THE UNIVERSITY OF CHICAGO

“ARE THERE NO ASYLUMS?”

THE OTTOMAN STATE AND THE INSANE, 1856-1908

A DISSERTATION SUBMITTED TO

THE FACULTY OF THE DIVISION OF THE HUMANITIES

IN CANDIDACY FOR THE DEGREE OF

DOCTOR OF PHILOSOPHY

DEPARTMENT OF NEAR EASTERN LANGUAGES AND CIVILIZATIONS

BY

CİHANGİR GÜNDOĞDU

CHICAGO, ILLINOIS

DECEMBER 2014

UMI Number: 3668251

All rights reserved

INFORMATION TO ALL USERS
The quality of this reproduction is dependent upon the quality of the copy submitted.

In the unlikely event that the author did not send a complete manuscript
and there are missing pages, these will be noted. Also, if material had to be removed,
a note will indicate the deletion.



UMI 3668251

Published by ProQuest LLC (2014). Copyright in the Dissertation held by the Author.

Microform Edition © ProQuest LLC.
All rights reserved. This work is protected against
unauthorized copying under Title 17, United States Code



ProQuest LLC.
789 East Eisenhower Parkway
P.O. Box 1346
Ann Arbor, MI 48106 - 1346

Copyright © 2014 Cihangir Gündoğdu
All rights reserved

To the beloved memory of my grandmother Beser Gündoğdu

and

grandfather Kamer Gündoğdu

TABLE OF CONTENTS

LIST OF IMAGES vi

LIST OF TABLES vii

LIST OF FIGURES viii

NOTE ON TRANSLITERATION ix

LIST OF ABBREVIATIONS x

ACKNOWLEDGMENTS xi

ABSTRACT xvi

CHAPTER I: Introduction 1

Historical context: The insane in the early modern Ottoman Empire..... 2
The growing concern about *mechûl-ul ahvâl* 9
Organization 19
Sources 23

CHAPTER II: Ottoman Reform in the Süleymaniye Mental Asylum: Doctors, Statistics, and "Oriental Insanity" 35

Süleymaniye from Dârüşşifâ to imperial mental asylum 38
Luigi Mongeri: An Italian émigré in the Ottoman Empire 44
Mongeri at Süleymaniye 52
Rendering Insanity Visible in the Ottoman Context: Quantification 58
Mongeri: An Expert in "Oriental Insanity" 77
Conclusion 86

CHAPTER III: Setting a Legal Framework: The 1876 Regulation and Doctors, Patients, Families, and Police 87

The legal status of the insane 91
An overview: Regulation of insanity in Europe 100
Professional motivation for regulating insanity in the Ottoman context ... 102
Nineteenth-century Ottoman-French relations regarding asylum reform and regulation 105
The negotiating the regulation 109
The 1876 Regulation Concerning Mental Asylums 117
The 1876 regulation and the police 119
The 1876 regulation and the asylum doctors 122
Conclusion 128

CHAPTER IV: Taxing Insanity: Creating an Asylum Budget and Financing Asylum Expenses (1874–1892) 130

From Süleymaniye to Toptaşı: The empire's new central asylum 132
No more patients! 141
Ottoman Economics and Politics and Asylum Expenses 145
The asylum under municipal supervision 149
The insanity tax and the provinces 157
Conclusion 162

CHAPTER V: The Quest for a Solution: Overcrowding, Cholera, and the Mental Asylum 164

Overcrowding: A pressing reality 169
Overcrowding in the Ottoman central mental asylum 177
Measures to relieve the overcrowding in Toptaşı 194
Avram de Castro and the 1893 cholera epidemic 199
Abdülhamid on duty 216
Conclusion 227

CHAPTER VI: Toward a Purpose-Built Ottoman Mental Asylum in the Last Quarter of the Nineteenth Century 229

Mongeri's model mental asylum: Some considerations 231
Mongeri's reforms in the public eye 240
Toptaşı: A purpose-built Ottoman asylum? 242
A new mental hospital 255
Conclusion 267

CHAPTER VII: In Lieu of a Conclusion 269

APPENDIX:

I. Luigi Mongeri 278
II. Mongeri's petition submitted to the government in 1856 279
III. Cover page of the Süleymaniye statistics by Mongeri 280
IV. Cover page of the 1876 regulation 281
V. Mongeri's retirement plan 282
VI. Provinces'/districts' names and their shares of annual tax (*vergi-yi senevi*) 283
VII. Insane patients at the Toptaşı mental asylum 284
VIII. Insane patients at the Toptaşı mental asylum's courtyard 285
IX. Asylum's chief physicians Avram de Castro and Avni Mahmud 286
X. List of the stricken patients in the cholera epidemic of 1893 287

BIBLIOGRAPHY 294

LIST OF IMAGES

1	A medical advertisement from an Ottoman newspaper	126
2	Photo showing the entrance of Toptaşı mental asylum	243
3	Patients during a visit by asylum's medical staff in the Toptaşı mental asylum's courtyard	245
4	Male patients in the Toptaşı mental asylum's courtyard	247
5	Mazhar Osman unchaining patients at the hospital in Edirne	249
6	The wards whose construction was planned for inside the existing Toptaşı complex for male and female patients in Usküdar	252
7	A inside view from one of the wards at Toptaşı mental asylum.....	254

LIST OF TABLES

1 Male patients admitted to the Süleymaniye lunatic asylum in Istanbul, 1 March 1857–28 February 1867 67

2 Female patients admitted to the Süleymaniye Lunatic Asylum in Istanbul, 1 March 1857–28 February 1867 67

3 Provinces and districts, with the annual amounts that they were expected to pay 144

4 The total amounts of the asylum tax that were cashed and the loan amounts that provinces and districts were expected to pay in ten years' time 158

LIST OF FIGURES

1	Total number of the instutionalized patients admitted to the Süleymaniye lunatic asylum, 1857–1867.....	179
2	Total number of mental patients admitted to Greek Balıklı Hospital	188
3	The daily course of the cholera epidemic at the mental asylum [25 August–3 September 1893]	213
4	Daily course of incidences, deaths, and recoveries at the mental asylum...	215

NOTE ON TRANSLITERATIONS

Throughout the text, I follow modern Turkish orthography. For Ottoman Turkish terms, and titles I use the renderings available in Ferit Devellioğlu's Encyclopedic Ottoman-Turkish dictionary.

LIST OF ABBREVIATIONS

DH	Ministry of Interior (Dahiliye Nezareti)
GMD	*Gazette médicale d'Orient*
h.	Hicri calendar
MV	Sublime Council (Meclis-i Vâlâ)
PMOA	Prime Ministry Ottoman Archives
SMP	Société Medico-Psychologique
ŞD	Council of State
ŞH	Municipality of Istanbul (Şehremâneti)
r.	reign

ACKNOWLEDGMENTS

This thesis would not have been completed without the moral and material support and encouragement of several friends, family members, and institutions. During my doctoral studies at the University of Chicago, I have benefitted greatly from their support. First and foremost, I thank my thesis committee members, who made possible the completion of this thesis. Among these, I would like to particularly thank first Professor A. Holly Shissler, my mentor and supervisor at the university, for her continuous encouragement and support. Her insightful comments and criticisms shaped the content of this work. During my graduate years, Professor Orit Bashkin has been a constant supporter of my studies and research, and I have benefited immensely from her extensive knowledge of Middle Eastern history and historiography. Professor Hakan Karatake provided inspiring guidance and feedback during my proposal defense that further shaped the content of the present work.

The fantastic academic staff of the University of Chicago's Near Eastern Civilizations and Languages Department, and the classes I took there, helped me to mature academically and intellectually. Among these I am delighted to mention Professor Cornell Fleischer and his seminar classes. These sessions have broadened my perspective on the early modern Ottoman Empire immensely. I would also like to thank Professors Wadad Qadi, Fred Donner, and Robert Dankoff for the stimulating and intellectual environment that they provided in their Islamic civilization classes.

The present thesis was made possible with the support of several institutions, and the various grants and fellowships: the Provost's Summer Fellowship, the Doolittle-

Harrison Fellowship, the Humanities Division Travel Grant, and the Overseas Dissertation Research Fellowship. The archival research and writing of this dissertation was made possible by funding provided by the University of Chicago. I gratefully acknowledge the generous fellowship of the Humanities Department's one-year Study in Paris (formerly the Honigberg Fellowship) fellowship. It made both research and study in Paris possible, which in turn immensely contributed to my writing process. Thanks to these fellowships and grants, I was able to conduct my research and finalize my writing.

The utilization of Ottoman documents written in *rık'a* script would not have been possible without Yücel Demirel, master of Ottoman script, who introduced me to Ottoman documents years ago. Without him, I probably would have perceived only scratchy letters. I have immensely benefited from his Ottoman reading classes.

I would also like to thank the staff of the University of Chicago's Regenstein Library for their professionalism and dedication. The scan-and-deliver staff members turned my writing and research experience into a joyful one despite the distance. They were always available and provided any written materials that I was in need of. During my research time in Turkey, a number of institutions and libraries facilitated my work; among these I would like to mention specifically the staff of the Ottoman Archives in Istanbul, the staff of Atatürk Library in Taksim, the library staff of Koç University's Research Center for Anatolian Civilizations, and the staff of the SALT-Galata library. I would like to thank also the staff of Bakırköy Mental Hospital: Şahap Erkoç, Fulya Kardeş, Fatih Artvinli, Latif Alpkan, and Fulya Maner. I have benefitted and learned much about the history of Ottoman and Turkish psychiatry from our "Thursday

meetings" at the Bakırköy Mental Hospital, where we hosted and listened to the memoirs of the hospital's former medical and administrative staff.

While in Hyde Park, at the University of Chicago's campus—where, according to a famous dictum, hell freezes over—the warm friendship of distinguished circle friends and colleagues made my academic experience a pleasant and enjoyable one: Metin Yüksel, Melisa Bilal, Kaya Şahin, Rita Koryan, Gökçe Bike Yazıcıoğlu, Mehmetcan Akpınar, Abdurrahman Atçıl, Hamza Levent Yılmaz, Ercüment Asil, Toygun Altıntaş, İpek Hüner, Kaveh Hemmat, Amin Azad Sadr, Hani Khafipur, Harry Bastermajian, Rafi W. Mottahedeh, Nikolay Antov, Evrim Binbaş and Ertuğrul Ökten. While I was in Turkey writing, my study group with Ayşe Polat and Erol Ülker, both friends and collegues from the University of Chicago, helped me to shape the content of this work. Yaşar Tolga Cora, my long-time friend from Boğaziçi University and now a doctoral student at the University of Chicago, has been a constant supporter. His comments and criticisms have helped me to progress in the present work. In the last few months before the completion of this thesis, regular meetings with a group of *gayrı mutî* friends, including Megan Clark of the University of Chicago and Constanze Letsch, gave me the opportunity to revise and clarify my thoughts concerning the content and organization of my chapters. Thus, I owe particular thanks to them.

While in Turkey for research, I met new colleagues and made new friends whose experiences, knowledge, and counseling have assisted me. I would like to thank particularly my dear colleague and friend Vural Genç for his immense knowledge of Ottoman archives and Ottoman script. And I also thank Bülent Genç, Zozan Pehlivan, Azer Keskin, and other friends for all the tea and talks that we shared at the tea house, for

solidarity and camaraderie against tear gas, police violence, and brutality at the Gezi Protests in Taksim Square. May the soul of the martyrs of the Gezi protests rest in peace! Finally, I would also like to thank to Professor Bülent Bilmez of Istanbul Bilgi University's history department for his constant encouragement and support, which provided extra motivation to finish the current work. And I send my sincerest thanks to Cengiz Kahraman for kindly sharing Toptaşı photographs from his private collection.

It is the moral and material support of my family members that made my studies in Chicago possible: among these I would like to thank to my late grandfather Kamer Gündoğdu and grandmother Beser Gündoğdu, who both passed away during my graduate studies. This work was made possible—since my early childhood—with the warm family environment that they provided. The long walks that I had with my grandfather and our talks and questions fed my intellectual curiosity, triggering my interest in history and the past. I also thank my late aunt Songül Mut (Gündoğdu). My uncle Musa Nuri Gündoğdu has always been a constant supporter of my studies; he deserves a special thanks for the perspective he provided. My father and mother, Ali and Fidan Gündoğdu, have supported me in my studies. I would like to thank them for all the support they provided during my undergraduate and graduate studies. My sister, Oya Gündoğdu, a close confidante and friend, has always been a constant sponsor. I thank my cousin Zülfiye Akçiçek for her encouragement, as well. Besides these, I also thank my aunts Birgül Göktaş, Nurgül Babayiğit, Türkan Koç and Gülşen Aydın and my cousins Serkan Başar Gündoğdu, Özgür Koç, Kayra Göktaş, Doğa İlayda Göktaş, Ceren Gündoğdu and Deniz Mut. Fügen and Mehmet Tatlısu, my mother- and father-in-law, have always been supportive of my studies and family.

Finally, I would like sent my greatest thanks and gratitude to my dear wife, Pelin Melisa Gündoğdu, and my son, Can Arat Gündoğdu. This work would not have been completed without their existence. I owe special thanks for their endurance to my nomadism and moments of anger and despair. I have matured with my son, Can Arat, who represents my greatest achievement during doctoral studies. There are no appropriate words to express my gratitude for the patience of my wife and for her moral and psychological support and motivation.

ABSTRACT

The present study seeks to contribute to and expand our knowledge concerning the nature and scope of the Tanzimat reforms by bringing to our scholarly attention a relatively understudied matter, the mental asylum reform that took place between 1856 and 1908. This study begins with Luigi Mongeri's appointment to the Süleymaniye Mental Asylum in 1856 and ends with the 1908 revolution, which inaugurated a period when the mental asylum would undergo a new reformist trend at the hands of Unionist elite. Although the objects of asylum reform were, obviously, the "insane", this work does not primarily focus on their stories. It rather explores the professional, legal, political, and economic processes that accompanied the mental asylum reform in the second half of the nineteenth century in the Ottoman Empire. It is accordingly organized around certain themes and problematics, such as the definition and quantification of madness, its regulation, the proposals and initiatives to institutionalize the treatment of the insane, and the financing of such initiatives.

CHAPTER I

INTRODUCTION

The second half of the nineteenth century in the Ottoman Empire witnessed a state-orchestrated initiative to bring the insane under medico-political intervention, whereby insanity was stripped of its popular attributes and formularized as a new type of malady, one that could be treated only in a new and specially designed institution called a *bîmârhâne* (mental asylum). The state's initiative to reclaim its central control via modern institutional reforms chiefly in the realm of politics, economics, and military, which were collectively known as the Tanzimat reforms, and the accompanying reforms in the fields of education and medicine made possible the appropriation of insanity by medical professionals and its relegation to the hospital. Under these circumstances, treating insanity by means of modern medicine and scientific techniques was gradually pathologized in the hands of professionals who claimed a particular expertise. The hospitalization of insanity in the Ottoman context, as observed also in other European countries in the succeeding decades, was accompanied by a series of jurisdictional, economic, and institutional accommodations. However, this work suggests that a reform initiative that started with good intentions to ameliorate the wretched living conditions of the insane kept in various institutions in the capital by the last quarter of the nineteenth century produced unintended consequences, such as overcrowding and epidemics, which cost the lives of numerous patients who had been hospitalized in the empire's central asylum.

Within this brief historical framework, the present research investigates the official institutional response to the insane and insanity in the nineteenth-century

Ottoman Empire. It particularly examines the interaction of politics and medicine to reform conditions for insane patients kept in the central mental asylum and constitutes an account of the political, jurisdictional, economic, and institutional issues that, in total, constituted the Ottoman asylum reform. As such, it scrutinizes the implementation of Tanzimat reforms in the specific but neglected space of the asylum In doing so, it investigates the asylum reform within the broader milieu of the moral treatment paradigm, which came to dominate nineteenth-century psychiatry and which stressed the role of the asylum in the treatment of insanity.

Historical context: The insane in the early modern Ottoman Empire

Insanity in the early modern Ottoman Empire did not necessarily constitute marginal behavior or a pathological condition that required confinement in an institution. Among the general public, it was only the furiously insane believed to jeopardize public order and security who were confined in small cells that were attached to the general hospitals, called *dârüşşifâ* or *bîmârhâne*. Others were kept at home and subjected to the private care of families. The insane, apart from uncontrollable and violent individuals, were thus allowed to wander freely in public spaces and to participate in communal life. A number of terms, such as *dîvâne*, *deli*,[1] *meczûb*,[2] and *mecnûn*, were employed in both

[1] The term *deli* (lunatic), another term that was used in colloquial parlance, was used to explain a set of unconventional behaviors that might contradict to established societal norms. A pamphlet called *Delinâme* (*Madbook*), written by Mehmed Said, suggests that *deli* was more often used in public to describe unconventional social behaviors that do not necessarily point to medical insanity. To give few examples, for instance, *asıl deli* (true mad) was used to describe someone who thinks of himself as worthy of heaven; *kızıl deli* (red mad), someone who fights too much for nothing; *şeytani deli* (evil-like mad), an arrogant person who does not appreciate anyone. The phrase *zır zır deli* was used for someone who was very talkative. The word *deli* in some cases was used as a prefix before the name of a person to describe extrahuman courage and dedication as well. In the Ottoman army a group of vanguard soldiers was called *deli* or *delil* because of their

popular and official discourse [3] to describe people who exhibited unstable and unconventional behaviors that did not necessarily constitute a pathological condition.

Those who were called *meczûb* (holy idiot)[4] because of the bizarre sounds that they produced, such as yelling, and their strange costumes were believed to have a special connection to God. They were venerated as saintly figures (*veli*) and were provided with food and lodging in the localities where they lived. The various accounts by travelers in the early modern period attest to the liberty that *meczûb* enjoyed both in cities and in the

---

"insane" courage and costumes. As special raiders *delis* attached huge wings to their shields and smaller ones to their heads, put bear or leopard skins over their shoulders, and occasionally covered their horses with lion or tiger skins. Aykut Kazancıgil, "Süheyl Ünver ve Osmanlı Tıbbında Akıl Hastalıkları Ya Da 'Delilik,'" *Bilim Tarihi*, no. 24 (October 1993): 13–15; Reşat Ekrem Koçu, "Deli," İstanbul Ansiklopedisi (İstanbul: Koçu Yayınları, 1966); Abdullah Turhal, *Osmanlı'nın Muhteşem Süvarileri: Deliler* (İstanbul: Doğan Kitap, 2011).

[2] The term *meczûb* on the other hand, was often used of a holy idiot and a religious devotee. Because of strange behavior and shouting, a *meczûb* was believed to have a special relation to God; thus, such people were often revered and protected by the public and provided shelter and food in the places they lived. A certain type of *meczûb* known as *veli* (saint), accounts suggest, was also shown great respect. French alienist Moreau de Tours notes that these people depended on the alms of pious Muslims and were encountered quite frequently in cities and villages. Jacques-Joseph Moreau, *Recherches sur les aliénés, en Orient: Notes sur les établissements qui leur sont consacrés à Malte, île de, au Caire, Égypte, à Smyrne, Asie-Mineure, à Constantinople, Turquie / par le docteur J. Moreau (de Tours), medécin de Bicetre* (Paris: Impr. de Bourgogne et Martinet, 1843), 14–15.

[3] Terms like *dîvâne*, *deli*, *meczûb*, and *mencûn* were used either interchangeably or independently to describe a person whose behavior contradicted and compromised established societal norms and traditions. Some of these terms persisted into the nineteenth and twentieth centuries as well. For instance, Evliya Çelebi uses *dîvâne* more often to describe the insane. In *Târih-i Na'îmâ*, Na'îmâ Mustafa Efendi employs *dîvâne* and *meczûb* interchangeably to describe a homicide case. In *Câbî Tarihi*, on the other hand, the term *meczub* is used describe a Bektashi dervish who intercepted Selim III's convoy during his return from Mahmud Paşa mosque. *Meczûb*, it seems, often described, as in the case of mendicant and ascetic dervishes, persons who had affiliations with a religious sect or docile "mentally ill individuals". However, the boundaries between these groups were clearly defined. Mustafa Naima, *Târih-i Na'îmâ*, ed. Mehmed İpşirli (Ankara: Türk Tarih Kurumu, 2007); Mehmed Ali Beyhan, ed., *Câbî Târihi*, vol. 1 (Ankara: Türk Tarih Kurumu Basımevi, 2003).

[4] In fourteenth-century Anatolia, *muvelleh* dervishes, because of their unconventional costumes and behavior, were also classified within the category insane. Eyüp Öztürk, *Velilik ile Delilik Arasında: İbnu's-Serrâc'ın Gözünden Muvelleh Dervişler* (İstanbul: Kitap Yayınevi, 2013).

countryside. Ogier Ghislein de Busbecq (1512–1592), who served as ambassador to the Ottoman Empire, writes that these holy idiots were "usually claimants to various kinds of sanctity, who wander from place to place, begging under the cloak of religion. Many of them were pretending to be weak-minded as an excuse for their begging; for persons of this kind always find favour with the Turks, who think that those who are half-witted and crazy, being certainly predestined to go to heaven, are to be regarded as saints during their life on earth."[5] This and other accounts, such as that of the prominent Ottoman traveler Evliya Çelebi (1611–1682), who met a local holy idiot named Shaikh Bekkar Uryan (the Naked) in the marketplace in Damascus, suggest that these people were allowed to wander in public places without any inquiry or intervention.[6]

In early modern Ottoman society, in the absence of organized institutional care, violent and unmanageable insanity—which in the modern period was subsumed under the label *mecnûn*[7] and relegated to the hospital—mostly had been considered a private matter, except where public safety or legal questions were concerned. Thus, in the period before the nineteenth century, the handling of the insane was identified first and foremost as a domestic and a communal responsibility. Seriously disturbed and chronic patients were mostly kept locked up either at home or in medical or religious institutions. The

[5] Ogier Ghiselin Busbecq, *The Turkish Letters of Ogier Ghiselin de Busbecq*, trans. Seymour Forster (Oxford: Clarendon Press, 1968), 110.

[6] Because Şeyh Bekkar was considered a holy idiot and was consequently attributed divine qualities, Evliya says, he could "enter the women's bath-houses with impunity, only a bath-towel around his loins, and rub the women down with soap and a bath-cloth; then he would claim to be the spiritual father of the children which those women bore." Robert Dankoff, *An Ottoman Mentality the World of Evliya Çelebi* (Leiden: Brill, 2006), 128.

[7] Not all *mecnûns* were necessarily considered clinically insane. Only those who disturbed public order and security were confined and isolated from the public.

harmless ones, in contrast, as described, were left to the benevolence of the greater public, depending on the social standing of the afflicted person. Whereas in the cities charitable organizations such as *dârüşşifâs* (hospitals) and *imârets* (hospices or soup kitchens) attended to the needy, including the insane, in the provinces, *derviş* lodges (*tekke*) and monasteries[8] mostly admitted insane individuals, providing them with food and shelter.[9]

These forms of private and public assistance to the needy in the Ottoman Empire, including the insane, were motivated by religion, for almost all religious creeds stipulate communal responsibilities for their adherents. For instance, among Muslims, providing for the needy or downtrodden was considered a religious duty and an expression of charity. Thus, it was a common practice for affluent people to make donations to the places where unfortunate people (like the insane) were kept. Records from a mid-eighteenth century *defter* (register) from the Topkapı Palace Archives indicate that the affluent members of the society made donations in the form of kitchen utensils, beds and

[8] For instance, it is known that in the churches of St. George that were located in various places, the mentally deranged were put into chains for curative purposes. In Dersim province, English vice-consul Molyneuex Seel writes, "Kurds were making pilgrimages from far and wide to Armenian Saint Garabed monastery," seeking a cure for insanity. David Howell, "Health Rituals at a Lebanese Shrine," *Middle Eastern Studies* 6, no. 2 (1 May 1970): 179–188.; FO., 195/2375, No. 18, 18 October 1911.

[9] It was a common practice for Muslims to visit the saints' tombs. People usually visit sanctified places and fasten fragments afflicted person's clothing to the saint's tomb for curative purposes. Some *tekkes*, such as Şah Kulu in central Anatolia, Topalak Baba in Erzurum, and Kesikbaş Hazretleri in Tokad, were places where the insane were admitted. The members of the same family also ran Topalak Baba lodge, located in the village of Zorvans/Topalak in Pasin/Erzurum for generations, exclusively hosting and disciplining the insane. It is known that these lodges, because they provided public assistance, were granted certain privileges, such as tax exemption. PMOA, C. SH., 21/1037. The head of the lodge, Seyit Mustafa, demanded that he be exempted from *tımar* obligations since he was taking care of the insane. Ali Baki, *Eski Bir Türk Hekimi: Karacaahmet ve Delileri Tedavi Yurdu*, İstanbul Üniversitesi Tıp Tarihi Enstitüsü 6 (İstanbul: Milli Mecmua Basımevi, 1947).

mattresses, and heating equipment, as well as stocks and chains, to the places where the afflicted or insane persons were accommodated.[10] In other cases, donations contributed to the daily requirements of the asylums, providing daily rations or garments. These acts of benevolence suggest that providing for the needy, particularly the insane, was considered an individual and communal responsibility in the earlier periods. In contrast, as described earlier, when insanity posed a threat to public order and security, it might have become a public and consequently an official matter.[11] It seems that in the urban centers, especially the Ottoman capital and other major cities (former capital cities like Bursa and Edirne [Adrianople]), unstable and unconventional behavior that kept people at the margins of society and posed a challenge to established societal norms were used as a justification by police authorities for confinement. Antonio Menavino, a Genoese who spent ten years as a slave in the courts of Bayezid II (r. 1481–1512) and his son Selim I (r. 1512–1520), notes that the wardens went around the city with staffs, collected the insane, and put iron chains on his neck and wrists to take him to the hospital.[12]

Though limited in number, the uncontrollable and furious insane—especially in

[10] PMOA, TSMA.d., 4172. One donation list included forty bowls (*tas*), one colander (*süzgeç*), two pitchers (*güğüm*), two chandeliers (*şamdan*), one trivet (*sacayak*), two trays (*tepsi*), one quilt (*yorgan*), two stocks (*boyunduruk*), and one chain (*zincir*).

[11] Seyid Hasan, who was the chief clerk (*serkâtib*) of Crimean Şahin Giray, a position which he held until his patron's death, while living in the Küçük Ayasofya neighborhood with his family, was put into Sultan Ahmed asylum by petition of the neighborhoods' residents; the petition was submitted to the grand vizirate (*Bâb-ı âsafî*) upon the pretext of melancholia (*karasevda*). In another case, the chief of the police force (*bostancıbaşı ağası*), who was responsible for the capital's security, demanded the confinement of a certain Derviş İbrahim, member of the Bektaşi order and a resident of the Fındıklı neighborhood, because of insanity (*aklında heft ve noksaniyet*); he was accused of speaking nonsense and thus disturbing people. PMOA, HAT., 204/10624; PMOA, HAT., 25034.D/510, 1236.

[12] Paolo F. Peloso, "Hospital Care of Madness in the Turk Sixteenth Century according to the Witness of G. A. Menavino from Genoa," *History of Psychiatry* 9, no. 33 (1 March 1998): 35–38.

the cities, where there were hospitals—were confined in small cells that were reserved for this purpose. The cells in these institutions,[13] which were under the management of wardens (*güllabi*), mostly provided custodial care rather than therapy. In these hospitals,[14] which had been founded in the Ottoman cities of Bursa, Edirne, and Istanbul by Ottoman rulers, besides the custodial care provided, the insane were also offered medications and treatment that were no different from the treatment of general maladies. This therapy, following Gallenic medicine, sought to restore the balance of bodily humors, the imbalance of which was believed to cause mental afflictions. In addition to that, diet and sedatives, laxatives, and operations such as bleeding or leeching, and music in certain cases was also used as a sedative agent in the treatment of the insane.[15]

The inmates of the cells in the hospitals were mostly unmanageable and

[13] The confinement of the furiously insane in special sections of the hospital had a long history in Muslim societies. In the eighth century, the Abbasid ruler al-Rashid founded a hospital in Baghdad that included a ward for the insane. In different parts of the Islamic world—Syria, Egypt, and Morocco—hospitals were established to serve needy and afflicted persons. These hospitals, most of the sources agree, besides treating internal diseases, ophthalmic, and orthopedic cases, also included a section for the chronically ill, among them the insane.

[14] The earliest of these hospitals was established by Bayezid I (r. 1389–1403) in Bursa. Bayezid II (r. 1481–1512) founded a hospital on the banks of Maritza River. In the fifteenth century, following the conquest of Istanbul by Mehmed II (rs. 1444–1446; 1451–1481), as part of the policy of repopulating the city, public edifices such as hospitals, kitchens, and public baths were constructed to make the city a center of attraction. The hospital known as Bîmârhâne-i Ebulfeth, which was founded by Mehmed II, according to Evliya Çelebi, had seventy rooms and two hundred servants. The staff of the hospital included a professor (*ders hocası*), a chief physician (*hekimbaşı*), and a chief surgeon (*cerrahbaşı*). During the reign of Süleyman the Lawgiver (r. 1420–1466) a complex (*külliye*) including a hospital known as Süleymaniye Dârüşşifâsı was commissioned and started operation in 1456. This hospital, like the previous ones, included a ward for the insane. Evliya Çelebi, Seyit Ali Kahraman, and Yücel Dağlı, eds., *Günümüz Türkçesiyle Evliya Çelebi Seyahatnâmesi: İstanbul* (İstanbul: YKY, 2003), 276; Osman Şevki Uludağ, *Beş Buçuk Asırlık Türk Tababeti Tarihi*, Türkiye Cumhuriyeti Maarif Vekâleti Neşriyatından (İstanbul: Matbaa-yı Âmire, 1925).

[15] Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700* (Albany: SUNY Press, 2009).

uncrurable chronic patients or insane individuals who were considered by the authorities potential threats to the social order.[16] Once they were admitted to the hospital, they were put under the control of *güllabis*, who were responsible for their provisioning and discipline. *Güllabis* were the actual administrators who both ran the insane ward and administered "therapy" with the clubs that they carried. Menavino describes the role of *güllabis* thus: "The wardens remain close to the patients the whole time, with a staff at the ready for fear that they should damage the beds, and overturn the tables at meal times. The wardens check them all, and if they find some whose behavior is disorderly they beat him cruelly; on the other hand, an inmate who did not commit acts of folly would receive more care than those who did."[17]

Hospitals were not the only institutions in the cities, where the insane were confined and provided care. The insane were also kept in the cells attached to certain mosques, known as *vüzerâ'câmî'leri*.[18] The Christian communities had their own institutions for the management and care of the insane. The Greek Orthodox community, for instance, had a convent on the island of Prinkipo, and since Byzantine times, this had been one of the places where the insane were placed under the care of its patron, Saint George.[19] Likewise, in the distant provinces monasteries were the places where the

[16] Ibid., 140.

[17] Peloso, "Hospital Care of Madness in the Turk Sixteenth Century according to the Witness of G. A. Menavino from Genoa," 38.

[18] Şahap Erkoç, "Osmanlı'dan Günümüze İstanbul'da Psikiyatri Kurumları," *İstanbul Dergisi*, January 2004.

[19] W. Goodell, "The Bedlams of Stamboul," *Atlantic Monthly* (1871): 538–540; For a more thorough discussion of Greek psychiatry (and places for treatment) in the Ottoman period, see A. Diamandopoulos, J. Vlachos, and S. Marketos, "The Survival of the Ritualistic over the

insane were received in line with religious consolation. In spite of the institutional care available in the cities, however, the majority of mentally disturbed persons were probably left untouched and were joined to the band of urban poor, which in the later times would be subsumed under the label *mechûl-ul ahvâl* in the official communications and would wander freely in public. Given the lack of organized public assistance, probably only the most disruptive individuals were confined in the hospital cells.

The growing concern about *mechûl-ul ahvâl*

The later part of the eighteenth century and the early part of the nineteenth century in the Ottoman Empire were characterized by rapid change and social unrest; it is a period, this study argues, that combined with other concerns and calculations to mark a change in the policies toward the disenfrenchaised urban poor and the gradual segregation and relegation of the insane to the purpose built institutions. A long period of war in the late eighteenth century led to heavy taxation in the countryside, as well as to general insecurity and brigandage. In these circumstances the Ottoman Empire experienced a "flight to the cities," large numbers of people attempting to migrate to urban areas. The presence of large numbers of socially unmoored individuals—that is, people who were not firmly embedded in neighborhoods and communities through marriage, extended family ties, or work connections such as guilds—became a source of ongoing concern for the state, especially in large and politically significant cities like Istanbul and Edirne. In short, there developed a fear of "the mob," or *mechûl-ul ahvâl*, as the Ottomans termed this group, comprising a rather undifferentiated assortment of

---

'Scientific' Element of Hydrotherapy in Greece," *History of Psychiatry* 8, no. 21 (1997), 113-126.

vagrants, bachelors, mendicant dervishes, the unemployed or shiftless, migrants, and the insane.[20] This fear of the mob was not entirely unfounded. Indeed, the first half of the eighteenth century had been defined by two large-scale popular rebellions within the span of a single decade: the Patrona Halil Rebellion in 1730 and the market revolt in 1740. In the first, disgruntled forces led by one Patrona Halil, an Albanian Janissary, and his friends quickly attracted the support of large discontented crowds in the capital who were displeased with over-taxation, increasing prices, and food shortages. In the course of time, other, more elite classes, such as the *ulemâ'* (religious scholars), alienated by the grand vizier Damad Ibrahim Paşa (1718–1730), joined forces with the rebels. By the end of the rebellion, mobs had ravaged and burned the palaces of the wealthy and had killed many, creating " a mass terror almost unequaled" in the streets of the capital.[21] In 1740, once again, the over-taxation because of wars resulted in villagers leaving the countryside and flooding into cities, including Istanbul, an eventuality that was destabilizing to both town and country. Because of overcrowding and food shortages, once again mobs rose up, breaking into shops and stores. It took the central government nearly two years to

[20] Nadir Özbek, "'Beggars' and 'Vagrants' in Ottoman State Policy and Public Discourse, 1876–1914," *Middle Eastern Studies* 45, no. 5 (September 2009): 783; Nadir Özbek, *Osmanlı İmparatorluğu'nda sosyal devlet: Siyaset, iktidar ve meşruiyet (1876–1914)* (Cağaloglu, İstanbul: İletişim, 2002); Betül Başaran, "Remaking the Gate of Felicity: Policing, Social Control, and Migration in Istanbul at the End of the Eighteenth Century, 1789–1793" (University of Chicago, 2006).

[21] Robert W. Olson, "The Esnaf and the Patrona Halil Rebellion of 1730: A Realignment in Ottoman Politics," *Journal of the Economic and Social History of the Orient* 17 (1 January 1974); Stanford J Shaw, *History of the Ottoman Empire and Modern Turkey*, vol. 1 (Cambridge: Cambridge University Press, 1976), 239–240.

bring towns and large areas under control.[22]

The anxiety about *mechûl-ul ahvâl* manifested itself in orders and regulations meant to control the public appearance and movement of individuals deemed problematic. Having been attacked during Friday prayers at Ayasofya Mosque, the Ottoman Sultan Selim III (r. 1789–1808), in an imperial decree addressing the deputy governor (*kaymakam*), complained about the inattentiveness of the officers to controlling the "streets full of beggars, dervishes and lunatics" and stressed the need for their control: "And especially that unidentified man I put to death at the mosque last Friday! What shameless behavior! And so what if he is insane? Are there no asylums? No! That's not it! It is certainly the neglect of the officers! God Almighty knows, I will slay many officers for this matter!"[23] Like Selim III, Ottoman Sultan Mahmud II (r. 1808–1839) ordered the expulsion (*tard u teb'îd*) of unidentified persons from the city and the prevention of potential migrants from entering the city. In 1835/1836, Mahmud II ordered the heads of the religious establishments—*dergâhs* and *hânkahs*—to issue *tezkires* (licenses) to their members and to expel the unidentified persons, especially those holy idiots called *meczub* that were residing in mosques, *tekkes*, and *hânkahs*:

> For some time it has been observed that certain unidentified persons (*mechûl-ul ahvâl*) wander in Istanbul. This type of unregulated [dervishes] appearances is not licit, and those taking repose in dervish convents [hanekâk ve tekke] and in the vicinity of mosques, these dervish convents in Dersaâdet and Bilâd-ı Selâse [Eyüp, Galata, and Üsküdar], should issue licenses to the dervishes who are present and known to them [the convents], and those dervishes whose conditions are unidentified should be expelled—because in addition to those [devishes], the number of mischievous and insane [meczûb] persons, people of annoying insane

[22] Shaw, *History of the Ottoman Empire and Modern Turkey*, 1:245; Olson, "Jews, Janissaries, Esnaf and the Revolt of 1740 in Istanbul. Social Upheaval and Political Realignment in the Ottoman Empire."

[23] Quotation from Başaran, "Remaking the Gate of Felicity," 12.

> manners, and beggars who have been coming from countryside is increasing. An imperial edict has been issued to put a ban on such people's troubling in the holy days of Ramazan and on their coming from countryside.[24]

A copy of the imperial order and accompanying memorandum was dispatched to *Seyhulislâm* and *Serasker*, which asked for the implementation of necessary measures including the disciplining of these groups and the expulsion of unlicensed *dervişes* from the capital. In response to the imperial order by the competent authorities, both *Seyülislâm* and *Serasker* were set to work, and orders were dispatched to the governors of Edirne, Trabzon, Teke, and Tekfurdağı not to allow any such persons to travel to the capital. In addition, the *İhtisap* Ministry was asked to expell any who arrived in Istanbul.

As the eighteenth century gave way to the nineteenth, the Ottoman state undertook a massive program of reform and restructuring. These efforts have largely been understood in terms of self-strengthening: an attempt on the part of Ottoman elites to remake the empire in ways that would allow it to more effectively confront threats and competition from the outside, especially from a militarily and industrially expansive Europe (and Russia), and from the inside in the form of provincial magnates and ethno-national movements. This meant that the state undertook efforts to strengthen the central authority vis-à-vis provincial centers of power and also to create new centralized and "rationalized" institutions. The latter were intended to strengthen the bureaucracy and the military, to create new loyal cadres trained in modern techniques, and, it was hoped, to generate increased loyalty in the populace through better and more uniform administration. The reforms got off to an abortive start under Selim III (r. 1789–1808), were launched in earnest under Mahmud II (r. 1808–1839), and vastly expanded in the

[24] PMOA, HAT., 637/31419, 29 Z. 1254; PMOA, HAT., 637/31420, 29 Z. 1254.

period between the Tanzimat and the deposition of Abdülhamid II (r. 1876–1909). An important aspect of this process was a steadily increasing interaction with European intellectual life, social arrangements, and government policies. Just as the Ottomans admired, critiqued, and adapted the military and elite educational institutions they observed in other countries, so too they were intrigued by the new institutions they encountered for managing the population at large: the registration of domicile and internal transit documents for policing; widespread state-sponsored education[25] and the dissemination of newspapers, government gazettes, and journals for shaping opinion; and the collection of census data and statistics for measuring economic capacity and potential conscripts.[26] These developments had two consequences for the insane: on one hand, these people increasingly became the object of state suspicion, scrutiny, and control as anxiety about the subversive and dangerous character of the *mechûl-ul ahvâl* grew. On the other hand, as time went by, this increased scrutiny, together with the growing awareness on the part of Ottoman bureaucrats concerning institutional developments in Europe, combined to cause the insane to emerge as a distinct subcategory of the *mechûl-ul ahvâl* in a new way.

[25] Selçuk Akşin Somel, *The Modernization of Public Education in the Ottoman Empire, 1839–1908: Islamization, Autocracy, and Discipline*, Ottoman Empire and Its Heritage (Leiden: Brill, 2001); Emine Önhan Evered, *Empire and Education under the Ottomans: Politics, Reform, and Resistance from the Tanzimat to the Young Turks*, Library of Ottoman Studies (London: I.B. Tauris, 2012); Benjamin C. Fortna, *Imperial Classroom: Islam, the State, and Education in the Late Ottoman Empire* (Oxford: Oxford University Press, 2002).

[26] Kemal H. Karpat, *Ottoman Population, 1830–1914: Demographic and Social Characteristics*, Turkish and Ottoman Studies (Madison: University of Wisconsin Press, 1985); Kemal H. Karpat, "Ottoman Population Records and the Census of 1881/82–1893," *International Journal of Middle East Studies* 9, no. 3 (1 October 1978): 237–274; Devlet İstatistik Enstitüsü (Turkey), *Osmanlı Devleti'nde Bilgi ve Istatistik* (Ankara: T.C. Başbakanlık Devlet İstatistik Enstitüsü, 2000); Fatma Müge Göcek and M. Şükrü Hanioğlu, "Western Knowledge, Imperial Control, and the Use of Statistics in the Ottoman Empire," in *Cultural Horizons: Festschrift in Honor of Talat Sait Halman* (Syracuse: Syracuse University Press, 2001), 824.

The nineteenth century was also an era when large institutional settings, in which "systems" could be applied to subjects in controlled environments such as workhouses, prisons,[27] and orphanages, were seen as the ideal solution to a plethora of social problems. As Roy Porter has noted, in many European countries "schools, workhouses, prisons, hospitals and asylums" were identified as solutions to social menaces, like unemployment and crime, that were the products of rapid industrialization, urbanization, and demographic changes.[28] In this context, dedicated mental asylums (as opposed to mere imprisonment, home management, or treatment in general hospitals) emerged as the preeminent approach to dealing with the insane. The proponents of asylum treatment argued on humanitarian grounds as well as with appeals to social stability and state security, asserting "confinement in these institutions could make the patient better." Already at the dawn of the nineteenth century, the French alienist Phillipe Pinel (1745–1826) argued that "at a well regulated asylum, and subject to the management of a governor, in every respect qualified to exercise over him an irresistible control, and to interrupt and divert his chain of maniacal ideas, it is possible, and even probable, that a cure might have been effected. Of successful treatment in parallel circumstances, there are numerous instances recorded in the registers of the asylum Bicêtre."[29] In England, alienists like Thomas Arnold (1742–1816), William Pargeter (1760–1810), Joseph Mason Cox (1763–1818), and Francis Willis (1718–1807) praised asylum treatment, following

[27] Kent F Schull, *Prisons in the Late Ottoman Empire: Microcosms of Modernity* (Edinburgh: Edinburgh University Press, 2014); Gültekin Yıldız, *Mapusâne: Osmanlı Hapishanelerinin Kuruluş Serüveni, 1839–1908* (Istanbul: Kitabevi, 2012).

[28] Roy Porter, *Madness: A Brief History* (Oxford ; New York: Oxford University Press, 2002), 112.

[29] Philippe Pinel, *A Treatise on Insanity*, trans. Davis D. D. (Sheffield: W. Todd, 1806), 59–60.

in the footsteps of William Battie (1763–1818), the first man to argue for the humane treatment of the insane. In Italy, Vicenzo Chiarugi (1759–1820) was one of the first physicians who repudiated the old incarceration regime and emphasized the role of the asylum as a therapeutic agent in the treatment of insanity and identified the basic principles for running an asylum.[30]

Ottoman statesmen in Europe were quite struck by these developments. Bureaucrats sent on foreign missions and who had the chance to closely observe the functioning of hospitals, orphanages, and asylums in European capitals submitted reports to the government that included depictions of the functioning of modern institutions. These reports, which were written from a positivist and modernist perspective, while on one hand criticized the appearance of the urban poor in the public spaces as a social nuisance that had to be eradicated from public view, on the other hand underlined the responsibility of the state toward these classes. So, for instance, Mustafa Sâmi Efendi (d. 1855), who served in the Ottoman embassy in Paris between 1838 and 1839, underlined the significance of modern mental-health services and the reform of the conditions of the mentally afflicted in line with modern methods of institutional treatment. In *Avrupa Risalesi* (*European Pamphlet*) he praised the conditions of the insane and their treatment in Europe. "Those suffering from mental illness" he observed, "recover rapidly due to the expertise of the physicians [and] the order and organization of hospitals."[31] Sadık Rıfat Paşa (1807–1857), who had served in Vienna, noted that "due to the fact that at large

[30] For the details of Chiarugi's moral reform program see: Vincenzo Chiarugi, *On Insanity and Its Classification*, trans. George Mora (Canton, MA: Science History Publications, 1987).

[31] Fatih Andı, ed., *Bir Osmanlı Bürokratının Avrupa İzlenimleri: Mustafa Sâmi Efendi ve Avrupa Risalesi* (Istanbul: Kitabevi, 1996), 110–111.

hospitals and asylums they have special servants, there are no sick, invalid, vagrant, or insane people among the poor on the streets. Such people are treated in the asylums."[32] Likewise in the anonymous *Seyâhatnâme-i Londra*, which was published in 1853, its author, who undertook a journey to London for the Great Exhibition (also known as the Crystal Palace Exhibition), had the opportunity to visit some of the lunatic asylums and praised the treatment of the insane kept in these institutions.[33]

Thus, at the end of the eighteenth century and the turn of the nineteenth, the Ottoman government began to impose new regulations to control the movements of its marginal populations, keeping them under closer scrutiny more generally. Within this development, the insane gradually came to be distinguished as a specific sub-class. Population censuses were conducted at regular intervals for tax and military purposes from 1831 forward. These censuses were primarily concerned with counting those fit for military service and taxation, but they also recorded physically and mentally unfit individuals. The information available in the population registers suggests that insanity was gradually being stripped of its folk attributes and increasingly described as an official condition—specifically, a state of incapacity, a fundamental inability to meet the expectations (taxation and conscription) of the modern state. A close look at the populations censuses show that after the second quarter of the nineteenth century, the insane were registered under various headings, such as *mecnûn*, *meczûb*, and *deli*, and

[32] Sadık Rıfat Paşa, "Avrupa Ahvaline Dair Risale," in *Yeni Türk Edebiyatı Antolojisi 1839–1865*, ed. Mehmet Kaplan, İnci Enginün, and Birol Emil, vol. 1 (Istanbul: Edebiyat Fakültesi Matbaası, 1974).

[33] Fikret Turan, ed., *Seyahatname-i Londra: Tanzimat bürokratının modern sanayi toplumuna bakışı* (Istanbul: Tarih Vakfı Yurt Yayınları, 2009).

classified as crippled (*mande*) because they did not meet the role the state expected.[34] And furthermore, these census records suggest, the persons who were identified as unfit were mostly kept in homes.

As the century progressed, the first efforts at establishing designated mental hospitals began to emerge. This coincided with fiscal reforms arising from the new efforts at centralization, one of whose effects was to undermine the financial stability of those charitable institutions, usually supported by *vakıf* properties and revenues,[35] that had traditionally handled the indigent, ailing, and insane. Finally, the reforms obviously were an avenue of opportunity for those trained in new methods, marking a new era, one administered by the modernizing bureacrats—what Timothy Mitchell designates as the "rule of experts,"[36] whether Ottomans or Europeans in Ottoman service. The careers of figures like Luigi Mongeri (1815–1882)[37] and his protégé, Avram de Castro (b. 1829), are emblematic of this. Mongeri was an Italian physician who arrived in Istanbul and rose

[34] Some of the above cited expressions are available in: PMOA, NFS.d, 2601, h. 1262; NFS.d, 2593, h. 1262, NFS.d, 2588, h. 1250. I would like to thank to my colleguea and frined Vural Genç for bringing these to my attention.

[35] According to Kemal Karpat, "four basic factors were responsible for the happy state of Ottoman budget in 1776. 1) There was a more or less reliable non-governmental source of payment for high government officials [...]; 2) the military expenditure was relatively low and was balanced by equal and constant revenue; 3) there was a lack of government expenditure for health, social educational, or other services, these being met either by *vakıfs* or by religious communities of various persuasions; and finally 4) the government was free of foreign debt. And he further notes, "Eventually, all these conditions were to change. Revenues had already begun to diminish; tithe, customs, and *haraç* decreased as territories were lost." Karpat, *Ottoman Population, 1830–1914*, 89.

[36] Timothy Mitchell, *Rule of Experts Egypt, Techno-Politics, Modernity* (Berkeley: University of California Press, 2002).

[37] Avram de Castro, *Biographie du Docteur Louis Mongeri* (Constantinople: Imperimerie de Castro, 1882); Nimet Taşkıran, "Türkiye Hizmetinde Büyük Bir Hekim: Süleymaniye Bimarhanesi'nin Son, Toptaşı'nın İlk Başhekimi Louis Mongeri," *Haseki Tıp Bülteni* 11, no. 1 (1973): 1–19.

to the position of chief physician of the Süleymaniye Mental Asylum in 1856, after serving in several branches and posts in the Ottoman medical organization. Avram de Castro[38] was a graduate of the Imperial Medical College (Mekteb-i Fünûn-ı Tıbbiyye) who had trained in France and Italy. Such figures naturally pressed for the expansion of treatment and treatment facilities within the state's purview on both modernist and humanitarian grounds. These three factors, combined with continuing difficult economic and security circumstances in many provinces, interacted dynamically both to expand and to centralize the institutional treatment of the insane from mid-century onwards and also ultimately to create a crisis of overcrowding and financing in those newly created institutions in the last quarter of the nineteenth century. The end of the century was thus devoted to attempting to address those crises, with limited success. Nevertheless, the medico-bureaucratic, centralized, and institutional approach that was developed toward insanity in the second half of the nineteenth century established the fundamental pattern for dealing with serious mental illness throughout much of the twentieth century. It was also in many ways emblematic of the processes of centralization and increasing state control and involvement in the lives of ordinary citizens, a quintessential Tanzimat trend that also carried forward into the twentieth century, well beyond the life of the Ottoman Empire itself.

In light of this, the present study seeks to contribute to and expand our knowledge concerning the nature and scope of the Tanzimat reforms by bringing to scholarly

[38] Fatih Artvinli, "Toptaşı Bimarhanesi Sertabibi Dr. Avram De Castro: Bir Biyo-Bibliografi," *Osmanlı Bilim Araştırmaları* 13, no. 2 (2012).

attention a relatively understudied[39] matter, the mental asylum reform that took place between 1856 and 1908. This study begins with Luigi Mongeri's appointment to the Süleymaniye Mental Asylum in 1856 and ends with the 1908 revolution, the beginning of a period when the mental asylum would undergo a new reformist trend at the hands of Unionist elite. Although the objects of asylum reform were, obviously, the insane, this work does not primarily focus on their stories. It rather explores the professional, legal, political, and economic processes that accompanied the mental asylum reform in the second half of the nineteenth century in the Ottoman Empire. It is accordingly organized around certain themes and problematics, such as the definition and quantification of madness, its regulation, the proposals and initiatives to institutionalize the treatment of the insane, and the financing of such initiatives.

Organization

The dissertation addresses these concerns in six chapters. Chapter 1 provides a short historical account concerning the perception and the treatment of the insane in the early modern Ottoman Empire. Chapter 2 investigates the commencement of the mental asylum reform in light of Luigi Mongeri's professional career in Italy and the Ottoman Empire, his advancement in the Ottoman medical organization, and his subsequent appointment to Süleymaniye Mental Asylum as its chief physician in 1856. Following his

[39] The topic has recently begun to receive attention. Unlike the early conventional progressive Whiggish histories of science and medicine this new scholarship provides a more critical view of institutionalization and provide a new perspective, which takes into account patients' as well as doctors' experiences: Fatih Artvinli, *Delilik, Siyaset ve Toplum, Toptaşı Bimarhanesi (1873–1927)* (Istanbul: Boğaziçi Üniversitesi Yayınları, 2013); Rüya Kılıç, *Deliler ve Doktorları* (Istanbul: Tarih Vakfı Yurt Yayınları, 2014). Whereas the former provides an institutional history of Toptaşı, the latter focuses exclusively on the experiences of patients, and doctor-patient relations.

career in across international borders, I examine the medical technology, namely, medical statistics—which by that time had become an established government technique in the Ottoman Empire—that he employed at the Süleymaniye Mental Asylum for the quantification of insanity. I argue that he pursued quantification both for professional medical reasons and for bureaucratic reasons. On one hand, he wished to better understand the nature of insanity in the Ottoman Empire and to engage in discussion about it with an international community of professionals in the field of mental illness, called alienists. On the other hand, he wished to make the problem of mental illness and the existence of the insane palpable to the Ottoman authorities in hopes of attracting their attention and spurring them to action. I further argue that by relying on the data collected at the Süleymaniye Mental Asylum over the period of a decade, Mongeri was able to develop a theory about the nature and etiology of insanity in the Ottoman context. This was a question that was widely discussed at that time in Western, particularly French, psychiatric circles under the rubric of "Oriental insanity." Mongeri used this material to establish himself as a leading expert on Oriental insanity in international professional circles, especially in France, an eventuality that further reinforced his prestige and position in the Ottoman Empire as well.

In the third chapter, the legal dimension of asylum reform is discussed with particular attention to the 1876 Regulation Concerning Asylums, which further contributed to the institutionalization of mental medicine in the Ottoman Empire. The new legal initiatives sought to establish permanent arrangements with respect to the admission and discharge of mental patients, the administrative status of the asylums, and the duties and responsibilities of asylum staff. It then investigates the roles of the

actors—families, doctors, police, and local authorities—who were involved in the confinement process under the new legal regime. And finally, it shows how the 1876 regulation, by assigning new roles to the asylum doctors, contributed in the long run to their professional group cohesion.

The institutionalization and medicalization of insanity treatment, which increasingly brought the members of disenfranchised groups under politico-medical scrutiny in the Ottoman Empire, resulted there—as in other parts of the world—in soaring asylum popuations. Considering the lack of space to accommodate the increasing numbers of patients and their concentration in a limited space in the Toptaşı Mental Asylum, Chapter 4 addresses the official efforts to accommodate patients by expanding the asylum. In this chapter, I particularly examine the creation and implementation of a new tax, which Mongeri called the "annual tax" on insanity (*vergi-yi senevi*) in the broader context of Ottoman politics and economics in the second half of the nineteenth century. The tax was imposed on provinces and districts to finance asylum expenditures as well as new construction to expand available asylum space. However, this centrally planned solution was met with provincial resistance given the period's severe economic crisis. In most cases the provincial authorities, who gave primacy to local expenditures in the form of infrastructural services such as roads and public edifices, either outright refused to forward their shares or came up with a variety of excuses for not doing so, thus revealing some of the limits of centralized reforms. Finally, as part of the official initiative to establish a permanent administrative system, this chapter also investigates the process that resulted in the mental asylum's supervision by the Municipality of Istanbul.

Chapter 5 deals with two major topics: the overcrowding at the empire's central

mental asylum, Toptaşı, and efforts to relieve it, and the 1893 cholera outbreak at the asylum, whose severity was attributable to those conditions of overcrowding. I argue that the various measures aimed at elevating the condition of the insane, together with the corresponding medical and legal arrangements for their institutionalization, had indirectly contributed to the rise in inmates. Chapter 5 first provides an analysis of factors that contributed to the rise in patient numbers and resulting chronic overcrowding in the Toptaşı Mental Asylum, placing it within the broader scope of asylumization in other European countries. It then examines various official measures to relieve this pressure, such as the expansion of asylum space and bans on the transfer to Istanbul of insane patients and criminals awaiting medical examination from the provinces. Having examined the underlying causes of overcrowding and subsequent measures to alleviate it, the chapter discusses the severe 1893 cholera outbreak in the mental asylum and attempts to prevent the communication of disease, including reforms in the conditions in which the insane were kept.

Finally, Chapter 6 provides an account of official measures to erect a new, specially designed mental asylum outside the capital in line with the scientific advances (*terakkiyât-ı hâzıra*) of the period. In doing so, it provides a historical trajectory of asylum reform in terms of attitudes toward the humanity and curability of the insane. The point of departure is Mongeri's appointment as chief physician and his imagined ideal Ottoman mental asylum based on an account of his trip to Paris and Vienna in 1864 that was published in *Gazette médicale d'Orient.* In the absence of sketches, architectural plans, and descriptions for Mongeri's imagined Ottoman mental asylum, I am primarily relying on his observations in the cities he visited and the points he emphasized to

decipher his purpose-built asylum model, which he wanted in order to implement the principles of what was termed "moral care." The chapter also provides a brief account of early reforms in the direction of moral care at Süleymaniye and their reception by foreign and domestic audiences. These reforms included measures such as the unshackling of patients and the replacement of the means of force with more modern means of control, like the straitjacket. The chapter then goes on to examine new and more radical initiatives to construct a specially designed mental asylum following the transfer of patients to Toptaşı in 1873 and the chronic overcrowding problem there. These efforts gained special impetus after the 1893 cholera outbreak at Toptaşı but were never brought to fruition. Especially revealing are a surviving architectural plan and description of a new mental asylum to accommodate eight hundred patients developed by Alexander Vallaury, a French-Ottoman architect who designed several public edifices in the Ottoman capital. The analysis provides insight into the moral architecture of the period, which in the professional circles was believed to contribute to patients' recovery.

Sources

The second half of the twentieth century witnessed a growing interest in the insanity and institutionalization process. In the 1960s, at a time when liberal notions of state and modernization ideology were heavily criticized, a number of scholars questioned the boundaries of mental medicine and its increasing commercialization and intervention in the daily lives of the people under the pretext of humanitarianism and cure. Thomas Szasz,[40] R. D. Laing[41] and Michel Foucault[42] launched the first real

[40] Thomas Szasz, *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*, Reprint edition (Syracuse: Syracuse University Press, 1997).

critique of modern psychiatry in the 1960s. They criticized Whiggish reformist presentations of the intervention of mental medicine as a humanitarian undertaking and called for a reevaluation of insanity and the psychiatric profession. These scholars argued that mental illness was not an objective behavioral or biochemical phenomenon but a label and a cultural construct, and that it had a truth of its own and should not be pharmacologically suppressed. However, it was not Szasz and Laing's work but Focault's overcritical and ahistorical approach that gave its place to more empirically and historically grounded histories of insanity.

Andrew Scull[43] analyzed the topic within the framework of bourgeoisie capitalist development, and he linked the instutionalization of insanity in England to capitalist development. He argued that the capitalist demand for a work force culminated in the segragegation of the insane relatives from families and confinement in mental hospitals. Roy Porter, unlike Scull, argued that families gradually started to pay for many services, including care for the insane, which had not been part of market economy.[44]

In *Console and Classsify*, Jan Goldstein, unlike Focault and Robert Castels, who described a ubiquiotus dominating power, sought first to historicize the nineteenth-century French psychiatry and second to locate the historical actors, such as psychiatrists, legislators, and bureacrats, that together contributed to the instutionalization of insanity in

---

[41] R. D. (Ronald David) Laing, *Self and Others*, 2nd rev. ed. (New York: Pantheon Books, 1970).

[42] Michel Foucault, *Madness and Civilization: A History of Insanity in the Age of Reason* (New York: Vintage Books, 1973).

[43] Andrew T. Scull, *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England* (New York: St. Martin's Press, 1979).

[44] Roy Porter, *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency* (Cambridge, MA: Harvard University Press, 1987).

nineteenth-century France.[45] Edward Shorter provides a history "therapeutic asylums" of the late eighteenth century to the late twentieth century in Europe and America.[46]

In the following years, the revisionist studies of psychiatry and insanity contributed to the emergence of a new body of scholarship, which offered a social history of insanity and how society responded to insanity or the penetration[47] of the psychiatric medicine to the colonial settings.[48] The above-cited revisionist histories, based on historical practices and experiences, sought spot to agency, and they tended to produce historically grounded studies of insanity based on firsthand evidence and primary sources. However, they confine themselves to studying experiences of medicalization and instutionalization of insanity exlusively in Europe and America.

Though the implications of the modernization process and its various manifestations have been investigated in the fields of bureacracy, military, and

[45] Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987).

[46] Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997).

[47] Goldberg's study by employing patient files provides an account of the encounter between physicians, officials and rural lower classes, and doctors, families, and officials responded insanity. Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford University Press, 1999).

[48] The subject of insanity and modern psychiatry under British and French colonial administrations have also received the attention of scholars: Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, n.d.); Richard Keller, "Pinel in the Maghreb: Liberation, Confinement, and Psychiatric Reform in French North Africa," *Bulletin of the History of Medicine* 79, no. 3 (2005): 459–499; *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective, c. 1800–2000* (Newcastle upon Tyne: Cambridge Scholars, 2010); Waltraud Ernst, *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, C. 1925–1940*, Anthem South Asian Studies (London: Anthem Press, 2013); Waltraud Ernst, *Mad Tales from the Raj Colonial Psychiatry in South Asia, 1800–58*, Anthem South Asian Studies (London: Anthem Press, 2010).

medicine[49] in the Middle Eastern context, the professional appropriation of insanity and its subsequent medicalization in the Middle East long remained to a great extent understudied. It was the late Michael W. Dols in *Majnun: The Madman in Medieval Islamic Society* who for the first time studied insanity in medieval Islamic society by looking at its various aspects, such as perceptions of madness, approaches to healing it, and its relation to Islamic law.[50] More recently, the proliferation of studies relating to insanity in other countries has also encouraged scholars to undertake such studies for Middle Eastern countries in general and for the Ottoman Empire in particular. Marilyn Anne Mayers investigated mental institutions and practices during British colonial rule in

[49] In the Middle East, Egypt is an important center of attraction for scholars who seek to explain the implications of the modernization process. In his study of forensic medicine in nineteenth-century Egypt, Khaled Fahmy offered a social history of certain practices such as autopsy, and attempted to show the functions performed by forensic medicine that enabled the modern state (and those who spoke in its name) to exercise greater control over local society. The originality of Fahmy's approach is that he not only provides an account of the functioning of social control apparatuses such as forensic medicine, but also shows (by relying on a wealth of information obtained from archival evidence) how such modern techniques of control and discipline were accepted by the members of lower classes, and how and when such people made use of them in their legal disputes. La Verne Kuhnke, who studied preventive medicine and quarantine practices in Egypt, provided us another account as to how modern reforms in the field of medicine operated in practice, as well as the various political and economic agendas of the ruling elite in the introduction of public medicine. Khaled Fahmy, "The Anatomy of Justice: Forensic Medicine and Criminal Law in Nineteenth-Century Egypt," *Islamic Law and Society* 6, no. 2 (1 January 1999): 224–271; LaVerne Kuhnke, *Lives at Risk: Public Health in Nineteenth-Century Egypt*, Comparative Studies of Health Systems and Medical Care (Berkeley: University of California Press, 1990).

[50] Despite the originality of Dols's work, the arguments that he puts forward are anachronistic and not clearly articulated. In his description of madness in Islamic society, he relies on modern concepts and theories to describe a Medieval phenomenon. For instance, he seeks to test the validity of Foucault's social control paradigm by applying it to Medieval Islamic society, and reaches the conclusion that an Islamic hospital does not fit into the role that asylums assumed in seventeenth- and eighteenth-century Europe. Boaz Shoshanna, on the other hand, relying on Mamluk records, reached different conclusions and argued that there existed certain similarities between European and Islamic societies' treatment of the insane in the same period, and that insanity could have been a tool manipulated by the state. According to him, the treatment of the insane in the medieval Islamic world was far from benevolent. Michael W. Dols, *Majnūn: The Madman in Medieval Islamic Society* (Oxford: Clarendon Press, Oxford University Press, 1992); Boaz Shoshan, "The State and Madness in Medieval Islam," *International Journal of Middle East Studies* 35, no. 2 (1 May 2003): 338.

Egypt. She provides an analysis of mental-health policies under colonial administration since the 1880s, and details detailing how particular institutional mechanisms, drawn from British lunacy administration, were implemented in Egypt during the British occupation. A significant portion of her thesis examines the early development of Egyptian government asylums under British direction.[51] Sara Scalenghe has studied the history of marginality between 1500 and 1800 based on theoretical premises borrowed from body and gender studies. She attempts to explore and recover the histories of marginal groups and people such as the blind, the deaf, and the insane, als well as the process by which markers of difference were inscribed on social bodies and how such differences were enacted, interpreted, and accommodated.[52]

The study of insanity in the Ottoman context for the nineteenth century and early twentieth centuries—except for the hagiographic[53] and Wiggish accounts of medical

[51] Marilyn Anne Mayers, "A Century of Psychiatry: The Egyptian Mental Hospitals" (PhD diss., Princeton University, 1984).

[52] A chapter of her work, which is devoted to the explanation of insanity, seeks to describe the different ideas about the forms of insanity that were in circulation in Syria, the criteria that were employed in their designation, the authorities responsible for making such designations, and the various explanations—popular or medical—that were employed. Sara Scalenghe, "Being Different: Intersexuality, Blindness, Deafness, and Madness in Ottoman Syria" (PhD diss., Georgetown University, 2006).

[53] The only works that provide the history of Ottoman psychiatry and mental-health practices for the nineteenth and early twentieth centuries, those penned by former mental-health professionals and doctors. These works, intended for prospective physicians, were mostly written from a hagiographical perspective with the intention of recording and transmitting to succeeding generations of physicians the deeds and achievements of their authors. As the voices of patients were mostly silenced in these works—except in some case histories that appear in them—it has been nearly impossible to grasp a full picture of Ottoman mental medicine or its evolution in the modern period from a patient perspective and to discuss how patients experienced the unfolding of modern medical practices. The most notable examples of these are Luigi Mongeri, *Notice statistique l'asile des aliénés Solimanié à Constantinople* (Constantinople: Imperimerie de Castro, 1867); Avram de Castro, *Biographie du Docteur Louis Mongeri* (Constantinople: Imperimerie de Castro, 1882); Avni Mahmud, *Muhtasar Emrâz-ı Aklîye* (İstanbul: Ahmed İhsan ve Şürekası, 1326); Mazhar Osman Usman, *Tababet-i Ruhiye* (Istanbul: Kader Basımevi, 1941);

practitioners—are few and constitute a recent field within the history of medicine.[54] An account of the treatment of insanity in the early modern Ottoman Empire was undertaken by Nil Sarı;[55] in recent years Meltem Narter[56] and Ayhan Çağlayan[57] have investigated

---

Fahreddin Kerim Gökay and İhsan Şükrü, 'Die Geschichte der Psychiatrie in der Türkei,' *Algemeine Zeitschrift für Psychiatrie und Psychisch-Gerichtlich Medizin* 84 (1926): 403–407; Fahreddin Kerim Gökay, "Türk Tababeti Ruhiye Tarihi," *Tıp Dünyası* 48, no. 9 (1975): 369–379.

[54] Following the foundation of the Turkish Republic in 1923, and in subsequent periods, a systematic study of Turkish contributions to medical sciences as part of the cultural policy of the early Republican regime known as the "Turkish History Thesis and Sun-Language Theory," was undertaken by scholars like Osman Şevki Uludağ (1889–1964), Galip Ata (1879–1947), Süheyl Ünver (1898–1986), and Feridun Nafiz Uzluk (1902-1974) and Adnan Adıvar (1882–1955). These scholars intended to provide an account of science and medicine by focusing on medieval scholars of Turkish origin, and the medical activities of the Turks before Ottoman Empire. In the writings of these scholars and their successors, the history of mental medicine was studied only tangentially either as a subbranch of general medicine or as part of institutional histories and scientific personalities. Their narratives were often confined to a descriptive style, primarily focused on the great march of science. Political and economic motives in the implementation of health measures in general, and that of mental medicine in particular, in the last century are generally ignored in favor of a dramatic recounting of the struggle against and eventual triumph over backwardness and ignorance. For a general evaluation of the historiography of Ottoman and Turkish medicine, see Miri Shefer Mossensohn, "A Tale of Two Discourses: The Historiography of Ottoman-Muslim Medicine," *Social History of Medicine* 21, no. 1 (2008): 1–12.

[55] Nil Sarı, by relying on medical manuscripts, explored the treatment of madness. Her approach, far from being analytic, mostly provides a descriptive account of mental illnesses and the ways they were treated. Nil Sarı, "Osmanlıca Tıp Yazmalarında Mâl-ı Hülyâ ve Tedavisi (XV, XVIII Y.Y)" (İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi Tıp Tarihi ve Deontololji Bilim Dalı, 1982); Nil Sarı, "The Classification of Mental Diseases in the Ottoman Medical Manuscripts," *Tıp Tarihi Araştırmaları* (1986): 105–112.

[56] Narter's article repeats the Whiggish perspective provided by the early Republican medical historians, and in contrast to the late Ottoman Empire, she paints a progressive picture of the treatment of insanity in the Republican period. Meltem Narter, "The Change in the Daily Knowledge of Madness in Turkey," *Journal for the Theory of Social Behaviour* 36, no. 4 (1 December 2006): 409–424.

