Şahane’ye Getirdiği Eleştiriler (1857-1867)”, *Osmanlı Bilimi Araştırmaları*, c.III, sayı 1, 2001, s.19-63.

¹¹¹ Bedi N. Şehsuvaroğlu, “Türk İstanbul’da Tıp Öğretimi”, pp:49-51

¹¹² Kahya and Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, p. 264

Beside the reorganization of medical education, medical institutions were reformulated, modern hospitals were founded. Number of hospitals and medical personnel were dramatically increased. Between 1800 and 1924, thirty six new hospitals were founded. Military hospitals were opened along the lines of modernization of army; four of the best-known military hospitals were the Mekteb-i Tıbbiye-i Şahane Hospital (1839), the Gümüşsuyu Military Hospital (1846), the Gülhane Military Hospital (1898) and the Haydarpaşa Military Medical Hospital (1904). In the very same period several civilian hospitals were founded such as the Vakıf Gureba Hospital (Hospital of Destitutes, 1862); Zeynep Kamil Maternity Hospital which was founded and supported by members of dynasty and bureaucracy); The Women's Hospital (*Altıncı Daire-i Belediye Nisa Hastanesi*, 1879) which was founded to take care of prostitutes in order to solve the problem of syphilis; The Darülaceze (House of the Weak, 1896) to give shelter to orphans and paupers; the Şişli Children's Hospital (1899) which was opened to serve children.¹¹³

During the century public and social health mattered and in time entered into the state agenda. In the 1830s quarantine organizations were established in port cities like Istanbul, İzmir, Iskenderun to prevent the danger of cholera epidemic.¹¹⁴ In 1838 *Meclis-i Tahaffuz* (Committee of Protection) was founded. Since activities of that institution were limited, *Meclis-i Sıhhiye-i Umumiye* (Committee of Public Health) was founded in 1881. *Meclis-i Sıhhiye-i Umumiye* had many functions; it conducted surveys on health of the population, struggled against epidemics, organized quality of foods.

In 1871 the first municipal health organization was founded. Twenty years later a Committee of Public Health was systematized in the municipality of Istanbul. In 1909 *Müessasat-ı Hayriye-i Sıhhiye Müdüriyeti*, a directory of health was established in the municipality and important hospitals, *tebhirnames* (disinfection stations) and *müşahedehanes* (observation unit) were involved to the directory.¹¹⁵ In 1869 *Cemiyet-i Tıbbiye-i Mülkiye* (Civil Medical Association) was organized as the original form of

¹¹³ Bedi N. Şehsuvaroğlu, "İstanbul'da 500 Yıllık Sağlık Hayatımız", İstanbul: İstanbul Fetih Derneği, (1953) pp:63-65

¹¹⁴ Demirhan and Kahya, *Medicine in the Ottoman Empire* p.123

¹¹⁵ Yıldırım, Nuran, "Tanzimat'tan Cumhuriyet'e Koruyucu Sağlık Uygulamaları" in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi* v.5, (1985), p.1320

later Ministry of Health. Association was responsible for the appointment of medical personnel, and for examining the capabilities of foreign school graduate physicians who applied to work as physicians.¹¹⁶ In 1889 the association was renamed as *Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Committee of Civil Medicine and General Health). In 1906 it was reorganized and named *Meclis-i Maarif-i Tıbbiye* (Committee of Medical Education). Two years later it was renamed *Meclis-i Tıbbiye-i Mülkiye ve Sıhhiye-i Umumiye* (Committee of Civil Medicine and General health). In 1913 this association was abolished and Directory of Health (*Sıhhiye Müdüriyet-i Umumiyesi*) under the Ministry of Interior was established. In 1914 Ministry of Interior and Health replaced Ministry of Interior. Thereafter offices of governmental medical practitioners (*hükümet tabiplikleri*) in provincial districts and directors of health in provinces were opened. In 1920 *Umur-u Sıhhiye ve Muavenet-i İctimaiyye Vekaleti* (Ministry of Health and Social Aid) was founded by the Grand National Assembly (TBMM).¹¹⁷

With regard to population politics, procreation was emphasized. The edict of 1838 shows the first wide ranging systematic agenda against abortion.¹¹⁸ Midwives, pharmacists, physicians were informed on not using abortifacient drugs and were commanded to take oath before religious leaders on not using these drugs. Another measurement taken by the state to control the practice was the “reorganization of midwifery”.¹¹⁹ Ottoman Empire aimed to achieve wider control not through force and violence but through institutionalization and motivation of each individual, started to open an institutional trainee for midwives in 1842. Opening of an institution was announced and midwives were invited.

In this chapter, a brief overview has been provided about the pre-modern Ottoman medicine and institutional transformations of the modern period. In a nutshell Ottoman use of medicine as a social control mechanism began to take place during the

¹¹⁶ Ibid, p.1321

¹¹⁷ Ibid, p.1324

¹¹⁸ Demirci, Tuba and Somel, Selçuk Akşin: “Control over Feminine Body, Procreation and Public Health: Demography, Bio-Politics and Abortion in the Ottoman Empire (1789-1908)”, *Journal of the History of Sexuality* Vol.17-3 (2008), p.393

¹¹⁹ Ibid, p.393

nineteenth century, (particularly towards the end of it) due to the qualitative and quantitative rise in institutional mechanisms.

At this juncture a comparative perspective between pre-modern and modern Ottoman medicine with regard to medical institutions has been presented. Pre-modern Ottoman medicine was an amalgamation of different traditions and offered multiple alternative therapeutics and medical practices. However, the majority of the population had lesser access to learned medicine, medical institutions and professional practitioners. On the other hand due to nineteenth century institutional transformations, masses have been intended to be reached.

CHAPTER III

GLIMPSES OF THE DEMENTED IN THE MEDIEVAL AND EARLY MODERN PERIOD

The demented of the past might be seen as one of the most voiceless groups since it is not easy to reach any of the sources documented by them, even if they did exist. Instead one may find documents, illustrations on them, produced by others. In this chapter a collection of bits and pieces of information on the pre-modern definitions and treatments of mental illnesses; and a thin portrayal of the conditions in which the demented were lived will be offered. In addition “integrative mechanisms” of these ages will be highlighted.

A definition of insanity in a society is closely related with its socio-cultural context. Since it is really hard to provide a valid definition of insanity, one can only adhere to its unfixed nature. In other words definition of madness (or any form of abnormality) has been a changing one from time to time, place to place. Since characteristics of abnormality have been defined in accordance with a social group at a specific time, and since they have been highly open to changes, the modern term insane might be seen as inadequate in dealing with insanity in the past. According to Shefer-Mossensohn the demented were described in the Ottoman Empire via three different adjectives: *deli* (Turkish), *divane* (Persian) and *majnun* (Arabic).¹²⁰ Yet another adjective *meczub* should be added to the list.¹²¹ Medical interpretation of insanity went hand in hand with religious, literary and social perceptions. In that regard this multiplicity might be explained with multicultural heritages of the Empire and diverse

¹²⁰ Miri Shefer, *The Ottoman Empire, in Encyclopedia of Women & Islamic Culture: Family, body, sexuality and health*, 2006, Vol.3, BRILL, p.273

¹²¹ Nil Sarı, Burhan Akgün, *Türk Tarihinde Psikiyatriye Bakış*, İ. Ü. Cerrahpaşa Tıp Fakültesi Sürekli Tıp Eğitimi Enkinlikleri, Türkiye’de Sık Karşılaşılan Psikiyatrik Hastalıklar, Sempozyum Dizisi, No:62, Mart 2003, pp.1-24

perceptions of madness.¹²² Given the multiplicity of perceptions and changes in the definition of insanity through time, to what extent these different terms corresponded to each other and to what extent modern term insane corresponds to the old usages are controversial. Still an unassuming distinction might be presented as “if the reason abandons the one, he or she becomes *deli*, and if one abandons the reason then he/she becomes *meczub* or *divane*”.¹²³ At this juncture the former might be seen as losing of conscious and the latter would be seen as the situation in which the person abandons rationality and becomes insane (alike) because of an outside influence such as alcohol, or excessive love, to be fond of God or a person.

Majnun and *janna* (*cinnet*) are derived from the word *jinn* to define evanescence of reason. *Majnun* is the passive participle of the verb *janna*, “to cover, conceal, veil”; the noun “*junun*” means “possession, obsession, mania, madness, insanity, dementia; foolishness, folly; frenzy, rage, fury; ecstasy, rapture”.¹²⁴ The passive verb means “to go mad, become crazy, to be covered, veiled, concealed”.¹²⁵ *Majnun* metaphorically defined the situation in which a person in an impossible love finally turned into the divine love as one can see in the story of *Majnun and Layla*. It is a famous romance in which a young man named Qays (nicknamed *Majnun*) falls in love with *Layla* and finally this love drives him mad. Thus *majnun* metaphorically was seen as holy fool, nevertheless literally not each *majnun* and others losing rationality were assumed to be holy fool having wisdom.¹²⁶ Another usage of *Majnun* was the one to define epileptics whom were supposed to be sickened because of divine causes such as *jinn*. “*Jinn*” means “demons, invisible beings, either harmful or helpful, that interfere with the lives of mortals”.¹²⁷

¹²² Miri Shefer, *The Ottoman Empire*, p.273

¹²³ As Nil Sarı, Burhan Akgün quoted, retrieved from http://www.kuranikerim.com/islam_ansiklopedisi/M/meczub.htm

¹²⁴ Arabic English Dictionary, *The Hans Wehr Dictionary of Modern Written Arabic*, “*junun*”, ed .J.M. Cowan, Fourth Edition, Spoken Languages Services, INC, Ithaca, N.Y. 1994, p.164

¹²⁵ Arabic English Dictionary, *The Hans Wehr Dictionary of Modern Written Arabic*, “*janna*”, p.164

¹²⁶ Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 3

¹²⁷ Arabic English Dictionary, *The Hans Wehr Dictionary of Modern Written Arabic*, “*jinn*”, p.164

In a nutshell these four major adjectives were primarily used to define insanity. One cannot be sure about to what extent the minor and implicit differences between these terms were acknowledged. Yet suffice it to say that these different and possibly interchangeable terms were used by the Ottomans to define the demented.

Ottoman medicine inherited humoralism and developed philosophical and medical integrative view of humans. The living being was situated at the center of the complex world surrounded by the physical (material) realities, and spiritual (divine) essence in which all forces ideally should interact in harmony and to which men should be integrated.¹²⁸ The human being was perceived as an integrated entity composed of physical being and soul (body and mind). Likewise physical health and mental health were taken as two related entities affecting one another. In other words physical problem could or even did trigger mental problem and vice versa. “From the medical point of view, it resulted in the belief that one cannot be sick in the body and totally healthy in the mind, or to suffer mental problems yet be void of any physical discomfort.”¹²⁹ In the integrative approach health of the soul or heart and the health of the body were mutually dependent. Integrative approach also included spirituality, senses, and emotions as nonphysical elements which need to be examined. For example excessive emotions such as love, passion, grief, envy and shame were seen as illnesses which might cause physical disturbances as well. In that regard the modern dichotomy of mental and physical health each having totally separate treatment techniques and institutions might be seen as not entirely applicable. Thereafter one could conclude that the demented had been treated and mental health had been an integrated part long before the foundation of psychiatry as a separate discipline and mental hospitals. Ottomans rather employed combined remedies to cure both mental and physical diseases; mental treatments were used for physical illnesses and physical treatments were used for mental illnesses as well.

¹²⁸ Shefer –Mossensohn, *Ottoman Medicine*, p. 63

¹²⁹ *Ibid*, p.66

Mental Illnesses

In order to have an insight on the hall marks of the mentally ill one should study medical manuscripts of the period. In that regard Nil Sarı provides an important article on the classifications of mental illnesses from the fifteenth century to the eighteenth century.¹³⁰ According to Sarı illnesses were studied under three parts as reasons (*esbab*), symptoms (*alamat*) and treatment (*ilac*).¹³¹ Reasons were presented rather short and treatments were explained longer. The mental illnesses were generally explained within the framework of humoral theory and thus major reasons were investigated in the imbalance of four humours. Illnesses having similar symptoms were categorized under the same category. One example might be the classification of Mukbilzâde (Zahire-i Muradiye, 1437) in which both mental and neurological diseases were classified as “head diseases” implying the absence of the distinction between mental and neurological diseases. As Sarı argues in the Mukbilzâde’s classification the relations amongst these illnesses were discussed; classifications usually relied on organic symptoms and etiology of illnesses according to humoralism. In addition some of the diseases were more close to syndromes rather than illnesses. Several diseases mentioned in the classification were as follows: *Unutsaguluk* (amnesia); “*Ihtilât-i zihn*” (confusion of mind); *Uykusuzluk* (insomnia); *Suban* (liquid collection in the skull around the hard membrane); *Dawwar* (feeling dizzy); *Kabus* (nightmare); *Falic* (paralysis); *Suda* (headache); *sakika* (migraine); “*Ahze*” (catalepsy or catatonia); “*Mal-i hulyâ*” (caused by fear, obsession, and sadness); “*envâ-i divânelikler*” (assorted madness). *Ashk* (love) was portrayed as an illness causing one to be ill. *Eblehlik* was a kind of feeble-mindedness which was seen as hereditary illness. *Sersâm* (meningitis) composed of two words *ser* meaning head, *sam* meaning swell, had different types such as *sersâm-ı safravi*, *sersâm-ı sevdâvî* (which was the worst type very close to madness), and “*soguk sersam*” *sersam* without fever. *Sar’a* (epilepsy) had also different types such as *sar’a-ı dimağ* epilepsy of the brain, *sar’a-ı midevi* epilepsy of the stomach, and *sar’a* seen in women undergoing menopause which was very close to *ihthinakî’r-rahm* hysteria.¹³² Another thought provoking point here is that, as Sarı portrays, other mental

¹³⁰ Nil Sarı, The Classification of Mental Diseases in the Ottoman Medical Manuscripts, in *History of Medicine Studies*, ed. Hasan Âli Göksoy, Hüsrev Hatemi, Nil Sari, Istanbul 1986, No. 1, pp. 105-112

¹³¹ Sarı, Akgün, Türk Tarihinde Psikiyatriye Bakış, p. 10

¹³² Nil Sarı, The Classification of Mental Diseases in the Ottoman Medical Manuscripts, pp. 105-112

illnesses were classified as separate diseases, some of which were alcoholism (sûcîye muptela olanlar) and opium eating (afyonkesler ve berse muptelâ olanlar), being tobacco addict, *teza'zu-i dimağ* (traumatic head injuries), *infiâlât-i nefsâniye* (emotional and personality disorders). In addition, although mental diseases were investigated as head diseases, few mental illnesses were studied under other physical illnesses categories instead of being studied under the head diseases category. These diseases were "*ih̄tinak-i rahm*" (hysteria), "*hafakan*" or "*yürek oynaması*" (anxiety), "*şehvetü'l kelbiyye*" or "*köpek gibi iştahlı olmak*" (obesity), "*noksanü'l-şehvet*" (lack of appetite) and some other psychosomatic illnesses and sexual diseases.

