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Doctoring Society: Communal and Intercommunal Dynamics in late Ottoman Medical Professionalization

By

Christin Zurbach

A dissertation submitted in partial satisfaction of the

requirements for the degree of

Doctor of Philosophy

in

History

in the

Graduate Division

of the

University of California, Berkeley

Committee in charge:

Professor Christine Philliou, Chair
Professor Thomas Laqueur
Professor Anneka Lenssen

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Abstract

Doctoring Society: Communal and Intercommunal Dynamics in late Ottoman Medical Professionalization

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Doctor of Philosophy in History

University of California, Berkeley

Professor Christine Philliou, Chair

This dissertation maps the transformation of the medical profession and its relationship to evolving intercommunal dynamics within the Ottoman empire in the long nineteenth century. In it, I argue that medicine became a dynamic professional space in the nineteenth century in which Ottoman physicians of all confessional backgrounds could not only shape the future of medical practice and public health, but also wield increased power within Ottoman politics and society. In earlier centuries, medicine had been a venue for non-Muslims to achieve professional success and gain political capital, in particular via serving as palace physicians. With institutional changes, starting with the founding of the Imperial School of Medicine in Istanbul in 1827, that sought to increase the number of Muslim physicians earning medical degrees and working for the military and other state institutions, came new opportunities for Muslim and non-Muslim subjects to be educated together. I argue that this also created new opportunities for Muslim and non-Muslim physicians to collaborate in professional spaces, as well as enact change within their respective Greek, Armenian, Jewish, and Muslim communities. Each chapter focuses on a different aspect of Ottoman medical professionalization – education, regulation, medical societies, and hospitals – and the communal and intercommunal dynamics at play in each. I argue that what it means to be an Ottoman doctor fundamentally changed in the nineteenth century, with the emergence of a new type of middle class Ottoman medical professional and the elevation in status of Ottoman doctors as a professional group. I integrate the transformation of Ottoman medicine into existing understandings of the *Tanzimat,* or Reorganization, period of Ottoman history, and argue that the trajectory of medical professionals in this period speaks to the evolving relationship that different communities and had with the Ottoman state as well as the changing dynamics between and within different communities. In viewing each aspect of Ottoman medical professionalization through the lens of communal and intercommunal dynamics, I seek to demonstrate how medicine proved a particularly apt field for non-Muslim doctors to maintain relevance within Ottoman political power structures at a time when revolts threw suspicion upon the state loyalty of these groups. However, I also argue that these doctors also managed to nurture communal ties and even express a certain type of communal pride, as with Ottoman Greek physicians' philhellenic activities in particular, without sacrificing their status within Ottoman state institutions. Likewise, I also point to how Muslim physicians collaborated with their non-Muslim peers while also striving for a new type of Ottoman medicine

which would rely more on the use of the Ottoman Turkish language and an evolving sense of patriotism in which medical practice was also a civic duty. This dissertation aims to contribute a more complex understanding of intercommunal dynamics in the nineteenth century and how Ottoman medical professionalization became a particularly potent space for communal action and intercommunal collaboration and conflict. It also hopes to revise preexisting histories of medicine in the Ottoman empire and beyond by highlighting the social dynamics of the profession and its impact on the practice of medicine.

To My Family

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INTRODUCTION

This dissertation maps the transformation of the medical profession and its relationship to evolving intercommunal dynamics within the Ottoman empire in the long nineteenth century. In it, I argue that medicine became a dynamic professional space in the nineteenth century in which Ottoman physicians of all confessional backgrounds could not only shape the future of medical practice and public health, but also wield increased power within Ottoman politics and society. In earlier centuries, medicine had been a venue for non-Muslims to achieve professional success and gain political capital, in particular via serving as palace physicians. The establishment of the Imperial School of Medicine in Istanbul in 1827 was meant to increase the number of *Muslim* physicians earning medical degrees and working for the military and other state institutions. However, since the school soon opened up to non-Muslim students, its establishment created new opportunities for Muslim and non-Muslim subjects to be educated together. I argue that this change also created new opportunities for Muslim and non-Muslim physicians to collaborate in professional spaces, as well as to enact change within their respective Greek, Armenian, Jewish, and Muslim communities, throughout the rest of the nineteenth century.

Through this dissertation, I hope to contribute, to varying degrees, to multiple areas of historiography: that of the *Tanzimat* (or "Reorganization"), of the Ottoman history of medicine, of professionalization, and of communal and intercommunal dynamics in the late Ottoman empire. The *Tanzimat* is a rich area of study, and in recent decades, scholars with varied thematic specializations – political, social, and economic history, to name a few – have taken increased interest in studying it from a variety of angles, particularly through institutional and political histories that rely heavily on documentation produced by the Ottoman state itself. While this dissertation certainly examines institutions and uses materials from the main Ottoman archives[1] in a bid to unpack the impact of the *Tanzimat* on communal dynamics more effectively, it also foregrounds the trajectories of individual physicians from different backgrounds as well as communal organizations like societies and hospitals largely neglected in standard histories. Additionally, I examine the decades leading up to the *Tanzimat* as well as medical professionalization during the reign of Abdülhamid II (r. 1876-1909) to contextualize the changes which took place during the *Tanzimat*. By examining the prior decades, I show how prior sultans implemented reforms that set the stage for the changes, medical and otherwise, which occurred during the *Tanzimat.* I also show how and why prior attempts to reform Ottoman medicine did not succeed in the same way as later ones, and how eighteenth century and early nineteenth standards in Ottoman medicine as well as the status of physicians at that time informed how the physicians involved in reform viewed the state of medicine and politics in the Ottoman empire. By examining medical professionalization during the Hamidian period,[2] I demonstrate how medical professionalization as well as intercommunal dynamics within it continued to evolve with each generation, shaped also by the changing socio-political climate.

Before the *Tanzimat,* there were other shorter eras of reform spearheaded by Ottoman sultans. After Sultan Selim III's short-lived "New Order"[3] army in the late eighteenth century,

[1] The "main Ottoman archives" to which I refer here are the *Başbakanlık Osmanlı Arşivi,* or the Ottoman Archives of the Prime Minister's Office. In the bibliography and footnotes, I refer to documents from this archive with the initial abbreviation BOA.

[2] Ottoman historians use the phrase "Hamidian period" to refer to the decades during which Sultan Abdülhamid II was in power, naely 1876 to 1909.

[3] Nizam-I Cedid.

Sultan Mahmud II (r. 1808-1839) finally abolished the Janissary army – at this point a hereditary, ineffective, and sometimes insubordinate political and economic force – in 1826 through the "Auspicious Incident"[4] which eliminated the rebelling soldiers and replaced them with a new military corps.[5] These imperially-decreed military changes were soon followed by the *Tanzimat* (1839-1876), a bureaucrat-driven era of wide-ranging reforms punctuated by edicts in 1839 and 1856, the Land Reform Code in 1858,[6] and capped in 1876 with the first Ottoman constitution. From the abolition of tax-farming, slavery, the *cizye* (or non-Muslim tax), and the *millet* system organizing religious communities to the installment of new *Nizamiye* secular courts, censuses, new ministries, financial and land codes and more, the *Tanzimat* era was a time of Ottoman reinvention, centralization, and heightened bureaucratization.[7] On a domestic level, the sultans in power during this period, as certain bureaucrats and proponents of Ottomanism, including some individuals intent on representing their respective ethno-religious communities, all had substantive sway in the nature and execution of these varied reforms. This dissertation uses medical professionalization as a lens through which to understand the goals and results of the *Tanzimat* reforms in the Ottoman empire, with a particular focus on how the *Tanzimat* affected different ethno-religious communities and their relationships to each other.

The history of Ottoman medicine, and more broadly the history of science in the Ottoman empire, has become a more popular field of study in recent years. Miri Shefer-Mossensohn's and Alper Yalçınkaya's work both take up the question of whether there was such a thing as Ottoman science, and if so, what that would entail. Shefer-Mossensohn argues that bureaucratization influenced Ottoman science, and Yalçınkaya likewise, in his analysis of nineteenth scientific debates, illustrates how Ottoman elites were beginning to connect their understanding of science to that of their relationship to the state.[8] This connection between conceptions of state and science is important to understanding the changing medical profession's place in other Ottoman histories, and informs my understanding of Tanzimat-era reform. Younger scholars like Seçil Yılmaz and Michael Christopher Low are making valuable contributions to our understandings of public health in the late Ottoman empire, Yılmaz through a holistic analysis of syphilis that accounts for dynamics of gender and sexuality as well as state intervention, and Low through an environmental and medical history of the Hijaz that untangles the relationship between water and health.[9] However, most of the scholarship[10] on late Ottoman medicine specifically takes a case study approach – of specific physicians, hospitals, schools, or diseases – and is often written by scholars either with medical degrees or employed by medical schools. Though these works are valuable in their own ways, they leave space for works that bridge their specific areas of

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[4] "Vaka-i Hayriye."

[5] The Asâkir-i Mansûre-i Muhammediye, or "Victorious Soldiers of Muhammed"; This chapter will circle back to the military aspects of nineteenth century Ottoman medical education later.

[6] For an examination of late-Ottoman (19th century) administration through the case study of Transjordan, see Eugene Rogan's *Frontiers of the State in the Late Ottoman Empire* (Cambridge: Cambridge University Press, 2002).

[7] Milen V. Petrov, "Everyday Forms of Compliance: Subaltern Commentaries on Ottoman Reform, 1864–1868," *Comparative Studies in Society and History* 46, no. 04 (2004): 730–759.

[8] Alper Yalçınkaya, *Learned Patriots: Debating Science, State, and Society in the Nineteenth-Century Ottoman Empire* (Chicago; London: The University of Chicago Press, 2015).

[9] *See* Seçil Yılmaz's "Threats to Public Order and Health: Mobile Men as Syphilis Vectors in Late Ottoman Medical Discourse and Practice." Journal of Middle East Women's Studies 13, no. 2 (2017): 222–243.
and Michael Christopher Low's *Imperial Mecca: Ottoman Arabia and the Indian Ocean Hajj*. Columbia University Press, 2020.

[10] In Turkish, French, Greek, and English, which covers most of the scholarship that has been published on late Ottoman medicine.

specialty and ones that analyze the medical histories of different religious communities together. Though I too use case studies in this dissertation, I am drawing together the stories of physicians from all confessional backgrounds – as well as the institutions and societies which they created – to paint an intersectional picture of the profession's intercommunal and communal dynamics. In so doing, my dissertation makes a key conceptual contribution to the historiography of Ottoman *millet*s and medicine: it brings new light not just to how physicians imagined themselves, but how different Ottoman *millets* operated at this time and the relationships these communities had to each other, to the Ottoman state, and their own internal dynamics. Though other professions like architecture, engineering, and law, underwent their own transformations in the nineteenth century as well, the rise in social capital of the physician, I argue, provided a particular type of haven for both non-Muslim and Muslim physicians. Moreover, the concept of physicians' responsibility to heal not only physical bodies, but political ones, endowed many nineteenth century physicians with an added sense of purpose as well as elevated social status. Likewise, professional solidarity provided opportunities for these new generations of Ottoman physicians – who for the first time could be educated together in large numbers – to collaborate.

Though I consulted a wide array of primary and secondary sources to conceive of and write this dissertation, I was unable to include everything I consulted while also unable to access certain sources which would have enriched the argument. I hope, in the future, that I will be able to access primary sources that were unavailable to me due to COVID-related closures, mainly hospital and university records, and to expand the project to include additional sources that I excluded due either to the chronological or geographical scope of the dissertation. I also did a substantial amount of research on Greek medical professionalization that, with the exception of Chapter I, did not make it into this work due to concerns about the distracting nature of comparing the medical dynamics of two different states and how that might make it difficult to articulate clearly the processes at play within Ottoman domains. I would argue that by utilizing Greek, Turkish, French, and English secondary sources, I was able to bring together oft-separated historiographies in this work, and that my use of these sources reframes them by places the stories of Armenian, Greek, Jewish, and Muslim doctors in conversation with each other. However, I did, of course, draw on a wide range of primary sources to write this dissertation and to make a case for the relevance of examining medical professionalization through the lens of intercommunal dynamics. I consulted a series of Ottoman medical journals and newspapers, and conducted a close reading analysis of some of them in Chapters II and III. To a lesser degree, I also used Ottoman and foreign journals and newspapers which did not focus on medicine but did, at times, cite medical journals or profile events related to Ottoman medical professionalization or specific physicians. In addition, I consulted memoirs, letters, and medical texts written by Ottoman doctors in order to understand them both as socio-political actors and as medical knowledge-producers. To further map out the medical landscape of different Ottoman ethno-religious communities, I drew on medical and non-medical Ottoman bulletins and pamphlets. For my categorization of Ottoman hospital types in Chapter IV, I utilized published reports by various hospitals as well as archival state documents.

A central conceit of this dissertation is that *millet* institutions are actually developing at the same time as a secular space, and that Ottoman physicians were at the front lines of the tension between these spaces as they developed side by side. Each chapter, in its own way, explores that tension, since each chapter focuses on a different aspect of Ottoman medical

professionalization – education, regulation, medical societies, and hospitals – and the communal and intercommunal dynamics at play in each.

Chapter I focuses on Ottoman medical education and the fundamental shifts it undergoes in the nineteenth century with the founding of the Imperial School of Medicine in Istanbul, a military medical school spearheaded by Sultan Mahmud II and his head doctor, or *hekimbaşı*, Mustafa Behçet Efendi. The rationale behind this chapter is to explore not only how the establishment of this new institution changed medical instruction in the Ottoman empire, but to compare the goals of medical reformers to the actual results of their reforms, particularly in terms of communal and intercommunal dynamics. Before the nineteenth century, Ottoman Muslim and non-Muslim physicians underwent their medical training separately. It was only with the founding in 1827 of the Imperial School of Medicine that there existed within the empire a space in which they could be educated together. However, this school was not the first attempt by the Ottoman state to establish a military medical school, nor was it meant to train non-Muslim doctors alongside Muslim ones. By exploring the attempted verses achieved futures of Ottoman medical education at this time, I hope to unpack the complexities of the wave of Ottoman reforms at this time, as well as the ways in which the positionality of certain groups within medicine was and was not shifting. Moreover, I compare the establishment of this school with ones in Cairo, Corfu, and Athens around the same period to paint a broader picture of medical educational trends in the region.

Chapter II continues the story begun in Chapter I by tracing the impact of the Imperial School of Medicine after it becomes more established and begins to produce graduates consistently, as well as the school's broader influence on medical licensing, regulation, and public health policy. The lens of intercommunal dynamics continues with the integrated educational environment of the school, the importing of foreign reformers and the exporting of students of all faiths abroad for further specialized training, and the involvement of professors and graduates of the school in creating medical regulations and councils, as well as becoming arbiters of what constitutes appropriate medical training in order to practice medicine in the Ottoman empire. It follows the career of neo-Phanariot physician Marko Pasha to explore how, after the Greek War of Independence threatened the influence a select group of Greek Orthodox Christians had previously been able to hold within the Ottoman state, Marko Pasha and other Ottoman Greek physicians were able to use the socio-political capital that their medical expertise provided not only to rise to the top of the medical profession, but also to maintain a hold on state power. Marko Pasha's involvement in forensic medical analysis also provides an opportunity, in this chapter, to explore how forensic medicine evolved as a tool of the state as well as another venue for valuing medical expertise in legal and political arenas.

Chapter III focuses on Ottoman societies and how their establishment impacted the progression of the Ottoman medical profession. I look at both communal and intercommunal medical societies, as well as the Greek Philological Society of Constantinople which was not a medical society but did have many prominent physician founders and members. I lay out the different functions and aspects of each, and how many physicians were members of both their communal societies and intercommunal medical societies, in particular the Imperial Society of Medicine. I also examine some of the debates within these societies and what they indicate about how Ottoman doctors were thinking about their own profession at this time, as well as the intercommunal dynamics of medical care. In so doing, I argue that these societies function as spaces which allow for the refinement of communal identities, the evolution of medical professionalization, and new ways for Ottoman physicians of all backgrounds to engage on a

deeper level with socio-political changes at work in Istanbul and the Ottoman empire more broadly.

In Chapter IV, I create a categorization system for different types of Ottoman hospitals, and use that categorization system to unpack the substantial role that religious and communal authorities played in building, managing, and funding hospitals as well as the impact of communal identity on patients' access to medical care. The main categories that I present and then address are: Temporary Hospitals, Military Hospitals (some of which are temporary, some permanent), Communal Hospitals (including Islamic Charity hospitals), foreign hospitals, and state hospitals. I define and present examples of each hospital type, focusing on Istanbul but including examples from other parts of the empire. I then analyze how these types changed (or in some cases, emerged) in the nineteenth century, and the role of communal and intercommunal dynamics in the administration, staffing, and patient intake of these hospitals. I argue that communal hospitals, while funded by, staffed by and serving their respective communities, were also tied to the central state not only financially and legislatively but also through physicians who collaborated across communal lines as well as serving at state-sponsored institutions like medical schools, military hospitals, and public health councils.

This dissertation argues that what it means to be an Ottoman doctor fundamentally changed in the nineteenth century, with the emergence of a new type of middle class Ottoman medical professional and the elevation in status of Ottoman doctors as a professional group. I integrate the transformation of Ottoman medicine into existing understandings of the *Tanzimat* and argue that the trajectory of medical professionals in this period speaks to the evolving relationship that different communities and had with the Ottoman state as well as the changing dynamics between and within different communities. In viewing each aspect of Ottoman medical professionalization through the lens of communal and intercommunal dynamics, I seek to demonstrate how medicine proved a particularly apt field for non-Muslim doctors to maintain relevance within Ottoman political power structures at a time when revolts threw suspicion upon the state loyalty of these groups. However, I also argue that these doctors also managed to nurture communal ties and even express a certain type of communal pride, as with Ottoman Greek physicians' philhellenic activities in particular, without sacrificing their status within Ottoman state institutions. Likewise, I point to how Muslim physicians collaborated with their non-Muslim peers while striving for a new type of Ottoman medicine which would rely more on the use of the Ottoman Turkish language and an evolving sense of patriotism in which medical practice was also a civic duty. Finally, this dissertation aims to contribute a more complex understanding of intercommunal dynamics in the nineteenth century and how Ottoman medical professionalization became a particularly potent space for communal action and intercommunal collaboration and conflict. It also hopes to revise preexisting histories of medicine in the Ottoman empire and beyond by highlighting the social dynamics of the profession and its impact on the practice of medicine.

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I will not be able to address everyone who has contributed to this process, but I will do my best. My deepest gratitude goes to my dissertation committee, Christine Philliou, Thomas Laqueur, and Anneka Lenssen. I first met Professor Philliou in my first semester of my freshman year as an undergraduate, and even though I was not taking a course with her she listened to my research ideas during her office hours and encouraged my newly found passion for Ottoman history. That support which evolved into her advising me during my doctoral program has meant so much, and her insight and feedback has deeply shaped this project. Thomas Laqueur has provided amazing guidance and insight in my transition into studying the history of medicine, and his depth of knowledge and sharp commentary while preparing for my qualifying exams and then writing the dissertation has been deeply appreciated. Anneka Lenssen has been very supportive of me during my studies, and her unique perspective as an art historian has expanded the ways in which I think and write about history. In addition to my committee, there are so many other faculty at Berkeley that have helped me grow as a scholar. My thanks goes to Sandra Eder for her mentorship and insight into researching and writing about the history of medicine, Ronit Stahl for the conversations we have had about studying the intersections of medicine and religion, and Victoria Frede, Emily Gottreich, Ussama Makdisi, Yuri Slezkine, and many other faculty for their contributions to my development as a historian. I would also like to thank the administrative staff of the History department. Outside of Berkeley, my heartfelt thanks goes to Professors Vangelis Calotychos, Nara Milanich, Aimee Genell, and the late Vangelis Kechriotis whose engagement and support has impacted me immensely. I likewise could not have done this project without amazing Ottoman Turkish language teachers, so my heartfelt thanks goes to the brilliant Douglas Brookes, Zuleyha Fikret – who was also formative in my journey with Modern Turkish – and Yorgos Dedes.

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I have too many wonderful friends from outside of academia who have provided support and been a safe refuge to list, and to whom I owe great thanks, but I will name a few. From childhood: Rachel Taylor, thank you for being the type of friend that becomes family. From high school, Jenny, Cori, Wyatt, and Jasamine: thank you for sticking by me across time and distance. From college, Rohit Prasanna, Bianca Ko, Sruti Sriram, Sonalee Rau, Tanya Shah, Gavin Murray, Rubii Pham, and Mia Dhillon deserve special thanks, along with other wonderful friends unnamed here. All of you have challenged me intellectually and patiently provided outside perspectives on my research while also providing a space away from my intellectual anxieties.

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Last but not least, to my amazing family. In this past year I have suffered from a series of health issues that have made completing this dissertation difficult, some of which culminated in a recent surgery from which I am still recovering. I would not have been able to weather the storm of these health problems and finish this dissertation without the support of my amazing family and family friends, so thanks must go to my aunts, uncles, cousins, and neighbors who have known and supported me my whole life. My brother-in-law Alex – a physician himself – starting dating my sister at the beginning of my doctoral studies, and has been a welcome addition to the family. My sister Katie and my father are both passionate physicians, and in many ways inspired my interest in the dynamics of medical professionalization and how they have changed over time and space. They also, however, have on a practical level provided advice, support, and guidance through my own medical issues and helped me advocate for the best care. It is either ironic or fitting that being a patient is what has hampered my ability to write about doctors. Katie has been the best older sister anyone could ask for, and has looked out for me since I was born and supported me throughout this process even when we were on opposite coasts or opposite sides of the world. My dad has always brought a sense of levity to my life and I am so fortunate to have

grown up with him as my father and have had his unconditional support with pursuing my doctorate, and with moving to California where he, decades ago, did his medical residency. Last but certainly not least, my amazing mother, the best in the world, has provided so much emotional support throughout the entire doctoral program, and has always asked me questions about my work and pushed for me to make it engaging and accessible. She also is the one who, when I was applying for language scholarships in high school, advocated for me to apply for Turkish over other languages, so in a way, my entry into studying Ottoman history was sparked in part by her advice. In this final year of my doctoral program, she also put her life on hold to take care of me physically when I could not care for myself, and I will never be able to repay her for her unending support. I owe so much to all of you, and am deeply grateful.

CHAPTER 1: EDUCATE TO MEDICATE: A NEW ERA OF OTTOMAN AND GREEK MEDICAL EDUCATION

I. Introduction

This chapter uses one particular type of reform – medical education – as a lens through which to understand the reforms of the *Tanzimat* and the beginning of a new era of Ottoman medical professionalization. By comparing the founding years of the Tıbhâne-i Âmire – hereafter Imperial School of Medicine – in Istanbul, Qasr al-'Aini in Cairo, Ionian Academy in Corfu, and Othonian University in Athens, I seek to unpack how these institutions' early years were related, and why the Imperial School of Medicine became such a key player in transforming the character of the Ottoman medical profession and the status of Ottoman physicians. Through this comparative analysis, I also show how and why the Imperial School of Medicine became a nexus of intercommunal coeducation and collaboration while the other schools adhered more strongly to mono-confessional, proto-national policies and demographics. Comparing two new medical institutions that were established within Ottoman domains – the Imperial School of Medicine and Qasr al-'Aini – to two others outside of them but with deep and recent Ottoman ties – Othonian University and Ionian Academy – can place the Tanzimat and its version of modernization in conversation with other attempts at institution-building just outside the empire's shrinking borders by highlighting the national and/or imperial visions of each, the diversity of the personnel involved, and the direct and indirect connections between these different medical institutions which all emerged around the same time.

Something that has gone unnoticed by many Ottoman historians is that, with the two hundred year anniversary of the beginning of the Greek War of Independence recently passed, a new wave of historiography about the Greek Revolution has swept through, and this has a direct bearing on the history under discussion here. A subsection of this new wave interrogates nationalist narratives of the revolution, with more historians taking interest in exploring them within an Ottoman context or in comparative global perspective.[11] Scholars and curators Natasa Kastriti, Regina Katsimardou, Panagiota Panariti, and Evi Sampanikou, all affiliated with the National Historical Museum in Athens, have recently been working towards moving beyond a "great man" version of the War of Independence that focuses on heroes of the revolution, but rather an approach that includes and highlights the experience of the revolution for civilians whose names are left unremembered. What this chapter hopes to accomplish is a bit different. Examining Greek and Ottoman medical schools together does not just shine an Ottoman perspective on the history of the foundation of Greece or highlight the ways in which the Greek revolution impacted the Ottoman state and its perception of future potential separatists. This chapter proposes a comparative integrated understanding of changes in Athens and Istanbul at the same time, seeing them not only as comparable, but mutually influential. Integrating three oft-separated fields of historiography - the Tanzimat, science, and the Greek Revolution - not only illuminates the places in which they all intersect, in this case educational institutionalization, but also the ways in which medical professionalization is also a political story.

[11] Papers that emerged out of the New Dimensions of 1821 Conference on November 5-6 & 12th-13th 2021 - hosted online by multiple universities in California, as well as Princeton-Columbia cohosted conference entitled "The Greek War of Independence and the Americas" on November 12th and 13th, are good examples of this new wave.

II. The Imperial School of Medicine: Its Roots, Cast of Characters, and First Steps

a) Hekimbaşı Mustafa Behçet Efendi (1774-1834)

The opening of the [Ottoman] Imperial School of Medicine on March 14th, 1827 was a transformative moment in the history of Ottoman medical education and in the Ottoman medical profession more broadly. However, to understand fully the impetus behind creating this institution, its goals, and its philosophy on medicine in its early years and how that did and did not change over subsequent decades, it is important to investigate the circumstances under which it was established. Sultan Mahmud II's right-hand man in the project, Hekimbaşı (Head Doctor) Mustafa Behçet Efendi (1774-1834) was a driving force in founding the school, among other various accomplishments before and during Mahmud II's reign. Examining Mustafa Behçet Efendi's life and his medical and political views can help to unpack what constituted the model Ottoman doctor Sultan Mahmud II & Mustafa Behçet Efendi hope to generate through this educational project and in what ways said model was similar or different from Mustafa Behçet Efendi himself. Likewise, examining Mustafa Behçet Efendi's place within the system of Ottoman governance and within medicine can shed light on the changes taking place at the turn of the 19th century, as well as how the medical school did or did not disrupt those changes in subsequent decades.

Mustafa Behçet Efendi was born in 1774 in Istanbul into a family with a history of Ottoman imperial service, a background which influenced his trajectory within medicine and the Ottoman government. His father, Mehmed Emin Şükûhî Efendi, was a *katip* (clerk) at the Dîvân-ı Hümâyun, while his mother, Nefise, was the daughter of Hâfız Mehmed Hayrullah Efendi, also known as Büyük Hayrullah Efendi, who served as hekimbaşı (head doctor) from 1783 to 1786 for Sultan Abdülhamid I (r. 1774-1789). Mehmed Emin Şükûhî and Nefise had five children - two girls and three boys - with Mustafa Behçet being the oldest, his younger brother Abdülhak Molla (1786-1854) also becoming not only a physician but also hekimbaşı, and his other younger brother Enderunlu Hızır İlyas (1801-1864), who also ended up working for the palace and the Ottoman state though, unlike his brothers, not in medicine. Abdülhak Molla's son Müverrih Hayrullah Efendi (1818-1866) carried on the family's medical legacy not only by graduating from the medical school his uncle Mustafa Behçet founded and his father Abdülhak Molla later directed, but also becoming hekimbaşı like his father, uncle, and great grandfather before him. Multiple generations of an Ottoman family assuming prominent positions within the same profession, as well as within medicine specifically, was neither unprecedented nor unparalleled in the times concurrent with and following Mustafa Behçet and his family's prominence.

The saga of Mustafa Behçet's family is important to unpack because these family connections allow for continuity in executing the vision for the Imperial School of Medicine after Mustafa Behçet's death since his family members collaborated with him in life and took up the mantle of driving change in medical education and practice after his death. Also, the ways in which this family operated spoke to a greater system in which medical families of all religious backgrounds would secure and pass on positions of power, as was done for political and religious elites as well. Other earlier examples of multi-generational family palace physicians include many families of Jewish physicians such as the Hamon family in the sixteenth century as well as

chains of Muslim physicians like the Kaysunizade family in the seventeenth century.[12] A contemporaneous example of an Ottoman medical family that will be explored further later are Stephanos Caratheodory and his nephew Constantin Caratheodory (not to be confused with the mathematician of the same name who was also related to them), part of an important Phanariot family.

Mustafa Behçet Efendi first began studying medicine at Süleymaniye Medical School in Istanbul, a *medrese* that had been established by Sultan Süleyman I centuries prior. However, following eighteenth century trends, Mustafa Behçet's parents also sent him to Italy, a well-established center for medical knowledge, to further his medical education, though which school is uncertain.[13] Scholar Ismail Saib Sencer claimed that Mustafa Behçet went to Venice and that his grandfather Hayrullah authorized a cook to accompany him, but no other primary or secondary sources make this claim nor provide documentation, though many other sources agree that both he and later his brother studied medicine in Italy at their parents' behest.[14] If he was not in Venice, he most likely studied in Padua, Bologna, or Pisa, which all had substantial medical programs with a history of accepting foreign students, including Ottoman subjects. For however long and wherever he did study in Italy, it left a mark on him, because later in his career Mustafa Behçet would consume and even translate a lot of Italian scientific and medical literature.

Italy's proximity to Istanbul, though certainly a factor, was not its sole appeal for prospective medical students from the Ottoman Empire. The medical programs at the universities of Bologna and Padua were the first in Europe to introduce practical medical instruction and to offer anatomical and surgical training, adding botanical and pharmaceutical courses in the mid-sixteenth century and building anatomical theaters, gardens, and rooms in which to conduct this training.[15] In the fifteenth century, as high as 30-40% of graduates of the University of Padua were foreign, and though not all of those students were medical students, Padua was graduating five to ten medical students a year, the highest yield of any European medical school at that time.[16] Both schools continued to hold a strong reputation in medical circles in subsequent centuries, even as other universities in Paris, Montpellier, Vienna, Leiden and elsewhere started to adopt a similar emphasis on clinical training in addition to theoretical scientific inquiry.

Famed physician Andreas Vesalius, who wrote a very influential book on human anatomy *De Humani Corporis Fabrica Libri Septem,* taught surgery and anatomy at the University of Padua from 1537 to 1542 as well as guest lectured at Bologna and Pisa's medical schools despite being a Hapsburg subject himself. His promotion of dissection there not only kept these Italian schools at the forefront of anatomical and medical inquiry but also influenced

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[12] Viktor Apalaçi, ed., *Or-Ahayim Jewish Hospital: A Century of Love and Compassion*, trans. Leon Keribar (Istanbul: Balat Or-Ahayim Jewish hospital Foundation, 2003), 17.

[13] Some scholars also believe that he never formally studied in Italy at all, due to the lack of irrefutable documentation of him attending a specific school in a specific time frame. If that is indeed the case, Italian medical educational trends still influenced him, since he learned Italian to a sufficient level to read and translate Italian texts later in his career. His relationship to Italy would be a good area of future, further study.

[14] Feridun Nâfiz Uzluk, *Hekimbaşı Mustafa Behçet: Zâti, Eserleri Üstüne Bir Araştırma*, no. 3. (Ankara: Ankara Üniversitesi Tıp Fakültesi Tıp Tarihi Enstitüsü, 1950), 14.

[15] Hilde de Ridder Symoens, "The Mobility of Medical Students from the Fifteenth to the Eighteenth Centuries: The Institutional Context," In *Centres of Medical Excellence?: Medical Travel and Education in Europe, 1500-1789*, eds. Ole Peter Grell, Andrew Cunningham, and Jon Arrizabalaga (Farnham, England: Ashgate, 2010), 52.

[16] Ibid, 55. Foreign here refers to "Ultramontane" students, i.e. students traveling to Padua to study from the other side of the Alps.

views and debates on dissection further afield. Vesalius's anatomical research and publications which were based upon the dissection of human corpses (rather than the dissection of other animals or upon anatomical assumptions made without cutting into a human body) upended some long-held understandings of the human body proffered by 2nd century Greek physician Galen that both European and Ottoman medical circles had largely held. Galen had refused to dissect human corpses, and though some in the sixteenth century used Christian or Muslim religious justifications for likewise refusing to use cadavers, Galen's legacy specifically was largely present in medical education and debates. Vesalius's challenge to Galenic assumptions, both concerning specific aspects of human anatomy and the morality of dissecting corpses to map and analyze that anatomy, divided physicians and medical schools into different camps, which reverberated within Ottoman medical circles both at the time and even centuries later.

Historian of Ottoman science Miri Shefer Mossensohn argues that Ottoman physicians clung to Galen more strongly after Vesalius's challenge, whereas other European medical circles began to confront and question Galenic medicine during the renaissance.[17] Thus, Ottoman physicians who studied in Italy and returned to practice in the empire were not just returning with Italian medical training, but more specifically with a training that valued dissection as an anatomical research tool and a clinical medical training tool for scholars and practicing physicians alike. Since the palace physicians were a mixture of medrese and Italian trained physicians, there was the opportunity for debates on the merits of Galen and dissection that long preceded a formalized sanctioning of the use of cadavers for Ottoman medical education. Mustafa Behçet Efendi, centuries later, in some sense is an embodiment of these earlier conversations, since he had both Ottoman medrese and Italian university medical training and was an advocate for dissection.

Wherever Mustafa Behçet Efendi did study in Italy, it is important to note that his parents valued an Italian medical education and deemed it necessary in addition to a medrese one for their physician sons. It is here that Mehmed Emin Şükûhî Efendi's position in the palace comes into play. Around age twenty, Mustafa Behçet learned Italian and Latin from translator Yahyâ Nâci Efendi who, like Mustafa Behçet, also worked for the Dîvân-ı Hümâyun. By 1796, Mustafa Behçet had obtained a job as a palace physician, working there under Selim III for seven years before being promoted to Hekimbaşı in 1803. During his first tenure as Hekimbaşı he made two separate attempts to open medical schools. The first was on April 15th, 1805, when he opened a medical school for Rum students in Kuruçeşme with "Dimitreşko," a.k.a. Dimitrios Mourouzis, as the director. In addition to the medical school, the complex included a hospital, a hospice for the poor and laboratories for anatomy, physics, and chemistry.[18] In terms of the curriculum, the school modeled itself after many European medical institutions at the time, including practical training and autopsies alongside theoretical courses in medicine, language, literature, and mathematics, and the language of instruction would have been Greek.[19]

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[17] Miri Shefer-Mossensohn, *Science Among the Ottomans: The Cultural Creation and Exchange of Knowledge*. (New York: University of Texas Press, 2015), 109.
[18] Nuran Yıldırım, "Le Rôle Des Médecins Turcs Dans La Transmission Du Savoir," In *Médecins Et Ingénieurs Ottomans À L'âge Des Nationalismes*, ed. Méropi Anastassiadou-Dumont (Paris/Istanbul: Maisonneuve et Larose/Institut français d'études anatoliennes d'Istanbul, 2003), 135.
[19] Adnan Ataç, *Gülhane Askeri Tıp Akademisi'nin Kuruluşu* (Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, 1996), 4.

Scholars of the history of Ottoman anatomical studies have argued that Sultan Selim III's sponsorship of a Greek medical academy before a Muslim one was largely a calculated effort to introduce dissection to Ottoman medical education without disrupting the modus operandi within the medreses or inciting religious resistance.[20] Unfortunately there is little documentation of the school, which closed two years later in 1807, so it is hard to know to what extent it operated at all, as well as what happened to the students, professors, and employees after its closure. Mourouzis did not outlive the school by much - although he served as the dragoman of the Ottoman imperial army starting in December of 1808, his negotiations for the Treaty of Budapest in 1812 as well as broader accusations of Russian alignment led to his execution that same year.[21]

The second attempt at an Ottoman medical school in which Mustafa Behçet Efendi was involved was less than a year after the first. This time it was a naval medical school for Muslim students. The limited information we do have shows how at this time medical reforms were considered important to achieving military reform, a perspective which continued past the reign of Selim III into that of Mahmud II. The naval medical school was established through the Bahriye Kanunnâmesi (Naval Code/Law) of February 17th, 1805, an expansion of Bahriye Kanunnâmesi that Sultan Selim III had put forth in 1804 to jumpstart naval reforms in the empire as a part of the broader *Nizam-i Cedid*, or "New Order." A central element of these changes was the establishment of the Umûr-ı Bahriyye Nezâreti (Ministry of Naval Affairs, not to be confused with the Bahriyye Nezâreti established in 1867) to replace the preexisting Shipyard Trust.[22] The replacement of the Shipyard Trust with the Ministry of Naval Affairs meant that the Ottoman navy now had its own treasury and minister, granting a higher degree of power to the navy and the shipyards as they attempted to expand and improve shipbuilding as well as the management of naval affairs.[23]

It was under this newly established umbrella that the additional Naval Code in 1805 set out the parameters for a new medical school within the Tersane-i Âmire (Imperial Arsenal)[24], whose students would then gain practical training through using in Kasımpaşa, Spitalya[25] Training Hospital in Aynalıkavak. This same Naval Code also stipulated that all battleships would need to have a permanent medical team of one doctor and one surgeon attached to it, who would fall under the jurisdiction of the Chief Physician to the Imperial Navy (Donanma-yı Hümayûn Hekimbaşı) and the Chief Surgeon to the Imperial Navy (Donanma-yı Hümayûn Cerrahbaşısı).[26] The establishment of a navy-specific chief physician and surgeon not only

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[20] Salih Murat Akkin, and Gulten Dinc. "A Glimpse into the Process of Gaining Permission for the Educational Dissection of Human Cadavers in the Ottoman Empire," *Clinical Anatomy* 27, no. 7 (2014): 967.
[21] Christine May Philliou, *Biography of an Empire: Governing Ottomans in an Age of Revolution* (Berkeley: University of California Press, 2011), 20; 206.
[22] Tersane Eminlik
[23] See İdris Bostan, *Osmanlı Bahriye Teşkilâtı: XVII. Yüzyılda Tersâne-i Âmire* (Türkiye: Türk Tarih Kurumu Basımevi, 1992).
[24] In 1913 the Tersâne-i Âmire was split into Taşkızak Tersanesi, which remained under Naval control, and the Camialtı and Haliç shipyards, which were put under the jurisdiction of the İnşâât-ı Bahriyye Şirket-i Osmâniyye. Some sources thus talk more specifically about the medical school being located within Taşkızak Shipyard, even though it was part of the larger entity of the Imperial Arsenal at this moment.
[25] Spitalya is derived from the Italian word for hospital, so though I use "Spitalya Hospital" here to distinguish it from other Italian and non-italian hospitals in Istanbul, it is somewhat redundant.
[26] Miri Shefer-Mossensohn, "Medical Treatment in the Ottoman Navy in the Early Modern Period," *Journal of the Economic and Social History of the Orient* 50, no. 4 (2007): 562.

reinforced the quest for increased administrative and financial autonomy within the Navy, but also indicates the solidification of the Hekimbaşı as a powerful supervisory post by placing a naval equivalent within its own power structure. The school, if it had lasted, could have produced the physicians needed to man the ships medical teams, making the Navy more of a closed loop. This structure foreshadows again that of the Tıphane-i Amire, which was meant to generate military doctors that could enter service upon graduation and reduce or eliminate the need to recruit physicians from other schools or with different training or ties. Medicine, thus, was emerging as a key area of administrative reform.

The school opened on January 9th, 1806 and began offering courses in both medicine and surgery. French and Italian were the primary languages of instruction, and most of the instructors were Italian.[27] Anatomy was a key element in medical education here - Mustafa Behçet Efendi took a personal interest in ensuring that anatomy lessons which included dissection and not just theoretical training were offered at the school.[28] However, due to the limited documentation we have on the school and the fact that bans on dissection were not officially lifted in the Ottoman Empire until 1841, it is unclear exactly how dissection and anatomical training played out here, though founding documents for the school suggested unclaimed bodies from the shipyard for cadavers.[29] Mosaraki Efendi was the head doctor at the naval medical school, and Arbili Efendi the head surgeon, and they were in charge of 10 surgical students and ten medical students during the first year of operation, although they were soon after dismissed from their posts. Records taper off soon after. It is possible that the school stopped functioning as early as 1808 or 1809, but it certainly was gone by 1822, when the building in Kasımpaşa which housed it burned down. According to scholar Alper Tunga Kökcü, the naval medical school was intended to train only Muslim students, placing it in sharp contrast with the school in Kuruçeşme while aligning it more closely with the subsequent Tıphane-i Amire, Mustafa Behçet Efendi's final and most successful attempt at an Ottoman medical school.[30]

Selim III's deposition and assassination in 1807 disrupted and changed the outcome of many of his attempted New Order reforms, including the status of Ottoman medical administration and education. One can assume that the short life of the Naval Medical School is in large part due to Selim III's demise, since he was the one who demanded its implementation and he died before it could become well-established. The school also lost one of its other primary supporters, Mustafa Behçet Efendi, since he lost his position as Hekimbaşı when the sultan was assassinated, replaced by Hekimbaşı Tuğcuzâde Ahmed Abdülkâdir.[31]

For the next ten years, Mustafa Behçet Efendi's positions of power were generally outside of medicine, for example in an 1812 post as a *kadı*, or judge, in Egypt and additional *kadı* positions in Istanbul, Mecca, and Medina. It was via the recommendation of the influential Halet

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[27] Ibid.

[28] Alper Tunga Kökçü, and Nilüfer Demirsoy. "Hekimbaşı Mustafa Behçet Efendi ve 19. Yüzyılda Osmanlı Tıp Eğitiminde Yenilikçi Hareket," *Türkiye Klinikleri Journal of Medical Ethics* 24, no. 2 (2016): 68.

[29] Bodies from the shipyard did end up being a cadaver source in the 1840s as well when the practice was officially sanctioned. Esin Kâhya, and A. D. Erdemir. *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*. Osmanlı Serisi (Türkiye: Türkiye Diyanet Vakfı, 2000), 227.

[30] Kökçü, and Demirsoy, "Hekimbaşı Mustafa," 69.

[31] Hekimbaşı Tuğcuzâde Ahmed Abdülkâdir only lasted as long as the new sultan - Mustafa IV - whom he was called to serve, i.e. only one year. When Mahmud II ascended to the position of Sultan, Nûmanzâde Mustafa Mesud became hekimbaşı.

Efendi that Mustafa Behçet Efendi was able to return to the post of Hekimbaşı in 1817, this time under Sultan Mahmud II. In 1821 Mustafa Behçet Efendi continued to expand his own political influence, gaining the position of Anatolian Kazasker as well as a position in the Parliament, political influence which soon took a sharp turn when Halet Efendi fell from grace and was dismissed on December 28th, 1821 (and soon afterwards, put to death). This led to both Mustafa Behçet and his brother Abdulhak Molla being exiled to Keşan in Edirne for a year, during which time they kept in touch with their younger brother Hizir Ilyas, who it seems was not expelled though he was educated within the palace and worked as a clerk like their father. Mahmud II pardoned Mustafa Behçet in November 1822, upon which he returned to Istanbul.[32] A few months after his return, Silahtar Ağa asked him to examine newborn Sehzade Mecid (later Sultan Abdülmecid) and his mother at Beşiktaş Palace,[33] and soon after that he became Hekimbaşı for the third and final time on July 12th, 1823, serving in that post until his death in 1834. During this time Mustafa Behçet and Sultan Mahmud II cultivated a meaningful partnership that finally resulted in an Ottoman Medical School with staying power - the Tıphane-i Amire (1827) and its companion school of surgery the Cerrahhane-i Amire (1832).[34]

Mustafa Behçet Efendi officially proposed the establishment of a new Ottoman medical school in a letter to Sultan Mahmud II dated December 26th, 1826,[35] though he had been invested in getting such a project off the ground for decades.[36] The school began its operations on March 14th, 1827, in the Tulumbacıbaşı Konağı (Mansion) in Şehzadebaşı next to Acemi Oğlanlar Kışlası (Barracks). The medical school and the surgical school initially began as separate institutions, though they sometimes shared the same building. The medical program was a more rigorous five-year program whereas the surgical one was only three, and the teaching team at the medical school began as a larger group than the surgical one, though they certainly shared instructors at times. However, though Mustafa Behçet Efendi lived to see the founding of the school that he worked so hard to establish, and at his third attempt finally saw the advent of one with staying power (though it changed locations, names, and structure many times), he died in 1834, before the school officially graduated any doctors. However, his brother, nephew, and the colleagues he installed at the school carried on his mission and expanded both the public health structures like the Quarantine Council and Health Ministry and the medical school, all of which he was instrumental in establishing.

Much of this examination of Mustafa Behçet Efendi's life focuses on his larger scale efforts to institutionalize medical education rather than his work with individual patients or in medical care or research. However, examining his medical publications can help us understand his priorities in medical policy making and institution-building as well as the medical perspective which informed his views on what constituted a complete, modern medical education and a successful public health apparatus. What were his medical influences, and what did he see as pressing medical issues of his time? What kind of doctor was he, and where did he fall in medical debates and developments of the time? To answer the first question, many of his publications were actually translations, and his own work often referred either directly or obliquely to that of other physicians, which can give a preliminary sense of what recent research

[32] Kökçü, and Demirsoy, "Hekimbaşı Mustafa," 69.
[33] Uzluk, *Hekimbaşı Mustafa Behçet*, 38.
[34] The schools merged in 1836.
[35] 26 Cemâziyelevvel 1242
[36] Ataç, *Gülhane Askeri*, 5.

he deemed important enough that it needed to be available in Ottoman Turkish. Italian, the language of the second half of his medical education, proved an access point for him not just to Italian texts but also texts with other origins with which he came into contact via Italian translations. He also read texts in Arabic, translating at least one into Ottoman Turkish, showing that he continued to engage with knowledge being produced in both Islamic and Western European circles at the time, valuing both enough to translate and cite their works. Mustafa Behçet translated a variety of eighteenth century scientific texts into Ottoman Turkish, including French naturalist Buffon's Natural History,[37] Italian anatomist and physiologist Leopoldo Marco Antonio Caldani's *Physiology,*[38] Austrian physician Joseph Jacob Ritter von Plenck's book on syphilis *Methodus nova et Facilis Argentum Vivum Aquis Venera Labe Infectis Exhibendi,*[39] and Edward Jenner's 1798 work on smallpox inoculation using cowpox entitled *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ.*[4041] This displays not only his own commitment to staying abreast of recent scientific, particularly medical, developments but also a desire to spread those insights within Ottoman intellectual circles and to expand the range of works available to readers of Ottoman Turkish. For example, Mustafa Behçet Efendi particularly valued Caldani's work on blood, his prime motivation to translate *Physiology*, and in order to translate it he had to coin new medical terms in Ottoman Turkish.[42] This makes Mustafa Behçet's translation more than just the transportation of a text from one language to another: it was an active process that in turn expanded the bounds of Ottoman Turkish terminology, and with new words to describe these concepts, an increased potential for those concepts to spread.

The Jenner text, though making waves in Europe, was rooted in ideas that were circulating longer in the Ottoman empire in contrast with Caldani's work on blood. Edward Jenner latched onto the idea of vaccination through Lady Montagu (1689-1762), who encountered the practice during her time in Istanbul when her husband was stationed there as the British Ambassador to the Ottoman Empire. The practice relayed by Montagu[43] was an older folk medical practice clearly effective in warding off disease, but inoculation was not solely an informal rural practice then "legitimized" through its use by a physician with formalized medical training, i.e. Jenner. At the same time as Jenner, multiple physicians within the Ottoman empire not only practiced smallpox inoculation but also wrote about it. The two most notable ones were both Italian-trained Greek physicians: Chiot Emmanuel Timonis (1669-1720), who taught at the University of Padua and also served at one point as Sultan Ahmed III's personal physician, and Cephalonian Jacobus Pylarinos (1659–1718), who served instead as Russian Tsar Peter the

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[37] Fr. Histoire Naturelle - Though Mustafa Behçet translated only the first two volumes, there were 36 volumes in total written, the last eight of which were written by Buffon's peers after his death. In the second section of the second volume, Mustafa Behçet Efendi translates the title *Histoire Naturelle Generale et Particuliere* as *Marifetü'l Arz* in Ottoman Turkish.

[38] *Fisiologica* was the original title. The title of the Ottoman Turkish translation was *Vezâif-i A'zâ*.

[39] Originally published in Vienna in 1766, Mustafa Behçet used an Italian translation of the text to make his own translation into Ottoman, which he titled *Firengi Risalesi,* since syphilis was often called the "French disease."

[40] I would have to do a comparison of the Jenner text and of Mustafa Behçet's to confirm that this is indeed a translation of the Jenner text rather than of Joseph Marshall's Il Vajuolo Vaccino (1802), which was heavily influenced by Jenner. Secondary sources are split on this front. The title of the Ottoman translation was Risâle-i Telkīh-i Bakarî.

[41] Esin Kâhya, "Hekimbaşı Mustafa Behçet Efendi Ve Istanbul'a Verdiği Sağlık Hizmetleri." In *7. Uluslararası Türk Kültürü Kongresi: Türk Ve Dünya Kültüründe İstanbul, 5-10 Ekim 2009, Ankara*, ed. Şebnem Ercebeci Çınar (Ankara: Atatürk Kültür Merkezi, 2011), 683.

[42] Ibid, 687.

[43] Dr. Timonis is the one who actually introduced her to the practice.

Great's physician, while also practicing at various points in Istanbul and Izmir.[44] Timonis and Pylarinos developed their methods independent from each other and from Jenner, though unlike Jenner they – and other practitioners in Ottoman domains – preferred inoculation/variolation (the use of infected pustules on humans to immunize other humans) over Jenner's predilection for vaccination (the use of the disease in cows to immunize humans).

However, both methods had similar execution and results, which begs the question: why prioritize bringing Jenner's work into Ottoman Turkish to reach an audience that had already figured out the value of disease prevention and how to execute it? A few things could be at play here. First, Jenner was quite widely read, more so than Timonis or Pylarinos, making him the more likely candidate for an Ottoman Turkish translation since these initial translations into Ottoman Turkish often came from widely-circulated texts. Secondly, inoculation and/or vaccination was a salient topic in Ottoman health circles, where there were public health campaigns that encouraged both the development of vaccines for other diseases and the wide distribution of those vaccines public that made translating Jenner an appealing prospect. Jenner's text could be seen as a reflection of Mustafa Behçet's commitment to public health and the value he placed on inoculation and/or vaccination to slow the spread of disease. This is important because it represents a major intervention by the state in controlling the bodies of its subjects through vaccination, and Mustafa Behçet was the man capable of and interested in pushing for such policies.

What about Mustafa Behçet Efendi's original works? His best known was probably his twelve-page treatise on cholera or *Kolera Risalesi* (1831), which certainly got the greatest amount of promotion since he printed 4000 copies of it through the Imperial Press.[45] This text is probably the clearest example of how Mustafa Behçet's medical writings supported his public health initiatives and medical institutionalization efforts. At the same time that he was writing and then publishing his own work on cholera (which was later translated into German and thus moved beyond even an Ottoman audience), he was also putting together an Ottoman Quarantine Administration (Tahaffuzhane), with hopes of solidifying a more encompassing Health Ministry. He ordered that the cholera text itself be distributed to relevant officers and state officials, demonstrating that Mustafa Behçet saw cholera as a threat to public health that could be dealt through a combination of spreading awareness and creating regulatory bodies that would contain and combat the issue. His first published work, a collaboration with Mustafa Reşid Efendi entitled *Tertîb-i Eczâ* (1817), had similar public health aspirations: it provided medical advice for pilgrims headed towards Mecca for haj.[46] Likewise, his tome *Hezâr Esrâr* (A Thousand Secrets, pub. 1862), which his brother and nephew completed and published after his death, also reached for a broader impact, though its contents were different in tone from the aforementioned treatises, since it covered a wide range of medical issues and questions, providing in some cases folk medical solutions rather than those typically associated with doctors from a formalized university background.