[57] Ayhan provides a discussion and assessment of the emergence and functioning of "Turkish" psychiatry during the Ottoman Empire (1453–1922) and the early Republican period (1923–1950). In doing that, unlike historians with a reformist perspective, she focuses on the struggle between the state, medical science, and lay practices, through which psychiatrists conducted their practice within the social context of modernization or Westernization and nationalism. She thus contextualizes the emergence of mental medicine in the social, economic, and political transformations of the period. However, in spite of an ambitious plan to provide an account of 450 years of Turkish psychiatry, this study does not rely on any primary sources in the form of archival documents, periodicals, yearbooks, or popular medical journals written in Ottoman

various aspects of insanity and its perception and treatment. Except Ayhan's work, most of the studies treat the subject of insanity in a vacuum and neither contextualize it nor identify the possible political and professional motives and agencies behind the pathologization of insanity and its subsequent relegation to the asylum.

This study, then, is an attempt to consider the history of the institutionalization of insanity and the pathologization of the insane, along with the means and methods that were employed by physicians in their segregation and confinement to the hospital in the nineteenth century Ottoman Empire. The critical approach provided in the works of revisionist scholars such as Roy Porter, Andrew Scull, Jan Goldstein, and Edward Shorter has guided much of the scholarship in the present study, which seeks to historicize and identify the actors and the legal, political, and economic processes that contributed to the instutionalization of insanity. Unlike Foucault's omnipotent political and psychiatric power, having followed the perspective provided in Jan Goldstein's work for French psychiatry in the nineteenth century, I have attempted to identify political and professional actors and historical processes that played a role in the hospitalization of insanity in the Ottoman context; I thus study the Ottoman case as part of the broader European moral treatment paradigm.

Unlike the conventional histories of Ottoman and Turkish medicine, this dissertation reads the story of the medicalization of insanity within the context of modernizing reforms and treats it as unfolding of these in an asylum setting. In that regard it does not provide either an institutional history (though this would be valuable) or a history of institutionalization from the perspective of the insane; rather, I discuss the

---

Turkish. Çağlayan Ayhan, "'In the Name of Modernity, for the Sake of Nation': Madness and Politics From the Ottoman Empire to the Turkish Republic (1500s–1950s)" (MA thesis, York University, 2005).

ways these processes and "the rule of experts" contributed to the politico-medical appropriation of insanity. In constructing this account of the political, professional, and economic dynamics behind institutionalizing the treatment of the insane in the Ottoman Empire, I have used a variety of archival and published sources.

a) Ottoman Archives

The bulk of this study is based on materials found in the Ottoman Archives in Istanbul. The documents utilized were drawn from various classifications within their collections. Of these classifications, the papers of the Council of State [ŞD], an institution that was founded specifically to oversee the Ottoman reform process and supervise its implementation, constitutes the backbone of this work. The correspondence, directives, and memoranda of the Supreme Council, or Meclis-i Vâlâ [MV], which also played a key role in Ottoman reform, have also been utilized.

Asylum reform was the outcome of cooperation between various governmental departments and required close collaboration between the Ministries of the Interior, Finance, and Medicine; the Municipality of Istanbul; and the asylum administration. Important documents are thus located in the records pertaining to Ministries of Interior, Finance, Police, and Medicine, especially the correspondence between these ministries and the municipality, which was charged with overseeing the administration and finances of the asylum in 1881. While I was able to utilize the documents by the ministries of Interior, Finance, and Police, the documents of the Ministry of Medicine (Sıhhiye Nezareti), which were essesntial to understanding the medicalization process, were not accessible because of ongoing classification process in the Ottoman archives. However,

since each ministry kept and summarized the communications, it is still possible to apprehend the perspective of the Ministry of Medicine.

In the course of the nineteenth century, power shifted from the Sublime Porte (Bab-ı Ali) to the Yıldız Palace, the residence of the reigning Sultan Abdülhamid II and the center of administration, where the decisions were made and the implementation of policies were closely watched. Abdülhamid II established an independent bureaucratic organization at the palace and either personally read or had his chief scribe read all the communication and letters to him. He was obsessed with all kinds of information pertaining to various aspects of imperial administration and left behind an immense and valuable collection of documents. Thus, for the early periods covered in this study, I rely on the Cevdet Sıhhiye [C. SH], which houses official correspondence pertaining to medical affairs and the Meclis-i Vâlâ [MV] collections. As the center of the power shifted from the Sublime Porte, the center of reforming bureaucrats, to the Yıldız Palace, the collection of documents also changes. In the later period, since the Yıldız Palace staff took on both political rule and bureaucratic administration, the document collection of the Yıldız Palace, represented with the letter [Y] in the collections of Ottoman Archives, is the principal archival source.

b) Travel literature

The nineteenth century was a period of increasing cultural and political exchange between the Ottoman Empire and Europe.[58] Citizens of various European countries

[58] For a comprehensive account of sources for the Ottoman history including travel literature and foreigners' and missionaries' accounts, see Suraiya Faroqhi, *Approaching Ottoman History: An Introduction to the Sources* (Cambridge: Cambridge University Press, 1999).

established themselves in the Ottoman capital as diplomats but often also as professionals or entrepreneurs. Individuals who spent time in the capital and who toured the Balkan, Arab, and Anatolian provinces left behind an immense collection of travel literature. These works provide important testimonies with respect to the daily lives of Ottomans, their customs, and their manners, including the treatment of illnesses and the nature of and conditions in institutions such as lunatic asylums. All these testimonies constitute interesting and valuable observations not often found in official communications. These and other accounts are used extensively to provide a picture of the mental asylum and the conditions of its residents.

c) Periodical publications

The period under investigation also witnessed the emergence and development of the press in the form of dailies and "thick"[59] journals. These publications were produced in almost in all languages spoken in the Empire, including French, English, Ottoman Turkish, Ladino, Armenian, and Greek. Limitations of language have restricted my research to those sources printed in French, English, and Ottoman Turkish.

Of particular note among these is the *Gazette médicale d'Orient*, the official journal of the Ottoman Imperial Medical Society, founded in 1856. This journal was the society's forum for the discussion and dissemination of medical news and scientific developments. It was also the forum where the full range of the empire's medical issues, from public sanitation to individual medical cases, was presented and discussed. Since

[59] I use this term to refer to scientific and academic journals in the Ottoman context. For the use of the term in the Russian context, see: Jeffrey Brooks, *When Russia Learned to Read: Literacy and Popular Literature, 1861–1917* (Princeton: North Western University Press, 2003).

Luigi Mongeri and his colleagues were among the members of the society, many case histories and statistics from the asylum were published in this journal.

In addition to Ottoman newspapers and journals, the implementers of asylum reform, Luigi Mongeri and his protégé, Avram de Castro, produced pamphlets in French. Finally, De Castro produced and published a biography of Mongeri in French.

d) Chronicles

Ottoman chronicles, which recorded the day-to-day accounts of the events from the perspective of the rulers, are another source where one finds interesting details about the insane, especially when they were involved in criminal cases in the capital. Though limited, these passing accounts provide interesting details concerning the insane and their treatment. These chronicles, especially those penned by Mustafa Naima Efendi (1655–1716), an Ottoman historian and bureaucrat, and Cabi Ömer Efendi (1750–1814), another Ottoman chronicler, are particularly helpful in this context.[60]

e) Population registers

Ottoman population registers [NFS.d] have recently been opened to researchers. These registers, in addition to enumerating the taxable male and able-bodied population of the empire, also include figures for the mentally handicapped and disabled persons. It is interesting to note that these individuals were specified under different terms in the

[60] For the biographies of Ottoman chroniclers, court histories, and the change in historical consciousness and historiography in the nineteenth century, see "Historians of the Ottoman Empire," *Historians of the Ottoman Empire*, http://ottomanhistorians.uchicago.edu/en; Hakan T. Karate, "The Challange of Periodization: New Patterns in Ninteeteth-Century Ottoman Historiography," in *Writing History at the Ottoman Court*, ed. H. Erdem Çıpa and Emine Fetvacı (Bloomington: Indiana University Press, 2013), 129–154.

registers, together with details about how the insane were managed in the absence of medical facilities. Thus, the census *defters* do more than simply enable one to identify the number of insane people in particular settings.

CHAPTER II

"The physician's reputation grew with the transformation he effected and the number of entries to the asylum has increased from year to year. Thus, while there were 30 to 35 shackled patients when Mongeri took over the management, the asylum currently contains 450 patients, all completely free."
—Speech given at the Imperial Medical Society by Dr. A. de Castro, 29 December 1882 Session, Constantinople

Ottoman Reform in the Süleymaniye Mental Asylum: Doctors, Statistics, and "Oriental Insanity"

Modern Ottoman reforms have mostly been studied in relation to macroinstitutional transformations in the army, administration, and economics,[1] scholarship that tends to ignore the repercussions of the reforms for various social classes. Developments that sought to revitalize the central authority vis-à-vis centrifugal power groups also made important changes in the conditions of the homogenous class of unidentified persons called *mechûl-ul ahvâl*, who were seen as a potential threat to public order and security, especially in the empire's urban centers. In time, these people were isolated from the wider public by means of institutional establishments: workhouses, reformatories, prisons,[2] and hospitals. However, before the institutionalization of a disenfranchised[3] group like "the insane" could take place, a new ontological status—one

[1] Standard works on Ottoman reforms in the nineteenth century include the following: Roderic H. Davison, *Reform in the Ottoman Empire, 1856–1876* (Princeton, NJ: Princeton University Press, 1963); Erik J. Zürcher, *Turkey: A Modern History* (London: I. B. Tauris, 2004); İlber Ortaylı, *İmparatorluğun En Uzun Yüzyılı* (İstanbul: İletişim Yayınları, 1999); Bernard Lewis, *The Emergence of Modern Turkey* (London: Oxford University Press, 1961).

[2] Kent F Schull, *Prisons in the Late Ottoman Empire: Microcosms of Modernity* (Edinburgh: Edinburgh University Press, 2014); Gültekin Yıldız, *Mapusâne: Osmanlı Hapishanelerinin Kuruluş Serüveni, 1839–1908*, 1. baskı (İstanbul: Kitabevi, 2012).

[3] I use this term to refer the urban poor in the Ottoman context, a category that in the official communication included vagrants, the unemployed, and the insane (*meczûb*), collectively subsumed under the label *mechûl-ul ahvâl*. For the term *disenfranchised* and its North African

that negated the category's popular attributes—had to be established by means of modern science and medicine.

This chapter examines Ottoman reforms with a particular focus on those that were initiated at the Süleymaniye mental asylum under the supervision of its chief physician, Luigi Mongeri (1815–1882). It investigates the modern scientific methods, particularly the use of medical statistics, that were introduced and employed to incorporate the condition called *insanity* into the medical discourse of the time. This gradual quantification, medicalization, and materialization of insanity by rendering it visible to the authorities, I argue, legitimized medical intervention in the treatment that patients received at the asylum. However, for legitimation to take place, first and foremost the behavior that many medical professionals and other Westerners visiting Ottoman lands associated with insanity had to be redefined;[4] such behavior had to be stripped of its popular identity as admirable manifestations of spirituality and assigned a new `

New scientific and medical technologies were applied during the nineteenth century in the medicalization of insanity and in the gradual segregation of the insane from the amorphous group of *mechûl-ul ahvâl*—developments that took place alongside reforms seeking to improve living conditions for residents of the Süleymaniye mental asylum. My inquiry concerns the professional appropriation of insanity and its assimilation into medical discourse. By quantifying and etiologizing insanity in the Ottoman context, this chapter argues, Luigi Mongeri, in his capacity as the asylum's chief physician, sought to place the treatment of the mentally ill at his institution in the hands

---

context, see Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007).

[4] I use the terms *Westerners* to refer to travelers who visited Ottoman realms with a particular purpose, whether medical or missionary.

of specialized physicians known as *alienists*, who were specifically experienced in the treatment of this condition; Mongeri's approach ultimately helped form a class of professionals that remained into the ensuing periods.

As part of the official initiative to ameliorate the unacceptable living conditions of the insane that was implemented in the first half of the nineteenth century, the Ottoman hospitals where mental patients were kept—Sultan Ahmet, Haseki, and Süleymaniye—were merged in 1847, and all the patients were transferred to the Süleymaniye hospital. In 1856 Luigi Mongeri, an Italian physician who had held various medical posts in the Ottoman Empire, was appointed as its chief physician. Because of the reforms and modern treatment techniques that Mongeri applied in his new position—the abolition of shackles, the introduction of the straitjacket, the use of patient statistics, and more important, the enforcement of regulations concerning the admission and discharge of mental patients in the Ottoman Empire—the foreign press dubbed Mongeri the "Turkish Pinel," equating him with the prominent French alienist Philippe Pinel (1745–1826).

Mongeri's ingenuity lies not only in the use of modern instruments of discipline but also in his etiologizing insanity by means of medical statistics. Having been converted into the empire's central lunatic asylum, Süleymaniye provided a ready supply of clinical cases for Mongeri that allowed him to draw medical and scientific conclusions concerning "Oriental insanity," a topic that since the early nineteenth century had been paid much attention in Western, especially French, psychiatric circles.[5] The statistics that

[5] Since the early nineteenth century, this interest in so-called Oriental insanity encouraged French alienists to conduct scientific explorations. Among them, Esquirol's pupil Joseph Moreau collected and published his observations. Jacques-Joseph Moreau, *Recherches sur les aliénés, en Orient: Notes sur les établissements qui leur sont consacrés à Malte, île de, au Caire, Égypte, à Smyrne, Asie-Mineure, à Constantinople, Turquie / par le docteur J. Moreau* (de Tours), médecin de Bicêtre (Paris: Bourgogne et Martinet, 1843).

Mongeri gathered for the years between 1857 and 1867, compiling them into tables, enabled him to professionalize the treatment of insanity, and at the same time they put him into conversation with members of prominent professional organizations of the period.

Süleymaniye: From *Dârüşşifâ* to Imperial Mental Asylum

The Süleymaniye *dârüşşifâ* (hospital), which was built as part of the Süleymaniye complex (*külliyye*),[6] was commissioned by ottoman sultan Süleyman the Lawgiver (r. 1520–1566) and started operation in 1566. The complex included two madrasas, one for the study of medicine and the other for the study of religious sciences; a Koran school for children (*mekteb*); a hostel (*tabhhâne*); a public kitchen (*imâret*); a bath (*hamam*); and a hospital.[7]

The last, located on the northwest of corner of the complex, was composed of two rectangular courtyards that led into each other. The first courtyard was surrounded with cells and belonged to the hospital staff; the second comprised patients' wards. According to the hospital's endowment deed (*vakfiye*), in the days of the institution's inception, its staff consisted of three physicians—including a chief physician (*tabîb-i evvel*)—who had to be skilled in the diagnosis and treatment of illnesses and informed about the benefits of medicine; two ophthalmologists (*kehhâl*) experienced in diagnosing eye diseases; two surgeons (*cerrâh*), who were also experts in wounds, boils, and phlegmon; a pharmacist; a medicine-store keeper (*edviye kilecisi*); a medicine steward (*edviye vekilharcı*); a clerk

[6] Such a complex in the Ottoman Empire at this time was normally an aggregation of institutions (e.g., hospital, soup kitchen, madrasa) founded for charitable purposes.

[7] Gülru Necipoğlu-Kafadar, "The Süleymaniye Complex in Istanbul: An Interpretation," *Muqarnas* 3 (1985): 92.

(*kâtip*); and a doorkeeper (*bevvab*).[8] The hospital was intended to provide medical services and medications to all kinds of individuals who needed them, including patients with minor and chronic mental diseases, but also those requiring treatment of physical ailments. Its inpatient capacity, the sources indicate, was forty to forty-five. Patients were mostly accepted on an outpatient basis and were provided medications prepared by the hospital's medical staff.[9]

When Süleymaniye was still a general hospital in the first half of the nineteenth century, the insane, various accounts note, were simply locked away and chained to the walls in cells surrounding the courtyard, and the furiously mad were locked in the basement. Robert R. Walsh,[10] an Irish clergyman, physician, and historian who went to Istanbul in 1820 to serve as chaplain to the British embassy, described the disturbing scene of the asylum as follows:

> The Turks, we in Europe believe, consider alienation of the mind an effect of divine inspiration and treat fools and idiots as favorites of heaven. The first things we saw were a range of cells with iron gratings, on a level with the ground, and the first sound we heard was the heavy clanking of chains. On the outside of each window was a strong staple driven into the wall, to which one end of a heavy chain was fastened, and on following it through the bars with our eye we saw the other was attached by iron collar round the neck or body of a naked human being,

---

[8] The resident staff of the Süleymaniye hospital—though subject to changes—according to various records comprised an *aşçıbaşı* (chief cook), a *hamamcı* (bath keeper), a *tellakbaşı* (bath attendant), a *tomruk ağası* (chief of the dungeon responsible for placing the feet and hands of unruly patients in stocks), a *güllabi* (chief warden), a *meydancı* (chief sweeper), and a *sakabaşı* (chief water carrier).

[9] Nuran Yıldırım, *A History of Health Care in Istanbul*, trans. M. İnanç Özekmekçi (İstanbul: Düzey Matbaacılık, 2010), 167.

[10] Alfred Webb, *A Compendium of Irish Biography: Comprising Sketches of Distinguished Irishmen* (Dublin: M. H Gill & Son., 1878), 546.

who was either crouched in some attitude, or crawling about the bars inside, like a wild beast in a menagerie.[11]

In another account by Pliny Earle, a native of Liecester, who had received his medical training during 1830's at the University of Pennsylvannia Medical School and who joined the staff at the Friends' Asylum in Frankford[12] had visited Süleymaniye on December 1838:

> Connected with some of the mosques in Constantinople, there are buildings for the reception of the sick—a kind of hospital, in which the poor who are suffering under disease may have their wants ministered to by the hand of charity. That which is adjacent to Sulimanyé [Süleymaniye], or the mosque of Suliman, is devoted exclusively to the insane. There, none but men are admitted; the women, according to the Turkish custom, as well as in conformity with the precepts of the religion of Mahomet, being kept in private seclusion. The building is but one story in height, and, like the cloisters of many gothic cathedrals, and the khans [han] or caravanseras [kervansaray] of Turkey and Natolia [Anatolia], completely surrounds a central court. The entrances to all the rooms are beneath the corridor at which the court, upon all sides, is limited.
>
> I visited this Asylum during the feast of the Bairam [Bayram], near the close of the year 1838, in company with two American gentlemen,[13] residents at Constantinople. We entered the court, passing several miserably clad people,

[11] Robert Walsh, *A Residence at Constantinople during a Period Including the Commencement, Progress and Termination of the Greek and Turkish Revolutions 2*, vol. 1 (London: Westley & Davis, 1836), 256.

[12] Gerald N. Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830–1920* (Chapel Hill: University of North Carolina Press, 1966), 218.

[13] Pliny Earle in his Memoirs, writes that he was taken to Süleymaniye by Dr. Millingen and two other friends William Goodell and Mr. Rhodes had also accompanied him. Pliny Earle in his Memoirs, writes that he was taken to Süleymaniye by Dr. Millingen and two other friends William Goodell and Mr. Rhodes had also accompanied him. Franklin Benjamin Sanborn, *Memoirs of Pliny Earle, M.D.: With Extracts from His Diary and Letters...* (Damrell & Upham, 1898), 133.

> "sitting at the gate," not "to ask alms," but to receive it, of voluntarily offered. Within the court were many people, mostly young men and boys, who had come, either for the gratification or curiosity, or to administer to the wants of the afflicted. From between the bars of the iron grating with which this was defended, a heavy chain, omnious of the sad reality within, protruded, and was fastened to the external surface of the wall. It was about six feeth length. The opposite extremity was attached to a heavy irong ring, surrounding the neck of a patient who was sitting, within the grating, upon the window-seat. We entered the room and found two other patients, similarly fastened, at the two windows upon the opposite side of the room. It was a most cheerless apartment. A jug to contain water, and, for each of the patients, a few boards laid upon the floor, or elevated three or four inches, at most, and covered with a couple of blankets, were all the articles of comfort or convience with which, aside from their clothing, these miserable creatures were supplied. Although in the latter part of of December, they had no fire; nor were the windows glazed, but close shutters attached to each, rendered it possible measurably to shield the inmates from severe wheather whenever it might occur. The length of the chain of each patient is barely sufficient to enable him to lie down upon his comfortless bed of boards and blankets. [14]

Located in one of the busiest spots of the city and surrounded by several shops and coffee houses, the Süleymaniye hospital was often subjected to curious eyes and impromptu visits, as noted by Robert Walsh and Pliny Earle. The hospital was completely open to the public, and anyone could enter without any "impediment or inquiry."[15] The bizarre sounds that were produced by the patients, testimonies record,

---

[14] Pliny Earle, *A Visit to Thirteen Asylums for the Insane in Europe;* (Philadelphia, 1841), 57–58.

[15] Walsh, *A Residence at Constantinople during a Period Including the Commencement, Progress and Termination of the Greek and Turkish Revolutions 2*, 1:256.

often caught the attention of passersby and drew them in for a visit. Moreover, according to Henry C. Burdett (1847–1920), an English financier and philanthropist, lions, leopards, and hyenas were kept in the same place.[16] A document dated 8 May 1843 indicates that the buildings, besides accommodating mentally afflicted individuals, were also used for a certain period to house wild animals, given as gifts to the sultan, that were transported to Süleymaniye in 1842.[17] In 1844 public visits were prohibited by a government decree, and the doors of the asylum were closed to visitors as part of the state's commitment to reforming living conditions for the institution's residents.[18] And in the same year, also upon an imperial order, the female patients kept in Haseki hospital were moved there and a separate section was to be constructed to accommodate them.[19] Following this, the salaries of the hospital staff were increased,[20] and the administration also underwent changes.[21] A year later, in 1845, having been appointed to supervise the Sürre-i Hümayûn, an imperial procession organized to accompany gifts sent to Mecca by the sultan, a certain Nazif Efendi, graduate of the medical school (Mekteb-i Tıbbiyye) was

---

[16] Henry C. Burdett, *Hospitals and Asylums of the World: Their Origin, History, Construction, Administration, Management, and Legislation; with Plans of the Chief Medical Institutions Accurately Drawn to a Uniform Scale, in Addition to Those of All the Hospitals of London in the Jubilee Year of Queen Victoria's Reign* (London: J. & A. Churchill, 1891), 73. Yet Henry Burdett wrongly identified the location of the asylum as in Scutari (present day Usküdar). The place that his text describes must have been Süleymaniye hospital.

[17] PMOA, C. S., 134/6748, 8 R. 1259. The animals had formerly been kept in the palace; no information suggests the reason they were moved, but the same document states that the animals kept in the asylum (*bimarhane*) were exhausted because they were not fed properly.

[18] PMOA, İ. DH., 2698, 8 S. 1258.

[19] PMOA, C. SH., 25/1234, 29 Z. 1260.

[20] An amount of 500 *kuruş* was added to the salary of Ata Efendi's original salary of 500 *kuruş*, and 300 *kuruş* was added to Tahir Ağa's 350 *kuruş*. PMOA, C. SH,, 25/1234, 29 Z. 1260.

[21] PMOA, C. SH., 25/1234, 29 Z. 1260.

appointed as temporary deputy to El-Hac Ata Efendi, a position later made permanent in order to match the increasing number of patients.[22] Nazif Efendi's appointment placed two doctors (Ata Efendi and Nazif Efendi) in charge of the asylum, the latter running the women's section of it.

The therapy that was offered in Süleymaniye in the early nineteenth century was a remnant of centuries-old medical practices that involved a course of multiple treatments: a regulated diet, bloodletting, cupping, and baths. Baths were an important part of the treatment program, given that "madness was considered to originate in extreme cases of dryness in the patients' body"; "baths were supposed to return the needed moisture to the body."[23] The Süleymaniye hospital comprised a private bath area located on the north corner of the second courtyard that contained a large water basin heated to a different temperature.[24] The bathhouse attendants, shampooers known as *dellâk*, were responsible for cleaning the patients; after doing so, depending on the active or passive condition of the patients, these attendants would return them to the guardian.[25]

Bloodletting, at the time a routine medical treatment, was used [particularly in spring season] expel "black bile," believed to cause melancholia. In addition to its use in the treatment of particular patients, it was practiced annually among the asylum's general population, with the coming of spring. For that operation, the chief barber would make an

[22] PMOA, İ. MVL., 313/13117, 17 Z. 1270; PMOA, A. MKT. NZD., 129/98, 9 Ca. 1271.

[23] Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700* (Albany: SUNY Press, 2009), 83.

[24] William Goodell, "The Bedlams of Stamboul," *Athlantic Monthly* 28 (1871): 531.

[25] Ibid., 531.

incision on one or both arm of each patient to expel the bad blood.[26] In combination with the bloodletting, purgatives in the form of syrup or paste were also employed in an attempt to restore the balance of bodily fluids.[27]

Although these treatments were practiced regularly at Süleymaniye, most accounts nonetheless agree that throughout most of the nineteenth century the chronically insane, especially the uncontrollable patients, were simply imprisoned and chained so that they could not harm themselves or other patients.

Luigi Mongeri: an Italian émigré in the Ottoman Empire

In the second quarter of the nineteenth century, various official attempts to improve conditions for the mentally ill did not produce the intended results, primarily because the empire lacked the trained medical personnel needed to implement them. The need to reform the Süleymaniye asylum and hence provide decent conditions remained a priority for the government into the second half of the nineteenth century. In 1856 an Italian émigré living in the Ottoman Empire who had held various positions in the Ottoman quarantine organization submitted a letter to the government, in which he petitioned for an appointment as chief physician at the Süleymaniye asylum, proposing to reform and elevate this traditional structure in line with standards being applied in European mental asylums and using the techniques of modern medicine.

Luigi Mongeri, an Italian citizen, was born to a middle-class family in Milan on 16 November 1815; he had been educated in the humanities and philosophy at the

[26] Ibid., 532.

[27] Miri Shefer Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700* (Albany: SUNY Press, 2009).

Gymnasium of Brera and at the Lyceum of Longone.[28] After his graduation, he studied medicine at the University of Pavia in Lombardy, an institution that stood at the pinnacle of medical training and was staffed by prominent physicians like Bartolommeo Panizza[29] (1785–1867), and Andrea Verga (1811–1895), who would become a prominent physician of mental medicine. At Pavia, besides studying nervous diseases under the supervision of Panizza, Mongeri also studied general medicine and conducted research on the nature and etiology of cholera in the general hospital in Milan.[30]

In 1838, following his graduation, Mongeri was offered a position at the university but refused it because of the ongoing political chaos in Italy. The Austrian occupation and the reinstitution of absolutism in the Italian states during the first half of the nineteenth century contributed to the formation of revolutionary societies, in which the young Italian actively took part. According to Mongeri's assistant, Avram de Castro, he had refused the university position because he eagerly shared the views and principles of the Italian youth, which exposed him to constant danger.[31] Given the prevalent political tension, he had no alternative but to leave Italy.

Istanbul was one of several cities that gained prominence as destinations among European émigrés in the second quarter of the nineteenth century. The integration of the

[28] One of his brothers, Giuseppe Mongeri (1812–1888), was a professor at the Academia di Bella di Brera, and the other, Michelle, was a priest. Avram Castro, *Biographie du Docteur Louis Mongeri* (Constantinople: Imperimerie de Castro, 1882); Taşkıran, "Türkiye Hizmetinde Büyük Bir Hekim: Süleymaniye Bimarhanesi'nin Son, Toptaşı'nın Ilk Başhekimi Louis Mongeri," 4.

[29] According to the information provided by Castro, Mongeri completed a doctoral thesis entitled *Della dissoluzione delle pareti dello stomaco dopo morte* under the supervision of Panizza. Castro, *Biographie du Docteur Louis Mongeri*, 2.

[30] Ibid., 1.

[31] Ibid., 3.

Ottoman Empire into the global markets, along with the reforms taking place in the military, administrative, and economic sectors, had created a ready labor market for qualified employees such as engineers, craftsmen, doctors, and military officers. An increasing number of graduates from Habsburg and German medical faculties who were attracted by the liberal Ottoman reforms also sought careers in Ottoman lands. Moreover, a recent graduate of a European medical faculty could expect to find a position with a reasonable salary in the Ottoman Empire, given the realm's lack of trained medical personnel—in contrast to the job market in their native countries, where positions were limited and a high degree of competition existed.[32] The inauguration of a reform program (Tanzimat) that promised its Christian subjects protection and equality before the law encouraged further European migration to Ottoman lands. By the second half of the nineteenth century, an increasing number of foreign technicians, scientists, and physicians were employed as part of newly created imperial institutions in the army, in academia, and in medical organizations throughout the empire.

Among the professionals who sought a career in the Ottoman Empire, Italians occupied an important place. The establishment of diplomatic relations between imperial authorities and the Kingdom of Sardinia during the reign of Mahmud II (r. 1808–1839) is particularly important, since it accelerated Italian migration in the second quarter of the nineteenth century. In 1822 the Sardinian kingdom sent Count Ludivico Sauli to Istanbul

[32] Marcel Chahrour, "'A Civilizing Mission'? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1858–1850," *Studies in History and Philosophy*, no. 38 (2007): 692.

to negotiate the establishment of a diplomatic mission.[33] As part of the ongoing negotiations, two treaties—one commercial and one maritime—were ratified between the empire and the kingdom in 1823. A year later, the Kingdom of Sardinia established a diplomatic representation in the Ottoman capital. The opening of this mission facilitated the migration of Italians to lands controlled by the Ottoman Empire, and following its establishment, Italian officers and experts came to be employed in the empire's newly created military organizations, supervising and enhancing the reform program.[34] Especially following the abolition of the Janissaries (infantry corps) in 1826, Italian officers were hired to oversee Ottoman military modernization. Some Italian officers were employed in the newly created Danubian army, and others were appointed to various posts in the central army.[35] Italian officers Luigi Calligaris and Timoteo Calosso were attached to the general staff of Ibrahim Paşa's forces, which fought against Egyptian powers in Konya in 1832.

Italian émigrés were likewise employed in various branches of the Ottoman medical organization. In the 1820s the number of Italian physicians in the capital practicing both private and public medicine, the sources indicate, was greater than fifteen. For instance, Dr. Bartoletti, the son of Selim III's private physician who was born in Istanbul and graduated from Naples Medical School, served as general inspector of

[33] Alessandro Pannuti, *Istanbul's Italian Levantines among the Other Non-Muslims: A Community's Fortune and Dissolution Despite Identity Preservation* (July 2008; http://levantineheritage.com/pdf/pannuti3.pdf), 6.

[34] For a study of Italian influence and contributions to Mahmud II's reforms in the military, medical, and artistic fields, see Şerafettin Turan, "II. Mahmud'un Reformlarında İtalyan Etki ve Katkısı," in *Sultan II. Mahmud ve Reformları Semineri 28–30 Haziran 1989* (İstanbul: Edebiyat Fakültesi Basımevi, 1990).

[35] Ibid., 115–116.

medicine (*sıhhiye müfettişi umûmîsi*) and represented the Ottoman delegation at an international health conference.[36] Doctor Capoleone, another medical professional who entered palace service during the reign of Mahmud II, rose to the position of chief palace physician.[37] Further, in 1825 an Italian hospital was established in Istanbul in accordance with a proposal submitted by the Sardinian ambassador.[38] Carlo Tringhieri was appointed physician to the cavalry regiment, and Luigi Bicchi Vassalo entered the service of Galib Paşa, governor of Erzurum Province.[39]

After 1835 the presence of Italian physicians became more visible through the establishment of the Ottoman quarantine organization. The threat of a cholera outbreak, which alarmed European states, increased the international pressure on the Ottoman government to take measures against a new outbreak. Yet the effective implementation of measures against a cholera epidemic required a European-style sanitary police, which, given the empire's lack of trained personnel, could be staffed only with trained experts familiar with European languages and medical science—that is, with professionals from outside the empire and members of the Ottoman Christian and Jewish communities trained in foreign languages. In 1838 Mongeri's compatriot Dr. Antonio Logo was appointed as chief physician to the directorate of this organization, a post that he held until 1842.

By the time Mongeri arrived Istanbul in 1839, then, there existed a considerable

---

[36] Yeşim Işıl Ulman, "Portraits of Italians in Health Affairs in 19th Century Istanbul: Dr. Castaldi, Pharmacist A. Calleja, Midwife Messani," *Oriente Moderno* 88 (1 January 2008): 139.

[37] Turan, "II. Mahmud'un Reformlarında İtalyan Etki ve Katkısı," 122–123.

[38] Ibid., 122.

[39] Turan, "II. Mahmud'un Reformlarında İtalyan Etki ve Katkısı," 122–123.

Italian presence in the capital; Italians held important posts in the imperial military and medical sectors, especially the quarantine organization, where Mongeri would serve as a physician. The dearth of medical experts in the field who could direct and implement quarantine measures made it possible for foreign physicians in the field to enter into the Ottoman medical organization without major impediments. For a physician like Mongeri, who had a medical diploma from a well-known medical faculty and whose fellow Italians held various imperial medical posts, doing so would not have been difficult. And on 24 May 1839, almost immediately upon his arrival in Istanbul, he was first attached to the Ottoman army that fought against Egyptian forces at the Battle of Nizib in June of the same year.[40] On 22 February 1840 Mongeri returned to Istanbul, where he was soon employed in the international quarantine organization's Sinop branch and allotted a salary of one thousand *kuruş* a month.[41] After spending a year and a half at the Sinop quarantine station, he was appointed as a sanitary physician to the island of Crete, where he served from 1841 to 1849.[42]

In Crete, Mongeri worked as health director and contributed actively to sanitary measures against the cholera epidemic. In 1849, following a cholera outbreak in the village of Gaidouropoli (ancient Lapa, also known as Samarapolis), Mongeri placed the contaminated village under quarantine with the authorization of the island's governor, and he established a sanitary cordon around it.[43] However, the radical measures that he

[40] Avram Castro, *Biographie du Docteur Louis Mongeri* (Constantinople: Imperimerie de Castro, 1882), 3.

[41] PMOA, ŞD., 858/50, 9 N.1300.

[42] PMOA, ŞD., 858/50, 9 N.1300; Biographie du Mongeri, p. 3.

[43] Castro, *Biographie du Docteur Louis Mongeri*, 1882, 3.

implemented to prevent the disease's spread endangered his relations with the Supreme Council of Health in Istanbul; he was dismissed for having disobeyed the council's orders.[44] After his dismissal Mongeri had begun practicing private medicine and surgery on the island, and in a short time he had established around himself a group of persecuted Italian political émigrés composed of tailors, shoemakers, and pharmacists. While on one hand practicing his profession, Mongeri also engaged in philanthropic works against slavery while living on the island.[45] And these acts of benevolence and medical care helped him cultivate connections with his future patron and governor of Crete, Giritli Mustafa Naili Paşa, who was appointed governor of the island in 1832 and in the future would become a member of the Sublime Council of Judicial Ordinances (Meclis-i Vâlâ-yı Ahkâm-ı Adliye),[46] a government institution that held legislative powers and played an essential role in planning and executing modern reforms in the Ottoman Empire.[47]

In 1850 Mongeri left the island for Istanbul, where he would soon be engaged as a private physician in Naili Paşa's household, a position that he held until March 1856.[48] In the year Mongeri left Crete, Mustafa Naili Paşa was appointed to the Sublime Council of

---

[44] The nature of this resignation is not clear. Taşkıran has claimed that Mongeri had an argument with local authorities concerning the measures that he initiated to prevent the spread of cholera epidemic.Taşkıran, "Türkiye Hizmetinde Büyük Bir Hekim: Süleymaniye Bimarhanesi'nin Son, Toptaşı'nın İlk Başhekimi Louis Mongeri"; Castro, *Biographie du Docteur Louis Mongeri*, 1882, 4.

[45] Castro, *Biographie du Docteur Louis Mongeri*, 1882, 5.

[46] For a history of the Sublime Council and its institutional transformation, see Mehmet Seyitdanlıoğlu, *Tanzimat Devrinde Meclis-i Vâlâ (1838–1868)* (Ankara: Türk Tarih Kurumu, 1999).

[47] Müjdat Uluçam, "Mustafa Naili Paşa," in *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi* (İstanbul: Yapı Kredi Yayınları, 1999), 2:305.

[48] PMOA, ŞD., 858/50; PMOA, MVL., 253/46, 11 Safer 1259.

Judicial Ordinances; this appointment marked a turning point in both Naili Paşa's career in Ottoman administration and Mongeri's upward mobility in the Ottoman medical establishment. Four years after attaining the position on the Sublime Council of Judicial Ordinances, Naili Paşa was appointed grand vizier (*sadrazam*),[49] an office that he would also hold in 1857. Mongeri's attachment to Naili Paşa's household[50] provided him with new connections among the Ottoman ruling elite. A year after his arrival in Istanbul, he was appointed private physician to Princess Adile Sultan, daughter of Mahmud II and sister to the reigning sultan, Abdülmecid (r. 1839–1861). This new position, like the former one, must have maintained and increased his reputation in Istanbul's elite circles. Adile Sultan, Mongeri's new patron, was renowned for her philanthropic and charitable works in the capital. Her acquaintance with Mongeri would probably have persuaded her to extend her charitable works to other members of society, such as the insane.[51]

In addition to services that he rendered for members of the Ottoman elite, Mongeri continued to practice private medicine in Istanbul. The case histories that he published in *Gazette médicale d'Orient* (founded in 1856 by foreign doctors residing in Istanbul, this was the official journal of the Imperial Medical Society), suggest that he was summoned by Muslim and non-Muslim Ottomans as a private physician to consult in

[49] The grand vizier was the absolute deputy of the sultan in civil and military administration. During the reign of Mahmud II the office of grand vizier was abolished and replaced with prime minister (*baş vekillik*) in order to make this office more dependent on the sultan. However, after the death of Mahmud II in 1839, the position of the grand vizier was restored. Selçuk Akşin Somel, *Historical Dictionary of the Ottoman Empire* (Lanham, MD: Scarecrow Press, 2003), 101.

[50] Castro, *Biographie du Docteur Louis Mongeri*, 1882, 6.

[51] According to Castro's account, when Mongeri first expressed his decision to serve at the mental asylum to his patron, Adile Sultan, she tried to dissuade him by offering him a position in one of the capital city's main hospitals. But seeing that he was determined, she could do nothing except approve it. Ibid. 6.

cases of mental derangement. Thus, he established himself not only as a general physician but also as an alienist. His service in the quarantine organization had helped acquaint him with the heads of reform programs, including Fuad Paşa, and by 1856, Mongeri had the connections in the Ottoman bureaucracy and administration necessary for a prestigious position. Thus, his professional qualifications and his administrative connections eventually led him the top position at Süleymaniye.[52]

Mongeri at Süleymaniye

During one tour, according to the account provided by Avram de Castro, Mongeri was struck by the miserable state in which the mental patients were kept in Süleymaniye.[53] As mentioned earlier, they were restrained by chains fixed to the cell walls and were subjected to ill treatment by the staff responsible for their care.

In fact, long before Mongeri's visit, a reform program to improve conditions for the insane had been initiated by Ottoman authorities aimed specifically at Haseki, Sultan Ahmed, and Süleymaniye hospitals in the capital. In 1835, according to Robert Walsh, "[t]he lunatics had attracted the Sultan's [Mahmud II; r. 1808–1839] notice and excited his sympathy in a high degree. He visited the *Timar Hannai* [*tîmârhâne*: insane asylum] and saw the awful state in which humans were kept in that asylum, and at once directed

[52] Even after his appointment to Süleymaniye, Mongeri continued to contribute to official measures against cholera in the capital. In 1866 he published a pamphlet titled Études dur L'épidémie de cholera qui a régné a Contantinople en 1865 about the epidemic, which, along with his 1876 asylum regulations, was dedicated to Fuat Paşa. This dedication shows his connection with the reforming bureaucracy.
Luigi (Louis) Mongeri, *Études Dur L'épidémie de Cholera Qui a Régné a Contantinople En 1865* (Constantinople: Imperimerie M. de Castro, 1866).

[53] The nature and motivation of this visit is not clear. Castro says that Mongeri received an official order to inspect the conditions of the hospitals in the capital, but he does not mention the source of the official order. Castro, Biographie du Docteur Louis Mongeri, 1882, 6.

that they should be no longer considered as under the sacred hand of the God, but susceptible of treatment like any other beings affected with distemper."[54] After Mahmud II's visit to one of the hospitals, the government convened a special meeting and invited the chief physician to further discuss relevant measures.[55] Following that meeting, the asylum was put under the care of the new school of medicine (Mekteb-i Tıbbiyye); a "Hungarian physician,[56] well acquainted with the improved treatment of lunatics in Europe, was appointed to superintend," and "three pupils of medicine and surgery were ordered to attend it [the institution] three times a week, and treat the patients according to the best system of concession and kindness."[57] Along the same lines, the gates of the asylum were closed to the general public, as mentioned earlier, members of which could no longer visit at will, and the "large rooms," according to William Goodell (one of the founders of the American Board's Istanbul mission in 1831, who stayed in the city until 1865), "were partitioned off into cells," where the furiously insane were isolated from peaceful patients.[58] Though accounts by both Robert Walsh and William Goodell agree on the government's intention to rehabilitate the living and care conditions for mental patients, neither provides any further evidence with respect to Mahmud II's personal intentions or his reformist zeal in the undertaking.

In the following years, during the reign of his son and successor Abdülmecid (r.

---

[54] Walsh, *A Residence at Constantinople during a Period Including the Commencement, Progress and Termination of the Greek and Turkish Revolutions 2.*, 1:301.

[55] Goodell, "The Bedlams of Stamboul," 1871, 533.

[56] Goodell does not provide the identity of the physician beyond his Hungarian nationality.

[57] Walsh, *A Residence*, 1:301.

[58] Goodell, "The Bedlams of Stamboul," 535.

1839–1861), reform—which had eventually halted because of ongoing wars during Mahmud's tenure—was resumed, and structural adjustments were made with respect to the administration and financing of the asylums. In 1843, another formal meeting was called to discuss the matter, and a Muslim physician[59] who had been trained in Europe was appointed to improve conditions. New clothing and bedding were given to the patients, and more important, a new spatial organization was introduced. The largest wards were divided into cells, and patients were classified and assigned to them according to the degree of their illness. Moreover, a preacher from the adjacent mosque was hired to deliver sermons, and an apothecary was appointed to administer drugs to the patients.[60] One year later further measures merged the medical establishments that housed the patients, making Süleymaniye the sole mental-health institution, as discussed earlier. In 1844, Abdülmecid ordered the establishment of a separate ward in Süleymaniye for the female patients who had been at the Haseki hospital,[61] and female patients who had been residents of Haseki were transferred to Süleymaniye.[62] Furthermore, by order of the sultan, the salaries of the hospital doctor and director were increased, and new attendants were added to the hospital staff.[63] After 1844, Haseki came

[59] The sources do not provide further information concerning the identity of this physician.

[60] Goodell, "The Bedlams of Stamboul," 535.

[61] PMOA, İ. DH., 4379/87, 2. C. 1260. William Goodell's "The Bedlams of Stamboul," gives the year 1844 for the transfer of patients from Haseki to Süleymaniye: "But in 1847, within my own recollection, its handful of patients were transferred to the Süleymaniye Hospital, in order to make room for their more degraded sisters" (529–530).

[62] PMOA, C. SH., 25/1234, 1261.

[63] With the transfer of female patients, a female chief warden (*ser-hademe*), and a female "dead washer" (*gassal*) were appointed. PMOA, İ. DH., 4379/87, 2. C. 1260.

to serve only destitute women; indeed, one of its rooms was used as a "women's detention house" (Nisâ Tevkifhânesi).[64]

By the mid-nineteenth century, then, a growing awareness of the issue and an initiative on the part of imperial authorities could be observed concerning the rehabilitation of institutions that housed the mentally ill. And those professionals like Mongeri who possessed particular expertise and special competence in treating insanity and in administering these institutions were likely to find a receptive audience at the government level.

In 1856, then, conditions were ripe for Mongeri—still in private practice in the imperial capital—to submit his letter to the authorities. This document suggests that its author was informed about the ongoing negotiations in the sanitary council; Mongeri acknowledged the value of the earlier reform measures, including the merger of the Haseki and Sultan Ahmet hospitals, as well as the government appointment of two physicians to treat patients at Süleymaniye. Nevertheless, he underlined that the Süleymaniye asylum could not be compared to the other institutions, for its inmates required special treatment owing to the specific nature of their illnesses; thus, they had to be treated separately. Because he contended that he had the necessary knowledge about mental hospitals and their administration, he petitioned for an appointment to Süleymaniye and for a salary commensurate with his expertise.[65] Given the existing reformist climate and, more important, the imperial order that was in place to improve conditions for the insane, Mongeri's petition could not be ignored. On 1 April 1856,

[64] Yıldırım, *A History of Health Care in Istanbul*, 166.

[65] PMOA, İ. DH., 341/22460.

Mongeri was appointed chief physician of Süleymaniye, an institution that was long the most prestigious center of medical training and therapy in the Ottoman Empire; he was granted a monthly salary of 1750 *kuruş*.[66]

As soon as he took up his post at Süleymaniye, Mongeri found himself amid administrative and financial problems that would prevent him in the long run from implementing a sustainable treatment and reform program. The consolidation of the three hospitals in the capital and subsequent concentration of patients in a single institution with limited physical space, coupled with an influx of patients coming from the provinces, culminated in increasing numbers that the asylum could not handle, given its limited capacity and financial means. The physical space of the asylum was not suitable for the internment of a large number of patients, but the roster had reached a total of 125 patients by 1857. Overcrowding could combine with malnutrition and poor sanitary conditions to pave the way for epidemic diseases, which occasionally reduced the asylum population.

The first such deadly encounter presented itself in 1857, nearly a year after Mongeri's appointment. In the early days of February, Kayserili Ali, a certain soldier from the fourth regiment, was brought to the Süleymaniye lunatic asylum with alleged suicidal tendencies. According to those accompanying him, Ali over the previous two days had attempted to strangulate himself in the military barracks.[67] Having found no way to prevent his suicide attempts, his superiors decided to send him to the asylum. In his first examination, Ali did not show any symptoms associated with typhus (such as

[66] PMOA, İ. DH., 341/22460.

[67] Luigi Mongeri, "Quelques considérations sur une épidemie typhus observée dans un asyle d'aliénés a Constantinople," *Gazette médicale d'Orient* 3 (1858): 44.

feverish heat, a quick pulse, and diarrhea). On the seventh day, Ali went to the assembly hall, a small area that was packed with asylum residents, and suddenly attacked one of the patients, seizing him by the throat. Mongeri ordered that Ali be put in a straitjacket so that he could not harm any other patients or himself. The next day Ali was given a warm bath and then subjected to a cold shower, and subsequently he became tranquil and was put into bed. For three days, Ali's condition remained "satisfactory," but on the fourth day he suddenly refused food, could not stand up, and his body was covered with petechias (*pétéchies*); he died within twenty-four hours.[68] The same day, two patients who had been bedridden in the same room with Ali fell into a similar state, and both of them died the next night. This was followed, the day after, by seven new cases, and three of these patients also died within twenty-four hours. Within fourteen days, thirty-four patients succumbed to typhus. Of those taken ill, only one nurse and one patient survived.[69]

The typhus attack that broke out in the asylum was no coincidence: the institution sheltered behind its narrow walls a patient population of men and women that it could not sustain. According to Mongeri, the poor sanitary conditions, poorly ventilated rooms, and the absence of an infirmary were the main factors in the outbreak.[70] Coming within the first year of his tenure at Süleymaniye, the deadly typhus attack signaled to Mongeri the need for a spacious modern hospital specifically designed for mental patients; Süleymaniye had neither adequate space for the constant flow of patients nor appropriate facilities for the implementation of Mongeri's "moral treatment" program.

[68] Ibid., 45.

[69] Ibid., 45.

[70] Ibid., 46.

But reform in terms of extending the existing medical facility or founding a new one altogether, given the particularities of the period, could not be easily accomplished. The Ottoman-Russian War of 1854–1856 depleted Ottoman finances. The government was forced to sign a treaty for an international loan to finance its economy. In this economic and political climate, Mongeri had to explain to the authorities and to the public the threat that unrestrained lunatics might pose to society in order to attract their attention and obtain investment for his asylum project. The pieces he published in the *Gazette médicale d'Orient* (hereafter, *GMD*)—which include the case histories cited throughout this study and others, along with news and asylum statistics—were part of a medical mission to make insanity visible to the authorities for the first time; further, the author sought to create an awareness of the palpable dangers posed by the insane, a move that in turn would call government attention to the situation and provide a legitimate basis for Mongeri to initiate his long-term plan of founding a new mental hospital.

Rendering Insanity Visible in the Ottoman Context: Quantification

A few months after Mongeri's appointment, a short piece in the *GMD* drew the attention of its readers to a particular form of insanity called homicidal monomania (*monomanie homicide*), a concept popularized by Jean-Etienne Esquirol (1722–1840), and to the potential threats that those afflicted might pose to their environment if proper measures were not set in place.[71] The news piece narrates two alleged incidents of monomania to better illustrate the dangers awaiting the public. In the first incident, two men armed with daggers had boarded a steamship bound from Trabzon to Istanbul

[71] "Variétés," *Gazette médicale d'Orient*, no. 8 (November 1857): 152.

attacked the passengers, killed some of them, and wounded many on the spot. In the second, an insane who had been treated in a Rufai Sufi convent escaped and killed six people, also with a knife. These two short pieces, on one hand, pointed out the potential dangerous acts that the insane might commit in public places if allowed to circulate freely, but on the other, they also heralded the commencement of a medical mission to treat mental illness, one that would contain and confine potentially dangerous persons, who could be identified only by professionals in Ottoman society.

However, this scientific and medical mission, which alleged to protect society from unperceived dangers, first and foremost sought to establish a typology and an etiology of insanity as such, rendering it a visible and thus observable reality via modern methods of quantification, including statistics. "Typifications," James Scott has argued, are indispensable to statecraft. "State simplifications such as maps, censuses, cadastral lists and standard units of measurement represent techniques for grasping a large and complex reality; in order for officials to be able to comprehend aspects of the ensemble that complex reality must be reduced to schematic categories. The only way to accomplish this is to reduce an infinite array of detail to a set of categories that will facilitate summary descriptions, comparisons and aggregation."[72]

Thus, statistics, an important tool of governmentality, comprise a vital element of modern statecraft in that they render complex realities simpler and more manageable—realities such as insanity. Over time, medical quantification, on one hand, legitimized professional intervention by making the insane (especially those with homicidal tendencies) visible and thus contributing to public security, while, on the other, it sought

[72] James C. Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven, CT: Yale University Press, 1998), 77.

to justify the foundation of specific establishments—namely, asylums—for the treatment and control of the people who constituted that group. Statistics thus carried an instrumental value in the doctors' mission for institutional reform. "The increase in the lunacy … became one of the main weapons in reformers' arguments for new legislation to deal with the insane, since they indicated that insanity was now a serious social problem."[73]

A pamphlet penned by Mongeri that was published in 1867 under the title *Notice statistique l'asile des aliénés solimanié a Constantinople* and that utilizes the statistical numbers from Süleymaniye is useful in explaining Mongeri's professional appropriation of so-called Oriental insanity in scientific and medical discourse.[74] Published first in the *GMD* and later independently, the piece presents findings based not only on the Süleymaniye statistics—that is, records kept on the patients there during Mongeri's tenure—but also on patient statistics from the Greek Balıklı and the Armenian Yedikule hospitals, communal hospitals that treated exclusively patients from their respective communities, including the insane. Mongeri presented the findings from this statistical survey at the 1864 meeting of the French Société Médico-Psychologique, the professional organization of French psychiatrists, to which he was accepted as a foreign associate member the same year. This document, representing the first examples of clinical statistics, provides important insights for modern scholars with respect to the institutionalization and medicalization of insanity in the late Ottoman Empire.

As an adherent of Philippe Pinel's moral therapy school, Mongeri gathered

---

[73] B. S. Everitt, "Statistics in Psychiatry," *Statistical Science* 2, no. 2 (1 May 1 1987): 107.

[74] Luigi Mongeri, *Notice statistique l'asile des aliénés solimanié a Constantinople* (Constantinople: Imperimerie de Castro, 1867).

statistical data following Pinel's principles, which he applied in the Süleymaniye lunatic asylum. The quantification of insanity through clinical observation constituted an important part of the medical technology practiced at the Salpêtrière hospital, a mental establishment in Paris where Pinel had abolished chains as restraints after becoming its director in 1795. Pinel used statistical methods of gathering information for clinical purposes in his treatment and classification of mental illnesses. He kept records of all his cases and tabulated them for comparative purposes. Likewise, Pierre Charles Alexander (1787–1872) and Claude Bernard (1813–1878) used clinical statistics in diagnosing illnesses and determining prognoses.[75] For an emerging branch of medicine such as psychiatry, which was struggling for official and scientific recognition in the Ottoman context, quantification meant recognition in both professional and governmental arenas.

For the imperial government, statistics and records in various forms, as explained earlier, were vital tools for describing complex social realities—and so facilitating government control of those realities. The use of statistics as a governance technique reflects the Ottoman state's determination to penetrate the lives of its subjects and to gather information that could be put to use in policy decisions. Statistics carried an administrative function and contributed to effective governance; thus, in Mongeri's time, the administrative application of statistics was not something new for the Ottoman state. Land surveys known as *tahrirs* had been conducted since the fifteenth century, mainly for tax purposes.[76] These surveys were repeated at regular intervals and renewed whenever

[75] P. Armitage, "Trials and Errors: The Emergence of Clinical Statistics," *Journal of the Royal Statistical Society. Series A (General)* 146, no. 4 (1 January 1983): 321–334.

[76] For a broader discussion of the use of statiscs in the Ottoman Empire, see Devlet İstatistik Enstitüsü (Turkey), *Osmanlı Devleti'nde Bilgi ve İstatistik* [Data and statistics in the Ottoman

the reign of a new sultan began. In the first half of the nineteenth century, characterized by the inauguration of the empire's modern reforms, new methods of information gathering—such as population surveys and surveillance reports (*journals*)—were introduced for legibility purposes. State officials gathered these records in order to construct a more accurate picture of the empire's productive capacity that they used for tax and military purposes. First implemented during the reign of Mahmud II (r. 1808–1839), the use of statistical records and surveys extended into the reigns of his successors, Abdülmecid (r. 1839–1861), Abdülaziz (r. 1861–18756),[77] and Abdülhamid II (r. 1876–1909).[78]

In the second quarter of the nineteenth century, census-type investigations such as *kefalet* and *nüfus defterleri* (population surveys) were employed to gather information about the demographic makeup of the ruled.[79] These sources have been utilized even in

---

Empire] (Ankara: T. C. Başbakanlık Devlet İstatistik Enstitüsü [State Institute of Statistics Prime Ministry Republic of Turkey], 2000).

[77] Cengiz Kırlı, "Devlet ve İstatistik: Esnaf Kefalet Defterleri Işığında III. Selim İktidarı," in *Nizâm-ı Kadîm'den Nizâm-ı Cedid'e III. Selim ve Dönemi* (Istanbul: Isam Yayınları, 2010), 187.

[78] For an analysis of the interaction between state and statistics during the reign of Abdülhamid II, see Fatma Müge Göcek and Şükrü Hanioğlu, "Western Knowledge, Imperial Control, and the Use of Statistics in the Ottoman Empire," in Jayne L. Warner, ed., *Cultural Horizons: A Festschrift in Honor of Talat S. Halman* (Syracuse: Syracuse University Press, 2001).

[79] The population surveys have been the subject of a number of scholarly studies. For an analysis of nineteenth-century Ottoman population surveys, demography, and demographic politics, see Kemal H. Karpat, *Ottoman Population, 1830–1914: Demographic and Social Characteristics*, Turkish and Ottoman Studies (Madison: University of Wisconsin Press, 1985); Kemal H. Karpat, "Ottoman Population Records and the Census of 1881/82–1893," *International Journal of Middle East Studies* 9, no. 3 (1 October 1978): 237–274; Stanford J. Shaw, "The Nineteenth-Century Ottoman Tax Reforms and Revenue System," *International Journal of Middle East Studies* 6, no. 4 (1 October 1975): 421–459; Cem Behar, *A Neighborhood in Ottoman Istanbul: Fruit Vendors and Civil Servants in the Kasap İlyas Mahalle*, SUNY Series in the Social and Economic History of the Middle East (Albany: State University of New York Press, 2003); Alan Duben, *Istanbul Households: Marriage, Family, and Fertility, 1880–1940*, Cambridge Studies in Population, Economy, and Society in Past Time 15 (Cambridge: Cambridge University Press, 1991).

recent times for various purposes, including investigations into the empire's social and economic history. Yet they—especially the population registers—also provide information about the health of the empire's population in particular settings. Since these records were primarily intended to determine the taxable and conscriptable population, they paid particular attention to those who did not fit into these categories. For instance, physical and mental defects were recorded, making these registers invaluable sources of information about the aged and about physically and mentally disabled individuals.

With the rising awareness and understanding of the population as a source of revenue, medical statistics were also employed by imperial officials in the nineteenth century to survey and institute measures that would help assure the population's physical health and well-being. The authorities had kept a close eye on this factor via the medical statistics gathered at regular intervals, especially after 1840.[80] In this period, for instance, quarantine stations were established to protect public health. The first medical statistics, called *tahaffuz jurnalleri*, recorded the ships and passengers that arrived in Ottoman ports, types of illnesses encountered, and number of deaths.[81] The Imperial Medical Society's journal *GMD* also began to publish medical statistics collected from various hospitals, particularly those located in the capital.[82] These statistics mostly indicate the types of illness encountered, the number of treatments, and deaths.

Whereas imperial medical statistics, with the exception of the population surveys,

---

[80] These medical statistics are kept in a seperate folder, called *tahaffuz jurnalleri*, in the Ottoman Archives' *İradeler* section.

[81] Kırlı, "Devlet ve İstatistik," 187.

[82] These statistical tables included the number of deaths, the number of patients treated in hospitals, the types of diseases treated in the institutuions, and so on.

dealt with the general population's well-being, mentally afflicted patients were not subject to any independent statistical survey until the second half of the nineteenth century. It was with the arrival and subsequent appointment of Luigi Mongeri in 1856 that the patients at the Süleymaniye mental asylum, the Balıklı Greek hospital, and the Yedikule Armenian hospital were for the first time brought under the medical gaze; thus, their conditions could be scrutinized by the application of scientific methods and statistical quantification. The tables compiled by Mongeri and his colleagues Soitis and Kaloosdjan (Kalustyan) of the Greek and Armenian hospitals, respectively, constitute one of the earliest examples in the Ottoman Empire of medical statistics in general and of statistics assessing mental patients in particular.[83] Further, these statistics, along with other medical information gathered, also show the Tanzimat state's particular interest not only in general administrative, political, and economic matters but also in minute details concerning Ottoman subjects' psychological and physiological condition.

Moreover, the sets of data provided by the doctors at the Süleymaniye, Balıklı, and Yedikule hospitals could also be understood as the early outcomes of clinical research conducted by Ottoman doctors for etiological purposes—that is, as a means of explaining and tabulating some of the widely held assumptions concerning insanity that were prevalent in Eastern societies. Furthermore, these clinical statistics can be read against the backdrop of Mongeri's and his colleagues' scheme to materialize and rationalize the perception of a set of conditions and behaviors that had been long confined to the supernatural realm, whereby certain forms of mental derangement that were subsumed under the label *meczûb* were associated with some kind of divine inspiration, and the bizarre sounds that they produced were taken as indicators of a special relation

[83] Mongeri, *Notice statistique*, 34.

with God. That is why the insane called *meczûb* were revered in Ottoman society; they were protected, fed, and provided with lodging in the places where they lived. Mongeri described the aim of the statistical survey that he conducted at the Süleymaniye lunatic asylum as follows:

> We do not believe that it is necessary to dissect by lengthy reasoning the important role that statistics take; [from] this report, one will easily understand it. It is hardly possible without these exact pieces of information to organize and acquire public assistance for the intended humanitarian goal. On the other hand, how is one to remember and appreciate without these pieces of information the causes that are linked to this sickness? It is by this genre of research that one can arrive at a solution for the problem, to know that although madness develops in the same manner with all people, under the influence of invariable and general laws, certain forms of madness may be more frequent in one country than in another; in effect, it is by this means that one can determine the nature and influences of the sickness's causes and how they are modified by the hygienic, intellectual, and moral predispositions of the different peoples. In short, and this point is the most important, it is by exact knowledge of all these elements together that science can understand and indicate which measures must be taken to preserve and combat with efficiency this terrible sickness, which menaces [and] which spreads everywhere with an extremely frightening progression… In publishing the results of our observations, we do not have the ambition for any other merit than to be exact and trustworthy. In laying out the inventory of science here, we want to make visible on which level it [insanity] is found and [we want] colleagues to profit from our research, which is grouped in different tables and applied by the authority of figures.[84]

The clinical statistics that Mongeri collected in this regard, placing insanity into

[84] Mongeri, *Notice statistique*, 6–7.

comprehensible categories, were instrumental in medicalizing mental illness and in ultimately relegating it to the experts known as alienists, who were armed with modern medical techniques. Moreover, statistics were the means of elevating the Italian doctor's moral treatment program to scientific status, one that required treatment in institutions dedicated to this purpose. Insanity, formerly understood only in supernatural terms, could now by means of quantification be observed, measured, and confirmed. It could therefore be established as a new social and medical reality that called for politico-medical intervention.

	Existing	1857–1858	1858–1859	1859–1860	1860–1861	1861–1862	1862–1863	1863–1864	1864–1865	1865–1866	1866–1867	Total
1 March	66	8	8	8	3		3	7	13	23	26	**99**
April		10	6	13	5	9	18	13	23	13	22	**132**
May		14	18	6	5	5	4	18	11	14	13	**108**
June		20	15	14	16	9	10	14	20	15	12	**145**
July		8	7	7	6		9	12	23	17	20	**109**
August		8	8	8	8	7	3	13	16	18	15	**104**
September		7	7	6	4	4	11	17	11	8	18	**93**
October		7	2	10	13	1	6	10	16	14	12	**91**
November			6	9	9	10	7	14	14	11	8	**88**
December		6	7	9			2	7	17	18	10	**76**
January		4	8	7			6	3	12	11	6	**57**
February		14	6	12	6	2	9	7	11	9	15	**91**
		106	**98**	**109**	**75**	**47**	**88**	**135**	**187**	**171**	**177**	**1,193**

Table 1: Male patients admitted to the Süleymaniye lunatic asylum in Istanbul, 1 March 1857–28 February 1867. *Source*: Mongeri, *Notice statistique*.

	Existing	1857–1858	1858–1859	1859–1860	1860–1861	1861–1862	1862–1863	1863–1864	1864–1865	1865–1866	1866–1867	Total
1 March	34	3	3	1	4				6	5	6	**28**
April		1	1	4	2		3	3	7	5	4	**30**
May		2	1	1		4	4	5	4	10	3	**34**
June		3		5	3	2		1	4	3	10	**31**
July		2	2	4		5		4	5	2	1	**25**
August		1	2	5	2		2	4	5	6	2	**29**
September		2	2	6	3	5		3	2	2	9	**34**
October		1	2	3	4			1		4	2	**17**
November			2	2	4	1	3	5	5	5	1	**28**
December			4	2	2	2	1	2	4	1		**18**
January		3	1				6	1	3	4	2	**20**
February		1	1	1			1	3	3	3	5	**18**
		19	**21**	**34**	**24**	**19**	**20**	**32**	**48**	**50**	**45**	**312**

Table 2: Female patients admitted to the Süleymaniye Lunatic Asylum in Istanbul, 1 March 1857–28 February 1867. *Source*: Mongeri, *Notice statistique*.

The statistics from the Süleymaniye lunatic asylum[85] covering the years 1857–1867 were first published in installments in the *GMD*. These figures, Mongeri noted, represented the outcome of 2,500 patients who were treated at the Süleymaniye lunatic asylum.[86] Numbers for the Yedikule hospital provide less detail than the records kept at Süleymaniye and Balıklı; the former include only the aggregate number of male and female patients admitted over a period of one decade. Thus, it is difficult to design a comparative approach that takes all three institutions into account.

Of the patients admitted to the Süleymaniye lunatic asylum, 1,193 were male and 312 were female; annual admission rates attested in the records are 112 male and 31 female—that is, almost four times as many male patients were admitted. In the case of the Balıklı hospital, 1,077 patients (902 male, 175 female) were admitted in a decade; 311 patients (222 male, 89 female) were admitted to the Yedikule hospital during the same period. The patients at Süleymaniye represent half of the recorded institutionalized patients for the period 1857–1867. But the Süleymaniye numbers need further elaboration: these figures also include non-Muslim patients; in particular, Jewish patients did not have their own hospitals or institutions for curative purposes and were treated in Süleymaniye. But again, the Süleymaniye tables that are published and available to

[85] The statistical tables compiled from data collected at Süleymaniye, while they provide important insights into the practice of medicine, nevertheless involve certain methodological problems. First of all, they do not provide comprehensive patient profiles, lacking such information as the age, origin, and ethnic and religious identity of the patients. Second, these tables do not include information with respect to the number of patients who were successfully treated and discharged. Thus, it is not possible to measure the success or failure of the principles of moral therapy that were applied in Süleymaniye. Third, these tables are geographically mute: they do not represent other areas of the empire but were tallies kept for its central medical institutions, which were located in the capital. And finally, they do not record the particularities of the afflicted individuals' illnesses.

[86] Mongeri, *Notice statistique*, 35.

scholars do not provide any information with respect to the ethnic or religious affiliations of the patients.

Statistics, as I have indicated, served the purpose of rendering insanity visible and of thus creating a manageable social category. At the same time, they allowed alienists to establish themselves and their asylums as the *only* institutions designed specifically to effect a cure. The decay of the institutions that was evident by the late nineteenth century, the potential dangers that insane persons might pose to the public, and the modern technology of visualization by quantification opened the way for medical professionals' redefinition of popularly accepted behavior as *insanity* (more about this in a moment), along with its appropriation into medical discourse and, ultimately, its relegation to the purview of alienists.

On the other hand, the flatness of the data presented in the tables[87]—the failure to account for patients' social categories such as social, economic, and ethnic background—suggests that the main concern alienists had in using such a technology was not so much the exploration of the real causes of mental affliction as it was to render it, as I have mentioned, comprehensible, concrete, and visible to the authorities. The very means of presentation creates the illusion of uniformity in the patient population by lumping various sorts of conditions into a single category. The flatness of the data in the tables above suggests that it was not a concern of Mongeri's to really evaluate the etiological nature of the illnesses; the object, as I have explained, was to call for official intervention. By etiologizing and "scientificizing" insanity in the Ottoman context, these statistics also proposed and created an alternative knowledge and technology of insanity, one that was

[87] I would like to thank my *gayrı muti* friend, Megan Clark from the University of Chicago, for this observation.

knowable only to a new class of experts (i.e., the alienists) who were trained in its particularities. In order for this to take place, certain popularly accepted and revered behaviors—especially among the individuals that official correspondence refers to generally as *meczûb* and among Sufi dervishes, who professed an extreme form of religious devotion and asceticism—had to be refashioned in the popular and governmental imagination, stripped of their positive attributes, and isolated from the social environment through etiological explanations. Practitioners were confined in the new institutions created expressly for the purpose of correcting such behavior. The new ontology assigned to insane behavior by clinical observations and its quantification parallel the alienists' professionalization in the Ottoman case. Thus, with the medicalization of insanity via new techniques from the medical arsenal (i.e., statistics), forms of popular religious devotion were gradually brought under a medical lens, and a new scientific ontology was assigned. The increasing penetration of new approaches to mental health in the Ottoman lands led to both the reconfiguration of extreme religious devotion and the limitation of the activities of sheiks, who were the bearers of popular and religious approaches to the problem of mental illness. Writing in 1871, William Goodell described these approaches as follows:

> Whenever a member of a Turkish household unfortunately loses his wits, his friends first fasten an unwashed fragment of his clothing to the wire grated window of some saint's tomb, and, having as it were hoisted their flag at half mast, piously await celestial aid. Should the saint be unpropitious, and fail to notice this rag, among the scores of every hue and shape that flutter from each mesh, like the full code of maritime signals, they next resort to certain reputed *Sheiks*, or holy mendicants, who are the [Pierre] Pinels and [the Jean Étienne] Esquirols of the East. On such

> occasions, these native alienists, reeking with the animated filth of unwashed decades, approach with solemn tread, and under the inspiration of the Indian Hemp, bewilder their patient by gibberish incantations, mesmeric passes and rude buffets, accompanied by hoarse cries of "*Allah, Allah*," often kept up entire night.[88]

The sources attest cases cited by Mongeri as well as by other Western medical experts who had been to Ottoman lands; these men were appalled to see wandering dervishes—especially those who engaged in extreme asceticism—whom they believed to be clinically insane appearing in public places in bizarre costumes (sometimes almost naked) and making repulsive sounds. The treatment of isolation that was prescribed by religious orders also occupies an important place in the Western visitors' accounts. These works argue that the low numbers of insanity cases recorded in the Ottoman Empire could be attributed to the public enthusiasm for the type of religious devotion practiced and advocated by public acknowledgment of ascetic dervishes, who behaved in a way that in Europe would have seen them confined in mental asylums. In these accounts, as in Mongeri's flat numbers covering the span of a decade, the main concern is thus not really the investigation of the causes of insanity; rather, it is as Goodell wrote:

> Three hundred and ten lunatics therefore, represent a mixed population of 789.000 souls, a proportion of one insane person to every 2545 of the inhabitants. To subdivide still further, 330.000 native Christian[s] support 212 insane patients in their sectarian hospitals, a ratio of one to 1560. On the other hand, as the 98 citizens who are confined in the tolerant Sulemanié also include outcasts from other sects, especially from the

[88] Goodell, "The Bedlams of Stamboul," 1871, 528–529. According to Goodell, this "superstition" was practiced also by "the native Christians, Greeks, Armenians, and Bulgarians." He wrote that "they consign the treatment of all mental diseases so universally to their religious orders, that all their churches and some convents are provided cells for crazy parishioners."