Although it is too early to come to a conclusion one might say that in the classification, Mukbilzâde used multilingual terminology relying on Persian, Arabic and Turkish as well which might pinpoint the plurality of traditions inherited. In that regard one can observe the very existence of a medical heritage accumulated considerable knowledge on psychiatry, neurology, psychosomatics, and personality disorders. Excessive emotions such as fear, sadness were presented as causes of the illnesses and yet love was portrayed as a separate mental illness. Moreover the head (and not the heart) was most possibly seen as the center since all were situated under the category of "head diseases". Yet the very existence of some mental diseases which were classified as separate categories or situated under different categories seems confusing. Nevertheless it is undeniable that Ottoman doctors of the fifteenth century had a considerable understanding on the very existence of variety of mental diseases.

The Treatment

Foods and beverages were seen as both therapeutic and preventive tools, thus a healthy regimen was used as first course of action. Since Ottoman medicine was largely relied on humoralism, (after the diagnosis and detection of the possible excessive humour); specific foods, beverages, doughy pastes, syrups having the healing quality were given to the patients. Moreover drawing the blood, disgorging, bloodletting, sweating, and medication usually of vegetable origin were amongst the remedies.¹³³

¹³³ Sarı, Akgün, Türk Tarihinde Psikiyatriye Bakış, p. 10

Fomentation (particularly to the head), compress, bandaging, cauterization, cupping and massage with various oils also used for the treatment.¹³⁴ Yet most dramatic treatment might be seen as beating of the deranged.¹³⁵

The mentally ill in the empire received treatment in several fields such as, home, religious institutions (dervish lodges, mosques, monasteries), and hospitals called *Darüşşifa* or *bimarhane*. Medical care and treatment were usually given by the family, and it was akin to the prime agent in distributing medical care. Obviously low capacity of institutional treatment was another reason. Family here is used as non-strangers, which is beyond the blood or marriage ties. It includes those who are close friends, companions, and associates from work or religious order.¹³⁶ Although we do not know much about the familial care, still we know about the very existence of variety of popular medical techniques. Thus one can assume the deranged could receive certain kinds of treatments offered by popular practitioners and private physicians, afforded by family members.

Although we do not have sufficient quantitative and qualitative information on mental treatment in dervish lodges, existing sources reveal that there were some dervish lodges offering treatment to the demented. Two of which were the dervish lodge of Karacaahmet who lived circa the fourteenth century and dervish lodge of Pir Sultan (d.1545) in Isparta. Karacaahmet, his son and grandchildren founded a dervish lodge serving like an insane asylum and cured the deranged for centuries¹³⁷. Similarly Pir Sultan arranged a room in the lodge for the insane with a column to which the patient was tied.¹³⁸ Primarily those in outburst were welcomed and those stayed calm were left to familial care. For the treatment they were confined at a room sitting alone for a period having their hands tied, special regimen with some special syrup was enforced,

¹³⁴ Dols, *Majnun*, 132

¹³⁵ Dols, *Majnun*, 132

¹³⁶ Shefer- Mossensohn, *Ottoman Medicine*, p. 121

¹³⁷ Baki, Edip Ali: *Eski Bir Halk Hekimi: Karacaahmet ve Delileri Tedavi Yurdu*, İstanbul, Milli Mecmua Basımevi, 1947

¹³⁸ As Sarı quoted Nuri Katircioğlu: *Bütün Isparta-1958*.
http://www.ispartaya.com/kutuphane/bütün_isparta_1958.pdf

sacred water was given to drink and bath. Female patients were also welcomed to Karacaahmet dervish lodge.

On the religious institutions Mazhar Osman provided considerable information. He mentioned about the very existing religious institutions such as dervish lodges in Anatolia and Istanbul up until the closure of dervish lodges in 1925.¹³⁹ He also informed that the demented in the Prince Islands of Istanbul were confined in monasteries for many centuries.¹⁴⁰ He also mentioned that he was told that several mosques contained rooms for the demented such as *Rüstem Paşa camii*, though he did not give the detailed information on the number of these mosques and their names.¹⁴¹ Yalçiner and Hanoğlu also mention about twelve small mosques containing minor *bimarhanes* (“*küçük tımarhanecikler*”) in Istanbul though they also did not give specific information both on the sources that they rely, and on the names of these small *bimarhanes*.¹⁴² In consequence, some of local mosques most possibly hosted the demented for a period, yet we do not know about the specifications such as when, where, by whom, and for what purpose this took place. Likewise one cannot be sure about whether or not the demented were received treatment or simply confined in each and every religious institutions. Still confinement was not necessarily subjugated to government decision, rather religious institutions and residential members played important roles as well.

Ottoman hospitals offered institutional treatment for many centuries. Although *Bimarhane* in modern usages means mental asylum, *Darıüşşifas* and *bimarhanes* were founded to serve patients suffered from both mental and physical diseases jointly up until the nineteenth century during which some of existing hospitals turned into mental asylums. The circumstances of the nineteenth century hospitals were rather known and will be mentioned later. Though there has been a controversy on that of prior to the nineteenth century. Yet one could gather certain amount of information and make an ostensible portrayal.

¹³⁹ Mazhar Osman Usman, *Tababet-i Ruhiye*, İstanbul: İstanbul Kader Basımevi, 1941, p. 55

¹⁴⁰ *Ibid*, p.5

¹⁴¹ *Ibid*, p.61

¹⁴² Yalçiner, Betül and Lütfü Hanoğlu, *İç Bahçe: Toprası'ndan Bakırköy'e Akıl Hastanesi*, İstanbul, Okyanus Yayın, 2001, p.11

Mazhar Osman relying on Libert's account argued that the demented received treatment first in *Fatih Dariüşşifa*.¹⁴³ Evliya's account on *Fatih Dariüşşifa* rather admires the facilities of the hospital in which patients were given all sorts of comfort and food.¹⁴⁴ From then on the demented received treatment in major hospitals such as *Edirne Dariüşşifa*, *Manisa Hafza Sultan Bimarhane*, *Haseki Dariüşşifa*, (which in the beginning was founded to serve for the demented females but then males were welcomed as well), *Süleymaniye Dariüşşifa*, *Toptaşı Atık Valide Bimarhane*, *Sultan Ahmed Dariüşşifa*. According to Mazhar Osman, *the Süleymaniye Dariüşşifa* was the most effective mental hospital which "functioned as the madhouse of Turkey for centuries" up until the last quarter of the nineteenth century.

The hospitals were generally placed at the center of the major cities near the social institutions (apart from *Edirne Dariüşşifa* which was rather outside the city) and this enabled the contact between patients and healthy inhabitants to an extent.¹⁴⁵ As Evliya mentioned that even the people of Edirne went to see the demented in the local hospital in the seventeenth century since it was thought to be beneficial for the demented.¹⁴⁶ Dols also argued that family and friends could sometimes visit the patients.¹⁴⁷

Ottomans attributed importance to the cleanliness and beauty of the hospital environment since "disease associated with dirt and filth, health with cleanliness and harmony."¹⁴⁸ Hospitals in which sweepers and cleaners were working; were filled with gardens promoting well being and assumed to be promoters of well being and therapy. Beside thin and thick walls, gardens functioned as barriers as well.

Hospitals facilitated certain different therapeutics such as music, water and pure air. Music therapy was used as both preventive and therapeutic tool in the hospitals and it was thought to be a model for human balance both in Greek and Muslim medicines. It

¹⁴³ Mazhar Osman Usman, *Tababet-i Ruhiye*, p.57

¹⁴⁴ Mazhar Osman Uzman, *Tababet-i Ruhiye*, p.56

¹⁴⁵ Shefer-Mossensohn, *The Ottoman Medicine*, p.158

¹⁴⁶ As Evliya quoted in Shefer-Mossensohn, *The Ottoman Medicine*, p.158

¹⁴⁷ Dols, *Majnun*, 172

¹⁴⁸ *Ibid*, p.158

was thought to have a power to put the world into harmony and likewise to have a power to retain and reestablish harmony of integrated human body.¹⁴⁹ Professional musicians were employed in Ottoman hospitals especially for the treatment of the insane such as the hospitals of Bayezid II in Edirne and Mehmet II in Istanbul as Evliya Çelebi's account reflected.¹⁵⁰ Not the quality of music but the therapeutic value mattered in the hospitals. Water was used as a therapeutic tool as well apart from being used for general hygiene. Water was thought to restore humoral equilibrium for patients suffering from dry symptoms. Pure air as well was used as a treatment method and the hospital of Sultan Ahmed was primarily dedicated to the treatment of the insane due to purity of its air.¹⁵¹ According to Shefer-Mossensohn religious devotion was also believed to have a healing power. Ottoman hospitals were situated together with central mosques in grand imperial complexes. Religion was present in and around the institution; hence for her religious practices were amongst the hospital therapeutics in a non-formal way.¹⁵² Amulets consisted of sacred sayings and verses of Quran were also widely used.

The Demented at the Hospitals

Some rooms are heated in the winter according to the nature of the sick; they lay in beds provided with ample blankets and rest themselves on silk pillows, and moan and groan. In the spring at the times of madness, those from the city who are lovesick and melancholic are put into some of the rooms. Those brought to the asylum by the police are restrained and fettered by gilded and silver chains around their necks. Each one roars and sleeps like a lion in his lair. Some fix their eyes on the pool and fountain and repeat the words like a begging dervish. And some doze in rosegarden, grape orchards and fruit orchards... sing with the unmelodious voice of the mad.¹⁵³

¹⁴⁹ Ibid, p.88

¹⁵⁰ Ibid, p.73

¹⁵¹ Dols, *Majnun*, p.126

¹⁵² Shefer- Mossensohn, *The Ottoman Medicine*, p. 88

¹⁵³ A.Süheyl Ünver, Four Medical Vignettes from Turkey, *International Record of Medicine*, 171,1985, pp.52-7

Evliya's account on *Edirne Darüşşifa* presented an important depiction. Here Evliya again emphasized the facilities of the hospital providing heating, ample blankets, silk pillows, gilded and silver chains, rosegarden, grape and fruit orchards. This shows the very existence of heating, garden and chains; though the materials that they claimed to be made of such as silk, gilded and silver, and portrayal of rosegarden and orchards might not be taken at face values. If one considers his depiction as wishful thinking, then it still pinpoints the idea that beauty of the hospital environment was highly mattered.

Hospitals were mostly open to the insane who were usually seriously disturbed individuals and harmful to themselves or to others.¹⁵⁴ Sarı and Akgün relying on a judiciary record of the seventeenth century argue that confinement was mostly practiced when the neighborhood members made complaints and when the family members did not successfully prove that they could care the demented, before the judge.¹⁵⁵ Yet one striking and highly unanswered question might be on what "disturbance" meant for the Ottomans. In other words what sort of actions were evaluated as "dangerous", disturbing others and harmful to the self was highly blurry. Still one can speculate that confinement might be rather related with being considered as harmful and the need for institutional treatment was acknowledged in accordance with the limit of being dangerous. Shefer-Mossensohn relying on again Evliya's accounts argued that many madmen in Istanbul roamed the streets, freely, wandered naked, danced, frightened Jewish mourners. Some performed improper sexual, social, religious behaviors and not faced with confinement.¹⁵⁶ Noticeably they were not considered dangerous for others and themselves, thus tolerated. Yet as above mentioned quotation reflected "love fools" of Edirne were considered as harmful and confined by police force. Then what were the explicit criteria determining the norms of being confined and not confined; if they existed? Still one could assume that disturbing others or the self could be seen as the primary criteria yet what they meant for disturbance might still be blurry. On top of that and may be more importantly, being seen as mad was not necessitate to be confined unless the demented embodied danger, and unless they had families to control them.

¹⁵⁴ Dols, *Majnun*, p.128

¹⁵⁵ Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 15

¹⁵⁶ Shefer- Mossensohn, *The Ottoman Medicine*, p. 140

Another interesting point might be about the temporariness, as Evliya depicted as “in the spring at the times of madness”. Spring was considered as a period boosting the number of the demented. One related point might be “madness and physical illness catalogued a person as ‘other’ only temporarily: once people recuperated and left the hospital, the ex-patients were once again equal members of the majority group in the Ottoman society, the healthy.”¹⁵⁷ Here what Shefer-Mossensohn argues is quite thought provoking. Although it is rather impossible to really know whether or not they were seen as “equal”, since it was more of a subjective issue thereafter hard to be documented, still the very existence of a possibility of release and of integration to society, renders madness as no more of a curse following one throughout a whole life. Thus madness was seen as something treatable, if not at least controllable. Similarly madness (*cünun*) was categorized into two different categories as “*cünun-ı mutabık*” and “*cünun-ı gayrı mutabık*” meaning reversible madness and irreversible madness.¹⁵⁸ In Islamic law, the deranged individual deprived of reason is unable to take judicial acts (which is called “*gayr-ı mümeyyiz*”) thus has no penal liability except for the times of lucidity. At this juncture, when one regains his/her lucidity, he or she can retake judicial liability. In that regard the curse of being mad and thus expelled could be reversible, and even temporary. Confinement was not necessarily permanent, thus might be seen as action based instead of being subject based. Once the action such as disturbing others was solved; the individual, could participate in to the social harmony again. This might be seen as an example of the integrative mechanism over the demented.