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[44] T Kyrkoudis, Gregory Tsoucalas, Vasileios Thomaidis, Ioannis Bakirtzis, Eleni Nalbandi, Alexandros Polychronidis, and Aliki Fiska. "Vaccination of the Ethnic Greeks (Rums) Against Smallpox in the Ottoman Empire: Emmanuel Timonis and Jacobus Pylarinos as Precursors of Edward Jenner," *Erciyes Medical Journal* 43, no. 1 (2021): 100–106.

[45] Matbaa-i Amire.

[46] *Tertîb-i Eczâ* was a fourteen paged pamphlet placed at the end of a larger work by Mehmed Edib entitled *Nehcetü'l-menâsik*, or Highway of Stations, about a pilgrimage to Mecca.
Mustafa Behçet Efendi and Mustafa Reşid Efendi. *Tertîb-i Eczâ*. Üsküdar: Darü't-tıbaatü'l-amire, 1817.

Some would say that Mustafa Behçet was an agent of modernization or even westernization of medicine, but it is not that simple. While Mustafa Behçet Efendi modeled the medical school on Italian and French examples, he also was determined that it be a place that generated Ottoman Turkish-speaking Muslim doctors who were faithful to the Ottoman state (and would serve its military). The modern Muslim doctor he sought to create would practice medicine based on the latest European innovations, but would not, in his vision, be mimicking Western physicians and would incorporate tenets of Islamic medicine into their practice. He read both Arabic and Italian texts. He employed, sponsored and supported Muslim, non-Muslim, and foreign doctors in his institutional endeavors. He himself had both an Istanbul medrese and Italian university education. Is what defined him the most his interest in operating within and then leaving his mark on the Ottoman state structure? Is it the ways in which that mark laid the foundation for how the Ottoman medical profession evolved both inside and outside of the state in future generations?

b) Neo-Phanariot Physicians' Role in the Imperial School of Medicine's Early Years

Many of the prominent non-Muslim doctors involved in the school were, like Mustafa Behçet Efendi, from families who had for generations ascended within Ottoman bureaucratic structures. Members of major Phanariot families loom particularly large both in this story and that of Othonian University in Athens, in fact, and as such they reveal another level of complexity in the "Westernization" of medicine in the region. Phanariot families had longstanding, traceable relationships with each other, whether they be through marriage, business, politics or friendship. The weaving networks in which Phanariots operated were unsurprisingly disrupted, but not annihilated, by the Greek war of Independence in 1821. Christine Philliou's *Biography of an Empire* details and critically examines Phanariots in the decades preceding and following 1821.[47] Delving into the lives of Dr. Stephanos Caratheodory (1789-1867), his nephew Dr. Constantine Caratheodory (1802-1879), and Dr. Sarantis Archigenis (1809-1873) highlights how Philliou's Phanariot story and that of Ottoman medical professionalization were shaped by a constellation of moving and changing forces within and outside of state bureaucracy. It also calls into question to what degree the revolution in 1821 quelled Phanariot influence on Ottoman state projects, and instead proposes that some neo-Phanariots found ways to remain relevant in changing circumstances, with ascension in professions like medicine rather than trade or politics being one effective path.

Constantine and Sarantis can all be classified as "neo-Phanariots," or those of the first generation to come of age after the start of the Greek War of Independence. Stephanos Caratheodory, however, also often called Istefenaki Bey or Etienne in sources from the time, came of age before 1821 but worked alongside other neo-Phanariots for decades before his death, so perhaps calling him a transitional (neo)-Phanariot would be more apt. The Caratheodory family was a well-established and well known Phanariot family, with multiple members serving as Prince of Samos and as diplomats of various stripes, as well as merchants, lawyers, engineers, and of course, doctors. Listing all of the families to which the Caratheodories bond themselves via marriage would be far too extensive, but Stephanos and Constantine alone serve as good examples of the family's marital alliances: Stephanos married Loukia Mavrokordatos (1812-1884) while Constantine married one-time Prince of Samos and Grand Dragoman Miltiadis Stavraki Aristarchis's daughter.

[47] Philliou, *Biography of an Empire,* 2011.

Stephanos Caratheodory received his medical degree in 1819 from the University of Pisa, which was a well-respected, well-established medical school with a history of attracting and accepting Ottoman subjects as students. He moved to Istanbul, where he ended up settling and building his career, in large part because Hekimbaşı Mustafa Behçet Efendi - with whom he had become acquainted two years prior - wanted to appoint him as a professor at the new military medical academy that he was establishing.[48] Like Mustafa Behçet Efendi, Stephanos also served as a personal physician to multiple sultans, in his case Mahmud II and Abdülmecid. Stephanos was among the first professors at the Tıphane-i Amire, or the Imperial School of Medicine, teaching botany and zoology when it first opened March 14th, 1827. He continued to teach both at the school, surviving its restructuring in 1839, as well as sometimes teaching additional subjects like physiology (1840, 1842-1843, 1847-1848) and general pathology (1842-1843). Stephanos was also one of the ninety founding members of the Greek Philological Society of Constantinople as well as its first president in 1861, arguably the most important and certainly the longest-lived association that sprouted up during the "Syllogos Movement."[49] That same year, he also was a founding member and the first president of the Association of Greek Doctors in Constantinople.

Stephanos Caratheodory's teaching experience far predated his tenure as a medical school professor. Before he went to Pisa to study medicine, Stephanos taught and was headmaster, at the Academy of Ioannis Zygomalas in his hometown of Edirne. While there, Stephanos did more than teach – he also worked with the Metropolitan of Edirne Dorotheos Proios (c. 1765–1821) to reform the school. Caratheodory also, after becoming more established in his medical and Ottoman public service career, used his teaching experience to advise the minister of public education, advocating for the teaching of Greek texts and the Greek language in Ottoman schools.[50] Before moving to Edirne in 1813 to serve at the Metropolitan, Proios already had experience as an educator. He studied philosophy and physics at the universities of Florence, Paris, and Pisa from 1786 to 1793, and from 1804 to 1807 he directed the Great School of the Nation[51] in its first few years at its Kuruçeşme location under Dimitrios Mourouzis. The Great School of the Nation, established by the Greek Orthodox patriarch one year after the Ottoman conquest of Istanbul in 1453, was by this point an educational center for Phanariot families. It is important to point out that the Great School of the Nation was not the only school that Mourouzis was instrumental in establishing in Kuruçeşme around this time: he also directed, with Hekimbaşı Mustafa Behçet's endorsement, a Rum medical school there.

During his time directing the school, Proios introduced new teaching methods, which he developed in collaboration with Adamantios Korais, as well as taught geometry, logic, mathematics, philosophy, and physics, experience which must have informed his reforms at the school in Edirne. He also wrote and translated many algebra, arithmetic, and geometry textbooks of his own, and was a contributor to the Great School of the Nation teacher and scholar Nikolaos Logadis' 1819 work *Ark of the Greek Language.* Thus, despite technically operating within the patriarchal administration in his capacity as Metropolitan of Edirne, Proios had a vested interest

[48] According to Elias Tantalides's biography of Stephanos Caratheodory, he left for Istanbul at Mustafa Behçet Efendi's encouragement on March 17th, 1824. Τανταλίδης, *Η. Βίος Στεφάνου Καραθεοδωρή ιατρού.* (εν Κωσταντινοπόλει: Εκ του Τυπογραφείου Αντωνίου Κορομηλά, 1868), 34.
[49] For more on the "Syllogos Movement," see Chapter 3.
[50] Ibid, 40.
[51] In Greek, Μεγάλη του Γένους Σχολή.

in educational administration and reform that informed how he spent his tenure there, i.e. largely by working with Stephanos Caratheodory on the school.

The third key figure in this reform process was the patriarch of Constantinople at the time Cyril VI (in office 1813-1818, lived 1769-1821). The school reform project in Edirne was of special interest to him for several reasons. First, before becoming patriarch he, like Proios, had also been involved in the Great School of the Nation's establishment in Kuruçeşme and the associated restructuring. Secondly, Cyril VI was from Edirne himself, and retired there after resigning from his position as patriarch. He and Stephanos Caratheodory were also bound in a familial sense – Cyril VI was Constantine Caratheodory's maternal uncle and Stephanos was his paternal uncle. The three did not necessarily agree on everything, however – Stephanos insisted that his students read Pindar, Aeschylus, and other classical tragedy writers and wanted to follow western modernist educational trends, whereas Cyril VI still had some pressure upon him to adhere the curriculum more closely to conservative ecclesiastical models. Of Proios, Cyril VI, and Stephanos Carathedory, only Stephanos survived the Greek revolution - the other two were executed in 1821. Thus, only Stephanos was able to carry his experience reforming the school in Edirne into his later life, and since he derived much inspiration from contemporary French medical education when working at the Tıphane-i Amire, one can assume that his taste in educational methods remained consistent, even if he was focusing those energies on medical higher education rather than Greek primary and secondary education.

Stephanos Caratheodory was a leader both in medicine via his formative role in the development of the Imperial School of Medicine and in educating its first generations of graduates, and in the Greek community of Istanbul. Responses to his death illustrate this impact. The Greek Philological Society of Constantinople not only commissioned a lengthy biography of him after his death in 1867 – understandable for its first president – but also republished this biography as a separate text the following year for broader distribution.[52] They also read out the biography, once completed, in the society's meeting on October 16th, 1867.[53] The Society first expressed its deepest condolences for Stephanos' widow Loukia in a letter from fellow prominent Ottoman Greek physician Dr. Spyridon Mavrogenis while also citing the glory which he brought to the Greek people, to which she responded graciously with her own letter lauding the Society a few month later.[54] The Greek Philological Society selected Constantinopolitan Greek poet and professor Elias Tantalidis (1818-1876), who studied in both the Ottoman empire and newly independent Athens before serving as a professor at the Theological School of Halki[55] starting in 1846 until his death.[56] Established in 1844 on the island of Halki, or Heybeliada, – one of the Princes' islands neighboring the mainland of Istanbul – this theological school was an important cornerstone in seminary education for the Greek Orthodox Patriarchate. Thus, Tantalidis shared with Caratheodory a commitment to Greek education as well as served as a

[52] Ταναλίδης, *Η. Βίος Στεφάνου Καραθεοδωρή ιατρού,* 1868.
[53] Ibid, 9.
[54] Ibid, 3-5. Mavrogenis's two-page letter is dated April 12th, 1867, and Loukia's one page response is dated October 1st of the same year.
[55] Θεολογική Σχολή Χάλκης.
[56] Ibid, 6. Mavrogenis offered Tantalides the role of Stephanos Caratheodory's biographer via a letter sent the same day as the one to his widow, April 12th, 1867, citing the role as a great honor and stating that the society's members had elected Tantalidis as the most apt author for such a text.
Tantalidis accepted the offer and submitted the biography via a letter to society president Christaki Zographos. Ibid, 7-8.

formative influence on a new, nineteenth century educational institution. On a more personal level, Tantalidis also worked for several years as a tutor to Caratheodory's children, lending a combination of respect and personalization to the biography. Tantalidis' theological background shines through in the biography, in which he praises not only Caratheodory's intellect but also his piety.[57] The first portion of the biography mentions Caratheodory's medical studies, but focuses more on his family and the ways in which his education connected him to other Greek intellectuals and religious leaders. It is not until the breakout of the Greek War of Independence in 1821 that Tantalidis made claims about the significance of Caratheodory's professional identity as a doctor. Tantalidis described Caratheodory's fears upon hearing the news of Patriarch Gregory V's public execution by Ottoman authorities in response to the fomenting Greek revolts, a moment that became a lightening rod in the progression of the Greek War of Independence. Newly returned from Italy to Edirne, according to Tantalides Caratheodory encountered Janissaries who threatened him, accusing him of being a spy, and it was being a doctor that saved him.[58]

The newly minted Dr. Caratheodory had treated the wife of chief court clerk Kabuli Mustafa Efendi (d. 1829) as a patient, and Kabuli Efendi vouched for Caratheodory because of this.[59] In sharing this anecdote, Tantalidis made a case for the value of being a doctor, and how it provided social and political capital that could overcome the limitations of communal boundaries. At a time when being an Ottoman Greek intellectual, involved with the patriarchate, from a well-known Phanariot family, would make someone like Caratheodory *persona non grata* to Ottoman authorities, he was able not only to survive, but to thrive. He did not just evade suspicion or execution in Tantalidis' anecdote, but he more broadly was able to build a career in which he secured success within the Greek community, medical circles, and the Ottoman state apparatus, which awarded him various medals of honor, advisory roles, and a steady position teaching at the Imperial School of Medicine. In Caratheodory's biography, even though Tantalidis' was more interested in Caratheodory's impact on the Greek community and the Patriarchate, he expressed a belief that Caratheodory's role as a doctor was one that saved him. Stephanos Caratheodory was able to bridge the challenging transition that came with the Greek War of Independence, and I argue that neo-Phanariots more broadly were not only able to maintain political and social relevance through the growing medical profession, but were afforded protections by it that other professions did not offer to the same degree.

Constantine Caratheodory mirrored his uncle in many ways. Born and raised in Edirne, he too chose to study medicine in Pisa (1824-1827), transitioned into a professor position at the Tıphane-i Amire on May 10th, 1830 and also went on to serve as a physician at the palace. It is fair to posit that Stephanos played some part in recommending Constantine to the professor position as well as encouraging him to move to Istanbul, since prior Stephanos had been keeping track of Constantine's educational trajectory. The Greek Revolution had a formative impact on his educational path. Constantine had been studying in Bucharest until 1820, returning to his hometown of Edirne afterwards. However, when his uncle Cyril VI was executed in April of 1821, Constantine and his mother fled with an Austrian passport to Vienna. He did, as stated

[57] For particularly loquacious praise of Caratheodory's piety by Tantalidis of this nature, see Ibid, 13-14.
[58] Ibid, 30-31.
[59] For more on Kabuli Efendi, see Şimşek, Selami. "Son Dönem Rifai Şeyhlerinden Edirneli Kabûlî Mustafa Efendi'nin Risale-i Tasavvuf Adlı Eseri." *İlmi Akademik Araştırma Dergisi Tasavvuf,* yıl: 7 [2006], sayı: 17 : 237-266.

above, end up at the University of Pisa for his medical degree, but traveled further afield to Paris to take postgraduate courses in surgery, obstetrics, pathology, and ophthalmology, as well as participating in the Greek society there. He then proceeded to London to deepen his knowledge of ophthalmology further, even writing *Treatment of the Diseases of the Eye* while there, before finally moving to Istanbul. These travels not only provided Constantine with extensive medical training, but also kept him outside of the Ottoman empire during the core years of the Greek Revolution.

Unlike his uncle, Constantine's specialization lay in surgery, which set him up to be chair of the external surgery clinic as well as to teach physics, anatomy and surgical pathology at the Imperial School of Medicine in Istanbul. He wrote at least two works at this time, one on the plague in Greek and the other on the state of medicine in Europe in French. After settling into his position at the school, he founded a midwifery program, the first time the school offered courses to female students, a two year program which opened as the *Classe des sages femmes* or *Ebelik Dersleri* in the 1842-1843 academic year. He helmed the program with his head midwife Mdme. Messani and his assistant Mme. Pitsipios, who both also received a salary from the state for their service. He also ventured further afield into hospital medicine and directorship, becoming the head doctor of the Hospital for Infectious Diseases, or the Kız Kulesi hospital, notably treating soldiers of the Imperial Guard and other military patients there during Istanbul's 1836-1837 cholera epidemic. Both Stephanos and Constantine's involvement in Greek communal, Orthodox patriarchal, Ottoman imperial and Ottoman bureaucratic structures points to the range of neo-Phanariot involvement in the intellectual and medical life of the capital, and more broadly, the empire. As two of the initial professors at the Imperial School of Medicine, who stayed long enough to supervise its merging with the School of Surgery, multiple location changes, the acceptance of non-Muslim students, the legalization of anatomical dissections of cadavers, and more, the doctors Caratheodory not only bore witness to changes within the medical profession but were active participants in those changes.

Sarantis Archigenis (1809-1873) is another rich case study for unpacking the place of how this first generation of Neo-Phanariots interacted with Hellenism, the Ottoman state, and the medical profession. Though Archigenis was a physician and professor of medicine for much of his adult life, recent scholarship has focused more on his impact on Greek education in the Ottoman empire, both through schools he and his wife established during his lifetime and further funds he willed to said schools after his death. Examining this piece of his legacy – arguably the most remembered – in tandem with his progression in his chosen profession of medicine, can hopefully shed further light on how these spheres related to each other not just through the conduit of his life, but also on a broader scale.

Sarantis was born in 1809 in Epivates,[60] a town in Anatolian Thrace that would remain significant to him, becoming the focus of his philanthropic educational efforts throughout his life and even after his death. His father was killed by Ottoman soldiers in Istanbul in 1821 during the early Greek Revolutionary uprisings, leading to Sarantis dropping out of school for a few months to earn money for his now fatherless family. Examining in detail the possible impact that being orphaned during and because of the Greek Revolution is outside the purview of this section, but it is important to note that not only did many Greek children become orphans, or at least become separated from their families, during this period, but that there was substantial rhetoric and

[60] In Greek, Επιβάτες.

activity surrounding said orphans. Archigenis's contemporary Alexandros Paspatis, for example, was alleged sold into slavery during the Greek War of Independence, bought by his mother (making him an orphan of the revolution in a metaphorical though not literal sense), and then sent to the U.S. to study by a Protestant missionary organization which took the protection and education of these Greek "orphans" very seriously.[61] Though young Sarantis did not leave the empire in the 1820s, he, like Paspatis, had his own educational 'savior figure' in Nikolaos Logadis (1779-1835), a teacher at and later director of the Great School of the Nation in Istanbul as well as a member of the *Filiki Etaireia,* or Society of Friends, which sought Greek independence. One can posit that this traumatic disruption to Archigenis' childhood – either consciously or subconsciously – informed the ways in which as an adult he engaged with Hellenism and invested in the education of Ottoman Greek children not unlike himself.

After graduating from the Great School of the Nation, Archigenis went on to teach in Edirne for two years (as Stephanos Caratheodory had before him) and then moved to Plovdiv to serve as headmaster of a school there. It was at this time that Archigenis pivoted his professional aspirations towards medicine, - the full extent of which will be explored in more depth shortly – leaving his job in Plovdiv to study medicine in Paris. Though he went on to have a successful career in medicine, Archigenis' commitment to primary and secondary education did not waver, but rather took on other forms. Archigenis, in collaboration with his wife Eleni whom he married in 1848, founded two schools in his hometown of Epivates. The first, built in 1857, was a girls' school called the "Archigeneios School" and the second, built in 1868, was a boys' school called the Eleneion, funded by and named after his wife.

In addition to his and his wife's namesake schools, Archigenis also supplied some funds to help build a school in the Thracian district of Madytos in 1857 in the home of imperial architect Hatzi-Stefani Gaitanaki, where two teachers taught 100 male and female students. Gaitanaki himself contributed a large sum of money to help build the school, as well as the Kallipoleos Church and a church in Bursa. However, he was much more involved in his own school, both in terms of educational goals and financial control. He modeled the Archigeneios School after the Arsakeio in Athens, making it the first Greek girls' school of its kind in Ottoman domains.

The Archigeneios School did more than provide free education to underprivileged girls – it also trained them to be teachers, and in exchange for the free tuition committed them to teaching at Greek primary schools in other parts of the empire. This made Archigenis's impact twofold: not only did his school promote Hellenic education by providing it to the girls it accepted, but also it spread Hellenic education even further by providing trained teachers to other schools, thus expanding the number of qualified Greek female teachers in the Ottoman empire. It was quite the project: Archigenis obtained the permit necessary from Sultan Abdülmecid I (r. 1839-1861) to found the school, bought the land, built the five buildings which constituted the school and its dormitories, and funded tuition costs all through his own means. In addition to the legal endorsement by the Sultan, Archigenis also procured a more spiritual endorsement by having his friend Cyril II, the Patriarch of Jerusalem and a sponsor of other schools himself, inaugurate the Archigeneios School on October 14th, 1857. When his wife built the Elenion

[61] Chapter 4 addresses Paspatis' later life and career in Istanbul. The Protestant missionary organization mentioned here is the American Board of Commissioners for Foreign Missions, or ABCFM.

eleven years later, it was next to the Archieneios school on an even bigger plot of land, and at that point Patriarch Gregory VI placed both schools under ecumenical protection.

Eleni Archigenis (1823-1891) was not only deeply committed to her husband's educational projects, but, as previously mentioned, had her own in the form of the Elenion that she funded with her own money. She served as director of the schools twice: first from 1863-1867, while her husband was still alive, and once after his death (1874-1887), her tenure ending the same time substantial conflict and debate arose over the execution of Sarantis Archigenis' will. She became the first president of the Thessalian Education-Loving Society in Constantinople when it was founded in late 1879, and in this capacity proposed a collaboration with the Greek Philological Society of Constantinople through which they would help supervise the Archigeneia schools. The Society agreed and proceeded to elect a committee for that purpose. She also continued to be involved in women's education in Istanbul, and was close friends with educator, writer, and feminist Sappho Leontias (1832-1900), who ran several schools for girls in Istanbul, Samos, and Izmir while also promoting women's issues through her writing.

Eleni Archigenis was also a former student of Leontias, so Leontias's views and educational practices may well have had a longstanding, formative impact on Eleni's own starting at an early age. Leontias's view of philanthropy – particularly but not exclusively for education – as an opportunity for male-female collaboration and a place where "interests of the two sexes complement one another" certainly mapped well onto Eleni and Sarantis' efforts with their two schools. It is crucial to note that Eleni's wealth and social status did not derive solely from her husband. She herself came from a prestigious Phanariot family filled with "national benefactors," or philanthropists to Hellenic projects. Her grandfather was Hatzi Ioannis Fahri (1765-1849), a Greek Orthodox Christian merchant from Syria with Egyptian cotton wealth who funded churches, schools and roads with his substantial wealth. Her sister, Evanthia Theofilidou, likewise engaged in philanthropic activities, while her father, Dr. Pavlakis Fenerlis, had much in common with her own husband, since he too was a professor at the same medical school as Sarantis as well as served for a time as a palace physician.

Sarantis Archigenis's will affirmed his commitment to education, since he named the Archigenis foundations in Epivates his heir, while also highlighting his trust in his wife, one of its executors. In article 11 of the will, he points to his "beloved wife" as the "absolute executor" of his estate and its "highest authority," pointedly claiming that "[n]o one has the right to intervene or to criticize her actions," and acknowledging her as "founder and simultaneously one who has striven for and endured many risks to promote and establish these foundations." Eleni Archigenis' directorship of the schools, their continued success, and the broader dispensation of Sarantis' assets during the decades after his death unfortunately did not proceed as smoothly or with such clarity of authority as Sarantis's words might have suggested. As Dimitris Stamatapoulos examines in his article on the Ecumenical Patriarchate's Mixed Council's approach to wills in the nineteenth century, the community authorities of Epivates accused Eleni [Kostaki-Fenerli] Archigenis and Nikolaos Archigenis (Sarantis and Eleni's adopted son) of mismanaging the funds left for the schools.[62] The schools were basically designated as vakıfs, or

[62] *See* Stamatopoulos, Dimitris. "Rum Millet between Vakıfs and Property Rights: Endowments' Trials of the Ecumenical Patriarchate's Mixed Council in the Late Ottoman Empire (19th–20th c.)." Endowment Studies 2, no. 1 (2018): 58-81.

pious foundations, under the control of the Ottoman Ministry of Imperial Foundations, and the relationship between it and the trustees was one that Archigenis contested within his lifetime. Stamatopoulos argues that Archigenis's regret over classifying his assets as vakıfs led him to bring in the Mixed Council of the Patriarchate to help control the funds alongside the will's executors. This, alongside the fact that Archigenis stored funds for the schools at the National Bank of Greece but the interest of those funds had to be saved in an Ottoman bank, points to how many institutions could become involved in the adjudication of the assets of Ottoman Rum "national benefactors" like Archigenis, whose finances blurred the lines between private property and public space and whose death invoked questions about to whom the schools he left behind – and their attached assets – truly belonged. Was it to the Patriarchate via the Mixed Council? The Ottoman central state via its Ministry of Imperial Foundations? To Archigenis' hometown of Epivates, where the schools were located and the community of which initially contested the management of the will? To Eleni and Nikolaos Archigenis, Sarantis Archigenis's surviving family to whom he tried to leave the task of executor despite not willing them the money directly? Even in death, Archigenis straddled multiple institutional and social spaces.

Archigenis's career as a physician also allowed him to traverse multiple institutional, geographic, and social spaces – arguably his success within that profession was predicated upon this ability. Archigenis moved to Paris in 1836 to study medicine thanks to the financial support of key Tanzimat reformer Koca Mustafa Reşid Pasha (1800- 1858) who also, helpfully, was the Ottoman ambassador to France. Archigenis agreed, in exchange, to return to the empire to practice medicine after he completed his studies. He not only kept this promise, but maintained and even deepened his relationship with Mustafa Reşid Pasha, treating him when he fell very ill later on.

In 1839, the Academy of Medicine of Paris officially exempted Archigenis from needing a Bachelor of Letters, and then he earned his Bachelor of Science in 1841, defending his thesis on February 3rd, 1842. His thesis addressed an extensive range of issues, primarily focusing on the treatment of pulmonary tuberculosis, a prevalent disease at the time that also killed multiple sultans. He dedicated his thesis to Reşid Pasha, a gesture to what, and who, made Archigenis' studies possible. The year before he filed his thesis, Archigenis published a book of "rules for keeping oneself in good health" which was pretty well received, being initially published in French and Greek editions and well-regarded enough at the time to merit later a Bulgarian translation. In a similar vein, he also wrote a treatise on exercise in 1843. He even took advantage of his time there by also attending extra-medical courses, in particular economist Pellegrino Rossi's public lectures at the College de France, channeling what he learned into his own book on political economy *Politique Economique,* known as *Tasarrufat-I Mülkiye* in its later Ottoman Turkish translation. After finishing his studies in France but before moving to Istanbul, Archigenis studied additionally in Belgium, Germany, Austria, and Italy. After graduating, he lived for a while at the Ottoman Embassy in Paris as a correspondent of the Academy of Medicine while also translating some medical texts from French into Greek. When Archigenis returned to Istanbul in 1844, it was with a job lined up at the Imperial School of Medicine paired with Reşid Pasha's endorsement of him to the Sultan. Archigenis ended up teaching pharmacology and therapeutics at the school for the next fifteen years, even offering some economics courses on occasion.

Archigenis's state-funded medical studies in Paris are far from anomalous. Not only were the classes at the Tıphane-i Amire initially taught in French using French textbooks by faculty

members who had largely studied medicine all or in part abroad, the Ottoman state funded scholarships for many other Ottoman subjects to study medicine in France, either for their full degree as Archigenis did or as a supplement to their medical studies in Istanbul. Ottoman Armenian students Serovpe Vicenian also known as Serviçen (1815-1897) and Gaspard Sinapian (1814-1872) were also sent to study at the Paris Faculty of Medicine with funds from the Ottoman State in 1834. Serviçen even, like Archigenis, took a job as a professor at the Imperial School of Medicine upon his return to Istanbul in 1846, teaching there until 1878. In this way, the Ottoman state was able to cultivate and retain highly talented subjects who could teach and practice medicine in the French way, and even in French, but to other Ottoman subjects. Over time, the courses and textbooks at the medical school switched into Ottoman Turkish, but Paris and the French language remained a potent touchstone for the accumulation and transmission of medical knowledge in Istanbul. Even as late as 1909, the Ottoman state funded "the four musketeers"– Dr. Jak Barbut, Dr. Abdülhak Adnan (Adıvar), Dr. Akil Muhtar (Özden) & Dr. Neşet Ömer (İrdelp)–- to go to Paris for additional specialized medical training after they finished their degrees from the Imperial School of Medicine but before they began teaching medicine in Istanbul themselves.[63]

III. Out of Egypt: Muhammad Ali and Clot Bey's Vision for Qasr al-'Aini

The only institution in the Ottoman empire truly comparable to the Imperial School of Medicine in Istanbul is Qasr al-'Aini in Cairo, which admittedly has many similarities and parallels. Examining the motivations behind and the operation of Qasr al-'Aini Medical School in Cairo, and then comparing that to the founding and initial years of Imperial School of Medicine in Istanbu l– can provide an interesting perspective on both institutions, as well as imperial reforms and dynamics more broadly at the time.

Both were founded as military medical schools in the same year – 1827– the Imperial School of Medicine in Istanbul by Mahmud II and Qasr al-'Aini in Cairo by Muhammad Ali Pasha. Both relied in large part on French models of medical education, also often sending students to France for additional medical training after finishing their local medical studies. Both had affiliated hospitals, and, later, midwifery programs (though the size, nature, and student body of their respective midwife schools were different). Both were part of a larger movement for military reform in their respective contexts.

Though Egypt was still an Ottoman province at this time, Muhammad Ali consciously founded and reformed institutions separate from the central Ottoman state in Istanbul and his modernization process, which included Qasr al-'Aini, was directly linked to those of Sultans Selim III (r. 1789-1807) and Mahmud II (r. 1808-1839), even though their projects had many shared aspects and the sultans and Muhammad Ali were well aware of each others' efforts and ambitions. Though Mahmud II intended for the use of French as the language of instruction to be a temporary, transitional measure at the Imperial School of Medicine until trained candidates could take over and teach the courses in Turkish, that linguistic transition did not happen until well after his death.[64] Until then, even though a lot of the faculty were Ottoman subjects as were

[63] These shifts and their impact will be further addressed in Chapter 2, which delves into how the school changes in the mid-late nineteenth century, even splitting into separate civil and military medical schools, and how many of the faculty in these subsequent generations are in fact alumni of the school, lending a different character to the institution.

[64] For an examination of the language change at the Imperial School of Medicine, see Chapter 2.

the students, the textbooks and lectures were in French. Qasr al-'Aini, on the other hand, also had instructors from abroad but insisted upon Arabic language interpreters for students at their classes from the very beginning. The director of Qasr al-'Aini was Clot Bey (or Dr. Antoine Clot), a French physician who studied medicine in Montpelier and at Muhammad Ali's behest not only directed the school of medicine but also was heavily involved in public health measures and medical administration in Egypt. The doctor leading the charge to found the Imperial School of Medicine, on the other hand, was the aforementioned palace physician Mustafa Behçet Efendi, an Ottoman Muslim physician who trained at a medrese and advocated for the merging of old and new ways of teaching and practicing medicine. While Clot Bey continued to be involved heavily in the medical administration of Egypt writ large and the medical school specifically for decades after its founding, unfortunately Mustafa Behçet could not have the same impact on the medical school in Istanbul as he died only a few years after it was established (1832). Both did, however, have close relationships with the rulers of the respective states in which they worked, Muhammad Ali in Clot Bey's case and Mahmud II in Mustafa Behçet Efendi's case. These close working relationships allowed for both institutions to largely be driven by both doctors' medical experiences and convictions about what would be necessary to cultivate a cadre of high caliber doctors who could both serve and represent the state. While Egypt did not have *hekimbaşı* as an established position, Muhammad Ali clearly saw Antoine Clot filling the equivalent of that role for Egypt, as Clot not only directed the medical school but also later headed a council of health. However, Muhammad Ali's successor Abbas Pasha had no interest in maintaining Clot's elevated status in arbitrating decisions about public health and medicine in Egypt, so Clot's tenure in Egypt and influence on its medical infrastructure ended with Muhammad Ali's death in 1849.[65]

The origins of the buildings for the hospitals and medical schools are also interesting to note. While the Imperial School of Medicine started out in a konak, or a type of Ottoman residence, it was Napoleon who initially designed and built Qasr al-'Aini's hospital as a military hospital for his own troops in 1799 during the Napoleonic invasion. Mehmed Ali infamously rose to power first by ousting Napoleon from Egypt, so for him to reclaim this building for a project that would support the expansion of his own army and power (via the training of military physicians) was not only convenient but also symbolic. Likewise, though Mehmed Ali chose Antoine Clot as his medical right hand man, Clot's father had actually served as a sergeant major in Napoleon's army during the Egyptian invasion. While Mustafa Behçet Efendi could boast a lineage multiple generations back of forefathers who loyally served the sultan, Clot was the son of the enemy, but nevertheless Mehmed Ali offered him a position of great power and responsibility in medical reform & institutionalization in his "new" Egypt.

An additional important difference between Istanbul and Cairo's new medical schools are enrollment numbers. Based on currently available sources, Qasr-El Eyni had substantially higher enrollment numbers in its initial years. For example, the Imperial School of Medicine's first graduating class in 1843 contained 67 students, including future Hekimbaşı Mehmet Salih Efendi (1816-1896) who graduated first in his class. On the other hand, Qasr al-'Aini reportedly graduated 420 students in its first ten years before the Imperial School of Medicine produced its

[65] Gerard N. Burrow, "Clot-Bey: Founder of Western Medical Practice in Egypt," *The Yale Journal of Biology and Medicine* no. 48 (1975): 256.

first class, despite both institutions being established in the same year.[66] Clot Bey's imposed curriculum mirrored the medical curricula of his native France: a five year sequence that began with a year of scientific training, followed by two years of key subjects in medicine like anatomy, pathology, physiology, surgery, and therapeutics, and a final two years of clinical training that rotated through various medical specialties.[67] However, the students he recruited did not, since the new medical school's student body came from Cairo's paragon of Islamic learning, Al-Azhar. Qasr al-'Aini even implemented a student mentoring system that mirrored the tutorial model of Al-Azhar, despite the school being run and taught by French Antoine Clot and his imported foreign physician-professors.[68]

Qasr al-'Aini, like the Imperial School of Medicine, saw the value in sending its graduates to Paris for further education and accepting them back to teach their next generation of students. Like Archigenis and his classmates in 1834, in 1832 Qasr al-'Aini sent twelve members of its first graduating class to study varied relevant medical and scientific disciplines, with the intent of their teaching at Qasr al-'Aini upon their return.[69] However, while many of the students the Imperial School of Medicine sent abroad for additional education, as well as many of the school's students in general, were non-Muslim Ottoman subjects, Clot Bey specifically recruited Egyptian Muslims to his school. Though both schools intended to cultivate local doctors for their respective militaries, the Imperial School of Medicine ended up being far more inclusive of non-Muslim locals - Armenian, Greek Orthodox Christian, and Jewish students - than Qasr al-'Aini, which also impacted the demographics of the next generations of faculty at both schools and the expectations for what a homegrown "Egyptian" vs. "Ottoman" doctor might look like by the mid nineteenth century.

IV. Othonian University: Learning to be Greek

a) Establishing Othonian University, Building a New Athens

Though Othonian University (later, National Kapodistrian University of Athens) launched a decade later than the Military Medical Academy in Istanbul, its medical program graduated its first students around the same time, so it is reasonable to a certain degree to see their programs as contemporaries, and to examine their nascent years as not only parallel but also intersecting. While the Military Medical Academy was founded specifically to train military doctors, whereas Othonian University included non-medical branches, both were state institutions spearheaded by an imperial head of state, Mahmud II in the Ottoman case and Bavarian-born King Otto in the Greek case. The lack of military impetus in the Greek case is a crucial difference. While for the Ottoman state, military needs inspired medical reform, in the Greek case, medical education was part of a broader attempt at identity-building for the Greek state which was predicated on a strong, local educational apparatus which politicians and educators alike could then tie ideologically to a prestigious classical past. Othonian University's

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[66] Khaled Fahmy, *In Quest of Justice: Islamic Law and Forensic Medicine in modern Egypt* (Berkeley: University of California Press, 2018), 41–42.
[67] Sahar Saleem, "Egyptian Medical Civilization: From Dawn of History to Kasr Al Ainy School," In *Pharmacy and Medicine in Ancient Egypt: Proceedings of the Conference Held in Barcelona (2018)* (Oxford: Archaeopress Publishing Ltd, 2021), 104.
[68] LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth-Century Egypt*. Vol. 24 (Berkeley: University of California Press, 1990), 35.
[69] Saleem, "Egyptian," 108.

first appointed faculty member was an anatomy professor, and its first graduate was a medical student, which suggests that the medical school was an essential piece of the university's first years.

After the new Greek Kingdom officially gained its independence from Ottoman rule in 1832, it did not take long for King Otto to advocate for moving the capital from Nafplio to a sparsely-populated Athens, evoking its classical symbolic weight rather than any sort of existing structural benefits. After commissioning a topographical and archeological survey of the city, in preparation for the implementation of modernizing city planning, King Otto moved the capital to Athens on September 18th, 1834. With plans to expand the city newly underway, Arch-Chancellor Josef Ludwig von Armansperg (1787 – 1853) finalized plans to establish a university by decree on December 31, 1836. With another decree on January 24th, 1837, he then appointed the first rectors, deans, and professors. These decrees were short-lived, however, since Armansperg was dismissed from his post and King Otto suspended their implementation until he could amend them and release two new decrees in April of the same year concerning the establishment of the university and provisional regulations, which appointed a new rector, established a system for the appointment of future rectors and deans, and laid out the universities structure, beginning with four schools: Theology, Law, Medicine and Philosophy. King Otto also approved all initial staff, including faculty, in the university's first years. The building where Greek architect Stamathis Kleanthis and Bavarian architect Gustav Eduard Schaubert -the two architects who conducted Otto's survey of Athens - had been living from 1831 to 1837 housed the university for its first four years (1837-1841). Another regulation in 1837 established that the university's financing would mostly come from an ecclesiastical fund, with the rest coming from a public fund.

Like the Military Medical Academy in Istanbul, Ottonian University also took note of the origins of its students, and had geographical parameters in place for which students would be eligible to enroll, even though both foreign and native students could attend. Students were divided into three categories: autochthonous (i.e. students from regions belonging to the new Greek state), heterochthonous I (territories which later became part of the Greek state after 1862) and heterochthonous II (Thrace and Asia Minor). Foreign students - i.e. those coming from outside the Greek kingdom - needed to be accompanied by an Athenian resident when visiting the rector in order to enroll, whereas local students were allowed to submit high school certificates for enrollment eligibility. Like the initial faculty of the Military Medical Academy in Istanbul, the early faculty at Othonian University were mostly educated in France and Germany. Only two of the first faculty members to accept appointments were native to lands within the bounds of the new Greek state, the rest were from territories which would later join the Greek state, from Eastern Thrace and Asia Minor, and from German and Bulgarian lands.

b) Dimitris Mavrokordatos: A Phanariot in Athens

Despite being the lowest enrolled school at the university in its first year, with only four students, the medical school was home to the university's first faculty appointee, Dimitris Mavrokordatos (1802/1811-1839), and its first graduate, Anastasios Goudas. Mavrokordatos moved to Athens in 1834, immediately joining the newly-founded Medical Council[70] declared by the king and placed under the Ministry of the Interior to examine and certify health providers as

[70] In Greek, Ιατροσυνέδριο.

well as provide advice on public health issues. In quick succession in 1835, he also became a founding member of the Medical Society of Athens and was appointed as the director of and a professor of Anatomy and Physiology at the royally-decreed Practical School of Medicine and Surgery, which Mavrokordatos on November 24th, 1835 lauded as a place for students to study in "[their] native language in [their] native country." This dream - in this precise form - was quite short lived, since by October of 1836 Mavrokordatos had resigned from his professorial post, though he quickly resumed similar duties when he was nominated - again by royal decree - to be a Professor of Anatomy and Physiology at Othonian University, its very first professor. However, the dedication to using Greek as the language of instruction at this new university was the first of many steps in creating an educational centre that trained and produced new Greek – rather than Ottoman or European – intellectuals.

Despite being first and heavily involved in early medical institutional developments in the new Greek kingdom, Mavrokordatos' time at the university was neither an instant nor unilateral success. In his first run prior to its official establishment, from 1835 to 1836, he taught two Anatomy and Pharmacology courses to seventy physicians and forty-eight pharmacists, a not-insignificant number. However, his first tri-weekly Anatomy lecture as a regular professor had only four students initially, though it later increased to twenty-something. Students, led by Anastasios Goudas (1816-1882) and Ioannis Kompotis, made complaints about Mavrokordatos's lecture style, asking him to speak more slowly and to publish written versions of his lectures. When Mavrokordatos refused to oblige, his students refused to attend lectures for three days, and the students were punished after Mavrokordatos appealed to the university rectorate. Despite the acrimonious relationship this incident might suggest, his students participated in his funeral proceedings when he passed a few years later, and Goudas, the leader of the protests and the first medical doctor – and student in general – to graduate from Othonian University, was one of the two students who received a scholarship through Mavrokordatos' will. This suggests that Goudas – who went on to have a successful medical career researching and treating cholera as well as editing Greek medical journal *Melissa* – and the others may not have held a grudge against Mavrokordatos despite their critiques of some aspects of his teaching.

Sadly, Dimitrios Mavrokordatos died young, so unlike Stephanos Caratheodory's trajectory as one of the founding faculty of the Imperial School of Medicine, he was not able to see how the institution evolved and expanded over time. However, he certainly made an impression on students for the few years he was there, and his donation of his house to the school upon his death had a substantial financial impact. His treatise, On the Anatomy of the Human Body" (1836 or 1837), provided modern Greek anatomical terminology based on ancient Greek ones that he coined himself, providing a new language for a new stage of *modern* Greek medicine in a similar way to how Mustafa Behçet Efendi's coining of new Ottoman Turkish medical terms in his translations of medical texts laid the groundwork for a new stage of Ottoman medicine. Also, the fact that the school's first hire was an anatomy professor specifically showed that the school valued anatomy and practical, hands-on training as integral to medical education. The Ottoman Empire officially legalized dissection of human cadavers at the medical school and for research purposes in 1841, just a few years after the Othonian University of Athens began its anatomy courses and just one year after the death of Mavrokordatos and the establishment of a museum of anatomy at the university. The establishment of the medical school at Othonian University provided another geographically and linguistically attractive option not just for students living in the newly-designated Greek kingdom but also for certain

Rum who remained in Ottoman domains, especially since going abroad for medical education was a long established, accepted pattern that was challenged but not eliminated by the founding of two medical schools – one in Cairo and the other in Istanbul – that followed similar curricula to the schools in France and Italy. The fact that the man meant to lead this new age of Athenian medical education and prosperity was, himself, a Constantinopolitan, highlights this even more.

Mavrokordatos's family background and life before working at Othonian University impacted how he fit into the medical, political and social landscape of his time and what he accomplished in his brief yet years in Athens. The Mavrokordatos family were an elite Phanariot family of Chiot origin, many of whom ended up being chief dragomans or voyvodas. The first of them to secure the position of chief dragoman was Alexandros Mavrokordatos (1641-1709), who inherited it in 1669 from Panagiotis Nikousios (1613-1673), who had been the first ever chief dragoman. Both were also doctors, fulfilling duties as physician, diplomat, and translator for the sultan at various moments. As with many Ottoman non-Muslim doctors at the time, both of them studied medicine at Italian universities, Nikousios at the University of Padua and Alexandros Mavrokordatos at the University of Bologna. Alexandros is perhaps best well-known for drafting the Treaty of Karlowitz, though he was of course involved in much else as both diplomat and doctor. Alexandros' sons Nicholas and John both took on the dragoman's political and linguistic mantle after him, though unlike him they were not doctors. In the subsequent century and a half, the Mavorkordatos family continued to assume positions of power within the Ottoman state, and often also to build their presence in Istanbul.

Meanwhile, Dimitrios Mavrokordatos, though he was born and raised in Istanbul and briefly practiced medicine there, chose to spend the prime years of his studies and career elsewhere. He went to Berlin to study medicine, working under well-respected German surgeon Karl Ferdinand von Gräfe, Director of the Institute of Ophthalmology of the University of Berlin. However, Mavrokordatos fundamentally disagreed with von Gräfe's assertions about the value of a compound called "Aqua Binelli" in sealing up bleeding wounds. He channeled this disagreement into his dissertation, *Observations on the Potency of Aqua Binelli,* and was unable to present and defend his dissertation due to being at odds with von Gräfe. He thus returned to Istanbul in 1831 to be appointed as a surgeon at the Greek hospital of Galata in 1831. The saga continued, however, since Mavrokordatos was able to garner the support of Heidleberg University's Anatomy Professor Friedrich Tintemann who aided him in getting the dissertation published in 1832. Mavrokordatos used his experience working under von Gräfe, his experiences working on his own as a surgeon, and additional scientific experimentation to make the assertion that Aqua Binelli did not hemorrhaging, and that case where it seemed successful could be attributed to the pressure applied to the wounds while administering the compound that had a hemostatic effect, and not Aqua Binelli itself. He further elaborates by providing examples of surgeries he undertook in which sustained pressure on the wound - without the application of Aqua Binelli or any other compound - stopped hemorrhaging and saved the patient's life. The way in which he disputed his professor's claims about Aqua Binelli, his insistence on centering his dissertation on those claims despite the censure he was sure to receive as a result, and his decision to publish his work knowing that he was a young scholar up against a much more established one, all indicate interesting things about Mavrokordatos' perspectives on medicine and medical practice.

The most obvious, of course, is that the potential consequences could not outweigh scientific reality and the danger that ignoring that reality could pose to future patients. In the

dissertation, he writes: “What prevents charlatans from practicing surgery? Haemorrhage. When a patient dies on the surgical bed, there is no room for apologies. But when rumor spreads of a compound that causes haemostasis in all kinds of operations, then we should expect that anyone will start operating…” With this, Mavrokordatos lays out the true stakes of patent medicines, particularly if and when supported by respected physicians. He also is asserting his own experience and expertise as a surgeon, which is key since though surgeons by this point were starting to undergo the same training as other physicians and to integrate more into broader medical discussions, there was still the lingering history of surgery as a trade, more physical than scientific when compared to other doctors. Likewise, at this point in the nineteenth century medical education was beginning to value practical experience more when training doctors, and for Mavrokordatos it is his practical experience which supports and affirms his scientific discoveries.

Sadly, since he published his dissertation in German whereas von Gräfe’s was published in English translation as well as its original German (and von Gräfe was an established doctor and scholar), Mavrokordatos’ refutation of Aqua Binelli did not fully permeate British and American medical circles. However, Mavrokordatos’ conclusions were validated by further studies by Cornish doctor John Davy a few years later, so the desired fall from grace of the compound did occur soon after. In 1834, Mavrokordatos also published a treatise on the current state of medicine in Istanbul, though perhaps ironically he stopped being a doctor in that city the same year, moving to Athens. That Mavrokordatos not only practiced in Istanbul but also wrote about its medical marketplace speaks to a direct connection between Constantinopolitan medical developments and the early stages of modern medical education. Mavrokordatos, as a formative influence on Othonian University’s medical education, certainly brought his knowledge not only of German medical education but also of Ottoman medical education and practice to Athens with him, integrating it when fit. However, as an Anatomy professor, since dissection was not yet allowed at the Military Medical Academy in Istanbul, he was able to be a few years ahead pedagogically when it came to practical anatomical instruction. Thinking about Mavrokordatos as a direct link between Istanbul and Athens’ medical development in this decade makes these more than parallel, but also mutually influential medical cultures.

c) Anastasios Lefkias Georgiadis: Othonian University’s First Dean

Another key figure in the early years of Othonian University’s School of Medicine is its first dean, and first Professor of the History of Medicine, Pathology and Therapeutics, Anastasios Lefkias Georgiadis (1773-1853). Born in the area surrounding what is now Plovdiv, Georgiadis also originated from outside the bounds of the Greek kingdom, and like Mavrokordatos traveled abroad for his education. He took courses in medicine in Vienna from 1802 to 1805, before transferring to the University of Jena and receiving his degree in 1806. His early publications and translations, mainly in Greek and Latin, alternated between medical treatises and poetry and linguistics, positioning himself intellectually against the prominent Adamantios Korais. Importantly, he was an early supporter of Ypsilanti’s revolution in 1821, donating substantial personal funds, and traveled substantially in the 1820s advocating for the Greek cause. He continued to write medical texts as well, publishing a treatise in 1830 called "Pemphigus Fever or Pestilence Aphorisms," gesturing to his politics by dedicating it to King Otto. He continued this avid and open support for Otto by moving to Nafplio in 1833 and publishing a 501-verse heroic poem about him, written Greek and then translated by his own hand into German.

The next year, Georgiadis moved to Athens and joined Mavrokordatos in shaping the new medical scene. He too was appointed to the Medical Council there in 1834 and became the nineteenth member of the Athens Medical Society in 1836, and, later, the society's president in 1840 and 1841. However, his appointment to the medical school was more contested than that of Mavrokordatos. Von Armansperg rejected an initial proposal to appoint him, and it is only with Otto's new decrees after von Armansperg's dismissal that Georgiadis was able to gain an appointment. By virtue of living longer, Georgadis was able to have a much longer presence at the university, continuing to publish new medical texts, taking an active administrative role, donating his own money and land to the university during his lifetime, and teaching a variety of courses including Pathology, Therapeutics, History of Medicine, and even Gynecology. Upon his death, he was buried at and by the university with great accolades. He maintained a passion for a Greek national cause until his death, expressing a resentment for prior Ottoman rule in his later writings, somewhat of a contrast to Mavrokordatos' self-presentation.

V. Conclusion: Why Compare?

What do we gain by weaving the origin stories of four schools – in Istanbul, Cairo, Corfu, & Athens – together? As illustrated earlier, these institutions are all established within the same window of time (in the case of Istanbul and Cairo, in the same exact year). With the exception of Ionian Academy, these institutions persist, expand and evolve long after their initial establishment, producing generations of doctors (and, in Othonian University's case, other professionals) who not only have formative roles in the development of their profession, but also often return to their home institutions to educate the next generation. Though Ionian academy does not last long in its first iteration (1824-1828), due in large part to the demise of its founder and funder Frederick North, 5th Earl of Guilford, it is revived after the founding of the Greek state (1844 -1865) and as a precursor to Othonian University and the first "modern" Greek university, exacted a not-insignificant influence on how that institution was structured. However, despite many of the faculty at Ionian Academy being Greek and the founder being British, instruction was in Italian, reminiscent of how instruction at the Imperial School of Medicine in Istanbul was in French. Reasoning for these two schools having instruction in these languages rather than Greek and Ottoman Turkish respectively is slightly different – Ionian Academy was founded in Corfu, which has a history of Venetian rule despite being under British sovereignty at the time of the school's founding, which can explain, to a degree, the choice of Italian. However, it is important to note that Italian and French universities at this time were highly influential in the medical field, and many of the faculty of these schools received their medical (and in Ionian academy's case, also non-medical for the other faculty) education in these languages. Thus, establishing curricula in Italian and French, and basing the educational parameters of these schools on French and Italian standards, had some logic and weight beyond the geo-political.

On the other hand, Qasr al-'Aini and Othonian University made a concerted effort to have their courses conducted in the local languages, Arabic and Greek respectively, despite the fact that Qasr al-'Aini's director was a Frenchman, as well as many of the faculty he hired. The directors of these institutions, however, present different reasoning for these choices. Clot Bey insists that his reasons are practical rather than national or ideological, claiming that it would be cheaper to train local doctors than to import French ones, and that said doctors should be able to communicate with their patients in their native language.[71] Constantine D. Schinas, the first

[71] Fahmy, *In Quest of Justice,* 18.

rector of Othonian University as well as a professor at the school of philosophy, argues for the importance of Greek differently. In a guide published in 1838, less than a year after the university's founding, Schinas provided instructions to students of each school. He first emphasized the importance of intellectual pursuits, the value of science, of providing both general knowledge and specified training to students via higher education. He then, however, like other supporters of the Greek revolution, took on a more Hellenistic tone, drawing comparisons to antiquity and emphasizing the importance of studying it. In speaking to the students via this text, he argued that a true Greek scholar must study "our forefathers," i.e. ancient writers in Greek and Latin, and that at the very least students of philology and theology must write their theses in Ancient Greek.[72] He further advocated that even students outside of these fields would benefit from studying ancient Greek texts and even writing in Ancient Greek, since such practices sharpen the mind and the pen.