> foreign legations, only about eighty lunatics—and this is a high estimate—will represent the 459.000 Mohemmedans of the metropolis, namely, one in every 5737. Now if in France, according to M. Lunier, Inspector-General of Lunatic Asylums, there exists one lunatic to every 200 inhabitants, and one in 412 is so violent as to require confinement, whilst in England the proportion is one in 432 of the population, it stands to reason that the proportion of lunatics in Constantinople should be greater than one in 2545. The fact is that since so many Oriental lunatics are concealed at home, made way with, or allowed to be at large, the above statistics are utterly unreliable, so far as they give the proportion of insane to the sane inhabitants…. The statistics of all Christian asylums show that the moral effect of public opinion and the twinges of an educated conscience often lead to insanity those who abandon themselves to the indulgence of their appetites. In the Ottoman race this does not hold good.[89]

The knowledge that was obtained via statistics and clinical observations also allowed experts like Mongeri to unveil forms of so-called Oriental insanity that had been hidden away in various publicly accepted beliefs and practices. Here again statistics had a double function, both explaining the relatively low incidence of insanity in the East, a question that connected Mongeri and his colleagues to the universal professional networks, and allowing their professional appropriation of popular categories for medical discourse.

While the adoption of statistical technology sought to make insanity more salient to the public and the government, other means—such as the publication of clinical observations in insanity cases—aimed at the consolidation of the medical mission against

[89] Ibid., 540.

extreme forms of religious devotion and at the increasing acceptance of related social categories within the new medical specialty. Once the higher numbers of existing insane persons (long unnoticed by the authorities) were quantified and materialized in statistical form, the next step was to persuade the public, especially government officials and medical professionals, of the condition's curability. The case of M.E., recorded by Mongeri, illustrates his medical ambition of bringing popular forms of religious devotion under medical scrutiny; he first problematized the behavior, then approached the patient via professional medicine, and finally achieved the patient's "redemption."

> M.E. [is] a thirty-five-year-old government employee, fairly educated in his own language and even knowing French. Having been stationary at his post for several years, he saw no chance for advancement. Even more, he was sacrificed in this report [*rapport*] to more than one of his colleagues, although he had the advantage of seniority and ability. Tired of the injustice with which he was treated as a result, and holding all things in disgust, he decided to give up his job and the world and to withdraw into a *tekke* [convent] of dervishes, to become a dervish himself, and to devote the rest of his life to the service of worship. [Having made] these arrangements, he joined the *tekke* and submitted to the apprenticeship, which, as we know, is 1001 days and sometimes may extend well beyond the term and in a way indefinitely, because with every error that the novice commits by mistake, his apprenticeship begins again.
>
> During the early days, M.E. pushed his submission to the rule to extreme limits [and] imposed a rigorous fast. He had already followed this harsh regime for twenty days when the thought came to him to complete by suicide the sacrifice that he had imposed on himself. The *tekke* was no longer in his eyes enough; it had to be death, and he resolved to die of hunger. M.E. gradually reduced his [intake of] food every day under the pretext of fulfilling with as much zeal and thoroughness as possible the conditions of his apprenticeship. But he soon realized that his strength was declining, his sufferings were increasing, and that

> death was, however, not coming. He then decided to use another means, more prompt and more secure, to end his days: he cut his throat with a penknife. The latter act led to asylum.[90]

Following M.E.'s admission to the lunatic asylum, "during the early days of his reclusion," he "stubbornly refused food." Mongeri described the treatment program that followed:

> During the first days of confinement, M.E. has stubbornly refused the food we made him swallow in our room. After fifteen days of duress, he began to eat alone, and a few days later he asked to eat with the other insane individuals. During the meals, we have monitored him, and he eats his portion with a copious appetite. In three months' time, he recovered his natural [*primitif*] plumpness. We take advantage of his improved physical state to interrogate him as to the causes that led him to the asylum. M. E … [presented] a darker picture of his condition [*tableau de plus sombres de sa position*] and added distressing details.
>
> In the meantime, the son of one of the greatest figures of the empire asked me about him. I took this opportunity to attract some pity on behalf of this unfortunate individual, and I have asked the person, who seemed interested in him, whether he wants to provide him with protection and assistance—to which end, I spoke of a full and lasting recovery. This young man promised to do it for me and took an oath to do so. M.E. is leaving the asylum.[91]

This particular scene, artistically carved out by Mongeri, recounts first the deterioration of M.E's mental condition, his experience of falling ill in a *tekke* of dervishes, and his deliverance from illness. The account emphasizes the threat that unregulated religious institutions (particularly Sufi lodges like the Rufai lodge), posed to

---

[90] Luigi Mongeri, *Notice Statistique L'Asile Des Aliénés Solimanié a Constantinople* (Constantinople: Imperimerie de Castro, 1867), 18–19.

[91] Mongeri, *Notice Statistique L'Asile Des Aliénés Solimanié a Constantinople*, 1867, 19.

individual psychology and mental health and to the public, alongside the triumph of modern science—particularly, mental medicine—over religion. Thus, it was the particular expertise and technology found in the institution of the lunatic asylum that ultimately triumphed over the traditional healing methods that were practiced in convents and that were popular among the general public.

In order to strengthen the professional image of the implementer of modern mental medicine—that is, Mongeri himself—the story continues:

> Two years later, Mongeri saw him [M.E.] and found him perfectly recovered…. He admitted that during the early days of his confinement in the asylum, thoughts of suicide had not left for a moment, that he had even tried to strangle himself twice, but being surrounded and guarded by so many people who do not let their eyes wander (he had found that the insane all dressed the same as those guards who were responsible for his surveillance), he was unable to find an appropriate time to put his project into action. He thanked me for the care and said he was now satisfied with his position. M.E. left the asylum seven years ago and at the present time holds with distinction a place in the administration.[92]

As M.E.'s case shows, extreme religious devotion and the seclusion offered in the lodges were believed to trigger and intensify mental delusions. In that regard, Mongeri was careful in his statistical notes to distinguish between Sufi piety, which he believed to cause mental alienation, and Islam as a religion. He identified the former—in addition to environmental and seasonal factors—as a cause of insanity in the East. Isolation in monastic establishments in lodges and the religious therapy performed by the heads of these *tekkes*, men called sheiks (those Goodell referred to as the "Pinels and Esquirols of

[92] Mongeri, *Notice statistique*, 18–20.

the East" and as "native alienists"[93]), were seen both as an intensifying cause of mental derangement and as a challenge to the new medical technology that Mongeri sought to institutionalize at Süleymaniye that had to be fixed via modern scientific methods. Such practices needed to be controlled and outlawed by means of juridical measures, and at the same time Sufi piety had to be itself refigured as some kind of insanity, one peculiar to the East. And it had to be rendered dysfunctional by new medical technologies, such as quantification.

Thus, by means of modern medicine and technologies, those who were roaming the streets (especially individuals practicing extreme religious devotion) and their conditions, which did not fit into the new public domain that prioritized security and order, were gradually categorized in medical terms:

> Masses attribute to insanity a supernatural origin, and it is sometimes considered a sign of the Almighty's benevolence to the individual [insane]… There are thousands of people who present funeral and votive offerings [to insane individuals], represented by the rags tied to the gates of their tombs. That is why many idiots and madmen roam freely in the streets of the city and are greeted elsewhere with marks of extreme kindness. It follows from this that the number of insane here is more significant than the statistics in [our] asylums would indicate.[94]

Once the "condition" of extreme Sufi piety had been given new medical meaning, and once these religious individuals were added to the ranks of the insane, the behavior they engaged in and perpetuated would gradually be abandoned by the public and be confined within the institutions designed to eradicate outward performances of such medically and politically unacceptable beliefs and behavior in the public places. And by

[93] Goodell, "The Bedlams of Stamboul," 1871, 528.

[94] Mongeri, *Notice Statistique L'Asile Des Aliénés Solimanié a Constantinople*, 1867, 49.

means of regulations (such as the one examined in the next chapter), the conditions of these groups, who were believed to disrupt public order and cause concern, in addition to also breaching public morals, would come to be fully medicalized; they would be entrusted entirely to the care of asylums.

The low numbers of insane persons—which the nineteenth century professionals problematized—to be found in institutions in the East owed not to low levels of insanity, according to Mongeri, but to the fact that many potentially insane people remained outside the asylums. The medical technologies of quantification and empirical observation for etiological purposes helped professionals to scrutinize the condition of these groups, redefining them as mentally ill and bringing them under the alienists' care.

Mongeri: An Expert in "Oriental Insanity"

If knowledge about insanity compiled in statistics raised awareness of the condition for official and medical purposes in the domestic realm, making "the insane" as a social category salient to both the empire's governing elite and international medical professionals, this knowledge was also a means of professional elevation and recognition for Mongeri. It was particularly this latter concern that motivated the Italian doctor to engage one of the most widely held assumptions of the period—namely, the civilization-insanity thesis propagated by French psychiatric celebrities like Pinel, Esquirol, Jacques Moreau de Tours, and Alexandre Brière de Boismont. However, before entering into such a conversation, Mongeri first had to establish an etiology of "Oriental insanity." That is, he had to furnish himself with intimate knowledge of the condition. And that opportunity presented itself at the Süleymaniye lunatic asylum, where he encountered a ready and

varied supply of patients.

In order to better grasp this particular type of expertise, one must first comprehend the particularities and intricacies of Oriental insanity, a condition fashioned by the nineteenth-century orientalist medical imagination. Why did Oriental insanity garner so much attention in Western psychiatric circles, especially in France? The ailment, as twentieth- and twenty-first-century scholars have explained, was configured as a means of asserting Western superiority, progress, and civilizational development.[95] The medical category constituted an alternative domain of contestation, a means of legitimizing European domination and colonial expansion in other parts of the world, such as North Africa, South Africa, and India.[96] It also allowed experts to test the validity and applicability of psychiatric theories, including various asylum treatments. More important, as Richard Keller has put it, "colonies offered a new terrain for the enactment of their profession's foundational myth."[97] For alienists such as Mongeri, in the Ottoman context, the concept of Oriental insanity provided fertile ground for professional advancement. To put it another way, the field was a *tabula rasa*, waiting to be painted in accordance with medical imagination and political expectations.

---

[95] Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007).

[96] Richard Keller, "Madness and Colonization: Psychiatry in the British and French Empires, 1800–1962," *Journal of Social History* 35, no. 2 (December 1, 2001): 295–326; Keller, *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge: Cambridge University Press, 2003); European Science Foundation, *Outside in on the Margins of the Modern Middle East*, The Islamic Mediterranean 3 (London: I.B. Tauris, 2002); Catharine Coleborne, "Insanity, Gender, and Empire: Women Living a 'Loose Kind of Life' on the Colonial Institutional Margins, 1870–1910," *Health and History* 14, no. 1 (1 January 2012): 77–99.

[97] Richard Keller, "Pinel in the Maghreb: Liberation, Confinement, and Psychiatric Reform in French North Africa," *Bulletin of the History of Medicine* 79, no. 3 (2005): 463.

The Oriental insanity thesis in the Ottoman context was further perpetuated by and found a receptive audience within "the Orient" itself—that is, the Ottoman Empire—among indigenous actors that included state bureaucrats and reformist elites, who were willing to isolate from the public the disenfranchised *mechûl-ul ahvâl* and to present a Western appearance on the international scene. The reformist zeal to alleviate the plight of the empire's insane, in particular, and Mongeri's willingness to do so were subsumed under an effort to deal with Oriental insanity, a category that found a ready audience in the European capitals. That is why Mongeri was admitted as a foreign corresponding member to psychiatric societies in France, Germany, and Italy. He could contribute to these bodies because, as his data collection and tabulations demonstrated, he had acquired intimate knowledge of Oriental insanity.

In mid-nineteenth century Europe, institutionalization was seen as the sole means of treating the mentally afflicted; European physicians and other visitors to Ottoman lands and Egypt and Lebanon, as Eugene Rogan writes,[98] were appalled by the relative freedom enjoyed by people who were by Western standards evidently mentally ill. The tolerance displayed toward the Sufis and their extreme religious devotion, bizarre costumes, and near-naked appearance in public places was a cliché that furnished the European imagination with abundant evidence for the condition of Oriental insanity. William Goodell, who was one of the founders of American Board's mission in Istanbul,[99] wrote in *Atlantic Monthly* of these wandering dervishes:

---

[98] Eugene L Rogan, "Madness and Marginality: The Advent of the Psychiatric Asylum in Egypt and Lebanon," in *Outside In* (New York: I.B. Tauris, 2002), 104–25.

[99] Robert L. Daniel, *American Philanthropy in the Near East, 1820–1960* (Athens: Ohio University Press, 1970), 42. William Goodell, along with Harrison Gray Otis Dwight, and William Gottlieb Schauffer, was among the founders of the American Board's Istanbul mission.

> Apart from … playful eccentricities, the general deportment of the insane layman is not bad. But beware those hashish eating, half crazy, and extremely filthy monks, called dervishes, whose frenzied utterances and indecent gestures are looked upon by the natives with awe. Clad in the skins of wild beasts, affecting shaggy looks and frowning brows, they infest every city and hamlet from the Adriatic to the Amoor, and are apt to charge down upon a European hat like a bull upon the red flag of the matador. Every resident has had serious encounters with these fanatic madmen.[100]

These people did not fit into the categories available to Western medical explanations. The frequent appearance of such people in public places and the reverence shown to them across the Ottoman Empire therefore drew the attention of visiting physicians. Moreover, the low numbers of mental patients in hospitals raised other questions that these Westerners frequently presented in their professional publications. The French psychiatrist Jacques Moreau de Tours (1804–1884), a pupil of Esquirol who had visited lunatic asylums in Cairo and Istanbul, in his book *Recherches sur les aliénés en Orient* expressed particular concern about the low numbers of insane in the East and explained it as follows:

> Among Eastern peoples, madness is generally regarded as an evil coronation (*morbus sacer*). It is sent by the deity to humans, or by any good or evil genius. If harmless Muslims revere and choose an alienated [person] as a favorite of Allah, he is angry; it is an evil genius who has stirred, and they still meet, but they are thinking about gaining shelter from its fury. Idiots, imbeciles, and the insane constitute the largest share in their worship and their respectful homage, the intensity of which is, as

---

After graduating from Dartmouth College, Goodell enlisted with the American Board and was assigned to Beirut, where he commenced the study of Turkish. He arrived in Istanbul in 1831 and stayed there until 1865.

[100] Goodell, "The Bedlams of Stamboul," 1871, 528.

> we see, a direct result of the degradation that weighs on the mind of an individual.
>
> However, while I am convinced that in the East many aliens remain within their families and therefore remain unknown, science, if it came to be introduced in these countries, would not fail to discover in a thousand places or even suspect the existence [of more insane people], I look like the real opinion, according to which it is generally accepted that their numerical proportion is much less than in Europe.[101]

The medical interest in Oriental insanity among prominent psychiatrists such as de Tours had a close connection to the etiological explanations of insanity in France. Mongeri was establishing his etiology of Oriental insanity at a time when the civilization-insanity thesis was held in high esteem among French alienists. The idea of insanity as a by-product of civilization—which was "originally Rousseauean and subsequently Pinelian discourse,"[102] according to Jean Goldstein—"was much in vogue during the period of constitutional monarchy" in France. Having borrowed the concept from Rousseau, Pinel was the first alienist to explain madness as stemming from civilization.[103] In subsequent periods, his pupils Jean Étienne Esquirol and Brière de Boismont would elaborate on this idea. The theory holds that civilization, by providing the intellect with a prodigious amount of activity, coupled with periods of radical change and uncertainty, precipitates mental breakdown and derangement. As a corollary of this

---

[101] Jacques-Joseph Moreau, *Recherches sur les aliénés, en Orient*, *13*–14.

[102] This Pinelian explanation of insanity was in the subsequent periods was applied by his pupil Etienne Esquirol. Brière de Boismont published a long article in *Annales d'hygiene public et de médecine légale* in 1839. For a historical background of civilization-insanity thesis, see Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 319.

[103] Ibid., 319.

line of reasoning, it was argued that insanity levels would be higher in developed urban centers than in underdeveloped areas, where there are fewer intellectual pursuits. Given this explanation, alienists sought to explain the low insanity levels in "the Orient" with reference to urbanization and civilizational development. The quantification of insanity constituted an important part of this medical technology. Statistics quantifying insanity and rendering it visible provided a means of comparison across societies—in this case, Western and Eastern societies.

One of the key questions that occupied the agenda of alienists, including Mongeri, is the low incidence of insanity in the Ottoman Empire relative to the rates found in Europe. The statistical study conducted at the Süleymaniye lunatic asylum revolved around this question. Jacques Moreau de Tours, who visited lunatic asylums in Cairo and Istanbul as described above was struck by how few inmates they housed given general population levels.[104] And it was this statistical disparity between East and West, Muslim and non-Muslim, women and men, that Mongeri sought to rationalize by means of empirical observation.

In investigating the causes of insanity in respective societies, Jacques Moreau de Tours applied a comparative perspective. According to him, whereas the man of the West was burdened with carnal desires, free will, intellectual inquiry, and so on, the man of the East preferred simple enjoyment and did not busy himself with intellectual pursuits like art, instruction, and industry. The Western man, whose intellectual faculties were thus far more developed than those of the Eastern man, therefore faced the potential for mental breakdown. It is the civilized life, according to de Tours—a life of innovation, science,

[104] Moreau, *Recherches sur les aliénés, en Orient*, 1843.

arts, and industry—that provides the most fertile ground for insanity. Thus the East, charted in psychiatric discourse as a place of enjoyment, pleasures, and laxity, could not produce levels of insanity equal to those found in the West.

It was at this point that Mongeri could claim a particular expertise—that is, he presented himself as an expert in Oriental insanity. Having spent more than two decades in the Ottoman lands, he had acquired adequate empirical knowledge of insanity, and on 26 June 1865 at a meeting of the French Société Médico-Psychologique, chaired by Brière de Boismont, one of the formulators of the civilization-thesis was summoned to discuss Mongeri's observations.

According to Mongeri, it was not only the level of civilization but other factors, such as the consumption of narcotics (e.g., opium and its by-products) and extreme religious devotion and ascetic practices that were peculiar to the East and often produced mental alienation.[105] Since the material conditions of "civilization" did not affect half of the region's population, Mongeri claimed, the civilization-insanity hypothesis could not explain reality in the Ottoman Empire. An explanation of insanity had to take into account both physical and moral conditions.

According to Mongeri, European civilization involved two main factors: the progress of society and the progress of the individual. These two elements could be found only in civilized and metropolitan societies. Urban centers, for him, were the places where insanity cases could be found in large numbers. Cities, being centers of trade, industry, the arts, and education, produce among their inhabitants a predisposition to

[105] Brière de Brierre de Boismont, "Rapport sur la candidature de M. le docteur Mongeri," *Annales médico-psychologiques*, no. 7 (1866): 75.

mental and nervous breakdowns.[106] According to him, it was the excitement perpetuated by the social and intellectual activity prevalent in the cities that explained the high levels of insanity in Europe. So far, he agreed with the European hypothesis.

But on the other hand, Mongeri argued that Islam—often cited by European medical professionals as a cause of mental illness—could not be the explanation either. According to the Italian, religion was one among many causes of insanity; he agreed with the commonly held idea that faith or religion was not only an obstacle to social progress but also a stimulator of mental afflictions.[107] Yet because of its otherworldly orientation, Mongeri believed, religion also played a positive role in eliminating daily concerns and anxieties, believed to cause mental distress and nervous breakdowns.[108] Islam in that regard, like all religions, was absolute in its principles. It forbade the consumption of intoxicants and left no room for intellectual discussions or inquiry, elements thought to contribute to insanity. Rather, it was the *extreme* practices of Islam, those that involved excessive asceticism and violence—the teachings sanctioned by orthodox Islam that were widely practiced by *ulema* (religious scholars) and dervishes (Sufis)—that Mongeri believed caused insanity.[109]

If the dervish piety and public tolerance for the Sufis contributed to underinstitutionalization and low insanity rates in the Ottoman Empire, another factor, according to Mongeri, was related to the status of women in the East. Here again, in

[106] Mongeri, *Notice statistique*, 42.

[107] Ibid., 44.

[108] Ibid., 45.

[109] Ibid., 47.

explaining the low insanity levels, he applies a comparative method. According to Mongeri, in both East and West, women have a natural predisposition for mental disorders and nervous breakdowns because of their physiology.[110] Menstruation, pregnancy, and childbirth, he argues, make women more vulnerable to mental breakdown. Just as among European women, Mongeri further claims, changing physiological conditions occur more severely and produce more insanity cases, in the Orient, they should produce similar results. But again he underlines civilizational development and urbanization as prime causes of women's mental afflictions: European women, relative to Oriental women, played a significanat role in society, in turn making them more vulnerable to the effects of urbanized life.

In contrast to the factors affecting European women and explaining high insanity rates in the West, Mongeri's etiology cannot account for mental ailments among Eastern women. Since the Orient, as I have mentioned, was painted in orientalist psychiatric discourse as a place of laxity and enjoyment, factors such as childbirth, which would have serious psychological effects on European women, did not produce similar results among their Oriental counterparts. According to Mongeri, Eastern "women attach so little importance to these different states. They never change their diets or habits." Whereas childbirth in the European context could constitute a troublesome psychological experience that caused mental breakdowns, in the East it was treated differently; Mongeri describes it as follows: "they [oriental women] get up to wash themselves and their children, resume their usual household work exactly as if nothing extraordinary

[110] Ibid., 50.

happened."[111] So for Mongeri, Eastern women's endurance in the face of environmental and physiological hardships explained the low female insanity rates in particular and low institutionalization levels in general in the Orient.[112]

Conclusion

The medical profession's appropriation of insanity and the methods used for this purpose in the Ottoman Empire are exemplified in the career and work of Luigi Mongeri, chief physician of the Süleymaniye lunatic asylum in Istanbul. This foreign physician began his education and career in Europe (the West) and reached his professional peak as a well-connected professional and administrator in Ottoman service (the East). Through the application of empirical, statistical methods and emergent medical technologies, Mongeri was able to refigure certain forms of behavior common among people particularly Sufi religious practices manifest in extreme devotion and asceticism. The medical technology of statistics, which constituted an important component of modern governance in general and of Tanzimat reforms in particular, I have argued, helped Mongeri to empiricize such popular behavior as insanity, thus contributing to his professional advancement as an alienist and garnering him official recognition in the domestic realm. In the international arena, his intimate knowledge (reflected in his medical statistics) of Oriental insanity, a popular concept in Western medical circles, especially among French alienists, brought him international recognition and subsequent advancement as an expert in the condition.

---

[111] Ibid., p. 52.

[112] In addition to these factors he also cites moral causes, such as the seclusion of women from public spaces in the East, as well as heredity, syphilis, tuberculosis, coffee, and tobacco as the other agents of mental breakdowns.

CHAPTER III

Setting a Legal Framework: The 1876 Regulation and Doctors, Patients, Families, and Police

Sometime in the 1860s or early 1870s, a certain Armenian banker (*Ermeni sarrafından*) connected to the Ministry of Police, Bağdik by name, was walking one day in Tatavla, a neighborhood mostly populated by Greeks and Armenians. He was introduced to a Greek household, including a woman with whom he fell in love. After some time, he asked his friend's permission to marry her and received an affirmative response; in effect, the family agreed to his request for marriage, and no one made the slightest remark to him about their denominational difference: Bağdik would have been either an Armenian Catholic or an Orthodox Christian, certainly not a Muslim. But just a few moments before the wedding ceremony was to begin, Bağdik was asked to step into another room by the woman's family (*taallükat*), where he was informed that the marriage could not occur without a preliminary declaration on his part recanting his own religious beliefs and embracing the Greek religion; he was asked to sign a document to this effect. Surrounded by somber and menacing figures, Bağdik signed it—but only after he had added in Armenian that he did not accept any of the written propositions. As soon as the marriage took place and the newly married couple had gone to the village of Kartal, Bağdik began to investigate plot that was had been enacted against him Tatavla. After a week there, the couple returned to Bağdik's home in Üsküdar, where he resumed his duties at the police department.

One day, upon returning to their residence after work, Bağdik could not find his wife; after searching in vain throughout the neighborhood, and finally he found that she

had gone to her mother's home. Because she had left without his permission, he first became angry, but eventually she had been away so long that he went to his in-laws' house and was told that supposedly his wife had been there but had left the place without indicating where she was going.

Having despaired at his wife's mysterious disappearance, Bağdik went to the Ministry of Police and explained the details of the incident. At the order of the minister, the police were set in motion and soon learned that the woman had been locked up in an asylum like a lunatic. In fact, what had happened was this: upon the young woman's arrival, her family, concerned because of her new husband's denominational difference, had summoned a priest to catechize her; the priest had placed her in a cart with a driver he trusted, and she had been taken away. At this news, Bağdik exclaimed that he had left his wife in perfect physical and mental health—the residents of their neighborhood could testify to that. Doctors were dispatched to an asylum (probably a hospital that belonged to the Greek community), where she was being kept in an underground cellar (*mahzen*). Bağdik found her with a water jug at her side, lying on a mat, an iron ring around her neck attached by a chain to the wall. When she saw the doctor, the woman cried like a lunatic (*dîvâne*), and when Bağdik asked to take her home with him she was not discharged because she was said to be dangerously insane. Yet Bağdik pressed hard to prove his case, and after fifteen days he managed to have his wife discharged. During her first days at home, Bağdik's wife remained in a deep stupor punctuated by explosions of

delirium; he summoned the doctors Stepan Aslanyan and Luigi Mongeri to treat his wife.[1]

Another case involved a young English orphan, a family servant who had been seduced, became pregnant, and was locked up; a study of this instance was published in the daily newspaper the *Levant Herald*. Both this case and that of Bağdik's wife are quoted extensively in the preface of the regulatory proposal that Mongeri submitted to the Ottoman state, illustrating the legislative lacunae concerning insanity and the administration of mental institutions in the Ottoman Empire, particularly those owned by Christian communities. In an era of increasing centralization and government control, Mongeri elaborated that such cases and his proposed legislation would not go unnoticed by the government. Following these and other case histories, he delineated the conditions of those kept in various mental-health establishments and the need to regulate these institutions in order to prevent arbitrary detentions.

This chapter discusses the legislative dimension of Ottoman asylum reform with specific reference to the 1876 Regulation Concerning Asylums (Bîmârhânelere Dair Nîzamnâme) and the institutionalization of mental medicine in the Ottoman Empire. Aiming to fill the lacunae and to prevent arbitrary and illegal detentions, the 1876 regulation sought to establish a permanent arrangement with respect to the admission and discharge of mental patients, the administrative status of an asylum, and the duties and responsibilities of its staff. The legislation formally brought both public and private institutions under centralized state control. State actors collaborated with doctors, police,

[1] PMOA, ŞD., 1282/10, 11 M. 1282; Luigi Mongeri, *Le régime des aliénés* (Constantinople: Typo-Lithographie Centrale, 1877).

and local officials, especially in the provinces, but ultimate authority lay with the imperial bureaucracy.

Furthermore, the 1876 regulation established the need for a medical and psychiatric doctor's report and thus marked a significant step toward the institutionalization of psychiatric medicine in the Ottoman Empire. It integrated the new medical specialty of psychiatry into the state regulatory apparatus and envisaged an empire-wide network of asylums under the administration of medical doctors (*tabib*). A *bîmârhâne*, a term that in earlier times denoted a general hospital, was defined in the 1876 regulation exclusively as a mental hospital, and these institutions were officially placed under direct state supervision. The legislation sought to establish a centrally administered mental-health system: the state and its agents—psychiatric doctors alone now had the authority to grant medical licenses medical admission and discharge reports. Whereas in earlier periods, mentally ill individuals whose behavior was peaceful had been allowed to participate in public life, the 1876 regulation sought heavy state involvement in the lives of those designated insane, especially violent individuals, at the expense of their families and society, under the rubric of maintaining order and security: the police forces (*zabtiye*) were given the authority to confine a person whose behavior might compromise these goals. This chapter explores the newly charted roles of the doctors, police officers, and families involved in the process of incarceration as mapped out in the 1876 regulation. Thus, it addresses the professionalization of mental medicine, as well as family responsibility in the process of committing mentally ill individuals to institutional care. Since the mental asylum and family relations constitute a thorny

subject in the Ottoman context, given the lack of extensive documentation, I limit myself here to exploring the official and procedural arrangements sought in the regulation.

First submitted to the government in 1870, Mongeri's proposal was not passed as legislation until 1876, during the reign of Abdülaziz (r. 1861–1876). The law's passage was acknowledged by the Société Medico-Psychologique, which decided during its meeting of 30 October 1876 to congratulate Mongeri for this success in the realm of mental health.[2]

The legal status of the insane

In the late Ottoman period, Islamic law was ambiguous regarding the status of mentally ill persons and often treated it in a cursory manner. All four legal schools—Maliki, Hanbali, Hanafi, and Shafi'—known as *mahdabs*, had differing legal perspectives on cases involving the insane. Insanity was mostly discussed in relation to legal disability within the broad areas of contracts and legal and religious obligations. No further stipulations were made concerning mental patients' admission to and discharge from institutions or concerning the administration of those establishments. It was only in the second quarter of the nineteenth century that an Ottoman regulation was enacted to standardize the practice of mental-health services, including the admission and discharge of patients; this helped bringing such practices under state and medical scrutiny in the ensuing periods.

Before the issuance of the 1876 regulation, the status of the insane (*mecnûn*) was evaluated in terms of legal capacity to incur and dispose legal transactions and in terms of

[2] "Rapport sur un projet de loi sur les aliénés en Turquie Par M. Mongeri," *Annales Médico-Psychologiques* 17 (1877): 86–88.

criminal liability with reference to Islamic law. A person's legal capacity, or license (*ehliyet*), according to Islamic law, begins at birth and ends at death.[3] "The highest degree of legal capacity is that of the free Muslim who is sane (*akil*) and of age (*baligh*); he is fully responsible (*mükellef*)… The *mükellef* has the capacity to contract and to dispose (*tasarruf*), he is bound to fulfill the religious duties, and he is fully subject to criminal law, being capable of deliberate intent (*'amd*). The insane (*mecnûn*) and small children (*tifl*) are wholly incapable but can incur certain financial obligations."[4] An insane person in most cases was regarded as irresponsible in terms of criminal license. Legal schools considered insane individuals incapacitated because they lacked proper reasoning abilities.[5] As a natural corollary of this assumption, all four legal schools placed the guardianship of and responsibility for an insane person and his property on the family or the local judge.[6]

In the Ottoman realm, the Hanafi school's rulings formed the basis of imperial judicial proceedings. As in other legal schools, in Hanefi law the insane were almost nonexistent except in matters that concerned taxation, contracts, and religious obligations.[7] Hanafi law considered the lack of mental faculties a legal barrier preventing one from performing legal and economic transactions, such as the management of property, marriage, and divorce. In Ottoman law, "[t]he minor lacking discernment is one

---

[3] Joseph Schacht, *An Introduction to Islamic Law* (Oxford: Clarendon Press, 1964), 124.

[4] Ibid., 124.

[5] Michael W. Dols, *Majnūn: The Madman in Medieval Islamic Society* (New York: Clarendon Press; Oxford: Oxford University Press, 1992), 439.

[6] Ibid. 439.

[7] Ibid., 435.

who does not understand the difference between buying and selling, who does not know that selling means giving up property and buying means acquiring it, and who does not distinguish between an excessive injury and a slight one."[8] Hanefi law assigned the guardianship of an insane person and the management of any property to the family. A distinction is made in Hanefi law between degrees of insanity, distinguishing absolute or continuous insanity (*cünûn-ı mutbık*) from intermittent insanity (*cünûn-ı gayrı mutbık*). Those characterized by continuous insanity were regarded as fully incapable of performing their legal obligations and consequently were appointed legal guardians by the local courts. According to a sixteenth-century court record, for instance, a certain Christian woman called Kiryaki, the daughter of Bazar from the Mirahor neighborhood, was appointed a guardian named Ligori to see to her financial obligations.[9] In another case, a certain Cafer Çelebi from İstanbul's Muhyiddin neighborhood, afflicted with continuous insanity, was put under the guardianship of his cousin Mustafa son of Abdullah, who was appointed by a local court.[10] In Ottoman law, the senile person (*ma'tuh*) and the somnambulist (*sâir fil-menâm*) were also considered *cünûn-ı mutbık* and were treated accordingly.[11]

[8] Ibid., 439.

[9] Salih Kahriman et al., eds., *İstanbul Kadı Sicilleri İstanbul Mahkemesi 18 Numaralı Sicil* (Istanbul: Isam Yayınları, 2010), 582.

[10] Ibid., 162.

[11] Ekrem Buğra Ekinci, *Osmanlı Hukuku: Adalet ve Mülk* (Istanbul: Arı Sanat Yayınları, 2008), 335.

A major aspect of interdiction, according to Michael Dolls, "is the provision of guardianship of [mentally ill persons'] property."[12] This would have been considered a material advantage. However, the guardianship of an insane person also brought certain responsibilities; the guardian was held responsible for any damage that the mental patient caused.[13] Because insane individuals could not meet their civic obligations, they were also exempt from taxes. In the nineteenth-century population censuses, insane persons, along with handicapped individuals and the elderly—none of whom could fulfill regular legal obligations—were recorded separately under the heading "invalid" (*amelmânde*).[14]

The Ottoman Empire's entry into the world markets in the nineteenth century, which required new judicial accommodations,[15] necessitated uniform laws and regulations that could be enforced throughout the imperial realm. The integration of the empire into the global capitalist system and "the growing interaction between local and foreign traders gave rise to complex business situations that had to be legally accommodated."[16] And as Avi Rubin has pointed out, "Civil and criminal conflicts between Ottomans and non-Ottomans and among Ottomans who enjoyed foreign

[12] Dols, *Majnūn*, 441.

[13] Ibid., 442.

[14] PMOA, NFSd., 2601, h. 1262; PMOA, NFSd., 2593, h. 1262; PMOA, NFSd., 2588, h. 1247; PMOA, NFSd., 2590, h. 1250.

[15] Avi Rubin, *Ottoman Nizamiye Courts: Law and Modernity* (New York: Palgrave Macmillan, 2011), 23.

[16] Ibid., 25.

protection presented a challenge to the Ottoman government that had to find legal solutions within the limiting context of the capitulations."[17]

In the modern period, the state had to apply uniform legislation in the field of criminal and commercial law that would be applicable to all its subjects irrespective of religion and ethnicity, a point that was underlined in the *Hatt-ı Şerif of Gülhane*, or the "noble rescript" (1839), and the Islahat (1856) edict.[18] The former, besides proposing reforms in taxation and military matters, also guaranteed the security of life, property, and honor. The noble rescript formulized judicial reforms that would be pursued as follows:

> Thus, from now on, every defendant shall be entitled to a public hearing, according to the rules of *Şeriat*, after inquiry and examination; and without the pronouncement of a regular sentence no one may secretly or publicly put another to death by poison or by any other means. No one shall be allowed to attack the honor of any other person whatsoever. Everyone shall possess his property of every kind and may dispose of it freely, without let or hindrance from any person whatsoever; and the innocent heirs of a criminal shall not be deprived of their hereditary rights as a result of the confiscation of the property of such a criminal. The Muslim and non-Muslim subjects of our lofty Sultanate shall, without exception, enjoy our imperial concessions.[19]

---

[17] Ibid., 26.

[18] For a more comprehensive reading of the various aspects of the Tanzimat reforms, see Halil İnalcık and Mehmet Seyitdanlioğlu, eds., *Tanzimat: Değişim Sürecinde Osmanlı İmparatorluğu* (İstanbul: İşbankası Kültür Yayınları, 2008).

[19] J. C. Hurewitz, *The Middle East and North Africa in World Politics: A Documentary Record; British-French Supremacy, 1914–1945* (New Haven, CT: Yale University Press, 1979), 270.

The Islahat edict, in addition to upholding the reforms proposed in the noble rescript, promised the hearing of "all commercial, correctional, and criminal suits between Mussulmans and Christians, or other non-Mussulman subjects, or between Christian or other non-Mussulmans of different sects" in mixed tribunals.[20] Thus were the judicial reforms reemphasized and extended.

As part of the Tanzimat reforms in the juridical field, the first penal code enacted after the noble rescript was the criminal code of 1840, which underlined the equality of all subjects before the law.[21] A new penal code promulgated in 1851 divided crimes into three broad categories: crimes against lives and individual security, crimes against honor and dignity, and finally crimes against property. Yet these two penal codes did not include any articles addressing the mental or legal capacity of defendants. In 1858 a new criminal code adapted from the 1810 French Code Pénal brought insanity for the first time under juridical scrutiny. According to Article 41 of the Ottoman code, "if it is proved that the offender was in a state of insanity at the time when he committed an offence he is held exempt from legal punishment."[22] In spite of the article's reference to proof, there is no mention as to how or by what authority an offender's insanity might be proved. In the same penal code, Article 256 imposes monetary fines upon legal guardians

[20] Ibid., 317.

[21] Gülnihal Bozkurt, "The Reception of Western European Law in Turkey (From the Tanzimat to the Turkish Republic, 1839–1939)," *Der Islam* 75, no. 2 (1998): 287.

[22] John Alexander Strachey Bucknill, *The Imperial Ottoman Penal Code: A Translation from the Turkish Text, with Latest Additions and Amendments, Together with Annotations and Explanatory Commentaries upon the Text and Containing an Appendix Dealing with the Special Amendments in Force in Cyprus and the Judicial Decisions of the Cyprus Courts*, trans. Haig Apisoghom Utidjian (London: H. Milford, Oxford University Press, 1913).

if a lunatic found under their care is allowed to "go free"—"a fine that ranged 'from five beshliks to ten beshliks."[23]

In the second half of the nineteenth century, in spite of the adaption of the French penal code and the promulgation of a new and more comprehensive criminal law in 1858, controversy arose concerning the application of French penal law.[24] A commission under the chair Ahmet Cevdet, prominent Ottoman statesman and minister of justice, undertook the task of preparing a civil code based on sharia principles that covered various topics: contracts, torts, and some principles of civil procedures.[25] Once completed, the Mecelle, which was composed of sixteen books, each treating a different subject, remained in effect until 1926. In its legal conceptualization of insanity-related cases and the legal license of the culprit, the Mecelle draws upon the Hanefi legal school's distinction between continuous and intermittent insanity, but in comparison to the 1858 Ottoman Penal Code, the Mecelle provides a more comprehensive evaluation of insanity in terms of actions, admission, and agency. Article 944 of the Mecelle identifies two types of insanity (*mecnûn*), continuous and intermittent: a continuously insane person is described as someone "whose madness covers the whole time," and the intermittently insane individual "is not continuously mad, [but] sometimes is mad and sometimes recovers."[26]

---

[23] John Alexander Strachey Bucknill and Haig Apisoghom Utidjian, trans., *The Imperial Ottoman Penal Code*, n.d., 201.

[24] Carter V. Findley, "Medjelle," in *Encyclopaedia of Islam*, ed. P. Bearman, Th. Bianquis, C.E. Bosworth, E. van Donzel, W.P. Heinrichs, 2nd ed. (Brill Online, 2014), http://referenceworks.brillonline.com.proxy.uchicago.edu/entries/encyclopaedia-of-islam-2/medjelle-SIM_5107.

[25] Findley, "Medjelle," *Encylopedia of Islam*, n.p.

[26] C. R. Demetriades, trans., *The Mejelle: Being an English Translation of Majallahel-Ahkam-i-Adliya and a Complete Code on Islamic Civil Law* (Kuala Lumpur: The Other Press, 2001), 149.

According to Article 957, "infants, madmen and people of unsound mind (*matuh*) are of themselves prohibited from dealing with property."[27] Article 1530 sets out precepts regarding the dismissal of a guardian (*vekil*): "if the principal (*vekil*) becomes mad, the guardianship (*vekâlet*) becomes void."[28] With regard to lawsuits concerning the legal and mental license of the defendant and plaintiff, Article 1616 of the Mecelle states that "it is a condition that both the plaintiff and the defendant be endowed with reason. The action of a madman, or an infant without understanding is not good. But their natural and appointed guardians by virtue of their guardianship, become plaintiffs and the defendants in their places."[29] Like the 1858 Ottoman Penal Code, however, the Mecelle does not make further stipulations about the condition of insanity or detail procedures for determining the legal license of an insane person.

These legal accommodations, furthermore, do not outline the practices of the psychiatric profession or the administration of mental institutions. The legislation that regulated civil medical affairs included no article about the insane or the institutions in which they were treated.[30] Until the second half of the nineteenth century, no official provisions existed governing either the admission and discharge of the mentally ill to hospitals or the practice of mental medicine.

---

[27] Ibid., 151.

[28] Ibid., 254.

[29] Ibid., 275.

[30] George Young, *Corps de Droit Ottoman* (Oxford: Clarendon Press, 1905), vol. 3. The fifth clause of Article 9 of the law stipulated the procedures that had to be followed by the council with respect to the reception of medico-legal expertise. The law in general was designed to detail the implementation of civil medicine.

Thus, detention orders—as in the case of Bağdik's wife—could be issued and easily obtained by families who petitioned the heads of the *millets* (religious communities). In fact, however, in most cases detention documents were not even issued. William Goodell described this clear legislative lacuna as follows: "The admission of the insane to the regenerated Health-House of Suleiman [Süleymaniye] is not accompanied by those forms and certificates which other nations deem necessary as safeguards against crime, nor by the previous history of the patient."[31] Moreover, the admission process, according to Goodell, was

> so carelessly managed, that the order for the admission of a man has accompanied a woman, and too often, sick persons, delirious through fever, are hurried off to this asylum, either designedly or through ignorance, where they usually die from the effects of the fatigue and rudeness attending their removal. Still more frequently galley slaves are admitted, who feign madness in hopes of escaping from premises less carefully guarded than those of the Bagnio.[32]

It was not only the family who could demand the detention of an (allegedly) insane person; residents of a neighborhood could also do so, citing concerns about public order and security. On the same basis, authorities could detain a mentally disturbed person. The leaders of the *millets*, as seen in the case of Bağdik, might negotiate with families about detaining a family member. That these communal groups were running their own medical institutions vested them with significant power concerning the decision and its implementation. It was particularly this uncontrolled practice that the 1876 regulation targeted, seeking to prevent unofficial detentions.

---

[31] Mongeri, *Le régime des aliénés*, 12–13.

[32] Goodell, "The Bedlams of Stamboul," *Atlantic Monthly* 28 (1871): 535.

An Overview: Regulation of insanity in Europe

By the second quarter of the nineteenth century, legislative reforms were being undertaken in various European countries to prevent unofficial and arbitrary confinements and to reform asylum administration. In France, the law of 30 June 1838 proposed the creation of a new mechanism of public assistance in each department and established rules for the certification of confined lunatics by medical officers, and "prefects were given power to inspect asylums" in order to prevent arbitrary detentions.[33] The law of 1838 placed greater emphasis on public order and security and gave an important role to public law-enforcement officials in the incarceration process.[34] According to the law, in cases where the insanity of a lunatic might compromise public order and safety, authorities like the Prefect of Police in Paris and departments elsewhere could request the placement of an insane person in an institution.[35] In her analysis of the psychiatric profession in nineteenth-century France, Jan Goldstein has written that when the 1838 law was first proposed in France, "it was universally recognized by political observers as a 'Doctrinaire' measure";[36] *doctrinaire* in terms of the mental institutions and the 1838 law in France should be understood with reference to a concern for social order, a dedication to the cause of the weak and the downtrodden, and—more

[33] Robert Castel, *The Regulation of Madness: The Origins of Incarceration in France*, U.S. ed., Medicine and Society 1 (Berkeley: University of California Press, 1988), 224–226.

[34] Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 277–278.

[35] Castel, *The Regulation of Madness*, 247.

[36] Goldstein, *Console and Classify*, 277.

important—bureaucratic solutions to problems of social order.[37] Furthermore, the French law, which was prepared by Philippe Pinel's prominent pupil Jean-Étienne Dominique Esquirol, established asylum psychiatry as the sole medical model for the care of the insane in France.[38]

Similar enactments were taking place elsewhere. In England, the Madhouses Act of 1774 had established a system of licensing and certification. This legislation proposed the licensing of all private asylums, and most significantly, it instituted a system of medical certification for the first time.[39] The 1774 law was strengthened by a series of acts passed from the 1820s on. Among other things, a permanent body of inspectors titled "lunacy commissioners" was established to report on England's state asylums.[40] In the Swiss canton of Geneva, a lunacy law based on the French 1838 legislation was put into effect regulating the admission process and detailing the procedures to be followed.[41]

Thus, by the second half of the nineteenth century, in various parts of Europe the regulation of admissions to and discharges from dedicated mental institutions had become an established pattern of asylum administration. The motivation behind the legislative measures was, apart from preventing arbitrary confinement, relieving the pressure of overcrowding in lunatic asylums by applying certain criteria to admissions.

---

[37] Ibid., 278.

[38] Richard C. Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007), 25.

[39] Roy Porter., 292–293.

[40] Ibid., 293.

[41] Jacques Gassev and Geneviéve Heller, "The Confinement of the Insane in Switzerland, 1900–1970: Cery (Vaud and Bel-Air (Geneva) Asylums," in *The Confinement of the Insane: International Perespectives 1800–1965*, ed. Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), 54–78.

By the third quarter of the nineteenth century, rising patient numbers had become a serious concern for the asylum authorities, who were forced to take action; measures preventing arbitrary detentions and initiating formalities concerning admissions were among the solutions. It was expected that such formal measures would not only prevent illegal confinements but also stop the admission of all kinds of patients to mental asylums.

Professional motivation for regulating insanity in the Ottoman context

Mongeri's proposal suggests that the main motivation mental-health professionals had to support such regulation was to provide humanitarian treatment of mentally ill people and to prevent illegal confinements in the institutions reserved for this purpose. But on the other hand, as the European examples suggest, regulation served the professional class's medical and scientific arguments; this was also essential in the Ottoman context if the claims made by professionals in this new branch of medicine were to be rendered credible. Doing so required first and foremost strict control that prevented the entry of all kinds of patients to the mental asylum; indiscriminate admission would negatively affect asylum statistics, lowering the number of successful cures and the turnover of patient numbers. Since the establishment of the Süleymaniye lunatic asylum, these numbers had become a major concern for asylum authorities because a patient population beyond its capacity—patients from both the city itself and the imperial provinces—was living in the establishment. The issue of overcrowding became more palpable especially in the period following the merger of the three hospitals in the Ottoman capital and the Süleymaniye's conversion into the empire's central lunatic

asylum. Before this consolidation, in addition to the Süleymaniye, mental patients had been housed in other medical establishments in the capital: the Greek Balıklı hospital, the Armenian Yedikule hospital, the Armenian Catholic hospitals in Beyoğlu, and the hospital run by French nuns in Karaköy.[42] According to Mongeri's petition, these clinics had existed for many years, and some six hundred insane patients were accommodated there; further, almost the same number was added to the existing patients each year, and a total of 1,200–1,440 patients, he argued, were being subjected to extremely violent treatment in these institutions.[43]

Given the lack of legal procedures for admission and medical certification, Mongeri argued, patients of all kinds, including senile persons and epileptics, were being sent to these asylums, further contributing to the problem of overcrowding.[44] Since chronically ill patients stayed longer, this general practice in turn negatively affected the cure rates and turnovers, discrediting the new medical technology. A petition submitted to the Ministry of Civil Medicine (Nezaret-i Tıbbiye-i Mülkiye) in 1861 illustrates the Süleymaniye asylum administration's concern regarding rising patient numbers and its lack of accommodation for them;[45] the problem would only become worse. In 1873, following a fire in the women's ward, the female patients at Süleymaniye were moved into the men's ward, and consequently the overcrowding reached extremes.[46] By 3

[42] PMOA, ŞD., 1282/10.

[43] PMOA, ŞD., 1282/10.

[44] Mongeri, *Le régime des aliénés*, 12–13.

[45] PMOA, İ. MVL., 25 B. 1278.

[46] PMOA, A. MKT. MHM., 461/31, 16 C. 1290; PMOA, İ. DH., 679/47296, 17 Z. 1296.

November 1873, a patient population of more than 350 male and female patients was residing in the Süleymaniye lunatic asylum, which had been built to accommodate forty to sixty beds at most. Overcrowding, poor sanitation, malnutrition, and poor ventilation often provoked epidemics that ended in heavy losses. In 1873, after an unidentified epidemic and the demonstrated "insufficiency" of the Süleymaniye, the hospital administration in collaboration with state authorities moved the patients into the vacant Toptaşı military barracks.[47] Even so, by 1876 extreme overcrowding had become a pressing concern that required immediate attention.

The correspondence between officials in the central government and those in the provinces suggests that the number of patients sent to Toptaşı continued to rise; as a result, the government was forced to take measures. A decree sent to the provinces from the office of the grand vizier (*daire-i sadaret*) indicated that the asylum could no longer accommodate patients from the provinces and established an asylum fee to be collected from each patient or those responsible for each patient; the fee was probably meant both to finance the asylum's expenses and to help slow the rate at which mental patients from provinces were being sent to the empire's central lunatic asylum.[48]

Overcrowding, the constant inflow of patients, and frequent epidemics certainly threatened the lives and well-being of the asylum's inhabitants, but the uncontrolled admissions that preceded the 1876 reform also constituted a major threat to the reputation of the new medical field of psychiatry. Thus, the medical staff's effective implementation of psychiatric treatments and cures required an evaluation of each patient admitted, as

[47] PMOA, A. MKT. MHM, 233/38, 24 S. 1278.

[48] PMOA, DH. MK., 37/29, 3 Ra. 1311.

well as a prognosis and diagnosis of the illness. The 1876 Ottoman regulation, like the legislation being implemented across Europe, was designed to establish a protocol for admitting and discharging the patients not only for the sake of good practice in the medical profession but also as a remedy for the uncontrolled flow of all kinds of patients—including chronic patients—to the asylum, which had become a major concern for the asylum authorities by the time of Mongeri's petition (1870). Further, the regulation Mongeri's proposal advocated was also intended to establish for psychiatric professionals an inclusive form of medical and political control over the minds and bodies of the patients kept in various medical establishments—these matters, Mongeri claimed, lay completely beyond the expertise and experience of state authorities.[49]

Nineteenth-century Ottoman-French relations regarding asylum reform and regulation

Why did Mongeri adapt French regulation for the Ottoman context? Relations between the Ottomans and France had a long history, dating from the reign of Süleyman the Lawgiver (r. 1520–1566). Western military, economic, and scientific supremacy had encouraged the Ottoman ruling class to participate in Western diplomacy. To this end, starting in the first half of the eighteenth century, the Ottoman Empire established embassies to closely observe Western military and scientific developments. The French capital of Paris, along with Vienna and London, was one of the main destinations of these diplomatic missions. In 1720–1721, Yirmisekiz Çelebi Mehmed Efendi was sent to France "to visit fortresses and factories, and to make thorough study of means of civilization and education, and report on those suitable for application in the Ottoman

[49] PMOA, ŞD., 1282/10

Empire."[50] Göcek has noted that "Mehmed Efendi was especially careful in describing scientific developments since he had been sent specifically to observe science and technology. The developments Mehmet Efendi focused on were mainly in two fields: the military, consisting of maneuvers and hospitals for veterans, and scientific, involving the observatory, mirror factory, and museum of natural history."[51]

Diplomatic relations between the two countries intensified during the reigns of Selim III (r. 1789–1808) and his successor, Mahmud II (r. 1808–1839). France had come to set an example for the Ottomans in political, economic, and military modernization. The imperial program that refashioned the Ottoman military, administrative, judicial, and medical arenas in the nineteenth century to a large extent was modeled after France's modernizing reforms.[52] Indeed, the adaptation of the French penal code, explained above, set an important precedent in the exchange between France and the Ottoman Empire.

Science and medicine were other fields in which the tracks of this borrowing can be observed. The reforms sought in the field of medicine in general and in mental medicine in particular in the French capital caught the attention of the Ottoman diplomats who were assigned to the foreign missions there. Mustafa Sâmi Efendi, an Ottoman bureaucrat who served in the Ottoman embassy in Paris in the years 1838–1839, was the first to underline the significance of modern mental-health services and of improving conditions for the mentally afflicted in line with modern methods of institutional

---

[50] Fatma Müge Göcek, *East Encounters West : France and the Ottoman Empire in the Eighteenth Century* (New York, N.Y. : Oxford University Press, 1987), 87.

[51] Ibid., 57.

[52] M. Şükrü Hanioğlu, *A Brief History of the Late Ottoman Empire* (Princeton, NJ: Princeton University Press, 2008), 62.

treatment.[53] By 1864 the French model of assisting the urban poor—such as orphans, vagrants, destitute women, and the insane—had gained prominence among Ottoman intellectual and scientific circles and was publicly discussed in the Ottoman daily press. On 7 December 1864 Ali Raşid Bey, a physician from the Imperial Arsenal (Tersane-i Hümayûn), wrote (in one of a series of informative articles) about the methods whereby the issue of begging was being dealt with in France. Discussing the issue at length with reference to the French case, Ali Raşid advocated the foundation of modern medical institutions—orphanages and hospitals for the needy, asylums for those suffering from mental illnesses—to remedy the problem of begging.[54]

Following Mongeri's 1856 appointment as chief physician to the Süleymaniye lunatic asylum and his acceptance as a foreign corresponding member of the Société Médico-Psychologique in 1864, the interaction and exchange of experiences between France and the Ottoman Empire intensified in the field of mental medicine. As a foreign physician, Mongeri was informed about the treatment of insanity, as well as about the institutions and regulations concerning the administration of mental institutions in European capitals, especially in France. The reform program that he sought to initiate was followed closely in the Société Medico-Psychologique's sessions, and as already noted, the society also honored his ultimate success.

Furthermore, Mongeri was an ardent supporter of Pinel's moral therapy school. In the letter that he addressed to grand vizier Ali Paşa, he praised Pinel for replacing violent

---

[53] Andı, *Bir Osmanlı Bürokratının Avrupa İzlenimleri: Mustafa Sâmi Efendi ve Avrupa Risalesi*.

[54] Ali Raşid, "Seele Hakkındadır-I," *Tasvîr-i Efkâr*, December 7, 1864; Ali Raşid, "Seele Hakkındadır-II," *Tasvîr-i Efkâr*, December 10, 1864.

treatments of mental patients with ethical and humanitarian methods.[55] However, he wrote, despite the progress that had been made in "this humanitarian work," deficiencies persisted; with the increasing number of mental establishments, abuse had become common. Mongeri cited the formalities that various states had begun implementing concerning admission,[56] and he advocated adopting legislation similar to the 1838 French law: "Among the laws of various states in Europe, the French law of 1838, despite some shortcomings reported by competent authorities, seems to be one that guarantees the best interests of the mentally ill, the family and society."[57]

The French law's strong emphasis on social order and security corresponded to the Ottoman bureaucratic elite's increasing concern with such matters in the capital. Maintaining stability in Istanbul had been one of the basic concerns among the bureaucratic elite since the beginning of the nineteenth century. In particular, disenfranchised (*mechûl-ul ahvâl*) groups like the unemployed, beggars, vagrants, and the insane had been among the potential targets of the state. The bureaucratic interest in supervising the activities of these groups culminated in the establishment of institutions that aimed to control and reform these classes. Such concerns intensified in the last quarter of the nineteenth century, when they combined with ensuing economic problems and wars (among them the Ottoman-Russian War of 1877–1878); the existence of these groups, besides raising concerns about public health and order, also came to represent

[55] Mongeri, *Le régime des aliénés*, 7.

[56] Ibid., 8.

[57] Ibid.

part of a broader social problem.[58] Gradually, then, members of disenfranchised groups, both those who inhabited the public spaces and those who were residents of institutions, became the subjects of an official concern and scrutiny.

The negotiating the regulation

According to the account provided by Imperial Medical Society's member Dr. Hovsep Nurican (1828–1898), a professor in the medical school (Mekteb-i Tıbbiye),[59] having been influenced by European sentiments and experiments, Mongeri introduced a draft regulation and motion to the Ottoman government in 1870, during his tenure at the Süleymaniye, concerning the administration of the insane asylums.[60] But this draft law and motion, both he and Mongeri noted, remained intact for seven years, and it was only in March 1876—that is, during the last days of the reign of Sultan Abdülaziz (r. 1861–1876)—that new regulations constituting a policy on insanity were enacted as a regulation, following the precedent of the 1838 French legislation. The policy was debated and revised in the Council of the State (Şura-yı Devlet),[61] a supreme government body that had been established in 1868 to study laws and regulations and to prepare

[58] Nadir Özbek, *Osmanlı İmparatorluğu'nda sosyal devlet: Siyaset, iktidar ve meşruiyet (1876–1914)* (Cagaloglu, İstanbul: İletişim, 2002); Nadir Ozbek, "'Beggars' and 'Vagrants' in Ottoman State Policy and Public Discourse, 1876–1914," *Middle Eastern Studies* 45, no. 5 (September 2009): 783.

[59] A native of Istanul, Nurica received his medical training in Paris and graduated in 1863, having produced a thesis titled *De la mortalite des enfants*; he returned home in 1864. Arsen Yarman, *Osmanlı sağlık hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi tarihi* (İstanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001), 790.

[60] Mongeri, *Le régime des aliénés*, 7–8.

[61] Ibid., 11.

proposals for the sultan's review and approval.[62]

Mongeri prepared his first draft and submitted it to the grand vizier Ali Paşa from the Süleymaniye lunatic asylum during Ali Paşa's fifth and the last term at the grand vizierate (1 February 1867–7 September 1871). In the letter accompanying the law, addressed to the grand vizier, Mongeri identified his motivation:

> Your Highness, the loss of reason degrades man by depriving him of his noblest attribute, so it must be considered one of the greatest misfortunes that afflict humanity. This misfortune, which is also very striking proof of our fragile nature, gives rise to so many disadvantages both from the viewpoint of society and from the viewpoint of family, that it has natural and legitimate rights … to the pity and respect of right-thinking men (*hommes bien pensants*). Thus, everything related to this sorrowful disease (*triste maladie*) should be the subject of the most serious consideration on the part of those who govern states, because it is not a question relevant only to the present generation but is of grave importance for future generations; if we fail to take timely and effective measures, a sad future awaits the nation.[63]

Nurican noted that Mongeri's draft "remained on the shelves at the ministry for

---

[62] Stanford J. Shaw, "The Central Legislative Councils in the Nineteenth Century Ottoman Reform Movement before 1876," *International Journal of Middle East Studies* 1, no. 1 (January 1970): 73–84; Seyitdanlioğlu, *Tanzimat Devrinde Meclis-i Vâlâ (1838–1868)*, 55–63.

[63] "La perte de la raison dégrade l'homme en le privant de son plus noble attribut, aussi doit-elle être considérée comme une des plus graves infortunes, qui frappent l'humanité. Cette infortune, qui est d'ailleurs une preuve très frappante de la fragile de notre nature, donne lieu à de si nombreux inconvénients, tant au point de vue de la société qu'au point de vue de la famille, qu'il est tout naturel qu'elle ait des droits légitimes et inconstatables à la pitié et au respect des hommes bien pensants. Ainsi, tout ce qui se rapporte a cette triste maladie doit être l'objet des méditations les plus sérieuses de la part de ceux qui gouvernement les Etats, car, ce n'est pas une question qui intéresse seulement la génération présenté, mais elle est d'une importance grave pour les générations futures, puisque si l'on néglige de prendre à temps des mesures efficaces, un bien triste avenir se prépare pour la nation." Mongeri, *Le régime des aliénés*, 8–9.

more than seven years."[64] Why did it take so long for the government to process the law? This is a difficult question to answer, but Mongeri's letter of 1870 contains some evidence that suggests possible reasons for the delay.[65] It seems that Mongeri felt frustrated and discouraged in his reform efforts: "I know, Highness, that many people find almost ridiculous and exaggerated my stubborn willingness to everything that concerns the fate of the insane… [T] hese people … it seems … do not recognize any value in intelligence."[66] These lines, though not explicit, point to some kind of bureaucratic impediment, probably among the administration's elite, who might have granted precedence (but did not) to Mongeri's proposed law over other types of legislation.

The sentimental tone of the letter is obvious and easily recognizable. Mongeri apparently thought that his career was nearing completion in the Ottoman Empire, where he had spent two-thirds of his life. His first attempt had been fruitless, he wrote, but he wanted to see the bill on which he had worked so many years made into a law before the end of his career. Given that his death occurred only in 1882, it is not clear why Mongeri was drawing such a dark picture at this point. It seems likely that he was exasperated at the lack of understanding he encountered among government officials and even his colleagues at the Ministry of Medicine who did not value the humanitarian project he had undertaken of restructuring the treatment and living conditions of the insane.[67]

---

[64] Mongeri, *Le régime des aliénés*, 11; PMOA, ŞD., 1282/10, 11 M. 1293.

[65] PMOA, ŞD., 1282/10, 11 M. 1293.

[66] PMOA, ŞD., 1282/10, 11 M. 1293; Mongeri, *Le régime des aliénés*, 9.

[67] Although I did not encounter an open statement concerning Mongeri's possible resignation, it seems that he was frustrated: since his tenure in 1856 he had not been able to execute his reform

As already mentioned in passing, the 1873[68] epidemic in the Süleymaniye facility resulted in the transfer of patients to another facility, located in the Asian part of the city.[69] Built in the sixteenth century as part of a complex (*külliye*), in the nineteenth century the Toptaşı hospital (*dârüşşifâ*) was used as a barracks for the newly created Nizam-ı Cedid Army, which it housed until the army's abolition in 1807; since then it had remained vacant.[70] After the 1873 asylum epidemic, a commission was created to oversee the patients' transfer, and a budget of 200,000 *kuruş* was allotted for the undertaking.[71] Transferring patients to Toptaşı provided immediate relief for some of the problems, such as the relentless overcrowding. But still more had to be done, and Mongeri considered his proposed legislation important because it would prevent arbitrary detention and because it would fill the lacunae concerning the admission to and discharges from hospitals and mental asylums, standardizing procedures for the functioning of mental asylums and for the establishment of new ones in the Ottoman Empire that would address the rise in patient numbers. Furthermore, Mongeri asserted in the lengthy excerpt quoted earlier that insanity gave rise to a set of social complexities for both society and the family; thus, everything related to the condition should be subject to

---

projects because of the lack of financing, his proposed regulation was not authorized in 1870, and he was not provided with a new medical facility or building that could accommodate his patients. All these factors probably led him to a dark outlook.

[68] Mongeri's text gives the date 1874 for the transfer of the patients. Mongeri, *Le régime des aliénés*, 7.

[69] Osman Nuri Ergin, *Mecelle-i Umûr-ı Belediye* (Istanbul: Istanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları, 1995), 6:

[70] I elaborate on the transfer of patients from Süleymaniye asylum to Toptaşı and its designantion as the empire's central mental asylum in the following chapter.

[71] PMOA, A. MKT. MHM., 233/38, 24 S. 1278.

organized state intervention.

According to Mongeri, the chief responsibility in caring for the insane ought to be assigned to the government, an idea shared, as I have discussed, by various men of medicine and reformist bureaucrats across Europe. The insane, Mongeri contended, along with children, were the weakest members of society; however, because of the horror they inspired, the mentally ill required particular attention and government oversight. For Mongeri, treatment for these members of society could be provided only in an establishment suited to this unique purpose; ordinary hospitals did not have the resources for such care. The question of insanity gives birth to complex problems involving medicine, legislation, and benevolence; further, he claimed, the most immediate concern of administrative officials was public security, and Mongeri's proposal represented a way to serve all these ends.

Mongeri argued that a social policy governing the care of the insane must satisfy several conditions. First, it must establish with clarity and exactness the limits of society's rights to sequester the insane and must reconcile that sequestration with all the proper guarantees of any patient's individual liberty. Second, such a law must ensure that the treatment of the insane take place in suitable establishments. For Mongeri, it was precisely this set of regulations that was lacking in the Ottoman Empire and that in his view required the swiftest application.

Thus, the regulation proposed by Mongeri above all sought to establish official control of the confinement process. Admission to medical establishments where insane patients were kept, as explained earlier, had been done more or less on an ad hoc basis, and no official documents were required. In Süleymaniye, where a certain degree of

reforms had already been implemented under his supervision, Mongeri noted, official documents—though imperfect and incomplete—were required. But in other institutions, a simple order from the chief of the *millet*, very easily obtained, was often sufficient cause for to confine a person (who may or may not have been truly mentally ill).[72]

Another deficiency existed in the official mechanisms for inspecting mental-health institutions. According to Mongeri, the government never inquired about the quality of the facilities or the number of patients detained in these institutions, let alone why they had been sequestered; any government inspection that did occur took place in response to complaints, never owing to administrative initiative.[73]

In order to eradicate deficiencies concerning admitting and discharging patients at the asylums (*bîmârhânes*) and hospitals (*ispatilyas*) that were run by the religious heads of *millets*—a term that was particularly used to designate non-Muslim communities in the Ottoman empire—to prevent unlawful confinement in these institutions, and furthermore to designate procedures concerning their administration and practice of psychiatric medicine in the Ottoman Empire, Mongeri submitted a regulation draft (*müsvedde*), accompanied by a proposal delineating his motivation, to the government on 31 January 1875. These documents, accompanied by a memorandum from the Ministry of Police, were forwarded from the latter ministry to the Council of State,[74] which was to arrange for negotiation and consultation among related governmental departments. The documents were studied in the Chamber of the Interior (Dahiliye Dairesi) in light of the

[72] PMOA, ŞD., 1282/10, 11 M. 1293.

[73] PMOA, ŞD., 1282/20, 11 M. 1293; PMOA, ŞD., 30/1453, 11 M. 1293.

[74] PMOA, ŞD., 1282/10, 11 M.1293.

letter that had been prepared by the Council of Civil Medicine (Cemiyet-i Tıbbiye-i Mülkiye), a governmental organ established in 1869 to discuss and decide matters of public health and the practice of medicine.[75] The council was under the supervision of the Ministry of Civil Medicine (Nezaret-i Tıbbiye-i Mülkiye).