Regarding with hospital conditions another passage from Evliya might be helpful. Evliya mentioned about the “keepers at the hospitals for the insane” in his account on guilds in Istanbul in 1670’s showing the very existence of special employees controlling the insane.

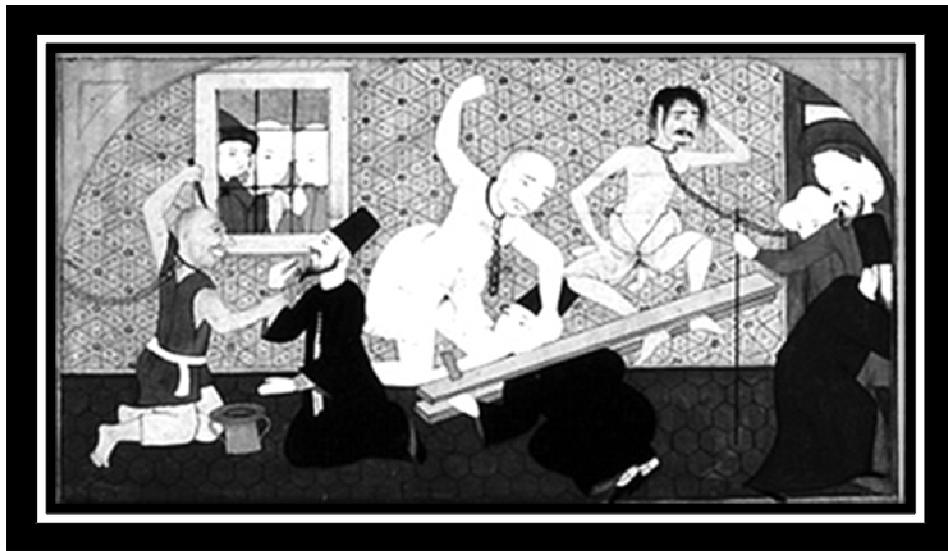
Two hundred keepers of bedlams (*tımarkhaneh*) of Constantinople, at the public procession, lead from two to three hundred madmen in golden and silver chains. Some of the keepers carry bottles in their hands from which they give medicines to the madman, while others beat or box the fools to keep them in order. Some of them are naked, some cry, some laugh, some swear and some attack their keepers,

¹⁵⁷ Shefer- Mossensohn, *The Ottoman Medicine*, p 147

¹⁵⁸ H. F. Kumanlıoğlu: “Cinnet” in *Şamil İslam Ansiklopedisi*. Şamil Yayınları.

which puts the spectators of flight. If I were to describe all at fits of the madmen and fools on such a day of public procession, I should fill a book.¹⁵⁹

Here the demented were not portrayed as simply in the middle of facilities, but rather the ones were chained, beaten, boxed and also quite dangerous causing the keepers running away from a chaotic environment. Thereby the passage connotes the hardship of controlling these dangerous subjects and more importantly shows the very existence of violent control mechanisms such as beating and chaining. The notion of dangerous madmen who were hardly being controlled was a common phenomenon as an early seventeenth century miniature depicts. It is part of an album *muraqqa* assembled for Ahmet I; shows a hospital room in which three chained madmen are in frenzy.



All three madmen are shackled by their necks to the walls; two of them are bounded by their feet to a wood stock. Physicians are depicted as in physical danger, since one patient threatens them with a knife, the other patient holds down a physician. Three young men look in at the scene showing astonished expressions such as raising their fingers to their mouths through a window.

The miniature could be interpreted through multiple ways. On the very same miniature Nil Sarı and Akgün highlight the patience of the physicians.¹⁶⁰ Dols highlighted the “violent” madmen whose naked appearance is seen as a sign of

¹⁵⁹ As Dols quoted, Evliya Efendi, narrative of travels, 118-19

¹⁶⁰ Sarı, Akgün, Türk Tarihinde Psikiyatriye Bakış, p. 13

madness.¹⁶¹ Apparently madmen are depicted as violent, who try to take charge of the situation; whereas physicians do not show any sign of anger or violence. Shefer-Mossensohn on the same miniature highlights the accessibility of hospitals to the healthy “The picture hints that it was possible - or at least deemed possible – for a healthy person to peep into a hospital building”¹⁶² which is quite important. Hospitals might not be seen as that much isolated, so that outsiders could know about the inside to an extent.

Obviously to what extent the miniature (which is probably the only Ottoman one depicting a hospital room¹⁶³) should be taken at face value is controversial; since it does not offer for certainty. Yet it offers a room for interpretation. In that regard the points that Sarı and Akgün, Dols and Shefer-Mossensohn highlight are quite weighty. On the patience of the physicians one could add the fact that one of them is depicted as in a frightened gesture, turning around and closing his face. In that regard one could see how frightened the physician is depicted, that is beyond the patience. The chaotic environment and the danger of the madmen are vividly illustrated. Although madmen are depicted as the subjects of the violence in a sense that they threaten the physicians; they might be also interpreted as the objects of violence as well. Since they are the ones chained and bounded in a wood stock; still somehow they depicted as the ones take the charge of the control. One striking question might be on the reason to show the violence embodied by patients and not by physicians or keepers. Obviously it would be bizarre to argue that mental hospital was controlled by violent and omnipotent madmen. Yet the image of violent, dangerous and mysterious madmen seemed present at least in the imagination of the depicter. This image would be limited to those mads who had to be confined, thus might not include those living in the quarters without embodying a threat.

How the demented behaved was a controversial issue. As Haseki and Atık Valide pious deeds reflected the attitude of the medical personnel were mattered. In the deeds medical personnel were supposed to behave kind, smiling, compassionate, father alike towards the patients.¹⁶⁴ In addition the pious deed of Edirne Darüşşifa was

¹⁶¹ Dols, *Majnun*, p. 130

¹⁶² Shefer-Mossensohn, *The Ottoman Medicine*, p. 169

¹⁶³ *Ibid*, p.169

¹⁶⁴ Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 8

particularly mentioned about the responsibilities of the keepers of the hospital towards the demented. Keepers called as *kayyum* were expected to be enduring with the young and aggressive madmen, and to look after them appropriately.¹⁶⁵ A deed of Suleymanive Darüşşifa defined the responsibility of *kayyums* as serving, controlling the madmen; and being tolerant towards their unpleasant behaviors.¹⁶⁶ This shows the very existence of the expectation from the keepers, though assuming that *kayyums* did adopt a tolerant attitude towards the demented would be speculative. Per contra one could speculate that the very existence of an order might pinpoint the imperfection of tolerant attitude which urged authorities to make some regulations since it is known that madmen were beaten and chained. In a nutshell both interpretations would be speculative. Thus neither one sided totally humanitarian nor totally inhumane / oppressive depictions would be fitting. Still it is safe to argue that state attempted to conduct “appropriate” treatment.

Islamic Greater Tolerance...?

One last remark would be on the question of how madmen were perceived and how they behaved in society. Since the question is rather associated with social life, which has been hardly documented, answer might be adhered to the interpretation. Still the argument that Islamic societies and Ottoman society showed greater tolerance towards the demented seems preponderant. The argument is largely relied on the traveler accounts and assumingly Ottoman low ratio of confinement. The argument has a comparative perspective between European demonology, witchcraft, confinement; and Islamic societies. In that regard Ottoman Empire’s similar to other Islamic societies’ “more humane” attitude towards the demented were portrayed both inside and outside of hospital.

Michael Dols’s book *Majnun: The Madman in Medieval Islamic Society* is a momentous enterprise in the way he implemented social history of medicine and he portrayed madness as a component of culture. Though the book has been criticized for

¹⁶⁵ Ibid, p.8

¹⁶⁶ Ibid.

many reasons and some of these criticisms were already touched upon in the literature review. One example might be Shoshan's criticism of Dols for using evidences dubiously in order to underscore the supposed Islamic tolerance.¹⁶⁷ Here rather the assertive depiction that he and successor scholars adopted will be studied. Michael Dols in his work offered a rather romantic view of insanity and depicted Islamic madmen surrounded by a tolerant society offering protection. His madman was slightly different from a holy fool, a divine creature having wisdom. His insanity was largely an outcome of Muslim religiosity and plural perceptions of insanity. According to him "The lack of a unitive view of insanity surely allowed greater social tolerance of the mentally afflicted."¹⁶⁸ Thus he was certain about the "greater social tolerance". His concluding remarks are more thought provoking.

As we have seen, the madman in medieval society could be a man not without honour. This positive or more humane view of the madman was facilitated, on the one hand, by the pluralism of healing, and on the other hand, by the Qur'anic view of majnun as a divinely enthused and imperative of personal charity to the infirm.

Obviously Dols worked on numerous primary sources such as manuscripts and traveler accounts covering medieval period to come to that conclusion; thus deserves appreciation. Though his problematic makes the topic one sided. Asking a very subjective and limited question of whether or not medieval Islamic society was "more humane" towards the demented or not might easily lead narrator to ignore the very existence of multiple dimensions and diversity. In the concluding remark he used assertive, value loaded adjectives such as "humane" and "positive" which might be seen as contrary to the essential plurality of a society. It might dictate an agenda to ignore various "inhumane" implementations. What is more the topic of Islamic society and therein the demented includes numerous dynamics, other than being humane or inhumane. Obviously Dols as well presented numerous dynamics, yet still making value loaded concluding remarks makes the narrative of "great success" as the focal point. Then again the question of "whether or not it was so humane" puts the question of "how it was" into shades. These two questions are totally different in terms of methodology.

¹⁶⁷ Boaz Shoshan, *The State and Madness in Mediaval Islam*, *Intenational Journal of Middle east Studies*, 2003, p.334

¹⁶⁸ Dols, *Majnun*, p. 476

The former is value loaded and presents either black or white depictions both of which should be far from actuality; whereas the latter provides a more descriptive approach embodying lesser judgmental and value loaded extreme poles.

Another striking question might be with which society, Islamic society was contrasted since he concluded that Islamic society was “more humane”. Given that in his piece he worked on Foucauldian great confinement theory in which early modern Europe was contended; one could assume that the comparison was between the European society and the Islamic one. Dols argued that Foucauldian idea of “great confinement” in early modern Europe was unrelated to the history of Islamic asylum.¹⁶⁹ Foucauldian argument is on early modern European confinement practices. Foucault interpreted medical institutions such as hospitals, clinics and mental asylums as more relevant to exclusion and confinement of “dangerous groups”, then medicine and health. In that regard medicine was portrayed as a social mechanism controlling and marking marginal groups. Dols’ book covers medieval period, thus might be seen as anachronistic to the extent that Dols addressed to Foucauldian theory. Yet whether or not one should talk about “the Islamic society” as a homogenous entity instead of “Islamic societies” as plural and heterogeneous entities is also controversial. Besides promoting the reason of tolerance as a religion, might again be seen as essentialism, since Islam has multiple interpretations and cultural differences. Hence this approach might narrow the limits of historical reconstruction and ignore the very existence of complexity.

Islamic societies’, in that regard Ottoman Empire’s assumingly greater social tolerance towards the demented is a highly prevalent argument especially among the Turkish academia. Turkish scholars’ tendency to adopt nationalist narrative emphasizing great successes of the Empire was already mentioned in the literature review. Here one could sense the very same agenda in the rapid reluctance to employ the argument. One could find the very existence of the argument in various short articles such as “Osmanlı’nın Mahalle Sakinleri: Mecnunlar, Deliler ve Ölüler” (Inhabitants of Ottoman Residential Areas: the Insane, the Crazy and the Dead) written by a psychiatrist Hayrettin Kara. The article is quite important in the way Kara offers an integrative approach in which psychology, social psychology and sociology are applied

¹⁶⁹ Dols, *Majnun*, pp. 128- 129

to a historical period. He builds his article on the idea that “‘Ottoman culture’ could perceive those who were considered to be witches in another contemporary culture (Europe) to be perceived as *mecnun* and place them in residential areas”.¹⁷⁰ In his short article he analyzes the demented in both the Ottoman hospitals largely relying on Evliya’s account and in residential areas namely in *mahalles* (quarter) relying on observations of Mongeri, Reşat Ekrem Koçu, and Ahmed Yüksel Özemre. As it is known, Evliya was a seventeenth century traveler and his observations were on the seventeenth century. Louis Mongeri (1818-1882) an Italian psychiatrist served as a chief physician in *Toptaşı Bimarhane* a very important figure whose observations were on the nineteenth century. Reşat Ekrem Koçu and Ahmed Yüksel Özemre were again important figures though they published their works in the twentieth century. In that regard, in the article “Ottoman culture” was portrayed as a solid, unchanging entity for almost three centuries which is debatable.

Kara’s article departs from the argument that *mecnun* who was perceived as wise, romantic fool, was welcomed by the “Ottoman culture”. He makes psychological analysis to understand the reasons of why madmen were included and tamed by the “Ottoman culture” while being excluded by that of European. His work seems indeed quite interesting and special in the way he adopts psychology. Though the genre perceiving “Ottoman culture” as a homogenous and unchanging entity; and taking the assuming Islamic or Ottoman tolerance towards the demented for granted; might be criticized. Taking “Ottoman culture” as a single, homogenous, and frozen entity might be seen as essentialism and directly ignores the very existence of dynamism and variety. Moreover Islamic/Ottoman tolerance argument is a historical argument hence should be in accordance with the methodology of history.

Here what I argue is not the point that Ottoman / Islamic culture did not adopt a tolerant attitude towards the demented. Instead I argue that pre-modern Ottoman medical institutions adopted certain more integrative mechanisms compared to modern period; and the reasons would be searched in the degree of institutionalization instead of being searched in societal attitudes. Because determining social attitude towards the

¹⁷⁰ Hayrettin Kara, Osmnalı’nın Mahalle Sakinleri: Mecnunlar, Deliler ve Ölüler (Inhabitants of Ottoman Residential Areas: the Insane, the Crazy, the Dead), Osmanlılarda Sağlık (Health in the Ottomans), ed. Coşkun Yılmaz, Necdet Yılmaz, İstanbul: Bipharma İlaç Sanayi ve Ticaret A.Ş., 2006, Vol 1., pp.197-207

demented (instead of talking strictly about documented institutional mechanisms) and using value loaded terms such as tolerant would be dangerous.