Schinas was not alone in this view: the first director of Othonian University's medical school, Anastasios Leukias Georgiades[73] (1773-1853), was also in favor of Ancient Greek usage.[74] Schinas, in this guide, was adamant that great men in all fields, including medicine, should also be well-versed in philology, history, and philosophy, and claimed that men interested purely in the "mechanical part of science" should not bother attending Othonian university. However, Othonian University's medical school did, from its earliest years, establish clinics and emphasize anatomy and the application, rather than just the theory, of medicine in its curriculum, placing it somewhat at odds with Schinas' expressed disdain for technological, pre-professional schools.[75] Despite these potential incongruities between Schinas' convictions and the expectations placed upon high caliber nineteenth medical education specifically, in this guide he did affirm the broader, expressed goals of Othonian University being a Greek university that would educate Greek men to serve a Greek state. In that sense, Schinas and other founding forces of Othonian University did share common ground with Clot, despite their differences, in that both wanted to educate and train their own local students rather than outsourcing higher education. In Othonian University's case, the new school becomes a symbol of a new era, and a new state (i.e. a Greek kingdom independent from Ottoman rule), and a key spoke in the big wheel of institutionalization, propping up the state with new institutions to secure itself and to legitimize it. The university also played a role in expanding Athens' footprint as a city, and, starting in 1834, as the new state's capital, drawing in both students and faculty from elsewhere.

While both the Ionian academy and Othonian University were universities that included medical programs and schools, the Imperial School of Medicine in Istanbul and Qasr al-'Aini in Cairo were solely medical schools, and more specifically medical school with the explicit goal of training physicians to serve as military doctors for Mahmud II & Mehmed Ali's armies, respectively. This also meant that both schools, in their initial years, were able to train more doctors than the academy and university, and that these medical students had access to a larger number of professors. Their focus on military medicine - though many of their graduates ended

[72] Constantine Schinas, *Οδηγίαι* (Athens: Τυπογραφια Ανδρεου Κορομηλα, 1838), 6.
[73] In Greek, Αναστάσιος Λευκίας Γεωργιάδης.
[74] He expressed these views in the speech he gave in honor of the university's establishment alongside the other school directors Neophytos Vamvas, Missile Apostolides, Georgios A. Rallis, and of course the aforementioned Schinas: Λόγοι εκφωνηθέντες υπό του πρυτάνεως και των τεσσάρων σχολαρχών κατά την ημέραν της εγκαθιδρύσεως του Πανεπιστημίου Όθωνος, μετά των προγραμμάτων των παραδοθησομένων μαθημάτων, Τυπογραφίας Ν. Παππαδοπούλου: Αθήνα, 1837.
[75] Ibid, 7.

up in private practice or non-military hospitals - reflected the priorities of their respective leaders at the time, who were engaged in military expansion and reform that would necessitate an increase in well-trained military physicians. At the same time, as mentioned prior, while most of these students were Arabic-speaking Muslims in Qasr al-'Aini's case, many of the faculty and later students at Imperial School of Medicine were not Turcophone Muslims, and would not even be able to enroll in the military except as physicians. What these schools all subscribed to, despite their differences, was the idea that states needed educational institutions of their own and to train their own subjects in the most current ways of thinking about and practicing medicine. They acknowledged that there was intrinsic value to transitioning away from the model of outsourcing that process, even if they continued to send their students and faculty to the best institutions abroad to then bring back the latest advancements to their home institutions.

CHAPTER 2: STUDENTS BECOMING TEACHERS: THE EVOLUTION OF THE MEDICAL SCHOOL AND ITS IMPACT ON MEDICAL PROFESSIONALIZATION AND REGULATIONS

I. Introduction

This chapter continues the story of the Imperial School of Medicine in Istanbul from the first chapter, picking up in the 1840s and analyzing the school's development in its first few decades and its impact both within and beyond school grounds. This chapter highlights the intercommunal and international nature of not just the school, but the Ottoman medical and public health policies tied to the school which reached much further. In order to fully understand the impact of the school on medical practice and policy, the first section examines how the school grew into and beyond Mustafa Behçet Efendi and Mahmud II's initial vision, taking on its own character crafted by imported reformers alongside local faculty and students, as well as new faculty who were formerly students. It then examines debates surrounding the language of instruction for medical students, which culminated in the division of the Imperial School of Medicine into two separate schools, one for military doctors and the other for civilian ones. The second section traces the development of imperial regulations surrounding medical licensing, quarantine, public health policy, and pharmaceuticals and their ties to the school. In the final Marko Pasha's life serves as a lens through which to understand the continuation of Ottoman Greek influence in the Ottoman palace after the Greek War of Independence as well as the development and rising relevance of forensic medicine.

II. From Tıbhâne-i Âmire[76] to Mekteb-i Tıbbiye-i Şahane and Beyond: Growth, Graduates, and Reform

The Imperial School of Medicine has shifted in name, location, and constitution often over the course of its lifespan and in doing so has outlived the empire that birthed it, surviving and operating as Istanbul Medical School[77] at Istanbul University today. Some of these shifts also correspond to fundamental changes in the nature of the education institution(s) at play.[78] For example, in the founding years of the school described in the previous chapter, in addition to building up the faculty and student population without producing any immediate graduates, the Imperial School of Medicine also underwent a series of geographic changes, switching between several buildings and several different neighborhoods between 1827 and 1839. In 1839, the same year the school moved to the Enderun Ağaları Mektebi building,[79] it both changed its name to Mekteb-i Tıbbiye-i Adliye-i Şahane and underwent academic changes such as the inauguration of a pharmacy program and the formal merger of the schools of medicine and surgery,[80] even

[76] Also known as Darü't-Tıbb-ı Amire.
[77] tr. İstanbul Tıp Fakültesi. Istanbul University has since founded an additional medical school, Cerrahpaşa Tıp Fakültesi (Cerrahpaşa Medical School), but it functions separately from Istanbul Medical School which is the continuation of the original 1827 school.
[78] This is, however, why I use the Imperial School of Medicine as the blanket English term for the military medical school founded in 1827 despite its various iterations and name changes, for continuity's sake. Later in this chapter I will introduce the split between civil and military medical education. To describe the continuation of the military medical school, I will continue to refer to it as the Imperial School of Medicine. The Mekteb-i Tıbbiye-yi Mülkiye during its years of operation will be referred to here as the Civil School of Medicine. When the schools rejoin, I will again revert to the blanket term Imperial School of Medicine as the English language term.
[79] Now, Galatasaray High School.
[80] Cerrahhane-I Amire.

holding a new grand opening to reflect the restructuring. I argue that 1839 was a turning point year between the inaugural years of the school and the years that followed, since Sultan Mahmud II, ill with tuberculosis, made a final decision to bring in two physicians from the Habsburg Empire to reform the school, making it one of the last reforms he would propel in or outside of medicine before his death.

Though he died only a few years after arriving in Istanbul, Dr. Karl Ambros Bernard[81] (1808-1844) was given substantial agency to enact changes at and outside of the school.[82] Armed with experience as an infantry regiment doctor in Czernowitz as well as fighting the cholera epidemic in Bukowina during the Russo-Galician war, Bernard regularized the curriculum, founded the library, reinforced French as the language of instruction, and even sent four of the school's first graduates to Vienna – where he earned his medical degree – to defend their dissertations.[83] Marcel Chahrour argues that Hapsburg physicians – as well as many historians who noted their activities decades later – engaged in a "civilizing mission" in the mid-nineteenth century in the Ottoman empire, starting with Bernard and his colleagues.[84] Though there is certainly some merit to this idea, Chahrour perhaps goes a little too far in emphasizing the European nature of the school, neglecting to account enough for the active participation of Ottoman subjects as both students and faculty in steering the school's course as an educational institution and as a vanguard for medical practice and public health policy in the empire. However, I am more inclined to entertain his assertion that Mahmud II's decision to invite Hapsburg physicians to reform the school, and the willingness of Metternich's personal physician to recommend and send doctors from Vienna to fill that role, was perhaps more strategic politically and economically than academically and medically.

Whatever the impetus for Bernard to involve himself in the Imperial School of Medicine's growth, he certainly took the opportunity to document his work there, publishing reports on the school's happenings,[85] a work on hydrotherapy in Bursa,[86] a work on the ways in which the medical students there used the botanical garden for their studies,[87] and even an

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[81] Often anglicized to Charles Ambroise Bernard.

[82] It is important to note that Dr. Bernard was far from the only physician from the Hapsburg empire to be invited to work in Istanbul. He was not even the only Hapsburg physician invited to work at the school in this time interval. Dr. Jacob Neuner, who was invited alongside Bernard, actually served as Mahmud II's personal physician upon arrival. However, Neuner returned home from Istanbul less than a year later. Likewise, Drs. Sigismund Spitzer and Lorenz Rigler arrived soon after Neuner's departure and Spitzer in particular continued to be involved substantially with the school as well as with Sultan Abdülmecid in a medical capacity.

[83] Eyici, Semavi. "Mekteb-i Tıbbiye'nin ilk müdürü Dr. Bernard'in mezari." Tarih Dergisi Cilt II, sayi 3-4'den ayri basim Istanbul Ibrahim Horoz Basimevi 1952, 92.
These students defending their dissertations to a foreign audience at a foreign institution is important in the performativity of credibility for the Imperial School of Medicine. The School was establishing its reputation as a place that trained competent doctors, so external validation of their students qualifications could bolster their argument that they had become a reliable institution which could then itself assess whether Ottoman medical students and physicians were qualified to carry medical licenses.

[84] Chahrour, Marcel. "'A Civilizing Mission'? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1838–1850," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 38, no. 4 (2007): 687.

[85] Rapport sur les travaux de l'école de medicine de Galata Serai pendant l'année scolaire 1258/59, *Journal de Constantinople et des interest orientaux,* 26 Sep. 1843.

[86] Bernard, Dr. C.A. *Les bains de Brousse en Bithynie (Turquie d'Asie) avec une vue des bains et un plan des environs.* Constantinople: Imprimerie de Mille Frères, 1842.

[87] Elemens de Botanique à l'usage des élèves à l'école de médecine Imperiale de Galata-Serái (1842).

Ottoman book of medical formulas and compounds for pharmaceuticals.[88] In his final yearly report in 1844, published in the *Journal de Constantinople* on September 6th, 1844, Bernard reported the demographics of students enrolled, names of particularly successful students, his hopes to establish a laboratory, and details about graduation.[89] He also recounted a successful campaign in which the school vaccinated more than 1200 children from varied communal and even foreign backgrounds,[90] a practice that, though inaugurated during Bernard's lifetime, continued yearly well after his death.[91] These vaccination campaigns for children against smallpox began via an 1840 *irade*, or edict, from the Ottoman state and through the edict and the school's execution of said edict, the school vaccinated thousands of children against smallpox on their grounds every year. This example is one of many demonstrating the relationship between the school and the state in enacting public health measures. Though the school did not yet at this time have a hospital attached, students at the school were able to practice administering continuing care to patients who needed it through treating longer term patients at a rented house near the school.

The importing of physicians like Bernard as well as the exporting of medical students from the school abroad to gain more knowledge and to bring back said experience to their home as faculty at the school or as military or hospital physicians did not quash initiatives to "domesticate" or "Ottomanize" the Imperial School of Medicine's curriculum. The language of instruction and the language of the medical texts used at the school by faculty and thus, by extension, by students, quickly became a point of contention. Though, as mentioned in the previous chapter, Mahmud II and Mustafa Behçet Efendi founded the school with the intention of quickly transitioning to Ottoman Turkish as the language of instruction, this was not fully realized until well after both of their deaths. There were scenarios early on in which Ottoman Turkish was the language of instruction: for example, in the 1820s and 1830s before the School of Surgery officially merged with the School of Medicine, surgical instruction was in Ottoman Turkish and not French. However, when the schools combined, French took over as the language of instruction for all students. One of the more commonly cited reasons for this was materials, Since the textbooks being used were not written in Ottoman Turkish, instructors matched the language of their tools of instruction.[92] Another factor was that most of the early faculty received their own medical training in languages other than Ottoman Turkish (French, Italian, and German mostly). Though the push to change the language of operations for the school was slow, these two factors began to shift as early as the 1840s.

Medical students led the charge for changing the language of the Imperial School of Medicine, first through informal groups, initially kept secret since they were not an official, state-sanctioned society and their project was not a designated part of the curriculum. With the

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[88] Bernard, Dr. C.A. *Pharmacopoea Castreusis Ottomana-Pharmacopée Militaire Ottomane.* Constantinople: Imprimerie de Henri Cayol à Péra, 1844.
[89] "Intérieur"; "Nouvelles Diverses de Constantinople." *Journal de Constantinople*. 6 Septembre 1844.
[90] The precise number of children that Bernard claimed the Imperial School of Medicine vaccinated on its grounds in 1844 were 1274 total: 363 Muslim children, 195 Armenian ones, 664 Rum/Greek Orthodox children, 41 Jewish children and 11 European ones.
[91] Seza Sinanlar Uslu, *Galatasaray Tıbbiyesi'nden Mekteb-i Sultani'ye Eğitimde Yenilik ve Gelenek* (İstanbul: Domingo Yayınevi, 2017), 8–9.
[92] Mustafa Behçet Efendi, Karl Ambros Bernard, and others involved in the school's early years did translate medical texts from various languages into Ottoman Turkish, but the textbooks used at the time were not in Ottoman Turkish.

support of some faculty and administrators, these students would translate medical texts into Ottoman Turkish and engage in medical debates in Ottoman Turkish. Cemaleddin Efendi - who directed and taught at the school from 1853 to 1859 - encouraged these student efforts, creating a class called the "mümtaz sınıf," or "excellent class," in which he sought to improve the students' levels in Arabic, Farsi, and Ottoman Turkish.[93] Even after this class disbanded and he ceased teaching at the school, students continued to gather for independent study and to translate medical texts into Ottoman Turkish. After advocating for linguistic reform for well over a decade, students were able to establish an official society - the Ottoman Medical Society[94] - on March 3rd, 1867, with the endorsement of Sultan Abdülaziz. This society had the same goals as their secret meetings had had – to translate medical texts into Ottoman Turkish and to promote the change to Ottoman Turkish as the language of instruction for medical education. One of the major achievements of the society was publishing the Lugat-i Tıbbiye – a French-Turkish medical dictionary – via the Imperial School of Medicine's Press[95] in 1873. This dictionary, a translation of the famed P.H. Nysten French Medical Dictionary,[96] was an achievement long in the making for the Ottoman Medical Society since its members and supporters saw the establishment of a clear Ottoman medical lexicon as essential to their goals of having medical education in Ottoman Turkish as well as of establishing a deep bank of translated and new medical texts in Ottoman Turkish. Thus, though framed as a translation, this work had original and generative elements to it, since its authors were focused on generating new Ottoman-specific medical terminology, even if presenting it next to its French equivalents. Many of these words, if they did not already exist in Ottoman Turkish, were drawn from Arabic or Persian, or from specific older medical texts by Ibn Sina and other respected doctors and scientific writers from the past. Though medical students and doctors from the Imperial School of Medicine were the engines behind the society and its other publications, their mission drew support from others outside of medicine, perhaps most notably Namik Kemal, an Ottoman statesman, writer, and reformer who had his own convictions about language.[97]

Two of the main students involved in this movement, who both later became medical school professors as well, were Dr. Salih Efendi (1816-1895) and Dr. Agop Handanian (1834–1899). Although many of the students pushing for the language change were Turcophone Muslims, that was not the case for all of the avid promoters of the movement, including Armenian Handanian. Though plenty of Muslim bureaucrats and elites did speak French, it was more common for Armenian, Jewish, and Greek Ottoman subjects to know French, the language of instruction, than Muslim subjects, which, in addition to arguments about "Ottomanizing" the school, factored into the demographic distribution of students advocating for the change from French to Ottoman Turkish. Salih Efendi – a member of the Imperial School of Medicine's first graduating class and later Hekimbaşı – was the one who proposed and first ran the Ottoman Medical Society. It was also Salih Efendi who in 1867 received the charter to found the Civil Medical School, which would be separate from the Imperial School of Medicine and, unlike that

[93] Karacaoğlu, Emre. "Cemiyet-i Tıbbiye-i Osmâniye Toplantısında Sunulan Bir Tıp Tarihi Makalesi: Terakkiyât-i Tıbbiye." Türkiye Klinikleri J Med Ethics 2016; 24(2): 45.
[94] Cemiyet-i Tıbbiye-i Osmaniye.
[95] Mekteb-i Tıbbiye-yi Şahane matbaası.
[96] N.b. Nysten died in 1818 - the medical dictionary translated for the Lugat-i Tıbbiye bore the name Nysten, but in fact was one of many later editions of the text that still bore Nysten's name but was largely updated and written by other authors, making it substantially different from the one in which Nysten had a direct hand originally.
[97] Unat, VIII. Turk tarih Kongresi Bildirileri, II, s. 1292-1293

school, conduct its instruction entirely in Ottoman Turkish. Just three years later, this achievement extended to the Imperial School of Medicine as well, and in 1870 both the newly founded Civil Medical School and the previously existing Imperial School of Medicine - still aimed at military physicians - used Ottoman Turkish as their primary language of instruction. Handanian, a professor of forensic medicine, was the first instructor employed at the Civil Medical School as well as heavily involved in the Ottoman Medical Society.[98]

Even as late as 1870, some faculty – most prominently, Neo-Phanariot physician Dr. Spyridon Mavrogenis and foreign physician Dr. Hermann Ritter von Mühlig, both at various points also personal physicians to sultans – rebutted this decision, insisting that it was *still* too soon to transition Ottoman medical education out of French into Ottoman Turkish, despite openly admitting that the school was now surrounded by imperially funded institutions where instruction was in Ottoman Turkish. Physicians[99] in support of the language change then published their own critique of this rebuttal, in particular taking umbrage with Dr. von Mühlig's dismissal of the scientific capabilities of Ottoman Turkish as a language. They extoll the literary and scientific merits of Chagatai while also arguing for the added complexities of Ottoman Turkish as an apt language for intellectual production and medical education. They also object to Dr. von Mühlig's claim that students at the medical school were somehow inept at mastering French with their own counterclaim that foreign European doctors (such as himself), despite decades living in the Ottoman Empire, have never been able to master Turkish fully, thus making *Turkish* the superior language in terms of complexity. The venues in which these respective physicians published their arguments also matched the linguistic predilections of their writers – while Mühlig and Mavrogenis published their advocacy for French in the Imperial Society of Medicine's French language *Gazette Médicale d'Orient,* a society of which they were both members*,* the unsigned rebuttal was published in Ottoman language publication *Terakki.* The passion in these debates in the immediate aftermath of the language reform points to the heterogeneity of ideas about the best way forward for Ottoman medical education, and by extension, the medical profession. Language is not incidental but essential in these debates – it is not just about the method of communicating the curriculum to the students, but goes to the very heart of the identity of the school as well as to the nature and production of Ottoman medical knowledge.

In his initial article, Dr. Spyridon Mavrogenis first explained the nature of the new proposition to teach courses in medicine in Ottoman Turkish instead of French, claiming that both the director and two professors at the Imperial School of Medicine objected to the change.[100] Mavrogenis himself, of course, was also a professor at this school, and also objected to the change, though he claims it is not a permanent objection, but merely born out of concern for the "prosperity of this institution" should the change be made too soon.[101] Mavrogenis even calls the patriotic sentiments driving the proposed language change "very laudable," despite his disagreement, though he follows that praise immediately with a point by point rebuttal to the

[98] Yıldırım, Rıfat Vedat. "Agop Handanian (1834–1899): Forensic Medicine Professor in Imperial School of Medicine," *Journal of Medical Biography* 24, no. 2 (2016): 232–234.
[99] Though the response to von Mühlig was unsigned, based on references made to previous articles published in the newspaper *Terakki,* it is pretty likely that Dr. Ahmet Hilmi Pasha was one of the main authors of this text.
[100] Mavrogenis, Spyridon. "Bulletin: La langue turque comme langue d'enseignement des sciences médicales." *Gazette Médicale d'Orient*. XIV Année, No. 7 & 8, Octobre et Novembre 1870, 97.
[101] Ibid, 98. In French, "la prospérité de cette institution."

reasons that Dr. Ahmet Bey – a fellow professor at the medical school – provided for the instructional language change. In his first point, Dr. Ahmet Bey – per Mavrogenis's relaying – claimed that at other schools outside the empire, "sciences are taught in the respective language of each country," a claim that Mavrogenis immediately refutes, arguing that until recently all European university used Latin as the instructional language, and that even when he himself studied medicine at the University of Vienna from 1835 to 1845, there were still many scientific courses taught in Latin, even with a growing number of scientific texts available in German. Mavrogenis's rebuttal to the next example proffered by Dr. Ahmet Bey seems far from devoid of bias:

> Dr. Ahmet Bey also cites in support of his arguments the small kingdom of Greece ; in effect, as soon as "the University of Athens was established, Greek was immediately adopted as the language of instruction in all of its four Faculties. Dr. Ahmet Bey seems to be surprised by this. May he allow us to tell him cavalierly that he is wrong ; for he must not forget that Greek is an essentially scientific language; and the proof is that in all of the ancient and modern languages almost all scientific terms are taken from the Greek language ; still today, as soon as someone invents or discovers something in the arts and sciences, it is still ordinarily in Greek that scholars have recourse to form their new expressions and render their new ideas ; one must recall that two years ago because of these facts even a member of the Institute of France, M.G. d'Eichthal, dared propose to make Greek a universal language for the sciences in Europe.[102]

Though Mavrogenis's claim about Greek being used to coin scientific terms in other languages certainly has a basis in reality, it is hard to believe that Mavrogenis provided this rebuttal of "Greek exceptionalism" devoid of his own biases. Descendent of a prominent Phanariot family, Mavrogenis had every reason as an Ottoman Greek himself, heavily involved in the Greek Philological Society of Constantinople, to espouse philhellenic tendencies and laud the supremacy of Greek as a scientific and literary language. However, it would be easy to argue that Arabic also is a scientific language, but Mavrogenis does not mention this, either because Arabic is also distinct from Ottoman Turkish or because he saw Greek as one of the few languages capable of housing all necessary scientific terms for high level medical education. The acknowledgement, by both Ahmet Bey and Mavrogenis, that Greece is in at least this respect further along, is an interesting one, particularly with the similar timelines of the Ottonian University and the Imperial School of Medicine. While Ahmet Bey assumedly attributes this to Greek patriotism, Mavrogenis – the Greek of the two – attributes it to an inherent superiority of Greek as a scientific language.

In an added twist, Dr. Mühlig, in his follow up article to Mavrogenis's, also used a Greek comparison in his resistance to the curricular language change, though in a different way. Mühlig admitted that he, like many of the Muslim students at the Imperial School of Medicine, also studied in a language other than his native German, attending school in Greece in his youth.[103] However, he claims here that, though he struggled to use German works to review material he learned in Greek due to terminological differences, the scientific instruction in a foreign language – Greek – did not hamper his ability to learn the material since it contained sufficient

[102] Ibid.
[103] Mühlig, Hermann "Bulletin: La langue turque comme langue d'enseignement a l'École Imperiale de Medicine." *Gazette Médicale d'Orient*. XIV Année, No. 9, Decembre 1870, 129.

terminology to communicate the necessary material, which both Mavrogenis and Mühlig argued did not yet exist in Ottoman Turkish in a way that would make its use as an instructional language feasible.[104]

Whether readers found Mühlig and Mavrogenis's arguments or Ahmet Bey's more convincing, it is telling that all three used Greece – a state which had achieved independence from the Ottoman empire just a few decades prior – as an educational example. Though at first glance, the conflict appears to have emerged across confessional lines, with Muslim physicians supporting the change and non-Muslim and foreign physicians holding onto French, the divide was not absolute, as aforementioned Armenian physician Handanian encouraged the language change and even Mavrogenis, who was loudly against it, supported the increase in translations of medical texts in Ottoman Turkish for use by students. What this language debate and its results did demonstrate, however, is how long it took for Sultan Mahmud II's initial vision of the school as teaching in Ottoman Turkish to come to fruition. I argue that the preponderance of non-Muslim and foreign instructors as well as non-Muslim students might have extended its use of French longer than that of other Ottoman higher educational institutions.

III. License & Registration Please: Ottoman Intercommunal and International Efforts in Medical Licensing, Vaccination, and Public Health

It is challenging – and perhaps even unwise – to separate the history of the Imperial School of Medicine*,* the shifting role of the *hekimbaşı*, and the advent of new regulations for medical professionals. As addressed in Chapter I, Hekimbaşı Mustafa Behçet Efendi spearheaded the establishment of the school, and for decades to come many subsequent directors of the school also served as *hekimbaşı*, strengthening an already symbiotic relationship between the school and the palace. The pharmacy at the school supported and supplied the palace, and many of the faculty either were palace physicians and/or were actively involved in councils, committees, and hospitals commissioned by the central state. The Meclis-i Tahaffuz, or Quarantine Council, established by Mahmud II in 1838, focused on establishing quarantine stations, containing epidemics, and regulating public health via preventing the mass spread of disease, particularly across borders. However, it also played an important role in the story of medical licensing in the empire for several reasons. First, Abdülhak Molla – *hekimbaşı*, professor, and later dean of the medical school – initially managed this council and its initiatives, linking the philosophy and the goals of the school to the public health goals of the council. Though the council subsequently expanded*,* it remained largely run and populated by physicians who either taught at the Imperial School of Medicine or graduated from it. Likewise, the Medical Council,[105] later called the Ministry of Public Health and Civil Affairs,[106] was founded in 1840 at the school, and became the central state structure for monitoring civilian medical affairs. This elevated the centrality of the school even more in the realm of Ottoman public health and medical regulation, even though the school had scarcely begun to train students at that point.

The Imperial School of Medicine was also responsible for bestowing, on behalf of the Ottoman state, medical licenses not just on its own graduates, but on any medical practitioners – foreign or local – who received their degrees elsewhere*.* The School administered exams to determine eligibility for licensure and implemented regulations which determined physicians'

[104] Ibid, 131.
[105] Meclis-i Tıbbiye.
[106] Umur-I Tıbbiye-I Mülkiye ve Sıhhiye-I Umumiye Nezareti.

ability to practice in the Ottoman empire. According the first article of the October 11th, 1861 law concerning the practice of medicine in the Ottoman empire, a physician without a diploma could not legally practice medicine in the Ottoman empire.[107] According to the third article, foreign physicians needed to register their diplomas at the Imperial School of Medicine and present proof of identity endorsed by their respective consulates in Istanbul, and then in addition still undergo an exam and pay a fee.[108] This posed a problem for many physicians with foreign diplomas, even though they were eligible to practice. Even physicians working at foreign consulates struggled to get their foreign medical licenses approved by the school without traveling to Istanbul. Likewise, Ottoman physicians based in other provinces would have to have their diplomas approved by the school, though by this point they were permitted to send a copy by rail.[109] In this same year, the school's licensing capabilities expanded to pharmacists as well, with Ottoman pharmacists either having to train at the school or receive approval for their foreign pharmacy diplomas. This system, though onerous for many physicians, sought to eliminate to the greatest degree possible the practice of medicine by those who had not received a formal medical education. Thus, articles sixteen and seventeen of this 1861 law also specified that a list of registered doctors be published as well as distributed to pharmacies, to ensure that finding a licensed doctor and avoiding an unlicensed one became more accessible.[110]

In addition to the School, individual hospitals also had their own protocols which evolved. For example, in 1887 Balıklı Greek Hospital instituted a requirement that any new physicians to be hired must also pass an exam in front of three members of the board of trustees of the hospital – some of whom would also be physicians – in addition to holding a medical degree and professional license. Requirements like these demonstrate how involved the committees of communal hospitals were in determining not only who worked at the hospital and how it ran, but also what constituted sufficient medical care, without solely relying on the state to make these determinations. The rise of the Imperial School of Medicine as the locus of licensing and regulation elevated its importance in shaping the future of Ottoman medicine and public health as the school evolved and expanded.

IV. Marko Pasha: Neo-Phanariot Power via Medical Expertise and the Rise of Forensic Medicine

Greek Orthodox Christian physician Dr. Markos Apostolidis Pitsipios or "Marko Pasha" is an apt example, like the Caratheodories in the previous chapter, of how the medical profession still functioned as a haven for Neo-Phanariot power. This section will explore how Markos Pitsipios navigated Ottoman state structures as an Ottoman Greek physician, while also using a key moment in his career to explore the development of Ottoman forensic medicine.

a) Dr. Marko Pitsipios: Neo-Phanariot Physician and Educator

Markos Apostolidis Pitsipios was born in 1824 on Syros to a Chiot family[111], and was raised and educated there until finishing his secondary education in 1841, at which time he

[107] Aristarchi Bey (Grégoire). *Législation Ottomane: ou, Recueil des Lois, Reglements, Ordonnances, Traités, Capitulations et Autres Documents Officiels de l'Empire Ottoman. Troisième Partie: Droit Administratif.* (Bureau du Journal Thraky: Constantinople, 1874), 105.
[108] Ibid, 106.
[109] Ibid.
[110] Ibid.
[111] The Pitsipios family lived on Chios from 1627 until 1822, moving to Syros just two years before Marko's birth.

moved with his family to Istanbul.[112] Not only did Marko Pitsipios hail from a Chiot merchant family – a typical profile for a Phanariot – after establishing an excellent reputation as a physician Dr. Pitsipios married into a prominent Phanariot family in marrying his wife Euterpe Mavrogordato in 1867 (the same year, incidentally, that he became involved with the establishment of the society which would become the Red Crescent Society).[113]

Dr. Marko Pitsipios' position within a neo-Phanariot network extended beyond his familial and marital ties and into his medical education and career. Immediately upon graduating from the Imperial School of Medicine in 1851, Dr. Pitsipios became the head of the Surgery Clinic at the school. Pitsipios also worked for a time as an assistant for his professor Dr. Constantinos Caratheodory. After a few years, Caratheodory became Pitsipios's colleague rather than superior when both started teaching in the Imperial School of Medicine's new Pharmacy department. As was the case in the school, several prominent Ottoman Greek physicians taught in the department: in addition to Markos Pitsipios and Constantine Caratheodory, Dr. Stephanos Caratheodory, Dr. Sarantis Archigenis, Dr. Stavrakis Aristarhis, and Dr. Spyridon Mavrogenis also taught in the department. With his role at the palace pharmacy, Pitsipios brought his extensive practical experience to the classroom. He also used publications as another way to educate, writing and publishing three volumes of his *Pamphlet Containing Valuable Information about the Branches and Structure of Medicine*[114] in Ottoman Turkish to be distributed to hospitals for use in training doctors, advising the hospitals to sell any surplus books to raise money for the care of indigent patients.[115] He also published articles in the *Gazette Médicale d'Orient* as a participating member of the Imperial Society of Medicine with his first appearing on March 31st, 1857 entitled "Observation of Peri-Uterine Hematocele followed by recovery."[116] In 1871, Pitsipios was appointed as director of the Imperial School of Medicine, holding on to that position for the next seventeen years until his death. Despite his long-standing close ties to the palace, Dr. Pitsipios developed a reputation for protecting students from official censure in a time when the Imperial School of Medicine was becoming an increasingly political environment. Dr. Cemil Topuzlu Pasha (1866-1958), who later became an internationally renowned surgeon, president of the Cemiyet-i Tibbiye-i Şahane,[117] and a professor of surgery at the Imperial School of Medicine starting in 1894, was a medical student at the Military School of Medicine[118] while Dr. Pitsipios was director, graduating in 1886. In memoirs that he wrote towards the end of his life, Dr. Cemil Topuzlu described an incident that he alleged occurred while he was a medical student. According to Cemil Topuzlu, medical students in the school's garden were shouting "Down with the sultan!"[119] and were confronted by officers. According to Topuzlu, when Dr. Pitsipios arrived at the garden and students claimed that they were actually shouting "Long Live the Sultan," he immediately endorsed their explanation in front of the officers. It was only,

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[112] Anaç, Despina. *Marko Paşa [Pitsipios] 1824-1888*. (İstanbul: Türk Kızılay Derneği Yayınları, 2019.), 19.

[113] For more on the Mavrokordato family, see Chapter I.

[114] *Risale-i Hikemiyye-i Aziziyye fi Beyan-ı Terkib-i Ecza-yı Tıbbiye.*

[115] Anaç, Despina. *Marko Paşa [Pitsipios] 1824-1888*. İstanbul: Türk Kızılay Derneği Yayınları, 2019), 139.

[116] Pitsipios, Dr. Markos. "Observations d'hematocele peri ou plutot retro-uterine." *Gazette Médicale d'Orient.*Année 1, Mai 1857, No 2, 23-25.

[117] From 1909 to 1910 – he first became a member of the society in 1902.

[118] The Military Medical School. Topuzlu attended the school during the period in which the military and civil schools were split (they were reintegrated in 1909), but the school which Dr. Pitsipios directed and from which Topuzlu graduated was the military one.

[119] In Turkish, "Padişahım alaşağı."

according to Topuzlu's recollection, after the officers' departure that Pitsipios questioned the students and expressed doubts about the veracity of their defense.[120]

Topuzlu's memory, as he recounts it many decades later, should be viewed with some healthy skepticism, not just because of the length of time between the events described and his recollection but also the vastly different political context in which he wrote and published his memoirs as compared to when he was a young medical student. Topuzlu served as surgeon for Sultan Abdülhamid II's family[121] and had a successful medical career under Hamidian rule, then served two terms as mayor of Istanbul twice during World War I and the Armistice period, and wrote his memoirs long after the empire had collapsed, as a citizen of the Turkish Republic at the end of his life.[122] With decades of hindsight, Topuzlu knew his fellow medical students would secretly form the Committee of Ottoman Union in the garden he described in this memory just three years after he graduated. It is possible that he embellished or even invented this incident with the history that soon followed in mind. It is also of course possible that the encounter with the officers and Pitsipios did occur as Topuzlu described, taking on a heavier weight in his memory due to what came after. Either way, Topuzlu's account points to the positive relationship between the school's Greek director and Muslim students like Topuzlu, as well as Pitsipios' dedication to protecting the school's interests even in face of imperial authority. Even though Pitsipios himself also worked at the palace, this story points to a loyalty to the school that could outstrip blind obedience to the state. More broadly speaking, even though the Imperial School of Medicine was a state-sponsored institution, it had at this point developed its own identity and priorities outside of those set by the state. Dr. Markos Pitsipios was an active participant in the school's evolution for the entirety of his career, from studying there as a medical student to teaching there to then spending his final years as its director. In rising up the ranks at the Imperial School of Medicine, Pitsipios also gained professional and social cache in an intercommunal environment.

b) Marko Pasha: Life at the Palace, Til Death Do Us Part

Like several faculty at the Imperial School of Medicine who preceded him, Dr. Markos Pitsipios also held a prominent position at the palace, earning the title of pasha from Sultan Abdülaziz thanks to his work there. Marko Pasha was simultaneously appointed to be the head physician[123] to Sultan Abdülaziz and the chief of the pharmacy at the palace in 1861, ten years after receiving his medical degree.[124] Managing the palace pharmacy was no small feat. By September 11th, 1875 it employed fifty-five people, including twenty-two doctors, nine

[120] Topuzlu, Cemil. İstibdat, Meşrutiyet, Cumhuriyet devirlerinde 80 yıllık hâtıralarım. (İstanbul: Güven Basıim ve Yeyınevi, 1951), 47.
[121] Most notably, operating on his son Gürkan on March 27th, 1905.
[122] Topuzlu's greatest legacy from his time as mayor is arguably the green spaces and parks that he created while in office. Topuzlu used his medical reputation to get elected, campaigning on a platform of improving municipal public health, and he advocated for these green spaces as beneficial to public health. For more on his impact as mayor, see Okta, Birge Yıldırım. "Urban transformations in Istanbul during the term of mayor Cemil Topuzlu." *METU Journal of the Faculty of Architecture* 34, no. 1 (2017).
[123] Sertabib-I Hazret-I Sehriyari.
[124] This is also the time that the Sultan bestows upon him the title of Pasha. This is why in this dissertation he appears either as Marko Pasha or Dr. Markos Pitsipios. See Anaç, Despina. *Marko Paşa [Pitsipios] 1824-1888*. (İstanbul: Türk Kızılay Derneği Yayınları, 2019), 46.

pharmacists, twelve surgeons, three dessert-makers,[125] three servants,[126] two dentists, one bonesetter,[127] a spoonmaker,[128] one secretary, and one footman.[129] As the employee distribution suggests, the palace pharmacy was not only a place to produce medications, but also a hub where patients could receive medical treatment.[130] Thus, in many ways Pitsipios's role directing the palace pharmacy bore similarities to his earlier directorial duties at the Imperial School of Medicine's Surgery Clinic (1851) and his contemporaneous role as a director of military and civil hospitals.[131]

Pitsipios's tenure as Sultan Abdülaziz's chief physician ended violently – for his employer at least. On May 30th, 1876, a group of Ottoman ministers deposed Abdülaziz, instating Sultan Murad V in his stead and eventually moving Abdülaziz to Feriye Palace.[132] On June 4th, 1876, Abdülaziz died of unnatural causes – bleeding out in his living quarters – and a frenzy ensued that has been well-documented both by those involved and observers at the time and historians since. It is natural to fixate on the political implications of Abdülaziz's deposition and death. If that death were determined to be the result of an assassination rather than suicide, finding the perpetrators and discovering their motivations would be paramount. How was this determination made? Namely, through consulting a team of nineteen doctors, one of whom was Marko Pasha himself. The choice to rely on a burgeoning idea of forensic medicine to settle such a matter points to a level of respect for doctors as bearers of specialized professional knowledge, but also, perhaps, to a need for a "neutral" third party - or in this case, nineteen parties - to adjudicate the suspicious circumstances of the sultan's death.

Forensic medicine was already a topic of research and teaching at the Imperial School of Medicine, starting with Karl Ambros Bernard conducting his first autopsy at the school in 1841 and teaching courses on the subject. After Dr. Bernard's death, Dr. Serviçen, took up the role of teaching forensic medicine at the school starting in 1846, and was still teaching the subject at the school when this group of physicians was called to assess Abdülaziz's death.[133] Several of the physicians called - including, again, Marko Pasha himself - were graduates of the school and

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[125] Tatlıcı.
[126] Hademe.
[127] Çıkıkçı. Literally, someone who realigns bones after they have been dislocated from the joint.
[128] Bir kasıkçı.
[129] As I will discuss later, this ended up being in part Marko Pasha's downfall. In this role, he managed a substantial number of personnel and funds – which came from the *Hazine-i Hassa* – related to their salaries as well as the supplies necessary to produce pharmaceuticals. At the end of his life, he faced financial ruin as well as accusations of embezzlement related to his time in this role.
[130] Arzu Terzi, "Osmanlı Saray Eczanesinin Teşkilat ve İdaresi (XIX. Asrın İkinci Yarısında)", Osmanlı Bilim Araştırmaları, C. XI, Sayı 1-2, İstanbul 2010, 52-53.
[131] Anaç, *Marko Paşa*, 19.
[132] In Ali Haydar Midhat's biography of his father, Midhat Pasha, who was involved in the deposition of Abdülaziz and subsequently accused of killing him (these accusations are addressed in subsequent paragraphs), he claims that Abdülaziz died in Çırağan Palace, but Marko Pasha among other corroborating accounts place Abdülaziz at Feriye Palace. Since the palaces are adjacent, and Feriye literally meaning secondary or auxiliary - since the palace was built as additional lodging - this is likely just a communication gap since Ali Haydar Midhat's account is both second-hand and written in English, especially since Dr. Dickson's English language account also cites Çırağan as the location and Dickson did examine the body alongside Marko Pasha and the others.
Ali Haydar Midhat, *The Life of Midhat Pasha: A Record of His Services, Political Reforms, Banishment, and Judicial Murder, Derived from Private Documents and Reminiscences* (London: J. Murray, 1903), 90.
[133] Servicen retired two years later in 1878, but he passed on the task of teaching forensic medicine to his student, fellow Armenian physician Dr. Agop Handanyan.

thus studied forensic medicine under either Bernard or Serviçen, or in the case of Caratheodory, were colleagues who taught alongside them. How forensic medicine was taught at the School could have impacted how some of the physicians who examined the sultan's body analyzed it. Though the circumstances were extraordinary, the idea of implementing forensic medicine was not necessarily, at least to the physicians present. However, it *was* still a foreign concept legally - a department of medical jurisprudence[134] did not emerge in Istanbul until a few years after this incident, in 1879. I would argue then that this incident was an important turning point in the visibility of forensic medicine in the Ottoman public sphere and an important example of medical professionals being seen as a legitimizing force that could and should be called upon by the state. Examining the reports made by these physicians, their backgrounds and perspectives, and the use of these reports by other actors - political and legal - can shed light on how medical professionals could and did become embroiled in political affairs as adjudicators of "the truth." These forensic reports could, at one moment, legitimize the new regime and in the next, call into question the potential foul play of those who brought that new regime into power. I will begin with the official report signed by all the physicians, then examine individual accounts, and end with how those accounts were reformulated and reintroduced in 1881 when men – most notably Midhat Pasha – were put on trial for Abdülaziz's murder. This was a turning point for the Ottoman empire's struggle for constitutionalism – with the death of Sultan Abdülaziz also died the dream of an Ottoman parliament and constitutional regime, a dream supported by both Muslim and non-Muslim actors, including Ottoman Armenian doctor Serovpe Serviçen (1815-1897), who not only taught at the Imperial School of Medicine from 1846 to 1878 but was also a prominent constitutionalist.[135]

In the official statement signed by nineteen physicians, they confirm that an imperial order summoned them on Sunday, June 4th, at 11:00 A.M. to determine the cause of death of former sultan Abdülaziz. Their report describes the body of the deceased as cold, pale, and covered in blood, with the eyelids and mouth partially open and rigor mortis not having yet set in. They proceeded to describe the wounds on his arms – their placement, directionality, and length – in detail, and the relationship of these wounds to Abdülaziz's smaller veins and major arteries. They admitted that staff on site showed them scissors stained with blood and told them that Abdülaziz gave himself the aforementioned wounds with these scissors. The doctors were then led to Abdülaziz's living quarters, where Abdülaziz actually died – the body was moved to a guardhouse before their arrival – and assessed the blood stains on the floor in comparison to the body. They listed a *unanimous* conclusion that the loss of blood from the wounds so carefully

[134] Zabita Tababet-i Adliye

[135] Not only did Serviçen collaborate with Midhat Pasha in rallying support for an Ottoman constitution, he was also one of the drafters of the 1863 Armenian Constitution. By instituting an Armenian National Assembly and set of regulations, this constitution aimed to limit the Armenian patriarch's autocratic tendencies just like the 1876 Ottoman constitution would try (and fail) to temper Sultanic power with an Ottoman parliament. Serviçen embodies the complexities of this era of Ottoman reforms, straddling a pan-religious "Ottoman" patriotism and a specifically Armenian communal identity. He also serves as one of many examples of how Ottoman doctors were involved in political and social reform. Unfortunately, Serviçen, Midhat Pasha's, and many others' constitutional hopes were dashed with Sultan Abdülhamid II's entrée into power after Abdülaziz's death, and it would take another set of doctors – with the secret founding of the Committee of Ottoman Union at the Imperial School of Medicine in 1889 – to finally, alongside other constitutionalists outside of medicine, reinstate the Ottoman constitution in 1908. *See* Artinian, Vartan. *The Armenian Constitutional System in the Ottoman Empire, 1839-1863: A Study of Its Historical Development.* (V. Artinian, 1988), 37.

described caused Abdülaziz's death, that the scissors *could* inflict the wounds they saw, and that the directionality of the wounds combined with the scissors leads them to the conclusion that Abdülaziz committed suicide. In the report, the physicians fully admitted to some of their own limitations and areas of potential uncertainty. They did not investigate the scene themselves to find a weapon – one was shown to them and they were merely asked to confirm whether this weapon could have inflicted the wounds they observed. Likewise, the body had been tampered with by virtue of being moved, so they paired the state of the body with the blood on the scene despite not having actually seen the body in its full, original state immediately after death. They did not even conduct an autopsy, the linchpin procedure of forensic medicine, meaning that the physicians had to make their judgment based on an assessment of external wounds only, without any examination of the internal workings of the body.[136] All of this points to a curated experience, in which the physicians were not brought into a neutral environment but rather presented with a theory of events – that Abdülaziz committed suicide by scissors – and the physicians' sole purpose was to affirm whether or not this theory was medically supportable. Thus, the physicians summoned to make this report were not necessarily investigators at all, but rather professionals brought in to validate conclusions that had already been made by the family and officials on site.

Who were these physicians, summoned at a moment's notice to make this determination, and what might that reflect about the medical professional landscape of Istanbul at the time as well as about the motives of those who called upon them to make this report? Of these physicians, at least four were Greek, one Armenian, two Jewish and five Muslim. At least three of them received their medical education at the Imperial School of Medicine, and at least three of them taught there. Four of them were embassy physicians at the Austro-Hungarian, British, and French embassies, three of them attended the 1866 international Sanitary Conference in Constantinople representing three different states, and four of them - a year after this report - became founding members of *The Society for the Wounded and Disabled in Action,*[137] later the *Ottoman Red Crescent Society.*[138] Two – Dr. Julius Millingen and Dr. Markos Pitsipios – were personal physicians to Abdülaziz, and one – Nuri Pasha – later on became Abdülhamid II's chief physician, making the summons perhaps the least surprising but most personal for Millingen and Pitsipios.[139] As individual accounts by some of these physicians further confirm, many of them

[136] To temper these limitations with some realism, it perhaps need not be said that what physicians could achieve with an autopsy in 1876 was limited in comparison to the types of tests a lab could run today. However, even at this time physicians accepted that an autopsy was key to determining cause of death in many cases and that it was an integral part of the investigative process. For example, Dr. Agop Handanyan, who was teaching forensic medicine at the *Mekteb-i Tıbbiye-i Mülkiye* (Civil School of Medicine) at this time, published his own book on forensic medicine less than a year after Abdülaziz's death. The book, published in 1877, was entitled *Tıbb-ı Adli,* literally "Forensic Medicine." In the second of the four sections of this book, he wrote extensively about autopsy and its relationship to corpse examination in criminal cases.

[137] Mecruhin ve Mardayı Asakir-i Osmaniyye'ye İmdat ve Muavenet Cemiyeti.

[138] Osmanlı Hilal-i Ahmer Cemiyeti. This organization and Marko Pasha's role in its founding will be discussed in the next chapter.

[139] To give a sense of how often some of the physicians may have worked together, here is a documented example of four of the physicians called for Abdülaziz's postmortem treating a patient together. In a Letter to Foreign Secretary Lord John Russell on June 18th, 1861, British Ambassador to the Ottoman Empire Sir Henry Bulwer reported that, after experiencing "a spasm of the heart," Drs. Dickson, Millingen, Pitsipios, and Caratheodory all came to assess and treat him. At the same time, Drs. Pitsipios, Caratheodory, and Millingen were also treating Sultan Abdulmejid I in the weeks leading to his death, before he succumbed to tuberculosis on June 25th, 1861. See PRO 30/22/89:

knew each other, worked together – two, for example, both worked at Haydarpaşa Hospital[140] – and were members of the same organizations. Several held military rank, whether by virtue of attending military medical schools, working at military hospitals, or serving as physicians in combat scenarios. French Embassy physician Dr. Auguste Charles Thomas Marroin (1816-1896), for example, served in the Crimean war, even publishing a medical account based on his experiences.[141] This interconnected, diverse group of physicians, all tasked with the same dubious honor of assessing the newly departed sultan's cause of death, reflected the premier tier of medical professionals in Istanbul at the time.

Though not explicitly stated in any of the documentation related to the physicians' report, I would further posit that the inclusion of multiple embassy physicians alongside doctors either employed by the court or the state or at least Ottoman subjects could have been intentional. The story of the newly deposed sultan's sudden demise quickly became fodder for international news and public scrutiny, ranging from various major newspapers to Appelton's Cyclopaedia.[142] Having physicians with official status at the French, Austro-Hungarian, and British embassies endorse the conclusions presented in the official report was a savvy political move that could go a long way in convincing foreign powers that Abdülaziz did indeed die of suicide and that the report was not a coverup. The number and diversity of physicians also adds to the intended neutrality of the assessment. If nineteen doctors can all agree on a sequence of events, that is either a large and complex bribe or exertion of coercive control *or* a convincing case for the validity of their conclusions. That the report by the physicians made it into most of the press coverage of Abdülaziz's death points not only to the sudden nature of his death but also to the added weight that doctors held as professionals who could certify or delegitimize a theory of events (namely, how Abdülaziz died) without being present for the actual incident, only its aftermath. Family members and staff were nearby when Abdülaziz died, and are mentioned in many of the personal and published accounts of his death, but it is the physicians who wrote and signed an official report to be disseminated that classified the death as a suicide.

Marko Pasha and some of the other physicians' roles in the narrative surrounding Abdülaziz's death did not end in 1876. With changing political ties, they were called upon again

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Turkey (Ottoman Empire). Embassy in Constantinople Private correspondence. Sir Henry Bulwer, ambassador, to Lord John (from 1861 July earl) Russell, foreign secretary.

[140] Dr. de Castro and Dr. Miltiade Bey were these two. Dr. Miltiade Bey, though he didn't teach at the Imperial School of Medicine directly, did teach physiology to second year medical students at the School of Surgery (Cerrah Dershanesi) attached to *Haydarpaşa* hospital and founded in 1873.

[141] See Dr. A Marroin, *Histoire médicale de la flotte française dans la mer Noire pendant la guerre de Crimée* **(**Paris: J.-B. Baillière et fils, 1861). Earlier in his career, Dr. Marroin also worked at a naval hospital in Montevideo and published those professional observations as well, in the August 1852 edition of "Nouvelles annales de la marine et des colonies," via an article entitled "Considérations sur certains états pathologiques observés par le Dr Marroin à l'hôpital de la marine de Montévidéo, de 1850 à 1852." Marroin was also an active member of the Imperial Society of Medicine, presiding over many of its sessions in the 1860s and 70s.

[142] Appelton's Annual Cyclopaedia and Register of Important Events of the Year 1876, Embracing Political, Civil, Military and Social Affairs; Public Documents; Biography, Statistics, Commerce, Finance, Literature, Science, Agriculture, and Mechanical Industry, Volume 16. (D. Appleton and Company, 1877), 1–2. It even includes a list of every physician who signed the report as well as a three-line summary of their conclusions, at the end of an entry detailing Abdülaziz's life and reign. Next to this entry is one on Sultan Abdülhamid II. Neither Abdülaziz or Abdülhamid II appear in the 1875 edition of the encyclopedia, pointing to the magnitude of publicity that both garnered in 1876, Abdülaziz through the circumstances of his deposition and death and Abdülhamid II through his ascension to power.

five years later, and presented with a new theory of events: murder. From June 27th to June 29th, 1881, a public trial took place at Yıldız Palace, held outdoors so that people could procure tickets to be in the audience. In this trial, eleven men were accused of conspiring to kill Abdülaziz themselves.[143] Former grand vizier Midhat Pasha was arguably the most notable and also the most interrogated of the accused, and decades after the trial his son Ali Haydar Midhat Bey would write a biography of his father that protested these accusations and challenged the legitimacy of his father's conviction for this crime.[144] Ali Haydar Midhat Bey recounted the same basic sequence of events reported in the press in 1876, adding in a claim that Abdülaziz had already attempted to throw himself out the window in response to being deposed, and Ali Haydar Midhat Bey also deemed it necessary to include the physicians' conclusions and all of their names.[145] He claimed that Abdülhamid II's delayed desire to classify Abdülaziz's death as murder rather than suicide was based on a vendetta that the sultan held against his father Midhat Pasha, and cited British embassy physician Edward Dalzel Dickson's statement as the highest order of proof that it was, indeed, a suicide.