A meeting was held between Mongeri, and a certain lieutenant colonel Aziz Bey, a member of the Council of Civil Medicine, was assigned by the government to examine the articles of Mongeri's draft regulation. In the meeting, though the articles concerning the establishment and management of the mental asylums and concerning admission to and discharge from these institutions were found appropriate vis-à-vis the provisions of the reform (*muvâfık-ı maslahat*).[76] The draft regulation by Mongeri[77] included a separate section titled "Regulations Concerning the Administration and Expenses of the Lunatic Asylums." Articles 20–23 of Mongeri's regulation proposal detailed procedures to be followed in the matter of asylum administration and finances. The original version envisaged the participation of local authorities in covering asylum expenses; under this system, a fixed tariff set by the Council of State would be paid by the provinces (*vilayet*) for the insane individuals whose placement was officially ordered (Article 20). Furthermore, each province would "be accountable for sending to the public asylum the

[75] Besim Ömer, *Nevsâl-i Afiyet* (Dersaadet [Istanbul], 1899), 117–119; Nuran Yıldırım, *A History of Health Care in Istanbul*, trans. M. İnanç Özekmekçi (İstanbul: Düzey Matbaacılık, 2010), 33–36. The responsibilities of the council included the observance of medical and pharmaceutical practices, and the licensing of physicians who had studied medicine abroad.

[76] PMOA, ŞD., 1282/10, 11 M. 1293.

[77] For the original version of the regulation, see Luigi Mongeri, *Le régime des aliénés*; Luigi Mongeri, "Mémoires originaux: Projet de réglement concernant le régime des asiles d'aliénés dans l'Empire Ottoman," *Gazette médicale d'Orient*, no. 166 (May 1877): 3; ŞD., 1282/10, 11 Muharrem 1293. For a transcription of the original version from Ottoman Turkish, see Fatih Artvinli and Şeref Etker, "Bimarhaneler ve Meccanin Yönetimi: İki Taslak ve Süregelen Tartışma," *Osmanlı Bilim Araştırmaları* 14, no. 2 (2013): 1–40.

necessary sums for the treatment of its insane individuals, and every six months, beginning on the first of March (Rumi)," "the administration of the public asylum [Toptaşı] [would] transmit via the intermediation of the Ministry of Medicine to the Ministry of Interior" a book including patients' names, the place of their residence, and the number of days that they had undergone treatment there (Article 21).[78] The regulation thus de facto charged the Ministry of Interior, the supreme administrative organ, with imposing and collecting the money from local authorities. The amount remitted by various provinces to the Ministry of Civil Medicine in return would be deposited in an account that belonged to the Dersaadet Public Lunatic Asylum (i.e., Toptaşı; Article 22);[79] half of the deposited amount would subsidize repairs and the remodeling of the facility itself, and the other half would be reserved for the construction of asylums in high-density population centers outside the imperial capital. And according to Article 23, the amount deposited would be publicized every six month in newspapers.[80]

However, these articles were removed from the draft regulation because an imperial decree (*irâde-i seniyye*) was already in place concerning the financing of asylum expenses.[81] Once the articles concerning the asylum financing had been removed from the draft regulation, a new article (Article 22) was added that sought to prevent the

[78] Mongeri, *Le régime des aliénés*, 29; ŞD., 1282/10, 11 Muharrem 1293.

[79] The designation *Dersaadet Umûmî Bimârhânesi* was used to indicate Toptaşı, but officially *Toptaşı asylum* (that is, *Bîmârhâne*) appears much more often.

[80] PMOA, ŞD., 1282/10, 11 M. 1293.

[81] PMOA, İ. ŞD., 30/1453, 12 M. 1293.

confinement of individuals by their families in cases of religious conversion (*tebdîl-i dîn*; recall Bağdik's wife) upon the pretext of insanity.[82]

After considering and approving the amendments, the Council of State, as the empire's supreme legislative organ, passed Mongeri's legislation on 22 March 1876, during the last days of Abdülaziz's reign. The council forwarded copies of the new law to the Ministries of Medicine and Police to be distributed in the provinces.[83]

The 1876 Regulation Concerning Mental Asylums

The 1876 regulation governing the operation of mental asylums that was ultimately promulgated by the Council of State consisted of twenty-two articles.[84] The first proposed a centrally controlled asylum system; accordingly, "no one, regardless of nationality, may open or direct an establishment designated for the insane without the authorization of the government."[85] Authorization to found any lunatic asylum in the capital or elsewhere in the Ottoman Empire was to be issued by the Ministry of Medicine (Mekteb-i Tıbbiye Nezareti).

The government would not grant authorization to a lunatic asylum, according to Article 3, unless certain criteria were met:

a. The location of the premises must be of sufficient size and in a healthful environment.

---

[82] PMOA, ŞD., 1282/10, 11 M. 1293; PMOA, İ.ŞD., 20/1453.

[83] Mazhar Osman Usman, *Tababet-i Ruhiye* (Istanbul: Kader Matbaası, 1941), 75; Ergin, *Mecelle-i Umûr-i Belediye*, 6:3373–3376.

[84] PMOA, İ. ŞD., 30/1453; Ergin, *Mecelle-i Umûr-i Belediye*; "Bîmârhânelere Dâir Nizamnâme," in *Düstûr* (Dersaadet [Istanbul]: Matbaa-yı Âmire, n.d.), 3:545–550.

[85] Ergin, *Mecelle-i Umûr-ı Belediye*, 6:3373.

b. Patients must be separated according to their illnesses.

c. The facility must offer an organization of services, medical and sanitary, appropriate for the needs and the state of the sick.

Article 4 made a distinction between public (*umumî*) and private (*husûsî*) lunatic asylums; however, the distinction was not further elaborated. But given Mongeri's emphasis on the communal hospitals of *millets* (religious communities), one may assume that the term *private* in this case particularly denoted these institutions run by the heads of communal groups. The regulation brought both types of institutions under state jurisdiction and set rules concerning the admission and discharge of patients. All such establishments, public or private, were to keep a register (*defter*) that recorded the name, profession, age, domicile, homeland, and the date of patient's placement in the institution (Article 8).

Further, any *request* for admission would contain the name, profession, age, nationality, and domicile of the person (Article 4); it would also indicate the familial relationship between the individual making the request and the potential patient. Once the request was filed, it would be presented to the Ministry of Police (for cases in the capital) or to competent local authorities (in the provinces); they in turn would verify the identity of the petitioner and that of the patient. In order to prevent arbitrary and illegal confinement, the regulation stipulated that the Ministry of Police and the local authorities would always require a declaration signed or sealed by the *imam* or the chief of the quarter (*mahallenin muhtarı*) inhabited by the petitioners. Once the identity of the person to be admitted had been verified, a medical certificate was to be obtained indicating the peculiarities of the sickness and the period of its first manifestation and verifying the

mental state of the person; it was to be signed by two doctors who must agree that the individual should be confined in an asylum.

The 1876 regulation and the police

The 1876 regulation, unlike laws of earlier periods, for the first time brought insanity under state and medical scrutiny, charging police and physicians in the cities, as well as the councils of elders (*ihtiyar meclisi*) and religious heads (*imams*) in the rural areas, with contributing to the management of mentally ill persons. Thus, insanity was no longer a matter limited to the communal and the domestic domains but was officially instituted as an illness treated in dedicated medical institutions—that is, *bîmârhânes*—run in accordance with procedures set by imperial regulation. Furthermore, officials representing the state authority in the countryside and distant provinces were charged with the duty of supervising the confinement process in collaboration with state-appointed physicians called *memleket tabibi* (Article 7).

The 1876 Ottoman regulation, similar to the 1838 French law, put a greater emphasis on social order and state control and sought collaboration between doctors and police. In Mongeri's 1870 draft of the regulation, the committal process—detailed under the title "Regulations Concerning the Committals of the Insane to a Lunatic Asylum"—was divided into two categories: voluntary (*gönüllü*) and official placements (*hükümet emriyle*).[86] Although the 1838 law authorized voluntary committal, French authorities later abandoned this type of admission, citing overcrowding in Parisian asylums. In 1876 French psychiatrists managed to reinstitutionalize voluntary committal in the department

[86] PMOA, ŞD., 1282/10, 11 M. 1293.

of Seine.[87] "This form of committal," Patricia Prestwich has noted, "was intended for the mentally disturbed who did not threaten public order but who required treatment."[88] In the Ottoman case, though the draft of 1870 contained a section treating voluntary committals, in the final 1876 regulation it was abandoned. According to Articles 12 of the final regulation, police authorities could request the placement of an insane person if his or her liberty compromised public order and security. By emphasizing social order and personal security, the Ottoman regulation also placed certain restrictions on patients' families. According to Article 15, if a person's mental state posed a threat to the public order or jeopardized others' personal safety, the Ministry of Police was authorized to issue a special order preventing them from leaving the medical establishment even at the request of relatives.

Before the 1876 regulation, it was the responsibility of the police authorities in cities to confine any insane person who caused a public disturbance. Such policing in the cities was performed by *subaşıs*, who were under the jurisdiction of *kadıs*;[89] all were charged with maintaining order and security in the empire's cities. Antonio Menavino described *subaşıs* in the sixteenth century as patrolling the city, clubs in hand, arresting the mentally ill who disturbed public order, and taking them to the general hospital for

---

[87] Patricia E. Prestwich, "Family Strategies and Medical Power: 'Voluntary Commital' in a Parisian Asylum, 1876–1914," in *The Confinement of the Insane: International Perspectives, 1800–1965*, ed. Roy Porter and David Wright (Cambridge: Cambridge University Press, 2003), 81.

[88] Ibid., 81.

[89] For a more detailed evolution and anaylsis of police forces in the Ottoman and the Republican period, see Ferdan Ergut, *Modern devlet ve polis: Osmanlı'dan Cumhuriyet'e toplumsal denetimin diyalektiği* (Istanbul: Iletişim, 2004).

confinement.[90] But this type of policing did not take place in the countryside; there, local strongmen, in collaboration with community members, were responsible for maintaining public order. In such cases it was the duty of a community to hand over disruptive individuals to local authorities and to notify the central authorities.

Thus, the 1876 regulation was the first legislation to identify a distinct role for the police in the confinement of the insane. On one hand, the law outlined the police's role to prevent the arbitrary confinement by communal leaders, but on the other hand, it codified the instances in which the police and other government authorities could request the confinement of an insane person against his or her will (or that of the family).

The initial integration of police action into the confinement procedures was strengthened in succeeding periods through the issuance of additional decrees and directives. Following the second constitutional period (*İkinci Meşrutiyet*), in the years between 1908 and 1918, the bureaucratic procedures and responsibilities concerning policing were further outlined.[91] In this period, police manuals and regulations[92] published detailed policing procedures for dealing with urban marginal classes and

[90] Paolo F. Peloso, "Hospital Care of Madness in the Turk Sixteenth Century according to the Witness of G. A. Menavino from Genoa," *History of Psychiatry* 9, no. 33 (March 1, 1998): 35–38.

[91] Ferdan Ergut, "Policing the Poor in the Late Ottoman Empire," *Middle Eastern Studies* 38, no. 2 (8 September 2010): 149.

[92] H. Hüsnü, *Polisin Tahkikat ve Muhakematı* (Istanbul: Kader Matbaası, 1337); Osman Vefik, *Polisin Tatbîkat-i Adliyesi* (Minber Matbaası, h. 1338); Hüsnü Hüseyin, *Hâşîyeli Polis Nizâmnâmeleri*, 2nd ed. (Istanbul: Suhulet Matbaası, h. 1337); İbrahim Feridun, *Polis Efendilere Mahsûs Terbiye ve Malûmat-ı Mülkiye* (Dersaadet [Istanbul], h. 1326).

various types of criminal offenses[93] under the broad heading of maintaining public order and protecting personal security. The directives published in manuals and journals of the time allowed the police increased discretionary power to act against the urban poor and other marginalized groups, including the insane. In the directives published in the police journal (*Polis Mecmuası*), one sees the maintenance and increase of police authority vis-à-vis the insane, the foundations of which were laid in the 1876 regulation. These instructions specifically indicated that since "stupid" (*belhâ*) people and members of the lower classes posed a threat to public order (*asâyîş-i umûmî*) and to personal security, their free movement in public places would not be tolerated; control (*taht-ı inzibat*) was to implemented by whatever means required.[94]

The 1876 regulation and the asylum doctors

The 1876 legislation, by expanding and maintaining medicine's control on insanity, also contributed to the institutionalization of modern psychiatry in the Ottoman Empire. The new law integrated the implementers—that is, doctors—of this new branch of medicine into the state apparatus and provided a legitimate ground for their intervention in insanity cases as medical experts. Until that time, the care of mentally ill people had been mostly confined to the private realm of family and had depended on the community's benevolence. Article 2 of the regulation stipulated that "no one may, in any case whatsoever, be submitted to measures of constraint or sequestration, be it in his domicile or be it another house, without having been first referred to the authority, which

[93] Zafer Toprak, "Osmanlı'nın Son Döneminde İstanbul Sokaklarında Marjinaller: Hırsızlar, Dolandırıcılar, Yankesiciler," *İstanbul Üniversitesi Siyasal Bilgiler Fakültesi Dergisi*, no. 38 (March 2008): 275–279.

[94] *Polis Mecellesi* (Hilâl Matbaası, 1915), 183–185.

will evaluate the mental state of the person by two doctors designated." Requiring and institutionalizing a medical certificate (*tabib şehâdetnamesi*; Article 4) further consolidated doctors' role in the procedure leading to sequestration.

In contrast to earlier ambivalent descriptions of insanity, the 1876 regulation designated the condition officially as a sickness that could be treated only in special institutions—that is, *bîmârhânes*—under the management of doctors. Although in the earlier periods the term *bimarhane* or *dârüşşifâ* was used to designate general hospitals, the 1876 law exclusively and legally defined *bîmârhâne* as an insane asylum under the administration of a particular group of physicians—in collaboration with wardens and civil administrators—armed with a specific medical technique. And more important, with the issuance of this regulation, the *bîmârhâne* and its staff were granted official status within the Ottoman medical organization.

By redefining, restructuring, and centralizing the administration of the *bîmârhâne* and by licensing insanity treatment and regulating confinement procedures, the 1876 law also de facto rendered functionless alternative approaches to medicine, such as those practiced by various Christian and Muslim groups. Article 3 defined the physical and spatial organization and institutionalized these standards, indirectly disqualifying confinement in other institutions, such as dervish lodges and monasteries (which were frequently involved in the admission process), that did not meet these criteria.

In short, the regulation professionalized and controlled the treatment of insanity in the Ottoman context in two basic ways. First, it created certain procedures, standards, and formalities to govern the confinement and practice of mental medicine (e.g., medical reports and patient files). These bureaucratic arrangements imagined a community of

professionals who would function in accordance with standard rules and procedures, along with coordination between these envisioned bodies. Second, the standard procedures detailed in the regulation (e.g., medical certificates and reports, patient files) involved officials that were sanctioned by the centralized state authority—that is, doctors, police, local headman, *imam* and councils of elders, and effectively excluded other popular actors who offered treatment and confinement.

However, despite these initial steps toward professionalizing and institutionalizing insanity treatment via legal arrangements, it would take time in the Ottoman context for psychiatrists to achieve full independent professional status and to gain their own chairs on medical faculties and in professional organizations. The proceduralization and standardization of confinement in which doctors were central was gradually institutionalized in the Ottoman context once Mongeri had assumed the chief-physicianship of the Süleymaniye lunatic asylum and the 1876 regulation was passed; it was brought into full bloom only in the first decade of the twentieth century. Mongeri's appointment to the directorate saw the introduction of standardized medical reports at Süleymaniye, patient files, and statistics. The creation of templates, on one hand, sought to make insanity palpable, and on the other hand, it aimed to create a new type of knowledge comprehensible only to professionals of a certain expertise. However, the whole system that was envisioned in the 1876 regulation required a professional group of medical experts armed with this new medical and bureaucratic technology and who could run the machinery that was proposed. Medical professionalism in the field of psychiatry in the earlier periods gradually consolidated itself in the formalism that emerged after 1876. This new formalism envisioned a community of experts, professionals experienced

in the new bureaucratic technology and in the treatment of insanity. Though no specific criteria were identified as to who could earn that specific title and how, nonetheless it was clear that those who were not trained or accustomed to these new technologies, such as popular religious leaders, would be excluded from this process, and confinement in these institutions was outlawed.

In spite of the professional community of expert physicians imagined in the 1876 regulation, however, it would take three to four decades for the Ottoman mental alienists to establish their first professional organizations and to achieve an independent professional status within mainstream medicine. In the last decades of the nineteenth century, Raşit Tahsin (1870–1936), who had been sent to Germany for medical training during the reign of Abdülhamid (r. 1876–1909), integrated psychiatric training into the official curricula in the empire and created the first neuropsychiatry clinic[95] at the Gülhane Military Applied School.[96] Graduates of this program, including Mazhar Osman (1884–1951), who in the official narrative has been popularized as the founding father of Ottoman and Turkish psychiatry, would become the new medical celebrities. Thus, the formalization initiated in the 1876 regulation culminated in the period following the 1908 Young Turk Revolution as mental-health professionals solidly established themselves as an independent group of medical experts who could cure mental and neurological diseases. A close look at the advertisement sections of the newspapers and journals in the postconstitutional era shows that, though few in number compared to general physicians,

[95] Yıldırım, *A History of Health Care in Istanbul*, 286.

[96] Çağlayan Ayhan, "'In the Name of Modernity, for the Sake of Nation': Madness and Politics From the Ottoman Empire to the Turkish Republic (1500s–1950s)" (MA thesis, York University, 2005), 187.

this group would claim the monopoly on the treatment of insanity as a specific field of medical expertise.[97]



Picture 1: A medical advertisement from an Ottoman newspaper: "Neuralgia's and palpitation's sole remedy is *Nevrol*! Received the appreciation of the most famous neurologist and professors of the country, Raşid Tahsin, Miralay [Colonel] Hilmi, İsmail Hurşid, and Rüşdü Receb. Those who buy it recommend it to all their friends."

As members of a new and underacknowledged profession, psychiatrists in the Ottoman context faced the challenge—from the beginning—of proving the utility and applicability of their profession to the expectations of daily life. Thus, as explained in the first chapter, by using new technologies such as statistics and scientific publications, they sought to make insanity palpable to the public and the authorities and to propagate lunatic asylums as the only institutions in which the potential threat of insanity could be controlled and cured; this approach subsequently sustained and maintained their professional identity as experts in mental illness. The professionalization envisioned in the 1876 regulation had to be maintained by further explaining the efficacy of this new vocation. The medico-legal expertise[98] that was established in second quarter of the nineteenth century had further contributed to a professional group identity. In addition to the means described above, the judicial field and the reforms that were implemented in

[97] In contrast to earlier periods, in the daily press of this period one encounters frequent medical commercials concerning medicine or professionals treating neurological diseases. "Muallim Tabib Raşid Tahsin Bey Emraz-i Akliye ve Asabiye Mütehasısı," *Tanîn*, 20 June 1909, sec. Advertisement, 4; "Osmanlı Muayenehane-i Tıbbi-i Cerrahi," *Tanîn*, n.d., sec. Advertisement, 4.

[98] George Young, *Corps de Droit Ottoman* (Oxford: Clarendon Press, 1905), vol. 3.

the fields of penal and civil law promised a new arena in which mental-health doctors might prove the utility of their expertise. And by the 1890s this medico-legal expertise was being gradually institutionalized through prominent cases: the Ottoman sultan Murat V (r. 30 May–31 August 1876)[99] was deposed owing to his alleged mental incapacity to rule, and Colonel Kommerau, the military attaché of the Russian legation in Istanbul, who was murdered on February 1880 by a certain Bosnian called Veli Mehmed, who belonged to Sultan Abdülhamid's personal guard.[100] Since Veli Mehmed's case involved Russian representation in the Ottoman Empire, it was closely observed and covered by the foreign mission and the press. After much hesitation on Abdülhamid's part, given that the incident involved a member of his personal bodyguard, the sultan finally ordered a trial by military tribunal. But when Veli Mehmed used the plea of "absence of mind" in his defense, Mongeri and other accompanying experts were asked to examine him and provide a judgment regarding his mental state.[101] These and other instances show the growing influence of this new group of professionals, who were now summoned in trials to provide judgment in matters of sanity.[102] In these two cases, which involved the Ottoman palace and other countries, both Mongeri and his colleague Avram de Castro were consulted because of their particular expertise.

---

[99] İsmail Hakkı Uzunçarşılı, "Beşinci Sultan Murad'ın Tedavisine ve Ölümüne Ait Rapor ve Mektuplar," *Belleten* 10, nos. 37–40 (1946): 317–367.

[100] Alexandre Toumarkine, "Adli Doktorlar, Ruh Doktorları ve Şeyhler:Kummerau Olayı (1880) ve Bilirkişilik Meselesi," in *Osmanlı'da Asayiş, Suç ve Ceza 18.-20. Yüzyıllar*, ed. Noémı Lévy and Alexandre Toumarkine (İstanbul: Tarih Vakfı Yurt Yayınları, 2007), 96–115.

[101] "A Turkish Criminal Lunacy Inquiry," *British Medical Journal* (1 May 1880): 673–674.

[102] Some of the cases that involved Mongeri's medico-legal expertise were published in Avni Mahmud, *Muhtasar Emrâz-i Aklîye* (İstanbul: Ahmed İhsan ve Şürekası, 1326).

A close look at the new formalities established via 1876 regulation shows that though the regulation required a medical certificate in the process of admissions and discharges, in reality Ottoman asylum doctors did not have much control over the confinement process, for they could not see and examine a patient before he or she was admitted to the asylum. Given this lack of an established group of mental-health professionals beyond the asylums themselves, other official and popular actors, such as family members, neighbors, the police and local authorities (such as the council of elders) had filled the gap, becoming involved in patients' confinement.

Conclusion

In contrast to earlier periods, during which mentally ill people and insanity were left to communal management, in 1876 this uncharted and unregulated terrain in the medical field was brought under official and medical scrutiny. With the institutionalization of state control of insanity via the 1876 regulation, (a) legally designated and charged actors were integrated into the management process; (b) increasing roles and responsibilities were granted to doctors, providing them with professional cohesion in succeeding periods and maintaining their independent status vis-à-vis mainstream medicine; (c) a new ontology was assigned to insanity as an illness, and the technical and bureaucratic procedures detailed in the regulation helped mental-health doctors establish themselves and their institution (*bîmârhâne*) as the sole means of treating insanity, excluding other communal and religious organizations.

On the other hand, by formalizing the confinement process and the treatment of insanity the 1876 regulation indirectly contributed to the ongoing problem of

overcrowding. The lack of space to accommodate the ever-increasing number of mental patients in the last decades of the nineteenth century would only aggravate the humanitarian situation, and the government would use every means to cope with it. Thus, the regulation intended to ameliorate conditions for the insane and to prevent illegal confinements, owing to the lack of institutions to accommodate these patients, in fact worsened the already deteriorating conditions of this marginalized group by expanding the scope of medicine and the medical gaze.

CHAPTER IV

Taxing insanity: Creating an asylum budget and financing asylum expenses (1874–1892)

In November 1874, almost a year after the transfer of patients from Süleymaniye mental asylum to the Toptaşı military barracks in Üsküdar, and following an 1873 epidemic outbreak in the central asylum, a new crisis explodedwhen the asylum administration refused to admit new patients because of the facility's physical incapacity to accommodate more.[1] Following this incident, a special commission (*komisyon-ı mahsûs*) comprising officials and physicians from the asylum, the municipality, and the police was set up to discuss the measures to be taken. As a result of the negotiations held at the police department, a reform bill was designed that involved an annual tax in return for the expansion of the asylum's physical space and the financing of the asylum's expenses. In an official letter that the asylum's chief physician, Luigi Mongeri, submitted in 1882, he wrote that a yearly tax (*vergi-yi senevi*)[2] was designed to be collected from provinces to finance the construction of asylum's expansion and other expenses.

Throughout this chapter, I use the term *tax* to refer to the levy imposed on provinces and districts to be paid in return for services rendered by the central mental asylum—that is, Toptaşı. Moreover, it is legitimate to use *tax* instead of *fee* because, first, the obligation to pay was centrally imposed on local authorities by the imperial government; second, it was not a one-time payment but was envisaged as an annual collection; and third, it was not individuals who were taxed but, rather, provinces and

[1] PMOA, İ. MMS., 51/2218, 3 M. 1292.

[2] PMOA, ŞD. DH., 700/34 18 Ra. 1300.

districts, which were expected to collect the money and remit it to the central authorities. In that regard, this tax on insanity is different from, for example, the ordinary extra taxes (*tekalifye örfiye*) that were imposed and collected by the government under exceptional circumstances to fund wars and other public expenses.

Such a comprehensive and radical plan to transform Toptaşı into a modern mental asylum, however, given the particularities of the period, would not be an easy undertaking. The overcrowding,[3] which had troubled the Süleymaniye since its designation as the empire's central mental asylum, continued to occupy the agenda of both the asylum administration and the government. In response to the rising number of mental patients coming from other provinces and districts, a phenomenon that asylum administrators constantly emphasized in their official correspondence, the government was forced to initiate a construction program to increase the facility's capacity by extending its physical space. Luigi Mongeri proposed the creation of a central budget, known as *bîmârhâne masrafı*, funded by annual taxes (*vergi-yi senevi*) obtained from the provinces and districts to finance the expenses of Toptaşı—the empire's new mental asylum. However, the complex Ottoman politics and economics of the time, coupled with the provinces' opposition to contribute to the central asylum budget, curtailed the implementation of the reform program, rendering a centralized solution impossible. Given this, the Ottoman government had no alternative but to propose palliative measures, thus postponing any solution to the problem of overcrowding in the asylum.

[3] A more detailed analysis of overcrowding and its nature in the Ottoman context is provided in the following chapter. In this chapter I deal with the rise of patient numbers and subsequent overcrowding problem only as the background against which an asylum budget was created.

From Süleymaniye to Toptaşı: The empire's new central asylum

A new kind of "therapeutic optimism," historian of psychiatry Edward Shorter has noted, "engulfed the whole world of medicine in the second half of the eighteenth century, an optimism that psychiatry shared."[4] Psychiatric celebrities like Philippe Pinel (1745–1826) had championed asylum's establishment and argued for "a well-regulated asylum" where mentally ill individuals would be "subject to the management of a governor, in every respect qualified to exercise over him an irresistible control" who could "interrupt or direct his chain of maniacal ideas."[5] According to another prominent French psychiatrist, Pinel's pupil Jean Étienne Esquirol (1772–1840), "In an establishment devoted to the treatment of the insane, the arrangements are better adapted to their wants than in a private house."[6] The basic idea in both explanations is that removing afflicted individuals from their habitual milieus—that is, family homes and other social settings[7] that were believed to aggravate mental disorders—and accommodating them in institutions designed for their treatment would contribute to insane patients' recoveries.

The ensuing optimism regarding the therapeutic features of the asylum in various European countries and in the Ottoman Empire had culminated in either the foundation of new asylum structures or the reform, renovation, and extension of existing ones for the

[4] Shorter, *A History of Psychiatry*, 8.

[5] Philippe Pinel, *A Treatise on Insanity*, trans. D. D. Davis (Sheffield: W. Todd, 1806), 59–60.

[6] Esquirol Étienne, *Mental Maladies: A Treatise on Insanity*, trans. E. K. Hunt (Philadelphia: Len & Blanchard, 1845), 76.

[7] Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (New York: Cambridge University Press, 1987), 287.

prospective consumers of modern mental-health services—that is, the insane patients of the nineteenth century, which historians of psychiatry have defined as "the asylum era."[8] The growing enthusiasm for the curative role of mental establishments on one hand contributed to the institutionalization of mental medicine and the professionalization of mental-health treatment, while on the other hand, in a manner analogous to the increasing demand and medicalization of other socially marginal behaviors, it created the problem of overcrowding in these institutions. The low rates of turnover and cure, coupled with the piling up of chronic patients, turned these institutions into large medical warehouses across Europe. The institutionalization of asylum treatment in the Ottoman Empire in the second quarter of the nineteenth century, which has been understudied, culminated in similar problems. As part of the official initiative to improve conditions for the insane patients kept in various medical establishments in the Ottoman capital and after the designation of the Süleymaniye as empire's central mental asylum in 1844 (as explained in the previous chapters), that hospital came to accommodate a patient population beyond its physical capacity. In the same year—that is, following the merger of the Sultan Ahmet, Haseki, and Süleymaniye hospitals—a separate ward was constructed in the Süleymaniye to accommodate female mental patients transferred from Haseki hospital.[9] By the time of Mongeri's appointment as its chief physician in 1856, the Süleymaniye

[8] Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997).

[9] PMOA, DH., 4379/87, 2 C. 1260.

reported a total of 125 male and female patients, many of whom had come from other hospitals in the capital and from the provinces.[10]

The limited physical space of the newly designated central asylum was insufficient for this concentration of patients. Problems such as physical crowding, poor ventilation, malnutrition, and inadequate sanitation often provoked epidemic diseases. The patients, men and women—except for the violently insane—were packed into large rooms assigned to either sex where they were allowed to mingle with one another, irrespective of the particularities of their illnesses.[11] Despite the physical incapacity of the asylum, however, the Süleymaniye continued to receive patients, and over time the number of those resident at the hospital grew.

Growing patient admissions, along with lower turnovers (chronic patients lowered the turnover rate), had further contributed to the deterioration of asylum's physical and sanitary conditions. The sporadic epidemic outbreaks within the asylum building concerned not only asylum authorities but also local authorities, which were alarmed about public hygiene in the capital.

As part of measures to improve conditions in the central asylum, the Süleymaniye administrators and government officials proposed extending the asylum space and increasing the numbers of attendants. In 1860, in response to demands from the Ministry of Medicine (Mekteb-i Tıbbiye) concerning the rise in patient numbers in Süleymaniye, the Sublime Council of Judicial Ordinances (Meclis-i Vâlâ- yı Ahkâm Adliyye), a

---

[10] Luigi Mongeri, *Notice statistique l'asile des aliénés Solimanié à Constantinople* (Constantinople: Imperimerie de Castro, 1867).

[11] Luigi Mongeri, "Quelques considérations sur une épidemie typhus observée dans un asyle d'aliénés a Constantinople," *Gazette médicale d'Orient*, no. 3 (1858): 45.

supreme governmental institution established to supervise reforms and enact laws, authorized the temporary employment of four additional attendants[12] to better serve the patients. A year later, in 1861, the asylum administration submitted another petition to the Ministry of Medicine—signed by the members of asylum staff, as well as by *imam* Esseyid Hasan, pharmacist Esseyid Abdülkadir, surgeon Süleyman Rüşdi, and doctors Nazif and Mongeri— requested that the construction of new rooms be postponed, asking instead for the immediate repair of windows in the wards and of window wires because winter was approaching; they considered this a more immediate problem. The petition was negotiated in the Supreme Council, which ordered the repairs requested by the hospital administration.[13] In 1863, according to correspondence between the Supreme Council and the Ministry of Foundations (Evkâf-ı Hümayûn Nezareti), in order to facilitate "the thorough (or deserved) treatment of the mental patients, and for the purpose providing their comfort in accordance with the imperial order to reform the asylum administration," the asylum attendants known as *güllabi*, whose names were associated with bastinado and other forms of harsh treatment, were replaced with five new attendants (*hizmetçi*): a cook, a laundryman, a doctor, a surgeon, and a director (*müdür*).[14]

In 1864, following the death of the asylum's doctor Nazif Efendi, further changes in the asylum's medical staff were sought. Avram de Castro, a graduate of the Imperial Medical College (Mekteb-i Fünûn-ı Tıbbiye) who had trained in France and Italy, was

[12] PMOA, İ. MVL., 19337/437, 11 Ra. 1277.

[13] PMOA, İ. MVL., ... 25 B. 1278.

[14] PMOA, İ. MVL., 500/22607, 26 B. 1280.

appointed by the government to replace Nazif.[15] Avram de Castro, who served as assistant to Mongeri and as chief physician of the Süleymaniye after Mongeri's death in 1882,[16] belonged to the prominent Jewish[17] de Castro family.[18]

[15] PMOA, A. MKT. MHM., 303/66, 14 M. 1281.

[16] Abraham Galanté, *Histoire des Juifs de Turquie* (Istanbul: Editions Isis, 1984), 9:113.

[17] Rhoads Murphey has identified two salient features connected with Jewish medical practice in the Ottoman Empire. One is that Jewish medicine was practiced mostly by certain families, thus creating medical dynasties, such as the Ben Yahya family of Salonica and the Hamons of Istanbul. The other is that "the proliferation of the skill within the community at large resulted in a steadily rising proportion of Jewish doctors within the ranks of the profession." Rhoads Murphey, "Ottoman Medicine and Transculturalism from the Sixteenth through the Eighteenth Century," *Bulletin of the History of Medicine* 66 (1992): 376–403. Thus, the practice and knowledge of medicine, which passed from one generation to the next, contributed to a well-established Jewish medical tradition in the Ottoman Empire. Jews had a long-standing tradition under the Seljukids (a dynasty that was founded by Seljuk Turks) and Ottomans as court physicians. Jacopo di Gaeta, known as Yakup Hekim (d. 1484) by the Ottomans, was promoted to the position of chief physician (*hekimbaşı*) of the palace following Mehmed II's (r. 1451–1481) accession to the throne. Father and son Hamon served Selim I (r. 1512–1520) and Süleyman the Lawgiver (r. 1420–1466) as court physicians. Moses Hamon (d. 1554), the son of Joseph Hamon, besides serving as physician, was also an international intermediary to the sultan. By the beginning of the seventeenth century, Jewish physicians—according to the figures provided by Ayn-i Ali, seventeenth-century court historian and chronicler (*vakanivüs*)—held forty-one of sixty-two positions in the palace service and thus dominated the medical profession. In the seventeenth and eighteenth centuries, Jewish doctors continued to fill medical posts as both court and private physicians. Tobias Cohn (1652–1729), who completed medical training in both Frankfurt and Padua, had served Rami Mehmed Paşa, who held the position of grand vizier in 1703 for a short time. Another Jewish convert to Islam, Moşe Ben Rafael, or Mustafa Fevzi Efendi (*Hayatizâde*) served as *hekimbaşı*, an office that he occupied for twenty-two years. In the nineteenth century, parallel to the reforms pursued, an increasing number of Jewish physicians and graduates of recently opened medical colleges came to fill civil and military medical positions. Several Jewish graduates had served in the Ottoman army, and others served in different localities in Istanbul, Anatolia, and Rumelia either as municipal doctors or as private physicians. Doctor Spitzer (1813–1895), originally a Jew of Nikolsbourg (Mikulov) Moravia, was called by Mahmud II (1808–1839) and served as professor of anatomy at the School of Imperial Medicine.[17] Likewise, in the same period, several Armenian and Greek doctors who were members of Christian *millets* served in various branches of Ottoman official and civil medicine.

[18] The de Castro family, various branches of which can be traced to different parts of the world, was of Spanish and Portuguese origin. Following the establishment of the Inquisition, members of the de Castro family were forced to migrate to other parts of the world, such as Bordeaux, Bayonne, Hamburg, and other cities in the Netherlands and later in the United States; their descendants were found scattered throughout Egypt, Holland, Germany, England, Italy, and the Ottoman Empire. Abraham de Castro served Süleyman the Lawgiver as master of mint in the

The great-grandfather of asylum doctor Avram de Castro, Isaac de Castro, the progenitor of the de Castro family of Constantinople, had been born in Venice in 1764 and died in Constantinople in 1845. "In 1815 he was commissioned by Mahmud II to organize the Ottoman printing office and he was decorated with the order of *Nişân-ı İftihâr*.[19] Isaac's son Nissim de Castro wrote a textbook on astronomy that was published in Istanbul in 1850. By the nineteenth century, the de Castros of the Ottoman Empire had come to play a leading role in Ottoman medicine, in addition to serving as physicians to members of the court.[20] Jacques de Castro (1802–1876), son of Isaac de Castro and later the father of Avram de Castro, after finishing his studies in Paris, was appointed the head physician of Haydarpaşa Military Hospital in Istanbul by Sultan Abdülmecid (r. 1839–1861); he also served briefly as Abdülhamid II's (r. 1876–1909) personal physician.[21] Thus, Avram de Castro was born into a well-established family of medical professionals in 1829. After attending primary school, he continued his studies at the Soğukçeşme *idadî*[22] school.[23]

---

sixteenth century. "Castro, de, Family," JewishEncyclopedia.com, accessed 29 January 2014 (http://www.jewishencyclopedia.com/articles/4132-castro-de-family).

[19] For various types and the Ottoman use of decorations and medals, see Edhem Eldem, *Pride and Privilege: A History of Ottoman Orders, Medals and Decorations* (Istanbul: Ottoman Bank Archives & Research Centre, 2004). "Castro, de, Family," JewishEncyclopedia.com.

[20] Rhoads Murphey, "Jewish Contributions to Ottoman Medicine, 1450–1800," in *Jews, Turks, Ottomans: A Shared History, Fifteenth through the Twentieth Century*, ed. Avigdor Levy (New York: Syracuse University Press, 2001), 74.

[21] "Castro, de, Family," JewishEncyclopedia.com; Harry Friedenwald, *The Jews and Medicine*, Publications of the Institute of the History of Medicine, 1st ser.: Monographs, vol. 2, 3 (Baltimore: Johns Hopkins University Press, 1944).

[22] An *idadî* school was something like an advanced or postsecondary school, which, according to Emine Evered, "much functioned like a *lycée* or high school" in the Ottoman Empire. For more information, see Evered, *Empire and Education under the Ottomans*.

[23] Fatih Artvinli, "Toptaşı Bimarhanesi Sertabibi Dr. Avram de Castro: Bir Biyo-Bibliografi," *Osmanlı Bilim Araştırmaları* 13, no. 2 (2012): 85.

Having graduated from the Imperial Medical College in 1859/1860, he was sent to Paris by the government for one year to study medicine.[24] Following his return, de Castro went to Italy and continued his studies there for three more years.[25]

As had been the case of his patron, Mongeri, Avram de Castro—who had studied medicine in Europe and had the advantage of his father's position in the Ottoman medical organization—faced little difficulty finding a job in the Ottoman capital. After a short tenure at Maltepe Hospital and following the death of Nazif Bey in 1864, he was appointed to fill the vacant Süleymaniye position at a monthly salary of 1,000 *kuruş*.[26] His educational background naturally suited him to the position of Mongeri's assistant. Because of his language skills[27] in French, Italian, and Ottoman Turkish, he worked closely with Mongeri until his death in 1882, when he replaced him as the asylum's chief physician.

In spite of the attempts made to reform the asylum's physical condition and to refresh its personnel, the overcrowding and the physical inconvenience of the building, along with its location amidst one of the most populated quarters of the city, rendered reforms futile to a great extent. Improvements made at the Süleymaniye, such as the construction of a new ward and small-scale repairs, fell short of the standards of a European mental asylum, which is what asylum administrators had wished to create.

---

[24] Ibid., 86.

[25] PMOA, İ. DH., 598/41719, 19 C. 1286. The official letter states that de Castro went to Italy at his own expense to improve his knowledge.

[26] PMOA, A. MKT. MHM., 303/66, 14 M. 1281; PMOA, ŞD., 1085/6, 3 M. 1327.

[27] In 1869, because he was a skilled physician (*hâzık*), his salary was increased to 1,250 *kuruş* a month and he was promoted. PMOA, İ. DH., 598/41719, 19 C. 1286.

Mongeri's own writings suggest that for a long time administrators asked the government for a new building, location, or an altogether new establishment that could accommodate more patients and allows them to implement the principles of modern asylum treatment.[28] But these pleas, as I explain below, were not realistic given the empire's dire economic straits, so they had to wait.

The asylum administration's push to move patients to a new establishment was not taken into consideration until the 1873 epidemic forced authorities to evacuate and abandon the Süleymaniye in favor of the Toptaşı *dârüşşifâ*, a former hospital and military depot, known as Valide-i Atik Bîmârhânesi or Toptaşı Nurbânu Valide Sultan Dârüşşifâ; as mentioned in an earlier chapter, the complex had deteriorated as the building was used only used to store goods and equipment. The Toptaşı *dârüşşifâ*, which was named after its patron, Nurbanu Sultan, wife of Selim II (r. 1566–1574) and mother of Murad III (r. 1574–1595), was located in Üsküdar, one of the oldest quarters of Istanbul. For a long time the building had served as a general hospital (*dârüşşifâ*), and in 1807 it became a training ground for Selim III's newly created Nizâm-ı Cedîd Army, a modern military unit that was formed, equipped, and drilled in line with a French model. However, following the dethronement of Selim III in 1807 and the subsequent abolition of the Nizâm-ı Cedîd Army, the building had been left vacant. In 1834 it housed the newly created Asâkir-i Mansûre-i Muhammediye (Trained Victorious Soldiers of Muhammad), the modernized army, which would replace and revive the Nizâm-ı Cedîd force, and it continued this function until 1865. With the 1865 spread of cholera in Istanbul, the

[28] Luigi Mongeri, *Le régime des aliénés* (Constantinople: Typo-Lithographie Centrale, 1877), 6.

Toptaşı once again was used for medical purposes.[29] Yet this did not last long, and the Toptaşı was converted into a military storehouse; it remained such until the transfer of insane patients from the Süleymaniye took place in 1873. Beginning on 27 October 1873, an unidentified epidemic outbreak in the Süleymaniye cost the lives of twenty-nine patients over the course of eight days. And on 3 November 1873, an official decision to transfer patients was taken and put into effect.[30] One night, probably in order not to provoke chaos among city residents, the inmates of the lunatic asylum—men and women alike—were put into carts and then onto a boat bound for the Toptaşı.

The location of the Toptaşı complex on the slopes of Üsküdar on the Asian side of the strait allowed it to "catch the pleasant breezes from the Bosporus and the Sea of Marmara," as travelers noted.[31] However, by the time its new inmates arrived, the building was dilapidated because of neglect, and the situation "had been all the more heightened by the recent ravages of the fire in the immediate vicinity."[32] The building was a shambles because of long neglect, and considerable investment had to be made for its conversion into the modern mental asylum that Mongeri and his colleagues envisioned.

---

[29] Nuran Yıldırım, "Toptaşı Bimarhanesi," *Dünden Bugüne İstanbul Ansiklopedisi* (İstanbul: Türkiye Ekonomik ve Toplumsal Tarih Vakfi, 1995), 295.

[30] Artvinli, *Delilik, siyaset ve toplum, Toptaşı bimarhanesi (1873–1927)*, 62–63.

[31] J. H. Davidson, "A Visit to a Turkish Lunatic Asylum," *Journal of Mental Science* 21 (October 1875): 408.

[32] Ibid., 408.

No more patients!

Only months after the transfer of mental patients to the Toptaşı, a crisis erupted when the asylum refused to accept mental patients and returned to the police that had been kept in the General Prison (Hapishane-i Umûmî). The subsequent investigation conducted by the Ministry of Health at the request of the Prime Ministry (Sadâret) indicated that indeed, the insane patients had been refused admission owing to a lack of space. Following the order of the Prime Ministry, a special commission (*komisyon-ı mahsûs*) that included the asylum's chief physician, Mongeri, along with Marko Paşa (Marco Apostolidis), an Ottoman physician of Greek descent who rose to the position of chief palace physician during the reign of Sultan Abdülaziz (r. 1861–1876), and Kadri and Hüsnü, officers of the Istanbul Municipality and the police force, convened in a special convocation (*meclis-i mahsûs'da*) to consider[33] the required expansion and to fix monetary amounts to be collected from patients' families and guardians.[34] According to the previous investigation, a total of 9,059 *lira* and 96 *kuruş* was required to construct a two-story stone building, a storage facility, a pharmacy, a surgery, a laundry, a kitchen, and four wards around the main courtyard, as well as to repair the existing men's ward.[35]

---

[33] PMOA, İ. MMS., 51/2218, 3 M.1292.

[34] In a letter dated 29 September 1882, Mongeri wrote that "a number of years ago" because of the shortage of space in the Toptaşı mental asylum that was endangering the health of the mental patients, the government had ordered the construction of wards in another place. Because state finances could not cover the construction expenses owing to the empire's financial difficulties, Mongeri (*taraf-ı âcizîden*) submitted a report to the government suggesting that those provinces that had sent patients to Toptaşı also help fund the institution. PMOA, ŞD. DH., 700/34, 18 Ra. 1300.

[35] For a summary list of the construction and repairs that were planned, see PMOA, İ. MMS, 51/2218, 3 M. 1292. This list of ten articles provides details about the tasks that would be undertaken in Toptaşı and their cost.

It was believed that increasing the asylum's capacity in this way would provide the space needed to admit new patients and consequently relieve the pressure of overcrowding. But the asylum lacked finances for the construction of the proposed facilities; thus, the first thing to be considered was procuring the sum required for expansion.

Given the Ottoman Empire's deteriorating economic and political situation at the time, explained in greater detail below, it was apparent that the government and the asylum administration could not subsidize the facility's regular expenses and the costs of expanding the its capacity. Financial constraints, on one hand, and the need for funding, on the other, forced asylum administrators to seek alternative solutions. Under these circumstances, the commission's (*komisyon-ı mahsûs*) proposal that provinces with patients at Toptaşı would help fund[36] the central asylum was the only viable solution.

According to the negotiated negotiations held at the commission's special convocation (*meclis-i mahsûs*), the asylum's expenses would be subsidized from funds collected in the provinces under the label "asylum expenses" (*bîmârhâne masrafı*), which Mongeri also called an "annual tax" (*vergi-yi senevi*)—effectively a tax on insanity.[37] According to the commission's plan, the funds, which totaling a 5 *yük* 5 *kuruş* [38] (505,000 *kuruş*) would be paid by the listed twenty-seven provinces and districts from 1875 onward—that is, with the institutionalization of the tax, the funds would be

[36] PMOA, ŞD. DH., 700/34, 18 Ra. 1300.

[37] PMOA, ŞD. DH., 700/34, 18 Ra. 1300.

[38] One *yük* equals one hundred thousand *akçes*. Mehmet Zeki Pakalın, "Yük," *Osmanlı Tarih Deyimleri ve Terimleri Sözlüğü* (Istanbul: Milli Eğitim Basımevi, 1971), 639.

collected and deposited in the local branches of the banks,[39] and then the collected amount would be transferred to the Dersaâdet Bank (Dersaâdet Bankası) in the capital; from there, the money would be delivered to the asylum. In short, the provinces and districts were to forward specific annual amounts to the capital in return for the privilege of sending patients to the central asylum. In return for the annual tax on insanity, the local governments, according to the commission's plan, would charge a ten-*kuruş* per diem (*yevmiyye*) to the patients, their families, or their guardians. The proposal divided patients into three classes—well-to-do patients who could meet their own daily ten-*kuruş* expenses; patients with well-to-do parents or guardians (*eshâb-ı servet*); and the poor (*meccanin-i bi kudret*).[40] The expenses of the poor patients, according to the proposed plan, would be covered by the income from the local governments.[41] The funds collected would be spent on construction and on the asylum's regular expenses.

According to the commission's calculations, a total amount 505,000 *kuruş* was expected as revenue from twenty-seven provinces and districts (*liva*).[42] And the first year, the collected amount would be used to finance the asylum's expansion.

[39] The communication does not indicate the name of the bank with which these local branches were connected.

[40] PMOA, İ. MMS., 51/2218, 3 M.1292.

[41] For details regarding the asylum fee, see PMOA, İ. MMS., 51/2218; PMOA, ŞD., 1282/10, 11 M. 1293.

[42] PMOA, İ. MMS., 51/2218.

Provinces/Districts	Amount(s)/Kuruş
Edirne (Adrianople)	**30,000**
Tuna (Danube)	**40,000**
Bosna (Bosnia)	**40,000**
Selanik (Salonika)	**25,000**
Yanya (Janina)	**15,000**
Rumeli (Rumelia)	**40,000**
Cezayiribahrısefid	**15,000**
Hüdavendigar	**40,000**
Aydın	**30,000**
Ankara	**10,000**
Konya	**10,000**
Kastamonu	**10,000**
Trabzon	**15,000**
Sivas	**10,000**
Erzurum	**25,000**
Diyarbekir	**15,000**
Adana	**10,000**
Suriye (Syria)	**30,000**
Halep (Aleppo)	**30,000**
Trablusgarb (Tripolitania)	**5,000**
Bağdad (Bagdad)	**30,000**
Girid (Crete)	**15,000**
İzmid	**2,500**
Çatalca	**2,500**
Kıbrıs (Cyprus)	**2,500**
Canik	**5,000**
Kudüs (Jerusalem)	**2,500**
Total	**505,000**

Table 3: Provinces and districts, with the annual amounts that they were expected to pay.
PMOA, İ. MMS., 51/228, 3 M. 1292; PMOA, ŞD, DH., 700/38, 18 Ra. 1300.

The budget proposed by Mongeri and negotiated by the commission allocated a total of 505,000 *kuruş* as income from the provinces and districts. According to the legislation, the provinces and districts with the highest revenues—the Danube, Bosnia, Hüdavendigar, Aleppo, Syria, Aydın, Edirne, and Rumelia—would pay amounts between 30,000 and 40,000 *kuruş* a year. Other provinces and districts were asked to contribute between 2,500 and 10,000 *kuruş* a year.[43] Moreover, nearby provinces that sent patients

[43] PMOA, İ. MMS, 51/2218, 3 M. 1292.

to the central asylum, like Bursa and Edirne, were asked to pay higher shares than distant provinces like Kudüs (Jerusalem) and Trablusgarb (Tripolitania) were.

Following the commission's negotiation, the official report (*mazbata*) was forwarded to the Encümen-i Hâss-ı Vükelâ (Council of Ministers), a supreme body of representatives that had been established to consider reform bills and proposals. Following discussion, this council approved the commission's bill to finance the asylum, and on 20 February 1875, a directive was written to the provinces concerning its implementation.[44]

Ottoman Economics and Politics and Asylum Expenses

By the time the bill financing asylum expenses and establishing a related system of taxing the provinces and districts was negotiated and authorized by the government, the Ottoman Empire had entered a period of major economic and political crisis. This predicament had a direct impact on the newly established asylum budget and the ensuing problems of the 1880s, since finances constituted an important part of the asylum reforms. Economic constraints hindered the realization and sustainability of the reform program.

What were the categories and amounts of asylum expenses? According to official communications between governmental departments, the asylum's monthly expenses, which included items like food, medicine, salaries, and garments, were calculated to require about 1,280 *kuruş* a month in 1857.[45] In 1863, six years later, the monthly

---

[44] PMOA, DH., MKT, 37/39, 3 Ra. 1331; ŞD, 132/4.

[45] PMOA, İ. MVL., 380/16649, 9 N. 1275.

expenses had reached a total of 2,610 *kuruş*. The detailed list provided mentions mainly food, such as *fodla*, a type of bread formerly distributed in soup kitchens called *imârets*, *erz* (rice), *revgan* (butter), *asel* (honey), *revgan-ı zeyt* (olive oil), two *kapamas* (coats/garments) per year for patients (probably one for winter and one for summer), and medicine.[46] By the time an asylum fee was institutionalized, the monthly expenses had reached a total of 3,173 kuruş per month,[47] a figure that confirms the commission's findings concerning the relation between the rise in both patient numbers and costs.[48]

But the asylum's costs and expenditures were rising just as Ottoman finances were taking a relentless downward turn. Imperial coffers were drained because of increasing foreign loans and because of the empire's poor economic performance, the result of low rates of tax collection and decreasing agricultural production following the mobilization of the work force for war efforts. The cost of an active army and the government's inefficiency in collecting taxes and generating revenue since the Crimean War (1854–1856) forced the Ottoman administration to sign a loan agreement in 1854. During the next twenty years, as Roger Owen has noted, the "Ottoman government

---

[46] PMOA, İ. MVL., 500/22067, 26 B. 1280.

[47] PMOA, İ. DH, 667/46481, 4 R. 1290.

[48] We have no further evidence to verify the patients' use or consumption of the items listed. An account by one former resident of Toptaşı, Ali Enver, shows that not all the items listed were distributed to the patients. For Ali Enver's account, see chapter 4 of this work and also Fatih Artvinli, "Ali Enver'in Toptaşı Bimarhanesi Gözlemleri," *Toplumsal Tarih*, no. 194 (February 2010): 66–73. For the medicine used in the asylum, see Fatih Artvinli, "Toptaşı Bimarhanesi Eczanesi İçin İlaç Sistemi: Eczacı Yanko Efendi'nin 1878 Tarihli Listesi," *Osmanlı Bilim Araştırmaları* 12, no. 1 (2010): 23–28.

obtained thirteen more foreign loans";[49] further, in 1874 "over half of the regular budgetary expenditure was devoted to the service of the government's external debts."[50] A large part of these loans was used for military purchases, for financing military campaigns, and for importing consumer goods from abroad.[51]

Since these loans were not used for economic investment and development, which would have contributed to the state revenues, the government had no option other than levying taxes on the population. However, collecting the funds required an efficient system and trained personnel, both of which were lacking. Thus, the government was forced to resort to additional foreign loans to finance its deficit. In 1876, almost one year after the institutionalization of the tax on insanity, the Ottoman government "announced that it was ceasing all payments on its external debts,"[52] a move that would have adverse effects on the accumulation of the provincial shares. After a short period of attempting to finance foreign loans, the government stopped all cash payments entirely in 1876.[53] According to Roger Owen, "the fall in tax revenues as a result of the series of disastrous harvests on the Central Anatolian Plateau from 1872 onwards [,] combined with the need

[49] Roger Owen, *The Middle East in the World Economy, 1800–1914* (London: I. B. Tauris, 2009), 101.

[50] Ibid., 101.

[51] Ibid., 105; Şevket Pamuk, *The Ottoman Empire and European Capitalism, 1820–1913: Trade, Investment and Production* (New York: Cambridge University Press, 1987), 12.

[52] Pamuk, *The Ottoman Empire and European Capitalism*, 12.

[53] Owen, *The Middle East in the World Economy*, 108.

to finance a large-scale military expedition against rebels in the Balkans," precipitated the empire's declaration of bankruptcy.[54]

The difficult politics of the period, exacerbated by the Russo-Turkish War of 1877–1878, further undermined the collection of the tax revenues needed to construct the asylum's additional space and to pay its daily expenses. War efforts both increased military expenditures and mobilized the productive capacity within Ottoman realms—all of which had negative effects on the empire's productivity and its taxable potential. Furthermore, the war created a grave refugee problem, which added extra burdens to Ottoman finances. According to Stanford Shaw and Ezel Shaw,

> Continuation of these conditions, combined with the loss of several provinces during the wars of 1875–1877, led to a budget deficit in the financial year 1877–1878 of 974.5 million *kuruş*, almost 50 percent above the budget revenues, while an additional extraordinary budget of 2.59 billion *kuruş*, used to support the Ottoman armed forces and to feed and house the millions of Turkish refugees driven into the empire by its enemies, forced the government to suspend temporarily all payments on the external debt, a sum that in the same budget had reached the astronomical figure of 1.7 billion *kuruş*, only slightly less than the anticipated total state revenues for the whole year![55]

Finally, the empire's forced surrender of its richest territories only worsened the situation. In 1881 the "Ottoman government invited the representatives of the bond-holders" to a meeting, and "after prolonged negotiations an agreement was finally

---

[54] Ibid., 109.

[55] Stanford J. Shaw and Ezel Kural Shaw, *History of the Ottoman Empire and Modern Turkey: Reform, Revolution and Republic* (Cambridge: Cambridge University Press, 1977), 2:156.

reached … with a price of a very much greater degree of control."[56] A foreign economic body dubbed the Public Debts Administration (Düyûn-ı Umûmiye) was established to direct and control Ottoman revenues, which it did until 1924.

These political and economic circumstances, gathering momentum since the second half of the nineteenth century, had forced the asylum administration—particularly its chief physician, Mongeri, according to his own statement[57]—to seek alternative sources of income beyond direct financing from the central government that would support the asylum's operation; his proposal, again, was the institutionalization of an annual tax on insanity. Because the central imperial finances were unable to accommodate the much-needed expansion of asylum space, a tax levied on provinces and districts, along with charges assessed to patients' families for the mental-health services provided in the central asylum, was seen as the only feasible solution the government could accept. The government's immediate approval of the bill and the directive it sent to the provinces confirm its predicament in this respect.

The asylum under municipal supervision

However, effective implementation of the reform program that would extend asylum space and (more important) secure its financial support required first and foremost the removal of uncertainty concerning the administration of the asylum, especially in financial matters. Though the asylum was theoretically under the supervision of the Ministry of Medicine, the financing of its services and expenditures

[56] Owen, *The Middle East in the World Economy*, 110.

[57] PMOA., ŞD, DH., 700/34, 18 Ra. 1300.

constituted one of the problematic fields between governmental departments from the second quarter of the nineteenth century on—that is, immediately after the Süleymaniye's designation as the empire's central mental asylum. And this administrative ambiguity, as William Goodell wrote in 1871, concerning the administration and finance of Süleymaniye was jeopardizing the effective administration and implementation of the reform program:

> The learned visitor will find that the executive administration of the Süleimanié [Süleymaniye] asylum has never been entrusted to the medical staff, where it properly belongs, but limps along under the guardianship of four cabinet ministers. The *Seraskier* [Serasker], or Minister of War, provides the clothing, the furniture, and the medicines, and doles out the daily rations, which, although simple, are very fortifying to the constitutions of a score or two of that nobleman's retainers. All general repairs are shouldered by the Minister of Pious Edifices… The Minister of Finance very properly pays the wages of nurses, —whenever they are paid, —subtracting liberal commission for his trouble; he regulates all extraordinary expenses, and supervises the construction of any addition to the building, such as a coal-bin, a shed, or an outhouse… As a very natural consequence to this division of labor, delays prejudicial to the interests of the asylum are constantly taking place; not only from the time consumed in deciding which magnate is the proper one to attend to the aforesaid coal-bin, shed or outhouse, but which shall incur the expense."[58]

Though none had been officially established, this description indicates that from the beginning a de facto division of labor and responsibilities existed concerning the asylum's finances. The cost of maintenance and salaries in the Süleymaniye mental

[58] W. Goodell, "The Bedlams of Stamboul," *Athlantic Monthly* 28 (1871): 536–537.

asylum was entrusted to the administration (administration of the asylum) Ministry of Pious Foundations (Evkaf-ı Hümâyun) because the asylum itself had been considered a pious establishment since its inception in the sixteenth century.[59] However, in 1842 the Ministry of Finance was responsible for financial matters, and it was required to cover the asylum's expenses—such as food, medicine, salaries, and repair and constructions costs—from the funds of the Ministry of Foundations.[60] In 1849, when repairs were required to the Süleymaniye's water canals and bath, the expenses—totaling 41,507 *kuruş*—were divided between the two ministries.[61] By the time Mongeri assumed the role of asylum's chief physician in 1856 no real progress had been made to eradicate the administrative and financial vagueness. Even after his appointment, the real power to make final decisions and to implement the reform program remained in the hands of the joint administrative council that involved the Ministries of War, Pious Edifices, and Finance.[62]

But the reforms fell flat. By the 1880s—that is, six or seven years following the institutionalization of the tax—according to a letter submitted by Mongeri to the Council of State's Chamber of the Interior (Dâhiliyye) on 29 September 1882, a total of only six thousand *kuruş* had been collected, and this was expected to arrive from the designated

[59] İ. MVL., 500/22607, 26 B. 1280.

[60] İ. MVL., 500/22607, 26 B. 1280.

[61] The authorities' justification of this decision signals the complicated status of the asylum. According to the official explanation, because the building comprised old and new structures (the ones that were built after its conversion into a hospital), the total amount had to be divided between the Ministry of Pious Foundations and the Ministry of Finance. PMOA, İ. DH., 186/10386, 17 S.1265.

[62] W. Goodell, "The Bedlams of Stamboul," 536–537.

provinces and to be received by the asylum via the Ministry of Finance. Most of the proposed construction had been necessarily postponed because of the lack of finances. The Ministry of Finance, according to Mongeri, had abandoned collecting the designated amounts, and the asylum, which was under the supervision of the Ministry of Medicine (Mekteb-i Tıbbiyye) was then placed under the direction of the Ministry of Education (Maârif-i Umûmiyye Nezâreti).[63] Given that very little funding was expected to arrive from the provinces, Mongeri noted, the asylum was being subsidized via a small (*cüzzi*) amount of money disbursed by the Ministry of Finance's imperial funds; yet "according to the information received," Mongeri wrote, "even this allowance will be cut soon, and in this case there will be no option other than closing the aforesaid mental asylum [Toptaşı]."[64] So by the last quarter of the nineteenth century, lack of funding and an ineffective ministerial oversight structure were threatening the asylum's very existence. And in the face of this apparent threat, the only practical option was to place the asylum under the administration of the municipality. According to Mongeri, "In Europe the management of these charitable organizations is funded by the incomes of the municipality, and if this method were executed in the Ottoman state, it would not be a burden to the state treasury, but it would be possible to run a charitable organization in such a great capital [Istanbul]."[65]

In response to this proposal of Mongeri's, not to mention the generally deteriorating economic conditions, in 1881 the government had no alternative but to

[63] PMOA, ŞD., 700/34, 18 Ra. 1300.

[64] PMOA, ŞD., DH., 700/34, 18 Ra. 1300.

[65] PMOA, ŞD., DH., 700/34, 18 Ra. 1300.

place the asylum under the supervision of the Municipality of Istanbul (Şehremâneti),[66] an administrative structure established in 1858 and modeled after the French prefecture, the purpose of which was the regulation and administration of the city.[67] The municipality's responsibilities included public works, such as promoting the city's necessary provisions, guild and market supervision,[68] price regulation, and seeing to the cleanliness and embellishment of the city.[69] Yet public health and sanitation, let alone the administration and subsidization of mental asylums, did not fall within this body's jurisdiction. It was only after the establishment of the Sixth Municipality (Altıncı Daire-yi Belediye), the experimental district[70] in Beyoğlu, in 1858 that the municipality sought active involvement in the maintenance of public health. As part of this concern, a women's hospital (Nisâ Hastehânesi) was founded in the district to prevent the spread of

[66] Osman Nuri Ergin, *Mecelle-i Umûr-ı Belediye* (Istanbul: İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları, 1995), 6:3373.

[67] For more information about Ottoman municipal organization, see İlber Ortaylı, *Tanzimat Devrinde Osmanlı Mahallî İdareleri (1840–1880)* (Ankara: Türk Tarih Kurumu Basımevi, 2000). In addition, the second chapter of the present work deals with the foundation of the municipality after Tanzimat, as well as its organization and branches in the capital and the provinces.

[68] Leyla J. Aksakal, "The Sickman and His Medicine: Public Health Reform in the Ottoman Empire and Egypt" (paper submitted to the Food and Drug Law course at Harvard University), 26 April 2003.

[69] Steven Rosenthal, "Foreigners and Municipal Reform in Istanbul: 1855–1865," *International Journal of Middle East Studies* 11, no. 2 (April 1980): 231.

[70] The Sixth Municipality was established in 1858 by the government and restricted to the European section of the capital as a model municipality. The prefect (*şehremeni*) was assisted by a commission called İntizâm-ı Şehir to oversee the implementation of the reform program in the district. The members of the commission, comprising residents of the district (both Christians and Muslims), had direct influence on the content and implementation of the modern municipal program.

venereal diseases.[71]

When in 1871 the regulation concerning the administration of public medicine (*İdare-i Umûmiyye-i Tıbbiye Nizamnâmesi*) went into force, the Istanbul municipality began to employ doctors and pharmacists in various districts of the city.[72] According to Articles 1 and 2 of the regulation, government physicians (*memleket tabibi*) would be employed in Istanbul and in the imperial provinces; these doctors would examine patients regularly in locations determined by the municipality.[73] Beginning in 1880, with the division of Istanbul into ten municipal districts, doctors were appointed to these newly created municipalities. These doctors examined patients in pharmacies[74] twice a week free of charge.[75]

This increasing role of the Municipality of Istanbul in matters pertaining to public hygiene and health in the second half of the nineteenth century, on one hand, and Mongeri's proposal in the face of growing financial uncertainty, on the other, might have motivated the government to put the asylum under municipal management. Given its location in the capital, moreover, authorities also must have calculated the connection of

[71]The Beyoğlu district was known for its lively social life and entertainment scene. Because of the brothels, the municipality took precautions to prevent the spread of sexually transmitted diseases. The women's hospital was founded in 1878 by Edward Blaque and the Doctor Michael for this purpose. Ortaylı, *Tanzimat Devrinde Osmanlı Mahallî İdareleri (1840–1880)*, 153.For the regulation of prostitution in the Beyoğlu district, see Müge Özbek, "The Regulation of Prostitution in Beyoğlu (1875–1915)," *Middle Eastern Studies* 46, no. 4 (2010): 555–568.

[72] Ergin, *Mecelle-i Umûr-i Belediye*, 6:3138.

[73] Ibid., 6:3062.

[74] There were five pharmacies throughout Istanbul where the doctors could receive and examine patients: one each in Topkapı, Koska, Eyüp, Fındıklı, and Üsküdar. The medical personnel of these pharmacies constituted a doctor, a surgeon, and a pharmacist.

[75] Ergin, *Mecelle-i Umûr-i Belediye*, 6:3139.

the asylum to the municipality as a practical solution, one that had been proposed in Mongeri's official letter dated 29 September 1882. This government measure without doubt was intended to establish a stable administrative mechanism—indeed, such a mechanism was officially decreed[76] by Sultan Abdülaziz (r. 1861–1876)—and it sought to resume asylum reform, which at that time had more or less ceased altogether because of financial and administrative problems.

To what extent was this solution feasible? By the time the asylum was placed under the supervision of the municipality, even municipal revenues could not cover the asylum's expenses. Furthermore, the fact that the provinces did not pay their shares only exacerbated the situation.[77] In a memorandum dated 11 June 1882, the municipality demanded from the Ministry of the Interior the predetermined provincial contributions.[78] It is clear from the official correspondence that the municipality, given its limited revenues and existing expenditures, did not have the means to meet the asylum's expenses and had no option other than to call for immediate government intervention.

In addition to economic and administrative problems, by 1882 the number of patients residing in the Toptaşı asylum, according to the official communications, had reached a total of 450. A memorandum from the municipality to the imperial government indicated that because of space constraints, twenty to twenty-five patients were being housed in hospital rooms designed to hold five or six patients at most.[79] In this memo, the

[76] PMOA, İ. MVL., 500/22607, 26 B. 1280.

[77] PMO, DH. MKT., 37/39, 3 Ra. 1311; ŞD., 132/4.

[78] PMOA, DH. MKT., 37/39, 3 Ra. 1311; ŞD., 132/4.

[79] PMOA, ŞD., 706/32, 28 Ra. 1301; Şehremâneti 3/275.

Municipality of Istanbul called for immediate government intervention to relieve the pressure of overcrowding, which also posed a potential threat to public health, given the specter of epidemic outbreaks.[80] On 22 April 1884 the municipality's memorandum concerning the overcrowding was brought to the table in a meeting held at the Council of State's chamber of interior.[81] The first proposal the asylum administration offered to ameliorate the overcrowding entailed transferring a total of two hundred patients to the former Süleymaniye mental asylum.[82] At this time, the Süleymaniye was still being used by the Ministry of War for military purposes, as discussed earlier, and when the municipality's demand reached the ministry, the Ministry of War rejected it, indicating that it would not evacuate the building unless it could return to the Toptaşı.[83]

Having failed to reclaim the former asylum building for patient accommodation, the Council of State, addressing the Ministry of the Interior, demanded the repair and expansion of the Toptaşı complex and called for an investigation of rooms close to the Mihrimah Mosque in Edirnekapı, with the object of identifying suitable potential accommodation for mental patients. The Council of State ordered that experts from the municipality, public works department, and military and technical schools check the condition of the rooms that belonged to the Gureba Hospital, which had been established in 1840/41 (h. 1256). The commission's report indicates that these rooms, each of which could accommodate four patients at most, were considered inappropriate both for

[80] PMOA, ŞD., 706/32, 28 Ra. 1301; Şehremâneti 3/275.

[81] PMOA, ŞD., 709/10, 23 Ra.1302.

[82] PMOA, DH. MKT., 37/39, 3 Ra. 1311; ŞD., 132/4.

[83] PMOA, ŞD., 706/32, 28 Ra. 1301; Şehremâneti 3/275.

accommodating the insane and for other purposes because they lacked space and had poor ventilation and lighting.[84]

By the time the council ordered the investigation of the rooms in Edirnekapı, another investigation was underway, run by the municipality, concerning the extension of and repairs to the Toptaşı asylum. According to the findings of this investigation, which was conducted by the Civil Engineering School (Mühendishâne), a total of 336,811 *kuruş* and 10 *paras* would be needed to complete the necessary work. The project was opened for bidding, and a certain Kosta from Şarköy won the contract.[85] The amount required was to be paid from the asylum fees collected from the provinces; thus, these fees had to be collected. But the plan to finance the Toptaşı's expenses using provincial contributions, correspondence between the central and provincial governments suggests, did not generate the intended results in terms of either revenue collection or the realization of the construction program.