As mentioned above I rather try to explain integrative mechanisms via institutionalization instead of societal attitude. One reason for being cautious about the tolerant Islamic society argument is that, to the extent that the argument relies on the low ratio of confinement and on the idea that the demented largely lived in residential quarters, it ignores the scarcity of early modern Ottoman medical institutions in terms of the number of hospitals and medical personnel. Ottoman medical institutions served only to the limited part of the population especially until the nineteenth century. As mentioned before, Rhoads Murphy greatly illustrated that majority of the population did not utilize the benefit from medical institutions instead they were usually received treatment outside hospitals via popular medicine, familial care and private physicians. Hence it may not be so unexpected to see that the demented were usually lived in residential areas. Moreover the argument might be seen as controversial to the extent that it depends on the perception of the commoners lived in the residential quarters since it was hardly reflected in the primary sources.

On the other hand Ottoman Empire did attempt to create facilitated hospital environment as one can see in the deeds and Evliya's account. The demented was usually not subjugated to confinement unless a danger has occurred and had the possibility to be released if he or she was considered as to be cured or controlled. Thus the demented in pre-modern Empire were faced with integrative mechanisms and less state control. And the reasons for that might be related with the low level of institutionalization, instead of social attitude since talking about the latter as a monolithic entity would be dangerous.

Foucauldian theory does not rely on the existence of imposition of power upon individuals, subjugations, prohibitions and constraints. For him these techniques had been there long before. He rather defined the momentous change as the change in the way the scale, object and modality of the control; the economy and the efficiency of movement; and internal organization has transformed.¹⁷¹ Hence he did not address confinement as a practice, but rather pinpointed a change in the nature of confinement /

¹⁷¹ Foucault, Michel: *Discipline and punish: the birth of the prison*, translated from the French by Alan Sheridan, London; New York : Penguin Books, first printed in 1977, reprinted 1991, p: 136

control which required efficient organizational changes. In that regard Foucauldian argument could be inapplicable to pre-modern Ottoman Empire for two reasons. First of all, it would be ahistorical since these two covers different periods. Secondly pre-modern Ottoman institutions might not fit into Foucauldian transformed effective institutional structures. One could argue that these changes took place during the nineteenth century particularly at the center which will be studied in the coming chapter.

In a nutshell, the pre-Western Ottoman medicine employed an integrative approach in which mental health and physical health were seen as a whole. As Mukbilzade's classification has shown, there was a considerable accumulation of knowledge on mental illnesses in the fifteenth century. In addition to giving special foods, beverages, doughy pastes syrups; practices such as disgorging, bloodletting, cauterization, fomentation, as well as physical measures like beating and chaining were used for treatment. The demented were treated and controlled at home, religious institutions and hospitals. Hospitals offered multiple facilities such as water, music therapy and pure air.

In pre-modern Ottoman Empire the demented were mostly a part of integrative mechanisms for certain reasons. Mental asylums were less isolated places with regard to the visitors' access and location. Confinement was practiced mostly when the demented was seen as dangerous by the neighborhood members and when the family members could not prove that they could provide care for the demented. State institutions were not the only agents performing confinement. Healed patients were mostly allowed to be released and madness was not necessarily considered to be a life time illness. Thus in terms of institutional control and confinement practices, pre-modern Ottoman medicine employed more integrative mechanisms and less state control compared to modern period which will be studied in the coming chapter.

CHAPTER IV

MENTAL HOSPITALS IN THE LATE OTTOMAN EMPIRE WITH RESPECT TO MODERNIZATION, CONFINEMENT AND GROWING STATE CONTROL

Late Ottoman medical history is more or less described as a deterioration of the previously efficient pre-Western (medieval and early modern) institutional mechanisms. In that respect, the previous centuries are narrated in a celebrated manner while the later periods are depicted in terms of institutional deterioration. The nineteenth and early twentieth century accounts on the topic reflect two main points: pre-Western hospitals had vastly declined and therein the demented were subjected to very poor conditions; however, the subsequent increase in state control over the demented took place via modernization. In that regard this chapter is intended firstly to provide different accounts of this deterioration discourse, secondly to portray the growing state control over the demented being intensified by the process of modernization, and thirdly to discuss the degree of state control. The regulation of 1876 as well as the situation of the demented in state asylums of Istanbul, either in the *Süleymaniye Darüşşifa* or in the *Toptaşı Bimarhane*, will be used to discuss the modernist approach. Afterwards bits and pieces of information concerning two other state asylums, namely the *Edirne Darüşşifa* and the *Manisa Bimarhane*, will be used with the purpose of comparisons with the institutions in Istanbul and the provinces. In a nutshell it is argued that firstly, late Ottoman mental asylums in fact had become corrupted, secondly, the Ottoman administration did employ more effective state mechanisms to supervise demented people mainly in Istanbul, and thirdly, two other state mental asylums of the Empire located in provincial towns might show that the modernization and growing state control were not experienced homogenously throughout the Empire. Hence it is aimed in this chapter to argue that major efforts were made to increase state control over mental asylums in the late nineteenth and early twentieth centuries, though this control was not experienced to the same extent outside the imperial capital.

During the nineteenth century, certain *darüşşifas* were converted into asylums such as the *Süleymaniye Darüşşifa*, the *Manisa Hafza Sultan Bimarhane*, the *Edirne Darüşşifa* and the *Toptaşı Atık Valide Bimarhane*.¹⁷² Among them, the *Süleymaniye Darüşşifa* functioned as the primary mental asylum until 1873. In 1873 *Süleymaniye Darüşşifa* was closed down due to an epidemic outbreak and patients were transferred to the *Toptaşı Atık Valide Bimarhane* which from then onwards served as the primary mental asylum between 1873 and 1927.¹⁷³ In 1927, due to space problems, the patients of the *Toptaşı Bimarhane* were transferred to *Reşadiye Kışlası* which was later called Bakırköy Psychiatric Hospital. The *Edirne Darüşşifa* served as a mental asylum until 1915 (except the period between 1883 and 1893 when patients were transferred to the *Toptaşı Bimarhane*) when it was closed down.¹⁷⁴ On the other hand, the *Manisa Bimarhane* continued serving but rather in a mislaid position until 1926. In 1926 two new mental asylums containing 50 beds were founded in Manisa and Elazığ by the Republican government, and the former *Manisa Bimarhane* was closed. Hence during the first three quarters of the nineteenth century, major mental asylums were the *Süleymaniye Darüşşifa*, the *Manisa Bimarhane* and the *Edirne Darüşşifa*. From then on the *Toptaşı Bimarhane*, the *Edirne Darüşşifa* and the *Manisa Bimarhane* served as mental asylums. In the early years of the Republic, there were three “newly” founded hospitals at Bakırköy (İstanbul), in Manisa and in Elazığ.

IV.1: Growing State Control: The demented in Istanbul from *Süleymaniye Darüşşifa* to *Toptaşı Bimarhane*

The Süleymaniye Darüşşifa functioned as the primary mental asylum up until 1873. In 1873 the *Süleymaniye Darüşşifa* was closed down due to an epidemic and patients were transferred to *Toptaşı Atık Valide Bimarhane*.¹⁷⁵ Between 1873 and 1927

¹⁷² Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 14

¹⁷³ Mazhar Osman Usman, *Tababeti Ruhiye*, p.45

¹⁷⁴ Nilüfer Gökçe, 19. Yüzyılın Sonlarında, Edirne Sultan II. Bayezid Darüşşifası'nın Durumu, *T Klin Tıp Etiği Hukuku- Tarihi*, 2002, 10, 26-33, p.28

¹⁷⁵ *Toptaşı Atık Valide Bimarhane* was transferred in to a barrack for Nizam-ı Cedid and Asakir-i Mansure-i Muhammediye armies, abandoned for a period and later in 1864 turned in to a hospital again

Toptaşı Bimarhane served as the primary mental hospital of Istanbul. Hence these institutions might be interpreted rather as successive institutions of Istanbul upon which institutional modernization was implemented by innovative physicians such as Louis Mongeri and Mazhar Osman. Moreover, the *Toptaşı Bimarhane* in particular greatly exemplified the growing state control over the demented.

Mazhar Osman's "*Tababeti Ruhiye*" constitutes a major account on the *Toptaşı Bimarhane*. Mazhar Osman¹⁷⁶ one of the founders of first modern mental hospital in the Republican Turkey in 1927, graduated from the Military Medical School in 1904. Thus he presented both what "he was told" by the former generations and what he observed as an active participant of the transformation period. Since he started working at *Toptaşı Bimarhane* in 1920, his observations are related largely on *Süleymaniye* and *Toptaşı*. Hence one should be cautious before making generalizations since the two other mental asylums in Edirne and Manisa were remained mostly silent. Mazhar Osman after showing his admiration towards the golden ages of the medical institutions, complained about its change for worse because of the negligence. His observations departed from the argument that mental asylums had been severely deteriorated and innovative physicians starting with Mongeri and his successors such as Mazhar Osman spent great efforts to upgrade the hospital conditions and to implement the modernization movement.

One example might be John Howard's article "*Etat des Prisons, des hopitaux et des maisons de force*" written in 1788 and narrated by Mazhar Osman in which Howard reported the worsening of the mental hospitals which had been constructed as fascinating buildings.¹⁷⁷ Similarly Mazhar Osman cited Delasiauve's account who showed his sorrow about degradation of that glory due to poverty and attitude: "These glorious buildings were turned into wrecks; either totally abandoned or served for

due to epidemic, then again used as storage up until 1873. Between 1873 and 1927 it was used as a mental asylum.

¹⁷⁶ Mazhar Osman Usman (1884-1951) was a one of the founders of the psychiatry, neurology and psychology in Turkey who was educated in Military Medical School. He served at Gülhane Military Medical Hospital, Haseki Hospital, Haydarpaşa Military Hospital, Istanbul University. He was one of the founders of Bakırköy Mental Hospital. He also offered numerous articles and books on the discipline such as *Tababet-i Ruhiye*, *Sihhat Almanaki*, *Psychiatri* and *Keyif Veren Zehirler*.

¹⁷⁷ Mazhar Osman Usman, *Tababeti Ruhiye*, p. 58

purposes other than being hospitals”.¹⁷⁸ Mazhar Osman also reported an interesting account that he was told though did not give credit and verify via documents. According to the account, wild animals and the demented were placed under the same roof, and treated the same way. Moreover, the demented and wild animals in a cage were shown to public. Still it might be safe to argue that the image of the demented under miserable conditions was promoted.¹⁷⁹ Godel as well was cited who visited the hospital in 1835 and complaint about the dirt and malodor.

The period between 1857 and 1882 was marked with Louis Mongeri’s success and endeavor.¹⁸⁰ It was seen as a commencement of modernization thus a turning point, since the deterioration of *darüşşifa* conditions was no longer ignored. Louis Mongeri (1818-1882) who was an Italian physician who took refuge to the Empire in 1848, started to work at *Süleymaniye Darüşşifa* in 1857 as a physician. Although the date of his appointment as the chief physician was not known exactly, *Süleymaniye Annual* indicated that he was already titled as the chief physician in 1860.¹⁸¹ Mongeri was named as “the Pinel of Turks” since he was supposed to eradicate chaining and beating of the demented.¹⁸² Mongeri also played important roles in the foundation of *Cemiyet-i Tıbbiye-i Şahane* which was originally named as “*Société Impériale de Médecine de Constantinople*” and their publication of medical journal *Gazete Médicale d’Orient*. He spent great effort to enhance the hospital facilities and structure though he was obviously not unaccompanied. In 1879 personnel in *Toptaşı Bimarhane* were as follows: physician Mongeri, physician Castro, physician Manuk Agasi Efendi, surgeon Hacı Süleyman Efendi, manager Osman Ağa, secretary Tahir Efendi, İmam Hasan Efendi, pharmacist Mösyö Yanko, and officers.¹⁸³

¹⁷⁸ “Bu kadar haşmetin inhisafa uğramasına teessüf etmemek elden gelmez. Bu güzel binalar tutum ve parasızlıktan harabeye dönmüş ya büsbütün metruk bir halde kalmış, yahut maksattan gayrı işe hasredilmiş.” (My translation), Mazhar Osman Usman, *Tababeti Ruhiye*, p.60

¹⁷⁹ *Ibid*, p.60

¹⁸⁰ Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 14

¹⁸¹ Ayten Altıntaş, *Üsküdar’da Bir Akıl Hastanesi (Toptaşı Bimarhanesi 1873-1927)*, *Üsküdar Sempozyumu I V* 391-412, p.396

¹⁸² Philippe Pinel (1745-1826) was a “French physician who pioneered in the humane treatment of the mentally ill.” *Encyclopedia Britannica* (online), Britannica Advanced Publishing, Inc., Chicago, IL, 1994-2000, “Philippe Pinel”

¹⁸³ Ayten Altıntaş, *Üsküdar’da Bir Akıl Hastanesi (Toptaşı Bimarhanesi 1873-1927)*, p.396

He implemented a series of modifications, one of which was the transference of patients from *Süleymaniye Darüşşifa* to *Toptaşı Atık Valide Bimarhane*. Mongeri depicted the process of transformation and highlighted poor circumstances of *Süleymaniye Bimarhane* in which not even the basic needs such as food, water, air and shelter were satisfied.