What was so compelling about Dickson's account of events? Other than the fact that they supported what Ali Haydar Midhat Bey believed himself, Dr. Dickson was one of the few physicians present who published a personal account – separate from the official report signed by all nineteen – immediately following Abdülaziz's death. Though Dickson's own report contains cultural and political observations as well as medical ones, he chose to publish it in the British Medical Journal. In it, Dickson immediately bristles at the commentary by the press on the official medical report. In addition to recounting the details of the official report with added details and analysis, Dickson claims that Abdülaziz had preexisting mental health issues that further explain his suicide, and that Dr. Luigi Mongeri (1815-1882) visited Abdülaziz and diagnosed him with "mania, with paroxysms of fury.[146] Mongeri's visit held weight. A key figure in Ottoman psychiatry at the time, Mongeri was the head physician at Süleymaniye Bimarhanesi – the central asylum in the Ottoman empire at the time – from 1856 to 1873 with an aim to reform its practices, and then took up the same task at Toptaşı Asylum[147] in Üsküdar and La Paix hospital from 1873 until his death.[148]

Though not mentioned in Dickson's account, Mongeri actually shared a strange commonality with him. While not one of the nineteen summoned for Abdülaziz, Mongeri was called upon to assess Sultan Murad V's mental health and signed the report which endorsed the sultan's deposition based on mental illness. Though mental illness was central to Murad V's medical report, it did not feature in the official report for Abdülaziz. The report focused on the mechanics of his suicide – how he cut himself, how he bled out, could he have done it himself

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[143] Avi Rubin, *Ottoman Rule of Law and the Modern Political Trial: The Yildiz Case* (Syracuse: Syracuse University Press, 2018), 103–104.
[144] Ali Haydar Midhat Bey wrote his father's biography in English, publishing it in 1903. Only in 1909 did Hilâl Matbaası in Istanbul published a Turkish translation of the text.
[145] Midhat, *Life of Midhat*, 90–91.
[146] E. D. Dickson, "Report of the Death of the Ex-Sultan Abdul Aziz Khan." *The British Medical Journal,* July 8th, 1876, 41.
[147] Mongeri had been petitioning for a move from Süleymaniye to Toptaşı Asylum, but it was not until a gastroenteritis outbreak in Süleymaniye on October 27th, 1873 that the government finally approved and enacted the transfer. See Faith Artvinli, "'Pinel of Istanbul': Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire," *History of Psychiatry* 29, no. 4 (2018): 424–437.
[148] Ibid.

and how did he do it – rather than *why* he committed suicide. This is what Dickson added in his personal account, even concluding by arguing that the mentally ill are "insensible to pain" and using this as a justification for how Abdülaziz could have followed through with inflicting such extensive wounds upon himself without changing course.[149] Though Dickson used his medical training and his presence at the assessment of Abdülaziz's body soon after his death as the main endorsements for the validity of his point of view – namely that Abdülaziz did, indeed, commit suicide – he clearly recognized that the implications were bigger. Dickson made a concerted effort to relay his opinions not only to the medical public, but verbally to British Ambassador Henry Elliott, and through a report presented to the British Parliament.[150] Despite still being in Istanbul when the trial took place in 1881, it seems likely that his public efforts to emphasize that Abdülaziz committed suicide were a key reason why he was not one of the physicians either called to the stand or asked to submit a written report. Instead, the other British Embassy physician who also signed Abdülaziz's medical report – Dr. Marc Markel – was called to testify. Markel did not change his stance on the suicide. However, his answers to the judge's questions did highlight how quick the doctors' examination was, how little they were able to examine – face, arms and legs, and no autopsy – and that the officials present were the ones who dictated the speed.[151] Midhat Pasha, upon interrogation, continued to use the physicians' report as proof of Abdülaziz's suicide, deferring to their professional expertise, whereas the prosecution claimed – and Midhat Pasha denied – that the physicians were paid handsomely in money and jewelry for their report.[152]

Marko Pasha, Nuri Pasha, and Dr. De Castro all wrote and signed updated individual reports on Abdülaziz's death. None of these new accounts outright contradict the original report, but, as with Markel's testimony, they do cast some doubts on the thoroughness and certainty of the original proceedings. Marko Pasha began his report by openly acknowledging its purpose: namely, that he had been called upon to clarify his findings due to the arrest, interrogation, and confessions of Abdülaziz's murderers.[153] Were the wounds he observed inflicted by Abdülaziz himself, as Marko Pasha had initially endorsed, or by other hands? This question put Marko Pasha and the other physicians in a delicate position. If he had claimed it was suicide, and now in 1881 the sultan's death was in no uncertain terms categorized as murder – despite the trial not

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[149] Dickson, "Report," 42. This assessment, to a certain degree, does hold up under the scrutiny of current medical research. A recent article in a journal of biological psychiatry conducted a study that suggests that those who attempt suicide have a higher pain threshold than those who only contemplate suicide. However, the study indicates that the decrease in pain sensitivity is temporary, so for those who survive suicide attempts their pain threshold returns to standard levels within a week of surviving an attempt. Applied to Abdülaziz, however, this study would support Dickson's claim that Abdülaziz's pain threshold was higher while in the process of attempting suicide, making it easier for him to inflict those cuts upon himself than if he had not been in a suicidal state. See Diane Kim, Diane J., Sarah J. Blossom, Pedro L. Delgado, Jessica M. Carbajal, and Ricardo Cáceda, "Examination of Pain Threshold and Neuropeptides in Patients with Acute Suicide Risk," *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 95 (2019): 1-6

[150] Commons and Lords Hansard, the Official Report of debates in Parliament: Turkey – The Murder of the Late Sultan Abdul Aziz – Midhat Pasha. HC Deb 01 July 1881 vol 262 cc1826-7 and Henry Elliott, "The Death of Abdul Aziz and Of Turkish Reform," *Nineteenth Century*, February 1888.

[151] Rubin, *Ottoman*, 93–94.

[152] Ibid, 139. Marko Pasha's 1881 report claims that days after the report Redif Pasha - claiming he was commissioned by the sultan to do so - did offer a snuff box to Nuri Pasha, but that none of the other doctors were offered gifts. BOA - Y.EE.141.3-5

[153]BOA - Y.EE.141.3-5

having taken place yet – how could Marko Pasha respond without either admitting to a professional blunder (i.e. his assessment was wrong) or challenging the current administration's claims? Marko Pasha dealt with this dilemma by avoiding giving a clear answer to the question, downplaying his own role in the investigation, and casting aspersions on others without proffering any ironclad conclusions. First he claimed that, though he saw the Sultan's wounds, he felt ill and left the room before conducting a more thorough investigation of them. He, like Markel, emphasized the officials' push for a swift investigation and then burial. Finally, he drew attention to the original report, pointing out that the original report did not categorically *assert* that the Sultan killed himself with the scissors, but rather claimed that it was possible, and even probable, that the scissors *could* have caused the wound. He even admitted that, at the time, the physicians involved felt the report to be incomplete due to this lack of certainty.[154] This approach is deft. Marko Pasha was able to minimize his role and point to the limitations of the original report in tacit support of the new theory of events – murder – without actually denying that is was, or could have been, suicide.

Though Dr. De Castro, unlike Marko Pasha, did not submit a report until well after the trial – in 1909 rather than 1881– De Castro's report is useful because it affirmed some of the personal details in Marko Pasha's report. Both Marko Pasha and De Castro mention in their reports that they were together at Marko Pasha's home in Kuzguncuk when Abdülaziz died and went to Feriye together.[155] Otherwise, De Castro did not even address the suicide or murder debate, only recounting the sequence of events on the day of Abdülaziz's death from his perspective and avoiding offering any conclusions. It is actually Nuri Pasha who most clearly overturned the original report when pressed, but even his report is tinged with uncertainty. He too rehashed his experience of the day of Abdülaziz's death, but provided no details on his own medical opinion on the wounds he observed. He merely stated that, since people had confessed to killing the sultan, he could certify that his observations did not contradict that new conclusion.[156] The most he offered was that the scissors shown could have inflicted the wounds on Abdülaziz, but that they also could have been inflicted in other ways.[157] Nuri Pasha's new, lukewarm report did not double down and claim that Abdülaziz committed suicide, but also it did not actually assert that, through his medical knowledge, he could endorse that it was murder and *not* suicide. Thus, all three managed to avoid recanting their previous statements while also avoiding contradicting the current administration's claims, staying afloat politically without undermining their own authority medically. This highly public Ottoman case of forensic

[154] Ibid. Marko Pasha stated that the European doctors were the ones to express dissatisfaction with the report being incomplete, but he also claimed that the other physicians also knew that the report was incomplete, not just the European ones.

[155] BOA.Y.EE.20.34-1. De Castro also mentioned encountering pharmacist Faik Pasha en route to the palace, and that it was he who informed them about the Sultan's death. Marko Pasha did not mention Faik Pasha in his report, but did provide a congruent but more dramatic summation of events, by claiming he was looking across the Bosphorus at the palace when he heard a scream, with the clear implication that Marko Pasha observed and actually heard the moment Abdülaziz died, despite being across the water. It is possible that Marko Pasha did not mention Faik Pasha in the report because of already brewing bad blood – Faik pasha did sue him at the end of his life.

[156] BOA.Y.EE.141.3-6.

[157] These much-debated scissors with which Abdülaziz was allegedly killed (by his own hand or others) ended up in Marko Pasha's hands after the investigation. Rüşdü Pasha gave Marko Pasha the scissors for safekeeping at the Imperial School of Medicine. This is another example of how the school was deeply connected to state politics while also existing as a "neutral" space outside of palace intrigues like this one.

medicine ended in murky waters, pushed to provide two opposing analyses in the span of five years based on political exigencies.

Unfortunately for Marko Pasha, Abdülaziz's death was not the last controversy in which he became embroiled. Rather, he spent the final year of his life tied up in a palace medical scandal and legal battle of his own. On December 10th, 1887, Marko Pasha fell and broke his leg, marking the beginning of a steady decline in his health.[158] Around the same time, the palace's head pharmacist Giorgio Della Sudda, also known as Faik Pasha (1835-1913) due to his elevated rank, accused Marko Pasha of buying medications from him twenty years prior and neglecting to pay him two thousand lira. Faik Pasha's life and career intersected with Marko Pasha's in many ways long before this conflict. Faik Pasha's father Francesco Della Sudda (1814-1866),[159] also a pharmacist, was born on Syros ten years prior to Marko Pasha, though he moved to Istanbul as an orphan much earlier than Marko Pasha (in 1826). Faik Pasha's father graduated from the Imperial School of Medicine in 1844[160] and, like Marko Pasha, began teaching at the school after graduating, in his case teaching chemistry and pharmaceutical sciences at the school, at which point the two definitely overlapped as colleagues, even both teaching in the same subfield of pharmacy.[161] Faik Pasha actually followed in his father's footsteps in more ways than one, teaching Organic Chemistry and Galenic Pharmacy to fourth year students at the Imperial School of Medicine. In the case of Faik Pasha, however, his and Marko Pasha's overlapping professional pursuits ended in accusations rather than collaboration.

Marko Pasha denied Faik Pasha's claims until the very end, dying nine days after presenting a letter to the sultan in which he rejected Faik Pasha's allegations while also pointing to his poor physical and financial state.[162] He died on November 2nd, 1888, leaving the case to be resolved after his passing. The court did, in the end, find Marko Pasha guilty, however, after taking into account Marko Pasha's lifelong service to the state, financial accommodations were made on behalf of his surviving family.[163] Many of Marko Pasha's students and colleagues attended his funeral in Kuzguncuk, where he was buried in the Rum cemetery. Dr. Zoeros Pasha gave a speech at his funeral.[164]

Despite the inglorious end of his life, Marko Pasha managed to sustain a long, multi-faceted career in which he ascended to the highest positions available in his professional milieu, as chief physician to the sultan and director of the Imperial School of Medicine, carving out a sphere of influence for himself within Ottoman state structures. As a Greek child born in the midst of the Greek War of Independence, such a prominent future was not guaranteed. Marko Pasha's life shows the ways in which Neo-Phanariots could retain relevance within Ottoman state structures through professional dominance in the medical sphere. As the chaos surrounding

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[158] BOA.DH.MKT.1469.7.

[159] Also known as Francesko Efendi or Usta Francesko. In 1849, Francesko Efendi also founded one of the first pharmacies in Istanbul, Grand Pharmacie Della Suda on Pera Caddesi, No. 19. See Baytop, Turhan. *Eczâhâne'den Eczane'ye. Türkiye'de Eczaneler ve Eczacılar, 1800-1923.* (Istanbul: Bayer, 1995), 98.

[160] Only seven years prior to Marko Pasha.

[161] Sandalcı, Mert. *Belgelerle Türk Eczacılığı II, 1840-1948.* (Istanbul: Dr. Nejat F. Eczacıbaşı Vakfı, 1998), 19.

[162] BOA.Y.PRK.AZJ.14.22-1.

[163] These accommodations included saving Marko Pasha's house in Kuzguncuk from foreclosure, allowing Marko Pasha's son Yorgi to register himself as *parasız* in order to finish school, and some additional assistance to his family. See Anac, *Marko Paşa*, 134.

[164] An Ottoman Greek physician, Zoeros was a prominent and active member of the Imperial Society of Medicine, analyzed in the next chapter.

the assessment of Sultan Abdülaziz's death darkly displayed, the expertise that physicians held could be called upon in circumstances with the highest of political stakes, and well-respected physicians could parlay that power into broader social relevance.

Marko Pasha's life and career also demonstrates one way in which physicians could build and maintain communal ties while also taking charge in intercommunal spaces. In Marko Pasha's case, his society memberships speak to this balance. He remained engaged with the Greek Philological Society of Constantinople, a society Greek by design, while co-founding the Red Crescent Society, which bore the crescent of Islam in its name, alongside Muslim colleagues committed to the same vision of providing aid to wounded soldiers.

V. Conclusion

Ottoman medical infrastructure evolved rapidly between the 1840s and the 1880s, and the Imperial School of Medicine in Istanbul drove many of the key changes at this time in public health policies and medical licensing and regulation. The faculty and students at the school also engaged in lively debates surrounding the future of the school, with the language of instruction being a key sticking point explored in this chapter. The continued diversity of the school meant that the voices involved in these debates came from both Muslim and non-Muslim subjects as well as foreign physicians. The palace, likewise, continued to draw upon doctors from a variety of backgrounds, so two of the primary elite spaces for medical practice and discussion – the palace and the school – continued to be intercommunal spaces. Marko Pasha's life in particular highlights how these spaces operated, and how physicians such as himself could retain and foster communal ties while also thriving in intercommunal environments and collaborating with physicians across communal line. His role in both the development of forensic medicine and the leadership of the Imperial School of Medicine illustrate the ways in which the perceived value of doctors continued to rise both socially and politically.

CHAPTER 3: INTERNAL DEBATES AND EXTERNAL FACES: SOCIETIES OF DOCTORS & DOCTORS IN SOCIETY

I. Introduction

In this chapter, I argue that the rise of medical societies in Istanbul in the 1850s and 1860s was both part of a larger trend in the rising number and importance of societies and councils in the Ottoman Empire and also key to solidifying the parameters and objectives of the Ottoman medical profession. More specifically, I contend that the intercommunal nature of these spaces shaped the dynamics and debates within them, as well as impacted the intercommunal dynamics of medical education and practice, as explored in other chapters. In the first section, I will explore the relationship between the rise of Ottoman Greek organizations, or the "Syllogos Movement," and those of non-Greek Ottoman societies, ending with the earliest societies focused on science and medicine. In the second section, I delve into the Imperial Society of Medicine[165] and its publications, what its debates indicate about the goals of the physicians involved, and how it functioned as an international, intercommunal medical professional space. In the final section, I examine the establishment of a different type of medical organization, the Ottoman Red Crescent Society, and how this aid organization balanced a dedication to internationalism and patriotism while also being deeply rooted in the developing dynamics of the Ottoman medical professional sphere.

II. The Syllogos Movement and Its Relationship to Other Ottoman Societies

The "Syllogos Movement" – or "Society Movement" – refers to the increase in Ottoman Greek voluntary organizations in Istanbul in the 1860s and 1870s, with a tapering but still meaningful presence from the 1880s until the 1920s.[166] The longest lasting and most prominent of these "syllogoi," or societies," was the Greek Philological Society of Constantinople,[167] the brainchild of Constantinos Heracles Vasiades,[168] a physician from Epirus who was a strong educational advocate.[169] Ninety founding members, consisting of many of the most prominent members of Istanbul's Greek community, signed its original regulation on May 4th, 1861.[170] In 1863, the society published the first volume of its periodical, whose contributions ranged from archeological to anthropological to linguistic to literary and more. In 1869, the Greek Philological Society of Constantinople established its own library and reading room, and continued to expand its activities to include lessons, public lectures, contests, and scholarships, as well as establishing six different departments – financial, editorial, educational, literary, archaeological, and scientific-anthropological – within the society.[171]

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[165] Cemiyet-i Tıbbiye-i Şahane.

[166] Though, according to Vassiadis' assessment, the movement begins in Istanbul, it expands to other parts of the Ottoman Empire as well as the Greek state and the Greek diaspora. See George A. Vassiadis, *The Syllogos Movement of Constantinople and Ottoman Greek Education 1861-1923* (Athens: Centre for Asia Minor Studies, 2007), 18.

[167] *Ο Ελληνικός Φιλολογικός Σύλλογος Κωνσταντινουπόλεως*

[168] He was born Constantinos Vasiadis, but received the name Heracles as a nickname while a student at the "Μεγάλη του Γένους Σχολή" (Great School of the Nation). Several documents from his lifetime will drop Constantinos in favor of Heracles, so I will do the same in this rest of this chapter.

[169] E. Ozansoy, and I. Sarioglou, "The Hellenic Literary Society of Constantinople (HLSC), 1861-1922," *Chronos: Revue d'Histoire de l'Université de Balamand*, no. 31 (2015): 24.

[170] Their first gathering, however, was on March 3rd, 1861 before they officially founded the society.

[171] Ozansoy, and Sarioglou, "The Hellenic Literary Society," 24.

How "Greek" was the Greek Philological Society of Constantinople, and how did that affect its place in the landscape of other Ottoman societies at the time? The society rose out of Dr. Vasiades' and other founders' desire for a society in which the meetings would be conducted in Greek and whose activities would promote the Greek language and the education of Greeks in Greek, whether that be through its intellectual debates, courses and lectures – both verbal and published – or the funding it provided for Greek schools and scholars. Despite this mission, however, the Philological Society was not purely Greek either in membership or language. From the first years of its periodical, though the majority of the text is in Greek, there are occasional letters, advertisements, and even essays in Latin, French, and German. Likewise, the society extended (honorary) membership to many non-Greeks, ranging from Ottoman Muslim civil servants to French and German archeologists. The language of the contributions to the periodical did not always neatly layer onto the identity of the writer. For example, there are articles in Greek by French contributors and articles in French by Greek contributors, along with German letters by Germans. The international and multilingual aspects of the Philological Society and its publications were not as overwhelming as in the Imperial Society of Medicine, but it would be misleading to paint the Philological Society as an enterprise devoid of linguistic or ethnic diversity. Likewise, though many of the books and periodicals held in the library were in Greek, there was also a substantial representation of publications in other languages.

The Greek Philological Society of Constantinople and its journal was not immune to the changing winds of the Hamidian period. For example, from 1881 to 1884 the Ottoman state suspended the publication of the society's journal, and in 1886 canceled a scientific conference hosted by them due to its "international audience."[172] However, the society managed to adapt and survive. It is also in this period that the Philological Society's relationship to the patriarchate fundamentally changed. While the Philological Society engaged in joint efforts with the patriarchate during its height - for example, establishing the Society for the Education of Priests in Constantinople[173] together in August of 1873 - its activities and management remained outside the purview of the religious establishment for its first few decades of operation.[174] However, after the death of the society's founder Vasiades in 1890, the patriarchate took over the financing of the society as well as the licensing of its journal.[175] It is pertinent to note that while "syllogomania"[176] took hold in the public sphere in the 1860s and 1870s, the Ecumenical Patriarchate of Constantinople was undergoing its own transformation in Fener. Some of this was prompted directly by the Edict of Gülhane in 1839, with the sultan asking for the patriarch and the Holy Synod to reorganize the electoral and supervisory process of its clergy. This culminated in the establishment of General Regulations[177] which more firmly dictated distinct groups within the Patriarchate's structure to manage ecclesiastical affairs versus more "secular" ones, i.e. the

[172] Ibid, 27.
[173] εν Κωνσταντινουπολει Ιερατικος Εκπαιδευτικος Συλλογος
[174] Vassiadis, *The Syllogos Movement*, 94.
[175] Ozansoy, and Sarioglou, "The Hellenic Literary Society," 27.
[176] This term emerges as early as the 1870s, though it is important to keep in mind that not all societies that fall under the umbrella of "syllogomania" necessarily held the term "syllogos" in their name - the term also encompassed the flowering of societies which used terms like αδελφότης (Fraternity or brotherhood), λέσχη (club), or εταιρεία (also society, though in modern demotic greek it has since shifted into more common usage as a term for corporation or company) in their titles. Vassiadis, *The Syllogos*, 2, 18.
[177] Γενικοί Κανονισμοί

administration of schools and hospitals.[178] This also explains in part why, well before entering under patriarchal management, the Philological Society and the Patriarchate found common ground in education.

Though most of the societies which emerged in this period were focused on philanthropic, intellectual, or educational aims rather than directly professional ones, on February 15th, 1861, an *irade* officially recognized the Medical Society of Constantinople, which shared the Philological Society's emphasis on the Greek language as well as many of its members.[179] Though the first of its kind in Istanbul, the Medical Society was likely influenced by predecessors elsewhere. Technically founded in Ottoman domains (during the short lived Septinsular Republic),[180] the Medical Society[181] of Corfu, founded in 1802, long preceded not only the Medical Society but also the broader Syllogos movement. After the Greek War of Independence, a much more robust Greek medical society of about four hundred members emerged in Athens in 1835. It focused on the study and discussion of diseases and their treatment, the establishment of a biannual monetary prize for the best work on medicine, the publication of a monthly periodical, and the hosting of conferences of Greek doctors.[182] These activities were similar to those of the Philological Society and Imperial Society of Medicine in Istanbul a few decades later. The Medical Society of Constantinople, however, had an additional primary goal of providing a space for physicians to discuss medicine in Greek specifically rather than another language, which mirrored the linguistic debates and concerns going on in Ottoman medical education at the time.[183] Though the medical societies in Corfu and Athens also conducted their activities in Greek, the Medical Society of Constantinople had the added dimension of distinguishing itself from the Imperial Society of Medicine and Imperial Schoolof Medicine, where the language of scientific discourse was not Greek.

On the other hand, the Greek Medical Society of Paris[184] (est. 1856), took the approach of many Ottoman communal and intercommunal societies by publishing bilingually, in Greek and French.[185] The Imperial Society of Medicine's gazette announced the Greek Medical Society of

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[178] Γενικοί κανονισμοί περί διευθετήσεως των εκκλησιαστικών και εθνικών πραγμάτων των υπό τον Οικουμενικόν Θρόνον διατελούντων Ορθοδόξων Χριστιανών, υπηκόων της Α. Μεγαλειότητος του Σουλτάνου. Εν Κωνσταντινουπολει: Εκ του Πατριαρχικού Τυπογραφείου, 1862.

[179] εν Κωνσταντινουπολει Ιατρικος Συλλογος

[180] The Septinsular Republic lasted only from 1800 to 1807 in the Ionian Islands as an autonomous though nominally Ottoman and Russian territory, seized out from under brief French rule before that and followed by French and then British rule in quick succession.

[181] In Greek: Ιατρικη Εταιρεια

[182] Giorgos Chassiotis, *L'Instruction Publique chez les Grecs depuis la Prise de Constantinople par les Turcs jusqu'à Nos Jours, avec Statistique et Quatre Cartes Figuratives pour l' Année Scolaire*, *1878-1879* (Paris: Ernest Leroux, 1881), 347.

[183] Kyriaki Mamoni, "Les associations pour la propagation de l' instruction grecque à Constantinople (1861-1922)." *Balkan Studies* 16, no. 1 (1975): 105–106. Odysseas Ialemos, a Greek journalist who actually served as president of the Greek Philological Society of Constantinople from 1878 to 1879, briefly discussed the founding of the Medical Society and its relationship to the Philological Society in his history of the latter, entitled *Ἡ Ιστορία τοϋ Ελληνικού Φιλολογικού Συλλόγου καί τής έπιδράσεως αυτού*, which he published in the latter's own periodical during his tenure as president.

[184] French: *Société Médicale Hellénique à Paris*. Greek: Η Ελληνική Ιατρική Εταιρείας εν Παρισίοις.

[185] The surviving documentation of the society is unfortunately limited. The main document produced by the society that has survived is its inaugural one, see: *Société médicale hellénique à Paris.* "Encart publicitaire." Paris: 13 Décembre, 1856.

Paris's establishment in its second issue ever in May of 1857.[186] The Imperial Society of Medicine published news from various medical societies and journals throughout Europe in its gazette, making this perhaps less remarkable. However, the Imperial Society of Medicine also had a high percentage of Ottoman Greek members who would be particularly interested, and the published announcement included a call to young Greek doctors residing in Paris to join and names and text in Greek as well as French. It is not a leap to assume that some of the membership and readership of the Imperial Society of Medicine's gazette would be a part of that demographic and interested in gathering with their fellow Greeks in the diaspora.

Prominent Greek physicians in Istanbul who were founding members of both the Medical Society and the Philological Society included Stephanos Caratheodory[187] (1789-1867) - who also served as the first president of the Philological Society - Spyridon Mavrogenis, Xenophon Zographos, Alexandros Zoeros (1841-1917),[188] and Philological Society founder Heracles Vasiades (1821-1890). Of these founding members, all but Vasiades were also professors at the Imperial School of Medicine, and thus colleagues in a state-funded, state-run, intercommunal educational space as well as Greek physicians congregating to discuss their profession in a communal space.[189] Modern historian George Vassiades argues that the Medical Society of Constantinople, despite its short tenure and limited activities, stood apart in the Syllogos movement because it is the only known society in the Ottoman Empire to be recognized officially by the Ottoman state.[190] I would argue that its founding members' deep ties to the state - as medical school professors, palace physicians, and prominent practitioners and directors at state-sponsored scientific institutes and hospitals - are key to that distinction. Unfortunately, documentation surrounding the short-lived Medical Society is limited, and mostly is extant thanks to joint celebrations and events with the Philological Society (as well as the likewise short-lived Musical Society).

By 1868, or at the latest, 1871, the Medical Society was no longer, with Philological Society member Odysseas Ialemos claiming that the Philological Society absorbed the Medical

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[186] *Gazette Médicale d'Orient.* "Varietes." (Premiere Année, Mai 1857, No.2), 32.

[187] His life and career are explored in more detail in Chapter I.

[188] Zoeros is perhaps best known for his formative role in establishing and directing the Bakteriyolojihâne-i Sahane - or the Imperial Bacteriology Institute- in Istanbul as an affiliate with the Pasteur Institute that in Paris was established with the focus on researching, producing, and distributing vaccines. The sultan sent Dr. Zoeros as well as Dr. Hüseyin Remzi and veterinarian Hüseyin Hüsnü to Paris to study anti-rabies immunization techniques at the Pasteur Institute in 1886, and upon their return plans formed to create such an institute in Istanbul, though it did not open and fully operate until 1896.

[189] Though Vasiades did not teach at the Imperial School of Medicine - he did not, in fact, teach medicine at all despite receiving a medical degree in Berlin in the 1850s. He did, however, teach philology at his alma mater, the Great School of the Nation, both before and after his medical studies. Since he also studied philology and his writings - other than his medical dissertation - overwhelmingly focused on topics other than medicine, such as education, language, culture, and philosophy, this is not entirely surprising.

[190] Vassiadis, *The Syllogos Movement*, 50. Also, despite the limited surviving records we do have evidence of who the first four presidents of the Medical Society were. From 1861 to 1863, the first president was Dr. Constantinos Karatheodory (1802-1879), an Imperial School of Medicine professor studied more closely in Chapter I. From 1864 to 1865 the second president was Ioannina-born Dr. Ioannis Savvas (1832-1904), a graduate of the Imperial School of Medicine in Istanbul who practice medicine at Bâb-ı Zaptiye hospital starting in 1863, from 1874 to 1877 served as director of the Mekteb-i Sultanî (today, Galatasaray High School), and was even governor of Crete from 1885 to 1887, amongst other posts. In 1865 the third president was Apostolos G. Vaphiadis, a founding member of the Philological Society who maintained his membership for more than twenty years. The fourth president was Dr. Herokles Vassiadis himself.

Society and its activities into its larger structure.[191] Many of the Medical Society's members continue to be active after its demise in both the Philological Society and the Imperial Society of Medicine, but it is not until 1911 – with Dr. Zoeros of the Medical Society as the new association's first president – that another Ottoman Greek-specific medical society emerged, namely the Association of Greek Doctors in Constantinople.[192] Its establishment was part of a wave of associations – medical and otherwise – which emerged after the 1908 constitutional, or "Young Turk" revolution in the second Ottoman constitutional era. During Abdülhamid II's reign many publications and associations were closed and then banned, but in 1909 a new Law of Associations[193] allowed for ethno-centric or "national" associations to form again.[194] However, it also demanded that associations that were not forcibly closed – like the Greek Philological Society – reapply for approval.

The Istanbul Union of Armenian Doctors[195] (1912-1922) and the Jewish Society of Doctors in Istanbul (1914) also established themselves during this period of increased possibilities for new associations and publications. The Istanbul Union of Armenian Doctors was deeply intertwined with the Imperial Society of Medicine not least because the Armenian society's founder, Dr. Hayg-Baronig Madteosyan (1835-1926), served as president of this larger society from 1906 to 1907. Surgeon and gynecologist Madteosyan shared many commonalities with Ottoman Greek physician Dr. Alexandros Paspatis – whose life and career is explored more deeply in the next chapter – in that both trained in the United States rather than at the Imperial School of Medicine but still managed to be deeply entrenched in Ottoman medical associations and hospitals as well as their own communities, Armenian and Greek respectively. Both also had ties to American Protestant missionaries in the Ottoman empire but did not convert, with Madteosyan teaching at an American Protestant missionary school in Tokat in 1854 before studying medicine in New York from 1857 to 1863.[196] In 1865, Dr. Madteosyan returned to the Ottoman empire to use his degree in Istanbul at Surp Pırgiç Armenian Hospital, the preeminent Armenian communal hospital in Istanbul, and became their chief physician from 1868 to 1873.[197] In 1873, he likewise gained admission to the Imperial Society of Medicine, where Greek physician and society president Kamburoglou praised him for his adherence to British surgeon Joseph Lister (1827-1912)'s method of anti-septic surgery.[198]

Madteosyan, like many other Ottoman physicians of his time, moved in and out of intercommunal and communal spaces. Madteosyan did not only bring his medical expertise to these spaces and participate as a medical professional, but also took initiative by founding the Istanbul Union of Armenian Doctors. By creating a space for Armenian physicians specifically, Madteosyan and his peers were able to address the multi-directional concerns of Ottoman

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[191] Ibid, 51.
[192] Σύνδεσμος τών εν Κωνσταντινουπόλει Ελλήνων Ιατρών ; it first assembled on October 24th, 1910, but received its official license from the Ottoman state on February 24th, 1911.
[193] Şura-yı Devletin Cemiyetler Kanunu.
[194] Şeref Etker, *İkinci Meşrutiyetin Tabip Örgütleri* (İstanbul: Libra Kitap, 2017), 39.
[195] *l'Union des Medecins Arméniens.*
[196] Madteosyan first studied medicine at the New York College of Physicians and Surgeons and then proceeded to undergo further specialty training at Columbia Medical College (both in New York City). Etker, *İkinci*, 205-206.
[197] While at Surp Pırgiç, Dr. Madteosyan worked as both a surgeon and gynecologist. For more on Surp Pırgiç and its significance, see Chapter 4.
[198] Lister by this point was a potent topic in the society, see Schultze, Dr. A. W. Le Traitement Antiseptique des Plaies d'après Lister." *Gazette Médicale d'Orient,* XVIIeme Anné*e,* No. 7, Octobre 1873, 101-110.

Armenian doctors, both as physician-members of a broader Armenian community and Armenian members of a broader Ottoman medical professional community. Other than Madteosyan, Drs. Krikor Tavityan (1866-1924), Vahram Torkomyan, Nazaret Dağavaryan, and Garabed Yağubyan were also members of the Istanbul Union of Armenian Doctors and either administrators or physicians at Surp Pırgiç Armenian Hospital, with Torkomyan also serving as president of the Armenian Red Cross.[199] The Istanbul Union of Armenian Doctors, though it started in the empire's final years, quickly sprung into action to make concrete changes in the availability of Armenian medical personnel, training Armenian nurses for the Ottoman Armenian and Red Crescent society in 1914. As was common for Ottoman societies, the Istanbul Union of Armenian Doctors also printed its own medical journal, entitled *Tarman,*[200] in a mixture of Armenian and French. French was a prevalent language both in Ottoman medicine and amongst Ottoman Armenians, making its usage here unsurprising. There was also a substantial Armenian community in France, which had increased in the 1890s after the Hamidian massacres and which grew even more after 1915, enough to justify the establishment of a Union of Armenian Doctors in Paris[201] in 1919. Though this society was distinctly geared at Armenian physicians practicing in France, its founder was Istanbul-born Armenian Dr. Maksoud Boghos Cololian (1869-1956).[202] Cololian's father was a lawyer in Istanbul, and though Dr. Cololian moved to Paris to study and built his career there, eventually becoming a founding member of the Armenian Red Cross in Paris in 1922, he retained ties to Istanbul where his parents and siblings remained.

As with the Greek community, the Istanbul Union of Armenian Doctors was not the first attempt at a medical society for Armenians in Istanbul. Like many other firsts in late Ottoman medical professionalization, the first Armenian medical society originated at the Imperial School of Medicine in 1861, called the Union of Armenian Medical Students.[203] This early evidence of Ottoman Armenian medical students gathering along communal lines foreshadowed later political activity at the school, when in 1889 a new crop of Armenian medical students secretly founded an Istanbul branch of *Hunchak,* an Armenian Socialist political party seeking Armenian independence and affiliated with like-minded intellectuals in the Imperial Russian-ruled Caucasus. These societies demonstrated a desire within the Armenian medical community to discuss communal and medical issues amongst peers who were peers in both identity and profession.

Ottoman Jewish doctors, thanks to their early prominence in Ottoman palace medicine, formed their own society of doctors much earlier, in 1604, though it did not last into the nineteenth century.[204] The Ottoman Society of Jewish Doctors (est. 1913)[205] in its founding

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[199] Dr. Tavityan started working at Surp Pırgiç Armenian Hospital in 1904 and served as its chief physician from 1908 to 1921, even when the Military Ministry's Health Department took over the hospital to use it as a temporary military hospital in 1914. Etker, *İkinci*, 207.

[200] Its full name in French was: *Tarman: Revue Illustrée Medico-Hygienique et Scientifique: Organe de l'Union des Médecins Arméniens*

[201] Union des Médecins Arméniens de Paris

[202] Also known as Paul, with his last name sometimes transcribed as Kololyan.

[203] Hay Aşagerdats Harkuni Pıjışgagan Tıbrotsi was the association's original name (transliterated here for clarity). Arsen Yarman, *Ermeni Etıbba Cemiyeti,1912-1922: Osmanlı'da Tıptan Siyasete bir Kurum* (İstanbul: Tarih Vakfı Yurt Yayınları, 2014), 6.

[204] In Ottoman Turkish, it was called the Cemaat-i Etibba-i Yahudiyan. Apalaçi, *Or-Ahayim Hospital*, 28.

[205] Originally known in Ottoman Turkish as Memalik-i Osmaniyye Musevi Cemiyeti, the name later changed to "İstanbul Musevî Etibbâ Cemiyeti," or the "Society of Istanbul Jewish Doctors." It also went by a French name, Association des Médecins Israélites de l'Empire Ottoman.

documents expressed an openness to diasporic participation – allowing any Jewish physicians to become members – but requested that the primary, active physicians be based in Istanbul. Non-medical Jewish societies were also invested in communal healthcare. The alumni association of the *Alliance Israélite,* which had multiple French language schools in the Ottoman empire geared towards Jewish students, rallied Jewish associations throughout Istanbul to raise funds for the city's Jewish hospital, Or Ahayim, in 1913 at the request of one of its founding members, prominent Jewish dentist Dr. Isaac Caraco, who worked at Or Ahayim and later became the president of its management board in 1921. The *Alliance Israélite* alumni association heartily endorsed the cause, calling for "Jewish solidarity" and recruiting directors of Jewish schools, the Jewish press, and various Jewish neighborhood associations, in particular Jewish women's associations.[206] The alumni association's explicit naming of "Jewish solidarity" demonstrates that hospitals – like schools and orphanages – proved a powerful touchstone for communal action.

In addition to the aforementioned communal medical associations[207] in Istanbul, there were other earlier Ottoman societies which were not intercommunal by design but were in practice. In 1869 Levantine[208] pharmacist Anton Calleja (1806-1893) founded the Association of Doctors of Üsküdar,[209] holding the first two meetings at his own home in Bağlarbaşı.[210] The society met twice a month on Fridays, with the stated goal of creating a professional community for physicians on the Anatolian side of Istanbul.[211] Ironically, Calleja's eponymous pharmacy was on the Grande Rue de Pera[212] on the European side. Calleja, like many of the physicians at the center of the founding of societies during the Tanzimat, was a professor at the Imperial School of Medicine, teaching Medical Chemistry and Pharmacology.[213] Though the society was not overtly limited to a particular religious group, all known leaders of the association were non-

[206] Association des anciens élèves de l'Alliance israélite universelle. *Bulletin De L'Amicale Constantinople.* (Constantinople: Fratelli Haïm, September 1913, Volume 4), 56-61. Some of the associations which organized the fundraiser for the hospital – via the sale of flowers – after the alumni association's call to action were: Societe des dame Israelites de Galata-Pera, Societe des Dames Germano-Israelites de Galata-Pera, Societes des Dames et Demoiselles Germano-Israelites, Bene Berith, Cercle Israelite (Petit Cercle) and Renanah.

[207] Medical Society of Constantinople (1861- ~1871), Jewish Society of Doctors in Istanbul and the Union of Armenians Doctors, all mentioned in Section II of this chapter.

[208] Calleja's family were originally from Malta. It is quite likely - though yet to be confirmed - that Antoine Calleja was closely related to pharmacist Louis Calleja, who owned the English Dispensary in Valletta at 112 Strada Vescovo and was the first known pharmacist in Malta to import patent medicines from England (he also produced his own patent medicines). See Cassar, Paul. "An Outline History Of Pharmacy Part III: The Story of Maltese Pharmacy," (*The Pharmacist,* September 1987), 16. *and* Borg, John Joseph. "Pharmacy in Malta in the nineteenth century." *Pharmaceutical Historian* 51, no. 3 (2021): 70.

[209] Association des Médecins de Scutari.

[210] Ekrem K. Unat, "Osmanlı Devletinde Tıp Cemiyetleri," In *Osmanlı Ilmî ve Meslekî Cemiyetleri: 1. Millî Türk Bilim Tarihi Sempozyumu, 3-5 Nisan 1987,* ed. Ekmeleddin İhsanoğlu, 85–110. (Türkiye: İstanbul Üniversitesi Edebiyat Fakültesi, 1987), 96–97.

[211] Ibid. Anton Calleja was not actually the first president of the association which he founded, but the second. The other known leaders in the association were Dr. Stepan Arslanian Pasha as the first president, Dr Panayiotaki Bey as the secretary, and Dr. Belisaire as the treasurer. Dr. Belisaire, a physician at Haydarpasa hospital, was also a founding member of the Mecruhin ve Mardayı Asakir-i Osmaniyye'ye İmdat ve Muavenet Cemiyeti, the predecessor society which became Hilal-i Ahmer.

[212] Today, Istiklal Caddesi.

[213] He did not, however, receive his degree from the school. He studied chemistry and pharmacy at the Faculty of Pharmacy in Paris before coming to Istanbul to teach at the Imperial School of Medicine.

Muslim, though since there is limited documentation on the membership and duration of the society, this may be coincidental rather than representative.

For pharmacists specifically at this time, the Istanbul Society of Pharmacists[214] was established on June 9th, 1879 and published its own French language journal, the *Journal of the Society of Pharmacy of Istanbul,*[215] but the journal lasted only a year and the society not much longer (until 1882). It was revived in 1892 to greater success, this time publishing the *Medical-Pharmaceutical Review.*[216] For an example outside the capital, in 1887, the Society of Medicine of Thessaloniki[217] began, with the *Gazette Médicale d'Orient* even announcing its founding in its March 25th, 1887 issue.[218] Later, the Medical Club of Constantinople[219] (est. 1903) focused largely on the concerns of foreign doctors in Istanbul. Its founding members included prominent foreign physicians like Drs. Mongeri and Mühlig – both also members of the Imperial Society of Medicine – and the club also published their own journal, *Comptes-Rendus du Club Médicale de Constantinople*, starting on November 30th, 1903.[220]

Where did these societies and their associated publications fall in relation to Muslim Ottoman scientific and medical societies? When observing the history of periodicals in the Ottoman empire and in Ottoman Turkish, medicine and science stand at the forefront. The first Ottoman journal – medical or otherwise – was *Vekayi-i Tıbbiye,*[221] which began in 1849 and was published in both Ottoman Turkish and French.[222] The Imperial School of Medicine published *Vekayi-i Tıbbiye,* and since the school was still instructing its students in French at that time, there is little to wonder about the bilingual nature of its journal. The journal did provide the school with yet another opportunity to assert itself as the center of Ottoman medical expertise and the source of authoritative perspectives on public health and medical practice and research within the empire.

While *Vekayi-i Tıbbiye* was the product of a school, not a society, the next Ottoman scientific journal to burst onto the scene was associated with a society, and one founded concurrent with the Philological and Medical Societies. The Ottoman Scientific Society[223] was established, like the Medical Society, in 1861, and published the first issues of its journal *Mecmua-ı Fünûn*, or the Journal of Sciences, in July of 1862.

Unlike *Vekayi-i Tıbbiye,* the Journal of Sciences expanded its scope beyond medicine – though it included plenty about medicine – to many other hard sciences, and even branched into the social sciences in the way that the Philological Society did. Like Vasiades with the

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[214] In Ottoman Turkish, *Cemiyet-i Eczacıyan der Asitane-i Aliyye.*
[215] *Journal de Société de Pharmacie de Constantinople.*
[216] *Revue Médico-Pharmaceutique.*
[217] Société de Médecine de Salonique.
[218] As previously noted with the communal medical associations, there was an uptick in medical societies in the twentieth century, particularly after 1908, so this section will not enumerate the different medical associations in Istanbul and elsewhere in the empire and their connections and significance. For more information on Ottoman medical associations that emerged in this time, see: Etker, *İkinci*, 2017.
[219] Club Médicale de Constantinople.
[220] Ekrem, 98. Known copies of the journal survive up until September of 1907. Whether the journal and the club continued after that remains unclear.
[221] Medical Happenings/Events.
[222] The French title was *Gazette Médicale de Constantinople.*
[223] Cemiyyet-i İlmiyye-i Osmâniyye.

Philological Society, Mehmed Tahir Münif Pasha,[224] the founder of the Ottoman Scientific Society, was deeply invested in the society's role in education, serving as the minister of education three times.[225] Like the Philological Society, the Ottoman Scientific Society also had a library with periodicals in multiple languages and provided lessons – in French, English, and even Greek – as well as lectures. There was also overlap in the lecturers. Though many were prominent Ottoman Muslim statesmen, ranging from physicians like Salih Efendi to bureaucrat-scholars like Ahmed Vefik Pasha who had no special background in medicine or the hard sciences, Dr. Stephanos Caratheodory's son Alexander Caratheodory (1833-1906), or "Kara Todori Pasha," was also among the civil servants who lectured at the Ottoman Scientific Society.

Despite these similarities and a certain degree of cross-membership between two societies – Münif Pasha himself was an honorary member of the Philological Society – the Ottoman Scientific Society had a different relationship to the Ottoman State. On May 24th, 1861, the Sultan officially approved the Ottoman Scientific Society, setting it apart from the Philological Society and the broader Syllogos movement, in addition to the composition of its members and the language of its publication.[226]

Despite this "official blessing," *Mecmua-ı Fünûn* still encountered challenges with holding a consistent print run. The cholera epidemic as well as financial limitations interrupted its publication after its 33rd issue, with its 34th resuming a few years later in 1866. Then again in 1867 *Mecmua-ı Fünûn* faced a much longer hiatus after its 47th issue, only resuming publication in 1883 for its 48th and final issue. After this, like many other journals and newspapers of the time, it shut down due to censorship issues rampant under Abdülhamid II's reign. Thus, excluding its final issue, *Mecmua-ı Fünûn* and its corresponding society effectively shut down around the same time that the Medical Society did.

Just after *Mecmua-ı Fünûn* closed down in 1867,[227] another Ottoman language scientific periodical began a short but relevant run. The biweekly medical journal *Tuhfetü'l-Tib* ran from December 17th, 1867 until July 21st, 1868 for only fifteen issues and it published only translated, rather than original academic articles, a large percentage of which focused on gynecology and obstetrics.[228] Maltepe Military Hospital published it, giving it a direct link to the concerns of medical practitioners.[229] Its focus on making new medical research in other languages available via translation in Ottoman Turkish reiterates the concerns of the students and faculty at the Imperial School of Medicine who pushed for translated textbooks and Ottoman Turkish as the language of medical instruction.

While *Vekayi Tibbiye* reported upon the "happenings" and concerns of the faculty at the medical school, and by extension the elite echelons of the Ottoman medical professional community, and *Mecmua-ı Fünûn* took a broader swing at expanding Ottoman discourse in the hard and social sciences, *Tuhfetü'l-Tib*, for its brief tenure, injected international research into

[224] Hereafter, Münif Pasha.
[225] Münif Pasha was the Ottoman Minister of Education in 1877, from 1878 to 1880, and from 1885-1891.
[226] The Sultan approved a petition submitted by the Ottoman Scientific Society on April 11th, 1861.
[227] And concurrent with Imperial Society of Medicine's publications, which are the subject of the next section
[228] A Altintaş, G Dinç, and I Başağaoğlu. "Tuhfetü'l-Tib, as a pioneer periodical of the medical history." *Tip tarihi arastirmalari = History of medicine studies* 10 (2002): 21.
[229] For more about Maltepe Military Hospital, see Chapter 4.

Ottoman medical reading circles, aiming to be of service to Ottoman physicians in a more targeted form of knowledge transmission.

Whether *Syllogos* or *Cemiyet*, the Ottoman societies examined in this section and the next all used publications as a central mode of accomplishing its goals, in these cases mostly the production and/or dissemination of knowledge. Some societies, like the Greek Philological Society of Constantinople and the Ottoman Scientific Society were able to create spaces and programs that extended beyond the reach of their membership meetings and their publications, whereas others were more limited in their scope. Though these two societies in particular had members with a range of professional backgrounds, the ways in which they operated and how they organized their publications – mixing original and translated articles with reports on what transpired in meetings – also worked well for professional societies like the Imperial Society of Medicine.

The proliferation of journals and societies in the mid to late nineteenth century created intellectual spaces, on the page and in the room, for Ottoman medical professionals to exchange ideas not just about specific medical issues they encountered, but about their broader concerns of Ottoman medical practice, public health, and the direction in which the medical profession could go. The establishment of the Imperial School of Medicine opened possibilities in Ottoman medical professionalization by training physicians of all faiths locally in the same institution. The professors and students at the school were able to collaborate on a vision not just of Ottoman medical education, but also more broadly of how the profession could evolve, and how the school could direct its progress, through the use of new technologies, the standardization of licensing and regulation, and active involvement in governmental councils on public health. The Imperial School of Medicine even created its own press and published its own texts, placing value on communication via the printed word in the same way this new wave of societies and journals did.

Since many of the societies were communal, they engaged in communal issues through the lens of the physician. However, since the longest lasting explicitly medical association of this time, the Imperial Society of Medicine, was an intercommunal space, it, like the Imperial School of Medicine, was able to provide a forum for physicians in Istanbul of different backgrounds to discuss common concerns within medicine while still advocating for their own communal interests both in the society and outside of it. By publishing summaries of their meetings alongside original articles, the Imperial Society of Medicine was able to spread their perspectives on the state of the Ottoman medical profession to other physicians both in and outside the empire, just as the Imperial School of Medicine was able to expand its horizons by sending its students abroad and recruiting reformers from abroad.

III. The Imperial Society of Medicine and Its Publications

The Imperial Society of Medicine,[230] founded in 1856, preceded and outlasted most of the societies examined in the previous section. Founded mainly by English, French and Italian doctors who had been working in the Ottoman Empire during the Crimean War, at first glance the Imperial Society of Medicine might not have appeared particularly "Ottoman." Older Turkish scholarship on the Imperial Society of Medicine claimed that there were no official Ottoman

[230] In Ottoman Turkish, Cemiyet-i Tıbbiye-i Şahane

Muslim members of the Society, only honorary members, until 1890.[231] However, this is not strictly true, since physicians like Dr. Abdullah Bey – a convert to Islam – were active, complete members of the Society before then.[232] The greater point – that Ottoman-born Muslims were not strong fixtures in the society until later decades, does still stand. Even when, in the early twentieth century, Ottoman Muslim members were fully integrated and integral members of the society, Greek, as well as Armenian and Jewish, names dominated the membership list.

Despite its initial demographics, the Imperial Society of Medicine was the only medical society of its time that the Ottoman state officially endorsed and sanctioned, so much so that the state allowed the society to have "Imperial" in their name and provided the society a monthly allowance to subsidize its activities. An Ottoman society by virtue of these endorsements, it nevertheless had a different character than the Ottoman Medical Society that formed out of the Imperial School of Medicine, which had a large Muslim membership and a different vision for the "Ottoman" aspect of Ottoman medicine.[233] The lack of a substantial Muslim presence in this state-endorsed medical society made it a different type of intercommunal space than the Imperial School of Medicine. However, it was intercommunal in the sense that Greek, Armenian, Jewish and foreign physicians all participated, many of whom worked with Muslim colleagues outside of the society and mentioning those peers in meetings, as well as including them as honorary members before the later, full inclusion of Muslim members.

While in the Greek Philological Society, medicine was one of many concerns, it was the centerpiece of the Imperial Society of Medicine. Likewise, though the Greek Philological Society did have non-Greek members, it focused on literary and scientific production that was meant to support the growth of an (Ottoman) Greek civil society. Though the Greek Philological society carefully courted the approval of the Ottoman state in order to continue its activities, it did not center its concerns around those of the empire at large. The Imperial Society of Medicine, on the other hand, in taking on the name Imperial, also took on the mantle of debating issues of importance to Ottoman medicine, with many of these issues being directly intertwined with state policies and institutions.

The Imperial Society of Medicine preserved and proliferated its debates through its own publication, the *Gazette Médicale d'Orient* (1857-1877; 1889-1925). Like the Greek Philological Society of Constantinople, the Imperial Society of Medicine used its *Gazette* to record the minutes of its meetings as well as publish articles from its members and other materials. In the *Gazette*'s first, abridged issue in February of 1857 – the publishers would relabel and renumber the April 1857 as the first full issue – the *Gazette* laid out its mission, and by extension, that of the Imperial Society of Medicine. An announcement on the front page claimed that the new *Gazette* would "address everything that concerns science, art, and the profession, i.e. all questions of pathology, therapy,[234] hygiene, medical organization and education, while not excluding questions which concern sciences ancillary to medicine."[235] It also pledged to "keep readers up to date on all news concerning public health and all which relates to the professional

[231] Süheyl Ünver ve Bedi N.Şehsuvaroğlu, *Türk Tıp Cemiyeti – Cemiyet-i Tıbbiye-i Şahane 1856- 1956*. İstanbul 1956.
[232] Dr. Abdullah Bey's specific background is addressed further in the next section on the Red Crescent Society, of which he was a founder.
[233] The Ottoman Medical Society is explored in more detail in Chapter 2.
[234] Therapy here refers more to therapeutics and the treatment of diseases particularly with medications.
[235] "Constantinople, 13 Février 1857." *Gazette Médicale d'Orient,* 1re Année, Février 1857, No.1, 1.

interests of the medical profession," asserting its role as a publication serving the medical community and using the term "corps medical," rather than "médecins," or doctors, to tie together the Society's constituents as a collective and community, rather than a series of individual doctors merely interested in mining the *Gazette* for knowledge.