The insanity tax and the provinces

Having failed to accommodate some of the patients in the former Süleymaniye mental asylum, the Municipality of Istanbul increased its efforts to collect the deferred and back payments from the provinces once it had taken on supervision of the asylum: official correspondence demonstrates that since the institutionalization of the tax during the reign of Sultan Abdülaziz, the asylum had received only 754,140 *kuruş* from the

[84] PMOA, ŞD., 709/10, 23 Ra. 1302; Şehremâneti, 3/363.

[85] PMOA, ŞD., 709/10 23 Ra. 1302; Şehremâneti, 3/363.

treasury.[86] In order to fund the proposed construction plan, municipal authorities put great effort into collecting the postponed asylum shares—that is, the annual amounts that had to be paid—from the provinces. But in spite of the demands of the municipality and even the Ministry of the Interior, local authorities were not eager to forward their shares.

Province or district	Amount *not* paid to treasury in Istanbul	Amount dispatched to the imperial treasury earlier	The amount sent to the Municipality of Istanbul before 1885/1886	Total loan for the years 1874/75–1884/85	Annual share to be paid by provinces/ districts
Selanik Vilayeti [Salonica]	174,100	25,000	75,900	27,500	25,000
Edirne [Adrianople]	15,500		14,500	30,000	15,000
Yanya [Janina]	159,480	2,000	5,320	16,500	15,000
Cezayiribahrisefid	165,000			165,000	15,000
Hüdavendigar	440,000			440,000	40,000
Aydın	328,100		19,000	330,000	30,000
Ankara	104,980		5,020	110,000	10,000
Konya	80,795	10,000	19,204	11,000	10,000
Kastamonu	93,500	10,000	6,499	11,000	10,000
Trabzon	148,205		16,794	165,000	15,000
Sivas	91,900	10,000	8,100	11,000	10,000
Diyarbekir	59,000		34,500	93,500	8,500
Adana	110,000			110,000	10,000
Suriye [Syria]	310,025	19,975		330,000	30,000
Halep [Aleppo]	330,000			330,000	30,000
Trablusgarp [Tripolitania]	5,000	5,000	45,000	55,000	5,000
Bağdat [Bagdad]	265,443	30,000	24,556	330,000	30,000
Girit [Crete]	165,000			165.000	15,000
İzmir Sancak	22,867		3,633	27,500	2,500
Çatalca	13,638		13,861	27,500	2,500
Canik	3,680	5,000	46,319	55,000	5,000
Kudüs [Jerusalem]	22,500		5,000	27,500	2,500
Muş ve Bitlis	18,500			18,000	3,700
Siirt	22,000			22,000	2,000
Hakkari	43,333			43,333	10,000
Dersim	43,333			43,333	10,000
Van	80,000			80,000	8,000
Mamüretülaziz	24,500	15,000		49,500	4,500

Table 4: The total amounts of the asylum tax that were cashed and the loan amounts that provinces and districts were expected to pay in ten years' time.
Source: PMOA, ŞD., 713/9; Şehremâneti 3/423, 19 R. 1303.

[86] PMOA, DH. MKT., 37/39, 3 Ra. 1311; ŞD., 132/4.

Why was the asylum fee not collected from the provinces? The memorandums sent to the imperial government by the provinces in response to the Ministry of the Interior's 6 September 1883 communication asking for the payment of deferred fees indicates the underlying reasons concerning this failure to pay. First of all, as explained above, the institutionalization of the fee and its collection was initiated during a period of major economic crisis, one that drained Ottoman finances and led to the empire's declaration of bankruptcy in 1881. Having no other sources of income and no way to finance the empire's loans, in 1882 the reigning sultan, Abdülhamid II (r. 1876–1909), and his bureaucracy reluctantly accepted the European powers' creation of an international committee known as the Public Debts Administration, as mentioned earlier, to control and administer Ottoman finances and revenues in return for their loans. In the wake of the agreement that the Ottoman government reached with the administration, the latter would "seize the revenues of the state one after another and impose government measures that would be in contradiction with the customs of the country."[87] This meant that an important share of the revenues once spent on public welfare and services was channeled to the payment of the Ottoman Empire's international debt.

Furthermore, the Russo-Turkish War (1877–1878) and the subsequent disintegration of the political situation in the Balkan provinces resulted in the loss of some of the empire's most important revenue-producing areas of the empire. The territorial losses in the Balkans without doubt placed great pressure on the central treasury: losing productive sectors of the empire also further depleted tax revenues,

[87] Engin Deniz Akarlı, "The Problems of External Pressures, Power Struggles, and Budgetary Deficits in Ottoman Politics under Abdulhamid II (1876–1909): Origins and Solutions" (PhD diss., Princeton University, 1976), 147–198.

including the annual tax on insanity, which Mongeri formulized as *vergi-yi senevi*. The administrative changes that took place after the war resulted in the independence of some of the Balkan provinces, including Bosnia (Bosna) and the Danube (Tuna),[88] which had been included in the budget. These two had been expected to pay an annual amount of 40,000 *kuruş* each, as indicated in the asylum-expenses list submitted in 1874 (see the preceding table), but following their independence from Ottoman rule, these provinces obviously could not be considered in the proposed budget. Given that Bosnia and the Danube were among the empire's most valuable revenue-generating provinces at the time the asylum fee was institutionalized, the asylum lost revenue in the amount of 800,000 *kuruş* for a period of one decade. Thus, dramatic changes in the empire's administrative structure and the reorganization of the administration paralyzed the implementation of the provincial asylum shares, obstructing revenue collection. This difficulty in turn often evolved into minor crises between the central government and local administrators concerning the amounts to be collected and the administrative units that were expected to contribute.

By 1884, given the relentless problem of overcrowding at the Toptaşı asylum (the population of which had by then reached a total of more than 520 patients, according to official records[89]), the Municipality of Istanbul had no alternative apart from increasing the capacity of the existing buildings by extending its physical space. However, in order to do so, first and foremost the municipality had to collect unpaid contributions from the provinces. And at the request of the municipality, the imperial government sent a

[88] PMOA, DH. MKT., 37/39, 3 Ra. 1311; ŞD., 132/4.

[89] PMOA, ŞD., 707/6, 5 N. 1301; Şehremâneti., 3/288.

communication to the provinces asking that the deferred payments be remitted. Provincial authorities, however, were reluctant to send funds to the capital.

The extant communications between the central government and the provinces suggest that multiple objections were raised to the tax levied. The first group to object included provinces such as Aydın and Damascus,[90] which had their own established medical institutions to which insane patients were admitted from their localities and the surrounding districts. When the central government sent directives to the provinces in order to collect the accumulated back payments of the annual tax, Aydın had undertaken the renovation and reform of the Manisa *daruşşifa*, which also admitted mental patients.[91] In Damascus, despite the imperial decree demanding payment of the fee, the provincial authorities directed local funds to the expansion of the local hospital; by 1893, according to official communications, the local authorities had added new wards.[92] Thus, despite the centrally established budget and official directives concerning payments to support the asylum in Istanbul, provinces with considerable revenues that had their own medical establishments maintained those institutions and increased their capacity—an endeavor they probably considered more feasible and less costly than sending cash to the capital.

But not all the provinces and districts that were expected to contribute to the central asylum budget were rich and well-established. Another group that objected to the imposition of the asylum fees comprised areas like Dersim and Hakkari, which had been

[90] PMOA, DH. MKT., 1879/11, 13 Ra. 1309.

[91] PMOA, DH. MKT., 1943/30, 29 N. 1309; PMOA, ŞD., 709/10, 23 Ra. 1302; Şehremâneti, 3/363.

[92] PMOA., DH. MKT., 2061/78, 22 Ş. 1310.

founded following the Tanzimat reforms to control and direct tax revenues to the central treasury, did not have the financial means to pay their annual shares. Indeed, the tax rate had been determined without taking into consideration the provinces' financial means. In a consular report filed by the British mission, for instance, the province of Dersim, which was expected to pay an annual amount of 10,000 *kuruş* in asylum fees, is described as a "country" too small to constitute a province of the first rank; the large proportion of uncultivated land in this mountainous province resulted in limited revenue. The same report further indicates that the introduction of additional highly paid officials had only diminished the province's revenues, while the funds collected by the central government were virtually nonexistent.[93] Likewise, Hakkari, close to the Iranian border, was also a newly created province without any viable sources of income to pay the fee. In both cases the local authorities protested on the grounds that they could barely finance provincial expenditures, such as road maintenance, let alone send remittances to the capital.

These examples show that the asylum commission's calculations concerning provincial participation in subsidizing the central asylum were a far cry from reality. Having failed to collect the designated amounts and to extend the central asylum's physical capacity, asylum and municipal administrators in Istanbul would face a grave humanitarian crisis.

Conclusion

The institutionalization of the tax and the creation of an asylum budget, known as *bîmârhâne ücreti*, was a response to the increasing numbers of patients coming from the provinces to the central mental asylum, the Süleymaniye and later the Toptaşı. The 1876

[93] FO, 424/132, Dispatch from Earl of Dufferin to Earl Granville, No. 877. 18 September 1882.

regulation, which institutionalized the conditions of disenfranchised groups (*mechûl-ul ahvâl*) and subsequently brought them under the medical and political gaze for the first time, contributed to the concentration of patients in the central asylum in numbers that it could not handle with its limited resources. Given the asylum's lack of space, its administration, in collaboration with other governmental departments (the Council of State, the Ministries of the Interior and Police, and the Municipality of Istanbul), considered measures to relieve the overcrowding. However, increasing the physical capacity of the asylum by adding new wards was more feasible in the economic climate of the time than founding a new purpose-built mental asylum, which Mongeri actually dreamed of, so Mongeri and his colleagues proposed an alternative plan to obtain funds from the provinces. Although the project was undertaken with good intentions, it ultimately failed. Most provinces refused to pay the assigned amount, and without adequate funding, the central asylum's conditions continued to deteriorate, not only threatening the well-being of an ever-increasing number of patients but also posing a major threat to public hygiene in the capital.

CHAPTER V

The Quest for a Solution: Overcrowding, Cholera, and the Mental Asylum

"Though the mental asylum in Usküdar [Toptaşı] thanks to your majesty is orderly and clean in outward appearance, in reality absolutely no attention is given to its cleanliness [*nezafet*], and even its administration is in a regretful state. This time, the outbreak of a cholera epidemic there and the subsequent death of many persons are not something surprising."[1]
—Ali Enver (a former resident of Toptaşı)

The lines printed above are the words of a former employee of the Ministry of Education (Maârif Nezâreti), Ali Enver, who resided at the Toptaşı mental asylum for two months. In the summer of 1893—that is, immediately after the outbreak of cholera there—he submitted a letter to the authorities that detailed the deficiencies he had observed in the asylum during his residence. In this unique piece, Ali Enver listed the deficiencies concerning the asylum's order, cleanliness, and organization.[2] One of the first things that he underlined in his letter concerned the building itself:

> First, the mental asylum (*bîmârhâne*) is completely free of any enlivening means, like a garden and greenery, which might have positive impacts on the intellect. And even the windows were built higher than a human being [stands], in order not to see the street, so that the unfortunate insane, like birds in a cage, spend their time in gloom, see nothing but ground and sky. The insane in a limited space pass the time stricken. It can be predicted that in a place like this, not only an insane person but even a sane one would lose his mind.[3]

Ali Enver's letter details other deficiencies, such as the maltreatment and harassment of the patients by the wardens, the poor quality of the food, and matters

[1] PMOA, Y. PRK. SH., 5/39, 29 Z. 1312.

[2] Artvinli, "Ali Enver'in Toptaşı Bimarhanesi Gözlemleri."

[3] PMOA, A. MKT. MHM., 591/5; PMOA, Y. PRK. SH., 5/39.

pertaining to personal and institutional hygiene and sanitation.[4] Under these circumstances, Ali Enver wrote, it should be no surprise to see patients dying in a cholera epidemic.

Written immediately after an epidemic struck the mental asylum in the summer of 1893, Ali Enver's memorandum reiterates the shortcomings—particularly the lack of physical space and overcrowding—that both the asylum administration and the municipality had already noted. As the previous chapter demonstrated, overcrowding had remained a chronic problem for asylum authorities since the second half of the nineteenth century. By the 1890s, official communications indicate, the mental asylum's population had reached a total of 550–600 patients.[5] In order to stem the flow of patients from the countryside, the government sent several directives to the provinces that officially banned the transportation of mental patients to the capital. But these measures, which were intended to relieve the pressure of numbers in Istanbul's asylum, did not halt the increase or resolve the associated problems; twenty to twenty-five patients were simply piled into rooms that should really have housed five or six at most.[6] Given the lack of space, some patients who had not been admitted to the asylum were kept in the hospital at the General Prison (Hapishâne-i Umûmî) in Sultanahmet.[7]

Overcrowding and the possible ways to accommodate ever more patients—communications between the Municipality of Istanbul, the Ministries of Interior and

---

[4] PMOA, Y. PRK. SH., 5/39, 29 Z. 1312.; PMOA, A. MKT. MHM., 591/5, 13 Eylül 1309.

[5] PMOA, ŞD., 763/26, 10 C. 1310; Şehremaneti 4/630.

[6] PMOA, ŞD., 713/9, 19 R. 1303; Şehremaneti 3/423.

[7] These patients were kept in the General Prison because there was no space in the mental asylum; some were also accused criminals waiting for medical examination.

Finance, and the Council of State suggest—had remained the major preoccupation of the authorities. Why were asylum administrators and government officials so anxious? Precisely because of the potential for an epidemic outbreak; such an event would have devastating effects across the entire city. The memorandums of the municipality voice this anxiety and the need to reform the sanitary and physical condition of those in the asylum. At the same time, such an incident in the capital without doubt would have political consequences, such as a destabilizing effect on the Hamidian regime. Abdülhamid II (r. 1876—1909), since his ascension to the throne in 1876—after the contentious dethronement of his brother, Mehmed V (r. 30 May 1876– 31 August 1876), following a determination that the latter was mentally unfit to rule—had been aware of the fragile nature of his position. His sensibility concerning his rule reached the level of paranoia, and Abdülhamid used every means to reinforce his hold on power. A disaster such as an epidemic, which might have devastating effects on the demography and economics of the capital, could have meant the end for Abdülhamid.

Moreover, civil discontent in the capital in the form of public protests, the Hamidian bureaucracy was well aware, would have serious outcomes for an empire that was struggling to sustain its existence and might also hurt the modern image that the Hamidian regime had tried to convey to the international community. It was essential for the sultan and his bureaucracy to project the image of a self-sustaining empire in the international arena—politically, economically, and medically. Thus, an indigenous predisposition to reform would prevent constant external pressure and intervention, especially from the great powers (*düvel-i muazzama*), whether in a political or in a medical situation. Furthermore, in a period when the Ottoman Empire was fighting

bankruptcy and badly in need of cash, it was believed that any sweeping disaster could potentially jeopardize the empire's entire economy—especially in the capital, where all imperial financial transactions were concentrated.[8]

At the same time, however, the cholera epidemic provided Abdülhamid II an opportunity to demonstrate the efficiency of the modern Ottoman institutions and a chance to consolidate the survival potential of his empire. It was outside pressure, as Engin Akarlı has put it, that "demanded Abdülhamid's utmost attention throughout his reign not only in diplomatic matters but also in the internal affairs of the state."[9] Any kind of breach in domestic politics was believed to legitimize foreign intervention. In particular, the strained relations between Britain and the Hamidian regime in the second quarter of the nineteenth century and the pressure from the great powers for reform, especially in the Armenian-populated provinces, had forced the Yıldız Palace—Abdülhamid's residence—to enhance its empire-wide reform program in the fields of communications, education, and public health. Reform was understood not only as an instrumental apparatus but also as a method of reviving and regenerating a declining empire in the face of great-power politics. If the Ottoman Empire was to survive in such a competitive environment, it had to first prove its potential for modernization.

But the asylum reform and other initiatives cannot be evaluated solely in terms of response to foreign pressure. That is, such acts should also be read as reflecting Abdülhamid II's desire to legitimize or extend his benevolent image in the eyes of

---

[8] Mesut Ayar, *Osmanlı Devleti'nde Kolera: İstanbul Örneği (1892–1895)* (İstanbul: Kitabevi, 2007), 153.

[9] Engin Deniz Akarli, "The Problems of External Pressures, Power Struggles, and Budgetary Deficits in Ottoman Politics under Abdulhamid II (1876–1909): Origins and Solutions" (PhD diss., Princeton University, 1976).

ruled.[10] That is why Abdülhamid II and his bureaucrats closely supervised the cholera outbreak in the capital and engaged in mental asylum reforms. As he did in other realms of political decision-making, Abdülhamid II kept a close eye on the asylum reform and had several directives released from the Yıldız Palace's Bureau of Head Secretary *(*Başkitâbet Dairesi). Numerous imperial decrees that were penned by the sultan's personal scribe attest the central role the Yıldız Palace played in executing these reforms, especially after the 1890s. This is something very typical for Abdülhamid II, since he was interested in staying involved in every aspect of administration. Asylum reform and other charitable works not only provided him with a certain public visibility but also fostered his image as a benevolent sultan.

This chapter investigates the 1893 cholera outbreak at the Toptaşı asylum, along with the epidemic's devastating effects on the asylum population. I first investigate the origins of overcrowding and the measures sought to relieve the pressure. I then proceed to discuss the outbreak of cholera in the summer of 1893, the measures that were initiated by the government in response, and the effects the disease had on asylum inmates. More important, I focus on the reform measures that were proposed during and after 1893 incident.

In contrast to the dark picture painted by Abdülhamid II's adversaries concerning the Toptaşı mental asylum and the services provided, I argue that in the years 1876–1908 asylum policy was shaped by a constant effort to improve conditions for the patients. Exhausted Ottoman finances, explained in the previous chapter, posed the main obstacle to realizing these reforms.

---

[10] Nadir Özbek, *Osmanlı İmparatorluğu'nda sosyal devlet : siyaset, iktidar ve meşruiyet (1876–1914)* (Cagaloglu, İstanbul: İletişim, 2002).

Overcrowding: A pressing reality

In the second half of the nineteenth century, overcrowding in the lunatic asylums in various parts of the world was an observable reality. The ever-increasing numbers of patients being admitted to the mental hospitals, coupled with low rates of cure and discharge, had forced asylum administrators and governments to enact various measures—such as erecting new asylums or expanding existing spaces to accommodate more patients.

The soaring numbers of institutionalized patients must be evaluated against the backdrop of the moral treatment program formulated in the works of the Italian Vincenzo Chiarugi (1759–1820) and the Frenchman Philippe Pinel (1745–1826).[11] Vincenzo Chiarugi was one of the first alienists, medical professionals who proposed humanitarian and enlightened treatment in an asylum setting. He concerned himself with the spatial organization of the hospital where the insane would be accommodated, and he "codified a set of regulations concerning the norms and procedures of daily institutional life and hospital assistance."[12] However, it was the work of the Pinel, the prominent French alienist, that popularized and medicalized moral treatment. The order and discipline provide in an asylum setting were believed to play an essential role in the treatment process.

Since the insane were not considered absolutely devoid of reason, a degree of liberty, combined with personal conversation, occupation with work, and excursions, was

---

[11] Edward Shorter, *A Historical Dictionary of Psychiatry* (New York: Oxford University Press, 2005), 180.

[12] Carlo Maggini and Antonello Pintus, "Vincenzo Chiarugi (1759–1820)," in *WPA Anthology of Italian Language Psychiatric Texts*, ed. Rioj and Filippo M. Ferro (New York: John Wiley & Sons, 2008), 37–38.

believed to contribute to recovery. As a corollary of this line of reasoning, the alienist—alongside the building's curative power—could contribute to the patient's recovery and the restoration of his or her intellectual faculties by using gentleness and discipline-repression alternately.[13] And all this could be best achieved in an asylum environment that had been specifically designed for this purpose.

At the center of the moral treatment program lay a strong commitment to the principle of isolation: it was necessary to remove patients from the social environments that had driven them to mental alienation. Pinel's pupil Jean-Étienne Dominique Esquirol (1772–1840) explained the role of isolation in the treatment process: "The first effect of isolation is to produce new sensations, to change and breakup the chain of ideas."[14] For that purpose, the patient had to be separated from the family environment, often the very place where the mental alienation had originated, and "should be placed in an institution devoted to the treatment of mental diseases."[15] The alienists expressed "optimism that madness could be cured in the nineteenth century, coupled with the conviction that such a cure could be achieved only in the seclusion and quietude of nature, away from the corrupting influences of the patient's own family, friends and more generally from urban civilization."[16]

---

[13] Roy Porter, *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present* (London: HarperCollins, 1997), 496.

[14] Esquirol Étienne, *Mental Maladies a Treatise on Insanity*, trans. E. K. Hunt (Philadelphia: Len & Blanchard, 1845), 73.

[15] Ibid., 75.

[16] Eric J. Engstrom, *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*, Cornell Studies in the History of Psychiatry (Ithaca, NY: Cornell University Press, 2003), 19.

In Britain a similar attitude was adopted in the York Retreat under the supervision of the Quaker community; there a therapy based on trial and error was applied that was "grounded on quiet, comfort and a supportive family atmosphere," as publicized by Samuel Tuke (1784–1857).[17] The York Retreat "was modeled on the ideal of family life and restraint was negligible. Patients and staff lived, worked and dined together in an environment where recovery was encouraged through praise and blame, rewards and punishment, the goal being the restoration of self-control."[18]

By the mid-nineteenth century, worldwide commitment to asylum treatment had culminated in the establishment of private and public lunatic asylums. Legislation was passed in France (1838) and in Britain (1845),[19] and the canton of Geneva (1838)[20] outlined rules and procedures concerning the administration of mental facilities, as well as the admission and discharge of patients. The promotion of the curative role of institutions and the legislative measures that supported them in various countries had created a market for the medial professionals and culminated in the foundation of medical establishments for this purpose.

> By mid century the rise of professional bodies, journals, and legislation concerning the insane marked the high point of asylum psychiatry in Britain and

---

[17] Porter, *The Greatest Benefit to Mankind*, 497.

[18] Ibid., 498.

[19] The "1845 Ashley Act in Britain established the state responsibility for the insane. Having included two acts, one act set up a national lunacy commission to inspect and regulate English and Welsh asylums. The other compelled the country and brought governments to erect public asylums for the care of their pauper lunatics." Peter McCandless, "'Build! Build!' The Controversy over the Care of the Chronically Insane in England, 1855–1870," *Bulletin of the History of Medicine* 53, no. 4 (1979): 553.

[20] Roy Porter and David Wright, *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge: Cambridge University Press, 2003), 64.

> America. Progressive alienists pinned therapeutic faith on the architecture and atmosphere of their asylums, trusting to order and organization, discipline and design and their leadership qualities.[21]

In France, following the passage of the 1838 law, "each department was required to erect a public asylum for the pauper insane."[22] The formulator of the theory of isolation, Esquirol, had pressed for the promulgation of law and the establishment of model asylums in each department, a model that favored a centralized solution.[23] According to the first article of the Law of 30 June 1838 Concerning the Insane, "each department" was "required to possess a public institution especially intended for the admittance and care of the insane, or to negotiate for this purpose with a public or private institution either in the department or in another department."[24]

The mental-health reform movement that swept Europe, coupled with the initiative of "enlightened state bureaucrats under the tutelage of the German neo-absolutist states," had culminated in Nassau, a small German state, where "new enlightened ideas about insanity, concerns of state security with respect to the deviant poor and the desire to keep abreast of the most progressive trends united" came together

---

[21] Porter, *The Greatest Benefit to Mankind*, 501–502.

[22] Ibid., 502.

[23] Jan Goldstein, *Console and Classify: The French Psychiatric Profession in the Nineteenth Century* (Cambridge: Cambridge University Press, 1987), 298; Edward Shorter, *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997), 40–41.

[24] Castel, *The Regulation of Madness*, 243.

in an asylum-reform program.[25] According to Ann Goldberg, "Nassau's 1818 medical reform edict … established a uniquely comprehensive system of medical care that extended to all Nassau's inhabitants."[26]

While on one hand, isolation in the institutions designed for this purpose was touted as the sole remedy to the problems created by insanity, this trend, in the long run, as various scholars have noted, created the problem of overcrowding. Having been primarily used as not storage houses, mental asylums came to be filled with all kinds of patients. The senile, epileptics, and other chronically ill persons filled asylum wards. In England, patient numbers rose from perhaps ten thousand (in all types of institutions) in 1800 to some one hundred thousand in 1900. The rise was especially rapid in the new nation-states. In Italy, for example, some eighteen thousand were confined in 1881; by 1907 the number had soared to forty thousand.[27] In Germany, Edward Shorter has written, "the rate confinement grew from one psychiatric inpatient for every 5,300 population in 1852 to one of every 500 in 1911." And again, "by 1911, the 14 pavilions of the Sainte-Anne asylum in Paris, originally designed in 1867 for 490 patients, housed 1,100."[28]

"The pressure of numbers"[29] that arose in the last quarter of the nineteenth century forced asylum authorities to seek alternative solutions.

---

[25] Ann Goldberg, *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815–1849* (New York: Oxford University Press, 1999), 15.

[26] Ibid., 18.

[27] Porter, *The Greatest Benefit to Mankind*, 294–295.

[28] Shorter, *A History of Psychiatry*, 47.

[29] Ibid., 46.

> By the 1890s, the overcrowding in Parisian asylums had become a constant problem. On the one hand, this ever-increasing asylum population and the scant evidence of successful treatment encouraged the anti-psychiatric movement to brand asylums as modern Bastilles and psychiatrists as "panalienists," self-appointed experts who "saw madness everywhere except in their own mirrors." On the other hand, psychiatrists now found themselves responsible for up to 500 patients each, with the result that they could treat only the most urgent or "interesting" cases. Moreover, there were few such "interesting" cases because asylums had also become "silted up" with chronic and incurable patients, such as the aged and the mentally handicapped, who, psychiatrists charged, were responsible for the profession's embarrassingly low rate of cure. Increasingly, asylum doctors denounced the large Parisian asylums as "barracks," "depots," and "lock-ups," places of confinement, not of treatment. Rather than physicians, psychiatrists had become, in the words of one frustrated practitioner, "the head custodian" of a population that was, from the medical point of view, uninteresting.[30]

What was to be done with these chronic patients that were filling the asylums—and whose needs could not be met by the alienists? This was an important question that occupied the agenda of asylum reformers in England. There were two answers to this question in general and to the problem of overcrowding in England in particular. According to the "radicals," who demanded community care in England, the best way to deal with chronic patients was to disperse them within the local community.[31] The conservatives, on the other hand, did not find this proposal feasible. They argued for the institutional solution and believed that the insane should remain in some form of

---

[30] Porter and Wright, *The Confinement of the Insane*, 83.

[31] McCandless, "'Build! Build!'" 556–557.

asylum.[32] It was the former perspective—that is, community care rather than institutional care—that was popular among English psychiatrists. Two examples of community care convinced radical reformers: the first was the village of Gheel in Belgium, and the second was the boarding-out system implemented in Scotland at the beginning of 1860s.

> Since medieval times Belgian families had been sending their mad relations to the Shrine of St. Dymphna at Gheel, which was supposed to have a restorative influence on the mentally afflicted. The inhabitants of Gheel and the surrounding countryside had been boarding these pilgrims in their homes for generations. By the nineteenth century the village and its environs had become, in effect, a large lunatic colony.[33]

> The adoption of boarding-out system in Scotland probably owed something to the timing of legislation: its passage coincided with the first English attacks on the policy of herding lunatics into large asylums… It appears, however, that the Scots adopted boarding-out system as much out of necessity as for any ideal purpose. In 1858, when the new reforms went into effect, there was very little asylum accommodation available for the insane poor. In order to make the best use of what there was, the Scottish lunacy commissioners frequently urged the parish officers to try to improve the conditions of a pauper lunatic's existence so as to avoid the necessity of immediate removal.[34]

Yet among the psychiatric community, only a few supported community care; the majority of professionals were against it and, further, believed that it could not solve the problem of overcrowding. "In the end commissioners and majority of the alienists agreed that creating more asylum accommodation was the only answer to the problem of

[32] Ibid., 556.

[33] Ibid., 557.

[34] Ibid., 558–559.

overcrowding." Those in favor of asylum treatment proposed the creation of "cottage asylums near the parent institution," contending that "such buildings could be used not only to accommodate quite chronic cases, but also to provide a kind of halfway-house for convalescents prior to their discharge."[35] The commissioners argued for cheaper methods of accommodation for chronic patients. "The cottage asylum idea had produced some encouraging results, but its application had been very limited. Hundreds of cottages would have been required to meet the demand, and the savings which could have been realized from such a plan would not be great."[36]

In France, too, as the rates of admissions began to increase and the asylums' wards were filled with the chronically insane, epileptics, the senile, and the poor, criticism began to target asylum treatment in that country as well. By the 1860s psychiatrists like Moreau de Tours had come to consider the theory of isolation, and modifications were being proposed to reduce the pressure of overcrowding in the existing institutions. Castel has written: "There was a technical criticism of isolation, which sought to make the ways in which it was applied more flexible. Moreau de Tours gave a positive judgment on Gheel, which he saw as a means of improving the asylum structure, giving it, if it may be so expressed, room to breathe, by attaching to it a system of agricultural colonies."[37]

The criticisms leveled against asylum treatment in France in the 1860s took two divergent paths. Those who argued for the reconstruction and reorganization of asylums

---

[35] Ibid., 568.

[36] Ibid., 571.

[37] Castel, *The Regulation of Madness*, 225.

aimed at making the institution a "truly medical one." For that they proposed the separation of the chronically ill from the mentally ill and argued that only truly—that is, medically—ill individuals ought to be treated in asylums.[38] The agricultural colonies could house such incurable patients. The radical view, on the other hand, proposed "to break up the privileged relationship between psychiatric practice and the hospital."[39] In contrast to the revisionist view, which proposed the medicalization of the asylum, radicals argued instead for an "intervention to those areas where madness emerged—in non-medical institutions such as the school, the army and the family."[40]

Overcrowding in the Ottoman central mental asylum

As in other parts of the world, increasing patient numbers and the subsequent overcrowding problem in the Ottoman Empire in the second half of the nineteenth century paralleled the hospitalization process. The official designation of the mental asylum in 1876 as the institution that would care for insane patients—the empire's answer to other countries' asylum policies and legislation that identified the rules and procedures concerning the admission and discharge of patients—had contributed to increasing patient numbers and to the ensuing medical problems.

Though earlier in the history of the Ottoman Empire the violently insane, as various accounts have noted, were confined and cared for in cells attached to the general

[38] Ibid., 234.

[39] Ibid., 235.

[40] Ibid., 235.

hospitals (*dârüşşifâs*), a dedicated mental asylum came into existence only in the second half of the nineteenth century and into the early twentieth. Moreover, the institutionalization process in Ottoman domains did not follow a linear trend. That is, while on one hand, in the imperial capital of Istanbul such an undertaking was seen as part of an official initiative to ameliorate conditions for those in general hospitals and for those disrupting the social order in public places, on the other hand, in North African Ottoman territories like Egypt, Algeria, Tunisia, and Morocco, the institutionalization of insanity unfolded via colonial penetration and administration. The cholera outbreak in the Egyptian Abassiya asylum in 1883 gave British medical authorities "the initial excuse" to take control of the institution and to oversee its reorganization.[41] In the following years, legislative arrangements concerning the arrest and confinement of mentally ill individuals were enacted under the British colonial administration.[42] Likewise, in Algeria, Tunisia, and Morocco, following the French occupation, French psychiatrists who had lobbied for the establishment of lunatic asylums had managed by the interwar period to open new psychiatric hospitals in North African territories.[43]

The factors that contributed to the overcrowding problem in the Ottoman Empire's central mental asylum were not distinct from the ones observed in other countries. Following the merger of the hospitals in 1844 and the designation of Süleymaniye as the empire's central mental asylum (later it was Toptaşı), the number of

[41] Marilyn Anne Mayers, "A Century of Psychiatry: The Egyptian Mental Hospitals" (PhD diss., Princeton University, 1984), 64.

[42] Ibid., 70–71.

[43] Keller, *Colonial Madness*, 2007.

those institutionalized patients increased, as visible in the statistical tables that Luigi Mongeri compiled for the years between 1857 and 1867.

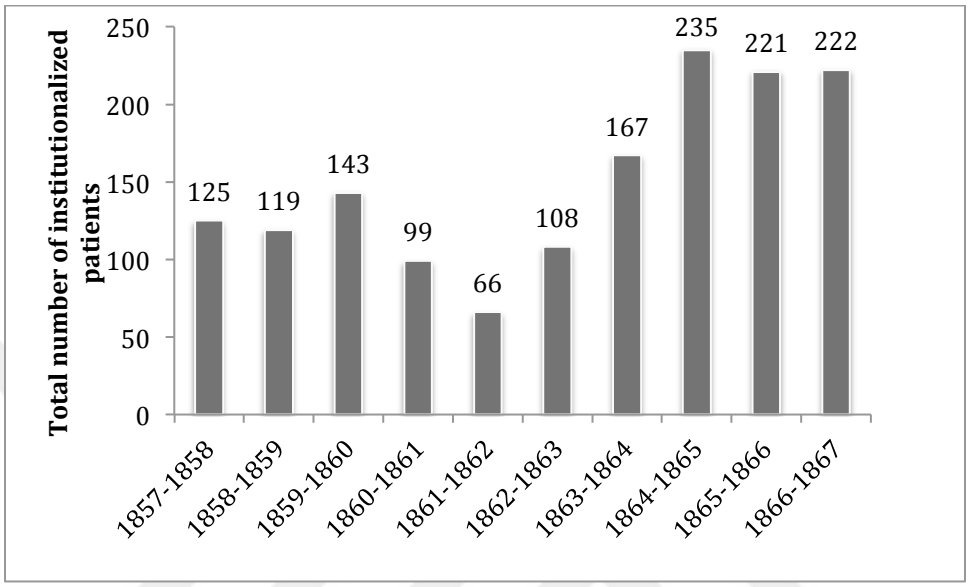


Figure 1: Total number of the instutionalized patients admitted to the Süleymaniye lunatic asylum, 1857–1867.
Source: Luigi Mongeri, *Notice statistique l'asile des aliénés Solimanié à Constantinople* (Constantinople: Imperimerie de Castro, 1867).

Luigi Mongeri explained the rise in hospitalized-patient numbers during these years in relation to gradual improvements made in the conditions of the insane in Süleymaniye. He argued that though the improvements were imperfect, they had nevertheless contributed to the rise in admission rates, because families without means to provide private care in a household setting or those informed about the positive changes were more likely to commit themselves or send their family members to the central institution. Second, he cited low turnover rates. The number of cures and deaths, he argued, did not stand out in the statistics because chronic patients were a constant that overwhelmed them numerically. According to Mongeri, the asylum's patient population mostly comprised acute and chronic cases; patients whose families had committed them

to Süleymaniye after several attempts of their own had failed to effect a cure.[44]

In addition to the factors identified by Mongeri, the gradual increase in admission rates and the subsequent overcrowding problem in the Ottoman case can be read with reference to several more criteria: juridical and administrative reforms and the gradual medicalization of the conditions of disenfranchised and ostracized groups that were brought under medico-political gaze in the Ottoman Empire during this time. All these factors one way or another contributed to bloated patient numbers and to the ensuing overcrowding.

As explained earlier, the 1858 Penal Code in the Ottoman Empire brought the insane for the first time to juridical attention in terms of criminal license.[45] This new law required the establishment of the accused's legal license, requiring a medical examination before trial. In most homicide cases, alleged criminals were sent to the central mental asylum and kept there for a certain time before medical examination. We learn from Mongeri's own writings that he and his colleagues were often summoned for legal consultation in cases of homicide. In such cases, and given the lack of professionals and institutions elsewhere in the empire, an alleged culprit would often be sent to the central mental asylum for medical examination and would remain there until a decision regarding his or her mental state was reached. The examination process often took several months. Once a decision had been made concerning the culprit's legal license, he or she was either sent to the police authorities for trial or kept in the asylum. Thus, the legal

[44] Mongeri, *Notice statistique*, 37.

[45] John Alexander Strachey Bucknill, *The Imperial Ottoman Penal Code: A Translation from the Turkish Text, with Latest Additions and Amendments, Together with Annotations and Explanatory Commentaries upon the Text and Containing an Appendix Dealing with the Special Amendments in Force in Cyprus and the Judicial Decisions of the Cyprus Courts*, trans. Haig Apisoghom Utidjian (London: H. Milford, Oxford University Press, 1913).

reforms in the field of criminal law, coupled with the availability of mental medicine in the Tanzimat era, placed an offender within the jurisdiction of medicine irrespective of the place the crime had been committed. Criminals who were required to undergo medical examination or official custody, the records suggest, were transported to the central mental asylum from the provinces. For instance, in a communication sent to the Niş, a township of Semendire in present-day Serbia, the central government demanded the transfer of a certain Abdülkerim to Istanbul from the district of Samakov (township of Sofia); he had allegedly killed one Sivastapo and was being kept in the local prison for medical examination.[46] The same communication indicated that if Abdülkerim's insanity were established, he would remain in the local asylum (probably a reference to the local hospital); if not, he would be sent on to police authorities for trial. Another communication to the governor of Niş, dated 17 December 1859, from the Sublime Council (Meclis-i Vâlâ), records that following his medical examination, which was conducted by the Medical Council (Meclis-i Tıbbiye), Abdülkerim was placed in the Süleymaniye mental asylum for further treatment.[47] Despite the lack of facilities to keep and examine people like Abdülkerim, the law stipulated that a medical examination be conducted before the final verdict was reached. And in such cases the accused had to be transferred to Istanbul for a medical examination in the presence of a medical council. In other cases, those who were believed to offend "public morals" and endanger security were kept in a local jail for a time; then, once the necessary permission had been received from the Ministry of the Interior, they were transported to the asylum in Istanbul. Thus,

[46] PMOA, A. MKT. UM., 349/16, 4 Ra. 1276.

[47] PMOA, A. MKT. UM., 385/48, 22 Ra. 1276.

the modern reforms and subsequent arrangements regarding the administration of justice and criminal jurisdiction added to the numbers sent from the provinces for medical examination and sequestration in the central institution. For the year 1864, William Goodell gave a total number of 325 patients admitted to the Süleymaniye mental asylum. Of these, 227 had arrived from the provinces.[48]

Another contributory factor in the ballooning numbers was the gradual dissolution of private familial care in favor of institutional treatment. Again, the care and confinement of patients in private settings was targeted by the psychiatric medicine of the time, which argued that the family environment rendered the afflicted person susceptible to mental alienation. And the chief aim of sequestration, medical authorities argued, was to break the cycles that had triggered the affliction—cycles that in most cases ended in self-destruction—and to replace them with better ones.

Professionals like Mongeri wanted to replace private care with institutional asylum treatment, as mentioned earlier; they therefore discredited this type of private home care and the communal care that was pursued in England, for example. According to Mongeri, while families that belonged to the poorer classes were willing to send their relatives to the insane asylums, probably because they lacked the means to provide care at home, the well-to-do families, in contrast, "oppose [d] such extreme measures" of confinement.[49] These families, he wrote, often rejected treatments such as bleeding and clyster because they weakened the patients. Instead of institutionalization, well-to-do

[48] William Goodell, "The Bedlams of Stamboul," *Athlantic Monthly* 28 (1871): 539.

[49] Mongeri, *Notice statistique*, 12.

families often preferred to take their ill relatives on walks in gardens, to provide them with other means of distractions, or to seek help in religious treatment.[50]

However, cases analyzed by Mongeri often demonstrated the ineffectiveness of the private care provided by families of means in a household setting; the Italian doctor discredited private home care using dramatic patients cases in his professional publications. Mongeri related a number of case histories demonstrating the potential dangers of this kind of care in terms of the patients' own safety and in terms of public security. In the one case, I. Bey, a senior officer who had taken part in the Crimean War (1853–1856), was addicted to alcohol and began experiencing hallucinations.[51] Having reached Istanbul, his family summoned Mongeri for medical consultation and advice. After careful examination, Mongeri found the man to be suffering from delusional melancholia (*mélancolie avec délire de persecution*), "one of the most dangerous forms of madness" seen in those who consume alcoholic beverages. Because of the gravity of I. Bey's condition, Mongeri proposed his confinement, but the family, he wrote, did not want to discuss it because they considered sequestration "dishonorable." Mongeri emphasized the potential dangers that threatened the patient and suggested that weapons be removed from the home and that the patient be placed under the supervision of two guards; it seems that the patient's family was amenable to this because they did not perceive it as harmful to their social status and reputation. One night I. Bey woke up and left his bed; having heard the sounds, the two guards awoke and asked him what he wanted. He told them that he needed his sheets changed immediately because of a

[50] Ibid., 12.

[51] Ibid., 13.

nocturnal emission. After the sheets had been changed and few minutes after I. Bey had returned to bed, the guards heard a strong detonation from I. Bey's room. When they entered his room they found he had shot himself in the stomach with a pistol had hidden.[52]

In the second case, an Armenian merchant, M., accused his enemies in the wake of a financial failure[53] and subsequently fell ill. Having arrived with the patient in Istanbul from the Russian city of Taganrog (a port city in present-day Rostov Oblast), M.'s brother summoned Mongeri for consultation.[54] He found M. "concerned, delirious, and agitated at the highest level." As in the case of the officer, Mongeri recommended to M.'s brother "the most scrupulous monitoring and sequestration." Yet again, reluctant to implement such a measure, his brother assured Mongeri that he had removed all the weapons and dangerous equipment from the residence. The brother summoned two robust porters to oversee the patient. But one day, having seen M. tranquil, the two porters tied the patient's hands and locked his door, leaving him unattended while they

[52] Ibid., 14.

[53] It is interesting that William Goodell refers to a similar illness called *sarraf illeti* (bankers' disease) he describes as follows: "Again, so entangled in trickery, fraud, lying, and cheating is every branch of trade, that a business transaction is but a euphemism for an exhaustive encounter between rival swindlers, in which the longer-headed rogue overreaches the other. This harassing anxiety, this constant strain of alertness,—now studying how to repress, now to allure,—the sleepless nights passed in plotting and counter-plotting, in time tell on the brain. Indeed, so notorious is it for the Armenian bankers to have softening of the brain that the *Serraf Illeti* [*sarraf illeti*], or bankers' disease has passed into a proverb." Goodell, "The Bedlams of Stamboul," 544. Also see the interesting story of Mkrdich Cezayirliyan, an Armenian banker (*sarraf*) and the most important financier of the mid-ninteenth-century Ottoman Empire, whose property was confiscated by the state and whose health deteriorated in time owing to financial distress: Mustafa Erdem Kabadayı, "The Sharp Rise and the Sudden Fall of an Ottoman Entrepreneur: The Case of Mkrdich Cezayirliyan," in *Merchants in the Ottoman Empire*, ed. Suraiya Faroqhi (Paris: Peeters, 2008), 281–299.

[54] Mongeri, *Notice statistique*, 16.

went to a church ceremony. On their return, they found M. lying on the floor in his own blood, his hands still tied. Having found himself alone, M. had thrown his head against a window pane in his room, cutting his throat on the edge of the broken glass.[55]

The last case is that of H.A., an official whose job was to write and publish a Muslim almanac. He lived a very punctual and organized life. He marked the unfortunate days with red dots in his calendar. But he realized that his calculations were faulty, for many fortuitous days noted in the almanac were rife with calamities. This affected him deeply, and he blamed himself for all the misfortunes that had fallen upon the country. Having persuaded himself that he was responsible, he saw himself as a great sinner and waited anxiously for the execution he felt he deserved. His friends consulted Mongeri, who as usual proposed strict sequestration and monitoring. Once again, however, instead of following his advice, the friends took H.A. to the countryside, where they intended to watch him themselves. And the day after his arrival in his new home, he killed himself with a dagger that he plunged into his belly.[56]

As discussed in an earlier chapter, the medicalization of madness entailed diminished control for families over their relatives with mental afflictions. And this was something that, as the cases above vividly suggest, many families were not willing to give up easily. Given this unwillingness among well-to-do families, then, one may conclude that it was mainly patients from underprivileged families that filled the wards of the mental asylum in Istanbul. In all three of the cases just described, the middle-class patients' relatives rejected institutional treatment in favor of private care. Moreover,

[55] Ibid., 15–16.

[56] Ibid., 17–18.

some rich families often sent their sick relatives to mental asylums in Europe for treatment.[57]

The 1858 Penal Code established family members as the legal guardians of an insane person and designated the family as responsible for his or her actions. Yet delegating responsibility this way was not always feasible since it was nearly impossible to keep the insane under control, especially in extreme cases of mental derangement. The institutional solutions proposed by medical professionals were intended to fill this gap. It was such cases, along with the propagation of institutional treatment and with legal arrangements that restricted familial care in cases that compromised public order, that increased patient numbers. And as explained earlier, the 1876 regulation clearly stipulated the confinement of individuals whose liberty jeopardized public order and the personal security of others.

The institutionalization of mental medicine —that is, the official designation of the mental asylum as the appropriate place for the sheltering and treatment of lunatic patients—in combination with juridical reforms requiring the establishment of mental license in the trial process, created a demand that the existing mental asylum and mental-health system of the Ottoman Empire could not handle. In sum, by centralizing the mental-health system, the 1876 regulation contributed to the overcrowding problem. First, the legislation gave police in Istanbul and authorities in the provinces the right to order the confinement of any person "whose state of mental insanity compromises public order or the security of individuals" (Article 12); the lack of mental institutions and medical cadres in the provinces resulted in the channeling of patients to the capital.

[57] For instance, a certain patient from Beirut by the name of Abdullah was treated in Geneva, Switzerland. PMOA, DH. İ. UM., 94/1–2, 1 Za, 1331; DH. İ. UM., 94/104, 14 Ra. 1332.

Second, the enactment of a new criminal code that codified the question of defendants' mental license supplemented asylum rolls with accused criminals awaiting examination and trial.

Another factor that contributed to overcrowding in Istanbul's asylum was that some patients were refused by their communal hospitals, and other communities did not have medical institutions for the internment of insane patients. Though the Greek and Armenian Orthodox communities had run their own medical establishments since the second quarter of the nineteenth century, on certain occasions Christian patients were also admitted to the central mental asylum. In March 1884, during Henry Burdett's visit to Toptaşı, there were thirty-five Christian and sixteen Jewish patients residing there.[58] Two years later, during an 1886 visit by the correspondent of the French *Journal des débats*, there were seventy Christian patients among a total of 620.[59] Because the Jewish community in Istanbul did not have an institution that could provide long-term care to the mentally afflicted, its members had to send their patients to the central mental asylum.

Though there are no detailed statistics concerning the Christian patients admitted to the central mental asylum, the numbers provided by Doctor Soitis of the Greek hospital (and published by Mongeri) suggest a similar upward trend in admission rates for the Christian communal hospitals in the period between 1857 and 1867.[60]

[58] Engstrom, *Clinical Psychiatry in Imperial Germany*, 19.

[59] "Turkish Hospitals at Constantinople," *Lancet* (28 August 1886): 426.

[60] Mongeri, *Notice statistique*, 34.

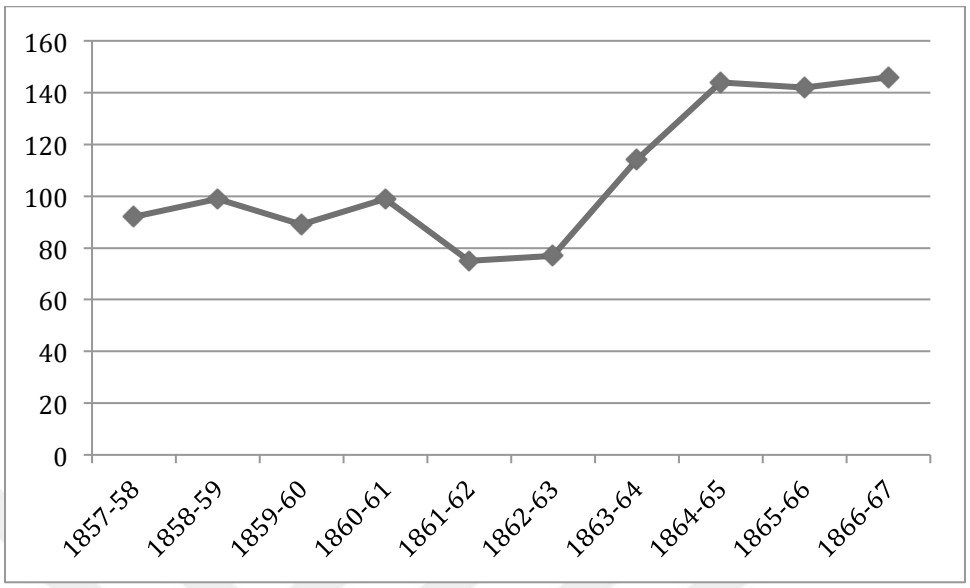


Figure 2: Total number of mental patients admitted to Greek Balıklı Hospital.
Luigi Mongeri, *Notice statistique*

The gradual increase in insane patients visible in the table probably led the hospital's Board of Trustees (Ephoria) to open a mental clinic within the confines of the general hospital. In April 1882 an independent ward was built for the mentally ill patients under the supervision of neuropsychiatrist Simonas Apostolidis.[61] The availability of mental-health services probably increased the demand for such services in the following years, and the number of male and female patients admitted to the clinic also increased gradually. It seems likely that families who had formerly provided home care handed over their uncontrollable and chronic patients to the wards that opened in the Christian communal hospitals (called *ispatilya*).

The various communications between the Ministry of Police, the Ministry of the Interior, the Municipality of Istanbul, and the asylum administration show that

[61] Constantinos Trompoukis and Spyros Marketos, "The Greek Orthodox Hospital of Yedikule (Balikli) in Istanbul: A Medical History during the Ottoman Empire," *Yeni Tip Tarihi Arastirmalari*, no. 5 (1999): 118.

overcrowding in the period under investigation plagued not only the empire's central mental asylum but also the Christian communal hospitals. Given the lack of government support, these institutions mostly relied on their own communal means and aids for the admission and treatment of unwell community members, including insane patients. For instance, by the 1890s the overcrowding in the Greek Orthodox hospital at Yedikule had reached such dramatic proportions[62] that its administrators had to refuse patients, turning them over to the police. Not only did patients from non-Muslim communities, such as the Greek Orthodox and Jewish *millets*, pose a challenge to their communal organizations, but these communities also contested basic policies of the imperial lunatic asylum, which was intended to administer and serve all the empire's subjects. The communal hospitals, also overcrowded and unable to accommodate increasing numbers of mentally afflicted, often sent their patients to the capital. But by the 1880s, the central asylum, now in the Toptaşı complex, was sheltering a patient population beyond its capacity; it frequently had to refuse patients from the *millets*. The patients who were returned to the police owing to the lack of space were often kept in the police department or in the General Prison (Hapishâne-i Umûmî) for a time, after which the police once again asked for their admission to the mental asylum. Under such circumstances, the Ministry of the Interior and the Municipality of Istanbul, in collaboration with the Ministry of Police, were forced to find an alternative solution to overcome the challenge of overcrowding.

In 1888 when a group of Greek Orthodox patients was refused by the asylum authorities because there was no space, the minister of police, Kâmil, penned a

[62] PMOA, DH. MKT., 1588/43, 25 Ca. 1306; PMOA, DH. MKT., 1579/7, 23 R. 1306.

memorandum addressing the Ministry of the Interior concerning the refusal of patients.[63] Kâmil wrote that though since "old times" (*min-el-kadîm*) the patients of the Orthodox Armenian and Greek *millets* had been treated in their communal hospitals (*ispatilya*), in recent years, because those institutions lacked the space for these patients, they were often released from or deserted by the hospitals, which in turn created problems in terms of public order and security. Furthermore, he pointed out that especially in the case of the Jewish *millet*, which did not have its own communal establishment to admit such patients, the central asylum's refusal to admit these patients might cause grave problems (such as fire); Kâmil demanded that appropriate steps be taken by the authorities.[64]

The reply memorandum from the Ministry of the Interior in collaboration with the Municipality of Istanbul, dated 23 January 1889, argued that since the central asylum was chiefly intended for the sheltering (*muhafaza*) and treatment (*tedavi*) of Muslim patients,[65] since the number of Muslim patients was increasing year by year, and since the asylum lacked the means (mattresses and space) to meet the increasing demand, it simply could not accommodate patients that belonged to the non-Muslim *millets*. The admission of the *millets*' patients would place an extra burden on the asylum's budget. The admission of non-Muslim patients, the ministry claimed, would only contribute to the already overcrowded and deteriorating conditions of current patients. Given all this, it

[63] PMOA, DH. MKT., 1588/43, 25 Ca. 1306.

[64] PMOA, DH. MKT., 1588/43, 25 Ca. 1306.

[65] Theoretically, the central mental asylum was to accommodate all patients irrespective of religion and ethnicity. But because there were also communal hospitals called *ispatilya*, a de facto segregation developed based on the communal license. The documentary evidence suggests that only when patients were not admitted or were rejected by their own communities' hospitals were they admitted to the central mental asylum.

would not be "absolutely proper" (*katiyen uygun olamayacağından*) to accept patients that belonged to the non-Muslim *millets*.[66] In the same communication, the government authorities indicated that the central mental asylum could admit only those culprits (*mücrimîn*) whose insanity had been determined by the Ministry of Medicine (Tıbbiye Nezâreti); for the rest, a solution that involved their treatment at the communal hospitals had to be procured.[67]

One year later, on 17 April 1889, a certain Mazalto, a Jewish woman from Hasköy, was brought to the police because of mental derangement, and her admission to the Toptaşı mental asylum was requested.[68] But she was refused by the asylum administration because of overcrowding. Consequently, Mazalto was handed over to the chief rabbinate, where she was confined. But when her illness intensified, her presence in the rabbinate was considered dangerous, and the chief rabbi again asked that she be admitted to the mental asylum. The asylum once again refused, and she was returned to the rabbinate.[69] Three years later, in another communication between the Ministry of the Interior and the municipality, the case of Mazalto was cited to underline the situation of Jewish patients, who did not have medical institutions for insane patients, as well as that of Greek Orthodox patients, who were refused by their communal hospitals because of a lack of space.[70] In 1892 an official communication from the Ministry of Police indicated

[66] PMOA, DH. MKT., 1588/43, 25 Ca. 1306.

[67] PMOA, DH. MKT., 1588/43, 25 Ca. 1306.

[68] PMOA, DH. MKT., 1619/37, 23 Ş. 1306.

[69] PMOA, DH. MKT., 1619/37, 23 Ş. 1306.

[70] PMOA, DH. MKT., 2015/118, 6 R. 1310.

that a total of twenty Greek Orthodox insane patients had been refused by the Greek hospital (*ispatilya*) because there was no room for them, and they were currently being kept in the basement of the infirmary at the General Prison.[71] The same communication demanded from the government either the admission of these patients to their community hospitals or their acceptance at the central mental asylum after its expansion. Following that, the mayor wrote a memorandum to the grand vizier noting that it would be impossible to accept Christian patients who were sent to the asylum owing to the facility's limited space, which was inadequate even for the existing patients; the mayor demanded a solution. Subsequently, the Council of State (Şûrâ-yı Devlet) called for preparations to expand the asylum. Since it would be a costly undertaking to construct a new asylum—the plan was to build one that could accommodate eight hundred patients—the mayor instead requested the extension of the existing building and the construction of a two-story building on the purchased site.[72]

Indeed, the overcrowding problem had not only communal dimensions but also legal ones; the new arrangements in the penal code, as argued above, exacerbated the overcrowding. A case from Salonica province, dated 30 June 1894, illustrates well this problem. On 27 May 1894, a certain İskender, chief physician of the provincial hospital, penned a letter addressing the provincial governor (*vali*) with respect to the insane patients and defendants who were refused admission to the empire's central mental

[71] PMOA, ŞD., 763/26, 10 C. 1310; Şehremaneti., 4/360; PMOA, DH. MKT., 2015/118, 6 R. 1310.

[72] PMOA, ŞD., 763/26, 10 C. 1310; Şehremaneti 4/360; PMOA, DH. MKT., 2015/118, 6 R. 1310.

asylum.[73] İskender described the usual procedures concerning admitting the insane and alleged criminals to the central asylum for shelter and medical examination, and he complained about the government's ban on the transfer of such persons to the capital, pointing out that in the province there existed neither an expert doctor nor institutions that could fulfill these needs.

The governor of the province, upon receiving İskender's letter, penned a memorandum to the Ministry of the Interior and sent it to İstanbul, enclosing İskender's letter. The governor's letter, besides bringing İskender's case to the attention of the imperial authorities, also outlined further details concerning the correspondence between the province (*vilayet*) and the capital with respect to the admission of mental patients. Accordingly, on 7 September 1893, in a telegram sent to the provinces, the Ministry of the Interior asked the authorities not to send Muslim and Christian patients to the capital but instead to see that they were treated locally. The governor's memorandum shows that while the provinces were able to avoid sending to Istanbul patients and criminals waiting for medical examination for a time, they were eventually forced to ask that patients be admitted to the central mental asylum (at that time, Toptaşı). The province of Salonica sent a telegram to the Ministry of the Interior asking whether insane patients were being received. The reply indicated that Toptaşı could not admit patients for the moment; after corresponding with surrounding areas (*civar*), the governor of Salonica sent another telegram to the Ministry of the Interior and received another reply on 13 May 1894, also stating that no new insane patients were being admitted the mental asylum.[74] Trapped

[73] PMOA, DH. MKT., 253/30, 26 Z. 1311.

[74] PMOA, DH. MKT., 253/30, 26 Z. 1311.

between mental patients who needed treatment, on one hand, and criminals awaiting medical examination—who, he said, were pretending to be mentally ill (*kıllet-i şuûr*: lit., "lack of consciousness")—the governor sent all the documents and correspondence to the Ministry of the Interior for further consideration.[75]

As these exchanges suggest, the various institutional reforms and legal arrangements that had been sought in order to improve conditions for the insane were contributing by the 1890s to the lack of adequate accommodations both in the capital and in the provinces, building up in the second quarter of the nineteenth century to an administrative crisis.

Measures to relieve the overcrowding in Toptaşı

The overcrowding (*izdihâm*) problem, which was repeatedly mentioned in official correspondence, began to occupy the agenda of the authorities at a level almost analogous to the establishment of the Süleymaniye as the empire's mental asylum. According to the statistical tables, a total of 125 men and women were residing at the hospital in 1857. And in 1858—that is, immediately after Mongeri's appointment—a typhus outbreak at the Süleymaniye mental asylum had killed several patients. Mongeri related the epidemic to factors such as limited physical space, poor ventilation, malnutrition, and—more important—to the overcrowding, a problem even then, that resulted from packing numerous patients into inadequate space.[76] In spite of certain legislative and physical measures that aimed to control the flow of patients and to extend the asylum's physical

---

[75] PMOA, DH. MKT., 253/30, 26 Z. 1311.

[76] Luigi Mongeri, "Quelques considérations sur une épidemie typhus observée dans un asyle d'aliénés à Constantinople," *Gazette médicale d'Orient*, no. 3 (1858).

space, overcrowding became a chronic problem for the government and asylum authorities in the subsequent decades. By the 1890s, authorities were spending almost all their time and energy on alleviating the overcrowding at the Toptaşı mental asylum; most of the correspondence available in the Ottoman Archives relates to measures countering this problem.

The government employed all the means and measures at its disposal. It extended the asylum's physical space to accommodate more patients, renovated the provincial medical facilities, and issued a ban on the transfer of patients to the central mental asylum. Communications between governmental departments provide evidence that the authorities sought to overcome the overcrowding at the asylum chiefly by increasing the asylum's physical capacity. Moreover, in order to prevent further overcrowding in the capital, the government tried to extend and institutionalize the local treatment of mental patients. To this end, general hospitals located in major centers like Manisa and Damascus were either renovated or expanded to accommodate insane patients in their localities and surrounding areas.

The extension of the central asylum's physical capacity was one of the most feasible solutions that the authorities initiated to relieve the pressure of overcrowding. As early as 1861, the asylum administration in a memorandum addressing the Ministry of Medicine had requested such expansion because of bloated patient numbers.[77] In 1873, when overcrowding and poor sanitation resulted in a cholera outbreak in Süleymaniye, the asylum administration used it as opportune movement to propose that the government mandate the transfer of patients to a more spacious building on the Asian side of the city.

[77] PMOA, İ. MVL., 25 B. 1278.

This building, the Toptaşı, though larger than Süleymaniye, could accommodate a patient population of only 100–150. It was evident that Toptaşı could not hold the endless flow of patients from the provinces and from communal hospitals for treatment or medical observation any more than Süleymaniye could.

On 31 October 1887, the Ministry of the Interior demanded the appointment of a new doctor, who would receive a salary of 1,000 *kuruş* a month, and ordered a 100-*kuruş* increase in the salaries of the asylum's existing doctors, Avni and Ahmed Beys.[78] This move was meant, on one hand, to improve working conditions for the asylum's medical staff and, on the other hand, to increase its capacity to treat patients. However, since the asylum was located in a populous area and was surrounded with residential buildings, the problem of space remained: there was not enough vacant land for constructing new buildings. Having few options, the government sought to integrate existing buildings in the area or to purchase private property that could be modified so as to extend asylum space beyond the original Toptaşı complex. In 1887 the Council of State ordered that additional space in the women's section be constructed under the supervision of chief architect Mehmed Efendi, which was commissioned to a certain Petraki Efendi from Beşiktaş.[79] In another official document dated 1888, the Ministry of the Interior asked the Ministry of Pious Foundations (Evkaf Nezâreti) to surrender the soup kitchen next to the mental asylum to accommodate further expansion.[80] But the Ministry of Pious

[78] PMOA, İ. DH., 1056/82907, 13 S. 1305.

[79] PMOA, İ. ŞD., 4993/84, 2 Ca. 1304.

[80] PMOA, DH. MKT., 1280/69, 12 Ca. 1305.

Foundations rejected this idea.[81] Blocked on this front, the Ministry of the Interior[82] purchased a nearby house and garden that belonged to a certain Kemal Bey, and preparations for a two-story stone building were inaugurated.[83] Yet these measures to extend the asylum's space, the official correspondence shows, were ultimately not realized because the government encountered difficulty in finding money for the project. In a letter the Municipal Assembly (Şehremâneti Meclisi) informed the mayor that construction had been postponed for lack of the 690,300 *kuruş* that the Ministry of Finance was slated to pay to the Municipality of Istanbul.[84]

Paralleling its measures to increase the capacity of the central mental asylum, the government also undertook to extend the capacity of provincial medical establishments. Since the central government could not afford to divert resources for the erection of new regional asylums, it sought to reform and renovate existing general hospitals (*dârüşşifâs*) for the shelter and treatment of mental patients in the provinces. Some of these general hospitals, like the one in Damascus, predated even the Ottoman period. Although the 1876 regulation and subsequent legislation foresaw the creation of regional mental asylums, authorities soon realized that given the empire's economic straits, this was not a feasible option. The government was unable to finance the extension of its central mental asylum, let alone the creation of provincial institutions. Nevertheless, the existence of

[81] PMOA, DH. MKT., 1280/69, 12 Ca. 1305.

[82] In a memorandum addressing the Municipality of Istanbul, the Ministry of the Interior indicated, in accordance with the communication with the Prime Ministry (Sadaret), that it was impossible to evacuate the soup kitchen (*imâret*) and allow its merger with the mental asylum because services that the facility provided (such as the delivery of bread and other food) from the imaret would not be provided in another place. PMOA, DH. MKT., 1883/8, 23 Ra. 1309.

[83] PMOA, ŞD., 763/ 26, 10 C. 1310; Şehremaneti 4/630.

[84] PMOA, DH. MKT., 19/37, 27 Za. 1310.

general hospitals in main provincial centers represented a good opportunity in the form of basic infrastructure, and updating them required less-costly endeavors in the form of repairs, renovations, and expansion to increase their patient capacity. This, in turn, would stem the tide of patient transfers to the capital for treatment and medical observation.

The communications between the central and provincial governments suggest that preparations for the repair and expansion of the regional medical facilities began immediately after the problem of overcrowding in the central lunatic asylum became a palpable phenomenon. One exchange between the Ministry of the Interior and the Ministry of Finance (Maliye Nezâreti) reveals that a plan was prepared to "repair" and "reform" the mental asylum in Manisa province.[85] A letter submitted by Aydın province's administrative council (Aydın Vilayeti İdare Meclisi), dated 5 September 1891, calculated the construction and expansion costs for the lunatic asylum in Manisa as 125,785 *kuruş*.[86] Still another communication states that an amount of 50,000 *kuruş* was spent on expanding the asylum in Damascus.[87]

By 1893 the overcrowding in the asylum and the General Prison had reached such grave proportions that the Ministry of the Interior sent a telegram to the provinces prohibiting the transfer of Muslim and Christian patients to the lunatic asylum, calling for their treatment locally until the overcrowding had subsided.[88] Administrative measures were also part of the government's strategic measures—especially with the 1893 cholera

[85] PMOA, DH. MKT., 1807/24, 1 B. 1308.

[86] PMOA, DH. MKT., 1897/11, 13 Ra. 1309.

[87] PMOA, DH. MKT., 2061/78, 23 Ş. 1310.

[88] PMOA, DH. MKT., 253/30, 26 Z. 1311.

epidemic at Toptaşı asylum—to control the transfer of patients. To this end, the Ministry of the Interior sent directives to the provinces banning the transfer of all mental patients to the central lunatic asylum and ordering that they be cared for locally. However, while in some provinces (e.g., Salonica and Kastamonu), these directives were implemented for a time without problems, they eventually created overcrowding in the provincial institutions as well. There simply was neither space to accommodate the insane locally nor trained medical personnel who could treat such patients. For instance, in the province of Kastamonu, the local authorities implemented the Ministry of the Interior's directives, but increasing numbers of lunatics and the impossibility of treating them locally demanded either the transfer of these patients to the central lunatic asylum or the allocation of funds to the province to construct a dedicated asylum there that could accommodate such patients.[89] The transfer ban in the case of Salonica, as attested in the letter penned by medical authorities there, had created similar challenges: the lack of institutions to hold mental patients and alleged criminals awaiting medical examinations necessitated their immediate acceptance at the central lunatic asylum.[90]

Avram de Castro and the 1893 cholera epidemic

In 1893 the overcrowding at the Toptaşı mental asylum, coupled with poor sanitary conditions, as described by Ali Enver, culminated in the death of several patients. The government, in order to prevent the cholera's spread established a sanitary cordon around the asylum to prevent further communication of the epidemic. More

[89] PMOA, BEO., 444/33249, 24 M. 1312.

[90] PMOA, DH. MKT., 253/30, 26 Z. 1311.

drastic measures, such as the transportation of patients to a location outside the city and the establishment of a brand new mental asylum designed according to European models,[91] were also considered in the early days of the epidemic and in its aftermath. The disastrous results of the epidemic in the asylum, explained in the following pages, in the long run contributed to speculations concerning the asylum's efficacy, and these criticisms targeted Avram de Castro, by now its chief physician (Mongeri died in 1882), ultimately leading to de Castro's dismissal in 1908.

Avram de Castro's tenure in Toptaşı overlapped with the chronic problem of overcrowding, with the constant struggle to accommodate increasing numbers of patients, and with the cholera epidemic of 1893. As previously mentioned, because of economic difficulties the imperial government had been forced to declare bankruptcy in 1881 and to put its finances under the management of the Public Debt Administration; unable to procure from the empire's provinces the finances needed to establish a new mental facility, the central asylum could not accommodate patients or provide them with decent living conditions. Politically, de Castro's tenure[92] as the asylum's chief physician coincided with the authoritarian rule of Abdülhamid II (r. 1876–1909). The removal of Sultan Murat V[93] (facilitated by a medical report signed by Mongeri and de Castro, as

[91] A detailed account of the proposed asylum model and its architectural features is provided in the following chapter.

[92] Avram de Castro was honored with the rank *saniye sınıf-ı sanisi*, and in 1884 he was decorated with the third class *Mecidi* order because of his expertise. PMOA, İ. DH., 69575/871, 9 S. 1300; PMOA, İ. DH., 928/735410 10 Z. 1301; PMOA, Y. PRK. SGE., 2/29, 27 Ra. 1301.