Süleymaniye Bimarhane could contain only 100 or 130 patients. During this time 375 patients (198 male) were given shelter. Foods were in short of fresh vegetables and meats. Even water was not enough for using and drinking. The number of patients was increasing day after day, and the air became not breathable. Then I was informed that two patients suddenly died. On the 27th of the month 3 and on the 29th 10 cases were seen. In eight days we see 39 cases, 29 of them died. Then patients were transported to a better place where I was requesting to be allocated. After all the patients were cleaned, we moved away to *Toptaşı*.¹⁸⁴

Mongeri was inspired by 1838 French code and prepared a proposal of a regulation concerning the demented and it was passed into law on 15 March 1876. The code brought about significant police control on confinement. Moreover *bimarhanes* which had been formerly regulated by chief physicians and *Mekteb-i Tıbbiye* (School of Medicine) were reformulated under the responsibility of *Umur-ı Tıbbiye* (Medical Affairs) and *Zaptiye Nezareti* (Ministry of Police) in order to inhibit possible arbitrary confinements done by “only” non-muslims.¹⁸⁵ The regulation containing 22 articles evidently put conditions for confinement practices; for foundation and organization of *bimarhanes*. First and the third articles concerned the locality and size, and entailed

¹⁸⁴“Süleymaniye bimârhânesi ancak 100-130 kadar hasta alabilecek kapasitedeydi. Bu tarihte 198’i erkek olmak üzere 375 deli barınıyordu. Besin taze sebze ve etten mürekkepti. Geceleri açık havada yatmayı itiyat edinmişlerdi. Soğuk havalarda odalarda izdiham had safhada idi. Su kullanmak için değil içmek için bile kâfi değildi. Hastanın sayısı her geçen gün artıyordu, bimârhânenin havası teneffüs edilemez hale geliyordu. İki hastanın ani ölüm haberini aldım. Ayın 27’sinde 3 vaka, 29’unda 10 vaka görüldü. 8 gün içinde 29’u ölümlerle neticelenen 39 vaka görülmüştü. Hastaların daha iyi bir yere taşınması gerçekleşti, uzun zamandır istediğim yeri bana tahsis ettiler, bütün delileri yıkayıp temizlettikten sonra Toptaşı’na taşındık.” (My translation) As Sarı and Akgün quoted, Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 14

¹⁸⁵The code explicitly deemed non-muslim institutions responsible. “Dersaadette Toptaşı darüşşifasından başka yerlerde gayrı Müslim milletlerin hastanelerinde eskiden beri reis-i ruhaniyyeleri tarafından verilen ruhsat üzerine mecânin kabul edilmekte ise de bu usul pek çok suiistimallere sebep olmuş; bundan böyle Dersaadette (İstanbul’da) ve taşralarda bulunan veya inşa edilecek olan bilcümle şifahane ve hastanelerin düzeni için bu nizamname Sertabib Mösyö Mongeri tarafından kaleme alınmış...” Osman Nuri Ergin, *Mecelle-i Umûr-ı Beleddiyye*, İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları No.21. İstanbul 1995, V.6, p.3377. Sarı and Akgün as well stated that Turk and Muslim society never had such a problem. Though whether or not one should take the code at face value and make such an assertive statement might be controversial. See Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, v.6, p. 15

license.¹⁸⁶ The second article related to the procedure of confinement: “When a demented is seen and when his or her family is required to tie him or her, the government has to be informed. The demented is going to be examined by two physicians one is appointed by the police and the other is appointed by the family.”¹⁸⁷ This article might be interpreted as a way making confinement easier since a complaint about the demented was no longer needed. According to Sarı and Akgün “this article means that the demented could be forcefully taken away to the *bimarhane* without a complaint”.¹⁸⁸ The confinement practice according to the article started by an individual who saw the demented needed to be tied. Here the concern might be interpreted as solely being a mad in the need of being tied and whether or not there was a complaint was no longer a concern. What determined that s/he had to be tied was no longer conditional to whether or not s/he was harmful to self or others. Moreover, the article clearly showed that a demented in the need of being tied was no longer an element of private sphere since his / her family was required to inform the state mechanisms of his / her illness. Thus, a problem which was formerly seen as related with the private sphere, turned into a problem directly related to the state mechanisms. In that regard, one could argue that a former untouched private practice was intended to be regulated under the direct control of the state mechanisms.

The forth article was about the patient admissions. The fifth article was related with the procedure on the demented sent from the provinces. The seventh article was on in what ways the demented has to be incarcerated. According to the article the confinement practice was directly related with the government decision, yet in provinces the council of elders and a physician were given the responsibility to decide on whether or not there confinement was needed. This might show that the Empire acknowledged the lack of required mechanisms to enhance state control, and under these circumstances, neighborhoods were still power holders. In that regard, one could argue that state control did not subjugate individuals homogenously due to

¹⁸⁶ Osman Nuri Ergin, *Mecelle-i Umur-u Belediyye*, p.3373

¹⁸⁷ “Hanelerde bir mecnun zuhur edip familyası bağlamaya mecbur olduğu halde bağlanıp akiben hükümete ihbar ile kaide-i mezuasına tatbiken muayene ettirelecek ve o misüllü haber edilen mecinan biri zabıta tarafından ve bir de familyası caninden iki tabip tayiniyle muayene olunacaktır.” Osman Nuri Ergin. “*Mecelle-i Umur-u Beleddiyye*”. v. 6, p.3373

¹⁸⁸ Sarı, Akgün, *Türk Tarihinde Psikiyatriye Bakış*, p. 16

organizational shortages. The tenth, fifteenth, sixteenth and seventeenth articles determined the ways of being released. The nineteenth article necessitated keeping statistical records.¹⁸⁹

According to Sarı and Akgün this regulation showed that the demented and criminals were behaved the same.¹⁹⁰ If not, one could evidently argue that state directly intervened into mentally ill persons' way of existence in the society and intended to impose control upon them. Moreover state for the first time delineated in what ways confinement practices had to be implemented and the demented had to be behaved. At this juncture one could argue that the Empire attempted to establish efficient internal organizations which were required for the modern disciplinary mechanisms.

During the following years partially because of the 1876 Regulation, the number of patients was radically increased. Up until 1893 when incoming patients were not accepted by the government decision due to epidemic, a significant number of patients from Anatolia was sent to *Toptaşı* causing crowdedness. Mazhar Osman narrated observations of journalist Ritti working for a French journal *Dèbat* on the period. According to Ritti, patients were still under poor and miserable conditions and did not receive health and treatment. For him hospital bed capacity was 150, though it was occupied by 620 patients, 450 male and 170 female. In response physician Castro stated that the number of patients was indeed 600, largely because the deranged outside of Istanbul were transported to the hospital and non-muslim mental hospitals did not accept new patients. According to him only 114 of 600 patients were from İstanbul.

During the reign of Abdülhamit II, *Toptaşı Bimarhane* and the demented were subjected to strict control. Usages of certain words connoting or basically meaning the insanity (and the insane) were prohibited such as *deli*, *mecnun*, *cinnet*.¹⁹¹ Patients' entrance and release were controlled by Ministry of Police. Likewise visitors' access to the hospital depended upon Sultan's approval thus was severely restrained.¹⁹² Kraepelin for example was not allowed to see the interior. The period between 1893 and 1908 was

¹⁸⁹ Osman Nuri Ergin. "*Mecelle-i Umur-u Beleddiyye*". v. 6, p.3373-3377

¹⁹⁰ Ibid, p.3373

¹⁹¹ Mazhar Osman Usman, *Tababeti Ruhiye*, p. 62

¹⁹² Ibid, p.62

marked with the topos “hospital turned out to be like jails”.¹⁹³ Police forces who were in charge of confinement practices detained the demented on the streets. During this period the demented were first taken under custody in *Hapishane-i Umumi* (General Prison) then those who labeled as the demented were sent to *Toptaşı Bimarhane*. According to Mazhar Osman “these mental patients often stayed in prison for months. In time, their number became too many for the prison. For days, they stayed at police station right beside the criminals”.¹⁹⁴ Libert argued that during this period the demented were chained by their feet and hands, and deprived of food and water.¹⁹⁵ It might be safe to argue that the demented were exposed to the poor conditions. Police forces were given wide ranging power to the extent that they could confine the ones suspected to be mentally ill. The demented and the criminals under the same roof and police forces as the main mechanism of control might have symbolic meanings in terms of confinement practices. Then those suspected individuals were subjugated to immediate disciplinary mechanism of exclusion.

Mazhar Osman narrated the conditions of the asylum:

During the reign of Sultan Hamit, *Toptaşı* gained importance as much as to a political prison. It was closed to everyone. No one wanted to send patients to the *bimarhane*, no matter how dangerous the illness was. People hardly believed that their patients would be released alive. On top of that it was believed that the patients were indeed political victims who were not actually mentally ill but those who were ascribed to be. Obviously this belief was a social indiscretion, though it was highly prevalent among the commoners. There were reasons reinforcing the belief. Families were not allowed to see their patients... They did not see, and communicate with their patients; in the meantime due to a word the patient was just saying to guardian, their conviction on the belief that their patients were indeed not mentally ill became strong. The petitions given by the family members to the Police Department after series of procedures were delivered to *Bimarhane* chief physician, and again after series of consultations, it was decided that the patient should stay for some more time. Then “some more time” became extended. After months and years have passed, the patients who were actually treated and became healthy were fed by empty promises. After all, the patients were passed away because of cold or diarrhea.¹⁹⁶

¹⁹³ Ibid, p.63

¹⁹⁴ “yer boşalıncaya kadar aylarca hapishanede kaldıkları çoktu. Zamanlar hapishaneye de sığmaz oldular. Polis karakolunda deliler, sabıkalılarla beraber günlerce yatardı.” (My Translation) Mazhar Osman Usman, *Tababet-i Ruhiye*, p. 66

¹⁹⁵ Ibid, p.66

¹⁹⁶“ Sultan Hamit zamanında Toptaşı siyasi bir zindan kadar ehemmiyet kazandı. Kapıları herkese kapalı idi... Kimse ne kaadr şiddetli olursa olsun buraya hastasını vermek istemezdi. Buradan, hastasının sağ çıktığına inanan pek azdı. Hatta hastaların çoğu mecnun değil, cinnet isnat edilmiş siyasi mağdur

The passage gives certain clues about the nature of confinement which took place at *Toptaşı Bimarhane*. Here Mazhar Osman narrated that even “the patients who were actually treated and became healthy” were hardly released from *Toptaşı Bimarhane*. This might be mostly because of the stagnancy of the institution; hence it would be speculative to argue that this was intended from the beginning. Yet still *Toptaşı* patients were faced with the severe exclusivist mechanism since confinement became easier and the chance of release was radically declined. This might pinpoint the shift from integrative mechanism to the exclusivist mechanism in Istanbul. The former chapter it is argued that the medieval and early modern Ottoman hospitals operated integrative mechanisms through which one could participate in to the society again once the problem of being harmful was solved. In that regard the medieval and early modern Ottoman confinement practices might be seen as action based. However this passage shows that regardless of whether the patients were controlled and treated or not; they were kept being excluded from the streets of Istanbul. Moreover according to Mazhar Osman it was believed that confinement was used as a tool to silence political victims. This might show that confinement gained a new meaning among the commoners. It was believed to be used as a weapon to divide “disobedient” subjects from the obedient ones thus was believed to be used as a concrete disciplinary mechanism. One cannot argue that Empire did confined “the political victims”, though the fear aroused among the people of Istanbul per se did enable a disciplinary power which might be analogous to Foucauldian disciplinary power. Applied to Foucauldian theory, one could argue that medicine was intended to be used as a tool of control by the Empire. Still to what extent subjugation managed to be efficiently established might be controversial, yet the period

sanılırdı. Şüphesiz böyle bir şey olamazdı. Buna inanmak bir çeşit içtimai belahetti, lakin halk arasında bu itikat o kadar kök salmıştı ki... Bu itikadı besleyen sebepler de yok değildi. Ailelere hastalıkları artar diye hastalarını ziyarete müsaade edilmezdi, pek çok ısrar edenler on metre uzakta kafesli bir tavan penceresinden hastasını ancak bir iki dakika görebilirdi. Hastalarıyla görüşemiyorlar, dertleşemiyorlar, o sırada hastanın gardiyana söylediği bir sözden, mağdurun mecnun olmadığı hakkındaki sarsılmaz kanaatları daha da kuvvetleniyordu. Hastayı almak için ailenin polis müdüriyetine şehir emanetine verdiği istidalar uzun muamelelerden sonra bimarhane sertabipliğine iade edilir, uzun muamelelerden sonra bimarhane sertabipliğine iade edilir, uzun konsoltolardan sonra biraz durması münasip görülürdü. Artık o biraz pek daha uzardı. Aylar, seneler geçer, cidden iyileşmiş hasta aile ocağı hasretiyle sinirlenir, kederlenir, bugün yarınla oyalanırdı. Nihayet bir soğuk algınlığı veya amel bi çareyi alıp götürürdü.”(My translation) Ibid, p. 64

particularly between 1876 and 1909 might show that more efficient disciplinary mechanisms were intended to be established.

Between 1909 and 1912, *Toptaşı Bimarhane* management was devolved to a newly founded institution of health management “*Müessesat-ı Hayriye-i Sıhhiye İdaresi*”. An observation unit was founded for the deranged to be kept until the *Bimarhane* could provide places. During the constitutional period the *Bimarhane* was opened to visitors including public. It went through restoration and enlarged. 445 new patients were accepted and the number of patients grew to 685 in 1910.¹⁹⁷ According to Mazhar Osman *Toptaşı Bimarhane* was not efficient as a mental asylum since it was capable of hosting 300 patients and was rather a small place. Hence in 1911 it was attempted to be transported again but the project did not come to realization.

In 1913 an instruction of mental hospital and observation unit (*Bimarhane ve Müşahedehane Talimatnamesi*) was implemented.¹⁹⁸ The instruction was intended to define the duties of employees and the number of beds at the hospitals. Hence during the constitutional period, due to escalating criticisms, certain regulations were implemented. Though according to Mazhar Osman, they did not last long due to financial crises and after a short period it turned back to its previous conditions and conditions were not successfully upgraded.¹⁹⁹ Mazhar Osman repeatedly argued that *Toptaşı* was not upgraded largely because of its place near the center and its small size. For him a mental asylum should be situated not at the center and should have a considerable free space for the demented spending time. The former might be seen as the change in the understanding of *bimarhane* which had been at the center near the residential quarters that one can see in the early modern period. This might be interpreted as the emergence of modern understanding of mental asylum as an isolated sphere.