The announcement then listed relatively typical features of a publication promulgated by a society, namely that it would report on and summarize the meetings of the Imperial Society of Medicine, contain reviews and summaries of foreign publications, and that each issue of the journal would be divided into four principal sections. The first would be for articles and original essays related to medical literature, philosophy, or professional interests or education or containing interesting observations about medicine, with a lead article entitled *Bulletin* which would lay out the questions on the agenda for either the Society or the broader medical world. The second would be excerpts and summaries of the actual minutes of the Imperial Society of Medicine's verbal proceedings, discussions, motions and acts. The third part would be reviews of foreign publications, and the fourth section, "Varieties," would contain news related to public health particularly in Istanbul but also more broadly in the Ottoman empire, as well as other events relevant to the medical community. The first *feuilleton* of the *Gazette* laid out the intended audience for the *Gazette.* In the French language press, a *feuilleton* would often be an installment of a larger series, often serialized fiction, and this format also appeared in Ottoman newspapers in various languages spoken in the empire. In this *Gazette,* the *feuilleton*, which continued throughout the journal's publication run, consisted of articles on various topics of note for physicians, sometimes as part of a series which stretched over multiple issues, other times responding to articles by other authors in the previous month's issue, and often providing critiques of the state of medicine. In this first *feuilleton*, the Society claimed it would send issues of the *Gazette* abroad in exchange for foreign publications from other like-minded societies, but it also stated that it would be offered to "the great Ottoman dignitaries and the Imperial School of Medicine," indicating that the Society hoped to remain relevant both in its own local context and in medical circles abroad.[236]

The format laid out in this first issue remained consistent in subsequent issues and years, but there are some additional recurring elements of note that gestured to the intercommunal and international dynamics of both physicians and patients. For example, most issues contained a "Mortality of Istanbul" chart, which listed the number of deaths in Istanbul during the previous month. These charts, however, did not only separate deaths by gender but also by religion. While other statistics both in and outside of this *Gazette* would often sort mortality rates by *millet* – Greek, Armenian, Jewish, and Muslim – the Mortality of Istanbul charts used broader religious designations, separating deaths only into Christian, Muslim, and Jewish men and women. Perhaps this was done for the benefit of foreign readers, since the Society made a substantial effort to offer issues of its *Gazette* to European medical societies and to encourage their readership. Otherwise, it could have been a way to simplify statistical collection.

Even foreign physicians in the society certainly knew to distinguish by *millet* – in the August issue of the Gazette's first year (1857), for example, French physician Dr. Vérollot presented charts on how many consultations patients made to dispensaries in the Istanbul neighborhoods of Galata and Pera – or received at home – in the years 1842 to 1853, and from

[236] "Feuilleton." *Gazette Médicale d'Orient,* 1re Année, Février 1857, No.1, 1.

which diseases they were suffering.[237] Vérollot's statistics and their analysis left much to be desired. He assumed that each patient would visit twice, and thus assumed that half the number of consultations made equaled the number of patients, and he did not specify which types of patients – in terms of gender, age, and *millet* – suffered from which diseases.[238] However, he did ensure that he distinguished the consultation numbers by "nationality," separating Muslim, Greek, Armenian, Jewish and European patients in his statistics.[239]

The religious distinction in death rates matched the methods of Ottoman hospitals at this time, which also took note of the ethno-religious identities of patients, or, in the case of communal hospitals, even more specific information like neighborhood or profession. A smaller textual feature indicative of the demographics of the *Gazette*'s writers and readers is the occasional use of Greek script. Though the *Gazette* was published in French and names and words from Ottoman Turkish as well as Armenian were generally transcribed into Latin script, certain Greek names and phrases appeared in Greek script, indicating an expectation of recognition on behalf of the reader.

The use of Greek script might be partially attributable to the expectations surrounding Ancient Greek as a reference point for educated intellectuals, as when Marko Pasha quoted Hippocrates' infamous aphorism about doing no harm in the original Greek at the end of an article which he read out to the Society during its December 5th, 1856 session.[240] Quotations from Ovid and other authors in Latin support that point. However, since the announcement of the opening of the Greek Medical Society of Paris also appeared in the *Gazette* in Greek, the choice of language clearly acknowledged a significant Greek contingent within the society as well. The true indicator, however – other than the membership and circulation data – of the Society's intercommunal nature lay in the articles themselves. Using a sample of articles written by the

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[237] Vérollot, Dr. "Notice historique sur les Institutions Françaises de charité publique à Constantinople." Gazette *Médicale d'Orient.* 1re année, No 5, Aout 1857, 81-83.

[238] Since the total number of consultations made through these clinics between 1842 and 1853 was 800,678, Vérollot assumed that there were 400,000 patients involved, which left room for a great margin of error, since some patients may have only visited once and others many times. Without collecting separate data on the number of patients rather than visits, it is impossible to know how many unique patients made consultations, or if the average patient visited twice as Vérollot assumed.

[239] Despite its flaws, Vérollot's research on diseases in Istanbul was already circulating before it was published in the *Gazette.* Dr. Humphry Sandwith IV (1822-1881), a British physician who traveled to Istanbul in 1849 and later served in a medical capacity during the Crimean war, published his own work on the same topic and in it claimed to be "indebted for much information" to Vérollot. Dr. Sandwith's article was rife with stereotypes about different Ottoman ethno-religious groups, painting Jewish subjects as "wretched outcasts," Armenians as similar to Ottoman Muslims except "less cleanly and more industrious," and Greeks as "partaking more of the European character." *See* Sandwith, H. "A Brief Sketch of the Diseases of Northern Turkey." *Association Medical Journal* 2, no. 72 (1854): 433.

[240] The *Gazette* did not yet exist when Marko Pasha read out his article, so it was not printed until the following year. In the text, Marko Pasha concluded his presentation with the statement "We have been loyal to the aphorism by the father of medicine, ωφελειν μη βλαπετειν." He did not say Hippocrates' name directly, but the assumption is there with the moniker "father of medicine" and the quotation which he chose. Pitsipios, Dr. Markos. "Observations d'hematocele peri ou plutot retro-uterine." *Gazette Médicale d'Orient.*Année 1, Mai 1857, No 2, 23-25.

Many articles in the *Gazette* made references to Hippocrates' influence on medicine, with fellow Ottoman Greek doctor Zographos even publishing an article of the discovery of his tomb that also included quotations in Greek. See Zographos, X. "De la découverte du tombeau d" Hippocrate pres de Larisse en Thessalie." *Gazette Médicale d'Orient,* 1er Année, No 8, Novembre 1857, 139-143.

Society's members as well as some commentary on overarching trends and recurrent themes, I will highlight the intercommunal dynamics at play within the Imperial Society of Medicine.

An example of the Imperial Society of Medicine's investment in defining, and then changing, medical practice in the empire are the columns written by one of the society's founding members, Dr. Georges Naranzi (died 1877), an Ottoman Greek physician who was also a founding member of the Greek Philological Society.[241] Naranzi involved himself in state-level medical policy making, serving as secretary of the Ottoman Superior Council of Health and attending the International Sanitary Conference of Constantinople on February 13th, 1866 as an Ottoman representative and secretary. He also served on a Commission on Health Measures focused on combating cholera, helmed by Muslim Mehmed Pasha but otherwise composed mostly of non-Muslim and foreign doctors with the exception of Salih Bey, whose name also appeared often in the annals of the *Gazette*. Naranzi practiced medicine in Istanbul and, in 1869, was a founding member of the Society for the Assistance to the Wounded and Disabled in Action.[242] He was also on the editorial board for the *Gazette,* a lifelong member of the Imperial Society of Medicine, and received an emotional eulogy from society president Dr. Pecredimaldji in 1877.[243] Due to his role as secretary and on the editorial board, Naranzi's name is peppered throughout the *Gazette*, sometimes to manage sessions or deal with logistics and at other times to contribute his opinions on medical matters. Though there are risks in selecting one person as representative of a group, analyzing Naranzi's early columns for the Imperial Society of Medicine on the state of medical practice in Istanbul can offer an interesting window into the types of concerns and views proffered by the society's members, as well as how the society, through its meetings and publications, sought to shape the future of the Ottoman medical profession.

Naranzi's first column for the *Gazette* appeared in its very first issue, in April of 1857, entitled "Concerning the Practice of Medicine in Istanbul."[244] From the very first line, Naranzi points to Istanbul's diversity as essential to understanding it, and by extension, its medical practitioners. "A city as vast as Constantinople, the third most populous in Europe, the Metropole of an empire which possesses the most fertile and most beautiful lands of Europe and of Asia, which includes almost every race, where nearly all the nations meet, must present the most varied, the most curious, the most interesting elements and subjects of study."[245] Through this opening line, and the subsequent ways in which Naranzi describes Istanbul, he seems in this article to be speaking to an audience outside of Istanbul, whereas in many of his subsequent

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[241] His name appears as the 72nd founding member as Γ. Ναραντζης in the list of founding members printed in the first volume of the Greek Philological Society of Constantinople's periodical.

[242] This society, which later became the Ottoman Red Crescent Society, is defined and explained in the next section.

[243] *Gazette Médicale d'Orient.* "Séance du 16 Mars 1877." 21ième Année, Avril et Mai 1877, 10. My translation of the society's eulogization of Naranzi. ""I have the regret of announcing to you the death of Dr. Naranzi in sad circumstances which you know. Dr. Naranzi was one of the founders of the Imperial Society of Medicine and was only in the past few years almost entirely retired from medical practice, and was only making rare appearances at our meetings. Each of us remembers with what talent he took part in the work of the society during the first ten years of its foundation and everyone still remembers the numerous articles full of tact and finesse which he bestowed upon the columns of our *Gazette*. An affable, erudite man, with loyal character, Mr. Naranzi captivated the esteem and goodwill of all those who knew him. Our office did not fail to say our last goodbyes to him today. The very much unexpected death of Mr. Naranzi is a true loss for our society."

[244] Naranzi, G. "De l'Exercise de la Médicine à Constantinople.*" Gazette Médicale d'Orient*, 1re Année, Avril 1857, No.1, 1.

[245] Ibid.

articles he either writes in response to other members of the society or presents more pointed critiques of greatest interest to local physicians like the majority of the society's members.

In this opening article in the *Gazette'*s first issue, however, Naranzi presents Istanbul systematically, first by comparing its rules surrounding medical practice to those in place in England and then describing the different types of actors involved in medical practice in Istanbul using their Ottoman names, like *kehal* [sic][246] for ophthalmologist, *kirikdji* [sic][247] for bonesetters, and a host of other Ottoman titles for healthcare providers. Naranzi claims that in Istanbul the government does not chase down charlatan physicians and that the lack of regulation hampers the success of "well-qualified" Ottoman physicians, since the authorities do not differentiate sufficiently between the empirical doctors, whom Naranzi scorns, and those with diplomas, whom Naranzi sees as his peers.[248] Naranzi does not leave the patients blameless in encouraging the problem of quack physicians. According to him, "Man is an animal who wants to be duped, cheated, flattered: he voluntarily sacrifices his health, even his life for the weight of his purse."[249] According to Naranzi, one of the many examples of patients preferring cheaper care to licensed care was with the preference for barbers over dentists.[250]

Midwives and pharmacists likewise merit Naranzi's concern. As with physicians, Naranzi distinguishes between the midwives who trained at the Imperial School of Medicine and those who did not, making confessional claims when critiquing the latter by claiming that Jewish midwives in particular were not only more common, but more apt to conduct illegal abortions.[251] Naranzi provides little to back this claim, but parrots a stereotype of his time here. The concept of the "bloody midwife" attached itself to unlicensed Ottoman Jewish midwives, particularly with the publicized exile of Jewish midwives Polise and Ilya to Thessaloniki in 1826 after they administered miscarriage-inducing drugs.[252]

The state took a religiously-directed approach to regulating abortion in response to this case in 1827 by ordering the chief rabbinate, as well as the Greek and Armenian Orthodox patriarchates, to warn their respective communities not to engage in abortions and that there would be religious and legal consequences if they violated this ban.[253] A *ferman* in 1838 reinforced this message, again placing responsibility on Muslim and non-Muslim religious leaders to ensure that abortions were not being conducted.[254] Even though by the time of Naranzi's writing there were regulations like these in place, by bringing up Jewish midwives here Naranzi is showing the persistence at least of the stereotype, if not also the practice, decades

[246] Naranzi transcribed it this way, but it is more commonly latinized today as *kehhal.*
[247] The modern Turkish transcription would be *kırıkçı*.
[248] Ibid, 2.
[249] Ibid, 3.
[250] Ibid, 9-10.
[251] Ibid, 6. The first comprehensive law on abortion in the Ottoman empire was enacted in 1838, though of course there were debates surrounding it far preceding this law within religious and legal circles, with the oldest documented Ottoman legal case banning abortion being that of Ebubekir Bey and his wife Ayse in 1766. *See* BOA.C.ADL 80/4825. For a later example of a licensed medical practitioner engaging in illegal abortions in Istanbul, see Chapter 4.
[252] BOA.C.SH.437-A-B-C.
[253] BOA, C.SH., 437/9.
[254] For a transcription of the full ferman, *see* Somel, Selçuk Akşin. "Osmanlı Son Döneminde Iskat-ı Cenin Meselesi." Kebikeç 13 (2002): 86-87.

later. From the side of the state, despite the growing number of "secular" regulations meant to apply to all communities during the Tanzimat, in the mid-nineteenth century there was still an acknowledgement of and reliance on different communities' own leadership structures to enforce some of these new regulations.

Naranzi ends this first article with a plea to the new Imperial Society of Medicine to fix Ottoman medicine's ills:

> Such is the present medical condition, such is the fate of this vast and rich Empire, despite the fact that there is a Government which tends towards progress, a richly endowed School of Medicine which not only should have the power to supervise and regulate the legal practice of medicine, but also repress its illegal practice. Time will show us whether the Imperial Society of Medicine of Constantinople can, if not destroy, at least lessen the evil, deliver the country from this gnawing canker and constitute the medical profession with its legitimate rights and privileges.[255]

Through this closing statement, Naranzi acknowledges the key role of the Imperial School of Medicine in regulating medical practice, while also critiquing its success, a give and take that continues throughout the Society's existence, especially given the substantial involvement of its members with the school. He also sets the stage for future debates amongst the society's members – both through articles and through conflicts recorded in the minutes and meetings – about the role of the state and of medical professionals in promoting ethical and successful medical practice.

Naranzi's second column for the Gazette, which appeared the following month, in May of 1857, expanded on the theme of his first column. Entitled "The Legal Practice of Medicine in Istanbul," Naranzi's article begins by arguing that Istanbul is in an abnormal, irregular and exceptional state. Naranzi laments the state of things, pitying Ottoman youth who will be condemned to long and hard apprenticeships, and claiming people in other countries can succeed by merit whereas in Istanbul, that is not sufficient.[256] What else, according to Naranzi, is necessary for success? Naranzi cited the need to know multiple languages as one limiting factor. Since, as addressed previously, medical education in the Ottoman empire was conducted in French, the language of the state was Ottoman Turkish, and many Ottoman subjects – particularly non-Muslim ones – had additional, different native languages, this concern rings true. He also cited the "extreme difficulty of social relations" and the "egoism" of peers. "It's a hard truth," Naranzi claims here, "but unfortunately incontestable, that in Constantinople the young doctor does not have any greater enemies than his 'comrades' with white hair!"[257] For Naranzi, an established physician already, to point to older physicians as the greatest obstacle to young ones is a bold choice. However, it is also one that matches the guiding ethos of many of these societies, namely to innovate. Naranzi also refers to the medical profession in Istanbul here as a "blessed brotherhood," implying that the unifying nature of being a physician could

[255] Naranzi, "De l'Exercise de la Médicine à Constantinople,*"* 11.
[256] Naranzi, G. "Exercise Légal de la medicine à Constantinople." *Gazette Médicale d'Orient*, 1re Année, Mai 1857, No.2, 17.
[257] Ibid, 18.

supersede other differences, but that the aforementioned professional obstacles, rather than ethno-religious difference, tainted that unity.[258]

Naranzi's focus here on the dire state of medicine as a profession for young medical students and doctors was certainly a fitting topic for a nascent medical professional society. Though most of the article centers on the problem of quack doctors and money-hungry practitioners – complaints common to doctors in other parts of the world at this time as well – in this piece Naranzi did paint a picture of the Istanbul medical landscape in which ethno-religious affiliation mattered. Naranzi details the various ethno-religious communities of the city as well as its foreigners and the neighborhoods which they occupy, claiming that Pera, due to its preponderance of Christians, "must" have doctors despite the limited number of them in relation to the city's population.[259] Naranzi goes on to highlight the disproportionate power of a "very small number of practitioners" with elite standing, mostly linked to the palace, the Imperial School of Medicine, or the embassies. He claims that some Greeks, Armenians, Jewish people, and foreigners make up this elite, neglecting to name Muslims.[260] As a Greek himself, this could be an inherent bias of Naranzi or the society's, or a gesture to the historical dominance of non-Muslims in certain types of Ottoman medical practice, with the Imperial School of Medicine more newly producing more Muslim doctors trained in the same way and in the same institutions. However, since he does not dissect the identities of the "young" doctors whose fate he laments above, it can be inferred that Muslim and non-Muslim doctors alike constitute this new generation for which Naranzi expresses both sympathy and hope. He ends by stating that "when they [the older, empirical doctors] are no longer there, the next generation will complete a radical change in the current state of things. In the meantime, let the youth not be discouraged: If the present is not beautiful, at least let us glimpse a better future."[261]

Naranzi's concerns about regulation are a consistent theme throughout not only his subsequent articles in the Gazette, but also many of the other featured articles in the *Gazette* in the following years and decades. The above articles about the illegal practice of medicine became a recurring segments continuing at least through the 1870s, with different physicians debating their stance via submissions that referred to the previous month's authors and their views.[262] To keep members up to date with changing regulations, the *Gazette* would print in French translation new regulations and decrees related to medicine as they were promulgated, ranging from the new regulation on the practice of civil pharmacy to the new regulation on the medical administration of the Ottoman Imperial Navy.[263] In February of 1863, Naranzi participated in this process, writing an article which introduced the new Imperial Decree on the

[258] Ibid.
[259] Ibid, 23.
[260] Ibid.
[261] Ibid, 28.
[262] For example, in a series of months in 1869, Drs. Pardo, Mühlig, and Barozzi all wrote columns on the illegal practice of medicine, arguing against certain aspects of their peers' previously printed columns on the subject as the months progressed.
[263] "Reglement de l'administration Médicale de la Marine Imperiale Ottomane."*Gazette Médicale d'Orient.*Juin et Julliet 1873, XVIIme Année No.3, 47-51.
"Règlement sur l'exercice de la pharmacie civile."*Gazette Médicale d'Orient.* IVeme Année, Janvier 1861, No.10, 45-46.

practice of civil medicine in the Ottoman empire, at the end of which the *Gazette* printed a full translation of the decree and its articles.[264]

Naranzi's Greek identity and sometimes apparent European influences and biases did not mean that he dismissed public health practices in Muslim communities or always elevated non-Muslim and European practices over Ottoman Muslim ones. In an article on public health in Ottoman cemeteries and tombs, Naranzi critiqued burial practices which he considered a danger to public health in each community, since each community had its own separate cemeteries in Istanbul.[265] After providing a global introduction to burial practices, beginning with Plato, Homer and Pindar and sweeping from the Mediterranean to Paraguay, Naranzi settles on Istanbul, first complementing the "majestic and somber" nature of Muslim cemeteries like the famed one in Eyup and then progressing to the cemeteries of different religious communities in different areas of Istanbul.[266] Naranzi is most critical, however, of the cemeteries of his own Greek Orthodox Christian community, noting the accumulation of garbage and the potential for the spread of disease at the Greek Orthodox gravesites in Pera, which had become a substantially more populated area since the cemeteries' initial establishment.[267]

Naranzi was most outraged by the Christians' continuation of the practice of burying people in their churches:

> Such a practice should no longer be tolerated. If, in the early days of Christianity, the dead, exposed to the most cruel persecutions, were obliged to hide their remains from tyranny, both alive and in the early days of the conquest of the Byzantine Empire; if in the early days of the conquest of the Byzantine Empire, they could neither dispose of nor possess respected cemeteries, today, the causes that justified burial in churches no longer exist and have long since disappeared. Why then persist in this practice? Why contaminate, defile the majesty of God and offer it an impure incense, mixed with cadaveric emanations? Why transform the church into a place of disgust, and a perpetual source of infection? It is time for religion to stigmatize such an unworthy profanation, and it is the duty of the Church to put an end to it, in its own interest and in that of humanity.[268]

In this impassioned plea, Naranzi demonstrates not only a willingness, but perceived responsibility, to critique the practices of his own religion when they interfered with his professional opinions. In other articles he critiques the unwillingness of state authorities to enforce regulations concerning medical practice and public health sufficiently. Here, instead he is critiquing the church's unwillingness to evolve for the sake of public health, and in comparing the "early days of conquest" to 1857, Naranzi implicitly acknowledges that Christians experience substantial freedom under Ottoman rule to preserve their own rites and lead their own

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[264] Naranzi, G. "Bulletin: De l'application du règlement concernant 1'exercise de la médecine civile en Turquie.—Règlement." *Gazette Médicale d'Orient.* Fevrier 1863, VIeme Année No 11, 169-174. ;
"Règlement: Exercice de la medicine Civile en Turquie, Sanctionne par Decret Imperial." *Gazette Médicale d'Orient.* Fevrier 1863, VIeme année No 11, 174-175.

[265] Naranzi, G. "Hygiène Publique: Cimetières et Sépultures de Constantinople." *Gazette Médicale d'Orient.* 1re Année, No 6, Septembre 1857, 97-110.

[266] Ibid, 101-102.

[267] Ibid, 105-106.

[268] Ibid, 108.

communities. However, in this case, this freedom allows for a practice that is forbidden in Islam, of burying people within the main structure of worship rather than separately.

Even outside of the practice of church interment, Naranzi lauds Muslim cemeteries as "less unhealthy" than Christian and Jewish ones, citing the larger prevalence of vegetation and trees in them as a key factor in this difference.[269] Despite these critiques, Naranzi still claims Istanbul to be more "healthy" and "ventilated" than other major cities, balancing a desire to improve its environment while also avoiding lauding foreign capitals over his own.[270] In the conclusion of the article, Naranzi directs his pleas to the Ottoman state, calling upon authorities to infringe upon that religious freedom for the sake of public health by forbidding people to bury their dead within the city limits and within churches, and to provide new sites for each religious community to bury its deceased that are, according to Naranzi, more sanitary.[271]

Naranzi's articles in the *Gazette* received both support and disagreement from his fellow members and much of his work focused on praising or improving the medical profession and public health within the Ottoman empire more broadly and his home of Istanbul more specifically. However, the broader distribution that the *Gazette* received outside the empire meant that one article of Naranzi's in particular provoked ire far beyond the society's Istanbulite circle, and even outside of medical professional circles. In an 1864 issue of *Le Monde,* prominent French journalist Eugène Taconet took great offense to Naranzi's article on the rarity of suicides in Istanbul, which had been published in the *Gazette Médicale d'Orient* earlier that year.[272] In it, Naranzi highlighted that, in one year, the entirety of the Ottoman Empire had only a tenth of the number of suicides as France. Taconet took great umbrage with Naranzi's sympathy for those who died by suicide. Naranzi concluded his article in the *Gazette* by stating "Our aim is not, of course, to encourage suicide, but only to have it judged with leniency." Taconet considered this attitude towards suicide "revolting," and expressed added rage that Naranzi was clearly Christian and still expressing these views. The implication here from Taconet, who derogatorily claimed that "Turks" (Ottoman Muslims) were devoid of "religious, philosophical, or literary enthusiasm," was that Naranzi's statements would not have been as shocking had he been Muslim, but that there was an expectation of common opinion due to their shared Christianity.

Taconet likewise expressed disgust for Ottoman French-language newspaper *Journal de Constantinople,* which reprinted the article, accusing it of "welcoming everything that seems to invalidate Christian truths and demean the Church in favor of Islam." Though Taconet's opinions were certainly not universally applicable to all French readers of either the *Gazette* or *Journal de Constantinople* – there were even several French members of the Imperial Society of Medicine – his stated expectations do indicate how the Imperial Society of Medicine, despite its origins in the Crimean war and its overrepresentation of Ottoman non-Muslim and foreign doctors, was not

[269] Ibid, 109.
[270] Ibid.
[271] Ibid, 110.
[272] *Le Monde,* No 275, 5eme Année Mercredi 5 Octobre 1864, 2. Before discussing Naranzi's article, Taconet began with one of Dr. Mongeri's reports on the plights of the mentally ill in Istanbul from March 1st 1863 to March 1st 1864. Taconet voiced similar, though less extreme, gripes with Mongeri's report, since Mongeri's statistics showed a comparatively small number of Muslim and female patients in these mental institutions, In the report, Mongeri points out that, in contrast, there are more men than women classified as insane in Europe, and Taconet takes umbrage with the other implication that Muslims are less susceptibility to lunacy than European Christians, accusing Mongeri of trying to denigrate Christian civilizations.

a foreign society. It was deeply rooted in its Ottoman context and, even when critical of it, was critical of it as insiders hoping for change, rather than as outsiders looking to deride and diminish. In introducing the nature of the society to his French audience, Taconet highlighted that the society represented the "variety of races and nationalities clustered [in Istanbul]," while also pointing out that the majority were Christians. According to him, "…Christianity seems scarcely to clarify and direct their ideas," hence his disappointment in Naranzi. However, whether or not that was truly the case, depending on one's interpretation of Christianity, Taconet's claim further highlighted how, even though the *Gazette* was published in the French language, it was very clearly Ottoman in a way that it could be othered by the French press.

An equally active member of the Imperial Society of Medicine and contributor to its *Gazette'*s pages was Dr. Luis Mongeri (1815-1882), mentioned in the previous chapter for his involvement in evaluating the cause of Sultan Abdülaziz's death. In addition to serving on various committees within and outside the society, Mongeri published many recurring segments in the *Gazette* over the course of his many years of involvement. His most frequent contributions were columns on leprosy, cholera, and mental illness and insane asylums in the Ottoman Empire. Mongeri's cholera reports came from his position serving on a state commission on health measures specifically geared towards combating cholera outbreaks, where he worked alongside Naranzi and half a dozen other physicians. Mongeri's tenure as the chief physician of Istanbul's largest asylums for three decades likewise made him the most appropriate Ottoman physician to write about the status of the empire's mental institutions.

While Mongeri often mentioned the confessional distribution of his patients and the institutionalized people of Istanbul, an article from the end of his career on the topic both highlights an example of the intersection of intercommunal dynamics and asylums as well as the evolution of medical regulations in the end of the Tanzimat and the beginning of the Hamidian period. In this 1877 article, "Draft of a Regulation Concerning the System of Insane Asylums in the Ottoman Empire," Mongeri explains the landscape of existing asylums, uses a specific case to highlight flaws in the system, and then proposes a modified set of regulations already enacted in Europe for adoption in the Ottoman empire.[273] Mongeri points to the five asylums for the mentally ill active in Istanbul: Süleymaniye, which Mongeri directed and was geared towards Muslim patients, Balıklı's asylum for the Greek community, Yedikule's asylum for Armenians, the asylum of the Catholic community of Pera, and the asylum of the Sisters of Charity – a French Catholic organization at which Mongeri also worked– in Feriköy.[274] This selection of asylums which fell clearly along religious lines mirrored that of the communal hospital system, especially since the Greek and Armenian ones were directly attached to those group's primary communal hospitals in Istanbul.[275]

Mongeri points out how the communal distinctions between these hospitals affected the process of admission for patients. Other than Süleymaniye, which as a state-sponsored institution required official documentation before admission – though Mongeri admits that the required documents were "very imperfect and very incomplete" – Mongeri claimed that the sole

[273] Mongeri, L. "Projet de réglement concernant le regime des asiles d'aliénés dans l'Eınpire Ottoman." *Gazette Médicale d'Orient.* XXIeme Année, Avril et Mai 1877, No 1 et 2, 3-9.
[274] Ibid, 4.
[275] Chapter 4 of this dissertation examines the communal hospital system, including these two.

requirement for admission to the other asylums was an order from the head of each respective community (for example, the patriarch), which could be obtained easily.[276]

Mongeri claimed the following:

> In these different cases, neither certificates from the doctors are required which establish the nature of the illness and the necessity of sequestration, nor other official documents which certify the identity of the individual to be locked up, and the quality of the persons who request reclusion. No further inquiry is made into the motives which have provoked such a serious measure; in a word, everything is given over to the most fatal arbitrariness.[277]

In a footnote of his own, Mongeri admits that recently his fellow physicians had started to intervene and provide more documentation for incoming patients per his complaints and requests, but still laments the state of admissions and the facility with which anyone could be imprisoned.

Mongeri does not only lay blame on these communal institutions and the leaders who approve admissions with little to no investigation. He also calls out the Ottoman government for neglecting to order official visits to patients and to ensure that the patients should indeed be institutionalized and that they are being treated well while in the asylums.[278] Mongeri uses the sad tale of an Armenian banker attached to the ministry of the police – whom he anonymizes as "M.B." – to illustrate the consequences of this lack of oversight. M.B. wanted to marry a Greek girl, and claims that despite the religious differences between the two of them as Armenian and Greek Christians, her family approved the union.[279] Just before the marriage ceremony, M.B. claims that he was moved to a separate room and told that he needed to sign a statement that he would "embrace the Greek religion," which, under pressure, he did, though he added in Armenian a denial of his acceptance to the same document.[280] They successfully wed, but soon after, M.B. returned home to find his wife missing, and later learned that his mother in law had brought his wife to a priest, told her that it was a crime to have married an Armenian, and she was then carted off to an asylum and institutionalized as insane. M.B. claims that his wife had exhibited perfect mental health prior to that moment – endorsed by his neighbors – and using his police connections he found out where she was staying, and realized that the conditions of her institutionalization had rendered her mad. Mongeri was one of the physicians called to care for her, and it was through that visit that he learned this story from her husband. Mongeri points to the "patent and brutal violation of her individual freedom" that this incident entailed a crime against these two parties that should be punishable by law, but because of the nature of the asylum system, was left unchecked.[281]

Mongeri blames not only the lack of sufficient regulations, but also the gaps in oversight between the Ottoman state and communal institutions for the fate of M.B. and his wife. It is an apt example of how communal identity could negatively impact medical care, at least in the case of asylums. It was because M.B.'s wife married outside of her community that she was punished,

[276] Ibid.
[277] Ibid.
[278] Ibid, 5.
[279] Ibid.
[280] Ibid.
[281] Ibid, 5-6.

and it was the relative independence of these communal institutions that allowed for her to be institutionalized without medical endorsement or proper procedures. Like Naranzi with church burials, Mongeri is making a case *for* Ottoman interference – in certain circumstances – into communal affairs for the sake of the public good. Mongeri doubled down on this stance with his proposed regulations for asylums, with the very first article stating that no one of *any* nationality should be able to open or direct an asylum without government authorization, and that existing asylums should be required to procure new authorization from the General Directorate of Medical Affairs.[282] While Chapter 4 will further explore how many non-Muslim physicians supported and built up their communal hospitals, extolling how they could uniquely serve their communities, Mongeri's story here is an interesting counterpoint to how physicians viewed the relationships between communal institutions and the state depending upon the circumstances.

The Imperial Society of Medicine served as a space wherein a range of Ottoman physicians could debate the state of their profession, the public health in the empire, and medical innovations and treatments, and where they could propose ways to further their profession's development. Through the *Gazette Médicale d'Orient,* members were able to record the results of these meetings as well as further those conversations amongst themselves via articles and announcements. The content of the issues of the *Gazette Medicale d'Orient* clearly indicate a deep investment in improving the state of medical practice and healthcare in Istanbul and the rest of the empire from the inside, and the members' beliefs that they were the right people to push for this change. Since the members counted amongst themselves many of the most well-positioned and powerful physicians in Istanbul at the time, who managed various hospitals, held high positions on sanitary councils and medical committees, and worked for the palace and the military, this belief was to a degree substantiated. What analyzing these issues shows is that the society's members took ownership of the state of Ottoman medicine as Ottomans, critiquing or praising the Ottoman government and the Imperial School of Medicine as physicians who worked for and with these institutions. The members focused on issues related to their professional expertise as physicians, and at times advocated for reforms which limited the autonomy of their own communities or would cross religious divides.

IV. The Red Crescent Society: Intercommunalism, Patriotism, and the Dynamics of Humanitarianism

The history of the Ottoman Red Crescent Society[283], is tied up not only in the history of the broader Red Cross movement and the history of national and transnational efforts to provide warfront medical aid, but also in the rise of Ottoman societies. The Ottoman state endorsed the International Red Cross Movement early on by signing the August 22nd, 1864 Geneva Convention on July 5th, 1865. This convention focused on instilling humanitarian protections for wounded and ill soldiers as well as for medical personnel and civilian aid workers employed to transport and treat said soldiers. Article Nine of the Geneva Convention specifically names the International Red Cross as an organization sanctioned to provide aid to soldiers and an organization protected from harm in combat by this convention. Geneva-born Henry Dunant (1828-1910), alongside four others,[284] established the International Committee of the Red Cross

[282] Ibid, 6.

[283] This is a translation of the Ottoman Turkish name, *Hilal-i Ahmer*. The name of the current Turkish version of the society also translates to "Red Crescent," but goes by the modern Turkish name of *Kızılay*.

[284]Dunant was not a physician, but rather had a background in business and humanitarian aid. Two of the other founders, however, were physicians - Swiss military surgeon Dr. Louis Paul Amédée Appia (1818–1898) and Dr.

on February 17th, 1863, and Dunant's inclusion in the Geneva conference and the Red Cross's inclusion in the Geneva Convention were key to the establishment and growth, in both prominence and size, of the International Red Cross.

That growth relied in large part on the establishment of "national"[285] societies which would have their own leadership, financing, and specific attributes while adhering to the wider aims and protocols of the Red Cross Movement. Within five years, the Ottoman Empire became the home of one of these affiliated societies, though its road to official recognition and full operations was longer. The Ottoman Red Crescent Society, when it did emerge, was the first non-Christian variant of the Red Cross, and its identity as a Muslim organization working under and for an Islamic empire caused some friction and delays. The next non-Christian variant would not be founded until many decades after the Ottoman Red Crescent society, with the establishment of the Egyptian Red Crescent in Cairo in 1911, with Egypt still nominally under Ottoman rule.[286] However, the leadership and membership of this patently Muslim organization was not solely Muslim, and its founders and members were colleagues who were also members of other intercommunal societies like the Ottoman Society of Medicine and graduates of the religiously diverse Imperial School of Medicine.

When Dr. Abdullah Bey represented the Ottoman Empire at the International Red Cross conference in Paris in 1867, he was inspired to create an Ottoman version of the organization.[287] Upon returning to Istanbul, Dr. Abdullah Bey was inspired to establish the Society for Assistance to the Wounded and Disabled in Action[288] alongside Dr. Aziz Idris Bey[289] with Dr. Markos Pitsipios – whose career is a major focus of the previous chapter – as president. These three doctors were professors at the Imperial School of Medicine together, and were able to recruit many other prominent Istanbulites to sign on as founding members, with two thirds of the founding members being physicians.[290] Only one third of these signatories were Muslim – the other two thirds were a mixture of foreigners and non-Muslim Ottoman subjects.[291]

However, when it came time to affiliate the new society with the International Red Cross Movement, the "Cross" part of this movement posed a problem. The Ottoman-Serbian war in

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Théodore Maunoir (1806-1869), a Swiss surgeon who came from a family of physicians. The other two founders were Swiss Army General Guillaume Henri Dufour (1787-1875) and Swiss jurist Gustave Moynier (1826-1910).

[285] "National" is in quotation marks because though the different Red Cross, Red Crescent, and starting in 2005 Red Crystal societies have been labeled as national, many of the earliest ones were in fact operating within imperial rather than national structures.

[286] The first Red Crescent Society not affiliated with the Ottoman Empire would come another decade later, with the Iranian Red Crescent Society in 1922, officially accepted by the International Red Cross's committee in 1923. The Iranian society, like the Ottoman one, had its own concerns about naming and imagery. It initially went by the Red Lion and Sun Society, with corresponding imagery, which have been used to represent various Persian dynasties and as Iranian nationalist symbols. Like with the red crescent, the International Red Cross was not initially amenable to approving the lion as an official symbol, but at the organization's 1929 conference it accepted the lion as a symbol for Iran's branch. Bugnion, François. (*Red Cross, Red Crescent, Red Crystal. (*Geneva: International Committee of the Red Cross, 2007), 12.

[287] Hüsnü Ada, *İlk modern Osmanlı sivil toplum örgütü: Osmanlı Hilâl-i Ahmer Cemiyeti (1868-1911)* (İstanbul: Timaş Akademi, 2021), 44.

[288] Mecruhîn ve Marza-yı Askerîyeye İmdâd ve Muavenet Cemiyeti.

[289] In many sources he is referred to as Crimean or "Kırımlı" Aziz.

[290] There were 66 founding members, and 43 of them were physicians.

[291] These numbers come from analyzing the list of names of founding members, which was published in the *Gazette Médicale d'Orient* in 1869.

1876 brought these debates back to the fore as Serbian soldiers received aid from the Red Cross whereas the Ottoman state still had no equivalent force to send onto the battlefield to aid wounded soldiers. Thus, on August 13th, 1876 at a meeting of the Society for Assistance to the Wounded and Disabled in Action, Dr. Aziz Idris Bey proposed the crescent instead of the cross as the symbol for their organization, and the society elected to apply to both the Ottoman government and to the International Red Cross authorities in Geneva for approval of their charter. While awaiting official approval, on November 16th, 1876 the Society for Assistance to the Wounded and Disabled in Action adopted the symbol of the red crescent as its own.[292] Finally, on April 19th, 1877 the Society officially adopted the *name* "Red Crescent." At last, the Red Crescent Society was ready to provide official wartime aid to wounded soldiers, and with the outbreak of the Russo-Ottoman war in 1877 jumped at the opportunity to serve.

However, this progress was again short-lived, as Abdülhamid II's suspension of the Ottoman constitution in 1878 also resulted in the suspension of the Red Crescent Society and its activities. It was only by the grace of an order from the Grand Vizier that on May 24th, 1897, the Red Crescent Society finally resumed its activities to provide aid during the Greco-Ottoman war. Even though the name Red Crescent was coined just prior to Abdülhamid II taking office, it anticipated his policy of defensive modernization, in which he overlaid Christian innovations with his Islamist rhetoric and vision. A prime example of this is in the field of education, adeptly explored by Benjamin Fortna's 2002 monograph *Imperial Classroom.* In it, Fortna counters the idea in preexisting secondary literature that western influences drove changes in Ottoman education, arguing for Ottoman agency in this process. Fortna argues that, during Abdülhamid II's reign, the Ottoman state "adapt[ed] Western-style education to suit Ottoman needs," in a more selective process driven by Ottoman, rather than foreign, actors that combated excessive Western encroachment.[293]

The delays that the Red Crescent Society experienced from conception to action can be attributed to the travails of joining an international organization while also establishing legitimacy and garnering support within a Muslim imperial state structure. However, the issues that came with naming the Red Crescent Society made establishing an Ottoman society underneath the International Red Cross umbrella more difficult than it was for Christian states. It was paramount to the founders that the organization, as representative of an Islamic empire and as serving mostly Muslim soldiers, not bear a Christian symbol – the cross – in its name or its visual language. Like with the proponents of Ottoman Turkish as the language of instruction at the medical school, though that did not bear the same religious implications, members of the society saw the name of the organization as integral to its mission, and would not waver on the importance of an appropriate name.

This comparison is particularly apt since Red Crescent cofounder Dr. Aziz Idris Bey was a vocal player in both movements. He first advocated for the transition to Ottoman Turkish language instruction and worked on translating texts to support that aim as a medical student at

[292] François Bugnion, *Red Cross, Red Crescent, Red Crystal* (Geneva: International Committee of the Red Cross, 2007), 9.
[293] Fortna, Benjamin C. *Imperial Classroom: Islam, the State, and Education in the late Ottoman Empire*. (Oxford University Press, 2002), 12.

the Imperial School of Medicine in the late 1850s and early 1860s.[294] Then, just a few years later, he took a strong stance on language again with the naming of the Red Crescent Society. The International Red Cross likewise was reluctant to accommodate divergence from the standard name and symbol under which they had built their reputation, though they eventually capitulated. In the late nineteenth century and early twentieth century, as the Red Crescent Society became more active and its financing and management extended further - largely to committees of Muslim women who led fundraisers for its activities - its Islamic nature became more explicitly emphasized, as well as its role as a "national" organization. This made the support of the Red Crescent society a patriotic act rather than only a humanitarian one. However, in these initial years, when Ottoman societies were flourishing in numbers and the Ottoman medical profession was growing in size and influence, Dr. Abdullah Bey first addressed his appeal to his peer physicians to establish the Red Crescent society, relying on their professional ethos to support his mission to provide medical aid on the battlefield.

Though Marko Pasha was the only non-Muslim of the three founders, Dr. Abdullah Bey's background as a convert to Islam colors the interpretation of his zeal for the Red Crescent Society and the intercommunal dynamics of the society. Born in Vienna as Karl Eduard Hammerschmidt, Dr. Abdullah Bey fled to the Ottoman Empire after the revolution of 1848 and spent the rest of his life working and living in the Ottoman empire. Despite a demand by Hapsburg imperial authorities to the Ottoman government to deport him, the Ottoman state did not do so, and Abdullah Bey rewarded that allowance with service to Ottoman state institutions such as the military and the Imperial School of Medicine. As his Muslim name implies, Dr. Abdullah Bey converted to Islam after immigrating. However, as both a refugee and convert, Dr. Abdullah Bey's education, socialization and perspective was different from that of his co-confessionals who were born in Ottoman domains into Muslim families. He identified with Islam and Islamic communal expectations in his writings about establishing the society, but he also, when representing the Ottoman state abroad in Geneva, was a Viennese man who trained in both law and medicine in Europe before his immigration and conversion.

Dr. Abdullah Bey was an actively involved member of the Imperial Society of Medicine – he was serving as its vice-president in 1869 – and used the society's *Gazette Médicale d'Orient* to circulate his mission with the Red Crescent to his fellow physicians. As the Red Crescent's general secretary, Dr. Abdullah Bey published connected announcements in multiple issues of the *Gazette* in 1869 which described his new society's goals. In one, he compared the infrastructure already established in the United States for providing medical aid to wounded soldiers to the lack thereof in the Ottoman empire. [295] In the next, he discussed the practical aspects of administering aid, and the process of setting up depots on a battlefront.[296] In the third and final installment, he made his clearest and most impassioned plea for support from his fellow physicians, concluding his article with a complete list of the sixty-six founding members.[297]

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[294] Kâhya, Esin, and A.D. Erdemir. *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*. (Türkiye Diyanet Vakfı, 2000), 264.

[295] Dr. Abdullah Bey. "Notice sur la société de secours aux militaires blessés et malades." *Gazette Médicale d'Orient.* XIIIme Année, No 6, Septembre 1869, 92-94.
[296] Dr. Abdullah Bey. "Notice sur la société de secours aux militaires blessés et malades." *Gazette Médicale d'Orient.* XIIIme Année, No 7, Octobre 1869, 105-107.
[297] Dr. Abdullah Bey. "Notice sur la société de secours aux militaires blessés et malades." *Gazette Médicale d'Orient.* XIIIme Année, No 8, Novembre 1869, 124-127.

In this notice, Dr. Abdullah Bey pointed to two men in particular who provided invaluable support to him in founding a branch of the Red Cross in the Ottoman empire when he struggled to find supporters within the upper echelons of the Ottoman government.[298] One was Marko Pasha, who later became the society's first president. The other was Omer Pasha (1806-1871), a successful Ottoman military commander who became the Ottoman Minister of War in 1869 and who, like Abdullah Bey, was also a convert to Islam. This stood in contrast to Abdullah Bey's subsequent claim that one of the main challenges to establishing a society like the Red Crescent Society was a lack of patriotism from non-Muslims, a division, he argued, which did not have an equally powerful equivalent in the United States or Europe.

> In the ordinary individual, particular interests surpass the outpourings of patriotism. The Catholic, the Protestant, the Greek, the Armenian, the indigenous Jew ordinarily do not regard Turkey as their fatherland, they seek to win, to make a fortune in this country, but they stay more or less strangers to a national patriotism, more or less ungrateful to their fatherland. Let us report also a fact which hampers the development of our institution, specifically in Istanbul. In other countries, each has a son or a brother or a parent or a friend, etc, in the army, and associates himself with the society of aid to help with his contribution a combatant to whom he is tied by a sentiment of affection; it is without a doubt for this reason that a mass of people participate in these aid Societies. This motif makes us absolutely fall short in Istanbul, because it is well known that the population amongst different religions, the Catholics, the Greeks, the Armenians, the Jews, do [] contribute to the levying of soldiers, while the Muslim population is exempt from the levy.[299]

Certainly, Abdullah Bey makes a valid point about confessional lines dividing the Ottoman system of taxation and conscription. However, he makes this point about non-Muslim individuals just after openly admitting that Greek Orthodox Christian Marko Pasha was one of the society's first and primary supporters, poking holes in his own logic. Perhaps, however, this dissonance was an intentional rhetorical device, since he goes on to claim that there is an exception to this non-Muslim indifference to the plight of the wounded Ottoman soldier, namely "intelligent and educated people" who are "charitable… and waiting to offer their aid to a humanitarian idea appropriate to the nineteenth century"[300] This concept of humanitarianism was a cornerstone of all branches of the Red Cross, but in Abdullah Bey's case, since he expressed fear that patriotism was not strong enough in the Ottoman Empire to sustain such a society, he made a plea using a more universal concept like humanitarianism.

Dr. Abdullah Bey then went on to praise his fellow doctors, whom he can address directly through the *Gazette*, for their support since they are, by nature of their profession, "devoted to the service of humanity," and included the names of society's founding signatories from March 15th, 1868.[301] Through his plea to the Imperial Society of Medicine for support for his society to aid wounded soldiers, Dr. Abdullah Bey played on assumptions about a lack of solidarity between the empire's different confessional communities, while at the same time calling upon the professional solidarity of doctors and their moral code to provide aid to the

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[298] Ibid, 125.
[299] Ibid. In the original text, it says that the non-Muslims do *not* contribute to the levy and that the Muslim population is exempt. I operated under the assumption that this was a typographical error.
[300] Ibid.
[301] Ibid, 125-126.

wounded and ill. These doctors, however, were confessionally mixed, and Dr. Abdullah Bey was well aware of that fact. Thus, though Dr. Abdullah Bey drew upon the rhetoric of patriotism and assumptions about Muslims being the most patriotic Ottoman subjects in his description of the Red Crescent society, he also created a society which derived its support from a diverse group.

V. Conclusion

Ottoman societies proliferated during the *Tanzimat,* especially in Istanbul, and served as forums for Ottoman subjects to gather and create communities centered around common interests, whether they be professional, intellectual, or philanthropic. The societies discussed in this chapter ranged not only in purpose but in demographics, with some serving as communal spaces for different ethno-religious communities and others, like the Imperial Society of Medicine, as intercommunal spaces centered around a common mission, in its case the progress of the Ottoman medical profession.

War inspired the establishment of both the Imperial Society of Medicine and the Red Crescent society, though their functions ended up being substantially different. While the Imperial Society of Medicine focused on the concerns of physicians and creating a space for professional development, debate, and campaigns for progress, the Red Crescent Society was an aid society, focused on readying itself for deployment in times of need. However, since much of that need was medical, there is an overlap in the concerns of both societies as well as their members.

There was also a sustained overlap in interest and membership between communal and intercommunal societies. Even in the final Armistice years (1918-1923), there was not only overlap in membership between intercommunal Ottoman societies like the Imperial Society of Medicine and communal societies, but also collaboration between them. For example, in a 1920 session of the Istanbul Union of Armenian Doctors, the members discussed concerns about physicians' residences being counted legally as commercial spaces rather than personal, and proposed working with the Imperial Society of Medicine to combat this legal designation.[302]

By this time, the Imperial Society of Medicine had also adjusted its approach by establishing an additional periodical, the *Bulletin Médical de Constantinople* (1909-~1914), helmed by Ottoman Greek doctor Cleobulos Coccolatos. While the *Gazette* published articles by its members, minutes of its meetings, and summaries of important medical articles from elsewhere, the *Bulletin* was more accessible to a layman-reader, though both were written, edited, and published by the society's members. While the *Gazette Médicale d'Orient* had no advertisements, the *Bulletin* had several, generally related to health or science – for laxatives, asthma medication, chemistry laboratories, surgical instruments, insurance companies, health retreats, and organic supplements, to name a few. This immediately makes the *Bulletin*, though it was also published only once a month by the same Society, more similar to other non-medical newspapers, whereas the *Gazette*'s format adhered more closely to its genre of a professional journal summarizing presented research and meeting proceedings. The *Bulletin* often addressed similar issues to the Gazette – vaccines,[303] sanitation measures, mortality rates in

[302] Yarman, *Ermeni*, 70.
[303] For example, the anti-cholera vaccine made from material collected during Istanbul's 1910 epidemic: Rev. Med. Pharm. No 2, 1911. *Bulletin Médicale de Constantinople.* Issue 11 (1911): 119.

Constantinople[304] – but while they serve as the central themes in the Bulletin, alongside details on charitable hospitals and lists of doctors, pharmacists, and new medical publications, in the *Gazette* they are sandwiched between new research on various diseases and procedures and bureaucratic details of the Society's operation. This expansion of targeted readership could speak to a broadening understanding of public interest in medicine.

Ottoman medical societies and periodicals provided spaces for Ottoman medical professionals to generate and proliferate knowledge, both about medical research and treatment and about the state of their profession. Through this process, the intercommunal landscape of Ottoman medicine shone through, with physicians of different backgrounds bringing their own perspectives to both communal and intercommunal societies while also finding common ground in their identities as physicians. Intercommunal societies like the Imperial Society of Medicine built solidarity around their identities as doctors, while communal societies like the Greek Philological Society of Constantinople provided a forum for communal pride and connection. The next chapter will discuss how such distinctions translated into the establishment, staffing, and management of different types of Ottoman hospitals.

[304] For example, the "Bulletin of the Mortality of Istanbul (14 November 1910 - 15 January 1911: 3126 died. 13 of scarlet fever, 12 de measles, 65 of typhoid, 11 of diphtheria, 1 of variola virus, 318 of tuberculosis, 611 of cholera.)" Bulletin of the Mortality of Istanbul. *Bulletin Médicale de Constantinople.* Issue 11 (1911): 122.

CHAPTER 4. REDEFINING "OTTOMAN" HOSPITALS

I. Introduction

Though the hospital has become central to the provision of medical care, this has not always been the case. Even as late as the nineteenth century, hospitals not only in the Ottoman empire but also in other European and Asian empires were aimed at populations who could not receive medical care in their homes, whether due to poverty or lack of a home or family nearby. This chapter examines how the typology of Ottoman hospitals expanded and changed in the nineteenth century alongside other socio-political and medical transformations, while also exploring how these older models of hospitals and healing centers lived on. After articulating existing categories of hospitals, the significance of those categories, and how they changed in the nineteenth century, this chapter focuses on the concept of the communal hospital.