[93] Murad V replaced Sultan Abdülaziz, who was also said to be insane (and who later allegedly committed suicide). For the medical report of Murad V's treatment and medical report, see İsmail Hakkı Uzunçarşılı, "Beşinci Sultan Murad'ın Tedavisine ve Ölümüne Ait Rapor ve Mektuplar," *Belleten* 10, nos. 37, 38, 39, 40 (1946): 317–367. One of Murad V's concubines, Filizten, provided a detailed account of Murad's illness and subsequent treatment at the palace by Doctors

well as by other doctors) and his succession by his brother, Abdülhamid II, contributed to speculation about Castro among the liberal political opposition that had supported Murat V. Thus, de Castro and the institution he headed—that is, Toptaşı—became targets of the political opposition, on one hand, and an emblem of Abdülhamid's authoritarianism, on the other.[94] Abdülhamid II's unpopularity and the growing speculations around Toptaşı in the late nineteenth century and the first decade of the twentieth were especially prevalent among the Young Turks, which would be become the ruling political party

---

Capoleone and Mongeri, who were summoned by the reigning Sultan Abdülhamid II to treat his brother. Douglas Scott Brookes, ed., *The Concubine, the Princess, and the Teacher: Voices from the Ottoman Harem* (Austin: University of Texas Press, 2010), 41–55.

[94] According to Mazhar Osman, considered the founding father of Ottoman/Turkish psychiatry in the early Republican period in the mainstream historiography of medicine, because Murad V had been removed from power owing to mental incapacity to rule, Abdülhamid II banned the use of words such as *deli* and *mecnûn* (insane) in official communications and the popular press, for they reminded him of his brother's dethronement—and that a cure for Murad's illness might legitimize his reaccession to the throne. Under Abdülhamid II, the Toptaşı mental asylum was closed to the public (reputedly because of the miserable conditions that prevailed there), and even foreign medical professionals like the prominent German psychiatrist Emile Kraepelin (1856–1927) could not obtain permission to visit. All this only contributed to speculation in the popular press that the asylum was being used to lock up political opponents. Following the Young Turk Revolution on 24 July 1908, newspapers such as *İkdâm* called on the authorities to inspect the asylum to discover whether this was in fact the case; a certain correspondent, Ali Seydi of the *Tanîn* newspaper—a mouthpiece of the ruling Union and Progress Party—visited Toptaşı and did not meet any political opponents or sane individuals who were being illegally detained. Mazhar Osman Usman, *Tababet-i Ruhiye* (Istanbul: Kader Matbaası, 1941), 61–62; Ali Seydi, "Tımarhaneyi Ziyaret," *Tanîn*, 12 August 1908; "Hayırhahane Bir Ihtar," *İkdâm*, 1 August 1908. Murad V's concubine Filizten related Sultan Abdülhamid II's concerns about his brother's health and his uneasiness, especially regarding his possible recovery: "At that point the gates of Çırağan Palace had not yet been closed, so admirers and supporters of our master were coming to the palace in great numbers and extending their felicitations to the Lady Mother by saying, 'What good news, our Prince has completely recovered.' … Needless to say, this sort of talk caused consternation to Sultan Hamid as well as to his government ministers. One day aides-de-camp came over from Dolmabahçe Palace and took Dr. Capoleone away, which caused all sorts of alarm in our palace by the way he was led off so precipitously. The Lady Mother was particularly anxious for his return, and once he finally came back, summoned the doctor to her apartments for questioning. He told her that they took him straightaway to the palace and ushered him right into Sultan Hamid's presence without his speaking with anyone else at all. The imperial son-in-law Mahmud Pasha and Midhat Pasha were present. Sultan Hamid exchanged many pleasantries with him, and then, with a smile on his face, began to question him." Brookes, *The Concubine, the Princess, and the Teacher*, 54.

following the Young Turk Revolution in 1908. De Castro's allegedly close connections to the Hamidian regime and the disrepute of Toptaşı among the intelligentsia had made him an untrustworthy person.

As I explain later, the prevalent dislike of Castro and the speculations about Toptaşı represented the culmination of the government's failure to both improve conditions for insane patients and to reform the institution. The high death rate during the 1893 cholera outbreak further contributed to Toptaşı's disrepute. In the popular press and literature, the name of Toptaşı came to be associated with the Bastille, that symbol of French monarchical oppression where most of the patients, according to Mazhar Osman, "were thought to be political prisoners."[95] In the novel *İsyân* (Rebellion)[96] the protagonist, Doctor Vedat, contrasts Toptaşı with the French La Paix[97] hospital, founded in Istanbul during the Crimean War (1853–1856); the very name La Paix calls to mind order, cleanliness, peace, and harmony, whereas Toptaşı in this novel is characterized by beating, torture, oppression, and misery.[98] Doctor Vedat describes the horrible scenes that he observes in Toptaşı as follows:

> There is no room (*mevki'*) for the patients there. Like sheep put into a fold, the poor insane—quiet, aggressive, or thoughtful (*müteffekkir*)—were entangled with one another. The sole punishment for laughing loudly [or] sobbing was beating …

[95] Mazhar Osman Uzman, "Bakırköy Emrazı Akliye ve Asabiye Hastanesi," in *Bakırköy'de 50 Yıl* (Istanbul: Bakırköy Ruh ve Sinir Hastalıkları Hastanesi, n.d.), 79–82.

[96] Mehmed Celâl, *İsyân* (Dersaadet [Istanbul]: Meşrutiyet Matbaası, 1910).

[97] For a short account of the history of La Paix and the psychiatric services provided there by Şahap Erkoç, see Rinaldo Marmara, *Osmanlı Hoşgörüsünün Tanığı: A Testament to Ottoman Tolerance; Lape (La Paix) Hastanesi, 1858–2008* (İstanbul: Büyükşehir Belediyesi, 2009).

[98] Osman Gündüz, *Meşrutiyet Romanında Yapı ve Tema* (İstanbul: Milli Eğitim Basımevi, 1997), 1:225.

> Tobacco butts [and] breadcrumbs [were scattered everywhere]. Apart from this, excessive filthiness had turned this place into an irrevocable hovel. If Europeans would like to visit this place—who were accustomed to our locality …—all sorts of obstacles were thrown up, and this calamity would not be shown to anyone other than us.[99]

This and other descriptions fictional or not, circulated among the public, painting a very dark picture of Toptaşı and its inmates and culminating in Castro's dismissal after the 1908 Revolution; he was replaced by Avni Bey, a Unionist doctor and a long-time physician at Toptaşı. But this negative image of Toptaşı itself, which to a great extent was based on political propaganda disseminated by the sultan's opponents to discredit Abdülhamid II in the eyes of the public, was the culmination of a long process of compounding complications: overcrowding, poor sanitation, and disease—the 1893 cholera epidemic resulted in the loss of nearly one-fourth of the asylum population. All these factors hurt Toptaşı's image, and as its chief physician Castro was made a scapegoat and persona non grata by the political opposition.

In the years between 1893 and 1895, two cholera outbreaks occurred in Istanbul. The first, which resulted in such heavy losses at the asylum, was referred to as the "great cholera epidemic" and occurred between 24 August 1893 and 26 April 1894. On 24 August 1893, following the appearance of the first cholera case in Hasköy, other cases followed in the Beykoz, Yeniköy, Galata, and Üsküdar districts of Istanbul.[100]

---

[99] Celâl, *İsyân*, 89.

[100] For a more detailed account of the 1893–1894 cholera epidemic in the Ottoman Empire in general and in Istanbul in particular, see Mesut Ayar, *Osmanlı Devleti'nde Kolera: İstanbul Örneği (1892–1895)* (İstanbul: Kitabevi, 2007).

The first cholera victim was a certain Habibe Sünbül Hanım, the wife of Ahmet Efendi, a civil servant at the Feshâne-i Amire (fez factory), from Hasköy.[101] However, medical authorities initially failed to identify the illness as cholera, wrongly diagnosing the patient with intestinal disease. Only an Armenian doctor from the Sixth Municipality, Ayvazyan Efendi, correctly identified the cause of Habibe Sünbül Hanım's death as cholera. Despite this correct diagnosis, the majority of doctors on the medical committee (*heyet*) declared that it was not cholera, so the sanitary cordon that had initially been placed around the house of Habibe Hanım was removed once the residence had been disinfected.[102]

A day after Habibe Hanım's death, a student from Kuleli Askeri İdadi School suddenly fell ill with vomiting and diarrhea and died within twenty-four hours. Viewing the student's death as suspicious, a council (*heyet*) from Daire-i Askeriye (Office of Armed Forces) investigated the case. Yet again, the council failed to diagnose cholera and subsequently lifted the precautionary sanitary cordon.[103] Authorities were alarmed when other cases in the Galata district and the mental asylum followed. On 28 August 1893, a certain Kristina died in Galata, and a day later another resident of the same building, Meryem Hanım, also died. In all, during this "great cholera epidemic," according to the numbers provided by the Ottoman authorities, a total of 349 cases and

[101] Ayar, *Osmanlı Devletinde Kolera*, 2007, 148.

[102] Ibid., 148.

[103] Ayar, *Osmanlı Devletinde Kolera*, 2007, 148–149.

208 deaths occurred. And almost one-third of those cases occurred in the Üsküdar district of Istanbul, where the mental asylum was located.[104]

Given conditions at the asylum, discussed in previous chapters, this outbreak was not a coincidence. By 1886, according to numbers the British Medical Journal *Lancet* published based on the observations of the *Journal des débats*' Istanbul correspondent, the mortality at the asylum was about 14 percent, and by the time the correspondent visited the facility, "there were no fewer than 70 patients in the infirmary suffering from intestinal complaints."[105] These observations become more tangible read against the personal experiences of Ali Enver, the former resident of the mental asylum who penned a letter to the authorities describing the patients' conditions. His observations from inside provide not only a unique glimpse of the personal experiences of a patient but also a rare perspective on an institution, its conditions, and its residents. But before delving into Ali Enver's observations, I first provide a short history of his case and how he had come to be a patient in the mental asylum.

Ali Enver was originally a Dagestani émigré from the Caucasus who went to Istanbul with his family during the 1870s to continue his studies.[106] His father died following his arrival, and his mother, brothers, and sisters remained there.[107] After his arrival, Ali Enver registered at the Kuyucu Murad Paşa Medresesi, a Muslim theological school located in the Vezneciler district, and rented a small room for a short time.

[104] Great Britain Medical Department, *Annual Report of the Medical Officer: Supplement to the Annual Report of the Local Government Board*, 1903.

[105] "Turkish Hospitals at Constantinople," 426.

[106] PMOA, Y. PRK. ZB, 116/11; PMOA, Y.PRK.BŞK, 23/113.

[107] PMOA, Y. PRK. ZB, 116/11.

Following that, with the help of a certain İshak Hoca, to whom another person had introduced him, Ali Enver was hired as a private tutor to the son of the deceased Kâni Paşa. He lived in Kâni Paşa's mansion for three years, and during that time he attended lectures at Beyazıd Mosque given by a *derviş* from Kayseri called Ali Rıza Efendi. After leaving Kâni Paşa's mansion, Ali Enver started tutoring the children of a certain Kadri Paşa; he stayed there for three years, also attending religious courses at the mosque and the Male Teachers College (Dârulmuallimîn).[108] Following the appointment of Kadri Paşa to Baghdad, Ali Enver left the paşa's household to take up a teaching position at Kanlıca Secondary School, on the Anatolian side of the city. However, his position at Kanlıca did not last long, and with the coming of immigrants (*muhâcirîn*), probably because of the Ottoman-Russian War of 1877, the school was first closed and then abolished.[109] Having no position and thus no source of income, Ali Enver sought a livelihood teaching here and there until he was appointed to teach at Mahmudiye Secondary School (Mahmudiye Mekteb-i Rüştiyesi) in Aksaray and was made an education inspector (maârif müfettişi).[110]

It was at this stage that the events that eventually led to his confinement in the mental asylum started: "It was approximately five years ago that I was appointed to the inspectorate of education. Since that time I have always reported any misdeeds to the Ministry of Education and to the presidency of the council of education. My memorandums were sometimes forwarded to the council [Meclis-i Maârif], to the

[108] PMOA, Y. PRK. ZB, 116/11.

[109] PMOA, Y. PRK. ZB, 116/11.

[110] PMOA, Y. PRK. ZB, 116/11.

Administration of High Schools (Mekâtib-i Âlî), or to that of the Junior High Schools. These directors besides implementing my memorandums showed hostility toward me."[111] Ali Enver's account gives a long list of his potential foes: director of high schools Aziz, director of junior high schools Abdüllatif, inspector of education Rasih, chief accountant of high schools Rıfat, registrar Agâh, registrar of the Ministry of Education Galip, the director of high schools (*mekâtib-i idadiye*) Şükrü, chief accountant Mustafa Reşit, accountant Recep, director of the literary college (*medrese-i edebiye*) Hamdi, and director of elementary high schools Hakkı Efendi. Ali Enver claimed that these people harbored animosity against him because he had submitted memorandums about them to the Ministry of Education. He was even, he says, twice dismissed from the inspectorship of junior high schools because of the circular by these school directors, and his own inspectorate was restricted to high schools. He cites the names Abdüllatif and Rasih Efendis in connection with that demotion, adding that despite the efforts of these individuals, the Ministry of Education and the council of education in case of need sent him to inspect junior high schools.

Ali Enver's case suggest that personal grievances, the products of bureaucratic competition for professional elevation and promotion, has escalated into a open conflict and rivalry in which the respective parties accused each other of bribery, misconduct and insanity. Ali Enver responded to the accusations of his foes in the ministry with equal severity in the proposal that he submitted to the Ministry of Education later, after his discharge from mental asylum. He argued that a secret society (*cemiyet-i şekavet ve cinayet*) under the leadership of Aziz Efendi had been formed at the center of caliphate

[111] PMOA, Y. PRK. ZB, 116/11.

(*makarr-ı hilâfet*) in order to obtain illegal benefits.[112] This secret society, he claimed, not only consisted of employees of the Ministry of Education but was also in cahoots with a group of thieves and duffers in the police department and the judiciary. Thanks to his attention and fifteen years of experience in the office, he had uncovered the misdeeds of the society and managed to bring to light many of these evil acts.[113] Furthermore, Ali Enver claimed, he had acted with the sincere intention of saving public morality and educational affairs (*umûr-ı maârif)* from this grave danger. He argued that the cases opened against this society had been dismissed since it had collaborators within the Ministries of Police and Justice.[114] He listed the aforementioned educational administrators among the members of this secret network, its representatives in the Ministry of Education.[115]

It is difficult to substantiate Ali Enver's claims concerning the existence of a secret society, but it seems probable that rivalries between various factions within the Ministry of Education precipitated his denunciation by his colleagues from the Ministry of Education and interrogation by the police. Ali Enver said that because his rivals could not succed in pacifying him, "with the encourahment and organization of Aziz Bey, a document was prepared concerning my insanity (*muhtell'üş-şuûr*) and submitted to the

[112] PMOA, Y. PRK. ZB, 116/11.

[113] PMOA, Y. PRK. ZB, 116/11.

[114] PMOA, Y. PRK. BŞK, 23/113.

[115] PMOA, Y. PRK. BŞK, 23/113.

Ministry of Police. Your humble servant was sent to the mental asylum for medical examination, and I have sojourned here for two months."[116]

On 27 May 1891, in response to the petition of his collegues alleging Ali Enver's insanity, probably after a preliminary medical examination conducted at the police department, he was sent to Toptaşı, the empire's central mental asylum, for a definitive examination into his mental state.[117] In all, Ali Enver spent two months at the mental facility, where he had the chance to closely observe the asylum itself, its inmates, and the attendants. And during the medical examination, asylum doctors found no evidence of mental derangement. On 28 July 1891, a memorandum from the Ministry of Interior addressed to the Ministry of Police discharged Ali Enver from the mental asylum on condition that a guarantor be procured (either a family member or a neighbor).[118] On 25 September 1893—that is, almost two weeks after the 1893 cholera outbreak began in the mental asylum—having read sad stories about the asylum in the newspapers, Ali Enver submitted a letter to the authorities describing the conditions at Toptaşı that he observed while there.

This letter, again, is a unique example of an inside perspective. Comprising two pages and twelve articles, Ali Enver's missive describes the conditions that had resulted in the cholera epidemic, as well as various malpractices perpetrated by asylum attendees. But first and foremost, the letter underlines the lack of attention paid to the hygiene and nutrition of the patients at the lunatic asylum.

---

[116] PMOA, Y. PRK. ZB, 116/11.

[117] PMOA, Y. PRK. BŞK, 23/113.

[118] PMOA, DH. MKT, 1853/84, 22 Z. 1308; PMOA, Y. PRK. BŞK., 23/113.

> It is a common duty of the attendants to take the insane to the bath (*hamam*) and to clean and shave them once a month. But they in no way pay proper attention to this task. They [attendants] would pour a bowl of water on each patient and immediately take them outside. Since they were not careful and shaved all the patients with the same razor, they caused skin infections (*emrâz-ı cildiye*) and other diseases among the patients.[119]

The letter goes on:

> For six or seven hundred insane, asylum officials, and wardens, two or three cooks are recruited from among the asylum attendants, and these reserve the best part of the food for the civil servants (*me'mûrin*) and attendants; since they do not take care in the preparation of food for the insane, it was mostly [impossible to eat].[120]

According Ali Enver, the copper utensils used to distribute food to the patients were "copperless," and the process of cleaning these utensils consisted of submerging them in hot water once—"let alone eating food in [the dishes]; one would be disgusted to see them."[121] He wrote: "Since no bowl (*tas*) or mug (*maşraba*) exists by the fountain to drink water from, the insane are obliged to drink water by placing their mouths on the tap. And at night [they] use the [same] mug both to drink water and to [wash themselves after using] the toilet from the water buckets placed there."[122] Finally, "when the waters of the fountains inside the mental asylum became dry in summer, the running faucets of the fountains [in the neighborhood] would be closed, and the dirty and contaminated

[119] PMOA, Y. PRK. SH, 5/39, 29 Z. 1312.

[120] PMOA, Y. PRK. SH, 5/39, 29 Z. 1312.

[121] PMOA, Y. PRK. SH, 5/39, 29 Z. 1312.

[122] PMOA, Y. PRK. SH, 5/39, 29 Z. 1312.

water that collected contained a couple hundred *okka*."[123] The water collected in the faucets was transferred in barrels from the fountains, Ali Enver explained, to the asylum; this was drinking water for the patients, who were made to use mugs that were attached to these barrels.[124]

These miserable conditions led to the summer 1893 cholera outbreak in the Toptaşı mental asylum, which was packed with patients at the time. Thanks to Ali Enver's letter and a report prepared by the asylum's chief physician, Avram de Castro, it is possible to track the daily course of the epidemic in the institution, accounting for deaths, recoveries, and the victims' names, as well as the medical measures that were applied. Moreover, communications between various governmental departments attest the various administrative measures initiated by the government.

At the time when cholera struck the mental asylum, it was hosting a population of 500–550 patients from different ethnic and religious backgrounds. With the asylum staff, the attendants, civil personnel, and doctors the number of residents reached a total of six hundred. The patient list prepared by de Castro also provides interesting details concerning patient profiles and the factors that contributed to the chronic overcrowding. Of the total 112 patients who fell ill during the cholera epidemic, twelve belonged to the Christian and Jewish *millets*. That is, only 10 percent of the patients who fell ill during the epidemic had come from non-Muslim communities. And of thirteen non-Muslim patients, eight were Jewish, and four belonged to Greek or Armenian Orthodox *millets*. The high percentage of Jewish patients suggests that the Jewish *millet* often sent patients

[123] An *okka* is a measure of weight equal to 1,283 grams.

[124] PMOA, Y. PRK. SH, 5/39, 29 Z. 1312.

to the central lunatic asylum; as already observed, the Jewish community did not have its own medical facilities. In contrast, it seems that Christian *millets* sent patients to the central asylum only when they lacked space to accommodate them in their own medical institutions. The majority of the asylum's cholera victims belonged to the Muslim *millet*. The patients' nicknames—such as Kıbti (gypsy), Arnavut (Albanian), Rusçuklu (from Ruse), Midillili (from Lesvos), Kürt (Kurdish), Circassian (Çerkes), İranlı (Iranian), Zenci (black), Sofyalı (Sophian), Köstenceli (from Constanta), and so on—also indicate that the asylum received patients from other provinces, whether for treatment or for other purposes. And only twelve of the 112 patients who fell ill were female.

On the night of 29 August 1893—that is, five days after the first cholera case in the Hasköy district—a certain Lala Ferhat Ağa, who had been admitted to the asylum on 5 February 1893, fell ill; he died on 31 August 1893. This first case was followed by two others on 31 August; patients named Bahattin and Mehmet, admitted in 1889, fell ill. Bahattin died the same night and Mehmet the next day, on Friday at noon.[125] The epidemic in the asylum intensified during the first days of September; on September 1, three patients (Arnavut Selim, Recep, and Ahmet) fell ill; following the death of Arnavut Selim on 1 September 1893, Recep and Ahmet died the next day. On 2 September 1893, six more patients fell ill, and all died.[126]

[125] PMOA, Y. MTV., 83/72, 7 Ra. 131; PMOA, Y. A. HUS., 279/150, 22 S. 1311.

[126] PMOA, Y. MTV., 83/72, 7 Ra. 1311.

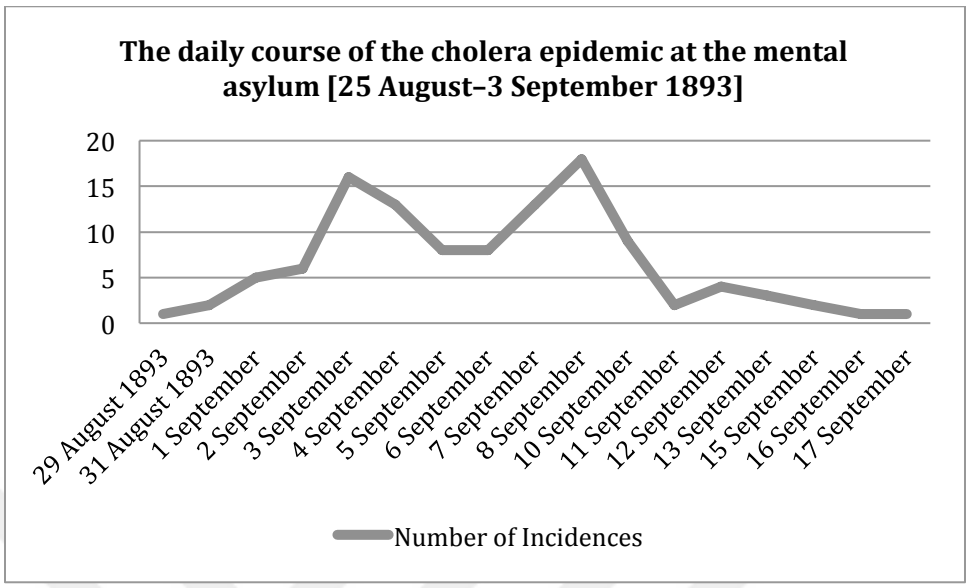


Figure 3: The daily course of the cholera epidemic at the mental asylum [25 August—3 September 1893]

The course of the epidemic at the mental asylum in the first few days—that is, from its appearance in the asylum on 29 August until 2 September 1893—was a deadly experience for the patients. Almost all those who fell in those first days died. Following a decrease in the number of cases after September 4, on September 7 and 8 another increase was observed. After that, probably because of the medical measures the Sanitary Commission (Meclis-i Sıhhiyye) imposed in collaboration with asylum doctors, the illness was suppressed, and the number of cases began to decrease gradually.

Why did the epidemic have deadly consequences for the patients in the asylum? Apart from the unsanitary conditions in which the patients were living, the epidemic had caught the asylum administration unprepared. As cholera cases in other parts of the city demonstrate, the medical authorities were not experienced enough to correctly diagnose cholera. A week after the epidemic appeared in the asylum, medical authorities were still not capable of identifying the type and source of the disease. In the official

communications between the Sanitary Commission and other governmental departments, the illness was dubbed a *şüpheli hastalık* (suspicious disease). This uncertainty postponed the implementation of medical measures that could have suppressed its spread. The medical intervention implemented by the asylum doctors during the first days of the epidemic had been subject to criticism as well. Doctor Muhtar Celalettin, a graduate of Military Medical School (Askeri Tıbbiyye), in the midst of the crisis had submitted a memorandum and two proposals to Abdülhamid II himself concerning the suppression of the epidemic in general and in the mental asylum in particular. Celalettin was highly critical of the medical practices implemented by asylum doctors. Among other things, he claimed that boiled water, which should have been distributed to healthy patients, was made available only to the infected patients. Further, he wrote, asylum attendants were incapable of implementing the necessary measures.[127]

Given the lack of information about suppressing the disease, limited expertise, and—more important—inexperienced staff to implement it, the asylum administration had taken a practical course by isolating healthy patients from the stricken ones to prevent the further communication of the illness among the inmates. Following the outbreak, healthy patients were placed in the cage (*kafes*) located in the courtyard that was used for drying laundry. Later, since the cage could not accommodate the patients, they were transferred to the Dârulhadîs—a school where the traditions of Islam are taught—section of the complex, which was located on the top floors. But because there was no place to move the women patients, those were stricken were kept in the regular ward. All those who fell ill were administered syrups and other drugs as part of medical

[127] PMOA, A. MKT. MHM., 591/5, 22 S. 1311.

therapy. Between 19 August and 17 September 1893, a total of 112 insane patients fell ill; of these seventy-eight patients died, and thirty-four were restored to health.[128]

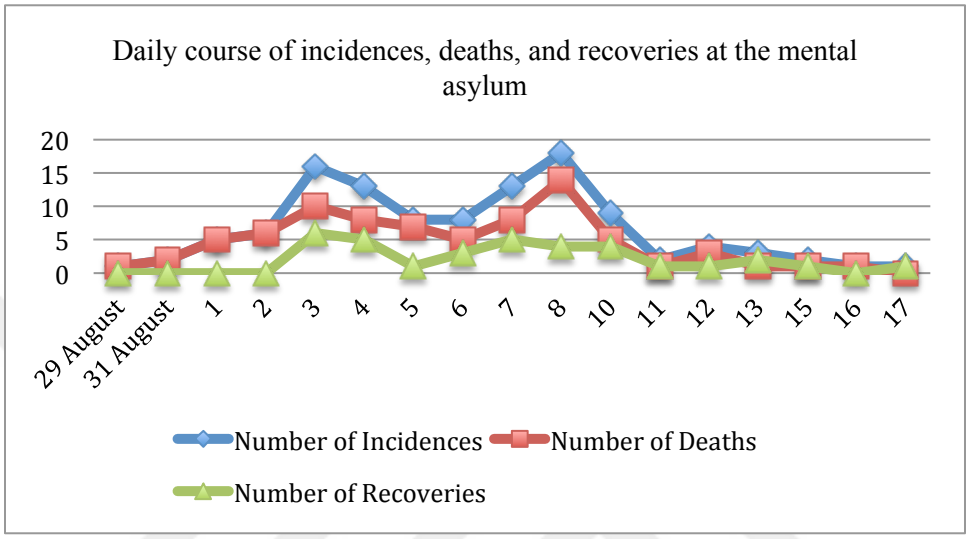


Figure 4: Daily course of incidences, deaths, and recoveries at the mental asylum

The epidemic was a deadly experience for the asylum staff, as well, especially the attendants. On 8 September, an attendant named Niğdeli Mehmet fell ill; he died on 10 September. Another attendants, Ömer from Kayseri, also fell ill on the eighth and died the next day.[129] On 3 September, because of the increasing workload after the appearance of the illness, asylum attendants went on strike (*terk-i hizmet*).[130] At that Castro, having considered the difficulty of finding new attendants, agreed to a one-month rise in the attendants' salaries. On 3 September 1893, the Municipality of Istanbul asked for the consent of the government in this matter and penned a memorandum addressing the

[128] PMOA, Y. MTV., 83/72, 7 Ra. 1311.

[129] PMOA, Y. MTV., 83/72, 7 Ra. 1311.

[130] PMOA, Y. MTV., 82/40, 21 S. 1311; PMOA, A. MKT. MHM., 591/5.

Ministry of the Interior. The reply from the office of the grand vizier approved the temporary rise in salaries of the attendants.[131]

Abdülhamid on duty

Abdülhamid, following the appearance of cholera cases in the mental asylum and other parts of the city, especially in vicinities close to the military posts in Üsküdar, had turned his attention to the matter. The imperil decrees (*irâde*) that the sultan issued suggest that he kept a close eye on the epidemic and personally orchestrated the measures to be implemented. Following the death of Lala Ferhat and the appearance of new cases at the asylum, the Ministry of Medicine summoned a certain Major Hamdi to the mental asylum to conduct a medical examination and to collect bacteria samples.[132] The authorities were at first unable to identify the illness; however, following the increase in the number of those taken ill, they dispatched Doctor Vitalis, a member of the Sanitary Commission, to the mental asylum. Having arrived on 4 December 1893, Vitalis in collaboration with de Castro conducted a medical investigation and submitted a report to the Ministry of Medicine. According to the report, the first case—that is, the case of Lala Ferhat—had appeared in a ward that contained forty to fifty patients; the other cases had appeared in two different wards far from the first one in which ninety to one hundred insane patients were residing. After his investigations, however, Doctor Vitalis concluded that the illness at the mental asylum was not cholera since the patients who had died did not have any connection outside the institution's walls. But he underlined that this could

[131] PMOA, A. MKT. MHM., 591/5.

[132] PMOA, Y. A. HUS., 279/150, 22 S. 1311.

be confirmed only with further investigation.[133] The autopsy conducted on the corpses of the two patients by the asylum's medical staff and a certain Sarik (?) Efendi that had identified the illness as stomach inflammation (*iltihâb-ı mi'de*) probably encouraged Vitalis to reach this conclusion. But the Sanitary Commission, following the appearance of other cases at the asylum, despite Vitalis's report, decided to implement radical measures at the asylum and in surrounding areas.

According to the emergency plan proposed by the Office of Sanitation (Dâire-i Sıhhiyye), which was confirmed by the Ministry of Medicine and sent to the office of the grand vizier, the mental asylum would be evacuated, and all its healthy inhabitants, including the insane patients, doctors, and attendants—would be transported to Yassı Ada, an island on the Marmara Sea. In accordance with the proposed plan, the patients would be placed in carts at night, when the streets were empty, and be transported to the port at Kavak İskelesi, from which they would leave on one or two steamers for the island. Quarantine measures would be initiated both along the routes they passed and in the lunatic asylum until the epidemic was completely eradicated. Following the arrival of the steamers at the island, staff members who had assisted in the transfer of patients but would not remain on the island would return to the mainland and be put under quarantine at the Tuzla station for fifteen days. The commission also proposed the dispersion of the military schools in Üsküdar and other such overcrowded places within the city perimeters. Once the patients were deported, quarantine measures would be initiated inside the asylum complex, and it would be disinfected to prevent further outbreaks.[134]

---

[133] PMOA, Y. A. HUS., 279/150, 22 S. 1311.

[134] PMOA, Y. A. HUS., 279/150, 22 S. 1311.

This prospective plan of the commission's to evacuate the mental asylum and transfer its inhabitants to Yassı Ada was submitted for Abdülhamid's approval via the office of the grand vizier on 4 September 1893. Abdülhamid had ordered the commencement of the necessary preparations on the island, such as setting up tents and dispatching provisions and necessary equipment. Having received the sultan's orders, the office of the grand vizier the same day sent memorandums to the Ministries of War and Medicine asking them to start the necessary preparations.[135]

Once the commission's plan to evacuate the mental asylum had been set in motion, the government began to consider alternatives for accommodating the patients. There were two options on the table. The first, that proposed by the commission, was Yassı Ada; the other was another group of small islands, Tavşan Adaları, located at the entrance to the straits on the Aegean coast. What the government and medical authorities were looking for was a place for the short-term isolation of the insane patients, but it seems that the cholera also provided the authorities the opportunity to propose the establishment of a new mental asylum—a long-term solution. Thus, they considered the two alternatives. Yassı Ada was closer to Istanbul than Tavşan Adaları, and it was more feasible in terms of transportation and logistics. Furthermore, given its location at the entrance of the straits, Tavşan Adaları was open to "strong winds," and—more important—it did not have a water source.[136]

On the day when the evacuation plan was submitted to the Yıldız Palace, the office of the grand vizier sent a communication to the governorates of Biga and Bozcaada

[135] PMOA, A. MKT. MHM., 591/5, 22 S. 1311.

[136] PMOA, İ. HUS., 1311 S./189, 29 S. 1311.

asking the owners of the island whether water existed there, urging an immediate response.[137] The telegram sent by the governor of Biga, Cemil, on 4 September indicated that Tavşan Adaları was currently held by some people from Bozcaada; uninhabited, it was used for agriculture. In the same telegram Cemil indicated that since the islands belonged to the Bahr-i Sefid (Mediterranean), more information could be obtained from the governorate of Bozcaada.[138]

In reality, the plan to evacuate the Toptaşı asylum, transferring its patients to an island and ending the overcrowding—a proposal backed by representatives of the Municipality of Istanbul, the Ministry of Medicine, and the Ministry of Police—was not fully agreed upon by the members of the Sanitary Commission. Some members, such as Muhtar Celalettin Bey, criticized these measures, believing that they would only contribute to the communication of the disease to other sectors of society. Proponents of the transfer included physicians like Koçani, a member of the Meclis-i Sıhhiyye, doctors from the First and Sixth Municipalities, the mayor of the capital, and representatives from the Ministries of Medicine and Police; they argued that both the insane patients and asylum attendants should be isolated to prevent further communication of the disease. (The plan also anticipated the erection of a new asylum on the island once the patients had arrived.) But it is evident from the imperial decree dated 5 September 1893 that this perspective had adversaries within the commission.[139] Though the sultan's imperial decree mentioned the existence of adversaries to the evacuation plan, it did not give any

[137] PMOA, A. MKT. MHM., 591/5, 22 S. 1311.

[138] PMOA, A. MKT. MHM., 591/5, 22 S. 1311.

[139] PMOA, İ. HUS., 1311 S./140, 23 S. 1311.

details concerning the make-up of the latter group. Muhtar Celalettin Bey argued that evacuating the mental asylum and thinning the populations of overcrowded places would not ward off illness but, on the contrary, would only contribute to its further communication. Instead, he argued for the local treatment of the illness within the confines of the asylum. And with the proper sanitary measures, he believed, the cholera could be extinguished in one week.[140] As indicated earlier, Muhtar Celalettin's criticism did not target only the plan proposed by the commission; he also criticized the sanitary measures that were implemented at the mental asylum once the disease had appeared there.

The commission's proposal calling for dispersing the occupants of crowded places and evacuating the mental asylum had been prepared in the absence of Muhtar Celalettin Bey, making it highly debatable. Moreover, the Bureau of the Head Secretary integrated Muhtar's view into the *irâde*, demonstrating that Abdülhamid II was aware of this perspective and wished to consider it before reaching a final decision. In fact, Muhtar Celalettin Bey had made his perspective available to the Yıldız Palace via two proposals concerning the communication of the cholera epidemic and the methods that could be employed to eradicate it.[141] And what made Abdülhamid reconsider the measures proposed by the commission was that the arguments voiced by Muhtar Celalettin addressed some of the sultan's pressing concerns, such as public speculation about his

[140] PMOA, İ. HUS., 1311 S./140, 23 S. 1311.

[141] These two proposals, which were penned by Lieutenant Commander Muhtar Celalettin were forwarded to the palace for Abdülhamid's evaluation. That these proposals remain in the folder that includes Abdülhamid's *irâde* shows that the sultan considered them and that his opinions were regarded seriously in the palace. For the two proposals of Muhtar Celalettin, see İ. HUS., 1311 S./140, 23 S. 1311.

own legitimacy, latent political dissidence, and the potential spread of the disease to the army. Therefore, Abdülhamid was very cautious—as always—not to make a decision that might have catastrophic political results for him. That is why in the imperial decree he asked for a new meeting that would consider the views submitted by Muhtar Celalettin and at which he would be present.

On 5 September 1893, after preparations had begun to implement the commission's evacuation proposal, the government, most probably because of pressure from the Yıldız Palace, was forced to reconsider. Muhtar Celalettin's objections concerning the dangers of transporting patients and the alternative plan that he proposed, it seems, won out. In addition to the danger of the disease's communication, the logistical difficulties of supplying food and water to patients on an island during winter had discouraged authorities, forcing them to dismiss the evacuation option. Following the decision to eradicate the epidemic locally, a group of medical experts (including Refik Hüsamettin, doctor of pathological anatomy, and Hasan Zühtü, who had studied at the Institut Pasteur in Paris) was to be employed on the Sanitary Commission by imperial order until the disease had been suppressed.[142]

Given the decision to battle the epidemic within the confines of the mental asylum, it was necessary to isolate the healthy patients from the ill ones. However, once again, there was not enough space to do so. In order to create space for new patients, the asylum administration, in collaboration with the Municipality of Istanbul, called once more for the integration of the soup kitchen (*imârethâne*) located in the Atik Valide complex (*külliyye*), of which the Toptaşı was part. Once again, the Ministry of Pious

[142] PMOA, A. MKT. MHM., 591/5.

Foundations rejected this demand. But this time, the catastrophic effects of the cholera and the decision of the Yıldız Palace to confront the illness in the capital encouraged asylum administrators; seeing the opportune moment, the municipality submitted a memorandum to the office of the grand vizier urging the integration of the public kitchen into the lunatic asylum for the accommodation and isolation of the ill insane patients.[143] In response, the office of the grand vizier penned a memorandum to the Ministry of Pious Foundations on 7 September 1893 demanding the transfer of the public kitchen to another place, leaving the building to the asylum.[144] But a communication sent to the Sadâret dated 13 September 1893 indicated that the public kitchen still had not been turned over to the asylum and asked that directives be issued accordingly.[145] The Sadâret sent another memorandum addressing the Ministry of Pious Foundations, which in turn indicated that the kitchen could not be evacuated because of the sanitary cordon.[146] Yet again, efforts to expand the size of the central asylum fell flat.

In accordance with the decision to deal with the epidemic locally, the government and the municipality sent directives to the mental asylum and the General Prison concerning the personal hygiene and nutrition of inmates. According to a communication from municipality dated 6 September, progress had been made in suppressing the illness with the implementation of precautions such as distributing boiled water and burning the

[143] PMOA, A. MKT. MHM., 591/5.

[144] PMOA, A. MKT. MHM., 591/5.

[145] PMOA, A. MKT. MHM., 591/5.

[146] PMOA, A. MKT. MHM., 591/5

patients' old clothes.[147] After the increase in cholera cases on 7 and 8 September, another decrease followed the implementation of medical measures, resulting in the gradual eradication of the illness from the asylum. By 12 September, the results of the measures could be clearly seen. In spite of that, however, the asylum's overcrowding still needed attention from the authorities. This was the root problem; in fact, asylum administrators had warned imperial authorities several times about the potential risks of overcrowding, including an epidemic outbreak. But despite all the correspondence between governmental departments, no serious attempts had been made to solve the problem or to accommodate existing patients. Only temporary palliative measures were ordered, as discussed earlier: banning the transfer of patients from provinces and demanding the local confinement and treatment of the insane and accused criminals there. But these measures fell short of addressing the basic problem of the unsanitary and unhealthful conditions for those kept in the asylum and in the prison.

Given the constant inflow of patients from the provinces and from *millet* communities, the first and most important measure was stemming new admissions to the empire's central lunatic asylum. The simplest method of doing this was to ban the transfer of patients and to order that they be treated in the local institutions. However, given the lack of institutions and personnel at the local level, already discussed, this was almost impossible. At the provincial level, authorities could only confine the insane and the accused awaiting treatment in the local prison. The ban in most cases was breached, and mental patients made their way to the capital one way or another. Once they appeared in the streets and public places, it was the Ministry of Police's responsibility to confine

[147] Y. PRK. ŞH., 4/70, 24 S. 1311.

them. In fact, the 1876 regulation, as explained in the previous chapter, authorized their confinement. Once they were caught wandering, they were first detained in the central prison for a time and were then sent to the asylum for a medical examination. Again, it was not only the insane roaming streets of Istanbul but also accused criminals being tried in the capital or sent for a mental examination that filled the wards of the prison. Such individuals were kept in the prison for a period, and following protocol established through official correspondence, they were delivered to the lunatic asylum either for examination or for treatment.

After the 1893 cholera epidemic, the issue of providing for more than twenty insane patients in the General Prison's hospital was brought to the attention of authorities.[148] A memorandum from the Ministry of Police indicated that these Greek, Jewish, and Muslim patients were being kept in the prison infirmary and asked for their transfer. The memo also indicated that since these patients were provided with bread and soup only, doctors were calling for the addition of meat and vegetables to their diet, as well as for the distribution of garments and a dedicated place for their accommodation.[149] The Ministry of Police, moreover, requested an increase (*zam*) in its budget because it was caring for these patients. But the Ministry of the Interior, facing the cholera epidemic within the city and arguing that the patients' stay at the prison's hospital was temporary, rejected the transfer of patients and sent the demands of the Ministry of Police to the Council of State's (Şûrâ-yı Devlet) Interior Chamber. The memorandum was negotiated in the chamber on 18 December 1893, following which the council decided that since the

[148] DH. MKT., 173/31, 25 L. 1311.

[149] PMOA, DH. MKT., 173/31, 25 L. 1311; PMOA, ŞD., 768/20, 9 C. 1311.

patients were being kept in the prison only temporarily, there was no need to increase the Ministry of Police's budget; instead, the council asked the municipality to pay the police a designated amount to cover costs in the interim.[150]

But by April 1894, the number of male and female insane patients detained at the prison had reached a total of fifty-seven. The Ministry of Police, alarmed at the potential for a cholera outbreak, had again demanded their transfer to another place. The government first ordered their transfer to the wooden barracks at the Tuzla quarantine station.[151] However, the Municipality of Istanbul and the Public Hygiene Commission (Hıfz-ı Sıhhayı Umûmiye) considered this measure both impractical and dangerous given the delicate situation of the patients and ordered that they remain at the prison and be provided for by the Ministry of Finance, in accordance with the first imperial order.[152] In response to the Ministry of the Interior's demand for a transfer of the insane patients from the prison, the office of the grand vizier ordered the Public Hygiene Commission to move selected patients to the lunatic asylum and asked the commission to work on alternative measures concerning the treatment and accommodation of those who remained.[153]

The apparent impossibility of accommodating all these patients in the existing facilities was forcing authorities to patch together solutions. It seems that every measure eventually became a burdensome undertaking for the institutions, as well as a threat to the health of other residents of the institution. The mental patients, who needed some kind of special treatment and accommodation, were provided in the prison only with a

[150] PMOA, DH. MKT., 173/31, 25 L. 1311.

[151] PMOA, A. MKT. MHM., 591/5.

[152] PMOA, A. MKT. MHM., 591/5.

[153] PMOA, A. MKT. MHM., 591/5.

mattress filled with grass, and most of the time they did not receive medication or any medical treatment whatsoever. The establishment of a new mental hospital or the construction of a new building, given the urgency of the problem, though it would have provided a long-term solution, in reality was impractical. In this context, the government had to solve the problem of overcrowding with some other less costly measures—such as discharging the "cured" or keeping them in the prison.

As soon as the epidemic was completely eradicated, the government—answering demands from the asylum administration, the municipality, and the Ministry of Police—began considering alternatives to address the overcrowding and to create space to accommodate patients. The municipality had rejected the Ministry of Police's request concerning the transfer of insane patients from the prison to another place, such as the quarantine station. But the epidemic's devastation, in combination with the ban on admissions, had created vacant beds in Toptaşı. According to a communication dated May 1894, the total number of male patients in the asylum at that point was 219. As part of the measures to prevent overcrowding at the mental asylum, the administration had removed all the extra bedsteads and limited the number of male patients to three hundred; this means that eighty beds were available for new male patients. The women's ward, on the other hand, at this time accommodated seventy-eight patients, though it should have housed only sixty, according to the administration's new limits.[154] In another measure to relieve the pressure of numbers at the lunatic asylum, the government ordered the discharge of patients who had been restored to health.[155] And once there were vacant

[154] PMOA, A. MKT. MHM., 591/5.

[155] PMOA, A. MKT. MHM., 591/5.

beds in the asylum, the government ordered the transfer of male patients—a total of thirty-eight—in groups of three from the General Prison to the central lunatic asylum. According to the same communication, the female patients would remain in the prison hospital because they could not be housed in the asylum.[156]

Conclusion

The reasons behind the overcrowding at the central mental asylum were multiple and complex, and the measures implemented by the asylum administration and imperial authorities to accommodate growing patient numbers were largely unsuccessful. The reforms to improve the conditions in which insane patients lived only increased the demand for the services provided. Moreover, legal reforms—including the new penal code of 1858, which established mental license as an issue in criminal acts—in combination with the lack of medical professionals and institutions that could evaluate mental license, resulted in the transfer of patients to the central mental asylum, only exacerbating the overcrowding. The increasing patient numbers and the lack of space in the facility jeopardized the health of the asylum's residents (patients and staff alike), eventually resulting in the 1893 outbreak of cholera. This humanitarian crisis, I have suggested, contributed to the negative image of the asylum, which was publicized by the sultan's political opposition to discredit Hamidian rule and its authoritarian practices. Aware of the problem and understanding it as direct threat to his legitimacy, Abdülhamid and his bureaucracy actively administered sanitary measures to stem the epidemic and to improve conditions at the Toptaşı asylum. The following chapter investigates further

[156] PMOA, A. MKT. MHM., 591/5 .

government measures implemented once the epidemic had been eradicated and the official attempts to establish a new asylum.

CHAPTER VI

Toward a Purpose-Built Ottoman Mental Asylum in the Last Quarter of the Nineteenth Century

The cholera epidemic of 1893, as explained in the preceding chapter, culminated in the death of numerous insane patients in the Toptaşı mental asylum and prompted discussion of a radical solution: the abolition of the existing asylum in favor of a new facility on a par with its European counterparts—an idea that had been proposed by Luigi Mongeri in 1856.[1] In reality, the authorities were aware that palliative measures such as expanding the existing asylum's space and banning the transfer of patients to it would not constitute a long-term remedy to the overcrowding and the ensuing medical problems at the empire's central mental asylum. A solution that would both end the overcrowding and provide modern mental-health care that aligned with scientific advances (*terakkiyât-ı fenniyye* or *terakkiyât-ı hâzıra-yı fenn*)[2] was necessary if the problems were to be permanently eliminated.

In the face of the increasing numbers of patients arriving from the provinces and other districts of the empire, the Toptaşı mental asylum—a facility that had been designed to accommodate significantly fewer patients—did not meet the standards of a modern mental facility. It could neither accommodate new patients nor cure the ones it had—effecting cures, according to contemporaneous standards, required the strict

[1] In the petition that was submitted by Mongeri to the government in 1856 that called for his appointment as chief physician to the Süleymaniye asylum, he had also proposed the reform and reorganization of Süleymaniye in line with the model of European mental asylums. PMOA, İ. DH., 341/22460.

[2] Both terms appear frequently in the official correspondence addressing the issues of overcrowding and the establishment of a new mental facility, both before and after the Young Turk Revolutions (1908). PMOA, İ. HUS., 1311 S/189, 29 S. 1311; PMOA, DH. UMVM., 95/9, 12 Ş. 1329; PMOA, DH, MUİ., 23 R. 1328.

segregation of patients according to illness and sex, in combination with other spatial elements such as workshops and open spaces in which patients could be occupied in healthful activities. Toptaşı's residents were simply packed into rooms with high walls that received little or no daylight; in the words of one-time resident Ali Enver, patients were "like birds in a cage."[3] Given the lack of any open area, the only place patients could assemble was the complex's small rectangular courtyard, where the asylum's medical staff also conducted medical visitations.

This chapter investigates particularly the attempts of the authorities to establish a new mental asylum following the 1893 outbreak of cholera and so finally eradicate the overcrowding and the medical problems it caused—which posed a threat not only to the asylum and its inmates but also to the entire city of Istanbul. I first consider earlier attempts by the asylum administration and chief physician Luigi Mongeri to reform the Süleymaniye and Toptaşı mental asylums. Particularly, I discuss the *imagined* ideal Ottoman insane asylum.[4] In doing so, I rely on observations Mongeri made during his 1864 visit to Paris and Vienna, notes that were published in a series of articles in *Gazette médicale d'Orient* (hereafter *GMD*). Furthermore, I provide a brief summary of some reforms implemented during the Süleymaniye period (1856–1873) and the way these reforms were perceived by domestic and foreign audiences. Finally, I examine the mental asylum project that was proposed after the 1893 cholera epidemic in the Toptaşı facility and the subsequent directions of asylum reform in the late nineteenth-century Ottoman

[3] PMOA, Y. PRK. SH., 5/39, 29 Z. 1312.

[4] I call it *imagined* because for the early period, there are no extant documents describing or sketches illustrating the new Ottoman mental asylum. For the later decades, either descriptions or sketches illustrate the features and appearance of the asylum that the authorities sought to establish.

Empire. This chapter, by investigating the empire's model asylum projects in the second half of the nineteenth century, explores architectural design and its relation to the envisaged treatment of insanity. I argue that the idea of an Ottoman mental asylum—though it was not realized—as a purpose-built structure to which patients were admitted and treated in line with scientific advances emerged only in the last decades of the nineteenth century, thus challenging the mainstream accounts that date such institutions in the Ottoman realm to earlier periods.[5]

Mongeri's model mental asylum: Some considerations

Though we have ample information[6] attesting the particulars of the Ottoman asylum model, its structure, and the types of therapy that were sought in the last decades

[5] A number of works penned by mental-health professionals paint a romantic picture regarding the treatment of insanity among the Muslim and Ottoman Turks, arguing that institutions for the insane existed in the empire long before they appeared in Europe: Avni Mahmud, *Muhtasar Emrâz-i Aklîye* (İstanbul: Ahmed İhsan ve Şürekası, 1326); Luigi Mongeri, *Notice statistique l'asile des aliénés Solimanié à Constantinople* (Constantinople: Imperimerie de Castro, 1867); Luigi Mongeri, *Le régime des aliénés* (Constantinople: Typo-Lithographie Centrale, 1877); Mazhar Osman Usman, *Tababet-i Ruhiye* (Istanbul: Kader Matbaası, 1941); Fevzi Samuk, "Eski Türk Akıl Hastahaneleri," *Kubbealtı Akademi Mecmuası*, no. 1 (Ocak 1982): 51; Fahreddin Kerim Gökay, "Türk Tababeti Ruhiye Tarihi," *Tıp Dünyası* 48, no. 9 (1975): 369–379. The authors of these books, which were intended for students of medical faculties in the Ottoman Empire and for psychiatrists by profession (like Avni Mahmud, Mazhar Osman, and Fahreddin Kerim), besides aiming to disseminate professional knowledge of this emerging medical specialty among medical students, also intended to legitimize the new profession and its practitioners from a historical vantage point by describing it as an age-old practice among the Muslims and Turks that had been inherited from the ancient Greeks. In these narratives first Muslims and then Turks and Ottomans are positioned as the transmitters of scientific knowledge, particularly in the field of mental medicine, and thus as contributors to the development of psychiatry and the humane treatment of the insane in Europe. For instance, Avnî Mahmud, the chief physician and director of the Toptaşı asylum in the Constitutional era, in his book *Muhtasar emrâz-ı akliye* (Concise Mental Diseases; published 1910/1911) related the changing attitude toward the insane in Europe to the asylums that foreign travelers had observed in Istanbul.

[6] These include correspondence, plans, and administrative communications between the asylum and other governmental authorities concerning the erection of a new mental asylum to accommodate eight hundred patients.

of the nineteenth century, for the earlier period—that is, after Mongeri's appointment as chief physician to the Süleymaniye mental asylum in 1856 until the 1873 transfer of patients to Toptaşı—no detailed information or sketches exist concerning the particularities of Ottoman mental asylum reform, especially its spatial and architectural manifestations. In spite of this, however, various communications[7] between asylum administrators and governmental departments—the Ministry of Finance, the Ministry of Pious Endowments, and the Supreme Council—proposing the expansion of asylum space and more pleasant conditions for its inmates provide some clues concerning the principles of Mongeri's therapeutic model and the corresponding architectural features of an asylum building where these principles could be implemented.

As mentioned earlier, the moral therapy school that Mongeri's treatment program followed, used in other parts of Europe, centered on the asylum building, where patients would be isolated from the social environment that had rendered them susceptible to mental alienation; that harmful environment would be replaced with a new reality, fresh surroundings, and activities that would busy the patients' intellects and thus contribute to their recovery. This type of therapy, which relied heavily on the architecture of the asylum, first and foremost required a new structure in the Ottoman case: the building and its constituent parts were to be specifically designed for this purpose.

What were the principles of the treatment program that Mongeri wanted to implement, and what were the corresponding architectural and organizational features of the medical structure he envisioned? The articles that he published in *GMD* provide important insights into Mongeri's reform program and shed light on the asylum setting

[7] Pieces of this correspondence have been employed throughout this study.

and structure—Mongeri's imagined Ottoman ideal—in which these principles could be realized.

In 1864[8] Mongeri traveled to Europe via the Danubean route to present his findings (based on the statistical tables and clinical observations he had compiled at the Süleymaniye mental asylum) at a meeting of the French Société Médico Psychologique (SMP) in France.[9] This journey, besides contributing to his professional recognition in French psychiatric circles and facilitating his subsequent admission to the SMP as a foreign corresponding member, had also provided him an opportunity to observe and examine the state of mental medicine and of related scientific advances in Europe, particularly Paris and Vienna. He visited the mental institutions headed by the prominent alienists of the time, among them Jean-Etienne Esquirol's pupil Jacque-Joseph Moreau de Tours, who had visited various lunatic asylums in Malta, Izmir (Smyrna), Istanbul, and Cairo in the second quarter of the nineteenth century and had penned books on insanity in the East (Orient)[10] that sought an etiological explanation for the condition; Jules Baillarger (1809–1880), the director of the Maison de Santé, founded in 1828 by Esquirol at Ivry-Seine; and Joseph Gottfried Ritter, director of Vienna's Irrenhaus (mental asylum).

[8] The exact date of his trip is not indicated in the articles, but since he presented findings at the 1864 SMP meeting held in Paris, he must have traveled around that time. In addition, considering that he took the land route instead of traveling by sea, Mongeri may have planned to visit mental asylums along his route.

[9] Luigi (Louis) Mongeri, "Une visite aux des aliénés en Europe Vienne," *Gazette médicale d'Orient*, no. 9 (December 1865): 114.

[10] Jacques-Joseph Moreau, *Recherches sur les aliénés, en Orient: Notes sur les établissements qui leur sont consacrés à Malte, île de, au Caire, Égypte, à Smyrne, Asie-Mineure, à Constantinople, Turquie / par le docteur J. Moreau, (de Tours), Medécin de Bicetre* (Paris: Bourgogne et Martinet, 1843); Jacques-Joseph Moreau, *Du hachisch et de l'aliénation mentale* (Paris: Masson et Cie, 1845).

Mongeri, upon his return to Istanbul, published in the *GMD* details of his journey, his observations of the mental asylums he had visited in Europe, and his conversations with mental-health professionals; the articles appeared in late 1865. His goal was probably to inform the Ottoman learned public and authorities about the scientific advances taking place in the treatment of insanity, advances that had been formularized as progress (*terakkiyât*) and that had already been subjected to the scrutiny of Ottoman diplomats and bureaucrats dispatched to European capitals.[11] The two pieces that he published, besides summarizing the state of mental medicine and the asylums where it was practiced, also provide important insights regarding the outlines of the asylum reform program that the Italian doctor aimed to initiate in the Ottoman Empire. Mongeri was particularly concerned with and interested in—as will be noted—the architectural and organizational particularities of these institutions, especially of the insane asylum in Vienna. Mongeri described what he saw at the facilities in Paris and Vienna with great admiration: "Modern asylums, we know, are flooded with light and air, the most perfect order, the most remarkable cleanliness; these conditions sometimes are pushed so far that they change into elegance in luxury to meet the many requirements of the patients belonging to upper classes."[12] Although no documentary evidence exists to explicitly

[11] Fatih Andı, ed., *Bir Osmanlı Bürokratının Avrupa İzlenimleri: Mustafa Sâmi Efendi ve Avrupa Risalesi*, 56 (Istanbul: Kitabevi, 1996); Sadık Rıfat Paşa, "Avrupa Ahvaline Dair Risale," in *Yeni Türk Edebiyatı Antolojisi 1839–1865*, ed. Mehmet Kaplan, İnci Enginün, and Birol Emil (Istanbul: Edebiyat Fakültesi Matbaası, 1974), 1:33–34. For instance, Sadık Rıfat Paşa, who had been to the Ottoman embassy in Vienna and who had noticed the absence of vagrants and the insane (*meczûb*) from the streets, wrote this: "As huge (*cesim*) hospitals and mental asylums, they have special servants. There are no sick, invalids, vagrants, and insane individuals in the streets. They treat that kind in the asylums (*bîmarhânelerinde*), and since most of the poor are not permanently invalid, they employ them in their factories as workers, and [thus] one cannot see the poor in the streets." Ibid., 34.

[12] Mongeri, "Une visite aux des aliénés en Europe Vienne," 113–114.

attest it, this interest in and stress on the architectural and spatial-organizational features of the asylum suggest that Mongeri's visits could also have formed part of a professional agenda to amass information concerning his own prospective model asylum project.

It is no surprise that Mongeri noted these features, given the alienists' faith in the therapeutic qualities of the asylum setting itself, considered an essential part of moral treatment, alongside gentleness and the removal of force from protocol. Around the world, proponents of the moral treatment program, which had gained credit in the first half of the nineteenth century—including philanthropist British William Tuke (1732–1822), founder of the York Retreat in Britain,[13] and French alienists Philip Pinel and Jean-Etienne Esquirol—had envisioned asylum space in terms of an alternative-house setting in which mental-health professionals replaced the patients' familial realities with a different and more healthful one. Pinel suggested that an "asylum ought to be a curative, not a punitive, place."[14] Likewise, his pupil Esquirol, following Pinel's footsteps, imagined an asylum as a place where "doctors and patients lived together, and at this private clinic, certain patients even dined at the family table."[15] However, in order for the asylum to contribute to patients' recovery, it had to meet certain architectural criteria. That is, it had to be a purpose-built structure with open spaces, wards for the segregation of patients according to particularities of their diseases, private rooms that could meet the class expectations of affluent patients, and workshops and gardens to occupy patients and

[13] A description of the York Retreat, where the principles of moral treatment were architecturally embodied, has been provided by William Tuke's grandson: Samuel Tuke, *Description of York* (York, 1813). See also Barry Edington, "The Design of Moral Architecture at the York Retreat," *Journal of Design History* 16, no. 2 (2003): 103–117.

[14] Carla Yanni, *The Architecture of Madness: Insane Asylum in the United States* (Minneapolis: University of Minnesota Press, 2007), 26.

[15] Ibid., 26.

interrupt the ideas that rendered them susceptible to mental alienation. According to the medical paradigm of the period, asylum treatment based on the architectural features of the building, coupled with its location and spatial organization, was believed to play a curative role, aiding in patients' recovery. Mongeri identified the importance of the asylum building in the treatment process as follows: "Indeed, the requirements of the treatment of insanity and their success are based so much on the situation and layout of the facility … that most modern psychiatrists have said that in the treatment of insanity, the choice of the asylum is the main point that the doctor should be concerned with; the asylums are the best and the most important instruments of healing."[16]

Thus, the asylum building and its structure were central to the treatment of insanity in the nineteenth century; hence Mongeri's particular interest in the buildings and their location, spatial organization, and architecture. The asylum (Irrenhaus) in Vienna influenced him greatly; it is the only institution of those he visited that he described in depth. This facility was located at an elevated point that overlooked the countryside and the wooded hills around it. The building was surrounded by a park full of trees, flowers, all kinds of vegetation, and fountains that might soothe patients' nerves.[17] It was an ideal place, and Mongeri likely envisioned something similar as the Ottoman Empire's central asylum back in Istanbul.

Mongeri's account indicates that in the Irrenhaus, patients were spatially segregated according sex, type of disease, and social status;[18] by design the building had separate sections to meet patients' needs and expectations. The asylum complex

[16] Mongeri, "Une visite aux des aliénés en Europe Vienne," 113.

[17] Ibid., 116.

[18] Ibid., 129.

comprised three parts. The central building contained administrative offices, and the left and right wings accommodated female and male patients, respectively. These two wings were subdivided according to types and forms of disease. The patients were further segregated according to social status; affluent patients had their own wards, furnished luxuriously.[19] Likewise, the common and recreational areas were also subdivided. For instance, the courtyard intended for the senile and the agitated was located outside the section of the asylum reserved for those patients. A separate garden was also included in the establishment to entertain well-to-do patients and convalescents.[20] Moreover, the main staircase, service stairs, corridors, and floors were built with grand proportions so that light and air could easily penetrate.[21]

Mongeri listed the establishment's director, doctor Joseph Gottfried Ritter (1803–1870), among eminent physicians of the time.[22] Dr. Ritter, appointed chief physician of the Prague mental asylum in 1837, had separated it from the general hospital and transformed it into a modern institution. In 1851 he was appointed to Vienna and led the construction and establishment of the Provincial Mental Asylum, which opened in 1853. At the same time he was charged with asylum reform at the Ministry of the Interior, in which capacity he exercised considerable influence on the construction of a large number of Austrian institutions. Thus, Ritter was exemplary as a reformer and set a precedent for Mongeri, who wanted to transform the centuries-old Süleymaniye hospital into a modern

[19] Ibid., 128.

[20] Ibid., 129.

[21] Ibid., 130.

[22] Mongeri, "Une visite aux des aliénés en Europe Vienne," 116. Mongeri cited the names of German neurologist and psychiatrist William Griesienger (1817–1868), as well as Focke, Schlager, and Flemming.

psychiatric facility—or abolish it altogether and replace it with a spacious new complex on the outskirts of the imperial capital city.

As I have mentioned, to my knowledge there is no documentary evidence specifically attesting Mongeri's own vision of moral architecture in the Ottoman case—what Barry Edington has called the "architecture of care."[23] Nevertheless, after studying his observations and the architectural and organizational features he stressed in his writing, it is possible to make some generalizations concerning Mongeri's own moral treatment program with respect to architecture and what he considered a model asylum. First of all, the institution that he envisioned would be located somewhere outside the city or on its outskirts and would be surrounded by trees and vegetation. It would be a place where patients were removed from their habitual milieus, which rendered them susceptible to mental derangement. Second, Mongeri's imagined asylum would be an establishment where all insane patients—irrespective of race, ethnicity, and religion—were received, an Ottoman institution aligned with the idea of Osmanlılık. (This political proposal of the Tanzimat era, in the face of growing nationalist feelings among Ottoman subject nations, sought to incorporate all Ottoman subjects of distinct backgrounds.) Within this space, the peaceful patients would be separated from disruptive ones, residents would be controlled and disciplined if needed in individual cells, and affluent patients would have private rooms furnished according to their tastes and expectations. Third, the asylum building would have a dominating effect on its inhabitants, especially patients who had to be disciplined and subjected to the will of the medical staff. In order to maintain and enhance this effect, the buildings, including the entrance gate, would be

[23] Edington, "The Design of Moral Architecture at the York Retreat," 107.

constructed in grand proportions. Since the alienists were the patrons of moral therapy, they would be symbolically and structurally located at the center of the complex, in the main administrative building, which would also contain offices for the attendants, the asylum director, and the clerk. The hallways, corridors, and rooms would be large and characterized by plentiful light, ventilation, and air circulation. Finally, the asylum complex would contain all the required facilities, among them a laundry, a mortuary, and a surgery. In order to maintain the familial and intimate quality of the institution, patients would take meals and socialize with one another in the dining rooms and spend their leisure time in the workshops or in the gardens that surrounded the building.

However, in spite of the guiding principles that Mongeri outlined in *GMD*, he was to become all too aware that the Ottoman Empire's deteriorating economy could not provide the financial and administrative support needed for such a mental hospital. He would necessarily limit himself, given the available finances, to ameliorating conditions for the inmates of the Süleymaniye mental asylum. The ambivalent position of Süleymaniye in function and in form somewhere between an old type of charitable institution and a mental asylum had prevented the effective implementation of the moral treatment program. In spite of being a medical institution, as explained in an earlier chapter, it had been subjected to a joint administrative mechanism in which the Ministries of Finance, Medicine, and War were all involved, and administrative decision-making rested with these separate governmental departments. As a consequence of this ambiguity concerning the asylum's position, Mongeri was often forced to seek negotiation and agreement between multiple supervising authorities.

In the face of rising patient numbers it was obvious that Mongeri—instead of

struggling to obtain funding for a new mental asylum building—needed to increase the capacity of the existing facility by either extending its space or moving someplace larger; these were the options in an economy that precluded the construction of a new facility altogether. Furthermore, as an enthusiastic and a realistic reformer, Mongeri still could improve conditions for his mental patients by repairing the broken windows and increasing the quality of the daily rations and garments distributed to the patients. But these reforms ultimately proved inadequate, as the 1873 epidemic in the asylum shows, for they did not constitute a radical change in asylum conditions; in fact, in most cases being in the asylum made patients more vulnerable to death. Even so, such reforms as abolishing corporal punishment and physical restraints in Süleymaniye and instead using straitjackets and handcuffs (as in Paris[24]) had earned Mongeri a reputation as the "Turkish Pinel," making him part the of global Pinelian myth.[25] He was an enlightened physician freeing the insane from their shackles, trying to elevate the physical and hygienic conditions in which his patients lived.

Mongeri's reforms in the public eye

How was the Ottoman moral treatment program initiated by Mongeri in Süleymaniye received by the learned public? The reforms that Mongeri sought at Süleymaniye met with different responses at home and abroad. Among the Ottoman

[24] W. Goodell, "The Bedlams of Stamboul," *Atlantic Monthly* 28 (1871): 536.

[25] Angela Britlinger's essay about Russian psychiatry describes the worldwide Pinelian efflorescence: "Pinel became the first of the 'Great Men' canonized by French psychiatry, but also adopted all over the world, so that Florence's Chiarugi became the 'Italian Pinel' and Moscow's Sergei Korsakov became the 'Russian Pinel.'" Angela Britlinger, "Russian Attitudes towards Pysche," in *Madness and the Mad in the Russia Culture*, ed. Angela Britlinger and Ilya Vinitsky (Toronto: Univerity of Toronto Press, 2007), 175.

public, especially the learned classes, the progress reported in the conditions of patients was not taken without critical scrutiny. For example, while the chief editor of the Ottoman *Basîret* newspaper Ali Efendi appreciated and acknowledged the changes made for patients at Süleymaniye, he was nevertheless suspicious when he saw a group of insane patients carrying water buckets[26] and did not refrain from bringing this to the attention of the Ministry of Medicine.[27] Likewise, a petition submitted to the government by the wife of governor Hacı Reşid Ağa of Şumnu, in Bulgaria—Hacı Reşid himself had been sent to Süleymaniye (*dârüşşifâ*) for treatment (*li-ecli tedavi*) sometime in 1895—complained about the harsh treatment administered by asylum wardens (*memurlar*).[28]

In contrast, in the foreign accounts Mongeri and his reforms were well appreciated, and he was praised as a hero who removed shackles from patients and institutionalized humane treatment. Dorothea Dix (1802–1887), an American philanthropist who visited Süleymaniye weeks after Mongeri's appointment, wrote a letter from Istanbul addressed to Mrs. William Rathbore dated April 25, 1856; she "was greatly surprised and much gratified to find in Constantinople a very well directed hospital for the insane in the Turkish quarter."[29] She continued:

---

[26] This might have been part of the work therapy that was applied in the asylum; however, given the lack of staff, patients with minor diseases may also have been employed as small-scale asylum workers to provide such needs as cleaning and provisioning. Ali Enver's observation in the previous chapter suggests that the latter was the case: because of understaffing, insane patients were used without compensation to replace attendees and to serve other asylum residents. In order to conduct a more thorough examination of the case, one would need to know more detail regarding the treatment program that Mongeri applied in Süleymaniye. Nevertheless, both explanations—work therapy and small-scale employment—seem reasonable.