In 1920 and 1922 Mazhar Osman’s work as the chief physician might be seen as quite productive since *bimarhane* served as an educational institution. Major physicians who later on became influential on psychiatry such as Şükrü Hazım, Abdülkadir Cahit, Hakkı Ubeydullah, Ömer Naci, Cevat Zekai, İsmail Ziya, Mazhar Cemil, Fahrettin

¹⁹⁷ Osman Nuri Ergin, *Müessesat-ı Hayriye-i Sıhhiye Müdüriyeti*, İstanbul, 1327, p. 45.

¹⁹⁸ Osman Nuri Ergin. “*Mecelle-i Umûr-ı Beleddiyye*”. V. 6, pp. 3407-3409

¹⁹⁹ Mazhar Osman Usman, *Tababeti Ruhiye*, p. 62

Kerim, Ahmet Şükrü, İhsan Şükrü, Talha Münir and Necati Kemal. Mazhar Osman raised the need for a new place in 1922; and after his request was rejected, he resigned. A year later the newly founded Republic appointed him again. Finally in 1927 a new place, *Reşadiye Kışlası*, was allocated for the hospital thereafter it was transported.

In a nutshell, the late nineteenth century *Toptaşı Bimarhane* might exemplify the instrumentalization of medical knowledge for growing state control over the demented. Relying on Mazhar Osman's arguments, for a period the demented in Istanbul were confined beside criminals; *Bimarhane* was severely controlled; patients were faced with life imprisonment although they were healed and the fear among the public served as a social control mechanism. In that regard Shefer- Mossensohn's arguments might be important.

It was especially during the nineteenth century that medicine was intentionally and successfully implemented in the Ottoman Empire with control as its aim. In the early modern period, and mainly in the sixteenth and seventeenth centuries, medicine was part of a cluster of agents that created and maintained the social hierarchy and was not necessarily the most widely used aspect. In the nineteenth century the situation changed. To be sure medicine was still one of several avenues through which society was regulated, but now medicine played a decisive role in comparison to the place it had held in earlier centuries and to other social signifiers.²⁰⁰

Shefer-Mossensohn in her article discusses the question of whether Foucauldian theory might be applicable to the Empire or not. According to her Ottoman Empire “intentionally” and “successfully” implemented “disciplinary mechanisms” in a Foucauldian sense especially during the nineteenth century. The examples of 1876 Regulation, foundation of Institution of Health Management “*Müessesat-ı Hayriye-i Sıhhiye İdaresi*”, 1913 Instruction of Mental Hospital and Observation unit (*Bimarhane ve Müşahedehane Talimatnamesi*) could prove that health and particularly mental health started to be seen as highly important by the state. The demented at the hospitals and streets were subjugated to government control. Although to what extent these regulations managed to effectively discipline everyday life might be controversial, it is still apparent that discipline was “intentionally” restored through more effective institutions.

²⁰⁰ Miri Shefer Mossensohn, Health as a Social Agent in Ottoman Patronage and Authority, p. 149

One could argue that Mazhar Osman's depiction of the late nineteenth and early twentieth century Istanbul was analogous to Shefer-Mossensohn's argument. In that regard institutional regulations and the characteristics of confinement in Istanbul might exemplify what Shefer-Mossensohn is argued. Given that the visitors who were not allowed to see the patients and the interior; the demented at the streets who were faced with police control; the demented at prisons who were confined right beside the criminals; the demented inside hospitals who were faced with life time custody regardless of being healed or not; and finally the fear among the public might show that mental health was "successfully" used as a control mechanism in Istanbul.

Still *Toptaşı Bimarhane* was not the only state hospital serving the demented. Although some patients outside Istanbul were transported to *Toptaşı* for a period; *Edirne Darüşşifa* and *Manisa Bimarhane* were still in use. Besides, after a short period *Toptaşı* did not accept new patients outside Istanbul. Thus in order to have a comprehensive insight on the use of medical knowledge by the state and on the disciplinary, regulatory control mechanisms over the demented, one should study on these two institutions as well. In that regard, this project asks for whether or not contrary or similar regulations were implemented in these two institutions as well. Although existing literature on these two institutions does not provide much, still one could gather bits and pieces of information and thereafter posit an assumption. My assumption here would be on rather incomplete and narrow control over *Manisa* and *Edirne* as compared to Istanbul. Hence I would rather limit Shefer-Mossensohn's argument of the "successful" implementations of disciplinary mechanisms for Istanbul. For the reasons that in *Edirne* one could see short term confinement practices and in *Manisa* one could see problems in renovation. Moreover, *Manisa Bimarhane* was a thought provoking institution which lacked of a physician for a long time.

IV.2: Cases of Institutional Modernization and Confinement Practices Outside of Istanbul: The Edirne Darüşşifa and the Manisa Bimarhane

The Edirne Darüşşifa

Edirne Darüşşifa served until 1915 except the period between 1883 and 1893 when patients were transferred to *Toptaşı Bimarhane*. An article written by Nilüfer Gökçe provides significant primary sources on the late nineteenth century *bimarhane*.

As Gökçe mentions, these sources revealed that the demented in the bimarhane were under severe deficiencies up until 1896. From then on it went through a renovation.

As Gökçe argues, relying on a contemporary journal, “*Edirne Gazetesi*” *Edirne Darüşşifa* which became an asylum in time, was severely criticized in the nineteenth century. Saffet Paşa who was later appointed as Sadrazam wrote a letter to the current Sadrazam in 1875 and the letter was published in the journal. In the letter he complained about the poor conditions in the *Darüşşifa* in which 21 madmen were chained by their necks and were given nothing but water and bread. Moreover the *Darüşşifa* regularly became filled with overflowing. He directly criticized the governor of Edirne who was informed about the situation. According to Saffet Paşa the governor neither went there nor took the issue seriously.²⁰¹ Few years later *Edirne Bimarhane* was closed in 1883 and patients were transferred to *Toptaşı*.²⁰² In 1893 *Edirne Bimarhane* was reopened after officials of *Toptaşı Bimarhane* sent an official letter declaring that *Toptaşı* was no longer to accept new patients.²⁰³ As Gökçe depicted in 1896 physician Sokrat was appointed. An article published in the journal in 1909 signed as “Edhem” narrated how physician Sokrat Efendi improved the hospital conditions.²⁰⁴ “Edhem” started his article with a portrayal of the *bimarhane* before Dr. Sokrat Efendi, a depiction which was similar to that of Saffet Paşa. Then he depicted Sokrat Efendi’s entrance as a turning point, from then on the patients were provided with enough food and health services, were examined regularly (once in a day or once in two days) and were not chained. This might pinpoint that at the turn of the twentieth century, hospital conditions were started to be a subject of and certain transformations were implemented to an extent. Chaining and beating of the demented were, for some, abolished, though it is safer to argue that they were generally seen as outdated methods thus criticized.

Edirne Gazetesi was also informative on one another point. *Edirne Darüşşifa* kept records of incoming and outgoing patients and some of these records were

²⁰¹ Nilüfer Gökçe, 19. Yüzyılın Sonlarında, Edirne Sultan II. Bayezid Darüşşifası’nın Durumu, p.27

²⁰² Mazhar Osman Usman, *Tababeti Ruhiye*, p. 63

²⁰³ Nilüfer Gökçe, 19. Yüzyılın Sonlarında, Edirne Sultan II. Bayezid Darüşşifası’nın Durumu, p.19

²⁰⁴ *Ibid*, p.19

published in the journal.²⁰⁵ One striking point was that the number of released patients was quite substantial. Although the document does not specify the starting and the ending days exactly, during the Julian year 315 (1899 in the Gregorian calendar), 60 new patients were accepted, and the total number was raised to 74; and at the end of the year 57 were released, 3 died thus the total number was reduced to 19. Throughout the coming year 56 new patients were accepted, the number was increased to 77 and 56 were released 6 died and at the end of the year the final number was 15. One interpretation for the low number might be that the *Edirne Darüşşifa* offered not so “no way out” type of a confinement as Mazhar Osman depicted for contemporary *Toptaşı Bimarhane*. Although one cannot be sure about whether the patients were indeed treated or the hospital was not capable of containing that amount of patients (since the number of patients stayed at the hospital was around 12 to 19 from 1898 to 1900); one could still argue that *Edirne Bimarhane*, unlike Mazhar Osman’s *Toptaşı Bimarhane* depiction, did often release a considerable amount of patients. Obviously the above mentioned question is important to understand the disposition of treatment and release; one could not give a definite answer relying on existing record. Still the fact that considerable amount of patients was released from *Edirne Darüşşifa* between 1898 and 1900, might provide a clue about the nature of the confinement. It might evoke the idea that the control imposed upon the people of Istanbul and upon the people of Edirne might be different in terms of strength and efficiency. Istanbul as the center of the Empire can be easily seen as having more effective organizational structure. If not, it is

²⁰⁵ “H.1316 / M.1898 yılı Cemâzi-yel evvel Ayında: Dârüssifada tedavi gören on dört hastadan, dördünün is yapabilecek düzeye geldiği için ayrıldığı, yeniden tedavi olmaları için getirilen iki hasta ile birlikte, burada tedavi gören hastaların sayılarının on iki olduğunu; H.1316 / M.1898 yılı Cemâzi-yel âhir Ayında: 25 Cemâzi-yel âhir tarihinden iki hafta önce, dârüssifada tedavi gören hastalardan birinin, iş yapabilecek düzeye geldiği için ayrıldığı, bunun yerine gelen bir kişi ile birlikte tedavi görmekte olan akıl hastası sayısının on beş olduğu; H:1317 / M:1899 yılı Cemâzi-yel âhir Ayında: Dârüssifada on iki akıl hastasının bulunduğu, bunlardan bir tanesi is yapabilecek düzeye geldiği için hastaneden ayrıldığı ve yeniden getirilen dört kişi ile beraber on beş akıl hastasının tedavilerine devam edilmekte olduğu bildirilmiştir. Rumi:315 / M:1899 yılı içinde; Edirne Bimârhanesine altmış akıl hastasının tedavi edilmek üzere geldiği, dârüssifada tedavilerine devam edilen hastalarla birlikte, akıl hastası sayısının yetmiş dokuz olduğunu, bunlardan elli yedi hasta is yapabilecek düzeye geldiği için ayrıldıklarını, üç hastanın öldüğünü, ve geri kalan on dokuz akıl hastasının tedavilerine devam edilmekte olduğunu;Rumi:316 / M: 1900 yılı başlangıcından sonuna kadar, Edirne Bimârhanesine elli sekiz akıl hastasının geldiği, Rumi :315/ M:1899 yılından kalan on dokuz kişi ile birlikte tedavi gören akıl hastalarının sayılarının yetmiş yedi olduğu, akıl hastalarından elli altısının iyileşerek ayrıldığını,altı akıl hastasının öldüğünü, geriye kalan 15 akıl hastasının tedavisine devam edilmekte olduğunu;” Nilüfer Gökçe, 19. Yüzyılın Sonlarında, Edirne Sultan II. Bayezid Darüşşifası’nın Durumu, p.29-30

still safe to argue that although confinement practices in İstanbul might fit Foucauldian “disciplinary mechanisms”, one could not assume that each and every subjects was homogenously subjugated by these mechanisms.

The Manisa Bimarhane

Manisa Bimarhane served in a rather forgotten position until 1926 when it was closed and a new mental hospital was founded. Nihad Yörükoğlu, wrote a quite informative book on *The Manisa Bimarhane*, which was at the course of the nineteenth century turned into a mental asylum. He offered a comprehensive book in which numerous revealing accounts were narrated. Although *Manisa Bimarhane* was hardly documented, he managed to provide primary sources starting from the sixteenth century to the second half of the twentieth century. Applied to the nineteenth and early twentieth century he portrayed a hospital in a rather forgotten position, providing very poor conditions, and did not obtain its share from the renovations. Manisa was portrayed as a hospital with no physician and offer nothing but religious healing until 1919. According to Yörükoğlu, Manisa was open to visitors and thereafter the visitors of Manisa were not faced with a restrictive policy contrary to what visitors of *Toptaşı* were faced.²⁰⁶

His book relies on narrations on the nineteenth century, and these narrations were mostly about head guardians. One quite important thing was that *Manisa Bimarhane* did not employ a physician and in the case of a need, physicians working at *Gureba Hastanesi* were coming.²⁰⁷ Hence head guardians played significant roles for institution management. One head guardian was Hacı Hasan who worked between 1863 and 1882. He became very known among the dwellers since he was intimidating the patients. According to what Yörükoğlu was narrated, Hacı Hasan was responsible for the treatment as well, though his sole therapy was beating.²⁰⁸ According to Yörükoğlu after Hacı Hasan died, respectively Hacı Hafız Mehmet, Hacı Mehmed (1887-1902) and Kesabalı Hasan took over the responsibility.

²⁰⁶ Nihad Nuri Yörükoğlu, Nihad Nuri: *Manisa Bimarhanesi*, İstanbul, İsmail Akgün Matbaası, 1948, p.32

²⁰⁷ *Ibid*, p.28

²⁰⁸ *Ibid*, p.32

As Yörükoğlu highlighted *Manisa Bimarhane* was highly neglected and the conditions were worsened. Süheyl Ünver also mentioned about the negligence, he cited an article published in 1886 in *Sıhhat Mecmuası*, complaining that *bimarhane*'s allowance was not paid.²⁰⁹ Yörükoğlu quoted a letter published in 1911 in a journal *Türk Yurdu Mecmuası*, written by Kazım Nami who similarly complained about the poor conditions of the hospital and who showed his pity towards the demented. For him there were 116 patients.²¹⁰ In 1919 physician Naci Aslay was appointed as a physician. He complained about the continuing negligence and confirmed that there had been no preceding doctor working at the hospital.