It is important to note the relationship between religion and centers of healing long predates the Ottoman Empire. In ancient Greece, for example, temples were often also places of physical as well as mental and emotional healing. Patients traveled to temples and healing sanctuaries dedicated to Asclepius, the Greco-Roman god of medicine who continued to be a symbol of medicine into the Ottoman period and beyond, and oftentimes engaged in "incubation," a practice of sleeping in temples and healing through dreams that was later adapted into Christianity and Islam to an extent.[305] These temples to Asclepius became healing sanctuaries that later became hospitals staffed with physicians providing treatments to physical ailments in addition to spiritual aid, a model that resonates with the Christian and Muslim hospital complexes which follow centuries later.[306]

Many centuries later in the Ottoman empire, patient care did not occur in hospitals often. Hospitals were reserved mostly for the poor, with wealthier patients preferring homecare. In the eighteenth and nineteenth centuries the role of the hospital expanded, alongside more stringent expectations that medical students would receive formal degrees and undergo clinical training by working at hospitals. In the mid-late nineteenth century, the Ottoman state increased its institution-building efforts, including hospitals. Other entities, such as the different confessional communities, also invested more heavily in healthcare at this time. This chapter establishes a categorization system for Ottoman hospitals in Istanbul at this time as they increased in number and importance. Creating a categorization system allows for a better of understanding of how hospitals as a whole functioned, and how medical professionals relied upon hospitals to achieve their professional goals. Categorizing hospitals also allows for opportunities to reveal ways in which physicians and patients bent the boundaries of different communal and imperial expectations.

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[305] For more on incubation in Antiquity, see Renberg's 2017 book *Where Dreams May Come: Incubation Sanctuaries in the Greco-Roman World*, which addresses the practice in Ancient Greek, Egyptian, Sumerian, Babylonian, and Hittite contexts. Major figures in the history of medicine who were also pillars of Ottoman medical education such as Hippocrates, Galen, and Ibn Sina were some of many physicians who grappled with the relationship of dreams to a person's mental and physical state.

[306] The Asclepion (Temple of Asclepius) on Kos. It contained both medical and spiritual facilities, with those working there playing dual roles and priests and physicians. Some of the design elements, such as centering the complex around a courtyard, including baths and a place for worship, are mirrored in later Christian and Islamic hospitals. The Asclepion at Kos, based, on surviving inscriptions, followed the teachings of fellow Kos native Hippocrates when treating patients, with whose work Ottoman physicians still engaged many centuries later.

II. Temporary Hospitals and Medical Problem Solving: The Needs and Priorities of Ottoman Healthcare

Temporary hospitals, by their very definition, emerged to fit the needs of the moment. Once the reason for their establishment no longer applied, generally a war or epidemic, these temporary hospitals would normal disappear. In some cases, however, these hospitals could linger or even become permanent hospitals. The physicality of the temporary hospital is likewise key to understanding its use. Some temporary structuresm like tents, "hut hospitals,[307]" and even patient transport vehicles, were designed with easy assembly and disassembly in mind. Other times, temporary hospitals commandeered pre-existing structures, with plans to return those buildings to their original usage at a later date. Still others, after adjustment, evolved into permanent hospitals, either after the original state of emergency or in cases of protracted emergencies.

While this section will focus on how temporary hospitals operated in the Ottoman Empire in the nineteenth century, the concept of geographically mobile medical care in the region far predates this period. The origin of the *dârüşşifâ*, or the Islamic hospital, was likewise mobile. Before the advent of Islam, some physicians and pharmacists in the Sassanid Empire (224-651 C.E.) would travel to treat patients, setting up tents as temporary hospitals, to supplement the activities of permanent hospitals and medical schools, most notably that of Gondishapur, which served as models for *dârüşşifâ* in subsequent Islamic empires. There are examples of mobile military hospitals in the earliest years of Islam, with the most notable example being female nurse and surgeon Rufaida Al-Aslamiya providing on site medical care for Muhammad's troops at the battle of Khandaq (627 C.E.), among others.[308] Likewise, much later in the Seljuk period there were mobile clinics via which doctors would travel between towns to provide medical care at bazaars and marketplaces.[309]

In earlier centuries of the Ottoman empire, janissaries had their own medical contingent who, when on campaign, brought medical supplies and cared for the injured. Some of them had more formal surgical training and operated as mobile units to transport the injured for safe battlefield care. The ratio of these medic-janissaries to standard janissaries was usually suboptimal. For example, in 1631 and 1632, 36 out of 92,206 janissaries were doctors and/or

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[307] The hut hospital, also called the hutted hospital, is an interesting nineteenth century invention that continues well into the twentieth century. The end of this section will address specific examples of usage of the hut hospital in the Ottoman empire. To define them briefly, "hut hospitals" were designed to be erected quickly as medical complexes of "huts" (sometimes tents) that served different purposes (food, beds for patients, storage of supplies, etc). The context and implications of the hut hospital varied substantially between locations and from the nineteenth to the twentieth centuries. While I would argue that the hut hospital in the Ottoman empire did not have colonial undertones (since it was a technology that the Ottoman state sought out, purchased and implemented for its own use), in other contexts the hut hospital can present as a symbol of colonial power and infringement upon local medical practices. For an article that makes such a claim regarding the Portuguese use of hut hospitals in Angola and Mozambique in the 1920s-1950s, see Christina Bastos' 2018 article on the subject.
Cristiana Bastos, "The Hut-Hospital as Project and as Practice: Mimeses, Alterities, and Colonial Hierarchies," *Social Analysis: The International Journal of Anthropology* 62, no. 2 (2018): 76–97.

[308] Nagat El-Sanabary, "Women and the Nursing Profession in Saudi Arabia," In *Women in Nursing in Islamic Societies*, ed. Nancy H. Bryant (Oxford: Oxford University Press, 2003), 267.

[309] Abduhllah Kılıç, *Şifahaneler: Anadolu Selçuklu ve Osmanlı Şefkat Abideleri = The Şifahanes of Philanthropic Monuments of the Seljuk and Ottoman Eras* (İstanbul: Medicalpark, 2012), 23.

surgeons.[310] On occasion, outside physicians who were not members of the Janissary corps would join a campaign to provide medical care.

The inconvenience and inconsistency of this practice was a motivating factor in founding the Imperial School of Medicine, as well as concerns about quality control that would not apply to physicians emerging out of the Imperial School of Medicine who would share the same curriculum and training. However, in the nineteenth century, with changes in licensing requirements, the increase in number of Ottoman physicians with a state-sponsored medical education, and a rising number of "permanent" hospitals being built, the ways in which temporary mobile hospitals as well as temporary stationary ones were set up evolved. This section examines that progression, and the needs that temporary hospitals as well as "permanent" military hospitals sought to meet, as well as the inter-imperial, intercommunal dynamics of these institutions, particularly in times of crisis.

The Crimean War (1853-1856) was a flashpoint during which both the Ottoman and British governments rapidly set up many temporary hospitals, particularly in Istanbul. As many as 90,000 soldiers died in hospitals during the Crimean War, with the number of patients who flooded into these hospitals in quick succession even larger. Though there were a plethora of field hospitals, many of these were meant to stabilize soldiers until they could be transported to Istanbul for longer term care.[311] Wounded or ill soldiers would arrive by train or by ship depending on point of origin. Upon arrival to the city, thousands of wounded soldiers per week would be transferred to preexisting Ottoman hospitals or temporary ones. The preexisting hospitals included Kasımpaşa Military Hospital,[312] Haydarpaşa Military Hospital,[313] and Maltepe Military Hospital,[314] and the temporary hospitals included converted barracks such as Selimiye Barracks in Üsküdar, the Taksim Barracks in Pera, Davutpaşa Cavalry Barracks in Esenler, Rami Barracks in Eyüp and the Levent Barracks, a variety of field hospitals mostly on the Bosphorus, or hospital ships on the Golden Horn.[315] The British Seaman's Hospital in Galata fell between these categories – though it was built in 1855 specifically for the Crimean War, it remained long after the war and became a permanent hospital. Taşkışla Military Hospital (1847) shared traits with both the preexisting Ottoman military hospitals and the converted barracks. Unlike the barracks, Taşkışla was designed initially as a hospital, specifically a training hospital for students

[310] Janissaries in the case refer to those who were "ulufeli" or receiving service pay. A few decades earlier, when Murad III became sultan in 1574, 26 out of 36,1553 janissaries were surgeons and/or doctors.
Öztürk, Metin, Elneyoğlu, Metin , and Bab, Döndü. *Osmanlı Belgelerinde Askeri Tıp ve Balkan Askeri Hastaneleri.* 18.

[311] Hikmet Özdemir, *The Ottoman Army 1914-1918: Disease and Death on the Battlefield* (Salt Lake City: University of Utah Press, 2008), 12.

[312] Established in 1847 for naval training as well as to care for military patients.

[313] Construction began in 1844 and it opened in 1846, and served as one of the sites for clinical training of students at the Imperial School of Medicine.

[314] In Ottoman Turkish, Asakir-i Mansure Hastanesi.

[315] The locations of field hospitals on the Bosphorus included ones in Kanlıca, Maslak, and Yeniköy (which was set aside for Sardinian soldiers. On the islands of Büyükada and Halki there were hospitals meant to service the fleets in the harbor, and on Heybeliada one for the French Navy (the other French Naval temporary hospital was in Tarabya). There were also field hospitals recorded in Istanbul neighborhoods of Harbiye, Dolmabahçe, Gülhane, and Ayasofya. For more specific notes on the locations and capacities of the field hospitals in Istanbul during the Crimean War, see the account entitled "Cent vingt cinq ans sur les rives du bosphore" by Sister Cordero of Filles de la Charité, which dedicates a significant amount of space to the nuns' contributions to hospital care during the Crimean War in Istanbul., though it focuses largely on the hospitals catering to wounded French soldiers.

at the Imperial School of Medicine training to be military physicians. However, just two years after opening the Ottoman military started to use the building as barracks, a few years after that Taşkışla reverted to being a hospital again, this time for French soldiers fighting in the Crimean War, only to be used again as barracks after the war and again as a hospital in the early twentieth centuries during the Balkan Wars. Taşkışla serves as an example of how porous the line between medical and residential use could be for military buildings.

All of these facilities required coordination between the Ottoman military, its physicians, and other allied troops, in particular the British. Hospital frigates had the added advantage of being able to transport and treat patients. However, just like overcrowded medical facilities on land, they had their own limitations. One challenge was supply and demand: many patients did not travel to hospitals on land via ships equipped with medical supplies and died en route. After 75 of the 158 patients he transported via steamer to Istanbul died on the journey, Ottoman admiral Müşavir Pasha asked the naval council in Istanbul to send two hospital ships to Balaklava and Kamış.[316] However, once one of the requested ships arrived in Kamış, there was no place in the harbor to anchor it, and the ship ended up returning to Istanbul without serving its purpose as a temporary hospital in Kamış.[317] Part of the problem lay in communication and coordination of efforts between British and Ottoman forces, which Müşavir Pasha would understand better than most, since he was actually a British subject named Adolphus Slade who served as a British admiral before entering Ottoman service.[318] Another problem, which continued into military conflicts in subsequent decades, were insufficient funds and shortages in medical supplies, clothing, and food. These shortages negatively impacted patients' chances of survival and vulnerability to disease.

Despite the plethora of different hospitals, both temporary and permanent, treating soldiers in Istanbul during the Crimean War, the temporary hospital at Selimiye Barracks is arguably the most famous in the history of medicine due to the presence of Florence Nightingale (1820-1910). The Ottoman state allocated Selimiye Barracks[319] for use as a temporary hospital by the British army rather than their own military physicians. The process of converting barracks to serve medical purposes was not unprecedented in Ottoman Istanbul. In fact, the Imperial School of Medicine and its clinics were housed in multiple barracks in the city while awaiting a suitable longer term location. Likewise, after the Crimean War, Humbarhane Barracks (est. 1792) served as a temporary hospital for cholera patients in 1865 and soldiers during the Ottoman-Russian War (1877-1878). When used as barracks, the soldiers lodged at Selimiye sought treatment at the nearby Haydarpaşa Military Hospital. With the temporary conversion of

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[316] Candan Badem, *The Ottoman Crimean War (1853-1856).* Vol. 44 (Leiden: Brill, 2010), 266–267.
[317] Ibid.
[318] Born in either 1804 or 1805, Admiral Adolphus Slade a.k.a. Müşavir Pasha worked his way up to Captain in the British Navy before entering the Ottoman Navy in 1849, for which he worked from 1849 to 1866 without surrendering his rank in the British Navy. He died in London in 1877, but not before writing and publishing his own account of the Crimean war in 1867.
Adolphus Slade, *Turkey and the Crimean War: A Narrative of Historical Events* (United Kingdom: Smith, Elder and Company, 1867).
[319] Sultan Selim III ordered the construction of Selimiye Barracks, which began in 1800 and ended in 1803, to house soldiers part of his "New Order" (Nizam-ı Cedid) military reforms, but the building underwent many changes in the half century before the Crimean War, being burnt down, rebuilt in stone, and renovated in that time frame. The Selimiye Barracks were coopted

the barracks into a hospital itself, it meant that a hospital serving wounded Ottoman soldiers and wounded British ones operated at a frantic pace side by side.

How different were the measures Nightingale took at Selimiye as opposed to the Ottoman physicians at Haydarpaşa and other hospitals in Istanbul and French personnel at the French temporary and field hospitals? How could that change Nightingale's legacy and the Crimean War's place in the global history of medicine? There are many potent critiques to be made of the lionization of Florence Nightingale as the founder of modern nursing and an almost saintly figure.[320] Despite her memorialization in public discourse about nurses, Florence Nightingale was not even a trained nurse, and her contributions to scientific knowledge were more statistical than medical. From a privileged family, Nightingale traveled throughout Europe and Egypt in the years leading up to the Crimean War, and it was through her father's financial support that she gained her only and limited formal experience with healthcare, via a post in 1853 as superintendent of the Establishment for Gentlewomen during Illness in London.[321]

Less than a year later, she went to Istanbul to helm a group of thirty-eight British nurses at Selimiye Barracks, the first of its kind in British history. Selimiye Barracks were overcrowded, and the casualty rates for patients were high, particularly from infectious diseases like cholera. Nightingale became best known for her "sanitary reforms" at Selimiye Barracks, such as increasing handwashing and improving ventilation. However, though these reforms are sometimes retroactively combined with broader sanitary reforms later in the nineteenth century, Nightingale did not subscribe to germ theory at this time, so the impetus for these measures was not the same as other later measures and policies. Nightingale is far from the only figure who expressed concern about the rapid spread of disease during the Crimean war – letters and memoirs from officials from all the states involved note the alarming infection rates amongst soldiers and related personnel. This included the opposing army as well – on the Russian side of the conflict, Dr. Pirogov implemented a new system of checkpoints to prevent the spread of disease during the Crimean war, and in the 1860s community physicians working for zemstva[322] – local governing bodies established as part of Imperial Russia's "Great Reforms" – continued Dr. Pirogov's advocacy for preventative medicine in their own practice.[323] The Crimean War likewise impacted British public health policies, with the British government passing multiple Contagious Diseases' Acts in the latter half of the 1860s.[324]

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[320] For an article that pushes back against hagiographical perspectives of Nightingale's place in the history of nursing, see Natalie Stake-Doucet, "The Racist Lady with the Lamp," *Nursing Clio* (blog), 5th November, 2020, https://nursingclio.org/2020/11/05/the-racist-lady-with-the-lamp/
In it, Stake- Doucet analyses racial prejudices' in Nightingale's writings and her complicity in British colonial violence.

[321] Lynn McDonald, ed., *Florence Nightingale: The Crimean War: Collected Works of Florence Nightingale*. Vol. 14 (Wilfrid Laurier Univ. Press, 2010), xi.

[322] Singular: zemstvo

[323] John P Davis, *Russia in the Time of Cholera: Disease under Romanovs and Soviets.* (London: I.B. Tauris & Co. Ltd, 2018), 46.

[324] There were gendered consequences to some of these acts' stipulations. For example, police officers could arrest and examine women within a certain degree of proximity to military barracks in order to prevent the spread of venereal diseases like syphilis, even imprisoning them in hospitals if they turned out to be carrying such diseases. Richard Barnett, *The Sick Rose: or; Disease and the Art of Medical Illustration*. (London: Thames & Hudson, 2016), 186.

Although allocated to the British, Selimiye Barracks was not a monocultural space divorced from its surroundings. In her reflections on volunteering with Florence Nightingale and the Irish Sisters of Mercy,[325] Fanny Taylor[326] (1832-1900) noted the interreligious and international demographics of Istanbul and how in the hospital she would encounter daily Greeks, Muslims, and foreigners of differing European origins.[327] Though not Catholic herself, Nightingale had spent time with an order of Catholic nurses in Paris in 1853 just prior to her time in Istanbul, and several of the nurses which she brought to Istanbul were likewise part of Catholic orders.

However, several of those nurses, Taylor included, left the Selimiye Barracks to serve instead at Kuleli Hospital, which also housed British patients.[328] Based on Taylor's writings, religion could have played a role in that decision, since according to her Nightingale stipulated "that the sisters should attend to the corporeal wants of the soldiers, but that they should never introduce religious subjects, except to patients of their own faith."[329] Taylor admitted that the Sisters all agreed to this stipulation before departing for Istanbul, and enumerated other reasons for leaving Selimiye Barracks for Kuleli Hospital – in particular, the understaffing at Kuleli – and Nightingale offered and approved the transfer herself, as well as maintained contact with the nurses at Kuleli.

However, Taylor certainly expressed enthusiastic kinship between the Irish Catholic nurses of the Irish Sisters of Mercy and other Catholics serving in the hospitals and armies during the Crimean War. In her writings, Taylor pointed to many instances of collaboration with the French Sisters of Charity,[330] who had been working as nurses in Istanbul decades prior to the Crimean War.[331] The scale at which these French Catholic nurses were working was much larger than that of the British nurses at Selimiye and Kuleli. In addition to nuns already present in Istanbul, two hundred fifty five nuns came from Paris and Piemonte and fifteen from Ireland when the war started to work in fourteen different temporary hospitals caring for French and Italian soldiers.[332] The casualty rate at these hospitals, like at Selimiye, was grim, with 9,000 of

[325] Founded in 1831, the Irish Sisters of Mercy were a Catholic women's organization whose charity work largely focused on women and children, education and healthcare.
[326] Full name: Frances Margaret Taylor.
[327] One of the passages in which Taylor mentioned the range of people she encountered while working at the hospital: "Extraordinary were the scenes our one room would witness in the course of the day. At the door would appear successively on duty, a wild-looking Greek with a message, a grave Turk with another, a Scotch orderly, our Hungarian servant, his German wife, officers' French and Italian servants, an Irish nun, and an English lady." Fanny Taylor, and Lady volunteer, *Eastern Hospitals And English Nurses: the Narrative of Twelve Months' Experience In the Hospitals of Koulali And Scutari.* 3rd ed., rev. (London: Hurst and Blackett, 1857), 83.
[328] Kuleli Hospital, unlike Selimiye Barracks, had been designed for medical use prior to the war – it was originally a medical center attached to a different set of barracks to treat the soldiers housed there.
[329] Taylor, and volunteer, *Eastern Hospitals,* 5.
[330] Filles de la Charité.
[331] For more on the Sisters of Charity, see the section of this chapter on foreign hospitals, specifically La Paix Hospital. Though Taylor mentions them often throughout her account, in Chapter 15 she details the assistance she received from one sister in particular – Sister Bernadine – and a visit by the Sisters of Mercy to the hospital where the Sisters of Charity were working.
[332] Rinaldo Marmara, *La Paix: Hôpital des Filles de la Charité à Istanbul; 1858-2008* (Latin Katolik Ruhani Reisliği, 2008), 31.

the 47,000 French soldiers passing through these hospitals in the winter of 1855-1856 dying of cholera, scurvy, and typhus, and thirty three of the nuns also dying of typhus.[333]

One of the aspects of the Crimean War which distinguished it from prior inter-imperial conflicts was the press coverage of not just the war, but the casualty rate and health status of the soldiers. *The Times* provided constant updates from the warfront and from the hospitals about the spread of disease, the supply and personnel shortages at the hospitals, to such an extent that additional volunteers – in particular more nuns and nurses - traveled to Istanbul well after the start of the war to aid in the medical effort inspired by the press coverage. Ottoman newspaper *Cerîde-i Havâdis* (1840-1977) sent, for the first time, its own journalist to the warfront to cover the Crimean War, and published those reports alongside ones translated from English and additional updates from Ottoman commanders.

Nightingale sent reports that were published in *The Times,* publicizing the challenges these hospitals were facing. She published a compilation and analysis of the data she collected while at the Selimiye Barracks a few years after the Crimean War ended in her book *Notes on Matters Affecting the Health, Efficiency, and Hospital Administration of the British Army;* and *Subsidiary Notes as to the Introduction of Female Nursing into Military Hospitals in Peace and in War* (1858) and her thoughts on the nursing profession *Notes on Nursing: What it is and What it is Not* (1859). These texts solidified her place in British military and public health reforms as well as the centrality of the Crimean War as a turning point in her career and legacy.

The high number of casualties in the Crimean war also had a significant impact on the practice of medicine in the Ottoman empire. The challenges which the war posed to physicians inspired the founding of the Ottoman Red Crescent Society and the Cemiyet-i Tıbbiye-i Osmaniye, the former to improve medical aid for wounded soldiers and the latter to provide a better venue for physicians in the Ottoman empire to debate major issues within their profession.[334] The high death tolls due to disease as well as battle wounds in this war, and the overcrowding of existing medical facilities that made temporary hospitals necessary in major cities such as Istanbul as well as in the field, amplified the perceived need for more trained military physicians and military hospitals where they could treat patients. As demonstrated in previous chapters, prior to the Crimean War the Ottoman state had already invested not just in military reform, but also in military medicine, first through the establishment of the Imperial School of Medicine to train military doctors and then through the development of more military hospitals at which these physicians could practice when not at field hospitals. Unpacking the reasoning behind and the execution of the establishment of some of these "permanent" military hospitals can then lead to a better understanding of the gap that temporary hospitals filled in later decades.

Military hospitals became a priority for the Ottoman state in the same way and at the same time that military medical education did. In 1827, chief physician Mustafa Behçet Efendi and Sultan Mahmud II were the driving force behind the establishment of Maltepe Military Hospital in the same way they spearheaded the institutionalization of Ottoman military medical education by founding the Imperial School of Medicine. Mustafa Behçet Efendi and Sultan

[333] Ibid. n.b. Taylor also noted the high impact of typhus on the French hospitals, mentioning that Jesuit priests from the British army had to provide "spiritual consolation" to the French Catholics at this time, since too many of the nuns and priests were either sick or dying of typhus. Taylor, and volunteer, *Eastern Hospitals*, 332.
[334] Chapter 3 examines both of these organizations in much greater detail.

Mahmud II took great care when choosing where to build the new military hospital, taking into account weather conditions and preexisting facilities.[335] Maltepe Military Hospital was not only built to serve anticipated needs but to fulfill immediate ones. At the time, the Tersâne-i Âmire, or Imperial Arsenal, had to accommodate sick soldiers even though it was not designed as a hospital facility. After some back and forth about possible options, Mustafa Behçet Efendi agreed that these sick soldiers could temporarily reside in Eyüp in Beyhan Sultan Palace while Maltepe Military Hospital was under construction. By the following year (1828), construction had already been completed, and the Ottoman state handed off keys to the hospital to the chief commander of the Ottoman Army, who would be allowed to move the sick soldiers to Maltepe Military Hospital as soon as Mustafa Behçet Efendi approved the transfer.[336] In 1832, Mehmed Satı Efendi became the director of the hospital, chosen from the Imperial School of Medicine for the position, an early example of the school fulfilling its intended ties to the military.[337]

Maltepe Military Hospital's capacity was substantial at the outset, with a six hundred bed capacity (it expanded in later decades to one thousand beds), and at different times served other purposes - as a school, barracks, and, in 1831, as a quarantine station. Some of physicians on staff in its early years were also professors at the Imperial School of Medicine, in this case Drs. Necmeddin Efendi and Mehmet Efendi.[338] Once physicians began to graduate from the school, some of those graduates would then be assigned to Maltepe and other military hospitals, subject to the sultan's approval.[339] The recently established Military Council[340] (1837) paid these graduates' salaries and provided them with clothing.[341] This distinguished Maltepe and other military hospitals from other types of hospitals whose funds came from other state reserves like the treasury, from individual or community donors, and/or from religious institutions.

As with the Imperial School of Medicine, the Ottoman state invited Germanophone physicians – this time, Drs. Lorenz Rigler and Eder from Austria – to inspect, reform, and even design multiple Ottoman military hospitals in Istanbul. Arriving on October 14th, 1842, Rigler and Eder began with Maltepe Military Hospital, using the Josephinian Military Academy of Surgery (est. 1784) in Vienna as their model.[342] They then participated in the planning of Haydarpaşa Military Hospital (est. 1846) and Gümüşsuyu Military Hospital[343] (est. 1849).

Though Istanbul was central to military medical reform as the home to military medical education and to the aforementioned military hospitals which treated soldiers in both wartime

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[335] BOA.HAT.594/29105.
[336] BOA.HAT.317/18668.
[337] BOA.HAT.469/22938.
[338] For more details on the establishment and administration of the hospital, including specifics about salaries and the number and recovery rate of patients see: İbrahim Başağaoğlu, "Maltepe Asker Hastanesi," *Türkiye Klinikleri Journal of Medical Ethics-Law and History* 11, no. 2 (2003): 108–115.
[339] An early example of this for Maltepe Military Hospital were Ömer Efendi and Nuri Efendi in 1844. Sultan Abdülmecid approved their appointment on July 7th, 1844 (though they had already begun working at the hospital in January), and their salaries were commensurate with their differing ranks, with Nuri Efendi, as a major, receiving 1,125 kuruş per month and Ömer Efendi receiving 750 kuruş per month.
BOA.I.Dh.88/4429 – A.
[340] In Ottoman Turkish, Dar-ı Şura-yı Askeri.
[341] BOA.I.Dh.88/4429 – A.
[342] Nuran Yıldırım, *A Tour of the History of Medicine in Istanbul: Taksim, Beyoğlu, Üsküdar*, trans. Ayşe Parman (Istanbul: Turkish Society of Clinical Microbiology and Infectious Diseases KLİMİK, 2008), 12.
[343] This hospital catered to artillery soldiers.

and peacetime, there was also an uptick in the construction of military hospitals throughout the Ottoman Empire in the mid-late nineteenth century, including islands such as Lesbos and Chios.[344] While generally military hospitals received their funding from the Ottoman state, in some cases, like that of the military hospital in Chios, private donors also contributed to construction costs as was standard for communal hospitals.[345] Often, these military hospitals were either built in conjunction with new military quarters like the ones in Podgoriça, Montenegro in 1868 or overtook existing military quarters permanently, rather than temporarily as during the Crimean War, as with the military hospital in Niş which expanded upon a preexisting fortress from 1859 to 1863.[346] Sometimes the state purchased buildings, like a mansion in Rusçuk, Bulgaria in 1863, to be converted into hospitals.[347] Cost was the most obvious and commonly cited motivator for converting existing buildings into hospitals rather than building them from scratch.[348] In other cases, buildings that were overtaken as "temporary" military hospitals, like a *rüşdiye* (state-run primary school) in Manastır[349] in 1888, were declared too important to the community for permanent conversion into hospitals.[350] There was not only an increased emphasis on military medicine in the nineteenth century, but also on permanent and temporary military hospitals.

Both technological innovations and evolving usage needs distinguished Ottoman temporary hospitals in the nineteenth century from equivalent facilities in prior centuries. With heightened population concentrations in urban areas and at camps and on battlefields in times of war, there was arguably a greater need for highly mobile, higher volume temporary hospitals. Thus, there was a greater demand for quick assembly and disassembly of medical aid structures on the battlefield, at major ports, and in major cities experiencing disease outbreaks.

Starting in 1882, the German company Christoph and Unmack became a key player in the field of temporary architecture. Many of their designs were used for military barracks and

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[344] Sultan Abdülaziz ordered the construction of a military hospital on the island of Lesbos (Mytilene) in 1864, at the cost of 17,372 kuruş (BOA.I.DH.527/ 36404), granting an additional 2,627.50 kuruş for supplementary construction costs in 1866 (BOA.I.MVL.547 / 24549-2). In 1870, by imperial edict, he then ordered that the inpatient ward at Sakız Fortress in Chios be converted into a military hospital at the cost of 7500 kuruş (BOA. İ.DH.624 /43381 -3).

[345] In 1870, by imperial edict, he then ordered that the inpatient ward at Sakız Fortress in Chios be converted into a military hospital at the cost of 7500 kuruş (BOA. İ.DH.624 /43381 -3). However, according to a telegram from the Mutasarrıf (provincial governor/administrator of the area) of Chios to the office of the Sultan, the hospital did not open until much later, with its inauguration ceremony on December 18th, 1890 (BOA.Y.PRK.UM.25/97). Another military hospital built around the same time which also solicited private funds – as well as building materials like timber and stone – from the surrounding community was the first military hospital in Skopje, which opened in 1883 with a 300 bed capacity (BOA.Y.PRK.MYD, 3/16-1).

[346] For the Sultan's edict on the construction of military quarters and a hospital in Podgoriça, Montenegro, see BOA.I.MMS.35 / 1452 – 7. For details on the construction of the military hospital in Niş, Serbia, see BOA.A.MKT.NZD 290/60 (1859), BOA.A.MKT.MVL.121/36 (1860), BOA.I.MVL.460 / 20745 – 2 (1862), and BOA. A.MKT.MHM.253 / 95 (1863).

[347] BOA.A.MKT.MHM.257 / 65-2.

[348]Correspondence surrounding the creation of living quarters and a hospital for cavalry units in Sarajevo explicitly cites cost as the reason for converting older buildings rather than constructing new ones. The Grand Vizier's office assessed initial costs for the necessary lodging, stables, and hospital for cavalry units in 1859 (BOA.A.MKT.MHM.162/99), acknowledged the financial constraints preventing the construction of new buildings for the project in 1861 (BOA.A.MKT.MVL.126 / 41), but then did not begin construction until 1868 (BOA.A.MKT.MHM, 426 /64).

[349] Today, Bitola, North Macedonia.

[350] BOA.MF.MKT. 74/47.

many others as "hut hospitals," both for the military and for civilian usage during disease outbreaks. A series of plans distributed by the German Red Cross in 1895 under the care of medical officer Dr. Henry Menger illustrates how the Christoph & Unmack hut hospitals worked.[351] These plans were for a hut hospital with the capacity of two hundred patients, composed of ten patient huts with a 20 person capacity each, as well as four economy huts[352], one operation hut, one kitchen hut, and a tramway connecting the different structures. The captions are in German, French, English, Russian, and Ottoman Turkish, indicating the intended audience for this product. Inside the patient huts were foldable patient beds and hospital stoves. The operations hut would include an area to conduct surgery and hold surgical tools, a pharmacy, and a reception area with a table and chairs. These newly designed hut hospitals served the same function as tent hospitals of prior centuries, but with higher patient capacity and newer technology. In 1907, Sultan Abdülhamid II authorized the purchase of twenty-eight of the aforementioned mobile hospitals designed by Christoph and Unmack to be used in Rumelia, with the caveat that the company would need to send more information about the types of mobile hospitals, the price, and their specifications before drawing up a contract. Hacı Akif Pasha, from the Ministry of Military Devices,[353] officially requested that the grand vizier move forward with the purchase.[354] However, the Serasker's Office (the office of the military) requested a sample product before ordering all twenty eight mobile hospitals, since was not the first time the Ottoman government had purchased mobile hospital equipment from Germany.[355] In an 1897 equipment purchase, the materials ended up in an army storage facility in the Fatih district of Istanbul since the components were too heavy to transport and install. Requesting a sample of this new model of a mobile hospital would ensure that these designs would serve their intended purpose and be truly mobile.

The Ottoman state was not solely reliant on foreign companies when constructing mobile hospitals at this time, however. From 1893 to 1897, the Ottoman Ministry of Internal Affairs[356] and Serasker Mehmed Rıza Pasha (1844-1920) corresponded with the office of Sultan Abdülhamid II to build four mobile military hospitals in Elassona, a town at the foot of Mount Olympus in what is today Greece. The process began in 1893 by sourcing timber locally to build a military hospital and barracks for soldiers.[357] In 1897, additional materials such as medical supplies and pharmaceuticals came by ship from Istanbul to Thessaloniki to stock a third and fourth military mobile hospital in Elassona.[358]

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[351] Transportabeles Baracken-Lazareth für 200 Kranke. Christoph & Unmack döckersche Baracken Fabrikation, 1895. Berlin State Library Archive.

[352] Wirthschafts-Baracken in German, this is a literal translation of a term that can have multiple applications. In this context, it is most likely being used in the sense of a military camp or a workshop. In later usage, the term also applied to concentration camps. Thanks to Dr. Sara Friedman for the consultation on the German context of this term.

[353] Techizat-I Askeriye Nezareti.

[354] BOA.BEO.3013 /225958 – 2.

[355] BOA.BEO.3013 /225958 -3.

[356] Dahiliye Nezareti

[357] This letter to the office of the Grand Vizier by the Ministry of Internal Affairs thanks Beratlı Iskender Bey - Brother of former Mutasarrıfı of Serbia Mehmed Ali Pasha – for providing the timber from his farm, and recommended an elevation in rank as a sign of gratitude from the state. BOA.DH.MKT.154/22.

[358] BOA.Y.MTV.152/113. A later telegram from Elassona's Commander Post (BOA.Y.PRK.ASK,127/77) to the office of the Sultan detailed the precise number of wounded soldiers that were being treated in Elassona (62 soldiers, 2 officers), Servia (15 soldiers), Amyntaio (23 soldiers), and Veria (157 soldiers), all towns in what is now Greece.

The military mobile hospitals at Elassona inspired a request for further expansion by Ottoman Brigadier General[359] and Head Chemist [Charles] Bonkowski Pasha (1841-1905). In a letter to the palace dated April 20th, 1897, Bonkowski expressed a need for ambulances to transport injured soldiers from the battlefield as well as additional mobile hospitals beyond those in Elassona.[360] The date of April 20th, 1897 is important since the short-lived Greco-Ottoman War had just begun at that point, lending a sense of urgency to Bonkowski Pasha's plea for mobile hospitals and additional supplies. Though not a physician, Bonkowski Pasha shared a similar profile to other prominent figures in Ottoman medicine at the time. He studied in both Istanbul and Paris, taught chemistry at the Imperial School of Medicine, and held a prominent role that gave him proximity to the sultan, in his case as Abdülhamid II's chief chemist. In addition to visiting frontline military hospitals, Bonkowski Pasha served as the Chief Inspector of Public Health/Hygiene on the Quarantine Council. This background is apparent in his report from the battlefield, in which he mentioned how they buried enemy corpses immediately to avoid the spread of disease.[361]

Though the technology surrounding mobile hospitals was geared mostly towards military usage, outbreaks of disease in peacetime remained a strong motivator for temporary hospitals. Diseases like leprosy, which also demanded isolation, often warranted more permanent facilities, with the first Ottoman leprosy hospital dating back to 1451 in Edirne.[362] Several of the major communal hospitals in Istanbul began as plague hospitals, while other isolation hospitals during major disease outbreaks would take over buildings such as schools and barracks as was customary during wartime.[363] With the introduction of new designs for hospitals in the mid to late nineteenth century, there were infectious diseases wards often integrated into larger general hospitals.

However, even in the late nineteenth and early twentieth centuries, both temporary and permanent disease-specific hospitals persisted, one example being the "Mavrokordato Hospital," a tuberculosis hospital funded by Istanbul banker Theodore Mavrokordato which opened in Istanbul in 1906.[364] Whether for victims of wars or epidemics, temporary hospitals were a key element of the Ottoman hospital system, since they filled gaps when demand for medical care far exceeded available facilities. In terms of state, communal, and intercommunal dynamics, military and isolation hospitals – both temporary and permanent – functioned distinctly from other types of hospitals. Muslims and non-Muslims worked at Ottoman military hospitals, and many of them graduated together from the same military medical school, the Imperial School of Medicine.

However, during major conflicts like the Crimean War in which the Ottoman army was fighting alongside foreign armies, the military hospital system grew exponentially more complicated with the added pressure of foreign soldiers needing care. This prompted the establishment or cooption of facilities for each state's soldiers to be treated separately. Isolation hospitals functioned a bit differently. While the Ottoman state determined where, when and how

[359] In Ottoman Turkish, Mirliva.
[360] BOA.Y.MTV, 154/158-1/2.
[361] Ibid.
[362] Edirne Cüzzamhanesi
[363] Arguably the ultimate isolation hospital was the quarantine hospital that took residence at Kız Kulesi, or Maiden's Tower, which rests off the coast of Üsküdar in the Bosphorus. Physicians treated and isolated patients there during 1831 cholera epidemic and the 1835-1838 plague epidemic.
[364] Kemal Özbay, *Türk Asker Hekimliği Tarihi ve Asker Hastaneleri* (Yörük Basimevi, 1976), 89.

to erect military hospitals, either for their own soldiers or for allied powers, isolation hospitals were not always created in the same way. Often, communities created these hospitals for themselves or as needed, ranging from guildsmen to religious institutions to private donors which would sponsor the erection of either temporary or long-term medical care facilities during epidemics. However, based on the persistent issues of contagion in military barracks and fields hospitals, concerns about preventing the spread of disease and isolating the patients from society were a common thread between both hospital types.

III. Communal Hospitals

As stated previously, the hospital in general, and the communal hospital specifically, is not an invention of the nineteenth century. In some cases, hospitals founded before the Ottoman empire's establishment continued to operate in the Ottoman period. For example, Armenian Queen Zabel[365] (1219-1252) established many hospitals and leper houses in Armenian Cilicia during her reign, with the most notable being a hospital in Kozan[366] in Adana in 1241. This particular hospital, as well as other Armenian hospitals of the period, shared many commonalities with Islamic hospitals of the time, including a dedication to water therapy to cure diseases.[367] The hospital in Kozan, which treated both male and female patients and provided surgical as well as non-surgical interventions, continued to operate after the collapse of Armenian Cilicia well into the Ottoman period until an earthquake destroyed it in 1642.[368]

In 1206,[369] a Seljuk hospital dedicated to Gevher Nesibe opened in Kayseri, based upon her final wishes expressed whilst dying of tuberculosis.[370] This hospital,[371] which also include a medical educational complex built between 1210 and 1214,[372] continued to serve indigent patients and train physicians well into the Ottoman period, closing only in 1820, a mere few years before the military medical academy opened in Istanbul.[373] Gevher Nesibe's nephew, Seljuk Sultan Kayqubad I (r. 1220-1237) also built many hospitals during his reign, some of which were also used in later periods. These Armenian and Islamic hospitals, which were operating in similar ways side by side, are in many ways the predecessors of the Ottoman communal hospital system.

Before delving into the different ways each community's hospitals developed in Istanbul in more detail, it is important to establish a few key factors integral to labeling an Ottoman hospital a "communal hospital." The first is funding. Though each subsection will elaborate upon community and hospital-specific details, communal hospitals all had a financial and

[365] Often anglicized as Isabel or Isabella
[366] Also known as Sis
[367] Arsen Yarman, *Osmanlı sağlık hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi tarihi* (İstanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001), 129.
[368] Ibid.
[369] Hospital construction began in 1204.
[370] According to lore, Gevher Nesibe's death was due to unfulfilled love, whereby her brother, Sultan Kaykhusraw I, forbade her marriage to her beloved, a cavalry officer, and indeed sent him to die in battle. This legend places the blame for her death on her grief, and Sultan Kaykhusraw I's eagerness to fulfill her dying wishes for a hospital for the poor is attributed to his guilt.
[371] The building has been converted into a medical history museum.
[372] Another brother of Gevher Nesibe's - Izzeddin Keykaus - was actually the one to add the medical educational structures.
[373] Yarman, *Osmanli*, 141.

administration relationship to communal – usually religious – institutions. The degree of influence those institutions had on the hospitals varied case by case, but that involvement distinguished these hospitals from other types. Generally, that funding also included contributions from one or a few passionate donors or community fundraising of smaller donations. Even in cases like Gureba Hospital and other Islamic hospitals which members of the Ottoman dynasty sponsored, that still constitutes a donor of sorts, albeit a donor more deeply embedded in Ottoman state power than most.[374] Many of them sustained necessary funds by a combination of endowments, donations, and state subsidies.

The second is *intended* patient population. Communal hospitals catered to the communities with which they identified, whether that be Ottoman Greek, Armenian, Jewish or Muslim subjects. Even if the hospitals accepted patients from other groups, the community-specific intent made these hospitals communal hospitals. The third is staffing and administration – as the upcoming subsections will show, communal hospitals did not necessarily employ members of that community exclusively. However, the director of the hospital and important administrative figures shared a dedication to the mission of the hospital to serve a specific community, a mission that sometimes included additional national, political or religious dimensions and aspirations.

a) Armenian Communal Hospitals: The Legacy of Surp Pırgıç

Differences in sect between Armenian Orthodox Christians, Armenian Catholics, and Armenian Protestants, among others, complicate the category of Armenian communal hospitals. This section does not include Armenian Protestant hospitals because the section on foreign hospitals addresses Protestant hospitals in the Ottoman empire. However, this section begins with a brief look at an Armenian Catholic Hospital before delving into the history of Armenian communal hospitals in Istanbul, with a particular focus on Surp Pırgiç Armenian Hospital[375] and what its history can reveal about Ottoman communal hospitals more broadly.

Surp Agop Hospital, which opened in 1836, was the premier Armenian Catholic hospital of Istanbul. Like other communal hospitals, the impetus for building the hospital was to serve the poor of the community, and the idea came from a figure in the community, in this case Kirkor Kılıçyan. The Armenian Catholic community of Istanbul received permission to build the hospital through a ferman issued by Mahmud II. The project had some personal ties to the palace, since the physician in charge, Dr. Doğramacıyan, had saved Mahmud II's son's life, earning himself a ferman rendering him exempt from paying taxes.[376] Doğramacıyan was also a priest, tying the hospital's establishment even more obviously to the church.[377] Due to a cholera

[374] The phrase "members of the Ottoman dynasty" is not meant to be inclusive of the sultan himself, but rather other members of his family like his mother or his wife, like in the case of Gureba hospital which comes later in this chapter. Hospitals like Hamidiye hospital – also addressed later in this chapter – I will argue are different, in part but not entirely because of the direct sponsorship by the sultan itself.

[375] In sources, this hospital often appears as Yedikule hospital, Yedikule Armenian Hospital, or Yedikule Surp Pırgiç Armenian Hospital because it is in the Yedikule neighborhood of Istanbul. However, since there are other Ottoman hospitals which go by the shorthand Yedikule hospital, I am electing to leave out the word Yedikule in titling this hospital in English to avoid confusion with other hospitals.

[376] Yarman, *Osmanlı*, 376.

[377] Nuran Yıldırım, *A History of Healthcare in Istanbul: Health Organizations, Epidemics, Infections and Disease Control, Preventive Health Institutions, Hospitals, Medical Education / Nuran Yıldırım ; [Translated by M. İnanç Özekmekçi ; Translation Editor, Rainer Brömer]* (Istanbul: İstanbul Üniversitesi, 2010), 181.

outbreak, Surp Agop Hospital began initially as a temporary tent hospital. After the epidemic abated, from 1836 to 1838 they erected a permanent version of the hospital.[378]

The timing of Surp Agop Hospital's founding fortifies an argument for the importance of communal hospitals not just to the patients they served but also to the religious institutions to which they were attached. Though the Armenian Catholic church established itself as a separate entity both from other Catholic churches and from the Armenian Orthodox Church in the mid eighteenth century, Mahmud II did not recognize Armenian Catholics as a separate millet until 1830.[379] A year later, the Armenian Catholic community had already procured a ferman from the Sultan to build a hospital. Official recognition by the state of the Armenian Catholic millet provided them with a more direct, official line to the sultan through which to request fermans for their community to build new structures. The prioritization of establishing their own hospital, distinguishing them from the Armenian Orthodox millet, shows how important these institutions were to their respective communities.

Though Surp Agop was the first Armenian Catholic hospital in Istanbul, it was not the first Armenian hospital. Two Armenian hospitals built in the seventeenth century survived well into the nineteenth century: Narlıkapı Hospital, which was attached to Narlıkapı Surp Ohannes Church, and Beyoğlu Hospital, which was attached to Beyoğlu Surp Harutyan Church.[380] However, Artin Amira Bezciyan (1771-1834), a prominent Armenian silk merchant and advisor to Sultan Mahmud II, believed that the city needed another Armenian hospital. Although not a physician, Bezciyan had a lot in common with chief physician Mustafa Behçet Efendi (1774-1834).[381] Their lifespans were almost identical, both had visions for the medical needs of the empire – for Bezciyan, an Armenian hospital and for Mustafa Behçet Efendi an imperial military medical academy. Both, unfortunately, did not live long enough to see the full success of the institutions they founded, and both were able to achieve their goals through close, trusting relationships with Sultan Mahmud II.

It was thanks in large part to Bezciyan that Surp Pırgiç Armenian Hospital was built and became the preeminent Armenian hospital in Istanbul. A committee of prominent, invested Armenians – several of whom held high positions in the Ottoman Navy - decided upon the location for the new hospital, eschewing more convenient options for more distant Yedikule in order to avoid disease outbreaks. Ironically, the Greek community would later establish a hospital adjacent to the Armenian one, but at the time Yedikule seemed an apt spot for the new hospital especially since Armenian Ohannes Amira volunteered his garden as the land plot upon which to build it.[382] Due in part to Bezciyan's close relationship to the sultan, Sultan Mahmud II easily approved the construction of the hospital. Patriarch Stephanos Ağavni likewise approved, and architect Garabed Amira Balyan lead the hospital's construction effort which began in 1832, with the hospital opening in 1834.[383]

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[378] Ibid.
[379] İhsan Satış, "Osmanlı Devleti'nde Ermeni Katolik Cemaatine Dair Âli Paşa ve Kastro Bey'in Lâyihaları." *Gazi Akademik Bakış* 9, no. 18 (2016): 255.
[380] Özbay, *Türk Asker*, 115.
[381] For a more detailed analysis of Mustafa Behçet Efendi's life, career, and impact on Ottoman medical professionalization see Chapter 1.
[382] Yarman, *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi Tarihi*, 452.
[383] Ibid, 455.

After the hospital opened, the Armenian hospitals in Galata transferred their patients to the new hospital in Yedikule, making it the primary Armenian hospital of Istanbul. Some of the patriarchate's financial concerns with the hospital required collaboration with the Ottoman state. For example, when the hospital first opened, the Armenian patriarch requested that unclaimed inheritances of patients who died in the hospital, such as orphans and homeless people, be left to the hospital as donations, and Mahmud II approved this policy via ferman. Likewise, the patriarchate expressed concern about state officials or police officers disturbing patients in the hospital by haranguing them to pay their debts, and requested that the central state soften and streamline this process by vetting creditors through the patriarchate first and having an Ottoman official solicit the specific debtor directly on behalf of the creditor, rather than allowing creditors to roam the hospital searching for debtors and disturbing patients.[384] These agreements with the Ottoman state, along with others, suggested a relatively harmonious relationship between the patriarchate and the Ottoman state in regards to Armenian communal healthcare.

b) Doctors without Hospitals: The Story of Jewish Communal Hospitals in Istanbul

Unlike the Armenians, Greek Orthodox Christians, and Muslims of Istanbul, the Jewish community struggled to establish its own communal hospital. This is not to say that there was a lack of Jewish physicians in the city. Several of the graduates of the Imperial School of Medicine in Istanbul were Ottoman Jewish subjects from throughout the empire, particularly from Thessaloniki and Istanbul. Many other Jewish physicians received their education abroad in France, Italy, and other parts of Europe and then returned to Istanbul to practice. Jewish physicians in Istanbul practiced at their own clinics and patients' homes, served as personal physicians to Ottoman sultans and their families, and worked at military hospitals, plague hospitals, and occasionally other communal and foreign hospitals.

However, the first Jewish communal hospital of Istanbul – Or Ahayim – did not open until 1898, markedly later than its Armenian, Greek, and Muslim equivalents. Thessaloniki, which was nearly half Jewish in the late Ottoman period, established its first Jewish hospital a bit earlier than Istanbul when Hessen Olem opened in 1856, though there is little documentation of its operations and how extensive they were.[385] While Ottoman Jewish politicians spurred Hessen Olem's construction, half a century later it was Jewish physicians in Thessaloniki who advocated for the creation of Hirsch hospital, an updated communal hospital for the city's Jewish community. Clara de Hirsch (1833-1899) funded much of the hospital as well as gave it her name, a woman who alongside her husband Maurice de Hirsch (1831-1896) engaged in many philanthropic efforts for Jewish populations around the world.[386]

Outside of these hospitals, pharmacies in Thessaloniki filled gaps in providing medical treatment to poor Jewish residents, though not without controversy. As late as the 1880s, Jewish pharmacies suffered criticism for employing pharmacists who did not have official credentials. An article in Greek-language newspaper "The Lighthouse of Thessaloniki" argued that wealthy Jewish residents received higher quality medical care from physicians with diplomas while the

[384] Ibid, 464–466.
[385] Ρένα Μόλχο, *Οι Εβραίοι της Θεσσαλονίκης 1856-1919: Μια ιδιαίτερη κοινότητα* (Αθήνα: Εκδόσεις Πατάκη, 2001), 82.
[386] Αλέξανδρος Γαρύφαλλος, Παρασκευάς Σαββαΐδης, and Δημήτριος Ν.. Χριστοδούλου. *Οι υγειονομικές υπηρεσίες στο Μακεδονικό μέτωπο* (University Studio Press, 2015), 66.

poor of the city only had access to untrained pharmacists.[387] In the late nineteenth century, Bikur Cholim[388] pharmacy's work became prominent enough that Dr. Moïse[389] Allatini (1809-1882) mentioned the services it provided for poor patients in his yearly summaries on "Israelite" (as in the *Alliance Israelite,* not in an "Israel" itself) institutions in Thessaloniki.[390]

Dr. Allatini was a key figure in the life of the city, from a prominent and wealthy Sephardic Jewish family which immigrated from Livorno to Thessaloniki. Unsurprisingly, Dr. Allatini studied in Italy, first in Livorno and then at Florence and Pisa, where he finally received his medical degree. However, despite his training, Dr. Allatini ended up taking over the family business after his father's death in 1834, eschewing a medical career for a mercantile one. However, his medical training as well as his background factored into some of his philanthropic efforts, particularly in his role funding the Italian hospital of Thessaloniki that opened in 1894.[391] Dr. Allatini proves to be an example of how the categories of "communal" and foreign were not always neatly separated, since he was involved in both the "foreign" Italian presence in Thessaloniki and in Jewish communal institutions.

In contrast to Thessaloniki, why did it take so long to build a communal hospital for the Jewish community of Istanbul? What were the consequences of that delay, and how did the Jewish communal hospital of Istanbul function once it did finally open? The most obvious answer is that, as previously mentioned, the Jewish community of Thessaloniki was in the majority whereas in Istanbul the community was much smaller in proportion to the population of the whole city. However, there were arguably more highly trained Jewish physicians in Istanbul earlier than in Thessaloniki, since Jewish physicians had been prominent players in palace medicine for centuries.[392] Likewise, after the establishment of the Imperial School of Medicine, many of the Jewish graduates remained in Istanbul after completing their degrees, entering private practice or working at other hospitals. Funding concerns were another factor, and there were multiple failed attempts by the Jewish community to establish a Jewish communal hospital in the city.