[27] Basîretçi Ali Efendi, *İstanbul Mektupları* (İstanbul: Kitabevi, 2001), 189.

[28] PMOA, A. MKT. NZD., 283/16, 7 Za. 1275.

[29] Francis Tiffany, *Life of Dorothea Lynde Dix* (Boston: Houghton Mifflin Co., 1891), 299.

> The insane of Constantinople are in a far better condition than those of Rome or Trieste, and Turin, Milan or Ancona. All the patients were Turks, fifty-two men, twenty women, eighteen servants and attendants, three physicians, one resident director and night watchmen. The hospital was founded by Solyman the Magnificent and provisions for the comfort and pleasures of the patients … quite astonished me. I had substantially little to suggest and nothing to urge.[30]

William Goodell, American, missionary, and Mongeri's friend, also painted a very positive picture of the asylum:

> The year 1857 brings to the more pleasing task of describing the last, best, and present administration of the hospital [Süleymaniye]. A well-appointed corps of male and female attendants were organized; a uniform dress gave system to the enterprise; and, above all, a piece of very good luck secured the services of Dr. Mongeri, an intelligent European physician, and ably seconded him by two medical assistants, and by twenty-one employees, including the chaplain, clerk, and apothecary.[31]

Overall, while outside observers appreciated some of Mongeri's reforms and foreign visitors in particular who had the chance to visit Süleymaniye and converse with Mongeri praised him, indigenous accounts were cautious and critical.

Toptaşı: A purpose-built Ottoman asylum?

Until 1873 the correspondence and official records available in the Ottoman archives suggest—as Mongeri's own writings attest—that a new mental asylum was not

[30] Ibid., 300.

[31] Goodell, "The Bedlams of Stamboul," 1871, 535.

founded owing to the imperial administration's lack of finances.[32] Even though Mongeri had a clear vision and plan for the facility and the principles that would be implemented there, his proposal did not find a receptive or interested audience within the reforming bureaucratic elite, who were probably concerned more about the economy and international politics at that time. Mongeri would therefore use every opportunity to seek a more spacious building to accommodate the patients who were packed into a sixteenth-century building.



Picture 2: The entrance of the Toptaşı mental asylum. Behind the entrance, the building where the insane were kept crosses the image horizontally.
Photo: Author's collection

After the 1873 epidemic outbreak, Mongeri obtained the permission and support of the government to transfer patients to Toptaşı, on the Asian side of the city. Located in a less densely populated area and at an elevated point in the city, the *dârüşşifâ* building in Toptaşı provided more space than Süleymaniye did both for asylum authorities to accommodate patients and for its administrators to implement their treatment program.

[32] Luigi Mongeri, *Le régime des aliénés* (Constantinople: Typo-Lithographie Centrale, 1877), 6.

However, this complex, like its predecessor, Süleymaniye, was not a purpose-built structure meant to contribute to a treatment program of moral psychiatric care. The building fell far short of the requirements of moral therapy, let alone contributing to patients' recovery. It had neither wards for the segregation of sexes nor other facilities to occupy the patients, and there were no large luminous hallways where breezes could circulate and clean the noxious air (according to the medical paradigm of the period, lack of air circulation was a prime cause of cholera in 1893).

John H. Davidson, medical superintendent of the Cheshire Asylum, published an account of Toptaşı that was printed in October 1875 and provided important details concerning the condition of Toptaşı patients, staff, and therapy. According to Davidson, the staff of the Ottoman institution comprised a physician-superintendent, two medical assistants, an under surgical assistant, a dispenser, an inspector, a secretary, and a steward, in addition to a cook, a laundress, and thirty-two attendants.[33] Under ordinary circumstances, patients were visited three times a week.[34] Davidson described the visits by the asylum's medical staff as follows:

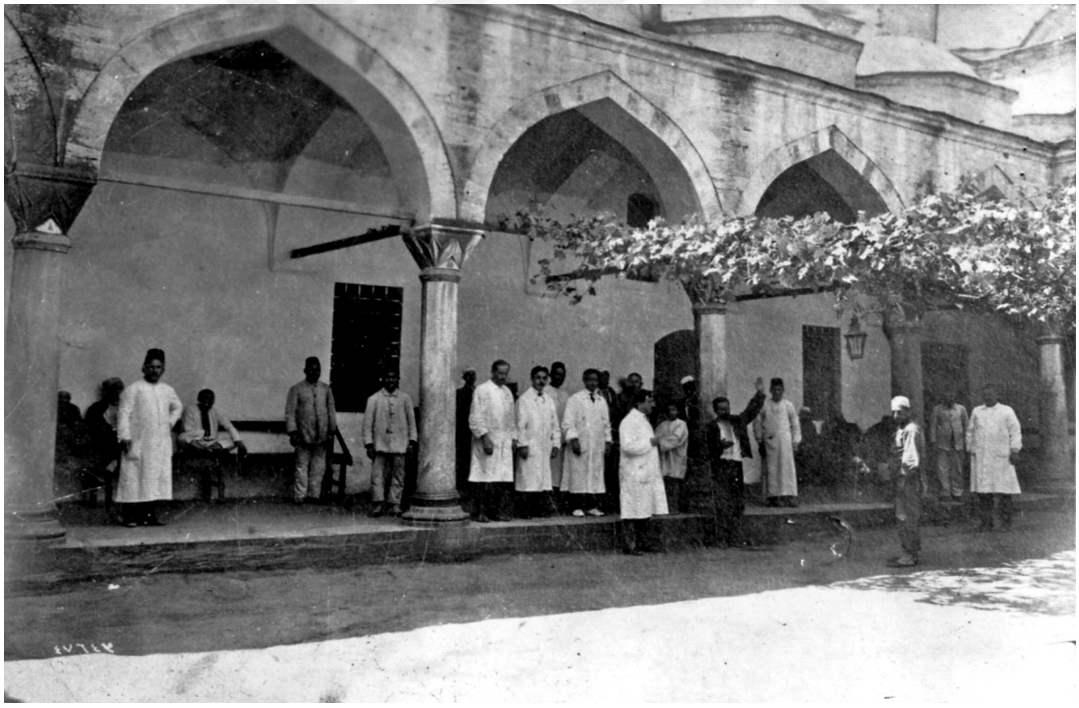
> The visits are made at fixed hours, and in different quarters of the asylum, according to the season. In the summer and autumn months, a wing of the gallery, bordering the court, is selected for the inspection, where the patients are ranged sitting cross-legged upon low benches, covered with India matting. All patients, except those engaged in domestic duties, or confined to bed, must be at the place of inspection at the appointed hour. The doctor, accompanied by his medical assistants and the inspector and

[33] John H. Davidson, "A Visit to a Turkish Lunatic Asylum," *Journal of Mental Science* 21 (October 1875): 409.

[34] Ibid., 411.

> head attendant, slowly proceeds along the line of patients, occasionally stopping to make interrogations. The patient generally rises to reply to the questions addressed to him, which chiefly refer to his health, his wants, and his conduct. In certain circumstances, and especially as regards new admissions, care is taken to conduct them into the Physician's private room.[35]

Unruly and uncontrollable patients, Davidson wrote, were sedated and disciplined by means of cold showers administered in the presence of numerous staff members. Despite the strict measures, he noted, "the number of patients, who have committed murder and arson" continued to increase yearly.[36]



Picture 3: Patients during a visit by asylum's medical staff in the Toptaşı mental asylum's courtyard. Photo: Private collection of Cengiz Kahraman.[37]

[35] Ibid., 411–412.

[36] Ibid., 412.

[37] I would like to thank to Cengiz Kahraman, who kindly shared with me some of the pictures found in this chapter.

With respect to the type of therapy applied in Toptaşı, Davidson noted that the old means of restraint and discipline—chains, collars, and the bastinado (*falaka*)—had been replaced with moderns methods (such as Reil's belt) to restrain masturbators, pickers, and certain melancholic patients.[38] Excited patients were subdued by means of prolonged baths of ten to twelve hours. Besides a Turkish bath, the central mental asylum contained *baignoires couvercles*, facilities that Davidson had also encountered in French and Belgium asylums.[39] Work therapy, which was commonly practiced in European asylums, was restricted at Toptaşı owing to the lack of space.[40] Only a few patients participated in domestic duties, such as tailoring, cleaning, and cooking.

> The amusements consist of the games of backgammon and chess, in which only a few engage: many prefer to smoke in quiet the *narghillé* [water pipe] or *chibouque* [tobacco pipe], but the majority give themselves up to the pleasures of *kief* [joy] and the *dolce far niente*. A journal called the "Djeridei-havadis" [Ceride-yi Havadis] is furnished to the asylum, and those who can read collect around them, in true Oriental fashion, their less accomplished fellow patients, and read aloud for their general edification.[41]

It is clear from Davidson's observations that Toptaşı, in spite of the application of some of the principles of moral treatment, could not meet the standards that Mongeri had observed in Paris and Vienna. Its limited physical space was the primary obstacle to the

---

[38] Davidson, "A Visit to a Turkish Lunatic Asylum," 412.

[39] Ibid., 412.

[40] Ibid., 412.

[41] Ibid., 413.

full implementation of a moral treatment program, which required spatial differentiation based on gender, illness, and class. Because the complex had not been intended for use as a mental asylum from its construction in the sixteenth century, because it had not been designed to accommodate hundreds of patients, and more important because it was surrounded with residential buildings, Toptaşı could neither increase in capacity nor provide pleasant open spaces, such as gardens, for patients' amusement. So the existing location of the hospital in a residential quarter made it difficult to implement an extension program, which the authorities relentlessly worked on. Within this limited space, the patients, Ali Enver's "birds in a cage,"[42] spent most of their time behind the thick walls either sitting idly, playing chess or backgammon, or smoking.



Picture 4: Male patients in the Toptaşı mental asylum's courtyard.
Photo: Private collection of Cengiz Kahraman.

[42] PMOA, Y. PRK. SH., 5/39., 29 Z. 1312.

But these problems were not strictly the result of the asylum's urban location; conditions in provincial medical facilities were not promising either. On 20 March 1876 the grand vizier ordered Mongeri—general inspector of mental asylums[43]—to inspect the general hospital (*dârüşşifâ*) where insane patients were kept in Edirne (Adrianople), and the doctor saw nothing different from what he observed in other facilities.[44] According to *Sabah*, an Ottoman daily newspaper, insane patients in Edirne were kept in miserable conditions: they were shackled by heavy chains around their legs, and no attention was paid to their food or hygiene.

[43] With respect to Mongeri's position as general inspector of mental asylums, Avram de Castro writes: "he had developed a remarkable regulatory project [i.e., the 1876 regulation]. Submitted to the Council of State for deliberations, this work, after a long discussion, was approved, and Dr. Mongeri was simultaneously appointed general inspector of mental asylums." Despite this decision, Castro further notes, "Neither the regulations nor the function of the inspection has yet come to light. The critical circumstances through which the country has been passing have been the cause." Castro, *Biographie du Docteur Louis Mongeri*, 7–8.

[44] "Edirne Bîmârhânesi," *Sabah*, 22 March 1876, 3. In another news piece dated two days earlier, *Sabah* informed its readers that Mongeri would submit a report (*layiha*) to the grand vizier concerning the Edirne asylum's reform. "Edirne Bîmârhânesi Teftişi," *Sabah*, 20 March 1876.



Picture 5: Mazhar Osman [Uzman] (1884–1954), called the father of Turkish psychiatry, can be seen here unchaining patients at the hospital in Edirne. On the left is a notorious *güllabi* (warden) holding a stick to discipline unruly patients.
Photo: Private collection of Cengiz Kahraman.

Having seen the patients' destitute situation, Mongeri ordered them shaved and bathed, and then he arranged to take them with him to Toptaşı.

This combination—a lack of space to accommodate patients in the central asylum, on one hand, and the miserable conditions in which patients were lodged in the provincial medical facilities, on the other—made founding a new, purpose-built mental institution a necessity for the authorities. A new facility was proposed as early as 1874, when a central asylum budget was created to finance the central asylum and when an annual tax (*vergi-yi senevi*)[45] was institutionalized that would be paid by the provinces and districts. According to this new financial mechanism—intended to ensure the continued

[45] PMOA, ŞD, DH., 700/34, 18 Ra. 1300.

functioning of the central mental asylum—annual taxes from the provinces would be used for expansion construction and other costs (salaries, food, medicine), and the remainder would be spent on the construction of provincial asylums.[46]

However, none of this functioned as planned, as described in the chapter 3: the expansion was never fully realized, and no funds were sent to subsidize the provincial facilities' repair or construction. In the meantime, while the authorities were struggling to create more space, insane patients continued to flow to the Toptaşı from surrounding provinces and districts. Added to this were the mental patients that belonged to non-Muslim *millets*, such as the Greek and Jewish communities. As discussed earlier, though the Greek community had its own medical facility, like so many of the empire's hospitals, it was unable to accommodate insane patients. The Jewish community, on the other hand, for a long time had no institutions at all to confine and treat the mentally ill. It was only when Abdülhamid II granted permission (18 February 1896) to Istanbul's Jewish community that the construction of dedicated hospitals was undertaken in 1896.[47] In most cases, patients who belonged to these communities—especially the Greek and Jewish *millets*, according to official correspondence—either were found wandering the streets or were turned over to the authorities because the Greek communal hospital

[46] See chapter 3 of this dissertation.

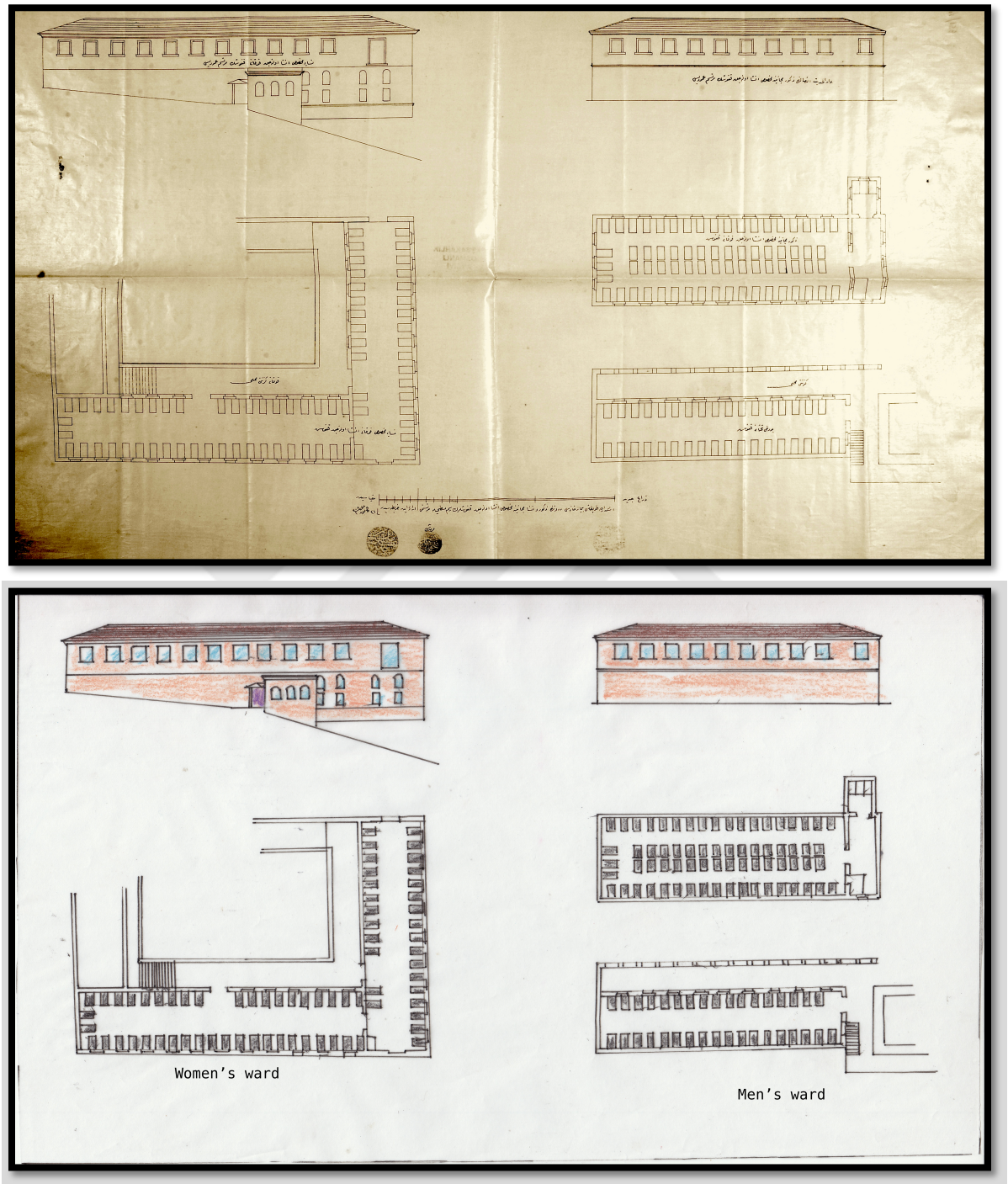
[47] Yıldırım, *A History of Health Care in Istanbul*, 181–182. According to the information provided by Yıldırım, Mahmud II (r. 1808–1839) had ordered the construction of a general hospital for the Jewish community in Istanbul; however, although land was purchased outside the Balat district, where the Jewish community was mostly settled, construction of this hospital was not completed until 1880. In that year "a group of idealist Jewish intellectuals, led by Doctor Rafael Dalmediko (1854–1927), established a committee called Or-Ahayim (Light of Life) to build a community hospital that would serve the poor. Doctor Izak Pasha Molho (1839–1919) and Doctor de Castro joined this community in 1890" (182).

(*ispatilya*) lacked space. Those arrested by the police who could not be accommodated in the central mental asylum were sent on to the hospital in Istanbul's General Prison.

As a result of the growing patient numbers and the empire's economic dire straits, the government and the asylum administration had to find practical measures to deal with the problems of overcrowding at both the prison and the mental asylum. The only feasible measure that they found was extending the asylum space to accommodate the newly coming patients. In 1890 as part of measures to increase the capacity of Toptaşı, an adjacent house and garden were purchased,[48] intended for the construction of new buildings for the patients and servants (*hademe*).[49]

[48] PMOA, ŞD., 758/16, 12 S. 1309; PMOA, İ. ŞD., 110/6580, 27 S. 1309.

[49] PMOA, ŞD., 673/26, 10 C. 1310.



Picture 6: The wards whose construction was planned for inside the existing Toptaşı complex for male and female patients in Usküdar. Lower image my rendering based on the documentary evidence.
Source: PMOA, DH, MKT., 19/37, 27 Za. 1310.

The proposal called for two separate pavilion-type buildings to accommodate female and male patients separately. In the construction plan[50] the main concern, as seen above in figure 1, was providing space for additional patients. While moral architecture envisioned various facilities constructed along the principles of humane treatment and class and gender divisions, these two structures were mostly intended to eradicate the chronic and more basic problem of overcrowding. For this reason, the wards were designed in large proportions to shelter as many patients as possible. A close look at the plan also suggests, however, that in the design of the buildings some principles of the moral asylum architecture of the period—at least some of the principles that Mongeri underlined in his 1865 *GMD* articles—were in fact taken into consideration. First of all, a separate promenade space for walking (called *gezinti mahali*) in each building was reserved for patients' intermingling and socialization among patients of the same sex. Since epidemic outbreaks had constituted a grave concern among the medical authorities, numerous windows were incorporated into each building to facilitate the circulation of air and the penetration of light. Moreover, these buildings were intended to accommodate not only patients but also the servants called *hademe.* Though the official communications[51] indicated that the buildings would accommodate both patients and servants, in the plan the space for the servants is not specified. Since the buildings were designed in two stories, it is likely that the windows at the entrance level of the women's

[50] A plan and pictures of some of the hospitals were made available in a recent publication: Ömer Faruk Yılmaz, ed., *Son Devir Osmanlı Hastaneleri: Fotograf ve Planlar* (Istanbul: Çamlıca Basım Yayın, 2007). However, this book does not provide a critical scrutiny of the hospital projects or contextualize the official initiative behind their foundation. A close look at the plans and pictures shows that during the reign of Abdülhamid II, various types of hospitals—military and civil—were established to serve the subjects of the empire.

[51] PMOA, ŞD., 773/11 6 Za. 1311; PMOA, DH. MKT., 19/37, 27 Za. 1310; PMOA, ŞD., 763/26, 10 C. 1310.

ward show the rooms that were reserved for the servants. The attendees were also differentiated according to gender, and only female attendees could serve in the women's ward, most likely because of religious stipulations. And since the moral therapy required patients' close observation and attention, it was logical to house the servants in the same building with the patients.



Picture 7: An inside view of one ward at the Toptaşı mental asylum. Late nineteenth, early twentieth century
Photo: Author's own collection

According to correspondence sent to the Ministry of the Interior from the Municipality of Istanbul, dated 8 November 1894, the construction of these two wards was commissioned, with the limited funding that was received from the central treasury, to certain contractors, an Armenian called Serkis and a Greek named Andon.[52] The above

[52] In fact, there was no space for such an extensive construction plan. It was for this reason that asylum authorities first tried to annex other buildings included in the complex, such as the soup

plan was executed only in part; that is, before the 1893 epidemic the construction commenced on the women's ward and progressed considerably, but it was halted because of the cholera epidemic, and construction on the men's ward did not even begin.[53] The same 1894 communication indicated that following the eradication of the cholera epidemic, construction had resumed on the women's ward and was nearing completion.[54] In sum, technical and bureaucratic impediments had compelled the authorities to address the problem of capacity in a radical way—despite a tight financial situation. In addition, they began to consider building an altogether new mental facility outside the city that would both accommodate numerous patients and facilitate the execution of a moral treatment program.

A new mental hospital

In the last months of 1894, according to official correspondence between the central government and the local authorities, the pressure for the admission of patients from the provinces remained an urgent concern for the municipality and for asylum administrators. The insane patients and accused criminals awaiting medical examination in the provinces owing to the transfer ban needed to be admitted somewhere, but there was not enough space in the existing institutions to accommodate them, either in the provinces or in the capital. One after another, local authorities from provinces like Hüdavendigâr, Konya, and Manastır sent petitions to the Ministry of the Interior

kitchen. Unable to integrate the soup kitchen, they purchased a house and garden next door to create space for the expansion.

[53] PMOA, ŞD., 773/11, 6 Za. 1311.

[54] PMOA, ŞD., 773/11, 6 Za. 1311.

demanding that patients from their localities be transferred and admitted to Toptaşı.[55] By January 1894, the number of insane patients, both men and women, kept in the General Prison had reached a total of forty-five (at the time of the petition to accept patients from outside the capital, the capacity of Toptaşı was limited to three hundred).[56] When the Ministry of Police demanded that the municipality transfer them to another place, the government began to consider its options. The transfer of patients from the prison to Toptaşı was discussed in a meeting of the Public Health Commission (Hıfz-üs Sıhha-yı Umûmiye), which agreed to move some of the insane from the prison as an enactment of necessary sanitary measures.[57] But the municipality did not accept the commission's decision, contending that transferring the patients would exacerbate the overcrowding at the mental asylum and thus risk the health of the patients there.[58]

While the central government was seeking alternatives to accommodate patients kept in the prison, it also considered repairing local hospitals and building regional mental asylums at the administrative centers of the provinces that would receive and accommodate patients from nearby provinces. The renovation of existing hospital structures and the establishment of new ones were expected to prevent the flow of patients to Istanbul, thus alleviating the overcrowding in the central mental asylum that was jeopardizing public health in the capital. In order to make local treatment possible for these patients, correspondence suggests, the government determined to create regional

[55] Some of the petitions demanding the admission of insane patients and accused criminals awaiting medical examination are contained in the folder PMOA, DH, MKT., 269/35, 6 S. 1312.

[56] PMOA, İ. ŞE., 2., 6 Ş. 1311.

[57] PMOA, İ. ŞE., 2., 6 Ş. 1311.

[58] PMOA, A. MKT. MHM., 549/9, 26 B. 1311.

mental asylums. A mental asylum in Manastır would serve the provinces of Yanya Monastir, İşkodra (Shkodra), Salonika, and Kosovo; for the provinces of Beirut, Aleppo, and Syria an asylum was to be built in Damascus; for Van, Bitlis, and Erzurum there was to be a facility in Erzurum; Diyarbekir, Mosul, Bagdad, and Basra were to send patients to an asylum in Bagdad; and for Mamüretülaziz, Sivas, and Ankara a mental asylum in Ankara was among the options. The existing Manisa mental asylum was assigned to serve the provinces of Konya, Aydın, and Cezâir-i Bahr-i Sefid. Trabzon and Hüdavendigâr, which were close to Istanbul and could easily transport patients by boat, were given permission to send their patients to the central asylum in the imperial capital.[59] However, apart from the existing general hospital structures, the project of establishing regional mental asylums was not realized because of the empire's financial difficulties.

In contrast to the stop-gap measures (e.g., expanding the existing asylum space) that had been sought earlier, after the disastrous 1893 epidemic more comprehensive measures to establish a new mental asylum in the capital gained credit within the government; Sultan Abdülhamid II had himself ordered the erection of a new facility following the cholera outbreak. Because an overcrowded mental asylum in a residential area not only endangered the inhabitants themselves but was also a constant threat to public health, the Hamidian regime on the whole and Abdülhamid II himself (a paranoid ruler) were alarmed. Since Toptaşı was located amidst the general population and was surrounded by civil and military institutions, its malfunctioning was considered a challenge to the city's social and economic life. Thus, moving the mental asylum was not

[59] PMOA, DH. MKT., 269/35, 6 S. 1312.

only a medical necessity but also equally a social and economic requirement, according to authorities and to Abdülhamid, who had kept a close eye on the cholera epidemic and monitored proposals concerning the evacuation of the asylum at the height of the 1893 outbreak.[60] More important from the medical and professional vantage point, which I have explained, was that the effective application of moral management could not be adopted to its full extent in an old general hospital (*dârüşşifâ*) structure. Toptaşı, lacking the proper ventilation and orderly arrangement of rooms expected in a modern mental asylum, was unfavorable and archaic in the eyes of asylum doctors. A communication from the Prime Ministry to the Municipality of Istanbul, dated 13 September 1893, indicated that Toptaşı was not conducive to the application of current scientific advances (*terakkiyât-ı fenniyye*), underlining the need for a new, purpose-built structure.[61]

As treated in the preceding chapter, during the 1893 epidemic the imperial government considered founding a new mental asylum on one of the islands located in the Sea of Marmara or along the coast of the Aegean Sea; this would have entailed the evacuation of the asylum in the city, abandoning it for a new facility outside city perimeters. Two island locations, Yassı Ada and Tavşan Adaları, were considered and rejected for logistical reasons;[62] the government had also considered another island on

[60] PMOA, DH. MKT., 173/31, 25 L. 1331.

[61] PMOA, A. MKT. MHM., 591/5.

[62] PMOA, A. MKT. MHM., 591/5. Tavşan Adaları had formerly belonged to the British ambassador Baron Henry Lytton Bulwer (1801–1872) and later to Ismail Paşa, the *khedive* (viceroy) of Egypt and Sudan from 1863 to 1879. Bulwer, who purchased the island in 1857, had an Anglo-Saxon chateau built there, but because of health problems he had to sell the island to Khedive Ismail. "On Yassıada, a Deserted Chateau and History," *TodaysZaman*, accessed 21 July 2014 (http://www.todayszaman.com/news-350977-on-yassiada-a-deserted-chateau-and-history.html).

the Sea of Marmara that was home to a Greek Orthodox monastery.[63] But on 13 September 1893, following Abdülhamid's directives, the government resumed preparations to acquire a different site outside of Istanbul and to plan a new mental asylum for the empire's capital on the mainland.[64]

Why were the authorities so concerned about the location of a new mental asylum? As explained earlier, the potential threat to public health was a determining factor in the transfer of the mental asylum. As evident from the correspondence just discussed, the lack of adequate water sources was a determining factor in the abandonment of the islands as an option. For a large mental asylum that would house hundreds of patients and staff members, a lack of water would create problems of sanitation and hygiene—not to mention the basic consideration of drinking water. No water would have meant limited flushing of drains and the sewage system, and this would eventually foster the development of epidemic diseases. But in addition, the site where the prospective asylum would be located was important from a medical perspective as a contributory factor in patients' recovery. In particular, according to nineteenth-century psychiatric theory, a mental asylum amidst a natural setting, surrounded with green spaces and vegetation, would play a curative role, and doctors wanted their patients to have a view toward nature.[65] The bureaucratic correspondence reflects this ideal: finding

[63] The name of the island is not specified. The correspondence suggests that the authorities had also considered other islands such as Sivri Ada (Oxia), one of the Princes' Islands in the Sea of Marmara, which during the Byzantine times was used to detain troublesome persons. However, this option was also abandoned because there was no water or vegetation there. PMOA, İ. HUS., 1311 Ra/17, 1 Ra. 1311.

[64] PMOA, A. MKT. MHM., 591/5.

[65] Leonard Smith notes that in England, public asylums opened between 1810 and 1820—under the provision of Wyn's Act of 1808—were opened as county asylums to benefit from fresh air

an appropriate site was not simply a logistic calculation but also involved a medical and scientific concern to build an asylum in line with the prevalent medical paradigm of the period.[66] The frequent references to "current scientific advances" (*terakkiyât-ı fenniyye-i hâzıra*) in my opinion suggest that the not only the asylum's medical staff but also reformist bureaucrats were informed about the moral asylum-based treatment program—by way of either the popular press or the reports that were submitted to the government by professionals like Mongeri or by their colleagues.

On 6 January 1894, Abdülhamid II once again called for proposals regarding the prospective location of and plans for the new asylum.[67] In response to that and a subsequent memorandum by the Prime Ministry, a meeting was held by the Municipality of Istanbul concerning the construction of a new facility; a memorandum was submitted to Sadaret on 10 January 1894.[68] As an early step in the process of determining where to erect the asylum, the municipality decided on a place somewhere between Bostancı and Maltepe on the Asian side of the city. This new site was both outside city perimeters and easy to provision via a land route. Next, the municipality commissioned a plan from the prominent French Ottoman architect Alexandre Vallaury (1850–1921), who had designed

---

distance from urban smoke. Leonard Smith, "The Architecture of Confinement: Urban Public Asylums in England, 1750–1820," in *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, ed. James E. Moran, Jonathan Andrews, and Leslie Topp (New York; London: Routledge, 2007), 41–62.

[66] PMOA, A. MKT. MHM., 596/24, 25 Z. 1312.

[67] PMOA, ŞD., 773/11, 6 Za. 1311.

[68] Memorandum from the municipality to Saderet, No. 683, 10 January 1894. ŞD., 773/11, 6 Za. 1311.

public buildings in the capital, and his colleague, a certain Henry.[69] Alexandre Vallaury was well known and an instructor in the School of Fine Arts' (Sanâyi'-i Nefîse Mekteb-i Âlîsi) Department of Architecture.[70] Vallaury had designed many public buildings that were erected in the capital during the reign of Abdülhamid II. Among these there were the Public Debt Administration building, the Ottoman Bank at Galata, and the Royal Museum of Antique Works.

Vallaury and Henry prepared a plan and submitted it to the municipality. Though the correspondence refers to a plan that Vallaury had completed, the folder that contains various communications concerning the erection of a new lunatic asylum and a three-page description of the structure does not contain any sketches. The documentary evidence details the structure, the facilities that it would include, the type of buildings, and the costs of the construction (estimated at 69,000 *liras*).[71] Vallaury proposed to complete the entire complex in a period of fifteen months.[72]

According to this plan, the asylum buildings would accommodate a total of eight hundred patients. Of this total, space was planned for five hundred male and three hundred female patients, to be housed in separate sections of the asylum. Overall, the facility would be divided into two sections, each composed of one- or two-story buildings and small cells required for the isolation of violently insane patients. Furthermore, each

[69] In the documents it is difficult to decipher Henry's surname in the Ottoman-Turkish script, which is written in Arabic letters. The plan that was proposed was a joint project of Vallaury and Henry.

[70] Zeynep Çelik, *The Remaking of Istanbul: Portrait of an Ottoman City in the Nineteenth Century*, Publications on the Near East 2 (Seattle: University of Washington Press, 1986), 152.

[71] PMOA, ŞD., 773/11, 06 Za. 1311.

[72] For the details of the mental asylum, see ŞD., 773/11, 6 Za. 1311.

ward would include other facilities: a kitchen, a Turkish bath (*hamam*), a laundry, a ward for invalids, and so on.[73]

Apart from the men and women's sections, the asylum complex would contain a central kitchen, a mosque, a small church (*kilise*), a surgery, a morgue, and small rooms for attendants. Furthermore, there would be a separate building for administrative purposes. The description does not detail the shape or locations of the buildings, but it suggests that the buildings, designed as small detached pavilions, would be connected by a circular road (*daireye medâr bir tarîkle*).[74]

The Vallaury plan envisaged a spatial segregation of patients, who would first be divided according to gender; then each group would be subdivided by illness. The peaceful patients would be kept in the common wards. In contrast, uncontrollable patients would be confined in small cells. Senile patients would be accommodated in separate wards called *dârülma'lûlîn* (room for invalids). Each section would include a common hall for visitors.[75] This last provision further suggests that (except in the case of violent patients) the moral architecture that was embodied in the structure sought the creation of a family environment for patients and their visitors, where the former could feel at home under the watchful eyes of medical professionals.

The men's ward, much larger than the women's, was designed in a grand scheme to accommodate five hundred patients. It contained a total of eight buildings: four single-story and four two-story buildings. The single-story buildings would accommodate, according to the proposed plan, twenty-six patients, whereas the two-story structures

[73] PMOA, ŞD., 773/11, 06 Za. 1311.

[74] PMOA, ŞD., 773/11, 06 Za. 1311.

[75] PMOA, ŞD., 773/11, 06 Za. 1311.

would accommodate fifty-two patients. In that way, a total of 312 patients could be housed in the buildings. The cells, 160 in total, would accommodate 160 patients. The men's section would also contain other facilities, such as a room for night watchmen, a guestroom (*misafirhâne*), a laundry, a sterilization machine (*tathîrât-ı fenniyye makinası*), and several water closets. The amount of space reserved for the male patients suggests that they constituted the majority of the asylum's population (as Mongeri's own statistics, discussed earlier, confirm).

The women's section, on the other hand, which was designed on the same architectural principles and layout, would accommodate a total of just three hundred patients. It would comprise a pair of two-story structures and four single-story buildings. Like the men's ward, the women's would also include its own facilities: a treatment ward (*tedavi dairesi*), showers, restrooms, a Turkish bath, a sterilization machine, a laundry room, and a storage room for garments and drugs.

Separate wards for patients diagnosed with epidemic diseases were also included in the plan for the new asylum, and two small buildings would be attached to the men and women's wards to accommodate patients with minor diseases. The buildings, according to the plan, would also be surrounded with gardens.

The administrative section of the asylum was to be housed in its own building at the center of the complex. The ground floor would contain at least three rooms for administrators or clerks (*kitâbet dairesi*), a room for the minister (*nâzır*), and a meeting room for doctors. The doctors' offices would be located on the second floor of the administrative building.

The plan of these buildings very closely aligned with the concerns of both medical staff and government authorities at the end of the nineteenth century. First of all, it should be mentioned that though it was not realized, the designed executed by Vallaury and his colleague can be considered the first example of a purpose-built Ottoman mental asylum. Thus, the model proposed marked a break from classical *bîmârhâne* architecture, which was actually nothing more than a general hospital (*dârüşşifâ*), and sought to introduce a modern plan based on the spatial organization of patients according to various categories (gender, social status, and illness). Vallaury's plan classified each sex into subgroups depending on the type and intensity of their illnesses, also corresponding to the principles of moral architecture: while more peaceful patients were to be kept in common wards, the violent and uncontrollable ones were to be kept in single isolation cells. Moreover, the new mental asylum, in contrast to the *bîmârhâne*, was designed according to a grand scheme that would enable patients to occupy themselves with long walks and outdoor excursions, making a positive impact on patients' senses.

The particularities and the facilities of Vallaury's plan suggest that it was designed with reference to European asylums, which had themselves been erected in accordance with the principles of the moral treatment program and which the Ottoman authorities formulated as current scientific advances (*terakkiyât-ı hazıra-yı fenn*). Like its European predecessors, the Ottoman asylum was designed along a pavilion plan, an asylum model that in the nineteenth century was preferred because it provided excellent ventilation. Particularly, the miasmatic theory of disease held that illnesses such as cholera were caused by noxious air emanating from decomposing or rotten organic matter. While the pavilion model, with its detached and independent buildings, had

certain advantages (providing ventilation, preventing the communication of epidemic diseases by dividing patients into small groups), on the other hand, some scholars have argued that it was not conducive to surveillance—that is, the control of patients.[76] In my opinion, based on the official correspondence, the motivation in the Ottoman case was not so much controlling patients but rather accommodating their ever-increasing numbers (as well as analogous increases in asylum attendants); officials wanted first to eradicate the overcrowding that led to epidemic diseases.

But once again, the draining Ottoman finances prevented the realization of Vallaury's plan. In 1895 the Ministry of Finance sent a communication to the Prime Ministry indicating that the construction of a mental asylum somewhere between Bostancı and Maltepe and of a prison in Yedikule, together estimated to cost 100,000 *liras*, could not be funded from the budgets of either the Municipality of Istanbul or the Ministry of Police, nor again from the central treasury (*hazine*).[77] In 1899 the lack of finances was still an obstacle to the foundation of a new asylum.[78] And by 1901, correspondence suggests, the condition of patients in Toptaşı had further deteriorated; asylum servants (*hademe*) went on strike because they were not being paid, as did the patients with mild illnesses who were employed to perform light work at the asylum (such as cleaning).[79]

Thus, the project of a mental asylum in line with scientific advances of the time—Vallaury's plan for a new complex—remained on paper. However, attempts to realize a

[76] Yanni, *The Architecture of Madness*, 49.

[77] PMOA, A. MKT. MHM., 596/24, 25 Z. 1312.

[78] PMOA, BEO., 1398/101799, 12 R. 1317.

[79] PMOA, DH. MKT., 2568/61, 1 N. 1319; PMOA, 1971/147757, 5 L. 1320.

new mental asylum did not stop. After the Second Constitutional Period (1908), in order to improve conditions for the patients kept in Toptaşı and to rehabilitate its notorious reputation among the public as a place where patients were locked away to die and where political adversaries were doomed to life-long imprisonment, the government reconsidered establishing a new mental facility. In the face of a relentless inflow of patients from the countryside and ever-present overcrowding at the central mental asylum, the government again took up the idea of founding local mental asylums after the manner of civilized countries (*memâlik-i mütemeddine-i sâire*), even though authorities were aware that they could not realistically undertake such a financially costly project.[80] Istanbul remained at the center of efforts to found a new, modern mental asylum in this period. In order to prevent wildly rising patient numbers in the existing facility, the Municipality of Istanbul wrote to the Ministry of Interior in 1909 requesting the observation of persons brought from the provinces in a special place (*mahall-i mahûs*) in the police station for a certain time; if the observation period confirmed the patient's insanity, he or she could then be sent to the central mental asylum, but if not, the municipality asked for a discharge—in fact, the municipality even asked permission to release peaceful insane individuals on bail.[81] It is certain that in the face of the pressures of too-numerous patients and the lack of space to accommodate them, the authorities had found an interim solution, another stop-gap. But the long-sustained problem of overcrowding forced the government to repeatedly turn to the idea of a purpose-built asylum in the capital. After the Young Turk Revolution of 1908, Mazhar Osman has

[80] PMOA, DH. UMVM., 95/9, 12 Ş. 1329.

[81] PMOA, DH. MUİ., 26–3/13, 21 C. 1328.

written, the necessity of a mental asylum that would serve the poor, needy, and paralyzed (that is, individuals with chronic neurological diseases)—a modern (*asri*) asylum—had once again manifest itself.[82] Plans were made to construct a mental asylum in Safra Çitfliği for few thousand gold pieces, and those plans at first moved forward.[83] According to government communications, the modern facility to be built in Safra Çitfliği, in present-day Bakıröy, would contain vast estates and farms where mental-health establishments of the agricultural colony (*koloni agrikol*) type could be constructed.[84] But the project was not realized because of war with Italy (1911–1912), war in the Balkans (1912–1913), and finally the First World War (1914–1918).[85]

Conclusion

Overcrowding in the empire's central mental asylum and the cholera outbreak of 1893 resulted in the loss of patients' lives. This spurred an official initiative to create a purpose-built Ottoman mental asylum, which would on one hand accommodate increasing numbers of patients and on the other hand allow for the type of care that current scientific and medical advances called for. The ideals reflected in the official correspondence attesting this initiative stem from Mongeri's visit to Europe and his own writings published in *GMD*; the reforms that he executed to bring the Ottoman asylum closer to European standards met with varied reactions from member of the public, foreign and domestic. The Toptaşı era of the central asylum was a difficult one, and

[82] Usman, *Tababet-i Ruhiye.*, 63.

[83] Ibid., 63.

[84] PMOA, DH. UMVM., 95/9 12 Ş. 1329.

[85] Usman, *Tababet-i Ruhiye.*, 63.

various proposals to expand it and even to replace it also reflected the ideals of moral architecture—a physical structure and location that supported the moral treatment program favored by nineteenth-century psychiatric professionals; the architectural descriptions and sketches that were proposed attest the prevalence in the Ottoman Empire of the architecture of the moral treatment paradigm, which shaped the European and transatlantic mental reform program. Yet despite these ideals and detailed plans to realize them, a purpose-built Ottoman mental asylum came into existence only in the final decade of the nineteenth century—and then only in theory.

CHAPTER VII

In Lieu of a Conclusion

On 17 December 1791, while Selim III (r. 1789–1808) was in Ayasofya Mosque for prayer, a person from among the congregation rose and, after shouting words of complaint, took a musket ball from his pocket and threw it at the enclosure where the sultan was praying.[1] As he was about to throw another, the guards caught him and took him outside; upon the order of the sultan, the man was beheaded on the spot. In the imperial decree issued by Selim III immediately after the incident, the sultan complained that due to "the compassion for the poor and the inattentiveness of the officers, unidentified people from surrounding provinces flock the capital everyday," and these people disrupted "social harmony and cause scarcity of provisions." The decree identified beggars, dervishes, and lunatics as the potential troublemakers in the capital, and continued in disbelief: "What shameless behavior! And so what if he is insane? Are there no asylums?"[2]

Evidence suggests that from the end of the eighteenth century onward, the state's interest in policing and controlling the urban poor increased in reaction to growing social and political instability. Beggars, the unemployed, vagabonds, bachelors—all classified under the category of *mechûl-ul ahvâl* in official documents—came under close scrutiny, especially those within the perimeters of the capital, because of concerns about public order and security. These "problem groups" were closely watched and required to be register if within the city perimeters; those lacking guarantors would be expelled. At this time the insane were not strongly differentiated form a larger mass of marginal folk, but

[1] Başaran, "Remaking the Gate of Felicity," 13.

[2] Cited in ibid., 12.

the growing concern that such unmoored figures—migrants, beggars, unmarried men—constituted a threat to the social order and to the state itself brought the insane to the attention of the state apparatus in a new way.

The Ayasofya incident and the subsequent imperial decree by Selim III thus ushered in a new era for the urban poor in general and for the insane in particular. The changes of this period in official policies toward disenfranchised groups were one element in a much larger array of modernizing reforms, meant to revitalize the central authority. The process began as early as the reign of Selim III, continued under Mahmud II (r. 1808–1839), was greatly expanded during the Tanzimat, and continued apace in the period of Abdlühamid II (r. 1876–1909).

Prior to the era of Selim III, the interest of the state in matters pertaining to the insane was minimal compared to its interest in other matters. The state confined only those who were viewed as social threats or who might compromise public order and morals. On the whole, insanity belonged to the domain of domestic and communal responsibility. Only chronically ill and unmanageable patients were confined in the general hospitals (*dârüşifâ*s and *bîmârhâne*s) in major cities; the rest, in the absence of organized medical science and public assistance, were largely cared for by their families and in religious establishments such as mosques, dervish lodges, convents (*tekkes*) and monasteries.

In the nineteenth century, however, the mentally afflicted would be segregated from the wider public and confined to institutions that were exclusively reorganized[3] for

[3] I use *reorganization* to underline the new role that was assigned to traditional pious endowments (*vakıfs*) such as *Süleymaniye* and *Valide-i Atik* (*Toptaşı*). Tanzimat statesmen and reformers in addressing the "problem groups" such as the insane, orphans, and so on, did not found new institutions but transformed existing ones into modern institutions.

this purpose. This of course followed a more general pattern evident in the period wherein modern institutional solutions were found, in the form of schools, prisons, and hospitals, for the "problem" posed by disenfranchised groups. By the mid-nineteenth century, the insane were gradually segregated from other "problem populations" (such as vagrants, beggars, and the unemployed) and were institutionalized in specially designed and redefined state-supported lunatic asylums known as *bîmârhâne*. Within this environment, under the jurisdiction of medical and civil authorities, insanity was stripped of its early modern attributes by new technologies borrowed from the emerging medical and scientific arsenal of the period. The condition of the insane was rendered uniquely and essentially a medical and administrative problem, and its administration was granted to the medical professionals known as *tabib* (doctors) collaborating with government.

The *bîmârhâne*, I argue, especially in the second half of the nineteenth century and following the appointment of Luigi Mongeri to the Süleymaniye Asylum in 1856, was officially designated as the sole official response to the problems posed by mental illness and was the place where insanity was formularized as an illness. This development both aligned with a global growth in asylumization and related to Mongeri's claims to a particular expertise in treating the insane and reforming their condition.

This new medical and institutional approach was given formal shape as reform measures (*ıslahât*) articulated by medical experts and the official bureaucracy. The measures were executed and expanded via close cooperation between medicine and politics that included increasing institutionalization of the mad, a new legal and regulatory regime, and a structure for financial support. First of all, insanity was gradually stripped off its popular attributes, pathologized and even criminalized as an

unacceptable behavior, a dangerous condition jeopardizing not only the well-being of the patients' families and other individuals but also public order and security. At the same time, older forms of public and private assistance, such the family and religious communal care that was provided by religious groups came under both financial and professional pressure. In professionalizing the treatment of insanity, the asylum doctors applied new scientific and medical techniques and developed theories as to the etiology of insanity in order to quantify and classify the condition as an illness exclusively knowable by the mental-health professionals. In the long run, these processes contributed to a skyrocketing number of individuals committed to asylums. It also paved the way for the professionalization of insanity's treatment and for the emergence of a group of medical experts (*tabib*) who claimed a monopoly with their institutions on the treatment of insanity.

Yet despite—or in addition to—this, asylum reform was essentially an administrative and political project, the project of a modernizing state seeking to address the problems of and posed by citizens. It is best understood as part of a history of wide-ranging institutional reform and government expansion, deeply embedded in a domestic and international social, economic, and intellectual context. The developments in the handling of the insane cannot be understood through the lens of the history of medical professionals or of medicine narrowly defined. In most cases, such works read the history of medicine mainly from a progressive perspective. They provide a narrative of steady increases in scientific knowledge over the centuries and highlight the contributions of scientifically informed doctors to the well-being of human kind, and so on. The history of asylum reform in the Ottoman nineteenth century does not lend itself to such a Whiggish

account. Indeed, asylum reform may be seen as something of an antidote to the traditional progressive historiography of the Ottoman reform paradigm more broadly. Neither should the asylumization efforts of the latter part of the century be allowed to fall entirely beneath the shadow of a kind of Hamidian "black legend." Though in the Young Turk press and literature parallels were drawn between the famous French Bastille and Toptaşı Mental Asylum, depicting the latter as little better than prison or dungeon where Abdülhamid II's adversaries were being detained, tortured, and put to death, the evidence suggests that asylumization was undertaken with a genuine will to care for the sick and improve their treatment (certainly a number of important reforms date to Abdülhamid II's reign.)

The professional ingredient in the formulation of asylum reform or, put another way, the professional agenda of the asylum doctors cannot be ignored. Neither should it be exaggerated, however. For a medical group that established its first professional organization only at the beginning of the twentieth century, such a claim distorts the historical record. It is true that a group of doctors exercised authority at the Süleymaniye and Toptaşı asylums and that their views were given great credence by Ottoman officials. But these doctors, unlike their later counterparts, had not received any psychiatric training. They were, rather, trained in various branches of general medicine. In the Ottoman case, unlike that of Europe, where alienists tended to receive specialized training in universities, the psychiatric profession developed within the confines of hospitals. It was only after 1896 that the first psychiatry classes and clinics were added to the university curriculum at the Gülhane Medical School. The 1876 regulations thus played a crucial role in the professionalization and institutionalization of insanity

treatment by designating the *bîmârhâne* as the sole institution that could admit and treat the insane. Doctors as the experts worked in collaboration with other authorities to issue the medical certificates required for the admission and discharge of mental patients. Yet it was not the asylum doctors as a professional group who ordained the admittance of the mad to hospitals; on the contrary, civil authorities like local administrators, neighborhood residents, village elders, and the police authorities were the ones to demand the sequestration of the mentally deranged and even their release. The reasons for sequestration often varied. In certain cases, public morality and security were at stake; in others, it was the lack of communal or family means to assist such individuals. Though the 1876 regulation stipulated a medical certificate as a requirement for one's incarceration, in most cases the asylum doctors never saw patients before they came to the asylum. Thus, to sum up, the campaign to enhance the authority of mental-health experts did not occur prior to the dramatic increase in patient numbers; rather, it occurred simultaneously as the number of confined patients increased. Moreover, as we have seen throughout this work, the Council of State and its branches were most often the institutions that undertook and directed the asylum reform. Asylum doctors, in performing their occupations, had either to fight against bureaucratic domination or to work closely with supervising authorities such as the municipality and other ministries in executing their decisions. That is, they had to overcome bureaucratic hegemony. Though they were theoretically and officially the heads of the institution, in practice they had little to say about its administration and organization. They could demand, but they could not dictate a decision.

Nevertheless, the state's concern with social control and governmentality should not be seen as the sole motive for the transformation in the status and treatment of the mad. There was also a religious concern and a sense of a pressing need to create more modern and institutionalized settings to attend to the poor and helpless. This humane function in the earlier periods had been fulfilled by charitable organizations known as *evkaf*. With the advent of central control over the revenues of the charitable *evkaf* and the deterioration of their condition, however, these organizations could not provide services such as distributing food and providing lodging in the nineteenth century. This was especially the case in the urban centers (a factor which also contributed to the identification of vagrants and insane as problematic). The asylum solution was thus embraced by reforming bureaucrats who sought both to replace the old means of charity and to replace them, moreover, with modern institutions such as hospitals, insane asylums, or prisons that would segregate these problem groups, improve their conditions, and perhaps even cure them and make them serviceable citizens. To this end, an annual tax on insanity, formularized as the *vergi-yi senevi*, was proposed and authorized by the government, to be collected annually from all the provinces and districts of the empire. This newly established tax on insanity—a channeling of the state funds to the mental asylum-reform program—was also intended to finance the needs of the increasing number of insane being admitted to the central mental asylum.

But after we take all these factors into account, the record of nineteenth century asylum reform reaches a painful culmination of disease, death, and unrealized efforts to alleviate these new evils. By the fourth quarter of the nineteenth century, state-funded institutional developments in the treatment of the insane, which were formularized in

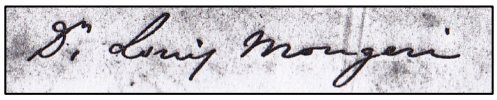
collaboration between asylum doctors and reforming bureaucrats, the legal incorporation of insanity into the Ottoman penal corpus, and technical procedures specified for dealing with it had contributed to a sharp rise in asylum populations. As efforts to reform conditions for the insane unfolded, this study demonstrates, the numbers of those identified as needing treatment or awaiting medical examination—be it for medical or juridical purposes—soared, resulting in overcrowding and a financial crisis in the asylum system and a new impulse to increase the capacity of the central mental institution.

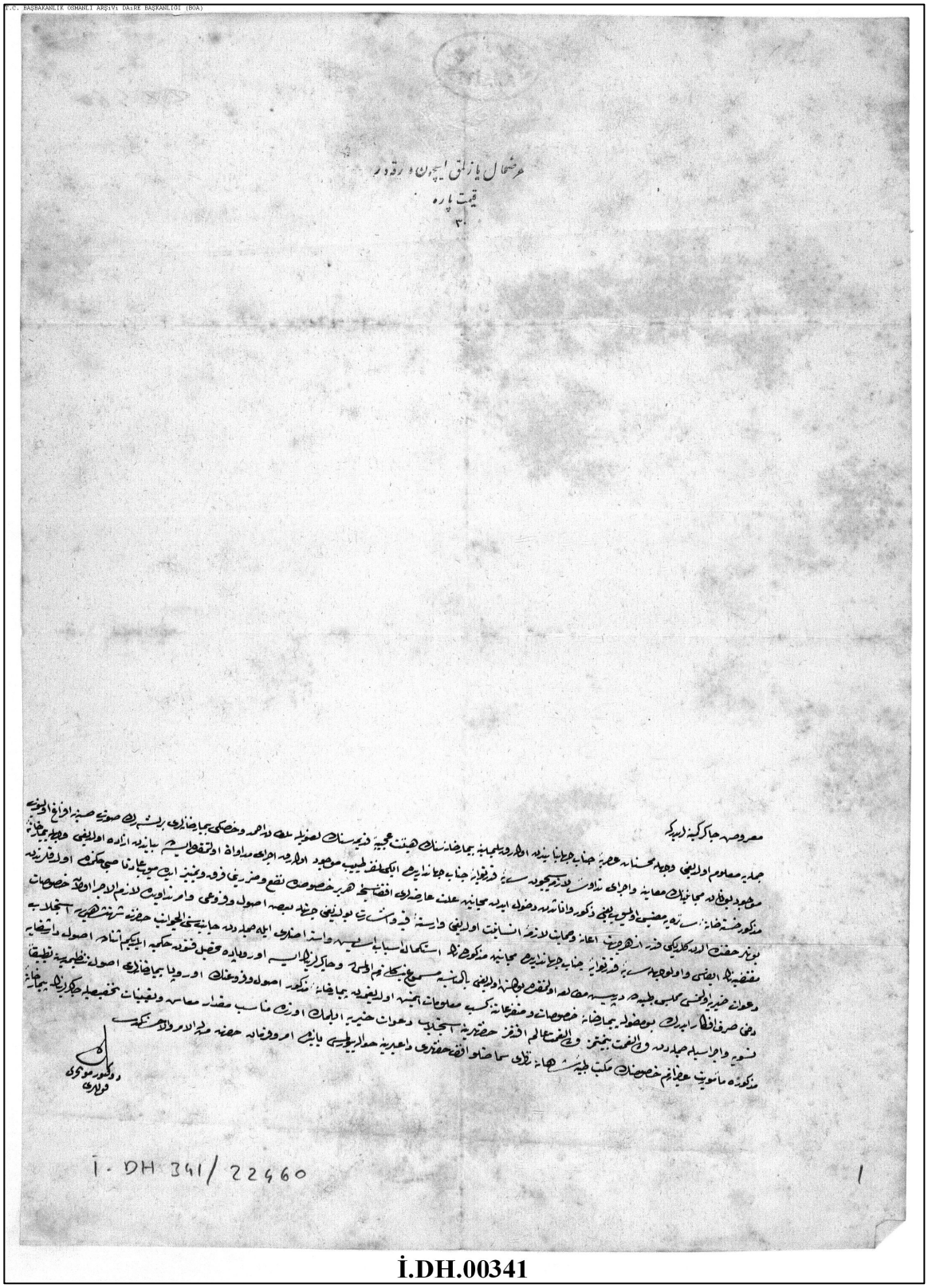
The increasing number of institutionalized patients and the lack of space to accommodate them had turned the mental asylum into an enormous human warehouse where the patients were literally piled on top of each other and became vulnerable to epidemics. The 1893 cholera outbreak marks a tragic moment in the central mental asylum's history in which many asylum patients and attendants died. The ban that was issued on the transfer of patients to the central asylum and the imposition of a tax on insanity to prevent the flow of patients did not decrease the pressure of numbers. In response to these events, the state and asylum staff began to consider the establishment of a purpose-built asylum in the capital to accommodate more patients and provide a moral treatment program in line with scientific advances (*terakkiyât-ı fenniyye*). However, efforts to build an adequate and humane system were unsuccessful because the state lacked the resources to subsidize such a project. As a result, the central mental asylum remained overcrowded. These developments, taken together with their successes and their shortcomings, established a pattern for treating the insane that would last throughout much of the twentieth century.

APPENDIX



Luigi [Louis] Mongeri (1815–1882)





İ.DH.00341

Luigi Mongeri's petition submitted to the government in 1856

Monsieur le Dr. Morel

Hommage de l'auteur

NOTICE STATISTIQUE

SUR

L'ASILE DES ALIÉNÉS

SOLIMANIÉ A CONSTANTINOPLE

POUR LA PÉRIODE

DE DIX ANS COMPRISE

ENTRE LE 1er MARS 1857 V. S. ET LE 28 FÉVRIER 1867 V. S.

PAR LE Dr. LOUIS MONGERI,

Commandeur de l'ordre Impérial du MEDJIDIÉ, Chevalier des SS. MAURICE et LAZARE,
Médecin en chef de l'Asile des aliénés,
Membre résidant de la Société Impériale de médecine de Constantinople,
Membre Correspondant de l'Académie physico-médico-statistique de Milan,
Associé étranger de la Société médico-psychologique de Paris, etc.

CONSTANTINOPLE.
IMPRIMERIE M. DE CASTRO.
1867.

LE RÉGIME

DES

ALIÉNÉS

PAR LE

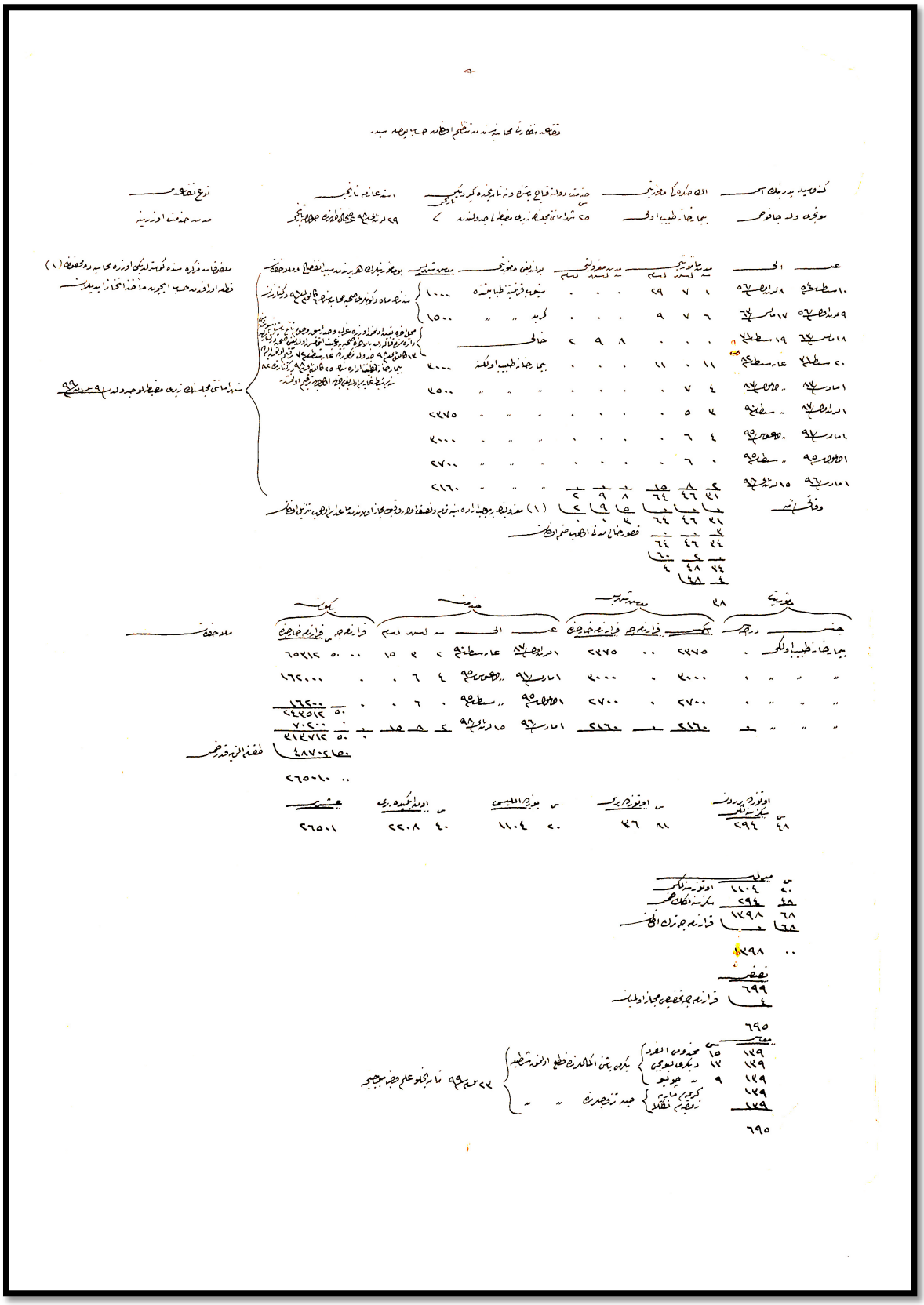
Dr. L. Mongeri.

Preußische Staatsbibliothek Berlin

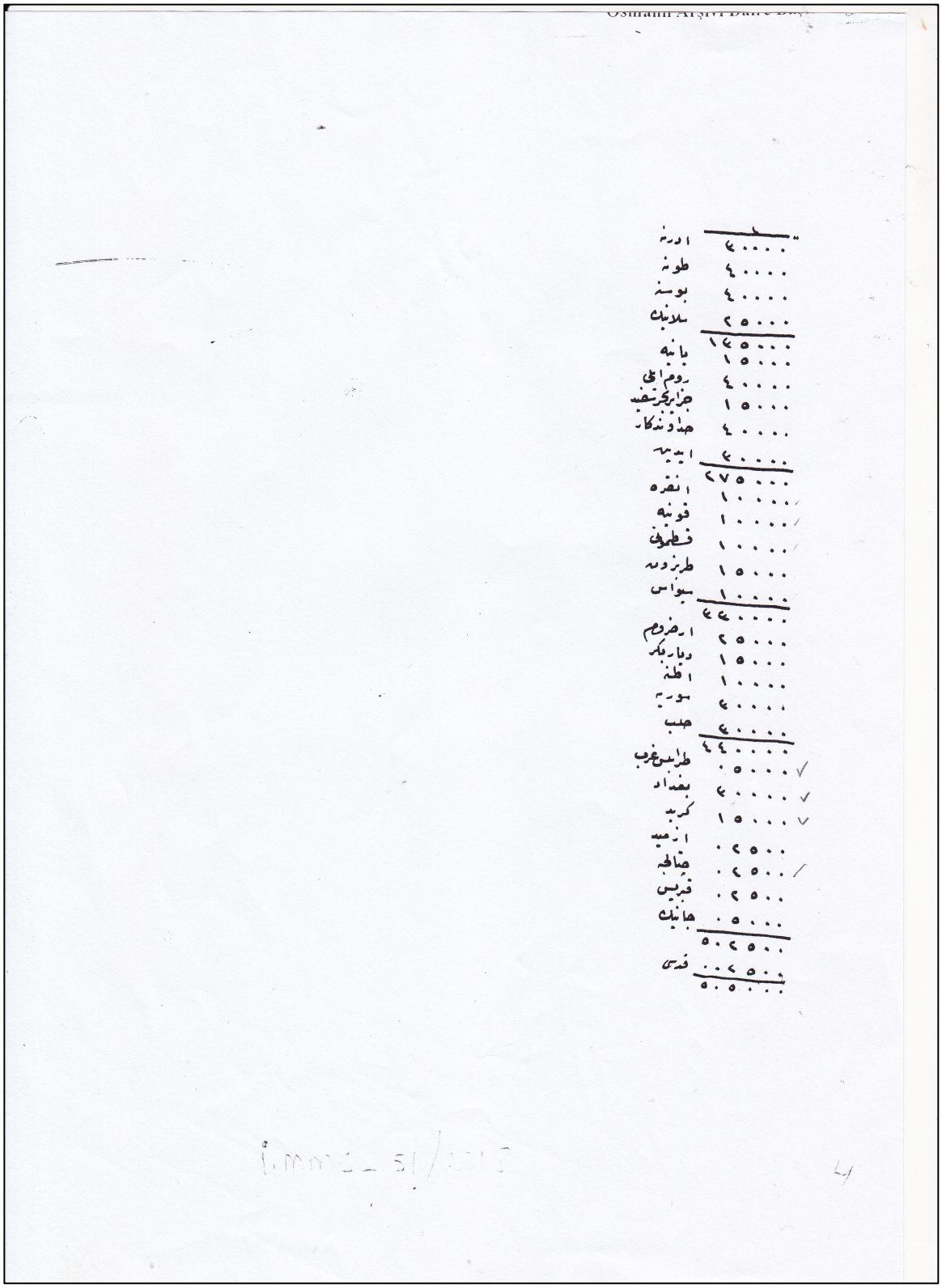
CONSTANTINOPLE

TYPO-LITHOGRAPHIE CENTRALE.

1877.