When I was appointed in 1919 as a physician, there was no other doctor. There was only a healer (*üfürükçü*) working of therapy who was appointed by the *evkaf idaresi* (PiousFoundation Management)..He had no treatment technique other than making the patients drink a bowl of water in it few words were written.²¹¹

Hence *Manisa Bimarhane* was rather in a forgotten position which was rather far away from institutional and medical modernization since for a period it provided religious healing and less institutional medicine.

In a nutshell the situation in Manisa and Edirne could be seen as rather different than one in İstanbul. Edirne went through a renovation according to the above mentioned article written by “Edhem” yet the number of patients who were released was significantly different from *Toptaşı*. In that regard one might not generalize Mazhar Osman’s depiction of life time confinements severely excluding patients from the society. Instead one could take his depiction as a phenomenon of İstanbul since still we do not know much about the rest of the Empire and since one example from Edirne contradicts. Manisa as well contradicts in a sense that *Toptaşı* went through major renovations and regulations which increased the efficiency of state control. Here Manisa exemplifies rather a forgotten institution which lacked of a physician and indirectly

²⁰⁹ Ibid, p. 35

²¹⁰ Ibid, p. 44

²¹¹ “Ben 1335 (1919) yılında Manisa Bimarhanesine tabip tayin edildiğimde müessesede benden başka doktor yoktu. Evkaf idaresi tarafından tayin edilen bir üfürükçü tedavi işleriyle meşgul olmakta idi... Bir kaseye yazı yazıp hastalara bu kase içine konulan sudan içirmekten ibaret olup yegane tedavi çaresi bu idi.” (My translation) As Yörükoğlu quoted Yörükoğlu, Nihad Nuri: *Manisa Bimarhanesi*, İstanbul, İsmail Akgün Matbaası, 1948, p 40

lacked of medical modernization, institutional renovation. Thereafter one could assume that it was rather distant from regulations enhancing state control.

In a few words, late Ottoman mental asylums were depicted as having been in a severe deficiency as reflected in several accounts. In the accounts the demented were portrayed as being in deprivation who were even in short of basic needs. From the second half of the nineteenth century onwards the Ottoman administration took crucial measures such as the Regulation of 1876, the foundation of the Institution of Health Management “*Müessesat-ı Hayriye-i Sıhhiye İdaresi*”, and the Instruction of Mental Hospital and Observation Unit of 1913 (*Bimarhane ve Müşahedehane Talimatnamesi*). These steps intended to increase state control over the demented people through methods of law enforcement. Confinement within mental asylums was necessitated to be conducted by means of state institutions. Mazhar Osman’s account reflects the increase of administrative control over the demented through modernization where medical knowledge was used as a disciplinary mechanism, which was mainly true for İstanbul. However, to what extent the state intended or managed to establish medical “disciplinary mechanisms” outside of İstanbul seems to be controversial. In order to have a concrete answer to this question, evidently more detailed studies on the subject are needed. Still one could argue that the situations in Edirne and in Manisa were rather different. This situation shows that the growing control over the subjects in İstanbul and over the demented patients in the *Toptaşı Bimarhane* might not represent the situation of the whole country. Thus it is safe to argue that the demented in İstanbul were subjugated to growing state control, and the *Toptaşı Bimarhane* went through major renovations which aggrandized discipline, whereas the institutions in Edirne and Manisa reflected dissimilarities in terms of the nature of confinement and renovations. In a nutshell the control over the demented was highly increased, though due to organizational inefficiencies this control was not experienced homogenously throughout the Empire.

Conclusion

This study attempts to provide the history of mental health in the Ottoman Empire with special focus on modernization. It has searched to determine how modernization shaped mental health treatment and thus affected the demented at the hospitals in the Ottoman Empire. It has aimed to provide a descriptive account on Ottoman medical institutions and to search for the clues on the conditions experienced by the demented. The findings provided by the existing literature have been studied to provide a re-interpretation of how the demented were treated. For doing this it has been endeavored to reach an understanding as to what extent and how modernization affected the demented. For the endeavor this project has intended to portray both pre-modern and modern periods with respect to confinement practices, hospitals, and state control.

Given the changing nature of treatments and perceptions of mental disorders from one society to another and from one timeframe to another, one should be careful before making generalizations. Because of that working on the mental disorders is a difficult task. However, thanks to existing notable scholarly works one might reach to certain conclusions. This project has intended to discuss as to what extent the transition from traditionalism to modernism occurred and to what degree medical modernization led to an increasing state control. From the second half of the nineteenth century with the modernization process, medical knowledge was used as a disciplinary mechanism to the extent in which effective organizational structures were established. This project has shown that state control was increased and confinement was used as a disciplinary mechanism only to the degree in which required effective organizational structures could be established. As a consequence, the discipline imposed upon demented individuals could not be implemented homogenously.

Up until the medical modernization, the demented largely enjoyed integrative mechanisms for certain reasons. Asylums were less isolated places in terms of the visitors' access and location. Confinement was low largely because of the institutional

deficiencies since these institutions had less institutional capacities in terms of the number of beds and personnel to serve the physically and mentally ill. Confinement was mostly practiced when the neighborhood members complained and when the family members could not prove convincingly before the judge that they could take care for the demented. Those healed individuals were mostly allowed to be released. In addition the demented in an outburst of crisis could be confined for a couple of days in religious institutions as well. Thus it was not a matter directly under the control of state. However this thesis has not the aim to prove the “greater Islamic tolerance argument” due to the fact that it has no intention to fully portray the demented living in neighborhoods and also because “tolerance” is a value loaded term carrying an impression of perfect goodness and benevolence, leading to neglect counter examples. Rather this project has intention to show that modernization brought about increasing state control and change in the nature of confinement to the extent that institutional modernizations was accomplished.

This thesis argues that the Ottoman Empire did attempt to increase its control via medical knowledge with respect to institutional reformations and law regulations in both (medical) educational institutions and medical institutions. The Ottoman administration attempted to make certain regulations from the second half of the nineteenth century as we know from the examples of the 1876 Regulation, the foundation of the Institution of Health Management “*Müessesat-ı Hayriye-i Sıhhiye İdaresi*”, the 1913 Instruction of Mental Hospital and Observation Unit (*Bimarhane ve Müşahedehane Talimatnamesi*). Through these regulations mental treatment became subjugated to government control. Hospital conditions were intended to be standardized; duties of hospital employers were clearly demonstrated.

Mazhar Osman’s account reflects that the Empire increased its control over the demented via modernization and thereafter medical knowledge was indeed used as a disciplinary mechanism, particularly in İstanbul. The process of disciplining was implemented through means of law enforcement, and the demented at the streets were faced with police control. State control over the asylums in İstanbul increased as well. Visitors’ accesses to the interior were necessitated government permission.

Relying on Mazhar Osman's depiction, we learn that confinement practices changed at least in İstanbul. Since confinement became easier, the chance of being released radically declined and since the demented inside the Toptaşı institution faced with life time custody, regardless of being healed or not, *Toptaşı* patients in effect faced the exclusivist mechanism. In addition, the demented were virtually confined at prisons for a period right along the criminals. On top of that the notion of confinement gained a new meaning since it was prevalently believed by the commoners that confinement was used as a weapon to segregate political victims from the commoners. Hence regardless of whether or not medical knowledge was directly used to segregate political victims, the growing belief among the commoners is thought provoking. Whether it was real or not, the threat of being confined became widespread. Hence medical knowledge became widely believed to segregate "disobedient" subjects, and eventually turned into a disciplinary mechanism in İstanbul, as Mazhar Osman's depiction narrates.

However to what extent the state attempted or managed to create medical "disciplinary mechanisms" outside of İstanbul appears to be controversial. This thesis takes into consideration the three institutional mental asylums in İstanbul, in Edirne, and in Manisa; the *Edirne Darüüşşifa* and the *Manisa Bimarhane* in the provinces have been used to investigate the degree of state control and the nature of confinement outside İstanbul. In some respects these two state mental asylums turn out to be rather different from Mazhar Osman's *Toptaşı* depictions. On the one hand the *Edirne Darüüşşifa* went through certain renovations in parallel with Mazhar Osman's early twentieth century *Toptaşı* accounts. On the other hand the high number of released patients from *Edirne Darüüşşifa* shows us that Mazhar Osman's depiction of life time custody does not represent the whole picture. The *Manisa Bimarhane* appeared to be rather far away from the medical and institutional modernization, as reflected by Yörükoğlu. There, patients did not receive medical treatment due to insufficiency of physicians for a period, and instead recourse was taken to religious healing. These two examples show that the growing control over the subjects and the disciplinary use of confinement on the demented in the *Toptaşı Bimarhane* might not represent the whole situation. Thus this project has intended to argue that the demented in İstanbul were subjugated to growing state control and the *Toptaşı Bimarhane* went through renovations with an increase in disciplinary measures, yet Edirne and Manisa reflected variations in terms of the nature of confinement and renovations. In a nutshell the control over the demented could only

increase once the required effective organizations were established, and due to organizational inefficiencies this control was not realized homogenously throughout the provinces.

The Foucauldian theory defines a historic change as the change in the way the scale, object and modality of control; economy and efficiency in mobility; and internal organizational structures have been transformed. According to Foucault imposition of power upon individuals, various forms of subjugation, prohibitions and constraints had already existed before the historic change. He rather pinpoints a transformation in the nature of control which requires efficient organizational changes and these changes transforming confinement and medical knowledge into disciplinary mechanisms. In that regard attempts of the Ottoman administration to increase its hegemony though such measures is closely related with the processes of modernization and institutionalization. To the degree in which institutional modernization is accomplished and to the degree in which effective organizational structures are established, we see the aggrandizement of state control in the long run. On the other hand, to a degree that these organizations were not established homogenously, hegemony could not be realized homogenously as well. In the late Ottoman case changes in the way of scale, modality, efficiency and speed of control were not introduced evenly and simultaneously due to insufficiencies in the internal organizations. In that regard the Foucauldian theory provides a model to understand the dynamics of Istanbul and *Toptaşı Bimarhane* but the model might not entirely be applicable to the broader picture since we do not know much about each and every province and the reflections of these regulations on everyday life. It is rather a model which might be used to understand the dynamics caused by growing institutionalizations.

Bibliography

Adıvar, Adnan. *Osmanlı Türklerin'de İlim*, (İstanbul, Maarif Vekaleti Basımevi, 1943)

Altıntaş, Ayten. Üsküdar'da Bir Akıl Hastanesi (Toptaşı Bimarhanesi 1873-1927), *Üsküdar Sempozyumu I V* 391-412, p.396

Arabic English Dictionary, The Hans Wehr Dictionary of Modern Written Arabic, ed .J.M. Cowan, Fourth Edition, Spoken Languages Services, INC, Ithaca, N.Y. 1994

Artan, Tülay. "Aspect of the Ottoman Elites' Food Consumption: Looking for 'Staples', 'Luxuries' and 'Delicacies' in a Changing Century" in *Consumption Studies and the History of the Ottoman Empire, 1550-1922*, ed Donald Quataert, (Albany: SUNY Press, 2000)

Aydüz, Salim, "On Sekizinci Yüzyıl Osmanlı Tıbbında Değişim: Doğu Tıbbından Batı Tıbbına Geçiş Üzerine Bir Deneme", *Proceedings of the 38th International Congress on the History of Medicine, (1-6 September 2002)V.2*, (Eds)Nil Sarı, Ali Haydar Bayat, Yeşim Ülman, Mary Işın, (Ankara: Türk Tarih Kurumu 2005), pp.1031-1038

Baki, Edip Ali: *Eski Bir Halk Hekimi: Karacaahmet ve Delileri Tedavi Yurdu*, (İstanbul, Milli Mecmua Basımevi, 1947)

Bon, Otavio. *the Sultan's Seraglio: An Intimate Portrait of Life at the Ottoman Court*, (London: Saqi Books, 1996)

Çağan, Nazmi. *Dr. Bedi N. Şehsuvaroğlu Biyografisi ve Bibliyografyası (1948-1960)*, (Ankara: İstanbul Üniversitesi Tıp Tarihi Enstitüsü, 1963)

Demirci, Tuba and Somel, Selçuk Akşin: “Control over Feminine Body, Procreation and Public Health: Demography, Bio-Politics and Abortion in the Ottoman Empire (1789-1908)”, *Journal of the History of Sexuality* Vol.17-3 (2008) pp 377-420.

Dols, Michael W.. *Majnun : the Madman in Medieval Islamic Society* edited by Diana E. Immisch, Oxford : Clarendon Press ; (New York : Oxford University Press, 1992)

Erdemir, Ayşegül Demirhan. “Geredeli b. İshak”, *Türk Dünyası Tarihi Dergisi*, c8, 1994, (50-54)

_____. and Kahya; *Medicine in the Ottoman Empire and Other Scientific Developments*, (Istanbul:Nobel Medical Publications, 1997)

Ek, Unat. “Muallim Miralay Dr. Hüseyin Remzi Bey ve Türkçe Tıp Dilimiz”, *IV. Türk Tıp Tarihi Kongresi Kitabı* (İstanbul, 18–20 Eylül 1996). (Ankara: TTK Basımevi; 2003) pp. 239- 252.