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[387] In Greek, "Ο Φάρος της Θεσσαλονίκης," published from 1874 to 1912. This article is from September 17, 1881, see: Γεράσιμος Πεντόγαλος, *Ιατροί Θεσσαλονίκης: 1800-1912* (University Studio Press, 2011), 95.

[388] Alternative spellings in sources: Bikour Cholim, Bikur Holim, Bikour Holim. The name is of Hebrew origin, referring to the religious duty in Judaism to help the sick. According to Dr. Meir Joel's memoir, the pharmacy was on Sabri Pasha street (today, Venizelos). Yoel et al., *The Memoirs*, 52.

[389] Alternates: Moshe, Moses

[390] The original French title of these yearly reports was: *"Compte Rendu du Dr. M. Allatini: Sur les institutions Israelites de Thessaloniki."* The printing press of the journal *L'Epoque* – a Jewish journal published in French in Thessaloniki – published these reports. Bikur Cholim is mentioned in each yearly report from 1878 to 1889, in copies stored in Artistotle University's archive in Thessaloniki.

[391] Επαμεινώνδας Γιάννης, and Ιωάννης Δ. Στεφανίδης, *Η Δύση της Ανατολής, Θεσσαλονίκη 1870-1912* (Athens: Μορφωτικό Ίδρυμα Εθνικής Τραπέζης, 2012), 144.
Designed by architect Pierro Arrigoni, this hospital served the Italian community of Thessaloniki starting in 1894, and transitioned into use as a general hospital until 1945. Pierro Arrigoni was also the architect for Hirsch Hospital. Members of the Allatini family who settled in London also donated funds to the Italian Hospital of London in 1902, along with donations to other institutions and charitable causes.

[392] There were some Jewish doctors in Thessaloniki with university degrees in medicine in the 18th century like Isaac Silva or Emmanuel Calvo, but until the mid-nineteenth century non-university trained Jewish physicians outnumbered those with diplomas in Thessaloniki. Not all of the Jewish physicians in Istanbul had university degrees either, but many of them did study at universities in Europe – largely in Italy - and brought that perspective with them to their work as palace physicians from the sixteenth century onward. For examples like the Hamon family, see Chapter 1.

The absence of such an institution in both Istanbul and Izmir was noticeable even to those outside of the community. Anglican missionary Mr. Leeves of the London Jews Society,[393] for example, saw this gap as an opportunity, creating a health center for poor Jewish residents of Izmir in 1832, and in 1843 the Jewish community in Izmir established their own Jewish hospital. Istanbul, like Thessaloniki, did have Rofe Cholim and Bikur Holim in the eighteenth century which provided medical services to poor Jewish patients. Yet no hospital was built, despite a ferman in 1785 granting permission for one in Arnavutköy.[394] In terms of official attempts in Istanbul, the Quarantine Council, right after its founding in 1838, pushed for each *millet* to have its own hospital, with the Jewish community being a priority since they did not yet have one. Sultan Mahmud II ordered that a Jewish hospital be built in the largely Jewish neighborhood of Hasköy in September of 1838, but it never was.[395]

During the doomed planning of the hospital in Hasköy, clashing perspectives of the state apparatus and Jewish residents of Istanbul emerged. While the state wanted to build only one hospital for the entire Jewish community, there were Jewish residents in Istanbul with ties to European states who wanted their own separate hospital. This competing desire, left unfulfilled, points to the complexity of firmly separating the categories of "communal" and "foreign" hospitals. Even though the state saw these Jewish residents as "foreigners," their Jewishness set them apart from two sets of "countrymen" – Ottoman Jewish subjects and Christian foreigners from France, Germany, and other states.

Sultan Abdülmecid would make a second attempt, approving the establishment of an Istanbul Jewish hospital via ferman on March 12th, 1857. However, this also did not translate into the construction and opening of a hospital.[396] It took a group of Jewish physicians who formed a committee in 1880 to fund the building of a Jewish hospital in the neighborhood of Balat and finally succeed. The committee presented a proposal to Sultan Abdülhamid II, who then approved the construction of Or-Ahayim Hospital on February 18th, 1896, markedly later than the key hospitals for the Armenian, Greek, and Muslim communities of the city.

Dr. Rafael Dalmedico (1848-1927),[397] a captain[398] in the Ottoman army, graduate of the Imperial School of Medicine, and a practicing Jewish physician in Istanbul, led the group of physicians who brought Or-Ahayim hospital to fruition. Starting in 1884, he began to visit homes of the Jewish poor to treat their ailments, founding a dispensary in 1885 called Or-Ahayim to

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[393] "The London Society for Promoting Christianity Among the Jews" was the official name of the organization, which is now known as the Church's Ministry among Jewish People, but the London Jews Society is the more commonly used name for it in the nineteenth century. Established in London in1808, this society focused on converting economically disenfranchised Jewish people to Christianity, and Izmir was not the only place where they used medical care as a tool to bring in potential converts – a strategy used by other missionary groups as well as addressed later in this chapter. In the 1830s, the society sent a physician and a pharmacist to Jerusalem to open a clinic like the one in Izmir, which then became a small hospital in the 1840s. For more on this topic, see: Yaron Perry, and Efraim Lev, "The Medical Activities of the London Jews' Society in Nineteenth-Century Palestine," *Medical history* 47, no. 1 (2003): 67–88.

[394] Apalaçi, *Or-Ahayim*, 86–87.

[395] Ibid, 32–33.

[396] Abraham Galanté, *Histoire Des Juifs D'istanbul Depuis La Prise De Cette Ville, En 1453*. Vol. 2 (Istanbul: Imprimerie Hüsnütabiat, 1941-1942), 75.

[397] Alternate: Delmedico

[398] In Ottoman Turkish, his rank was that of *Yüzbaşı,* i.e. someone charged with one hundred men and one of the most common ranks for physicians graduating from the Imperial School of Medicine as military physicians.

serve this purpose, which would then become the basis for building the full hospital of the same name.[399]

Like the Greek and Armenian communal hospitals, Or-Ahayim relied on donations from wealthy members of their confessional community, both within the empire and outside of it, including Baron von Hirsch who also funded the Jewish hospital in Thessaloniki. Most of the physicians involved alongside Dr. Dalmedico were fellow alumni of the Imperial School of Medicine who had or were still pursuing military medical careers. Both Dalmedico and Dr. Abraham de Castro (1829-1918) – the latter of whom supervised the construction of Or-Ahayim as part of his role as a founding committee member – began their medical careers at Maltepe Military Hospital.

Dr. Abraham de Castro came from a family of physicians and spent the majority of his career (1864-1908) working at Süleymaniye Bimarhanesi (later Toptaşı Bimarhanesi), the main, state-run psychiatric hospital of Istanbul as well as the Tanzimat-era successor to the previously prominent Süleymaniye dârüşşifâ.[400] Committee member Dr. Isidore Pasha Greiver (1863-1938), after graduating from the Imperial School of Medicine, held positions in multiple pockets of the Ottoman medical landscape, teaching at Imperial School of Medicine and working as a surgeon at Istanbul's Italian Hospital, at the palace for Sultan Abdülhamid II, and at Haseki Hospital.[401] Two of the physicians on the committee – Dr. Isaac Pasha Molho (1839-1919) and Dr. Elias Pasha Cohen (b. 1851) – rose up the ranks of the Ottoman navy to become Vice Admirals after graduating from the Imperial School of Medicine in the 1860s.[402] In 1888, around the time of his involvement in Or-Ahayim, Molho became the sanitary inspector for the navy as well as a member of a War Ministry commission which sought to regulate military physicians and pharmacists.[403]

The common educational background of these physicians speaks not only to the centrality of the Imperial School of Medicine in Ottoman medical professionalization but also the ways in which Jewish graduates, like their peers from other communities, balanced an investment in the health and success of their own communities with careers serving the state. It also serves as an example of communal ties within professions. These physicians overlapped often in the educational and professional lives, and then united for a common cause, namely finally establishing a Jewish communal hospital. When Or-Ahayim finally opened in the late nineteenth century, it did so due in part to Jewish physicians utilizing their professional and social capital as *Ottoman* physicians, as well as older methods of fundraising and obtaining state approval. Rather than an "exception" to the story of communal hospital in Istanbul due to its late establishment, Or-Ahayim was instead a result of Ottoman physicians securing a more stable hold on medico-

[399] Özbay, *Türk Asker*, 110.
[400] Faith Artvinli, "Toptaşı bimarhanesi sertabibi Dr. Avram de Castro: bir biyo-bibliyografi," *Osmanlı Bilimi Araştırmaları* 13, no. 2 (2012): 85–86. Dr. Jacques de Castro, mentioned in Chapter 3 of this dissertation in relation to his participation in assessing Sultan Abdülaziz's cause of death, was a member of the same family, and likewise had a military medical career, serving as head physician at Haydarpaşa Military hospital. However, Dr. Jacques de Castro died in 1876, well before this committee to establish Or-Ahayim hospital assembled.
[401] Dr. Griever also specialized in surgery in Paris after completing his initial medical degree in Istanbul, following the pattern of many Ottoman physicians of his time, before returning to Istanbul to practice. Unlike most of the other physicians on the committee, Dr. Greiver came from an Ashkenazi, not Sephardic, family.
[402] Abraham Galanté, *Médecins Juifs au Service de la Turquie* (Istanbul: Imprimerie Babok, 1938).
[403] Ibid.

political power and maintaining sufficient ties to their communities to support the construction and operation of such a hospital.

Like other communal hospitals, Or-Ahayim needed to secure reliable funds to run smoothly and have sufficient resources to pay staff and treat patients, particularly those from impoverished backgrounds. Like its Armenian and Greek equivalents, Or-Ahayim relied on the support of its religious authority, in this case the Chief Rabbinate.[404] The chief rabbi led the Jewish community and served as its interlocutor to the Ottoman state starting just after the conquest of Constantinople. Though states which preceded the Ottoman Empire had equivalent roles to deal with taxation and other administrative tasks for their Jewish subjects, Judaism is a non-hierarchical religion. This means that there were theological limits to the roles that these figures played, in contrast with Armenian and Greek religious structures. This is arguably a factor as to why, despite the existence of the post since Sultan Mehmed II's reign in the mid-fifteenth century, the role of chief rabbi did not become a legal office until 1835, lagging behind the legal status of the Armenian and Greek Orthodox Patriarchates.[405] While the Armenian and Greek Orthodox patriarchates could lead their religious communities via a complex hierarchical structure and then represent their people to the Ottoman government, there was a dissonance for Ottoman Jewish communities between the role of representative and leader that the chief rabbi should take, with the former being easier to accept than the latter. To cope with this authority issue, for the first few decades after 1835, the position was a bifurcated one, in which the chief rabbi took on the role as representative and a *rav akolel*[406] would serve as the community's spiritual leader. Eventually, however, the chief rabbi earned the community's respect and was able to take on full secular and spiritual duties.

Despite its initial reticence towards adopting a religious hierarchical structure that would interface with the state, the Jewish community finally pushed for the legalization of this post via *berat*. The benefits of having a way to access the state directly with their concerns through the chief rabbi were the main motivation behind this push. The chief rabbi in Istanbul was the ultimate leader of all Ottoman Jewish subjects, but there were also chief rabbis of other major cities in the Ottoman empire, such as Thessaloniki, Izmir, and Jerusalem.[407] In addition to their roles advocating for their communities to the central state, the chief rabbis also invested in the communities they represented. Rabbi Jacob Meir (1856-1939), for example, was involved in founding a Jewish hospital in Jerusalem, and served there first as a chief rabbi before later being elected to the same post in Thessaloniki.[408]

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[404] In Turkish, Hahambaşılık. For the person, the chief rabbi, the term is hahambaşı.

[405] İsmail Aydingün, and Esra Dardağan, "Rethinking the Jewish communal apartment in the Ottoman communal building," *Middle Eastern Studies* 42, no. 2 (2006): 321. This article further explores competing historical arguments as to the power and nature of the chief rabbi position in the Ottoman empire and how that changed over the centuries.

[406] From Hebrew, this word basically translates into the same phrase as chief rabbi, roughly "rabbi" or "master" of the collective/community. *Akolel* is often transcribed as *hakolell* or *hakolel* in latin script. Thus, the two positions virtually had the same definition, except one used an Ottoman Turkish phrase and the other a Hebrew one. I argue that this linguistic differentation mirrored the split roles.

[407] Devin E Naar, *Jewish Salonica: Between the Ottoman Empire and Modern Greece* (Redwood City: Stanford University Press, 2020), 92. Other cities which gained their own official chief rabbis in the nineteenth century were Bursa, Edirne, Sofia, Sarajevo, Baghdad, and Tripoli

[408] Ibid, 97–98. Jacob Covo, who served as chief rabbi of Thessaloniki from 1887 to 1907, was friends with Meir and supported his candidacy as chief rabbi. Covo was more interested in Jewish education, supporting and

Since the structure of the chief rabbinate was not as rigid and extensive as that of the Greek Orthodox and Armenian patriarchates, its control over communal hospitals like Or-Ahayim was not as extensive as in the Greek and Armenian cases. However, like these other religious institutions, the chief rabbinate did value the role of the hospital in its community, and chief rabbis of Istanbul did vocalize their support for Or-Ahayim and get involved in their own ways. Chief Rabbi Moshe Halevi[409] (1827-1910), who held the post from 1872 to 1908, was in office during the entirety of Or-Ahayim's establishment, and brough Jewish students from the Imperial School of Medicine to the hospital's construction site.[410] This gesture not only demonstrated the Chief Rabbinate's excitement about the Jewish hospital being built, but also the chief rabbi's expectations that these young, Jewish medical students being trained by the state to serve the state would support the hospital after it opened, either by working there themselves or by supporting in an administrative or financial capacity as many Ottoman Jewish military doctors already were. Chief Rabbi Haïm Effendi Nahum (1872-1960) held the post immediately after Halevi until 1920 before moving to Egypt to serve as the chief rabbi there from 1925 until his death. While in Istanbul, he encouraged charitable work geared towards supporting the now-operational hospital, offering to host meetings to plan fundraisers.[411] Starting in 1865, the chief rabbinate also had a corporal assembly[412] which dealt with secular matters like taxation and potential internal financial mismanagement. Though this committee did not directly manage the hospital, making Or-Ahayim less directly impacted by the rabbinate than Balıklı Hospital was by the Patriarchate, there was overlap at times. Dr. Molho served both as Chairman of the corporal assembly and of the hospital's managing committee.[413] While lagging behind its Armenian and Greek counterparts in gaining a hospital, the Jewish community adopted the same communal hospital model with minor differences. Likewise, Jewish physicians were similarly committed to serving the poor of their communities through a communal hospital model while maintaining sway in state institutions.

c) Balıklı Greek Hospital:[414] Church, State, and a Community In Between

Communal hospitals were a key sector of the Ottoman medical landscape. Demographics of patient populations and staff, manner of administration, funding, and relationships to governmental and religious authorities were all factors that marked communal hospitals in their own distinguishable category. Balıklı Greek Hospital is an apt case study for understanding the constellation of attributes that made a hospital "communal," and in what ways those characteristics did and did not change alongside other socio-political and medical changes in the nineteenth century. Balıklı Greek Hospital's longevity – it was founded long before medical

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establishing local Jewish schools and also, unlike some of his predecessors, vocalized his endorsement of the Alliance Israelite.

[409] Alternate version of his name: Moses Levi.

[410] Apalaçi, *Or-Ahayim Hospital*, 85.

[411] Association des anciens élèves de l'Alliance israélite universelle. *Bulletin De L'Amicale Constantinople.* (Constantinople: Fratelli Haïm, September 1913, Volume 4), 57. For other aspects of this particular fundraiser, see Chapter 3.

[412] In Ottoman Turkish, Meclis-i Cismani. The same 1865 regulation which created the meclis-i cismani also established a smaller"Meclis-I Ruhani," or "Spiritual Assembly," again to balance secular and religious concerns.

[413] Apalaçi, *Or-Ahayim Hospital*, 81.

[414] Greek names for the hospital included: Ελληνικό Νοσοκομείο του Βαλουκλή, Εθνικο Νοσοκομειο των Ορθοδοξων, Γραικικο Νοσοκομειο των Επτα Πυργων, του Επταπυργιου, των επτα Γουλαδων, του Βαλουκλη, and Εθνικα Φιλανθρωπικα Καταστηματα ΄Ε.Φ.Κ.᾽ This dissertation refers to it as Balıklı Greek Hospital, or Balıklı for ease of understanding and its closeness to the hospital's current name and its name in Turkish.

reforms began in the nineteenth century and is still in use today – allows for a study that covers the full extent of changes that the Tanzimat wrought on the Ottoman communal hospital system, as well as factors that remained constant.

Balıklı hospital's predecessor, Büyük Balıklı Han, opened in the year of Istanbul's conquest by Sultan Mehmed II in 1453, and was used as a hospital until 1753. However, in 1745, the hospital transferred its patients with epidemic diseases such as cholera to a new, separate location in Yedikule, with the remainder of the hospital's personnel following suit in 1753. In 1762, Büyük Balıklı Han moved to yet another location in Galata, rebranding itself as the Hospital of Sailors, while the hospital in Yedikule continued to function as a plague hospital.[415] However, the wooden building which housed the Hospital of Sailors burned down, and the fundraising and rebuilding process meant that it did not reopen until December of 1814. The funding for rebuilding the hospital mirrored that of other communal hospitals, namely a combination of governmental influence, support from the community's religious authority, and funds from the community. In this hospital's case, the Greek community of Galata contributed funds to the rebuilding, and the Greek Orthodox Patriarch endorsed the project.

Iakovos Argiropoulos[416] (1774-1850), also known as Yakovaki Efendi, a translator for the Ottoman central state, supported the rebuild. Yakovaki Efendi also had ties to the seafaring roots of this hospital. Before receiving a post as a translator for the "Sublime Porte," or Ottoman central government, in 1809 he was the chief interpreter for the navy yard. This position was not merely linguistic: a post typically held by Phanariots, it was highly paid and included work as a liaison for the navy as well as input on shipbuilding and other naval operations. It was common for Phanariots in this post to engage in philanthropic as well as diplomatic efforts within their communities, and to rise into higher levels of Ottoman administration as Yakovaki Efendi did. Thus, his involvement was important both to the approval and financing of the hospital and matched larger patterns of Phanariot philanthropy as well as of communal hospital funding strategies. However, by 1839, the Hospital of Sailors closed (though the property remained within the Greek community of Istanbul) and its patients moved to Yedikule, adjacent to Surp Pırgiç Armenian Hospital, and both hospitals remain in this location and are still operating today.

The new Balıklı Hospital replaced but did not overtake the existing Greek plague hospital in Yedikule, often referred to as "Panoliko" based on the Greek word for plague, "πανώλη." Due to preexisting concerns about Panoliko's proximity to the road, the building was demolished in 1837 and the hospital was rebuilt two hundred meters away, with funds largely gathered from Greek tradesmen's guilds as well as the patriarchate and individual donors.[417] However, the rebuilt hospital, upon opening in 1839, took in the patients from the Hospital of Sailors and shifted into a general hospital for the Greek Orthodox Community rather than as a plague

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[415] In Greek: Το Σπιτάλιο των Γεμιτζηδων. The Galata location used the word "γεμιτζής" in its title, a hellenization of the Turkish word "gemici," rather than ναύτης (from which words like nautical originate) or another Greek-origin word for sailor. Georgios Stavrakis helmed the effort to establish the initial Hospital of Sailors in 1762. In 1780, the patriarchate endorsed the established of yet another Greek hospital in Stavrodromi (a section of the city between Galata and Şişli), which like the hospital in Yedikule was primary concerned with the plague and other diseases requiring isolation. The Hospital of Sailors, on the other hand, operated as a general hospital and not as a plague hospital.

[416] Greek: Ιάκωβος Αργυρόπουλος

[417] Nuran Yıldırım, *14. Yüzyıldan Cumhuriyet'e Hastalıklar, Hastaneler, Kurumlar : Sağlık Tarihi Yazıları* (İstanbul: Tarih Vakfı Yurt Yayınları, 2014), 314.

hospital. The opening of this new hospital building in 1839 marked a new era for medical care for the Greek Orthodox community of Istanbul, and examining its management in the subsequent decades reveals much about the relationship between the patriarchate and the Ottoman central state and the influence physicians at communal hospitals such as Balıklı had on this relationship.

When it opened in 1839, Dr. Piniatelis, who had been working at the Hospital of Sailors in Galata, transferred to Balıklı to serve as its chief doctor. Dr. Alexandros Paspatis joined the staff in 1840 as a physician, and after consulting highly respected Greek doctors like Stephanos and Constantine Caratheodory and Sarantis Archigenis for their endorsement, in 1846 the committee which managed the hospital appointed Dr. Alexandros Valvis[418] to replace Piniatelis as chief physician, though Piniatelis remained on staff until 1851. As chief physician, Dr. Valvis established separate departments for internal medicine and surgery as well as separate sections of the hospital for different patient demographics like women, orphans, and the elderly.[419] In 1862, the Greek Orthodox Patriarch took over the responsibility of electing the hospital board of trustees, establishing a "permanent board" on June 12th, 1862 to organize the hospital's medical care. Though many of the trustees were not physicians and secured their places on the board due to their prominence within the Greek community of Istanbul, three Ottoman Greek doctors – Alexandros Paspatis, Mavrogenis Pasha, and Xenophon Zographos – made their way onto this committee. In many ways, this committee served as a microcosm for the medical policies of the Ottoman central state, propogating internal regulations for the hospital which covered issues like the admission and discharge of patients. This board of trustees released major regulations in 1864, 1887, 1911, and 1914.[420] Due to the impact that these regulations had on the hospital's staff, Paspatis' place on the committee was key to voicing concerns from the perspective of the hospital's physicians rather than from donors or community members.

Though the hospital's staff and managing committee were overwhelmingly Greek, matching the hospital's initial intentions, there were a few exceptions in later years. For example, in 1902 two foreign physicians joined the managing committee for the hospital, which was at that point run by Dr. Zoeros Pasha: Dr. McLean from the British hospital and Dr. Denis from the French Hospital.[421] Though foreigners made their way into other Ottoman Greek organizations, such as the Greek Philological Society of Constantinople, this was a rare occurrence in not just Balıklı hospital's case, but for the other previous Greek hospitals of Istanbul. The patriarchate's role in managing the hospital via committee made the hospital particularly tied to its identity as a Greek Orthodox communal institution, since its funding and management stemmed from a religious authority rather than the state.

However, the inclusion of physicians working at the hospital on this committee, physicians who often had deep-seated ties to either the Ottoman state or foreign ones as well as to other medical institutions and professionals, meant that Balıklı's reforms were integrated into broader patterns followed by other Ottoman hospitals. Dr. Alexandros Paspatis' tenure as a physician and later chief physician of Balıklı hospital provides valuable insight not only into Balıklı's relationship to the Greek Orthodox community it served, but also into broader trends in Ottoman healthcare.

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[418] Greek: Αλέξανδρος Βάλβης
[419] Yıldırım, *14. Yüzyıldan,* 315.
[420] Ibid, 316.
[421] Κωνσταντίνος Τρομπούκης, *Η ελληνική Ιατρική στην Κωνσταντινούπολη: 1856-1923* (Αθήνα : Σύνδεσμος των εν Αθήναις Μεγαλοσχολιτών, 2000), 156.

Dr. Alexandros Paspatis (1814-1891) spent most of his career in Istanbul, practicing medicine at and later managing Balıklı Hospital, cofounding the Greek Philological Society of Constantinople, and writing books on Byzantine history before moving to Athens for his final years.[422] However, Paspatis' early life was tumultuous. As a child, Paspatis was displaced from his home on Chios due to the Greek War of Independence. These early trials led to Paspatis receiving aid from American Protestant missionaries who brought him and other Greek refugee children to Massachusetts to receive an education away from the war. Paspatis stayed in the United States long enough to graduate from Amherst College in 1831, after which he studied medicine in Pisa and Paris. After training for a few months in London, Paspatis settled down in Istanbul in 1840 and began his career at Balıklı Hospital. He served as its director from 1851 to 1856 and participated in its financial management from 1863 to 1865 and in 1873. In 1862, he published valuable, detailed account of the hospital's workings.[423]

Paspatis' book on Balıklı hospital provides valuable insight into patient statistics that shed light both on the diseases that plagued Istanbul at the time and on the composition and dynamics of the Greek community of the city, since it carefully recorded the professions and neighborhoods of its patients. These records show that the vast majority of patients at Balıklı Hospital were in fact Greek Orthodox Christians[424]. This points to Balıklı's commitment to being a truly communal hospital while also gesturing to ways in which the Ottoman state could make demands of this institution despite the fact that the patriarchate, and not the state, managed its operations.

Paspatis' records had extensive information on mortality rates, lending insight into the dangers of different professions at the time. For example, in the years recorded in Paspatis's notes, mortality rates were higher on ships, and there were more deaths in the winter than in the summer (which makes sense based on what we know now about how airborne disease transmission can be affected by temperature).[425] Paspatis' statistics also provide social commentary, particularly in his description of the death rates of peddlers, Paspatis claimed that peddlers operated mostly in Christian and Jewish neighborhoods because of Muslim women would not want a male salesman at the doors to their homes. [426] Paspatis argued that these peddlers were healthier because they were able to work outdoors, in comparison to patients in other professions who needed to be in cramped, dirty spaces for their jobs. Paspatis likewise charted smallpox cases by residence, listing the different neighborhoods with Greek residents which were affected, a process which revealed that Galata had particularly high rates of smallpox.[427]

The records that Paspatis published from his time Balıklı Hospital reinforce the ways in which the hospital was deeply rooted in its community, while also providing useful statistics that

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[422] Paspatis also wrote many articles that were published in the journal of the Greek Philological Society of Constantinople, ranging from Byzantine history to a biography of Greek literary giant – and fellow physician – Adamantios Korais (1748-1833).

[423] Α.Γ. Πασπάτης, *Υπόμνημα παρά του Γραικικού Νοσοκομείου των Επτά Πύργων.* Εν Αθηναις Τψπογραφειο Λαζαρου Δ. Βιλαρα, 1862.

[424] The exceptions to this were a few prisoners of various faiths sent over by the *Zaptiye* Nezareti and a few Catholics sent from Greek and Russian embassies.

[425] Πασπάτης, *παρά του Γραικικού Νοσοκομείου των Επτά Πύργων*. (Εν Αθηναις Τψπογραφειο Λαζαρου Δ. Βιλαρα, 1862), 50–51; 70.

[426] Ibid, 75.

[427] Ibid, 186.

would shed light on broader patterns in Istanbul as a whole. In many ways, Balıklı is the paradigmatic communal hospital, in that the patriarchate managed its affairs and the vast majority of its staff and patients were members of the same community. In comparison to other Ottoman hospitals, Balıklı experienced minimal interference from the state. However, its physicians were actively engaged in professional activities outside the hospital, and, in Paspatis' case had deep ties elsewhere – namely, to the American missionaries who educated him – allowing for broader debates within the medical profession, on topics ranging from new technologies to nursing to licensing, to impact Balıklı's evolution.

A comparative case to Balıklı hospital's relationship to the Greek Orthodox Patriarchate would be the Evlogi Georgiev Bulgarian Hospital[428] in the Şişli neighborhood of Istanbul, though it was built much later than Balıklı. Although the Bulgarian Exarchate controlled the hospital – Bulgarian Exarch Joseph I's[429] name was on the title deed[430] for the property – much of the funding, as with many other Ottoman communal hospitals, came from donors within the Bulgarian community. Sultan Abdülhamid II granted permission to build the hospital via ferman, a requirement for all Ottoman hospitals. Like other communal hospitals, it did provide free medical care for the poor.[431] The three building hospital opened in 1902 (construction began in 1897) under the administration of Dr. Vasil Dinov[432] (b. 1866) and Dr. Garabet Yakubyan with an initial capacity of only twenty beds.[433][434] While Dinov was Bulgarian and politically and socially active within and on behalf of the Bulgarian community, Yakupyan was Armenian. This is an example of how even communal hospitals could have a degree of ethno-religious diversity in its staffing and administration, reflecting the broader Ottoman medical profession at the time. Dr. Kiril Vazov (1854-1942) managed the hospital from 1904 to 1910 and shared Dinov's dedication to the Bulgarian cause, serving in the Serbo-Bulgarian war and spending much of his

[428] Evlogi Georgiev (1819-1897) was a Bulgarian merchant whose donation played a substantial role in funding the hospital, hence the naming of it in his honor. Sources alternate between referring to it merely as the Bulgarian Hospital verses Evlogi Georgiev Bulgarian Hospital.
[429] He served as exarch from 1877 to 1915.
[430] The title deed dates to 1896, or on the Ottoman calendar October 25th 1311.
[431] In a case of international mutual aid, during the Balkan Wars (1912-1913) the Russia empire interceded on behalf of the hospital to the Ottoman government to keep it open. When refugees from Russia entered Istanbul in 1919, Nikolai Tsarikov reminded the hospital's chief physician of this favor and asked for the hospital to provide free care to the incoming refugees. Tsarikov had previously served as the Russian consul in Istanbul and was head of the aid committee for Russians in the Ottoman empire. Neriman Ersoy Hacısalihoğlu, "Sultan Mehmed Reşad Döneminde İstanbul'daki Bulgar Cemaati: Nüfus, Yerleşim ve Ekonomi," *Tarih Dergisi* 71 (2020): 424.
Tsarikov later described in much more detail his perspective on Ottoman and Russian politics in his autobiography, *Glimpses of High Politics: Through War and Peace.*
[432] Dr. Vasil Dinov, though studied within Ottoman domains through high school, graduating from the Bulgarian Boys' High School in Thessaloniki in 1889, went abroad for his medical education. He did not go to an Italian, French, German, Austrian or even British medical school as several Ottoman medical students before him had. Instead, he went to Moscow, graduating in 1897 shortly before taking on his role at the Bulgarian Hospital.
[433] In the 1920s, the hospital increased its capacity to fifty beds.
[434] For a personal account by a visitor of how the hospital functioned, see Bulgarian writer Evgenia Mars's (1877-1945) 1909 work on her 1907 trip to Istanbul, in which she includes an entire chapter on the Bulgarian hospital. Her husband, Dr. Mihail Elmazov, was a dentist and accompanied her so this account is not devoid of a medical perspective while also channeled through her unique literary voice and perspective. For a translation into Turkish, see: Evgenia Mars, and Hüseyin Mevsim, *Abdülhamid İstanbul'unda bir Kadın Seyyah.* (Kitap Yayınevi, 2019).

career practicing medicine in central Bulgaria in Stara Zagora. However, unlike Dinov, he earned his medical degree locally, from the Imperial School of Medicine in Istanbul.[435]

The Bulgarian hospital shares many common features with other communal hospitals. However, it does not fit as neatly into this category as Balıklı Hospital does because of three key elements it shared with the category of "foreign hospitals."[436] Firstly, in addition to the Bulgarian Christians local to Istanbul it also served diplomats from the Bulgarian Consulate. Secondly, Bulgarian diplomat Dr. Georgi Valkovich [Cholakov] (1833-1892) advocated for the establishment of the hospital to the Bulgarian government, procuring funds and endorsement of the project. Thirdly, the hospital opened after Bulgaria became autonomous, though before it achieved full "official" independence from Ottoman sovereignty, blurring the lines as to whether a Bulgarian hospital would be "foreign" or not.

However, Valkovich himself, despite his diplomatic role in service of the Bulgarian state, had a background that much more closely mirrored those of physicians working at and managing various types of Ottoman hospital. Born in Edirne, Valkovich graduated from the Imperial School of Medicine in Istanbul in 1857 with the standard rank for graduates of bınbaşı,[437] working for the school for a few years after graduation before going to Paris for a few years of additional training, as many of his Ottoman Muslim and non-Muslim peers did.[438] He then served as chief physician at the central hospital in Damascus before returning to Istanbul to be the chief physician at Haydarpaşa Military Hospital. His credentials as an Ottoman military physician were undeniable.

However, rather than remain in the Ottoman Army and continue to ascend the ranks within the sphere of Ottoman military medicine, Valkovich shifted his career in a way that reflected his evolving political views after Bulgaria became autonomous in 1878.[439] In 1879, he was elected to parliament and proceeded to undertake a range of Bulgarian ministerial posts. When the Serbo-Bulgarian war broke out in 1885, he took charge of all Bulgarian military hospitals, and became director of the newly-established Aleksandrovska Hospital in Sofia in 1886. That is, he was using his Ottoman military medical background to serve Bulgaria.

Valkovich was not the only Ottoman military doctor to dedicate himself to a nationalist cause: Committee of Union and Progress founder Ibrahim Temo (1865-1945) made a similar shift in his participation in the movement for Albanian independence. However, the ways in which Valkovich navigated politics and medicine reflect the type of influence Ottoman physicians could have and the broader impact Ottoman medicine had on emergent states as they broke away from Ottoman rule. Valkovich's connection to the founding of the Bulgarian hospital

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[435] Dr. Vazov's legacy has been overshadowed to a degree by his family, who were all involved in some way in the early decades of Bulgarian autonomy and then independence. His brother Ivan (1850-1921) was a writer who has become a defining figure in the history of Bulgarian literature, his brothers Vladimir and Georgi had prominent military careers, and his brother Boris was a lawyer who also had a successful military and political career.
[436] The next section of this chapter focuses on foreign hospitals and defines them in more detail.
[437] Literally meant to signal someone in charge of a thousand soldiers, this rank in the Ottoman army was equivalent to that of a major.
[438] Rıza Tahsin, *Tıp Fakültesi Tarihçesi (Mirat-ı Mekteb-i Tıbbiye) Cilt 1-2* (İstanbul: Özel Yayınlar, 1991), 95–96.
[439] 1878 marked the official end of the Russo-Ottoman war with the signing the Treaty of San Stefano. One of the conditions of this treaty was the establishment of an autonomous Bulgarian principality. The establishment of the Bulgarian Hospital in Istanbul fell in the window between Bulgaria achieving autonomy and independence.

in Istanbul, however, was not enough to make it a "foreign" hospital, since the establishment and operation of the hospital matched the standards for the other communal hospitals of Istanbul.

d) From Dârüşşifâ to What? Islamic Hospitals as Communal Hospitals

"Islamic" hospitals are often set apart from non-Muslim communal hospitals in discussions of medical care facilities. However, despite some differences, this chapter argues that placing Islamic hospitals in conversation with other communal hospitals, and in fact categorizing them as communal hospitals, is both logical and useful. Even though Muslims in the Ottoman empire were not their own "millet" unlike the previously discussed Armenian, Greek, and Jewish communities, they still existed within the same political system and had comparable religious, social – and this chapter argues – medical structures. The aforementioned *dârüşşifâ*, or Islamic hospital, predated Ottoman rule and shared many characteristics with Christian hospitals in the medieval period, in that these hospitals catered to travelers, the poor, and those who could not be cared for at home for various reasons.

The *vakıf*, or endowment, system in Islamic societies supported a range of religious, educational, and philanthropic efforts, and was central to the viability of *dârüşşifâ.* The vakfiye, or endowment charter, attached to any given hospital, school, mosque, or other institution, did not only lay out the financial terms of a given project, but also more specifically how the institution would run, who would work there, how much they would get paid, and more. In the case of hospitals, a vakfiye contained an incredible amount of specific information about the nature of the hospital's facilities, the number and roles of its staff, and its goals, sometimes comically specific. Such goals could be exceptionally lofty. The vakfiye for Süleymaniye Külliye (est. 1557), when enumerating the duties of physicians and professors, mandated that the professor be "as knowledgeable and wise as Plato and Aristotle and as talented as Galen".[440] The inclusion of these criteria show how high of a standard Süleymaniye wanted to set for its hospital, which would also serve as a medical school, as well as the way in which Ottoman Muslim doctors in the sixteenth century still saw themselves as inheritors to an ancient Greek intellectual lineage. The Greek and Armenian communal hospitals also relied on vakfiyes in the eighteenth and nineteenth centuries, and the similarities in these documents suggest common goals and ground between Muslim charity hospitals and non-Muslim communal hospitals.

Gureba Hospital, which opened in 1848, was the modern iteration of the Islamic charity hospital*,* embodying earlier models of hospitals, mosques, and other public-facing institutions which women in the Ottoman court sponsored. Bezm-i Alem Sultan (1807-1853), partner to medical modernizer Sultan Mahmud II (r. 1808-1839) and mother to his heir, Sultan Abdülmecid I (r. 1839-1861), established Gureba Hospital in Istanbul as one of her many charitable projects.[441] Like the Greek and Armenian communal hospitals of Istanbul, Gureba hospital had its own religious structure – in this case a mosque rather than a church – for patients, physicians, staff and visitors to use for prayer, as well as to hold funerals for those who died at the

[440] Kılıç, *Şifahaneler*, 268.

[441] The one in Istanbul was not the only hospital she funded. She also funded a hospital in Mecca, likewise utilizing the term "Gurebâ-yi Müslimîn" when founding it. Like with the Hamidiye hospitals, there are other "Gureba" hospitals in Thessaloniki, Syria, and other parts of the empire, since "Gureba" was a common term referring to the impoverished populations to whom these hospitals catered.

hospital.[442] Likewise, it shared a similarly large staff of physicians and pharmacists as well as a range of clinics ranging from internal medicine to surgery to ophthalmology, later adding x ray technology and a variety of other specialty clinics and laboratories. Gureba Hospital's goals and structure matched those of non-Muslim communal hospitals, making it an apt candidate to share categorization.

IV. "Foreign" and "Ottoman" Hospitals

The previous sections have mostly focused on hospitals that were designed to treat patients who were Ottoman subjects and which derived their funding and administration from the Ottoman state, religious institutions within the Ottoman empire, individual Ottoman subjects, or some combination thereof.[443] Though several of these hospitals accepted foreign patients under particular circumstances, as well as some physicians and nurses who practiced at them on a temporary or more permanent basis, these hospitals were designed to treat Ottoman subjects, with the type of hospital (military, communal, women's, et cetera) determining at times which subset of the population would constitute the majority of that hospital's patients. This section will address "foreign" hospitals in Istanbul which were built with specific expatriate populations in mind, as well as other hospitals helmed and funded by non-Ottoman entities which focused instead on treating Ottoman subjects, in particular missionary hospitals. "Foreign" here more specifically refers to travelers from other states visiting the Ottoman Empire or to residents in the Ottoman Empire, whether short term or long term, who came from elsewhere, maintaining ties to a foreign state. "Foreign" here does not necessarily include Ottoman subjects who held strong ties outside Ottoman borders through family, education, or work, unless their legal status changed to reflect primary ties to another state.

The variety of foreign hospitals present in Istanbul specifically is unsurprising. As the capital, it was home to many embassies whose staff required medical care. However, examining how several of them functioned in the nineteenth century reveals the ways in which these hospitals were integrated into a larger Ottoman medical system. Delving more closely into a few of these hospitals, as well as creating subcategories under the umbrella of "foreign hospitals," allows for a more nuanced understanding of how these hospitals – despite differences in management, funding, staffing and patient population – fit into the larger landscape of Ottoman medical care. Most of the foreign hospitals active in Istanbul in the nineteenth century were relatively new, and subscribed to many of the same philosophies as their Ottoman counterparts when designed, while also sharing physicians and engaging with the concerns of other hospitals via medical societies and councils. The beginning of this section will tease apart the dynamics of a few foreign hospitals in Istanbul, concluding with the markedly different foreign missionary hospitals, in order to demonstrate in which ways foreign hospitals mirrored communal ones, and in which ways they differed.

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[442] Nuran Yıldırım, *Gureba Hastanesi'nden Bezmiâlem Vakıf Üniversitesi'ne* (Istanbul: Bezmiâlem Vakıf Üniversitesi, 2013), 26–28.

[443] The exception to this are the paragraphs on Florence Nightingale and the foreign temporary hospitals in the Ottoman Empire during the Crimean War in Section II of this chapter. I opted to address those hospitals in that section because I would argue that the conceit of them as temporary is central to understanding their role in the broader history of hospitals in the Ottoman Empire, in a way that more closely aligns them structurally with other Ottoman temporary hospitals than more permanent foreign hospitals within the Ottoman Empire.

The Italian Hospital was the oldest of the nineteenth century Istanbul foreign hospitals, established in 1820 for Genoese sailors as Sardinia Hospital[444] and renamed the "Italian Royal Hospital" in 1861.[445] In its original iteration, the Italian Hospital had more in common with military and communal hospitals in the city, since it catered to sailors just as some of the Greek hospitals of the time did as well as to a population well-established in the city rather than newly arrived. There were separate Austro-Hungarian (est. 1836) and Austrian (est. 1872, called Sankt George Austrian Hospital) hospitals in Istanbul, as well as a German Hospital[446] (est. 1846), an English Hospital (est. 1855), La Paix French Hospital (est. 1858), a Russian Hospital (est. 1874), and Muzafferiye Hospital, which was an Iranian Hospital (est. 1891).[447] This list does not include the various military hospitals, both permanent and temporary, attached to various foreign powers, as well as some smaller clinics and religious hospitals with ties to foreign states.

However, the timeline of their establishment mirrored the relationship these states had to the Ottoman government. While Italians had longstanding relations with the Ottoman state and deeply rooted communities in Istanbul before its conquest, Russian and Iranian relations to the Ottoman state were much more fraught.[448] On the other hand, German and Austrian reformers were already well established in Ottoman medicine as well as other fields, like the military and engineering in the 1830s and 1840s. Likewise, the British government built the English Hospital while they were very much entrenched in Istanbul due to the Crimean War.

La Paix Hospital was both a French hospital and an explicitly religious one, which also employed many non-French physicians, making it an example of how hospital categories could overlap in Ottoman Istanbul. Sultan Abdülmecid donated land to the French nuns who had come to Istanbul a few years prior to treat patients during the Crimean War on April 19th, 1857 and the hospital opened the following year.[449] In addition to the land, the Ottoman government also donated materials from a dismantled mobile hospital in Taksim, a more inventive way in which a "temporary" hospital could become permanent.[450]

Despite being a general hospital, La Paix developed a focus on psychiatric patients to such an extent that by 1901, out of 273 beds, 264 of them were occupied by psychiatric patients.[451] La Paix's clinic, on the other hand, saw 6,000 patients that year, so it was more so the longer term patients who were overwhelming dealing with mental rather than physical concerns.

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[444] The Italian Hospital officially became managed by Sardinia in 1856 but adopted the name before then.
[445] King Victor Emmanuel built a new building to house the hospital in 1876. This building still stands today.
[446] The German hospital was established on April 6th, 1846 (though it might not have been fully operational until 1852) thanks to funding from the Germany Charity Society on land and in a building donated by the German Evangelical Churches society. This does link it to hospitals in the communal hospital category, which relied substantially on religious donations, but its link to the German embassy set it apart from that category.
[447] This list does not include the American hospital, founded in 1920 by Mark Lambert Bristol (1868-1939), Rear Admiral in the US Navy, which was initially subsidized by the American Red Cross. Due to its late emergence and the fact that this chapter does address American missionary hospitals, I chose to exclude it. However, it does tie into the broader themes of Chapter 3 due to its relationship with the Red Cross.
[448] Stanford Shaw, "Iranian Relations with the Ottoman Empire in the Eighteenth and Nineteenth Centuries," In *The Cambridge History of Iran*, eds. P. Avery, G. R. G. Hambly, and C. Melville, (Cambridge: Cambridge University Press, 1991), 312–313
[449] Marmara, *La Paix*, 11.
[450] Ibid, 66.
[451] Ibid, 77. 147 of those were men and 117 women. 1901 these patients held almost a monopoly on hospital beds, but in the years surrounding 1901 these patients were still the majority but there were a few more patients whom the hospital housed for physical rather than mental ailments.

La Paix built such a reputation for psychiatric care that prominent doctors of various backgrounds took on the head physician, including both Dr. Mongeri & Dr. Abraham de Castro who also ran the Ottoman state psychiatric hospital (Süleymaniye Bimarhanesi) as well as Greek Dr. Apostolides and Muslim Dr. Mazhar Osman. Many of the physicians employed at La Paix worked at other hospitals as well, such as Neurologist Vaseleios Konos who worked both at La Paix and at the hospital dedicated to his own community, Balıklı.[452] Like with its physicians, La Paix hospital accepted patients irrespective of their nationality or religion, and unlike Istanbul's communal hospitals La Paix charged different "classes" of fees depending on the quality of care for which a patient was willing to pay. It still retained ties to the French embassy despite the increasing diverse demographics of its staff and patients. Though La Paix's patient population might have been more diverse than that of other foreign hospitals, the range of physicians who worked there was more common at the other foreign hospitals, though they did, like La Paix, also bring their own medical personnel from their home countries.

Though nuns established La Paix, making it both a foreign and religious hospital, it was certainly not a missionary hospital. The American Board of Commissioners' for Foreign Missions (ABCFM) dominated the landscape of missionary hospitals in the Ottoman empire, establishing them at almost every mission station they built. Even though ABCFM hospitals were religious in nature, subject to the broader apparatus of this large Protestant organization, they certainly were not communal hospitals. While local communities and their religious institutions sponsored the building of communal hospitals, missionary hospitals, by their very nature, did not emerge out of local communities, but rather were brought to those communities.

These missionary hospitals shared some commonalities with other foreign hospitals, since they were reliant on support from their home country and needed to obtain permission to build from the Ottoman state in different ways than communal hospitals would. However, other than, to a degree, La Paix hospital, the patient profiles at ABCFM hospitals differed from both foreign and communal hospitals. Other than its own missionaries, ABCFM hospitals did not cater its services to Americans, and though any type of patient could get treatment there, and did in fact treat Muslims patients, these hospitals targeted non-Muslim Ottoman subjects as patients, potential converts and potential local staff.

Though ABCFM built the largest number of missionary hospitals in the Ottoman empire, other missionary organizations also tried to gain a foothold in the Ottoman empire via medical care. The Edinburgh Medical Missionary Society, for example, paid for Ottoman Armenian Pacradooni Kaloost Vartan (hereafter, Vartan) to attend medical school in Edinburgh after completing his high school education at an American missionary school in Istanbul. In 1861, Vartan moved to Nazareth to help establish a hospital on behalf of the Edinburgh missionary society.[453] These missionary hospitals and foreign hospitals, though they shared an openness to employing Ottoman physicians, had different goals and thus, different patient populations. Despite the ways in which foreign hospitals could share personnel and patients with other types of hospitals, their ties to their respective embassies and their need to treat their own subjects separate these hospitals from other hospital categories.

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[452] Τρομπούκης, 164.

[453] Malcolm Billings, *Vartan of Nazareth: Missionary and Medical Pioneer in the Nineteenth-Century Middle East* (London: Paul Holberton Publishing, 2012), 11.

V. The Rise of the State Hospital

a) Hamidiye Children's Hospital: Mixing Models

What constituted a "state" hospital that was neither religious nor military in nature? Towards the end of the nineteenth century, Abdülhamid II encouraged the construction of hospitals throughout the empire, giving many of them his name. In the late nineteenth century, Abdülhamid II commissioned the construction of "Hamidiye" hospitals in Thessaloniki, Aleppo, and Damascus, as well as several other locations. While most of these Hamidiye Hospitals attached the word *Gureba* to their title, implying ties to the longer tradition of Muslim charity hospitals, Hamidiye Children's Hospital in Istanbul mixed the more established model of an "Islamic" hospital with that of a training or educational hospital. When it opened in 1898, it was the first hospital in Istanbul to focus on treating children, allegedly inspired by Abdülhamid II's daughter's illness.[454]

While many hospitals in Istanbul had committees which planned their construction and raised funds, Abdülhamid II enlisted eighty five doctors to form a commission that researched the best manner in which to construct Hamidiye Children's Hospital.[455] This outsized investment in building the best hospital possible clearly indicates how important this particular hospital was to the sultan in comparison to the many others he commissioned during his reign. Like the Muslim and non-Muslim communal hospitals of Istanbul, the hospital covered patients' bills to serve a lower income population, though in this case the state allocated those funds rather than fundraising in communities. This reliance on imperial funds actually harmed the hospital later during the constitutional revolution, since seizing the hospital from the sultan also entailed temporarily cutting off the source of the hospital's employees' salaries.[456] Hamidiye Hospital shared characteristics with the Istanbul's university hospital in that it attempted to deploy the latest medical advancements and use new medical technologies like the x-ray, while also hosting a school to train medical personnel such as midwives and nurses. Hamidiye Children's Hospital became a model for state-funded hospitals that diverged more sharply from earlier dârüşşifâ and communal hospital models.

b) Female Practitioners: Gender in Ottoman Hospitals

While most Ottoman hospitals accepted both men and women, albeit in different wards, this sense of equality did not extend to practitioners. The Ottoman state did not officially open higher education to women until 1914. In addition, it did not allow women to study to be physicians until its final moments, accepting its first students into the Imperial School of Medicine in 1922. However, the Imperial School of Medicine as well as the Qasr al-'Ainī in Cairo did establish midwifery programs in 1841 and 1832 respectively and promoted the assignment of these midwives to posts throughout the empire.

Nursing proved to be a slightly slower process. The massive influx of foreign female nurses in the 1850s during the Crimean war marked a shift, but Ottoman physicians did not immediately and universally endorse the training and employment of female nurses in Ottoman hospitals. Though a January 15th, 1864 regulation mandated that medical clinics and hospitals

[454] Nuran Yıldırım, *Hastane Tarihimizde bir Kutup Yıldızı : Hamidiye Etfal Hastanesi* (İstanbul: Şişli Etfal Eğitim ve Araştırma Hastanesi, 2010), 30.
[455] Ibid, 33.
[456] Ibid, 67.

provide nurses of the same gender as the patients, many Ottoman hospitals did not actually hire female nurses until decades later. The absence of a formal Ottoman school of nursing for women made it difficult to find qualified, local female candidates even if more hospitals had been amenable to the idea. It was only during the Balkan Wars and World War I that Dr. Besim Ömer Pasha trained and deputized hundreds of female nurses to work on the front lines with the Ottoman Red Crescent Society, a society of which he was a founding member.[457] At Balıklı Hospital, for example, Dr. Valvis was against the appointment of female nurses whereas Dr. Paspatis was in favor of it, and it was not until 1890, a year before Paspatis' death, that female nurses cared for female patients at Balıklı.[458]

Balıklı Hospital was still ahead of the Ottoman state apparatus by a few years, with Dr. Ioanni Siotis[459] and Dr. Mihail Psalidas[460] establishing Balıklı's own school of nursing in 1903. Prior to this, they had served consecutive terms as Balıklı's chief surgeon, Siotis from 1865 to 1885 and Psalidas from 1886 to 1892 and were also both members of the hospital's medical committee starting in 1902. Thus, both were already well-acquainted with how Balıklı functioned from both a practical and managerial perspective, and were able to use that knowledge to inform their efforts with the nursing program.

Since they created the program specifically to supply the hospital's staff with qualified personnel, it did not have a broad impact on the integration of women into Ottoman nursing in general. Rather, this program provided opportunities for a select number of Ottoman Greek women to pursue careers in the medical field. The existence of this program, if anything, reflected more on the needs of the hospital and its expansion rather than on the broader value of nursing in general and female nurses specifically. Likewise, Balıklı's hiring of its first female physician indicates just as much about the dynamics of this communal hospital as it does about the opening of medicine to female professionals in the late Ottoman Empire. Balıklı appointed its first female physician, Dr. Eleni Skalleri, in 1908. Dr. Skalleri earned her medical degree from the University of Athens in 1907 and trained female nurses for Balıklı Hospital.[461]

The University of Athens's medical school graduated its first female physicians in 1897, later than several other states in Europe as well as the United States.[462] These first two female graduates were sisters Alexandra and Angeliki Panagiotatou[463] (1878-1954), and Angeliki technically began her career by practicing in the Ottoman empire as well, studying and working under fellow Greek physician Dr. Stephanos Kartoulis (1852-1920) in Alexandria.[464] Due to the limitations on female medical education in Istanbul, Balıklı Hospital's best hope of recruiting female physicians was to recruit Greeks living in Greece. However, even when the hospital did hire Dr. Skalleri, the limitations of Ottoman regulations meant that she did not use her license to

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[457] Ronen Segev, "The Late Ottoman Era and Its Legacy for Nursing in Turkey," *Turkish Studies* 25, no. 2 (2024): 355–357.
[458] Yıldırım, *14. Yüzyıldan*, 315.
[459] Greek: Αντωνιος Σιωτης
[460] Greek: Μιχαηλ Ψαλιδας
[461] Eugenia Bournova, and Myrto Dimitropoulou, "Women Physicians and Their Careers: Athens—1900–1950: A Contribution to Understanding Women's History," *Genealogy* 7, no. 1 (2023): 5.
[462] This is the same as the Othonian University examined in Chapter One. After King Otto was deposed in 1862, the university changed its name.
[463] In Greek: Αγγελική Παναγιωτάτου
[464] Papoulias, Evangelos. *Modern Museum Approaches, to Managing the University Heritage: The Athens University History Museum.* (Athens: National and Kapodistrian University of Athens Press, 2022), 177.

practice as an independent physician, and was instead hired at Balıklı as the chief nurse despite her other credentials. When licensing for female physicians became possible in the early Turkish Republic, Skalleri did take the opportunity to helm Siniosoglu Clinic, a Greek hospital in Galata, before moving back to Greece.[465]

As Dr. Skalleri's path suggests, there were notable communal distinctions in the acceptance of women as physicians. The first few female physicians who managed to gain permission to practice in the Ottoman Empire all needed to train at medical schools abroad first due to their lack of access Ottoman medical schools. These women also not Muslim. The first "Ottoman" female Muslim physician, Safiye Ali (1893/1894-1952), though born an Ottoman subject, did not actually practice in Istanbul until 1923, making her the first female doctor to open a clinic and practice in the Turkish Republic but excluding her from the experiences of a select few non-Muslim peers. However, like her peers, Safiye Ali also had to go abroad for her medical education, graduating from the University of Würzburg in 1921.

Armenian Zaruhi Kavalcıyan (1877-1969) was able to work as a physician in the Ottoman empire largely due to her family background. Her father studied medicine in the United States, and she followed suit, graduating from the University of Illinois College of Medicine and returning to her home of Adapazar the following year to practice with her father. She, like Paspatis, also held ties to American Protestant missionary organizations, studying at the American College of Girls in Adapazar before pursuing her medical degree and later teaching there. Since American Protestant missionaries in the Ottoman empire generally focused Armenian and Greek populations, and exerted their influence mostly through educational and medical institutions, it is not surprising that one of the first female physicians to practice as a physician in the Ottoman Empire was an Armenian woman tied to that system.

At least two other Ottoman Armenian women studied at an American medical school around the same time as Kavalcıyan, Ophelia Negararian (1882-1952) – also from Adapazar – and Agavnie Gilbakian from Istanbul. Both matriculated at the Women's Medical College of Pennsylvania in 1901, a pioneering institution in awarding medical degrees to women since 1850 which also had a substantial minority of foreign students.[466] However, unlike Kavalcıyan, Negararian chose to settle in the United States, and it is unclear as to whether she returned to the Ottoman Empire in any professional capacity.[467]

Dr. Amália Frisch (1882-1941), like Kavalcıyan, also studied at an American missionary school, though in Istanbul instead of Adapazar. Frisch went to Bern, Zurich, and Vienna to earn her medical degree and complete a supplementary specialization in gynecology before returning to Istanbul in 1908 to work in the women's ward at the Austro-Hungarian in Galata. Frisch was invested in the larger cause of women's rights to higher education, publishing an article in *Kadınlar Dünyası* (1913-1921), or "Women's World," in 1914 on women and health.[468] The

[465] Ibid, 6.
[466] *The Women's Medical College of Pennsylvania.* Annual Announcement: Session of 1902-1903, 29-30.
[467] According to the ship's manifest of *Saale*, a ship traveling from Cherbourg to New York July 28th-August 5th, 1897, Ophelia Nergararian (also, Nelgararian) was a passenger with the final destination of 135 N. 13th St. in Philadelphia, near the Women's Medical College of Pennsylvania. However, according to the ship's manifest her occupation was "teacher" rather than student, so it is possible that she taught in Philadelphia for a few years before beginning her degree.
[468] A Frisch, "La femme et l'hygiène," Kadınlar Dünyası / Monde féminin. 11. Kanunusani 1329 / 27 Safer 1331 [24 January 1914], 1st Year, no. 126, 2-3.

women's magazine *Kadınlar Dünyası* published articles from women of all religious and class backgrounds, and Frisch's involvement in it indicate a clear investment in improving professional opportunity for other prospective female physicians.

While Kavalcıyan was able to circumvent licensing expectations for women by working at her father's practice, Frisch was able to do the same by working at a foreign hospital. Though, as mentioned in Chapter 3, foreign doctors also had to adhere to state policies concerning their licensing, the rules were a bit more flexible. While Frisch was an Ottoman subject – born in Edirne – working at a foreign hospital, there were also foreign women who worked as both nurses and physicians at hospitals in Istanbul around the same time, including "Muslim" state hospitals like Hamidiye Children's Hospital. Like Dr. Skalleri at Balıklı, a major reason why Hamidiye Children's Hospital hired foreign female doctors and nurses was to train local women to fill those roles.

In 1900, a group of German nurses, in conjunction with the embassy in Berlin, moved to Istanbul to work at Hamidiye Children's Hospital while also training Turkish nurses and working under Ottoman physicians. This group stayed until 1905, at which point they returned to Germany.[469] This mirrored the process of Austrian and German physicians who came to Istanbul to reform the Imperial School of Medicine. Though this experiment seemed successful, the hiring of Swiss-trained physician Dr. Maria Zibold[470] (1849-1939) at Hamidiye Children's Hospital provoked policy-shifting controversy. Zibold performed a series of abortions during her time at the hospital – illegal in the Ottoman Empire – which led to her dismissal. When the hospital hired Dr. Elisa Stefanescu from Bucharest in 1907, she pledged that she would not meet with local women outside of her own nurses and fellow Romanians.[471] The addition of these stipulations upon Stefanescu indicates a fear that these foreign physicians could bring unwelcome practices such as abortion and sway others to engage in them. However, it did not stop Hamidiye Children's Hospital from employing them.

Although Ottoman women struggled to win the right to a higher education, medical or otherwise, at home and to obtain medical licenses available to male physicians, women were not absent from healthcare as providers or patients. With the exceptions of military hospitals, most Ottoman hospitals accepted women as patients. However, though the professionalization of medicine in the nineteenth century included men from all confessional backgrounds, women – with the exception of midwives, who also faced their own prejudices – were excluded from this process. The late entry of Ottoman women into roles as registered nurses and physicians in some ways reflects global barriers to women in medical education and practice. The accessibility, however limited, of such training outside of the empire gave Ottoman women with ties outside the empire an advantage in pursuing medical degrees, ties more common amongst non-Muslim than Muslim women.

VI. Conclusion

As addressed in the previous sections of this chapter, in the Ottoman empire there were many types of hospitals, which expanded and evolved in the nineteenth century. This evolution can be attributed to a few different factors. First, with the introduction of a new military medical

[469] BOA.Y.PRK.Kom.14/87, 26 ZA.1323.
[470] Alternative: Siebold.
[471] Yıldırım, *Hastane*, 77.

academy that trained Ottoman and non-Muslim physicians together, there came to be a larger number of doctors trained in the same way who could staff not just military hospitals - as was the original conceit - but also other types of hospitals as well. Many of these physicians had more than one place of practice as well, whether that be both in private practice and at a hospital, at military hospitals and civilian ones, or, in the case of many of the most acclaimed Ottoman physicians, at the palace as well as at a hospital elsewhere.

Ottoman physicians – whether Armenian, Greek, Jewish or Muslim – balanced investing in caring for their own communities and working outside of them. Chapter Two showed how Ottoman physicians of all backgrounds fundamentally shaped public health policies and the regulation of their own profession. Chapter Three provided examples of how physicians engaged in both communal and intercommunal societies. Many of the physicians mentioned in this chapter – and many more excluded who also fit the same pattern – not only worked at multiple hospitals, but also worked at multiple types of hospitals, i.e. both military and communal, both foreign and communal, both military and foreign. Even those who only worked at one type of hospital could contribute to the medical care of their ethno-religious communities and neighborhoods in other ways, such as the many physicians involved in founding Or-Ahayim Hospital who never chose to work there.

Dr. Alexandros Kamburoglou[472] served both as chief surgeon at the German Hospital of Istanbul and on the medical committee which managed Balıklı Hospital in 1903. He did not work at Balıklı at the time of his involvement in its management, and worked there only in an honorary capacity – not as a full, official staff physician - from 1909 to 1913. Dr. Dimitrios Euthivolis was chief surgeon at the French hospital while also on the committee with Kamburoglou, and never worked at Balıklı at all. The crosspollination of physicians amongst various types of Ottoman hospitals nurtured an environment in which certain universally agreed upon practices could emerge that transcended hospital types and created broader common ground between all Ottoman hospitals.

Why create a typology of Ottoman hospitals at all, and what does it indicate about communal and intercommunal dynamics in the medical profession? Creating a categorization system for Ottoman hospitals in the nineteenth century makes it more feasible to investigate the ways in which different types of hospitals influenced each other. For example, communal hospitals served particular patient populations within their own communities with a medical staff that also, for the most part, identified as members of the same ethno-religious communities. The physicians employed at those hospitals, however, were often educated alongside physicians of other communities and participated in some capacity in state-sponsored medical care in additional to communal medical care, whether that be as palace physicians, as medical school professors, or as members of municipal and empire-wide health commissions. These commitments outside of the hospital setting generate a set of intercommunal dynamics deeply tied to the medical profession and also reflect broader political and social trends. There is also a financial and administrative aspect to these different hospital categories. Communal hospitals, for example, were generally funded and administered by their respective religious institutions and communities, but still had to function underneath the broader parameters of Ottoman state regulations and expectations.

[472] Also known as Alexandros Pasha.

There is also merit in examining which hospitals straddled multiple categories and why. For example, Surp Agop Plague Hospital was an Armenian hospital which matched many of the criteria of a communal hospital, and was designed as a permanent hospital initially. However, its placement adjacent to Surp Pırgiç suggested a secondary role to the primary Armenian communal hospital, validated by its closure in 1850 while Surp Pırgiç continued to operate.[473] After being decommissioned as a hospital and converted into a school, Surp Agop Plague Hospital's building became a temporary plague hospital in 1865 due to a new disease outbreak.[474] This speaks also to the greater problem with infectious disease hospitals at the time, namely that they were essential during outbreaks and then often neglected or shut down after epidemics dissipated. By separating Ottoman hospitals into relevant subcategories, this chapter mapped out the institutional landscape of Ottoman medicine in the empire's capital, and how the proliferation and reform of hospitals in the nineteenth century contributed to medical professionalization as well as provided new avenues for communal solidarity and intercommunal collaboration.

[473] Yarman, *Osmanlı*, 461.
[474] Ibid, 462.

CONCLUSION

When different aspects of Ottoman medical professionalization are examined through the lens of communal and intercommunal dynamics, it becomes clear that Ottoman doctors managed to wield power both within their communities and within the Ottoman state in unique ways. Medicine, though it had historically been a welcoming profession for Ottoman non-Muslim subjects before the nineteenth century, became a more dynamic space during the Tanzimat in which both Muslim and non-Muslim physicians had the opportunity to shape the direction of the profession and control its development and regulation on behalf of the state. In addition, the intercommunal educational environment of the Imperial School of Medicine set a precedent for intercommunal collaboration, and fostered a sense of professional solidarity that translated into other types of collaboration, whether they be the establishment of the Imperial Society of Medicine and the Red Crescent society as explored in Chapter Three or the creation of public health councils and regulations that would benefit Ottoman subjects of all stripes, as established in Chapter Two. In Chapter Four, I argued for a definition of communal hospitals that includes Muslim as well as non-Muslim hospitals, and in comparing the hospitals of these different communities I showed how central these institutions were to the populations they served and how much power communal leaders like the Armenian and Greek Orthodox Patriarchates and Chief Rabbinate wielded over every aspect of these hospital's establishment and operation.

What I was not able to address substantially in these chapters is the afterlife of this process. Many of the institutions examined in this dissertation still exist today, but under the auspices of new nation-states. Even the ways in which communal hospitals and medical societies operated after the constitutional revolution in 1908 until the establishment of the Turkish Republic in 1923 differed from the dynamics during the Tanzimat and the Hamidian period. Exploring how the communal and intercommunal dynamics of medicine shifted in the final years of the Ottoman empire, particularly during World War I, would be an excellent extension of the project laid out in these pages, and provide further insight into how the hopes of the Tanzimat did and did not survive.

In order to write this dissertation, I combed through the names and life stories of hundreds of physicians, and created an index to organize their stories and find connections between them, whether that be shared educational backgrounds, employment at the same hospitals or deployment in the same wars, or even documented close friendships. I did the same with the large number of hospitals in the Ottoman empire. In the future, I would want to create a digital visualization of this data, to show in a different way the multitude of connections between physicians and institutions that "belonged" to separate communities.

I would also like to extend the geographical scope of the argument to include more fully the rest of the empire outside of Istanbul. I do mention intercommunal medical dynamics in certain other places, mostly Thessaloniki, but I would love to include the full scope of the empire. I focused on Istanbul here because central changes to the medical profession began in Istanbul, and as a diverse city which housed the empire's major medical school, hospitals, and societies, it was the appropriate place to focus. There is much more research that I did on Thessaloniki in particular, but due to the 1917 fire in the city many of the documents related to the city's medical infrastructure have been lost, which is why I limited my analysis of it. Likewise, in the late nineteenth and early twentieth century more medical schools emerge in the Arab provinces, and more medical societies and hospitals rise up throughout the empire. Though

I did not include them to a great extent due to the limitations of this dissertation, analysis of intercommunal dynamics within medicine in other major Ottoman cities like Izmir and Aleppo would be a great expansion of the conceit of this project.

The different chapters of this dissertation could each become their own longer project, and I plan to give each their due in years to come. With the first chapter, I hope to expand the comparative lens further between the Greek and Ottoman states, developing it into a much larger project which more fully explores the ways in which physicians from Phanariot families shaped medical professionalization in both places, and how they maintained ties with each other across new borders. With the second chapter, I plan to delve further into the myriad ways intercommunal dynamics impacted the development of licensing and regulation. With the third chapter, I look forward to deepening my analysis of societies in the Ottoman empire in the nineteenth century to enhance the argument which I presented concerning their role as communal and intercommunal spaces. Finally, with the fourth chapter, I contend that my typology of Ottoman hospitals is a valuable contribution to the history of medicine, and that expanding it into a book length work would further demonstrate how such a typology supports this dissertation's larger conceit: that millet institutions developed simultaneously with secular spaces and that my communal and intercommunal history of medicine teases out the tension between those spaces to contribute a new understanding of both medicine and *millet*s.

BIBLIOGRAPHY

Archival Sources

Aristotle University's Archive, Thessaloniki

"Compte Rendu du Dr. M. Allatini: Sur les institutions Israelites de Thessaloniki," 1878-1889 reports.

Başbakanlık Osmanlı Arşivi - Ottoman State Archives

BOA.BEO.3013 /225958 – 2
BOA.BEO.3013 /225958 -3
BOA.C.ADL 80/4825
BOA.DH.MKT.154/22
BOA.Y.MTV.152/113
BOA.Y.PRK.ASK,127/77
BOA.Y.MTV, 154/158-1/2
BOA.HAT.594/29105
BOA.HAT.317/18668
BOA.HAT.469/22938
BOA.I.Dh.88/4429 – A
BOA. İ.DH.624 /43381 -3
BOA.C.SH.437-A-B-C
BOA.C.SH. 437/9
BOA.I.MMS.35 / 1452 – 7
BOA.A.MKT.NZD 290/60
BOA.A.MKT.MVL.121/36
BOA.I.MVL.460 / 20745 – 2
BOA. A.MKT.MHM.253 / 95
BOA.A.MKT.MHM.257 / 65-2
BOA.A.MKT.MHM.162/99
BOA.A.MKT.MVL.126 / 41
BOA.A.MKT.MHM, 426 /64
BOA.MF.MKT. 74/47
BOA - Y.PRK.AZJ.14.22-1
BOA.Y.PRK.KOM.14/87, 26 ZA.1323
BOA.Y.PRK.KOM.16/4, 27 N. 1325
BOA - Y.EE.141.3-5
BOA - Y.EE.20.34-1
BOA - Y.EE.141.3-6
BOA.DH.MKT.1469.7
BOA.I.DH.527/ 36404
BOA.I.MVL.547 / 24549-2
BOA.Y.PRK.UM.25/97
BOA.Y.PRK.MYD, 3/16-1

Berlin State Library Archive

Transportabeles Baracken-Lazareth für 200 Kranke. Christoph & Unmack döckersche Baracken Fabrikation, 1895.

Bibliothèque Nationale de France

Le Monde

Journal de Constantinople

Drexel University Legacy Center: Archives & Special Collections

The Women's Medical College of Pennsylvania. Annual Announcement: Session of 1902-1903.

National Archives - UK

PRO 30/22/89: Embassy in Constantinople Private Correspondence. Sir Henry Bulwer, ambassador, to Lord John (from 1861 July earl) Russell, foreign secretary.

National Library of Greece

Archigénès, Sarantis. *Hygionomie, ou Règles pour se conserver en bonne santé : à l'usage des habitants de l'Empire Ottoman.* Paris, 1841.

Archigénès, Sarantis. *Dissertation sur la gymnastique, à l'usage de la jeunesse de l'Empire ottoman.* Paris, 1843.

SALT-Galata

Gazette Médicale d'Orient (Issues from 1849 to 1925)

Bulletin Médical de Constantinople, (Issues from April 15th 1910 to August 15th, 1911, published by La Société Impériale de Médecine, edited by Dr. Kleovulos Hristos Kokkolatos)

Journal de Constantinople (Issues from January 1st, 1848 to January 31st, 1866)

Sismanoglio Megaron

Ο Σύνδεσμος των εν Κωνσταντινουπόλει Ελλήνων Ιατρών. *Κανονισμός του Συνδέσμου των εν Κωνσταντινουπόλει Ελλήνων Ιατρών.* Εν Κωνσταντινουπόλει: Τύποις Αριστοβούλου, Αναστασιάδου, και Σας, 1914.

Stanford Libraries, including the Hoover Library & Archives

Bulletin De L'Amicale Constantinople: Association des anciens élèves de l'Alliance israélite universelle. Constantinople : Fratelli Haïm, September 1910 - November 1913.

Süleymaniye Library

Periodical from the Ελληνικώ Φιλολογικώ Συλλόγω Κωνσταντινουπόλεως.

Ανδριωτάκης, Ν.Χ. *Ο εν τοις νοσοκομείοις βίος των ασθενών*. Istanbul: Ελληνικώ Φιλολογικώ Συλλόγω Κωνσταντινουπόλεως, 1900.

UK Parliament Archives

Commons and Lords Hansard, the Official Report of debates in Parliament: Turkey – The Murder of the Late Sultan Abdul Aziz – Midhat Pasha. HC Deb 01 July 1881 vol 262 cc1826-7

Published Primary Sources

American Druggist and Pharmaceutical Record. United States: American Druggist Publishing Company, 1903.

Appelton's Annual Cyclopaedia and Register of Important Events of the Year 1876, Embracing Political, Civil, Military and Social Affairs; Public Documents; Biography, Statistics, Commerce, Finance, Literature, Science, Agriculture, and Mechanical Industry, Volume 16. D. Appleton and Company, 1877.

Aristarchi Bey (Grégoire). *Législation Ottomane: ou, Recueil des Lois, Reglements, Ordonnances, Traités, Capitulations et Autres Documents Officiels de l'Empire Ottoman. Troisième Partie: Droit Administratif.* Bureau du Journal Thraky: Constantinople, 1874.

Bernard, Dr. C.A. *Les bains de Brousse en Bithynie (Turquie d'Asie) avec une vue des bains et un plan des environs.* Constantinople: Imprimerie de Mille Frères, 1842.

Pharmacopoea Castreusis Ottomana-Pharmacopée Militaire Ottomane. Constantinople: Imprimerie de Henri Cayol à Péra, 1844.

Rapport sur les travaux de l' école de medicine de Galata Serai pendant l'année scholaire 1258/59, *Journal de Constantinople et des interest orientaux,* 26 Sep. 1843.

Chassiotis Giorgos. *L'Instruction Publique chez les Grecs depuis la Prise de Constantinople par les Turcs jusqu'à Nos Jours, avec Statistique et Quatre Cartes Figuratives pour l' Année Scolaire*, 1878-1879. Paris: Ernest Leroux, 1881.

Colonel Fayk Bey (G. Della Sudda). *Monographie des Opiums de l'Empire Ottoman Envoyés à l'Exposition Universelle de Paris.* Paris: Imprimerie Poitevin, 1867.

Dickson, E. D. "Report of the Death of the Ex-Sultan Abdul Aziz Khan." *The British Medical Journal,* July 8, 1876.

Elliott, Henry. "The Death of Abdul Aziz and Of Turkish Reform." *Nineteenth Century,* February 1888.

Frisch, A. "La femme et l'hygiène," Kadınlar Dünyası / Monde féminin. 11. Kanunusani 1329 / 27 Safer 1331 [24 January 1914], 1st Year, no. 126, 2-3.

Γεωργιάδης, Αναστάσιος Λευκίας et al. Λόγοι εκφωνηθέντες υπό του πρυτάνεως και των τεσσάρων σχολαρχών κατά την ημέραν της εγκαθιδρύσεως του Πανεπιστημίου Όθωνος, μετά των προγραμμάτων των παραδοθησομένων μαθημάτων, Τυπογραφίας Ν. Παππαδοπούλου: Αθήνα, 1837.

Marroin, Dr. A. *Histoire médicale de la flotte française dans la mer Noire pendant la guerre de Crimée*. Paris: J.-B. Baillière et fils, 1861.

Mason, John. *Three Years in Turkey: The Journal of a Medical Mission to the Jews.* London: John Snow, 1860.

Midhat, Ali Haydar. *The Life of Midhat Pasha: A Record of His Services, Political Reforms, Banishment, and Judicial Murder, Derived from Private Documents and Reminiscences*. J. Murray, 1903.

Mustafa Behçet Efendi. *Marifetü'l Arz* (translation of Comte de Buffon's *Histoire Naturelle, générale et particulière, avec la description du Cabinet du Roi*)

Mustafa Behçet Efendi. *Vezâif-i A'zâ* (translation of Leopoldo Marco Antonio Caldani's Fisiologica).

Mustafa Behçet Efendi. *Firengi Risalesi* (translation of Joseph Jacob Ritter von Plenck's *Methodus nova et Facilis Argentum Vivum Aquis Venera Labe Infectis Exhibendi,* Vienna, 1766). İstanbul: Matbaa-i Amire, 1831.

Mustafa Behçet Efendi. *Risâle-i Telkīh-i Bakarî* (translation of Edward Jenner's *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ,* 1798).

Mustafa Behçet Efendi and Mustafa Reşid Efendi. *Tertîb-i Eczâ*. Üsküdar: Darü't-tıbaatü'l-amire, 1817.

Mustafa Behçet Efendi, Abdülhak Molla, and Hayrullah Effendi. *Hezâr Esrâr.* Istanbul, 1862.

Πασπάτης, Α.Γ. *Υπόμνημα παρά του Γραικικού Νοσοκομείου των Επτά Πύργων.* Εν Αθηναις: Τυπογραφειο Λαζαρου Δ. Βιλαρα, 1862.

Pincoffs, Peter. *Experiences of a Civilian in Eastern Military Hospitals: With Observations on the English, French and Other Medical Departments, and the Organization of Military Medical Schools and Hospitals*. Edinburgh: Williams and Norgate, 1857.

Sandwith, H. "A Brief Sketch of the Diseases of Northern Turkey." *Association Medical Journal* 2, no. 72 (1854): 433–36.

Schinas, Constantine. *Οδηγίαι*. Athens: Τυπογραφια Ανδρεου Κορομηλα, 1838.

Slade, Adolphus. *Turkey and the Crimean War: A Narrative of Historical Events.* United Kingdom: Smith, Elder and Company, 1867.

Société médicale hellénique à Paris. "Encart publicitaire." Paris: 13 Décembre, 1856.

Taylor, Fanny, and Lady Volunteer. *Eastern Hospitals and English Nurses: The Narrative of Twelve Months' Experience in the Hospitals of Koulali and Scutari.* 3rd ed., rev. London: Hurst and Blackett, 1857.

Τανταλίδης, Η. *Βίος Στεφάνου Καραθεοδωρή ιατρού.* εν Κωσταντινοπόλει: Εκ του Τυπογραφείου Αντωνίου Κορομηλά, 1868.

Topuzlu, Cemil. *İstibdat, Meşrutiyet, Cumhuriyet devirlerinde 80 yıllık hâtıralarım.* İstanbul: Güven Basıim ve Yeyınevi, 1951.

Typaldos, C. Prétendéris. *Essai sur la pellagre observée à Corfou. Athènes*: Imprimerie Hermes, 1866.

Τυπάλδου, Χ. Πρετεντέρη. *Περί τής έν Κέρκυρα χολέρας κατά το 1855.* Κέρκυρα εν τω τυπογραφείο της Κυβερνήσεος, 1856.

Vesalius, Andreas. *De Humanis Corporis Fabrica Libri Septem.* Basel: Joannes Oporinus, 1543.

Secondary Sources

Ada, Hüsnü. *İlk modern Osmanlı sivil toplum örgütü : Osmanlı Hilâl-i Ahmer Cemiyeti (1868-1911).* İstanbul: Timaş Akademi, 2021.

Akkin, Salih Murat, and Gulten Dinc. "A Glimpse into the Process of Gaining Permission for the Educational Dissection of Human Cadavers in the Ottoman Empire." *Clinical Anatomy* 27, no. 7 (2014): 964–971.

Altıntaş, A, G Dinç, and I Başağaoğlu. "Tuhfetü'l-Tib, As a Pioneer Periodical of the Medical History." *Tip tarihi arastirmalari = History of medicine studies* 10 (2002): 21–37.

Anaç, Despina. *Marko Paşa [Pitsipios] 1824-1888*. İstanbul: Türk Kızılay DerneğI Yayınları, 2019.

Apalaçi, Viktor. *Or-Ahayim Hospital: A Century of Love and Compassion*. Balat Or-Ahayim Jewish Hospital Foundation, 2003.

Argyropoulos, Roxane D. "A 19th century Greek scholar in Bucharest: Mihail Christaris and His Library." *Balkan Studies* 30, no. 1 (1989): 67–82.

Artinian, Vartan. *The Armenian Constitutional System in the Ottoman Empire, 1839-1863: A Study of Its Historical Development.* V. Artinian, 1988.

Artvinli, Fatih. "'Pinel of Istanbul': Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire." *History of Psychiatry* 29, no. 4 (2018): 424–437.

Artvinli, Fatih. "Toptaşı bimarhanesi sertabibi Dr. Avram de Castro: bir biyo-bibliyogrfi." *Osmanlı Bilimi Araştırmaları* 13, no. 2 (2012): 85–97.

Ataç, Adnan. *Gülhane Askeri Tıp Akademisi'nin Kuruluşu*. Ankara: Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, 1996.

Aydingün, İsmail, and Esra Dardağan. "Rethinking the Jewish Communal Apartment in the Ottoman Communal Building." *Middle Eastern Studies* 42, no. 2 (2006): 319–334.

Ayten Altıntaş, and Hanzade Doğan, "Osmanlı Esnaf Tabibinin Ahlak Eğitimi Ve Değerleri," in *38. Uluslararası Tıp Tarihi Kongresi Bildiri Kitabı*, ed. Nil Sarı, et al. Atatürk Kültür, Dil ve Tarih Yüksek Kurumu Türk Tarih Kurumu Yayınları, 2005: 753–773.

Badem, Candan. *The Ottoman Crimean War (1853-1856)*. Vol. 44. Leiden: Brill, 2010.

Barkey, Karen. *Bandits and Bureaucrats: The Ottoman Route to State Centralization.* New York: Cornell University Press, 1994.

Barnes, John Robert. *An Introduction to Religious Foundations in the Ottoman Empire.* Leiden: E.J. Brill, 1986.

Barnett, Richard. *The Sick Rose: or; Disease and the Art of Medical Illustration*. London: Thames & Hudson, 2016.

Bastos, Cristiana. "The Hut-Hospital as Project and as Practice: Mimeses, Alterities, and Colonial Hierarchies." *Social Analysis: The International Journal of Anthropology* 62, no. 2 (2018): 76–97.

Başağaoğlu, İbrahim. "Maltepe Asker Hastanesi." *Turkiye Klinikleri Journal of Medical Ethics-Law and History* 11, no. 2 (2003): 108–115.

Baytop, Turhan. *Eczâhâne'den Eczane'ye. Türkiye'de Eczaneler ve Eczacilar, 1800-1923.* Istanbul: Bayer, 1995.

Blanchard, Théodore. *Les Mavroyéni: Essai d'étude additionnelle à l'histoire moderne de la Grèce, de la Turquie et de la Roumanie.* Paris: Ernest Flammarion, 1893.

Blanchard, Théodore. *Les Mavroyéni: Histoire d'Orient (de 1700 à nos jours).* Tome Second. Paris: Ernest Leroux, 1909.

Billings, Malcolm. *Vartan of Nazareth: Missionary and Medical Pioneer in the Nineteenth-century Middle East.* London: Paul Holberton Publishing, 2012.

Borg, John Joseph. "Pharmacy in Malta in the nineteenth century." *Pharmaceutical Historian* 51, no. 3 (2021): 65-75.

Bostan, İdris. *Osmanlı Bahriye Teşkilâtı: XVII. Yüzyılda Tersâne-i Âmire*, Türkiye: Türk Tarih Kurumu Basımevi, 1992.

Bournova, Eugenia, and Myrto Dimitropoulou. "Women Physicians and Their Careers: Athens—1900–1950: A Contribution to Understanding Women's History." *Genealogy* 7, no. 1 (2023): 1–24.

Bugnion, François. *Red Cross, Red Crescent, Red Crystal.* Geneva: International Committee of the Red Cross, 2007.

Buran, Ferat, and Erdem Özkara. "Modernization of Medicine in the Ottoman Empire and Its Effects on Forensic Sciences." *Journal of Forensic Science and Medicine* 4, no. 4 (2018): 213–220.

Burrow, Gerard N. "Clot-Bey: Founder of Western Medical Practice in Egypt," *The Yale Journal of Biology and Medicine* no. 48 (1975): 251–257.

Γιάννης Επαμεινώνδας and Ιωάννης Δ. Στεφανίδης. *Η Δύση της Ανατολής, Θεσσαλονίκη 1870-1912.* Athens: Μορφωτικό Ίδρυμα Εθνικής Τραπέζης, 2012.

Cantay, Gönül Güreşsever. “XIX. Yüzyılda Kurumlaşma Ve Hastahaneler 1”. FSM İlmi Araştırmalar İnsan Ve Toplum Bilimleri Dergisi, sy. 1 (Mart 2013): 108–26.

Cassar, Paul. “An Outline History Of Pharmacy Part III: The Story of Maltese Pharmacy,” (*The Pharmacist,* September 1987), 12-16.

Chahrour, Marcel. "‘A Civilizing Mission’? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1838–1850," *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 38, no. 4 (2007): 687-705.

Davis, John P. *Russia in the Time of Cholera: Disease under Romanovs and Soviets.* London: I.B. Tauris & Co. Ltd, 2018.

de Ridder Symoens, Hilde “The Mobility of Medical Students from the Fifteenth to the Eighteenth Centuries: The Institutional Context.” In *Centres of Medical Excellence?: Medical Travel and Education in Europe, 1500-1789*, edited by Ole Peter Grell, Andrew Cunningham, and Jon Arrizabalaga. Farnham, England: Ashgate, 2010.

Doğanay, Erkan. *Mekteb-I Tıbbiye: Ülker Erke Minyatürleri Ile Tıp Tarihi.* İstanbul: Zeytinburnu Kültür ve Sanat Merkezi Yayınları, 2019.

El-Sanabary, Nagat. “Women and the Nursing Profession in Saudi Arabia.” In *Women in Nursing in Islamic Societies,* edited by Nancy H. Bryant, 255–280. Oxford: Oxford University Press, 2003.

Etker, Şeref. *İkinci Meşrutiyetin Tabip Örgütleri.* İstanbul: Libra Kitap, 2017.

Exertzoglou, Haris. "Medicine, Philanthropy and the Construction of Poverty in Istanbul in the Nineteenth and Early Twentieth Centuries." *Economy and Society on Both Shores of the Aegean ed. by Lorans Tanatar Baruh and Vangelies Kechriotis, Athens: Alpha Bank Historical Archives* (2010): 249–276.

Fahmy, Khaled. *In Quest of Justice: Islamic Law and Forensic Medicine in Modern Egypt*. Berkeley: University of California Press, 2018.

Fortna, Benjamin C. *Imperial Classroom: Islam, the State, and Education in the late Ottoman Empire*. (Oxford University Press, 2002

Fuhrmann M. The French-Language Press: A Common Forum? In: *Port Cities of the Eastern Mediterranean: Urban Culture in the Late Ottoman Empire*. Cambridge: Cambridge University Press; 2020: 234–242.

Füves, Ödön. "Hungarian-Greek Medical Relations in the 18-19th Centuries." *Balkan Studies* 6, no. 1 (1965): 79–82.

Galanté, Abraham. *Histoire Des Juifs D’istanbul Depuis La Prise De Cette Ville, En 1453*. Vol. 2. Istanbul: Imprimerie Hüsnütabiat, 1941.

Galanté, Abraham. *Médecins Juifs au Service de la Turquie*. Istanbul: Imprimerie Babok, 1938.

Γαρύφαλλος, Αλέξανδρος, Παρασκευάς Σαββαΐδης, and Δημήτριος Ν.. Χριστοδούλου. *Οι υγειονομικές υπηρεσίες στο Μακεδονικό μέτωπο*. University Studio Press, 2015.

Γενικοί κανονισμοί περί διευθετήσεως των εκκλησιαστικών και εθνικών πραγμάτων των υπό τον Οικουμενικόν Θρόνον διατελούντων Ορθοδόξων Χριστιανών, υπηκόων της Α. Μεγαλειότητος του Σουλτάνου. Εν Κωνσταντινουπολει: Εκ του Πατριαρχικού Τυπογραφείου, 1862.

Γιαννακόπουλος Γ. Α. *Η βιβλιοθήκη του ελληνικού φιλολογικού συλλόγου Κωνσταντινουπόλεως (1863-1922).* Δελτίο Κέντρου Μικρασιατικών Σπουδών, 6, 287–322. (1986).

Hacısalihoğlu, Neriman Ersoy. "Sultan Mehmed Reşad Döneminde İstanbul'daki Bulgar Cemaati: Nüfus, Yerleşim ve Ekonomi." *Tarih Dergisi* 71 (2020): 407–428.

Jarius, Sven, and Brigitte Wildemann. "The history of Neuromyelitis Optica." *Journal of Neuroinflammation* 10 (2013): 1–12.

Kâhya, Esin, and A.D. Erdemir. *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*. Osmanlı Serisi. Türkiye Diyanet Vakfı, 2000.

Kâhya, Esin. "Hekimbaşı Mustafa Behçet Efendi Ve İstanbul'a Verdiği Sağlık Hizmetleri" In *7. Uluslararası Türk kültürü kongresi: Türk ve dünya kültüründe İstanbul, 5-10 Ekim 2009, Ankara*, edited by Şebnem Ercebeci Çınar. Ankara: Atatürk Kültür Merkezi, 2011.

Karacaoğlu, Emre. "Cemiyet-i Tıbbiye-i Osmâniye Toplantısında Sunulan Bir Tıp Tarihi Makalesi: Terakkiyât-i Tıbbiye." Türkiye Klinikleri J Med Ethics 2016; 24(2): 44-54.

Kılıç, Abdullah. *Şifahaneler: Anadolu Selçuklu ve Osmanlı Şefkat Abideleri = The Şifahanes of Philanthropic Monuments of the Seljuk and Ottoman Eras.* İstanbul: Medicalpark, 2012.

Kim, Diane J., Sarah J. Blossom, Pedro L. Delgado, Jessica M. Carbajal, and Ricardo Cáceda. "Examination of Pain Threshold and Neuropeptides in Patients with Acute Suicide Risk." *Progress in Neuro-Psychopharmacology and Biological Psychiatry* 95 (2019): 1-6.

Kökçü, Alper Tunga, and Nilüfer Demirsoy. "Hekimbaşı Mustafa Behçet Efendi ve 19. Yüzyılda Osmanlı Tıp Eğitiminde Yenilikçi Hareket." *Turkiye Klinikleri J Med Ethics* 24, no. 2 (2016): 67–75.

Kuhnke, LaVerne. *Lives at Risk: Public Health in Nineteenth-Century Egypt*. Vol. 24. Berkely: Univeristy of California Press, 1990.

Kyrkoudis T, Tsoucalas Gregory, Thomaidis Vasileios, Bakirtzis Ioannis, Nalbandi Eleni, Polychronidis Alexandros, and Aliki, Fiska. Vaccination of the Ethnic Greeks (Rums) Against Smallpox in the Ottoman Empire: Emmanuel Timonis and Jacobus Pylarinos as Precursors of Edward Jenner. *Erciyes Medical Journal* 2021; 43(1): 100–106.

Λάππας, Κώστας Θ. *Πανεπιστήμιο και φοιτητές στην Ελλάδα κατά τον 19ο αιώνα.* Αθήνα : Ιστορικό Αρχείο Ελληνικής Νεολαίας, 2004.

Leven, N. *Cinquante Ans d'Histoire: L' Alliance Israélite Universelle (1860 - 1910).* Paris: Libraire Felix Alcan, 1944.

Lieberman, Victor. *Strange Parallels: Volume 1, Integration on the Mainland: Southeast Asia in Global Context, c. 800–1830*. Cambridge: Cambridge University Press, 2003.

Lieberman, Victor. *Strange Parallels: Volume 2, Mainland Mirrors: Europe, Japan, China, South Asia, and the Islands: Southeast Asia in Global Context, C. 800–1830*. Cambridge: Cambridge University Press, 2009.

Low, Michael Christopher. *Imperial Mecca: Ottoman Arabia and the Indian Ocean Hajj*. Columbia University Press, 2020.

Mamoni, Kyriaki. "Les associations pour la propagation de l' instruction grecque à Constantinople (1861-1922)." *Balkan Studies* 16, no. 1 (1975): 103–112.

Marmara, Rinaldo. *La Paix: Hôpital des Filles de la Charité à Istanbul; 1858-2008*. Latin Katolik Ruhani Reisliği, 2008.

Mars, Evgenia, and Hüseyin Mevsim. *Abdülhamid İstanbul'unda bir kadın seyyah*. Kitap Yayınevi, 2019.

McDonald, Lynn, ed. *Florence Nightingale: The Crimean War: Collected Works of Florence Nightingale*. Vol. 14. Waterloo: Wilfrid Laurier University Press, 2010.

Μόλχο, Ρένα. *Οι Εβραίοι της Θεσσαλονίκης 1856-1919: Μια ιδιαίτερη κοινότητα.* Αθήνα: Εκδόσεις Πατάκη, 2001.

Moulinier, Pierre. *Les étudiants étrangers à Paris au xix^e^ siècle. Migration et formation des élites*, Rennes, Presses universitaires de Rennes, 2012.

Mouthon, Jean-Marie. *Les Grecs, docteurs en médecine, à la Faculté de Paris au XIXe siècle.* Châtillon, 2016.

Naar, Devin E. *Jewish Salonica: Between the Ottoman Empire and Modern Greece*. Redwood City: Stanford University Press, 2020.

Ocak, Başak. "Hamidiye Etfal Hastanesi'nin Kurucusu İbrahim Paşa'nın Frengi Hakkındaki Layihası". Çağdaş Türkiye Tarihi Araştırmaları Dergisi 19, sy. 38 (Ağustos 2019): 5–25.

Okta, Birge Yıldırım. "Urban Transformations in Istanbul During the Term of Mayor Cemil Topuzlu." *METU Journal of the Faculty of Architecture* 34, no. 1 (2017).

Ozansoy, E., and Sarioglou, I. "The Hellenic Literary Society of Constantinople (HLSC), 1861-1922." *Chronos: Revue d'Histoire de l'Université de Balamand*, no. 31 (2015): 23–36.

Özbay, Kemal. *Türk Asker Hekimliği Tarihi ve Asker Hastaneleri*. Yörük Basimevi, 1976.

Özdemir, Hikmet. *The Ottoman Army 1914-1918: Disease and Death on the Battlefield.* Salt Lake City: University of Utah Press, 2008.

Öztekin-Mat Afife. Les périodiques pharmaceutiques en langue française dans l'Empire Ottoman. In: Revue d'histoire de la pharmacie, 84^e^ année, n°312, 1996. Actes du XXXIe Congrès International d'Histoire de la Pharmacie (Paris, 25-29 septembre 1995), 315–317.

Öztürk, Metin, Elneyoğlu, Metin , and Bab, Döndü. *Osmanlı Belgelerinde Askeri Tıp ve Balkan Askeri Hastaneleri.*

Πεντόγαλος, Γεράσιμος. *Ιατροί Θεσσαλονίκης: 1800-1912.* University Studio Press, 2011.

Papoulias, Evangelos. *Modern Museum Approaches, to Managing the University Heritage: The Athens University History Museum.* Athens: National and Kapodistrian University of Athens Press, 2022.

Perry, Yaron, and Efraim Lev. "The Medical Activities of the London Jews' Society in Nineteenth-Century Palestine." *Medical History* 47, no. 1 (2003): 67–88.

Petrov, Milen V. "Everyday Forms of Compliance: Subaltern Commentaries on Ottoman Reform, 1864–1868." *Comparative Studies in Society and History* 46, no. 04 (2004): 730–759.

Phillíou, Christine May. *Biography of an Empire: Governing Ottomans in an Age of Revolution*. Berkeley: University of California Press, 2011.

Renberg, Gil H. *Where Dreams May Come: Incubation Sanctuaries in the Greco-Roman World*. Leiden/Boston: Brill, 2017.

Rogan, Eugene L. *Frontiers of the State in the Late Ottoman Empire: Transjordan, 1850-1921*. Vol. 12. Cambridge: Cambridge University Press, 2002.

Rubin, Avi. *Ottoman Rule of Law and the Modern Political Trial: The Yildiz Case*. Syracuse: Syracuse University Press, 2018.

Sabev, Orlin. "Medical Books in Private and Public Ottoman Libraries." *38. Uluslararası Tıp Tarihi Kongresi bildiri kitabı, 1-6 Eylül 2002* 2 (2005): 615–628.

Sajdi, Dana. *Ottoman Tulips, Ottoman Coffee: Leisure and Lifestyle in the Eighteenth Century*. London: IB Tauris, 2014.

Saleem, Sahar. "Egyptian Medical Civilization: from Dawn of History to Kasr Al Ainy School." In *Pharmacy and Medicine in Ancient Egypt: Proceedings of the Conference Held in Barcelona (2018).* Oxford: Archaeopress Publishing Ltd, 2021.

Sandalcı, Mert. *Belgelerle Türk Eczaciligi II, 1840-1948.* Istanbul: Dr. Nejat F. Eczacıbaşı Vakfı, 1998.

Satış, İhsan. "Osmanlı Devleti'nde Ermeni Katolik Cemaatine Dair Âli Paşa ve Kastro Bey'in Lâyihaları." *Gazi Akademik Bakış* 9, no. 18 (2016): 253–273.

Segev, Ronen. "The Late Ottoman Era and Its Legacy for Nursing in Turkey." *Turkish Studies* 25, no. 2 (2024): 352–365.

Shaw, Stanford. "Iranian Relations with the Ottoman Empire in the Eighteenth and Nineteenth Centuries." In *The Cambridge History of Iran*, edited by P. Avery, G. R. G. Hambly, and C. Melville, 295–313. Cambridge: Cambridge University Press, 1991.

Shefer-Mossensohn, Miri. "Medical and Professional Ethics in Sixteenth-Century Istanbul: Towards an Understanding of the Relationships between the Ottoman State and the Medical Guilds." *Medicine and Law* 21, no. 2 (2002): 307–320.

Shefer-Mossensohn, Miri. *Science Among the Ottomans: The Cultural Creation and Exchange of Knowledge*. New York: University of Texas Press, 2015.

Shefer-Mossensohn, Miri. "Medical Treatment in the Ottoman Navy in the Early Modern Period." *Journal of the Economic and Social History of the Orient* 50, no. 4 (2007): 542–568.

Sipahi, Ali. "Suburbanization and Urban Duality in the Harput Area." In *The Ottoman East in the Nineteenth Century: Societies, Identities and Politics,* edited by Yaşar Tolga Cora, Dzovinar Derderian, and Ali Sipahi, 247-267. London: I.B. Tauris, 2016.

Şimşek, Selami. "Son Dönem Rifai Şeyhlerinden Edirneli Kabûlî Mustafa Efendi'nin Risale-i Tasavvuf Adlı Eseri." *İlmi Akademik Araştırma Dergisi Tasavvuf,* yıl: 7 [2006], sayı: 17: 237-266.

Somel, Selçuk Akşin. "Osmanlı Son Döneminde Iskat-ı Cenin Meselesi." Kebikeç 13 (2002): 65- 88.

Stake-Doucet, Natalie. "The Racist Lady with the Lamp." *Nursing Clio* (blog). 5th November, 2020. https://nursingclio.org/2020/11/05/the-racist-lady-with-the-lamp/

Stamatopoulos, Dimitris. "Rum Millet between Vakıfs and Property Rights: Endowments' Trials of the Ecumenical Patriarchate's Mixed Council in the Late Ottoman Empire (19th–20th c.)." *Endowment Studies* 2, no. 1 (2018): 58-81.

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

Sümertaş, Firüzan Melike. "Dr. Aleksandros G. Paspatis'ten Dersaadet Rum Cemiyet-i Edebiyesi'ne İstanbul'un Kara Surları Üzerine Bir Çalışma." *Toplumsal Tarih* 272, no. 272 (2016): 42–50.

Tahsin, Rıza. *Tıp Fakültesi Tarihçesi (Mirat-ı Mekteb-i Tıbbiye) Cilt 1-2*. İstanbul: Özel Yayınlar, 1991.

Terzi, Arzu. "Osmanlı Saray Eczanesinin Teşkilât ve İdaresi (XIX. yüzyılın ikinci yarısında)." *Osmanlı Bilimi Araştırmaları* 11, no. 1 (2010): 49–64.

Tezcan, Baki. *The Second Ottoman Empire: Political and Social Transformation in the Early Modern World*. Cambridge: Cambridge University Press, 2010.

Tiberghien, Denis. "Paul Cololian (1869–1956) : membre de la Société Médico-Psychologique (1902) et fondateur de l'Union des Médecins Arméniens de Paris (1920) et de la Croix-Rouge Arménienne de Paris (1922) (Partie I)."*Annales Médico-psychologiques, revue psychiatrique*, 178, no. 1 (2020), 81–94.

Τρομπούκης, Κωνσταντίνος. *Η ελληνική Ιατρική στην Κωνσταντινούπολη: 1856-1923.* Αθήνα : Σύνδεσμος των εν Αθήναις Μεγαλοσχολιτών, 2000.

Tunç, Uğurgül. "Lessons from the Crimean War: How Hospitals were Transformed by Florence Nightingale and Others." *Infectious Diseases and Clinical Microbiology* 1, no. 2 (2019): 110–120.

Türker, Deniz. *The Accidental Palace: The Making of Yıldız in Nineteenth-Century Istanbul*. University Park: Penn State Press, 2023.

Unat, Ekrem Kadri. “Osmanlı Devletinde Tıp Cemiyetleri.” In *Osmanlı Ilmî ve Meslekî Cemiyetleri: 1. Millî Türk Bilim Tarihi Sempozyumu, 3-5 Nisan 1987,* edited by Ekmeleddin İhsanoğlu,. Türkiye: İstanbul Üniversitesi Edebiyat Fakültesi, 1987, 85–110.

Uslu, Seza Sinanlar. *Galatasaray Tıbbiyesi'nden Mekteb-i Sultani'ye Eğitimde Yenilik ve Gelenek.* İstanbul: Domingo Yayınevi, 2017.

Uzluk, Feridun Nâfiz. *Hekimbaşı Mustafa Behçet: Zâti, Eserleri Üstüne bir Araştırma*. Ankara Üniversitesi Tıp Fakültesi Tıp Tarihi Enstitüsü, no. 3. Ankara: Ankara Üniversitesi Tıp Fakültesi Tıp Tarihi Enstitüsü, 1950.

Vassiadis, George A. *The Syllogos Movement of Constantinople and Ottoman Greek Education 1861-1923*. Athens: Centre for Asia Minor Studies, 2007.

Yalçınkaya, M. Alper. *Learned Patriots: Debating Science, State, and Society in the Nineteenth-Century Ottoman Empire.* Chicago: The University of Chicago Press, 2015.

Yarman, Arsen. *Ermeni Etıbba Cemiyeti,1912-1922: Osmanlı’da Tıptan Siyasete bir Kurum.* İstanbul: Tarih Vakfı Yurt Yayınları, 2014.

Yarman, Arsen. *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi Tarihi* İstanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001.

Yıldırım, Nuran. *A History of Healthcare in Istanbul: Health Organizations, Epidemics, Infections and Disease Control, Preventive Health Institutions, Hospitals, Medical Education / Nuran Yıldırım* (Translated by M. İnanç Özekmekçi ; Translation Editor, Rainer Brömer). Istanbul: İstanbul Üniversitesi, 2010.

Yıldırım, Nuran. *A Tour of the History of Medicine in Istanbul: Taksim, Beyoğlu, Üsküdar.* (Translated by Ayşe Parman). Istanbul: Turkish Society of Clinical Microbiology and Infectious Diseases KLİMİK, 2008.

Yıldırım, Nuran. *Gureba Hastanesi’nden Bezmiâlem Vakıf Üniversitesi’ne.* İstanbul: Bezmiâlem Vakıf Üniversitesi, 2013.

Yıldırım, Nuran. *Hastane Tarihimizde bir Kutup Yıldızı : Hamidiye Etfal Hastanesi.* İstanbul: Şişli Etfal Eğitim ve Araştırma Hastanesi, 2010.

Yıldırım, Nuran. *14. Yüzyıldan Cumhuriyet’e Hastalıklar, Hastaneler, Kurumlar: Sağlık Tarihi Yazıları*. İstanbul: Tarih Vakfı Yurt Yayınları, 2014.

Yıldırım, Nuran “Le rôle des médecins turcs dans la transmission du savoir” In *Médecins Et Ingénieurs Ottomans À L'âge Des Nationalismes*, edited by Méropi Anastassiadou-Dumont Paris/Istanbul: Maisonneuve et Larose/Institut français d'études anatoliennes d'Istanbul, 2003.

Yıldırım, Rıfat Vedat. "Agop Handanian (1834–1899): Forensic Medicine Professor in Imperial School of Medicine," *Journal of Medical Biography* 24, no. 2 (2016): 232–234.

Yılmaz, Seçil. "Threats to Public Order and Health: Mobile Men as Syphilis Vectors in Late Ottoman Medical Discourse and Practice." *Journal of Middle East Women's Studies* 13, no. 2 (2017): 222–243.

Yoel, Meir, Rena Molho, and Petros Martinidēs. *The Memoirs of Doctor Meir Yoel: An Autobiographical Source on Social Change in Salonika at the Turn of the 20th Century*. Istanbul: Isis Press, 2011.