The Encyclopaedia of Islam: new edition prepared by a number of orientalists; edited by editorial committee consisting of H.A.R. Gibb... (et al.); under the patronage of the international union of academies, (Leiden:Brill; London: Luzac, c1970, 1986-)

Ergin, Osman. *İstanbul Tıp Mektepleri Enstitüleri ve Cemiyetleri*, İstanbul Tıp Tarihi Enstitüsü, v.17, Osman Bey Matbaası, 1940

_____. *İstanbul Tıp Mektepleri ve Cemiyetleri*, (İstanbul: Osmanbey Matbaası: İstanbul Üniversitesi Tıp Tarihi Enstitüsü, 1940)

_____. Prof. Dr. A. Süheyl Ünver Bibliyografyası, (İstanbul: Milli Mecmua Basım Evi, 1941)

_____. *Mecelle-i Umûr-ı Beleddiyye*, (İstanbul, İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları No.21. 1995)

_____. *Müessesat-ı Hayriye-i Sıhhiye Müdüriyeti*, (İstanbul, 1327)

Erkoç, Şahap. “Mazhar Osman ve Alzheimer” *Artimento*, Sayı 1, 1999, 68-71

_____. “Melankoli, malihulya, karasevda” *Artimento*, Sayı 2, 1999, (80-85)

_____. “İlk Türkçe nöropsikiyatri dergisi: Şişli Müessesinde Emraz-ı Akliye ve Asabiye Müsamereleleri”, *Tıp Tarihi Araştırmaları*, Sayı 10, 2000

_____. “Osmanlı Tababet-i Akliye ve Asabiye Cemiyeti’nin kuruluşu ve cemiyetin ilk celselerinin zabıtları” VI. Türk Tıp Tarihi Kongresi, İzmir, 22-24 Mayıs 2000, Bildiri Özetleri, İzmir, 2000

Fisher C.G. and A. Fisher, “Topkapı Sarayı in the Mid-Seventeenth Century: Bobovi’s Description”, *Archivum Ottomanicum*, 10, 1985

Foucault, Michel. *The Archeology of Knowledge*, trans. A. M.Sheridan Smith (New York: Pantheon Books, 1972),

_____. *The Birth of the Clinic: An Archeology of Medical Perceptions*, trans. A. M. Sheridan (London, Tavistock Publications, 1976)

_____. *Discipline and Punish: The Birth of the Prison*, trans. A. M. Sheridan (New York: Vintage Books, 1979)

_____. *Madness and Civilization: A History of Insanity in the Age of Reason*, trans. Richard Howard (London: Tavistock Publications, 1967)

Gökçe, Nilüfer. 19. Yüzyılın Sonlarında, Edirne Sultan II. Bayezid Darüşşifası’nın Durumu, *T Klin Tıp Etiği Hukuku- Tarihi*, 2002, 10, 26-33

Günergun, Feza. “Medical history in Turkey: A review of past studies and recent researches”, *Symposium on the History of Medicine in Asia: Past Achievements, Current Research and Future Directions*, Academia Sinica, Taipei, Taiwan, 4-8 October, 2003; published as an online article.

_____. and Nuran Yıldırım, “Cemiyet-i Tıbbiye-i Şahane’nin Mekteb-i Tıbbiye-i Şahane’ye Getirdiği Eleştiriler (1857-1867)”, *Osmanlı Bilimi Araştırmaları*, v.III, n. 1, 2001, pp.19-63.

Hatemi, Hüsrev. “Türkiye’de Tıp Tarihi Biliminin Gelişmesi”, in *11nd Turkish Medical History Congress*, 20-21 September, 1990, Kongreye Sunulan Bildiriler, Ankara: Türk Tarih Kurumu, 1999, pp:31-38

_____. and Aykut Kazancıgil, “Türk Tıp Cemiyeti (Derneği) Cemiyet-i Tıbbiye-i Şahane ve Tıbbın Gelişmesine Katkıları,” *Osmanlı İlmî ve Meslekî Cemiyetleri*. İ.Ü. Edebiyat Fakültesi Basımevi, (İstanbul 1987), pp.111-119;

İhsanoğlu, Ekmeleddin. “Açılış Konuşması”, in *Türkiye’de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998): Son 25 Yılın Değerlendirilmesi ve Yeni Ufuklar 1998*, İstanbul, edited by Feza Günergun, İ.Ü. Rektörlük, İ.Ü. Bilim Tarihi Müzesi ve Dokümantasyon Merkezi, (Ankara, 2000), pp.:5-14

İzgi, Cevat. *Osmanlı Medreselerinde İlim: Tabii İlimler*, İstanbul, İz Yayıncılık, 1997, v.II

Kahya, Esin. On Beşinci Yüzyılda Osmanlılarda Bilimsel Faaliyetlerin Kısa Bir Değerlendirilmesi, published online, p.1

_____. and Ayşegül D. Ermedir, *Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, Türkiye Diyanet Vakfı Yayınları, (Ankara,2000), p.99

Kara, Hayrettin. Osmnalı’nın Mahalle Sakinleri: Mecnunlar, Deliler ve Ölüler (Inhabitants of Ottoman Residential Areas: the Insane, the Crazy, the Dead), *Osmanlılarda Sağlık (Health in the Ottomans)*, ed. Coşkun Yılmaz, Necdet Yılmaz, İstanbul: Bipfarma İlaç Sanayi ve Ticaret A.Ş., 2006, Vol 1., pp.197-207

Kazancıgil, Aykut. “1973’ten Bugüne Tıp ve Bilim Tarihi Araştırmaları Üzerine Bir Deneme”, in *Türkiye’de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998): Son 25 Yılın Değerlendirilmesi ve Yeni Ufuklar 1998*, İstanbul, edited by Feza Günergun, İ.Ü. Rektörlük, İ.Ü. Bilim Tarihi Müzesi ve Dokümantasyon Merkezi, Ankara, 2000, pp.:87-88

Kırbaş, Dursun. *Türkiye Nöroloji Tarihçesi*, İstanbul, 2003

Kumanlioğlu, H. F.: “Cinnet” in Şamil İslam Ansiklopedisi. Şamil Yayınları

Murphey, Rhoads. “Ottoman Medicine and Transculturalism from the Sixteenth Century Through the Eighteenth Century”, *Bulletin of the History of Medicine* 66. Baltimore, MD, (1992) pp:376-403

Naderi Sait, *Mazhar Osman ve Türkiye’de Nöroşirürjinin Doğuşu*, İzmir; Dokuz Eylül Yayınları, 2004

Porter Roy, *Madness: a Brief History*, Oxford University Press, New York, (2002)

Remzi, Hüseyin. (Doktor, Kaimmakam, Yarbay) *Tarihi Tıp*, Karabet ve Kasbar Matbaası, (İstanbul 1304, 1886)

Sarı, Nil. “Halk hekimliğinde ve Osmanlı Tıp Yazmalarında Akıl ve Sinir Hastalıklarının Tedavisi” II. Milletlerarası Türk Folklor Kongresi Bildirileri, Ankara, 1982 Kültür ve Turizm Bakanlığı, Milli Folklor Araştırma Dairesi Yayınları 40, Seminer- Kongre Bildirileri Dizisi II, pp.429-443; *Yeni Symposium*, Yıl19, V. 3, Temmuz 1981, pp:72-84

_____. “Osmanlı’ca Tıp Yazmalarında “Mal-i Hülya” ve Tedavisi (XV-XVIIth C.)” İstanbul Üniversitesi Cerrahpaşa Tıp Fak. Tıp Tarihi ve Deontoloji Kürsüsü, yayınlanmamış Doçentlik tezi, (İstanbul, 1982)

_____. “The Classification of Mental Diseases in the Ottoman Medical Manuscripts,” *Tıp Tarihi Araştırmaları* 1, İ.Ü. Cerrahpaşa Tıp. Fak. Deontoloji Anabilim Dalı ve Tıp Tarihi Bilim Dalı Yayınları Özel Seri No:1, (İstanbul 1986), pp:105-112

_____ : and Burhan Akgün, Türk Tarihinde Psikiyatriye Bakış, İ. Ü. Cerrahpaşa Tıp Fakültesi Sürekli Tıp Eğitimi Enkinlikleri, Türkiye’de Sık Karşılaşılan Psikiyatrik Hastalıklar, Sempozyum Dizisi, No:62, Mart 2003, pp.1-24

_____ : The Classification of Mental Diseases in the Ottoman Medical Manuscripts, in *History of Medicine Studies*, ed. Hasan Âli Göksoy, Hüsrev Hatemi, Nil Sari, (Istanbul 1986), No. 1, pp. 105-112

Sayar, Ahmed Güner. *Ünver, Süheyl, Hayatı, Şahsiyeti ve Eserleri, 1898-1986*, (İstanbul: Eren, 1994)

Shefer-Mossensohn, Miri. Health as a Social Agent in Ottoman Patronage and Authority, *New Perspectives on Turkey*, no:37, 2007,p: 148

_____. “A Tale of Two Discourses: The Historiography of Ottoman-Muslim Medicine,” *Social History of Medicine*, 21:1 (April 2008), (1-12)

_____. *Ottoman Medicine: Healing and Medical Institutions, 1500-1700*, (State University of New York Press, Albany, 2009)

_____. “Old Patterns, New Meaning: The 1845 hospital of Bezm-i Alem in Istanbul”, *BIBLID* [0211-9536 (2005) 25; 329-350], 2005

_____. The Ottoman Empire, in *Encyclopedia of Women & Islamic Culture: Family, body, sexuality and health*, 2006, Vol.3, BRILL, p.273

Shoshan, Boaz. The State and Madness in Mediaval Islam, *International Journal of Middle east Studies*, Vol.35, No.2, May 2003, pp.329-340

Singer,Amy. *Consturcting Ottoman Beneficence: An Imperial Soup Kitchen in Jerusalem*, (Albany: SUNY Press, 2002)

_____. “Serving Up Charity: The Ottoman Public Kitchen” *Journal of Interdisciplinary History*, 35, no:3, 2005

Şehsuvaroğlu, Bedi N. “İstanbul’da 500 Yıllık Sağlık Hayatımız”, İstanbul: İstanbul Fetih Derneği, (1953)

_____. *Anadolu’da Türkçe İlk Tıp Eserleri*, İstanbul: İsmail Akgün Matbaası, 1957

_____. *Anadolu'da Dokuz Asırlık Türk Tıp Tarihi*, İstanbul: İsmail Akgün Matbaası, 1957

_____. *Türk Tıp Tarihi*, with Ayşegül Erdemir Demirhan, Gönül Cantay Güreşsever, Bursa: Taş Kitapçılık- Yayıncılık, 1984

_____. *Atatürk'ün Sağlık Hayatı*, İstanbul: Hür Yayın, 1981

_____. "Türk İstanbul'da Tıp Öğretimi" in *Türk İstanbul'da Tıp Fakültesinin 500. Yıldönümü*, İstanbul: İstanbul Tıp Fakültesi, 1971, pp.40,41

Tahsin, Rıza. *Mir'at-ı Mekteb-i Tıbbiye*, Second Edition, İstanbul 1330/1914

Tekül, N and H. Hatemi, *Türk Tıp Derneği (Cemiyet-i Tıbbiye-i Şahane) 130. Kuruluş Yılında*, İstanbul, 1986 (1997'de 140.Yılı, Değişmemiş İkinci Baskı, İstanbul, 1997

Uludağ, Osman Şevki, *Beşbuçuk Asırlık Türk Tababeti Tarihi*, edited by İlter Uzel, (Ankara: Kültür Bakanlığı, 1991)

Unat, Ekrem Kadri. "Türk Tıp Tarihi Kurumu'nun İlk Elli Yılı'nın Tarihçesi", in II. Türk tıp Tarihi Kongresi, İstanbul, 20-21 Eylül 1990, Kongreye Sunulan Bildiriler, (Ankara: Türk Tarih Kurumu, 1999) pp:1-30

_____. Unat, E.Kadri. Osmanlı Devleti'nde Tıp Cemiyetleri, *Osmanlı İlmî ve Meslekî Cemiyetleri*. (İ.Ü. Edebiyat Fakültesi Basımevi, İstanbul 1987)

Usman, Mazhar Osman. *Tababeti Ruhiye*, İstanbul: Kader Matbaası, 1941

Ünver Süheyl and Bedi N.Şehsuvaroğlu, *Türk Tıp Cemiyeti – Cemiyet-i Tıbbiye-i Şahane 1856-1956*. İstanbul 1956

_____. Four Medical Vignettes from Turkey, in *International Record of Medicine*, 171,1985, pp.52-7

Yalçınır Betül and Haniöglü Lütfü. *İç Bahçe: Toptaşı'ndan Bakırköy'e Akıl Hastanesi*, İstanbul, Okyanus Yayın, 2001

Yıldırım, Nuran. “Tanzimat’tan Cumhuriyet’e Koruyucu Sağlık Uygulamaları” *in Tanzimat’tan Cumhuriyet’e Türkiye Ansiklopedisi*, İstanbul: İletişim Yayınları, (1985) v.5, pp: 1320-1338

_____. “Kadın Hastabakıcılar ve Osmanlı Toplumunda Uyandırdığı Yankılar”, *Sendrom*, Year:4, V. 8, August 1992, pp:6-15 (with Zuhul Özaydın)

_____. “Women dealing with health during the Ottoman reign”, 35th International Congress on History of Medicine, Kos Island, 2-3 September, 1996, Book Abstracts, 1996, p.63

_____. (eds) Sağlık Alanında Türk Kadını: Cumhuriyet’in ve Tıp Fakültesi’ne Kız Öğrenci Kabulünün 75.yılı, İstanbul: Novartis, 1998

_____. “Osmanlı Sağlık Hayatında Kadının Yeri”, *Yeni Tıp Tarihi Araştırmaları*, V.2-3, İstanbul: 1996-1997, pp.11-64

_____. “Hamidiye Etfal Hastane-i Alisi / Şişli Etfal Hastanesi (24 Mayıs 1315/5 Haziran 1899)- Hamıdıye Childrens’ Hospital/ Şişli Etfal Hospital (24 May 1315/5 June 1899)”, Ülker Erke’nin Yorumu ve Fırçasıyla Türkiye’de Tarihi Sağlık Kurumları. Historical Health Institutions in Turkey Through Ülker Erke’s View and Style. Sergiyi Haz. Ülker Erke, Yay. Haz. Nil Sarı, Nobel Matbaacılık İstanbul 2002, 151-153

_____. A Tour of The History of Medicine in İstanbul Taksim Beyoğlu Üsküdar, İstanbul 2008, The Turkish Society of Clinical Microbiology and Infectious Diseases (KLİMİK)

Yörükoğlu ,Nihad Nuri. *Manisa Bimarhanesi*, (İstanbul: İsmail Akgün Matbaası, 1948)

Ze'evi, Dror: *Producing Desire: Changing Sexual Discourse in the Ottoman Middle East, 1500-1900*, Berkeley: University of California Press, 2006

Zorlu, Tuncay; "Süleymaniye Tıp Medresesi – II, Osmanlı Tarih Araştırmaları, 4, no:1, 2002, p:94