Luigi Mongeri’s retirement plan



Provinces'/districts' names and their shares of annual tax





Insane Patients in the Toptaşı Mental Asylum



Picture taken during a medical visit



Patients at the Toptaşı mental asylum’s courtyard



Avram de Castro
Chief physician of Toptaşı mental asylum
(1882–1908)



Avni Mahmud
Chief physician of Toptaşı mental asylum after Avram de Castro

Number	Date of admission to the mental asylum	Names	Date (1893)—Day & Time Illness Appeared	Date—Incident (*Vukuat*) & Time
1	5 February 1893	Lala Ferhad Ağa	29 August 1893—Tuesday night 10 p.m.	31 August 1893—Died Thursday night 8 o'clock
2	22 February 1889	Bahaddin	31 August 1893—Thursday morning 1 a.m.	31 August 1893—Died Thursday night 10 o'clock
3	22 March 1889	Mehmed	31 August 1893—Thursday morning 1 a.m.	1 September 1893—Died Friday morning 12 o'clock
4	1 March 1883	Bekir Kas[a]baki	1 September 1893—Friday Morning 4 a.m.	1 September 1893—Died Friday night 10 o'clock
5	2 February 1889	Kıbti İsmail	1 September 1893—Friday 8 a.m.	1 September 1893—Died Friday night 2 o'clock
6	6 March 1881	Arnavud Selim	1 September 1893—Friday 6 o'clock	4 September 1893—Died Monday 7 o'clock
7	2 September 1892	Receb	1 September 1893—Friday 8 o'clock	5 September 1893—Died Wednesday 5 o'clock
8	25 March 1893	Ahmed	1 September 1893—Friday 4 o'clock	5 September 1893—Died Wednesday night 6 o'clock
9	14 November 1892	Hasan Tahsin	2 September 1893—Saturday morning 2 o'clock	2 September 1893—Died Saturday night 2 o'clock
10	23 August 1893	Arnavud Ziya	2 September 1893—Friday 7 o'clock	3 September 1893—Died Monday night 12 o'clock
11	17 December 1880	Rusçuklu İsmail	2 September 1893—Saturday night 10 o'clock	3 September 1893—Died Sunday 7 o'clock
12	7 January 1885	Ömer Efendi	2 September 1893—Saturday night 11 o'clock	3 September 1892—Died Monday night 9 o'clock
13	26 December 1892	Mahmud	2 September 1893—Saturday night 11 o'clock	4 September 1893—Died 11 o'clock the next day (*irtesi günü*)
14	24 June 1893	Osman	2 September 1893—Saturday night 5 o'clock	8 September 1893—Died 7 o'clock the next day (*irtesi günü*)
15	4 August 1893	Ahmed	3 September 1893—Sunday morning 12 o'clock	4 September 1893—Died Tuesday night 8 o'clock
16	14 May 1893	Ahmed	3 September 1893—Sunday morning 2 o'clock	7 September 1893—Died Thursday night 11

				o’clock
17	3 November 1893	Balyalı Ahmed	3 September 1893—Sunday 3 o’clock	3 September 1893—Died Sunday 7 o’clock
18	27 July 1893	Ömer	3 September 1893—Sunday 3 o’clock	In a state of convalescence (*nekâhat halindedir*)
19	25 May 1875	Sami Efendi	3 September 1893—Sunday 4 o’clock	3 September 1893–Died Monday 3 o’clock
20	6 August 1893	Midillili Yorgi	3 September 1893—Sunday 4 o’clock	11 September 1893—Died Monday 2 o’clock
21	18 June 1893	Mehmed Ali	3 September 1893—Sunday 5 o’clock	7 September 1893—Died Friday night 11 o’clock
22	10 October 1893	Musevi Movses	3 September 1893—Sunday 7 o’clock	3 September 1893—Died Monday night 11 o’clock
23	19 August 1893	Markar	3 September 1893—Sunday 8 o’clock	10 September 1893—Recovered/restored to health (*şifâyâb*)
24	12 October 1889	Derviş Şükri	3 September 1893—Sunday 8 o’clock	In a state of convalescence (*nekâhat halindedir*)
25	29 March 1893	İbrahim	3 September 1893—Sunday 11 o’clock	6 September 1893—Died Thursday night 1 o’clock
26	18 April 1890	İdris	3 September 1893—Sunday 11 o’clock	15 September 1893—Recovered/restored to health (*şifâyâb*)
27	21 June 1892	Mehmed	3 September 1893—Sunday night 12 o’clock	In a state of convalescence (*nekâhat halindedir*)
28	7 June 1893	İbrahim	3 September 1893—Monday night 1 o’clock	3 September 1893—Died Monday night 9 o’clock
29	26 June 1893	Halim	3 September 1893—Monday night 4 o’clock	In a state of convalescence (*nekâhat halindedir*)
30	18 May 1891	Abdülhalim	3 September 1893—Monday night 5 o’clock	4 September 1893—Died Monday 7 o’clock
31	1 February 1881	Kürd Abbas	4 September 1893—Monday morning 11 o’clock	4 September 1893—Died Monday 7 o’clock
32	21 September 1893	Mustafa	4 September 1893—Monday morning 1 o’clock	4 September 1893—Died Tuesday night 8 o’clock
33	8 August 1893	Çerkes Hüseyin	4 September 1893—Monday morning 2 o’clock	5 September 1893—Died Tuesday 8 o’clock

34	7 June 1893	Şerife bint Hasan	4 September 1893—Monday morning 2 o'clock	5 September 1893—Died Tuesday 3 o'clock
35	30 May 1893	Adem	4 September 1893—Monday morning 3 o'clock	6 September 1893—Died Thursday 7 o'clock
36	12 January 1893	Numan	4 September 1893—Monday night 3 o'clock	6 September 1893—In a state of convalescence (*nekâhat halindedir*)
37	20 September 1889	Şeyh Kasım	4 September 1893—Sunday 3 o'clock	4 September 1893—Died Monday 10 o'clock
38	3 July 1893	İzzet	4 September 1893—Sunday 3 o'clock	In a state of convalescence (*nekâhat halindedir*)
39	6 July 1893	Mahmud Efendi	4 September 1893—Sunday 5 o'clock	14 August 1893—Died Tuesday 2 o'clock
40	7 November 1893	Ali Ahmed	4 September 1893—Sunday 6 o'clock	In a state of convalescence (*nekâhat halindedir*)
41	23 October 1893	Mustafa	4 September 1893—Sunday 11 o'clock	14 September 1893—Recovered/restored to health (*şifâyâb*)
42	8 April 1891	Mehmed Naim Efendi	4 September 1893—Monday night 1 o'clock	6 September 1893—Died Wednesday night 11 o'clock
43	29 June 1893	Nazif	4 September 1893—Monday night 3 o'clock	9 September 1893—Recovered/restored to health (*şifâyâb*)
44	14 March 1893	Hasan Efendi	5 September 1893—Tuesday morning 12 o'clock	7 September 1893—Died Thursday 9 o'clock
45	18 March 1892	İranlı Cevad	5 September 1893—Tuesday morning 12 o'clock	5 September 1893—Died Tuesday morning 2 o'clock
46	27 July 1893	İbrahim	5 September 1893—Tuesday morning 12 o'clock	11 September 1893—Died Monday 11 o'clock
47	7 August 1889	Ali Süleyman	5 September 1893—Tuesday morning 3 o'clock	6 September 1893—Died Thursday night 1 o'clock
48	12 May 1893	Halil	5 September 1893—Tuesday morning 8 o'clock	16 September 1893—Recovered/restored to health (*şifâyâb*)
49	23 September 1893	Zenci Said	5 September 1893—Tuesday morning 10 o'clock	9 September 1893—Died Saturday 9 o'clock
50	15 December 1892	A'mâ Yusuf	5 September 1893—Wednesday night 3 o'clock	6 September 1893—Died Thursday night 10 o'clock
51	18 November 1886	Süleyman	5 September 1893—Wednesday night 6 o'clock	6 September 1893—Died Thursday night 11

				o'clock
52	16 January 1889	Ahmet Sani	6 September 1893—Wednesday morning 12 o'clock	In a state of convalescence (*nekâhat halindedir*)
53	17 August 1893	Hasan Hüseyin	6 September 1893—Wednesday morning 12 o'clock	6 September 1893—Died Thursday night 4 o'clock
54	1 May 1893	Mustafa Dede	6 September 1893—Wednesday morning 12 o'clock	6 September 1893—Died Thursday night 8 o'clock
55	9 February 1893	Elmas Ağa	6 September 1893—Wednesday morning 1 o'clock	10 September 1893—Died Sunday 9 o'clock
56	14 September 1891	Kaplan	6 September 1893 – Wednesday morning 2 o'clock	12 September 1893—Died Tuesday 5 o'clock
57	23 November 1893	Mehmed Nuri	6 September 1893 – Wednesday morning 2 o'clock	16 September 1893—Recovered/restored to health (*şifâyâb*)
58	28 July 1892	Osman	6 September 1893 – Wednesday morning 2 o'clock	16 September 1893—Recovered/restored to health (*şifâyâb*)
59	5 November 1892	Musevi Refika Kadın	6 September 1893 – Wednesday morning 2 o'clock	9 September 1893—Died Saturday 7 o'clock
60	25 October 1892	Salvador	7 September 1893—Thursday morning 12 o'clock	In a state of convalescence (*nekâhat halindedir*)
61	30 May 1893	Mehmed Hüseyin	7 September 1893—Thursday morning 12 o'clock	7 September 1893—Died Friday night 8 o'clock
62	4 November 1885	İbrahim	7 September 1893—Thursday morning 2 o'clock	16 September 1893—Recovered/restored to health (*şifâyâb*)
63	17 March 1893	Yakub	7 September 1893—Thursday morning 2 o'clock	8 September 1893—Died Friday 5 o'clock
64	22 May 1893	Andon	7 September 1893—Thursday morning 6 o'clock	In a state of convalescence (*nekâhat halindedir*)
65	10 May 1892	Ahmed	7 September 1893—Thursday morning 6 o'clock	8 September 1893—Died Friday 1 o'clock
66	16 November 1887	Luvis	7 September 1893—Thursday morning 5 o'clock	7 September 1893—Died Friday night 9 o'clock
67	27 July 1893	Mehmed Halit	7 September 1893—Thursday morning 5 o'clock	15 September 1893—Recovered/restored to

				health (*şifâyâb*)
68	5 June 1893	Mehmet	7 September 1893—Thursday morning 3 o'clock	In a state of convalescence (*nekâhat halindedir*)
69	10 July 1893	Hüseyin	7 September 1893—Thursday morning 2 o'clock	8 September 1893—Died Friday 10 o'clock
70	10 October 1892	Musevi Vidal	7 September 1893—Thursday morning 9 o'clock	11 September 1893—Died Monday 2 o'clock
71	4 October 1884	Sofyalı Hüseyin	7 September 1893—Friday night 6 o'clock	8 September 1893—Died Saturday night 4 o'clock
72	3 April 1891	Bedriye Hatun	7 September 1893—Friday night 9 o'clock	8 September 1893—Died Saturday night 1 o'clock
73	30 June 1893	Kemahlı Musa	8 September 1893—Friday 2 o'clock	15 September 1893—Died Saturday night 1 o'clock
74	13 July 1893	Mustafa	8 September 1893—Friday 2 o'clock	In a state of convalescence (*nekâhat halindedir*)
75	16 June 1890	Haydar	8 September 1893—Friday 2 o'clock	16 September 1893—Recovered/restored to health (*şifâyâb*)
76	30 April 1888	Musevi Danya	8 September 1893—Friday 6 o'clock	8 September 1893—Died Saturday night 1 o'clock.
77	20 August 1870	Safinaz Hatun	8 September 1893—Friday 6 o'clock	8 September 1893—Died Saturday night 9 o'clock
78	29 July 1883	İranlı Mehmet Ali	8 September 1893 -– Friday night 11 o'clock	14 September 1893—Died Saturday night dawn (*sabaha karşı*)
79	29 July 1883	Hademeden Niğdeli Mehmet	8 September 1893—Friday night 11 o'clock	10 September 1893—Died Monday night 11 o'clock
80	27 June 1888	Köstenceli Ali	8 September 1893—Friday night 1 o'clock	8 September 1893—Died Saturday night 10 o'clock
81	27 June 1888	Hademeden Kayserili Ömer	8 September 1893—Friday morning 12 o'clock	9 September 1893—Died Saturday night 12 o'clock
82	15 December 1880	Kenğirili Bekir	8 September 1893—Friday 3 o'clock	9 September 1893—Died Monday night 9 o'clock
83	13 September 1887	Sirozlu Ayşe	8 September 1893—Friday 6 o'clock	13 September 1893—Died Friday night 12

				o'clock
84	13 August 1892	Mülazım Necip Efendi	8 September 1893—Friday 9 o'clock	In a state of convalescence (*nekâhat halindedir*)
85	30 May 1893	Papasyan Kiroli	8 September 1893—Friday 9 o'clock	10 September 1893—Died Monday night 1 o'clock.
86	10 September 1893	Giritli Hüseyin	8 September 1893—Friday 9 o'clock	17 September 1893—Died Monday 4 o'clock.
87	18 August 1879	Musevi İrina Kadın	8 September 1893—Friday 9 o'clock	12 October 1893—Died Monday 6 o'clock.
88	7 May 1871	Kırımlı Veli	8 September 1893—Friday 2 o'clock	10 September 1893—Died Monday 4 o'clock.
89	6 April 1893	Sabite Hatun	8 September 1893—Friday 8 o'clock	13 September 1893—Died Thursday night 11 o'clock.
90	5 July 1892	Fatma Hatun	8 September 1893—Friday 8 o'clock	17 Eylül 1893—Recovered/restored to health (*şifâyâb*)
91	22 June 1893	Fatma	10 September 1893—Friday 12 o'clock	10 September 1893—Died Monday night 3 o'clock.
92	22 May 1893	Hacı Nadir	10 September 1893—Friday 2 o'clock	Hâl-i Celididedir [?]
93	14 June 1893	Salamon	10 September 1893—Friday 2 o'clock	In a state of convalescence (*nekâhat halindedir*)
94	16 May 1893	Mehmet Hüseyin	10 September 1893—Friday 2 o'clock	11 September 1893 – Died Monday 11 o'clock.
95	17 July 1893	Ahmed	10 September 1893—Friday 4 o'clock	17 September 1893—Recovered/restored to health (*şifâyâb*)
96	6 January 1890	Yunus	10 September 1893—Friday 4 o'clock	11 September 1893—Died Tuesday night 1 o'clock.
97	13 July 1887	İbrahim	10 September 1893—Friday 6 o'clock	11 September 1893—Died Monday 7 o'clock.
98	22 June 1893	Nazike Hatun	10 September 1893—Friday 11 o'clock	Hâl-i Celididedir [?]
99	22 June 1893	Hademeden Cameşuycu Salih	10 September 1893—Monday night 3 o'clock	12 September 1893—Died Wednesday night 11 o'clock.
100	22 May 1893	A'mâ Hasan	11 September 1893—Monday 2 o'clock.	11 September 1893—Died Monday 7 o'clock.
101	13 July 1893	Avram	11 September 1893—Monday	17 September 1893—

			2 o'clock.	Recovered/restored to health (*şifâyâb*)
102	23 August 1893	Hafız Sadık	12 September 1893—Tuesday 2 o'clock.	In a state of convalescence (*nekâhat halindedir*)
103	16 November 1893	Fidan Hatun	12 September 1893—Tuesday 2 o'clock.	13 September 1893—Died Wednesday 3 o'clock.
104	5 October 1884	Faik	12 September 1893—Wednesday night 3 o'clock	12 September 1893—Died Wednesday night 11 o'clock.
105	1 January 1883	Fedai	12 September 1893—Wednesday night 7 o'clock	13 September 1893—Died Thursday night 2 o'clock.
106	18 April 1893	Raşid	16 September 1893—Wednesday morning 2 o'clock	14 September 1893—Died Friday night 11 o'clock.
107	17 September 1878	Cemile Hatun	13 September 1893—Wednesday morning 2 o'clock	Hâl-i Celididedir [?]
108	28 August 1893	Kadem Hayr	13 September 1893—Wednesday morning 7 o'clock	14 September 1893—Died Friday night 1 o'clock.
109	15 May 1893	Markua Musevi	13 September 1893—Thursday night 3 o'clock	Hâl-i Celididedir [?]
110	18 July 1882	Saide Hatun	15 September 1893—Friday 7 o'clock	Hâl-i Celididedir [?]
111	11 October 1883	Hezar Hatun	15 September 1893—Friday 8 o'clock	15 September 1893—Died Friday 11 o'clock.
112	5 July 1880	Hamide Hatun	17 August 1893—Sunday morning 12 o'clock.	Hâl-i Celididedir

List of the stricken patients in the cholera epidemic of 1893

BIBLIOGRAPHY

PRIMARY SOURCES

Archival Sources:

Prime Ministry Ottoman Archives (PMOA), Istanbul, Turkey.

Sadaret Evrakı:

A. MKT. DV	(Sadaret Mektûbî Deavî)
A. MKT. MHM	(Sadaret Mektubî Kalemi Mühimme Odası)
A. MKT. MVL	(Sadaret Mektubî Kalemi Meclis-i Vâlâ)
A. MKT. NZD	(Sadaret Mektubî Kalemi Nezaret ve Devâir)
A. MKT. UM	(Sadaret Mektubî Kalemi Umum Vilayet)

Bâb-ı Âlî Evrak Odası :

BEO. AYN. d	(Bâb-ı Âlî Evrak Odası Aynîyat Defterleri)

Cevdet Tasnifi :

C. BLD	(Cevdet Belediye)
C. SH	(Cevdet Sıhhiye)
C. EV	(Cevdet Evkâf)

Dahiliye :

DH. EUM. AYŞ	(Dahiliye Nezareti Emniyet-i Umumiye Müdüriyeti Asayiş Kalemi)
DH. EUM. THR	(Dahiliye Nezareti Emniyet-i Umumiye Müdüriyeti Tahrirat Kalemi)
DH. EUM. VRK	(Dahiliye Nezareti Emniyet-i Umumiye Müdüriyeti Evrak Odası Belgeleri)
DH. İD	(Dahiliye Nezareti İdare Evrakı)
DH. MB. HPS	(Dahiliye Nezareti Mebânî-i Emîriye ve Hapishaneler Müdüriyeti)
DH. MKT	(Dahiliye Nezareti Mektubî)
DH. MUİ	(Dahiliye Nezareti Muhaberat-ı Umumiye İdaresi)
DH. TMIK. S	(Dahiliye Nezareti Tesri-i Muamelat ve Islahat Komisyonu)
DH. UMVM	(Dahiliye Nezareti Umur-ı Mahalliye-i Vilayat Müdüriyeti)
HAT	

İradeler:

İ. DH	(İrade Dahiliye)

İ. HUS (İrade Hususi)
İ. ŞD (İrade Şura-yı Devlet)
İ. ŞE (İrade Şehremaneti)
İ. TAL (İrade Taltifat)
İ. TKS (İrade Tekaüt Sandığı)
İ. MVL (İrade Meclis-i Vâlâ)

Maarif:
MF. MKT (Maarif Mektubî)

MV (Meclis-i Vükela Mazbataları)

MVL (Meclis-i Vâlâ)

Şurâ-yı Devlet:
ŞD. DH (Şurâ-yı Devlet Dahiliye)
ŞD. ŞH (Şurâ-yı Devlet Şehremâneti)
ŞD. ZB (Şurâ-yı Devlet Zaptiye)

Yıldız Evrakı:
Y. A. HUS (Yıldız Sadaret Hususi Maruzat)
Y. EE (Yıldız Esas Evrakı)
Y. MTV (Yıldız Mütenevvî Maruzat)
Y. PRK. DH (Yıldız Perakende Dahiliye Nezareti Maruzatı)
Y. PRK. ŞH (Yıldız Perakende Şehremâneti Maruzatı)
Y. PRK. UM (Yıldız Perakende Umum Vilayetler Tahriratı)
Y. PRK. ZB (Yıldız Perakende Zabtiye)

Newspaper and Journals:

Annales Médico Psychologiques
Gazette Médicale D'orient
İkdâm
Journal des Débats
Journal of Mental Medicine
Sabah
Tasvîr-i Efkâr
Tanîn
The Athlantic Monthly
The British Medical Journal

Memoirs, Books and Pamphlets:

Basîretçi Ali Efendi. *İstanbul Mektupları*. İstanbul: Kitabevi, 2001.

"Bîmârhânelere Dâir Nizâmnâme." In *Düstûr*, 3:545–50. Dersaadet [Istanbul]: Matbaa-yı Âmire, n.d.

Boismont, Brierre de. "L'influence de la Civilisation sur le Développement de la Folie." *Annales d'hygiéne publique et de médecine légale*, no. 21 (1839): 241–194.

———. "Rapport sur la candidature de M. le docteur Mongeri." *Annales médico-psychologiques*, no. 7 (1866): 73–84.

Burdett, Henry C. *Hospitals and Asylums of the World: Their Origin, History, Construction, Administration, Management, and Legislation; with Plans of the Chief Medical Institutions Accurately Drawn to a Uniform Scale, in Addition to Those of All the Hospitals of London in the Jubilee Year of Queen Victoria's Reign*. London: J. & A. Churchill, 1891.

Busbecq, Ogier Ghiselin. *The Turkish Letters of Ogier Ghiselin de Busbecq*. Translated by Seymour Forster. Oxford: Clarendon Press, 1968.

Castro, Avram de. *Biographie du Docteur Louis Mongeri*. Constantinople: Imperimerie de Castro, 1882.

Celâl, Mehmed. *İsyan*. Dersaadet [Istanbul]: Meşrutiyet Matbaası, 1910.

Chiarugi, Vincenzo. *On Insanity and Its Classification*. Translated by George Mora. Canton, MA: Science History Publications/U.S.A., 1987.

Davidson, J. H. "A Visit to a Turkish Lunatic Asylum." *Journal of Mental Science* 21 (October 1875): 408–15.

De Kay, James E. *Sketches of Turkey in 1831 and 1832*. New York: J. & J. Harper, 1833.

Delasiauve, Louis Jean François. "La Médecine Des Aliénés a Constantinople: Anlyse D'une Notice Statistique De. M. L. Mongéri Sur L'asile de Solimanié." *Journal De Médecine Mentale* 7 (1867): 307–15.

Dupain, M. "Les psychoses hépatiques -- Rapport sur un travail de M. Mongeri, de Constantinople." *Annales Médico-Psychologiques* 20, no. 8 (1904): 277–80.

"Edirne Bîmârhânesi." *Sabah*. March 22, 1876.

"Edirne Bîmârhânesi Teftişi." *Sabah*. March 20, 1876.

Étienne, Esquirol. *Mental Maladies a Treatise on Insanity*. Translated by E. K Hunt.

Philadelphia: Len and Blanchard, 1845.

Feridun, İbrahim. *Polis Efendilere Mahsûs Terbiye ve Malûmat-I Mülkiye*. Dersaadet [Istanbul], 1326.

Franklin Benjamin Sanborn. *Memoirs of Pliny Earle, M.D.: With Extracts from His Diary and Letters...* Damrell & Upham, 1898.

Gökay, Fahreddin Kerim. *Ruh Hastalıkları = Psychiatrie*. Istanbul Üniversitesi Yayımları; No. 14. 32. Istanbul: Matbaacılık ve Neşriyat T.A.S., 1936.
———. "Türk Tababeti Ruhiye Tarihi." *Tıp Dünyası* 48, no. 9 (1975): 369–79.

Gökay, Fahreddin Kerim, and İhsan Şükrü. "Die Geschichte der Psychiatrie in der Türkei." *Algemeine Zeitschrift für Psychiatrie und Psychisch-Gerichtlich Medizin* 84 (1926): 403–7.

Goodell, William. "The Bedlams of Stamboul." *Athlantic Monthly* 28 (1871).

Great Britain Medical Department. *Annual Report of the Medical Officer: Supplement to the Annual Report of the Local Government Board*, 1903.

Handanyan, Agob. *Tıb Kânûnu*. Istanbul: Daire-i Askeriye Matbaası, 1309.

Hüseyin, Hüsnü. *Hâşîyeli Polis Nizâmnâmeleri*. 2nd ed. Istanbul: Suhulet Matbaası, n.d.

Hüsnü, Hüseyin. *Polisin Tahkikat ve Muhakematı*. Istanbul: Kader Matbaası, 1337.

İstanbul Emraz-ı Akliye ve Asabiye Müessesesi Senelik Mesaisi. İstanbul: Kader Matbaası, 1925.

"Les Hospitaux A Constantinople." *Journal des Débats*, March 5, 1886.

Mahmud, Avni. "Bîmârhâne." *Tababet-i Hâzıra*, no. 10 (n.d.): 71.
———. *Muhtasar Emrâz-ı Aklîye*. İstanbul: Ahmed İhsan ve Şürekası, 1326.

Mongeri, Luigi. *Le Regimé des Aliénés*. Constantinople: Typo-Lithographie Centrale, 1877.
———. *Notice Statistique L'Asile Des Aliénés Solimanié a Constantinople*. Constantinople: Imperimerie M. de Castro, 1867.

Mongeri, Luigi (Louis). *Études Dur L'épidémie de Cholera Qui a Régné a Contantinople En 1865*. Constantinople: Imperimerie M. de Castro, 1866.
———. "Mémoires Originaux: Consultation Médico-légale." *Gazette Médicale D'Orient*, no. 5 (Aout 1879): 35–38.
———. "Mémoires Originaux: Consultation Médico-légale." *Gazette Médicale D'Orient*, no. 6 (September 1879): 43–45.

———. “Mémoires Originaux: Consultation Médico-légale.” *Gazette Médicale D’Orient*, no. 7 (October 1879): 51–54.
———. “Mémoires Originaux: Consultation Médico-légale.” *Gazette Médicale D’Orient*, no. 8 (November 1879): 59–63.
———. “Une Visite Aux Des Aliénés En Europe Vienne.” *Gazette Médicale D’Orient*, no. 9 (Décembre 1865): 129–35.

Moreau, Jacques-Joseph. *Du Hachisch et de L’aliénation Mentale*. Paris: Masson et Cie, 1845.
———. *Recherches sur les aliénés, en Orient : notes sur les établissements qui leur sont consacrés à Malte,île de, au Caire, Égypte, à Smyrne, Asie-Mineure, à Constantinople, Turquie / par le docteur J. Moreau,. (de Tours), Medécin de Bicetre*. impr. de Bourgogne et Martinet (Paris), 1843.

Naima, Mustafa. *Târih-i Na’îmâ*. Edited by Mehmed İpşirli. Ankara: Türk Tarih Kurumu, 2007.

Nysten, P. H., and Cemiyet-i Tıbbiye-i Osmaniye. *Lugat-I Tıbbiye*. Istanbul: Mekteb-i Tbbbiye-i şahane, 1290.

Ömer, Besim. *Nevsâl-i Afiyet*. Dersaadet [Istanbul], 1899.

Pinel, Philippe. *A Treatise on Insanity*. Translated by Davis D. D. Sheffield: W. Todd, 1806.

Polîs Mecellesi. Vol. 1. Dersaadet [Istanbul]: Hilâl Matbaası, 1333.

Polis mecellesi. Hilâl Matbaası, 1915.

Raşid, Ali. “Seele Hakkındadır.” *Tasvîr-i Efkâr*. December 7, 1864.
———. “Seele Hakkındadır.” *Tasvîr-i Efkâr*. December 10, 1864.
———. “Tersane-i Amire Etibbasında Refetlü Ali Raşid Bey’in Tasvîr-i Efkâr’a ita eylediği Malümattır.” *Tasvîr-i Efkâr*. June 4, 1864.

Seydi, Ali. “Tımârhâneyi Ziyaret.” *Tanîn*, August 12, 1908.

“Summary of Sanitary Reports.” *Public Health Reports (1896-1970)* 20, no. 28 (July 14, 1905): 1403–7.

“Turkish Hospitals at Constantinople.” *The Lancet*, August 28, 1886, 426.

Vefik, Osman. *Polisin Tatbîkat-ı Adliyesi*. Minber Matbaası, 1338.

Walsh, Robert. *A Residence at Constantinople during a Period Including the Commencement, Progress and Termination of the Greek and Turkish Revolutions 2.* Vol. 1. 2 vols. London: Westley & Davis, 1836.

Young, George. *Corps de Droit Ottoman*. Vol. 3. Oxford: Clarendon Press, 1905.

Secondary Sources:

Adıvar, Abdülhak Adnan. *La Science Chez Les Turcs Ottomans*. Paris: G.-P. Maisonneuve, 1939.

A History of Clinical Psychiatry: The Origin and History of Psychiatric Disorders. New York: New York University Press, 1995.

Akarlı, Engin Deniz. "The Problems of External Pressures, Power Struggles, and Budgetary Deficits in Ottoman Politics Under Abdülhamid II (1876-1909): Origins and Solutions." Ph.D., Princeton University, 1976.

Akpolat, Mustafa. "Alexandre Vallaury." *Dünden Bugüne İstanbul Ansiklopedisi*. Istanbul: Tarih Vakfı Yurt Yayınları, 1994.

Aksakal, Leyla. "The Sickman and His Medicine: Public Health Reform in the Ottoman Empire and Egypt." paper submitted to the Food and Drug Law course at Harvard University, 2003.

Albemarle, George Thomas Keppel. *Narrative of a Journey across the Balcan, by the Two Passes of Selimno and Pravadi : Also a Visit to Azani and Other Newly Discovered Ruins in Asia Minor in the Years 1829-30*. London: Henry Colburn and Richard Bentley, 1831.

Altıntaş, Ayten. "Üsküdar'da Bir Akılhastanesi (Toptaşı Bimârhânesi 1873-1927)." In *Üsküdar Sempozyumu IV, 3-5 Kasım 2006: Bildiriler*. Üsküdar Sempozyumu IV, IV. İstanbul: Üsküdar Belediyesi, 2007.

Andı, Fatih, ed. *Bir Osmanlı Bürokratının Avrupa İzlenimleri: Mustafa Sâmi Efendi ve Avrupa Risalesi*. Istanbul: Kitabevi, 1996.

Andrews, Jonathan. *Customers and Patrons of the Mad-Trade: The Management of Lunacy in Eighteenth-Century London: With the Complete Text of John Monro's 1766 Case Book / Jonathan Andrews and Andrew Scull*. Medicine and Society 12. Berkeley, CA: University of California Press, 2002.

Armitage, P. "Trials and Errors: The Emergence of Clinical Statistics." *Journal of the Royal Statistical Society. Series A (General)* 146, no. 4 (January 1, 1983): 321–34.

Artvinli, Fatih. "Ali Enver'in Toptaşı Bimarhanesi Gözlemleri." *Toplumsal Tarih*, no.

194 (February 2010): 66–73.
———. *Delilik, siyaset ve toplum, Toptaşı bimarhanesi (1873-1927)*. Istanbul: Boğaziçi Üniversitesi Yayınları, 2013.
———. "Toptaşı Bimarhanesi Eczanesi İçin İlaç Sistemi: Eczacı Yanko Efendi'nin 1878 Tarihli Listesi." *Osmanlı Bilim Araştırmaları* 12, no. 1 (2010): 23–28.
———. "Toptaşı Bimarhanesi Sertabibi Dr. Avram De Castro: Bir Biyo-Bibliografi." *Osmanlı Bilim Araştırmaları* 13, no. 2 (2012).

Artvinli, Fatih, and Şeref Etker. "Bimarhaneler ve Meccanin Yönetimi: İki Taslak ve Süregelen Tartışma." *Osmanlı Bilim Araştırmaları* 14, no. 2 (2013): 1–40.

Ayar, Mesut. *Osmanlı Devleti'nde Kolera : İstanbul Örneği (1892-1895)*. İstanbul: Kitabevi, 2007.

Aydüz, Salim. "Süleymaniye Medical Madrasa and Its Importance in the History of Ottoman Medicine." *Journal of the International Society for the History of Islamic Medicine* 8–9, no. 15–16–17–18` (October 2009): 31–38.
Ayhan, Çağlayan. "'In the Name of Modernity, for the Sake of Nation': Madness and Politics From the Ottoman Empire to the Turkish Republic (1500s-1950s)." M.A, York University, 2005.

Baki, Edib Ali. *Eski Bir Türk Hekimi: Karacaahmet ve Delileri Tedavi Yurdu*. İstanbul Üniversitesi Tıp Tarihi Enstitüsü 6. İstanbul: Milli Mecmua Basımevi, 1947.

Balsoy, Gülhan. *The Politics of Reproduction in Ottoman Society, 1838-1900*. 1 edition. London: Pickering & Chatto Ltd, 2013.

Barker, Percy D. "Reports On Medical And Surgical Practice In The Hospitals And Asylums Of The British Empire." *The British Medical Journal* 1, no. 2051 (April 21, 1900): 961.

Barry, J., and C. Jones. *Medicine and Charity before the Welfare State*. Psychology Press, 1994.

Bartlett, P. "Legal Madness in the Nineteenth Century." *Social History of Medicine* 14, no. 1 (April 1, 2001): 107–31. doi:10.1093/shm/14.1.107.

Bartlett, Peter. *The Poor Law of Lunacy: The Administration of Pauper Lunatics in Mid-Nineteenth-Century England*. London ; Washington: Leicester University Press, 1999.

Başaran, Betül. "Remaking the Gate of Felicity: Policing, Social Control, and Migration in Istanbul at the End of the Eighteenth Century, 1789-1793." Ph.D., University of Chicago, 2006.

Basîretçi Ali Efendi. *İstanbul Mektupları*. İstanbul: Kitabevi, 2001.

Bayülkem, Faruk. *Reşadiye Kışlası'ndan Hastane'ye: Bakırköy Prof. Dr. Mazhar Osman Ruh Saglığı ve Sinir Hastalıkları Egitim ve Arastirmalari Hastanesi 80 Yıl Anıları (1927-2007)*. İstanbul: [Yapim/Pentamed Ltd. Sti.], 2007.

Behar, Cem. *A Neighborhood in Ottoman Istanbul: Fruit Vendors and Civil Servants in the Kasap İlyas Mahalle*. SUNY Series in the Social and Economic History of the Middle East. Albany: State University of New York Press, 2003.

Bell, James S. "The Ottoman Empire : Sinope Quarantine, 1839." *Pratique* 20, no. 2 (1995): 48–49.

Beyhan, Mehmed Ali, ed. *Câbî Târihi*. Vol. 1. Ankara: Türk Tarih Kurumu Basımevi, 2003.

Blue, Amy V. "Greek Psychiatry's Transition from the Hospital to the Community." *Medical Anthropology Quarterly*, New Series, 7, no. 3 (September 1, 1993): 301–18.

Bonner, Michael David, Mine Ener, Amy Singer, University of Michigan, and Center for Middle Eastern and North African Studies. *Poverty and Charity in Middle Eastern Contexts*. Albany: State University of New York Press, 2003.

Bozkurt, Gülnihal. "The Reception of Western European Law in Turkey (From the Tanzimat to the Turkish Republic, 1839-1939)." *Der Islam* 75, no. 2 (1998): 283–195.

Britlinger, Angela. "Russian Attitudes Towards Pysche." In *Madness and the Mad in the Russia Culture*, edited by Angela Britlinger and Ilya Vinitsky, 331. Toronto: Univerity of Toronto Press, 2007.

Brookes, Douglas Scott, ed. *The Concubine, the Princess, and the Teacher: Voices from the Ottoman Harem*. University of Texas Press, 2010.

Brooks, Jeffrey. *When Russia Learned to Read: Literacy and Popular Literature, 1861-1917*. Princeton, N.J.: Princeton University Press, 1985.

Brown, Julie Vail. "Professionalization and Radicalization: Russian Psychiatrists Respond to 1905." In *Russia's Missing Middle Class: The Professions in Russian History*, edited by Harley D. Balzer, 143–67. Armonk, New York, London, England: M. E Sharpe, 1996.

———. "The Professionalization of Russian Psychiatry: 1857-1911." Ph.D., University of Pennsylvania, 1981.

Castel, Robert. *The Regulation of Madness: The Origins of Incarceration in France*. U.S. ed. Medicine and Society 1. Berkeley: University of California Press, 1988.

Castro, Avram de. *Biographie du Docteur Louis Mongeri*. Constantinople: Imperimerie de Castro, 1882.

Çelik, Zeynep. *The Remaking of Istanbul: Portrait of an Ottoman City in the Nineteenth Century*. Publications on the Near East, University of Washington, no. 2. Seattle: University of Washington Press, 1986.

Chahrour, M. "'A Civilizing Mission'? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1838-1850." *Studies in History and Philosophy of Biol & Biomed Sci* 38, no. 4 (2007): 687–705.

Cohen, Mark R. "Introduction: Poverty and Charity in Past Times." *The Journal of Interdisciplinary History* 35, no. 3 (January 1, 2005): 347–60.

Coleborne, Catharine. "Families, Insanity, and the Psychiatric Institution in Australia and New Zealand, 1860-1914." *Health and History* 11, no. 1 (January 1, 2009): 65–82.

———. "Insanity, Gender, and Empire: Women Living a 'Loose Kind of Life' on the Colonial Institutional Margins, 1870–1910." *Health and History* 14, no. 1 (January 1, 2012): 77–99. doi:10.5401/healthhist.14.1.0077.

Conrad, Peter. "Medicalization and Social Control." *Annual Review of Sociology* 18 (January 1, 1992): 209–32.

Daniel, Robert L. *American Philanthropy in the Near East, 1820-1960*. Athens: Ohio University Press, 1970.

Dankoff, Robert. *An Ottoman Mentality The World of Evliya Çelebi*. Leiden ; Boston: Brill, 2006.

Davidovitch, Nadav, and Zalman Greenberg. "Public Health, Culture, and Colonial Medicine: Smallpox and Variolation in Palestine during the British Mandate." *Public Health Reports (1974-)* 122, no. 3 (May 1, 2007): 398–406.

Davison, Roderic H. *Reform in the Ottoman Empire, 1856-1876*. Princeton, N.J: Princeton University Press, 1963.

Demetriades, C. R., trans. *The Mejelle: Being an English Translation of Majallahel-Ahkam-ı-Adliya and a Complete Code on Islamic Civil Law*. Kuala Lumpur: The Other Press, 2001.

Demirci, Tuba, and Selçuk Akşin Somel. "Women's Bodies, Demography, and Public Health: Abortion Policy and Perspectives in the Ottoman Empire of the Nineteenth Century." *Journal of the History of Sexuality* 17, no. 3 (September 1, 2008): 377–420.

Deringil, Selim. *The Well-Protected Domains: Ideology and the Legitimation of Power in the Ottoman Empire, 1876-1909*. London ; New York : New York, N.Y: I.B. Tauris ; In the U.S.A. and Canada distributed by St. Martin's Press, 1998.

Dols, Michael W. “Insanity and Its Treatment in Islamic Society.” *Medical History* 31, no. 1 (January 1987): 1–14.
———. “Insanity in Byzantine and Islamic Medicine.” *Dumbarton Oaks Papers* 38 (January 1, 1984): 135–48.
———. *Majnūn: The Madman in Medieval Islamic Society*. Oxford : New York: Clarendon Press ; Oxford University Press, 1992.
———. “The Leper in Medieval Islamic Society.” *Speculum* 58, no. 4 (October 1, 1983): 891–916. doi:10.2307/2853789.

Dörner, Klaus. *Madmen and the Bourgeoisie: A Social History of Insanity and Psychiatry*. Oxford: B. Blackwell, 1981.

Dowbiggin, Ian. *Inheriting Madness: Professionalization and Psychiatric Knowledge in Nineteenth-Century France*. 1st ed. University of California Press, 1991.

Drijvers, Hans. “The Persistence of Pagan Cults and Practices in Christian Syria.” In *East of Byzantium : Syria and Armenia in the Formative Period : Dumbarton Oaks Symposium of 1980*, edited by Nina G. Garsoian, Thomas F. Mathews, and Robert W. Thomson, 35–41. Dumbortan Oak Papers 36, 1980.

Duben, Alan. *Istanbul Households: Marriage, Family, and Fertility, 1880-1940*. Cambridge Studies in Population, Economy, and Society in Past Time 15. Cambridge [England] ; New York: Cambridge University Press, 1991.

Edington, Barry. “The Design of Moral Architecture at the York Retreat.” *Journal of Design History* 16, no. 2 (2003): 103–17.

Eghigian, Greg. *From Madness to Mental Health Psychiatric Disorder and Its Treatment in Western Civilization*. New Brunswick, N.J.: Rutgers University Press, 2010.

Ekinci, Ekrem Buğra. *Osmanlı Hukuku: Adalet ve Mülk*. Istanbul: Arı Sanat Yayınları, 2008.

Eldem, Edhem. *Pride and Privilege: A History of Ottoman Orders, Medals and Decorations*. 1. ed. Istanbul: Ottoman Bank Archives and Research Centre, 2004.

England), Association of Medical Officers of Asylums and Hospitals for the Insane (London, Medico-psychological Association of Great Britain and Ireland, and Royal Medico-psychological Association. *The Journal of Mental Science*. Longman, Green, Longman & Roberts, 1860.

Engstrom, Eric J. *Clinical Psychiatry in Imperial Germany: A History of Psychiatric Practice*. 1st ed. Cornell Studies in the History of Psychiatry. Ithaca: Cornell University Press, 2003.

Ergin, Osman Nuri. *İstanbul Mektepleri ve İlim, Terbiye ve Sanat Müesseseleri Dolayısıyle Türkiye Maarif Tarihi*. 1–2 vols. İstanbul: Eser Matbaası, 1977.
———. *Mecelle-I Umûr-I Belediye*. Vol. 6. 9 vols. Istanbul: İstanbul Büyükşehir Belediyesi Kültür İşleri Daire Başkanlığı Yayınları, 1995.

Ergut, Ferdan. *Modern devlet ve polis : Osmanlı'dan Cumhuriyet'e toplumsal denetimin diyalektiği*. Istanbul: Iletisim, 2004.
———. "Policing the Poor in the Late Ottoman Empire." *Middle Eastern Studies* 38, no. 2 (September 8, 2010): 149–64.

Erickson, Patricia E. *Crime, Punishment, and Mental Illness: Law and the Behavioral Sciences in Conflict*. Critical Issues in Crime and Society. New Brunswick, N.J: Rutgers University Press, 2008.

Erkoç, Şahap. *Mazhar Osman ve Dönemi: Mecnunları, Mekanları, Dostları*. 1. baskı. İstanbul: Lundbeck, 2006.
———. "Osmanlı'dan Günümüze İstanbul'da Psikiyatri Kurumları." *İstanbul Dergisi*, January 2004.
———. "Süleymaniye Tımarhanesi'ni Anlatan Bir Roman: Tımarhane." *Incognito*, Spring 2002.

Ernst, Waltraud. *Colonialism and Transnational Psychiatry: The Development of an Indian Mental Hospital in British India, C. 1925-1940*. Anthem South Asian Studies. London: Anthem Press, 2013.
———. *Mad Tales from the Raj Colonial Psychiatry in South Asia, 1800-58*. Anthem South Asian Studies. London ; New York, NY: Anthem Press, 2010.

Ernst, Waltraud, and Thomas Mueller, eds. *Transnational Psychiatries: Social and Cultural Histories of Psychiatry in Comparative Perspective, c.1800-2000*. Newcastle upon Tyne: Cambridge Scholars, 2010.

Eskin, Mehmet. "Rural Population's Opinions About the Causes of Mental Illness, Modern Psychiatric Help-Sources and Traditional Healers in Turkey." *International Journal of Social Psychiatry* 35, no. 4 (December 1, 1989): 324–28.

Evered, Emine Önhan. *Empire and Education under the Ottomans : Politics, Reform and Resistance from the Tanzimat to the Young Turks /*. Library of Ottoman Studies ; London: I.B. Tauris, 2012.

Evliya Çelebi, Seyit Ali Kahraman, and Yücel Dağlı, eds. *Günümüz Türkçesiyle Evliya Çelebi Seyahatnâmesi: İstanbul*. İstanbul: YKY, 2003.

Fahmy, Khaled. "The Anatomy of Justice: Forensic Medicine and Criminal Law in Nineteenth-Century Egypt." *Islamic Law and Society* 6, no. 2 (January 1, 1999): 224–71.

Faroqhi, Suraiya. *Approaching Ottoman History an Introduction to the Sources*. Cambridge; New York: Cambridge University Press, 1999.

Faroqhi, Suraiya, and Gilles. Veinstein. *Merchants in the Ottoman Empire*. Paris; Dudley, MA: Peeters, 2008.

Findley, Carter. "Medjelle." *Encylopedia of Islam*. Brill, n.d.

Finnane, Mark. "Asylums, Families and the State." *History Workshop*, no. 20 (October 1, 1985): 134–48.

Fortna, Benjamin C. *Imperial Classroom: Islam, the State, and Education in the Late Ottoman Empire*. Oxford; New York: Oxford University Press, 2002.

Foucault, Michel. *Madness and Civilization: A History of Insanity in the Age of Reason*. New York: Vintage Books, 1973.
———. *Mental Illness and Psychology*. Berkeley: University of California Press, 1987.

Foucault, Michel, and Jacques Lagrange. *Psychiatric power : lectures at the Collège de France, 1973-74*. Basingstoke, Hampshire [England]; New York: Palgrave Macmillan, 2006.

Friedenwald, Harry. *The Jews and Medicine*. [Publications of the Institute of the History of Medicine, the Johns Hopkins University. 1st Ser.: Monographs, Vol. II, III]. Baltimore: The Johns Hopkins press, 1944.

From Madness to Mental Health: Psychiatric Disorder and Its Treatment in Western Civilization. New Brunswick, N.J: Rutgers University Press, 2010.

Galanté, Abraham. *Histoire Des Juifs de Turquie*. Istanbul: Editions Isis, 1984.

Gassev, Jacques, and Geneviéve Heller. "The Confinement of the Insane in Switzerland, 1900-1970: Cery (Vaud and Bel-Air (Geneva) Asylums." In *The Confinement of the Insane: International Perespectives 1800-1965*, edited by Roy Porter and David Wright, 54–78. Cambridge ; New York: Cambridge University Press, 2003.

Ginio, Eyal. "'Every Soul Shall Taste Death': Dealing with Death and the Afterlife in Eighteenth-Century Ottoman Salonica." *Studia Islamica*, no. 93 (January 1, 2001): 113–32. doi:10.2307/1596111.

Göcek, Fatma Müge. *East Encounters West : France and the Ottoman Empire in the Eighteenth Century*. New York, N.Y. : Oxford University Press, 1987.

Göcek, Fatma Müge, and M. Şükrü Hanioğlu. "Western Knowledgem Imperial Control, and the Use of Statistics in the Ottoman Empire." In *Cultural Horizons: Festschrift in Honor of Talat Sait Halman*, 824. Syracuse, N.Y: Syracuse

University Press, 2001.

Goffman, Erving. *Asylums: Essays on the Social Situation of Mental Patients and Other Inmates*. 1st ed. Anchor, A277. Garden City, N. Y: Anchor Books, 1961.

Goldberg, Ann. *Sex, Religion, and the Making of Modern Madness: The Eberbach Asylum and German Society, 1815-1849*. New York: Oxford University Press, 1999.

Goldstein, Jan. *Console and Classify: The French Psychiatric Profession in the Nineteenth Century*. Cambridge [Cambridgeshire] ; New York: Cambridge University Press, 1987.

Grob, Gerald N. *The State and the Mentally Ill : A History of Worcester State Hospital in Massachusetts, 1830-1920 /*. Chapel Hill: University of North Carolina Press, 1966.

Guarnieri, Patrizia. "Alienists on Trial: Conflict and Convergence Between Psychiatry and Law (1876-1913)." *History of Science* 29, no. 4 (December 1991): 393.

———. "The History of Psychiatry in Italy." *History of Psychiatry* 2, no. 7 (September 1, 1991): 289–301.

Gündüz, Osman. *Meşrutiyet Romanında Yapı ve Tema*. Vol. 1. 2 vols. İstanbul: Milli Eğitim Basımevi, 1997.

Hanioğlu, M. Şükrü. *A Brief History of the Late Ottoman Empire*. Princeton: Princeton University Press, 2008.

Hartnup, Karen. *"On the Beliefs of the Greeks": Leo Allatios and Popular Orthodoxy*. The Medieval Mediterranean, v. 54. Leiden ; Boston: Brill, 2004.

Haslam, John. *Illustrations of Madness*. Tavistock Classics in the History of Psychiatry. London ; New York: Routledge, 1988.

Heyd, Uriel. *Studies in Old Ottoman Criminal Law*. Oxford: Clarendon Press, 1973.

Horden, Peregrine. "Responses to Possession and Insanity in the Earlier Byzantine World." *Social History of Medicine* 6, no. 2 (1993): 177–94.

Howell, David. "Health Rituals at a Lebanese Shrine." *Middle Eastern Studies* 6, no. 2 (May 1, 1970): 179–88.

Hurewitz, J. C. *The Middle East and North Africa in World Politics: A Documentary Record - British-French Supremacy, 1914-1945*. Yale University Press, 1979.

İnalcık, Halil, and Şevket Pamuk, eds. *Osmanlı Devleti'nde Bilgi ve Istatistik*. Ankara, Türkiye: T.C. Başbakanlık Devlet İstatistik Enstitüsü, 2000.

İnalcık, Halil, and Mehmet Seyitdanlioğlu, eds. *Tanzimat: Değişim Sürecinde Osmanlı İmparatorluğu*. İstanbul: İşbankası Kültür Yayınları, 2008.

Ingram, Allan, Hannah Allen, Alexander Cruden, Samuel Bruckshaw, and Wm Belcher, eds. *Voices of Madness: Four Pamphlets, 1683-1796*. Thrupp, Stroud, Gloucestershire: Sutton Pub, 1997.

Isaacs, Haskell D. "Britain's Contribution to Medicine and the Teaching of Medicine in Iraq." *Bulletin (British Society for Middle Eastern Studies)* 3, no. 1 (January 1, 1976): 20–28.

Jandarma ve Polis: Franzıs ve Osmanlı Tarihçiliğine Çapraz Bakışlar. 1. basım. İstanbul: Tarih Vakfı Yurt Yayınları, 2009.

Jorland, Gérard, George Weisz, and Annick Opinel. *Body Counts: Medical Quantification in Historical and Sociological Perspective*. McGill-Queen's Press, 2005.

Kabadayı, Mustafa Erdem. "The Sharp Rise and the Sudden Fall of an Ottoman Entrepreneur: The Case of Mkrdich Cezayirliyan."." In *Mechants in the Ottoman Empire*, edited by Suraiya Faroqhi, 281–99. Peeters, 2008.

Kahriman, Salih, Fuat Recep, Sabri Atay, Hüseyin Kılıç, Yılmaz Karaca, and Rasim Erol, eds. *İstanbul Kadı Sicilleri İstanbul Mahkemesi 18 Numaralı Sicil*. Istanbul: Isam Yayınları, 2010.

Karamustafa, Ahmet T. *God's Unruly Friends: Dervish Groups in the Islamic Middle Period 1200-1550*. Oxford: Oneworld, 2006.
———. *Sufism the Formative Period*. Edinburgh: Edinburgh University Press, 2007.

Karate, Hakan T. "The Challange of Periodization: New Patterns in Ninteeteth-Century Ottoman Historiography." In *Writing History at the Ottoman Court*, edited by H. Erdem Çıpa and Emine Fetvacı, 129–54. Bloomington: Indiana University Press, 2013.

Karpat, Kemal H. *Ottoman Population, 1830-1914: Demographic and Social Characteristics*. Turkish and Ottoman Studies. Madison, Wis: University of Wisconsin Press, 1985.
———. "Ottoman Population Records and the Census of 1881/82-1893." *International Journal of Middle East Studies* 9, no. 3 (October 1, 1978): 237–74.

Kazancıgil, Aykut. "Süheyl Ünver ve Osmanlı Tıbbında Akıl Hastalıkları Ya Da 'Delilik.'" *Bilim Tarihi*, no. 24 (October 1993): 11–15.

Keller, Richard. *Colonial Madness: Psychiatry in French North Africa*. Chicago:

University of Chicago Press, n.d.
———. “Pinel in the Maghreb: Liberation, Confinement, and Psychiatric Reform in French North Africa.” *Bulletin of the History of Medicine* 79, no. 3 (2005): 459–99.

Kılıç, Abdullah. *Karşılıksız Hizmetin Muhtesem Abideleri : Istanbul Şifahaneleri = Magnificent Structures of Philanthropy : The Sifahanes of Istanbul*. Istanbul: Istanbul Büyüksehir Belediyesi Kültür A.S. Yalinlari, 2009.
Kılıç, Rüya. *Deliler ve Doktorları*. Istanbul: Tarih Vakfı Yurt Yayınları, 2014.

Kırbaş, Dursun. *Türkiye Nöroloji Tarihçesi*. Istanbul: Gingobil, 2003.

Kırlı, Cengiz. “Devlet ve İstatistik: Esnaf Kefalet Defterleri Işığında III. Selim İktidarı.” In *Nizâm-I Kadîm’den Nizâm-ı Cedid’e III. Selim ve Dönemi*, 750. Istanbul: Isam Yayınları, 2010.

Koçu, Reşat Ekrem. “Deli.” *İstanbul Ansiklopedisi*. İstanbul: Koçu Yayınları, 1966.

Kranzler, Kathryn Linnea. “Health Services in the Late Ottoman Empire (1827-1914).” Bogazici University, 1991.

Kreiser, Klaus. “Public Monuments in Turkey and Egypt, 1840-1916.” *Muqarnas* 14 (January 1, 1997): 103–17. doi:10.2307/1523239.

Kuhnke, LaVerne. *Lives at Risk: Public Health in Nineteenth-Century Egypt*. Comparative Studies of Health Systems and Medical Care. Berkeley: University of California Press, 1990.

Laing, R. D. (Ronald David). *Self and Others*. [2d rev. ed.]. New York: Pantheon Books, 1970.

Landman, Isaac, ed. “Castro, De.” *The Universal Jewish Encyclopedia*. New York: The Universal Jewish Encyclopedia Inc., n.d.

Lee, H. *Biography: A Very Short Introduction*. Vol. 206. Oxford University Press, USA, 2009.

Leiser, Gary, and Michael Dols. “Evliyā Chelebi’s Description of Medicine in Seventeenth-Century Egypt: Part I: Introduction.” *Sudhoffs Archiv* 71, no. 2 (January 1, 1987): 197–216.
———. “Evliyā Chelebi’s Description of Medicine in Seventeenth-Century Egypt: Part II: Text.” *Sudhoffs Archiv* 72, no. 1 (January 1, 1988): 49–68.

Leslie Peirce, By. “Writing Histories of Sexuality in the Middle East.” *The American Historical Review* 114, no. 5 (December 1, 2009): 1325–39.

Levy, Isaac Jack, and Rosemary Zumwalt. *Ritual Medical Lore of Sephardic Women: Sweetening the Spirits, Healing the Sick*. 1st ed. University of Illinois Press, 2001.

Lewis, Bernard. *The Emergence of Modern Turkey*. London ; New York: Oxford University Press, 1961.

MacKenzie, Charlotte. *Psychiatry for the Rich: A History of Ticehurst Private Asylum, 1792-1917*. Wellcome Institute Series in the History of Medicine. London ; New York: Rouledge, 1992.

Madden, Richard Robert. *Travels in Turkey, Egypt, Nubia, and Palestine, in 1824, 1825, 1826, and 1827*. Carey & Lea, 1830.

Maggini, Carlo, and Antonello Pintus. "Vincenzo Chiarugi (1759–1820)." In *WPA Anthology of Italian Language Psychiatric Texts*, edited by Rioj and Filippo M. Ferro, 37–49. John Wiley & Sons, Ltd, 2008. http://onlinelibrary.wiley.com.proxy.uchicago.edu/doi/10.1002/9780470986714.ch2/summary.

Marcus, Abraham. *The Middle East on the Eve of Modernity: Aleppo in the Eighteenth Century*. New York: Columbia University Press, 1989.

Marmara, Rinaldo. *Osmanlı Hoşgörüsünün Tanığı-- = A Testament to Ottoman Tolerance: Lape (La Paix) Hastanesi, 1858-2008*. İstanbul: Büyükşehir Belediyesi, 2009.

Mayers, Marilyn Anne. "A Century of Psychiatry: The Egyptian Mental Hospitals." Ph.D., Princeton University, 1984.

McCandless, Peter. "'Build! Build!' The Controversy over the Care of the Chronically Insane England, 1855-1870." *Bulletin of the History of Medicine* 53, no. 4 (1979).

"Medicine In The Army And Navy." *The British Medical Journal* 2, no. 310 (December 8, 1866): 644–49.

Miller, Ruth Austin. *Legislating Authority: Sin and Crime in the Ottoman Empire and Turkey*. 1st ed. Middle East Studies (Routledge (Firm. New York: Routledge, 2005.

Mitchell, Timothy. *Rule of Experts Egypt, Techno-Politics, Modernity*. Berkeley: University of California Press, 2002.

Mongeri, Luigi. "Rapport Sur Un Projet de Loi Sur Les Aliénés En Turquie Par M. Mongeri." *Annales Médico-Psychologiques* 17 (1877): 86–88.

Mossensohn, Miri Shefer. "A Tale of Two Discourses: The Historiography of Ottoman-

Muslim Medicine." *Social History of Medicine* 21, no. 1 (2008): 1–12.
———. "Living with Death : A Guided Tour in and around Ottoman Hospitals." *Asian Medicine Newsletter - International Association for the Study of Traditional Asian Medicine*, 1998, 9–10.
———. "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): 307–19.
———. *Ottoman Medicine: Healing and Medical Institutions, 1500-1700*. Albany: SUNY Press, 2009.

Moulin, Anne Marie, and Yesim Işıl Ulman. *Perilous modernity : history of medicine in the Ottoman Empire and the Middle East from the 19th century onwards*. Istanbul: The Isis Press, 2010.

Murphey, Rhoads. "Jewish Contributions to Ottoman Medicine 1450-1800." In *Jews, Turks, Ottomans: A Shared History, Fifteenth Through the Twentieth Century*, edited by Avigdor Levy, 1st ed. New York: Syracuse University Press, 2001.
———. "Ottoman Medicine and Transculturalism from the Sixteenth through the Eighteenth Century." *Bulletin of the History of Medicine* 66 (1992): 376–403.

Narter, Meltem. "The Change in the Daily Knowledge of Madness in Turkey." *Journal for the Theory of Social Behaviour* 36, no. 4 (December 1, 2006): 409–24.

Necipoğlu-Kafadar, Gülru. "The Süleymaniye Complex in Istanbul: An Interpretation." *Muqarnas* 3 (January 1, 1985): 92–117.

Nittis, Jacques. "Chronique: Les asiles d'aliénes de Constantinople." *Annales Médico-Psychologiques* 12, no. 8 (1900): 353–67.

Olson, Robert W. "Jews, Janissaries, Esnaf and the Revolt of 1740 in Istanbul. Social Upheaval and Political Realignment in the Ottoman Empire." *Journal of the Economic and Social History of the Orient* 20 (January 1, 1977).
———. "The Esnaf and the Patrona Halil Rebellion of 1730: A Realignment in Ottoman Politics." *Journal of the Economic and Social History of the Orient* 17 (January 1, 1974).

"On Yassıada, a Deserted Chateau and History." *TodaysZaman*. Accessed July 21, 2014. http://www.todayszaman.com/news-350977-on-yassiada-a-deserted-chateau-and-history.html.

Ortaylı, İlber. *İmparatorluğun En Uzun Yüzyılı*. İstanbul: İleri Yayınları, 1999.
———. *Tanzimat devrinde Osmanlı mahallî idareleri, 1840-1880*. Ankara: Türk Tarih Kurumu, 2000.

Ortug G, Yücel F, and Ay H. "The Role of Austrian Physicians and Prof. Joseph Hyrtl (1810-1894) on Modernization of Ottoman-Turkish Medicine." *Annals of*

Anatomy = Anatomischer Anzeiger : Official Organ of the Anatomische Gesellschaft 185, no. 6 (2003): 593–96.

Osmanlı Şehrinde Şiddet ve Asayişin sağlanması : 18. -20. yüzyıllar. *Osmanlı'da Asayiş, Suç ve Ceza: 18. - 20. Yüzyıllar*. Tarih Vakfı Yurt Yayınları. İstanbul: Türkiye Ekonomik ve Toplumsal Tarih Vakfı, 2007.

Osman, Mazhar. *Sıhhat Almanakı: Cumhuriyetin Onuncu Senesini Kutlularken; Hekimlerimizin Halkımıza Armağanı*. Istanbul: Kadar Matbaasi, 1933.

Owen, Roger. *The Middle East in the World Economy 1800-1914*. London ; New York: I.B. Tauris, 2009.

Özbek, Müge. "The Regulation of Prostitution in Beyoğlu (1875–1915)." *Middle Eastern Studies* 46, no. 4 (2010): 555–68.

Özbek, Nadir. "'Beggars' and 'Vagrants' in Ottoman State Policy and Public Discourse, 1876-1914." *Middle Eastern Studies* 45, no. 5 (September 2009): 783.

———. *Osmanlı İmparatorluğu'nda sosyal devlet : siyaset, iktidar ve meşruiyet (1876-1914)*. İstanbul: İletişim, 2002.

———. "Philanthropic Activity, Ottoman Patriotism, and the Hamidian Regime, 1876-1909." *International Journal of Middle East Studies* 37, no. 1 (February 1, 2005): 59–81.

Öztürk, Eyüp. *Velilik ile Delilik Arasında: İbnu's-Serrâc'ın Gözünden Muvelleh Dervişler*. İstanbul: Kitap Yayınevi, 2013.

Öztürk, Orhan. "Folk Treatment of Mental Illness in Turkey." In *Magic, Faith, and Healing: Studies in Primitive Psychiatry Today*, edited by Ari Kiev. New York: Free Press of Glencoe, 1964.

Pakalın, Mehmet Zeki. "Yük." *Osmanlı Tarih Deyimleri ve Terimleri Sözlüğü*. Istanbul: Milli Eğitim Basımevi, 1971.

Pamuk, Şevket. *The Ottoman Empire and European Capitalism, 1820-1913: Trade, Investment and Production*. New York: Cambridge University Press, 1987.

Pearson, Emmet F. "The Historic Hospitals of Cairo." *Journal of the Illinois State Historical Society (1908-1984)* 77, no. 1 (April 1, 1984): 21–32.

Peloso, Paolo F. "Hospital Care of Madness in the Turk Sixteenth Century according to the Witness of G. A. Menavino from Genoa." *History of Psychiatry* 9, no. 33 (March 1, 1998): 035–038.

Philo, Chris. "'Fit Localities for an Asylum':the Historical Geography of the Ninteenth-Century 'Mad Business' in England as Viewed through the Pages of the Asylum

Journal." *Journal of Historical Geography* 13, no. 4 (1987): 398–415.

Porter, Roy. *A Social History of Madness: The World through the Eyes of the Insane*. 1st American ed. New York: Weidenfeld & Nicolson, 1988.
———. *Madmen: A Social History of Madhouses, Mad-Doctors & Lunatics*. Revealing History. Stroud, Gloucestershire, [England]: Tempus, 2006.
———. *Madness: A Brief History*. Oxford ; New York: Oxford University Press, 2002.
———. "Madness and Its Institutions." In *Medicine in Society: Historical Essays*, edited by Andrew Wear, 277–301. Cambridge University Press, 1992.
———. *Mind-Forg'd Manacles: A History of Madness in England from the Restoration to the Regency*. Cambridge, Mass: Harvard University Press, 1987.
———. *The Greatest Benefit to Mankind: A Medical History of Humanity from Antiquity to the Present*. Hammersmith, London: HarperCollins, 1997.

Porter, Roy. "The Patient's View: Doing Medical History from below." *Theory and Society* 14, no. 2 (March 1985): 175–98.

Prestwich, Patricia E. "Family Strategies and Medical Power: 'Voluntary Comital' in a Parisian Asylum, 1876-1914." In *The Confinement of the Insane: International Perespectives 1800-1965*, edited by Roy Porter and David Wright, 79–99. Cambridge University Press, 2003.

Quataert, Donald. *The Ottoman Empire, 1700-1922*. New Approaches to European History 17. Cambridge ; New York: Cambridge University Press, 2000.

Reassessing Foucault: Power, Medicine, and the Body. Studies in the Social History of Medicine. London ; New York: Routledge, 1994.

Renard, John. *The A to Z of Sufism*. Lanham; Toronto; Plymouth: The Scarecrow Press, 2009.

"Reports And Analyses And Descriptions Of New Inventions, In Medicine, Surgery, Dietetics, And The Allied Sciences." *The British Medical Journal* 2, no. 1762 (October 6, 1894): 762.

Rıfat Paşa, Sadık. "Avrupa Ahvaline Dair Risale." In *Yeni Türk Edebiyatı Antolojisi 1839-1865*, edited by Mehmet Kaplan, İnci Enginün, and Birol Emil, Vol. 1. Istanbul: Edebiyat Fakültesi Matbaası, 1974.

Rogan, Eugene L. "Madness and Marginality: The Advent of the Psychiatric Asylum in Egypt and Lebanon." In *Outside In*, 104–25. New York: I.B. Tauris, 2002.
———. , ed. *Outside In: Marginality in the Modern Middle Eas*. London ; New York: I.B. Tauris, 2002.

Rosen, George. "Problems in the Application of Statistical Analysis to Questions of Health: 1700-1880." *Bulletin of the History of Medicine* 29 (January 1, 1955).

Rosenthal, Steven. “Foreigners and Municipal Reform in Istanbul: 1855-1865.” *International Journal of Middle East Studies* 11, no. 2 (April 1980): 227–45.

Rubin, Avi. *Ottoman Nizamiye Courts: Law and Modernity*. 1st ed. New York: Palgrave Macmillan, 2011.

Russell, Alexander. *The Natural History of Aleppo: Containing a Description of the City, and the Principal Natural Productions in Its Neighbourhood. Together with an Account of the Climate, Inhabitants, and Diseases; Particularly of the Plague*. G. G. and J. Robinson, 1794.

Ruth A. Miller. “Rights, Reproduction, Sexuality, and Citizenship in the Ottoman Empire and Turkey.” *Signs* 32, no. 2 (January 1, 2007): 347–73.

Samuk, Fevzi. “Eski Türk Akıl Hastahaneleri.” *Kubbealtı Akademi Mecmuası*, no. 1 (Ocak 1982): 51.

Sarı, Nil. “Osmanlıca Tıp Yazmalarında Mâl-I Hülyâ ve Tedavisi (XV, XVIII Y.y).” İstanbul Üniversitesi Cerrahpaşa Tıp Fakültesi, 1982.

———. “The Classification of Mental Diseases in the Ottoman Medical Manuscripts.” *Tıp Tarihi Araştırmaları* 1 (1986): 105–12.

Scalenghe, Sara. “Being Different: Intersexuality, Blindness, Deafness, and Madness in Ottoman Syria.” Ph.D., Georgetown University, 2006.

———. “The Deaf in Ottoman Syria, 16th - 18th Centuries.” *The Arab Studies Journal* 12/13, no. 2/1 (October 1, 2004): 10–25.

Schacht, Joseph. *An Introduction to Islamic Law*. Oxford: Clarendon Press, 1964.

Schact, Joseph. “Hadjr.” *Encylopedia of Islam*, n.d.

Schull, Kent F. *Prisons in the Late Ottoman Empire: Microcosms of Modernity*. Edinburgh: Edinburgh University Press, 2014.

Scott, James C. *Seeing like a State: How Certain Schemes to Improve the Human Condition Have Failed*. New Haven: Yale University Press, 1998.

Scull, Andrew. “A Brilliant Career John Conolly and Victorian Psychiatry.” *Victorian Studies* 27, no. 2 (January 1, 1984): 203–35.

———. “A Convinient Place to Get Rid of the Inconvinient People: Te Victorian Luantic Asylum.” In *Buildings and Society*, edited by Anthony D. King, 37–59. London; Boston and Henley: Routledge and Kegan Paul, 1980.

Scull, Andrew T. *Decarceration: Community Treatment and the Deviant: A Radical View*. Englewood Cliffs, N.J: Prentice-Hall, 1977.

———. “From Madness to Mental Ilness.” *Archives Europeennes de Sociologie* 16, no. 2

(1975): 218–61.
———. “Mad-Doctors and Magistrates:English Psychiatry’s Struggle for Professional Autonomy in the Nineteenth-Century.” *Archives Europeennes de Sociologie* 17, no. 2 (1976): 279–305.
———. *Madhouse: A Tragic Tale of Megalomania and Modern Medicine*. New Haven: Yale University Press, 2005.
———. “Madness and Segregative Control: The Rise of the Insane Asylum.” *Social Problems* 24, no. 3 (February 1, 1977): 337–51. doi:10.2307/800085.
———. *Madness: A Very Short Introduction*. Very Short Introduction 279. Oxford ; New York: Oxford University Press, 2011.
———. *Masters of Bedlam: The Transformation of the Mad-Doctoring Trade*. Princeton, N.J: Princeton University Press, 1996.
———. *Museums of Madness: The Social Organization of Insanity in Nineteenth-Century England*. New York: St. Martin’s Press, 1979.
———. *Social Order/mental Disorder: Anglo-American Psychiatry in Historical Perspective*. Medicine and Society 3. Berkeley: University of California Press, 1989.
———. *The Most Solitary of Afflictions: Madness and Society in Britain, 1700-1900*. New Haven: Yale University Press, 1993.

Seyitdanlioğlu, Mehmet. *Tanzimat Devrinde Meclis-i Vâlâ (1838-1868)*. Ankara: Türk Tarih Kurumu, 1999.

Shaw, Stanford J. *History of the Ottoman Empire and Modern Turkey*. Vol. 1. 2 vols. Cambridge [England]; New York: Cambridge University Press, 1976.

Shaw, Stanford J. “The Central Legislative Councils in the Nineteenth Century Ottoman Reform Movement before 1876.” *International Journal of Middle East Studies* 1, no. 1 (January 1970): 51–84.

Shaw, Stanford J., and Ezel Kural Shaw. *History of the Ottoman Empire and Modern Turkey: Reform, Revolution, and Rep[ublic: The Rise of Modern Turkey 1808-1975*. Vol. 2. 2 vols. Cambridge ; New York: Cambridge University Press, 1977.

Shorter, Edward. *A Historical Dictionary of Psychiatry*. New York: Oxford University Press, 2005.
———. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac*. New York: John Wiley & Sons, 1997.

Shoshan, Boaz. “The State and Madness in Medieval Islam.” *International Journal of Middle East Studies* 35, no. 2 (May 1, 2003): 329–40.

Smirnova, Irina, Navjiwan Mann, Annemiek Dols, H. H. Derkx, Martin L. Hibberd, Michael Levin, and Bruce Beutler. “Assay of Locus-Specific Genetic Load Implicates Rare Toll-like Receptor 4 Mutations in Meningococcal Susceptibility.” *Proceedings of the National Academy of Sciences of the United States of America*

100, no. 10 (May 13, 2003): 6075–80.

Smith, Leonard. “The Architecture of Confinement: Urban Public Asylums in England, 1750-1820.” In *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, edited by James E. Moran, Jonathan Andrews, and Leslie Topp. New York; London: Routledge, 2007.

Somel, Selçuk Akşin. *Historical Dictionary of the Ottoman Empire*. Lanham, Md.: Scarecrow Press, 2003.

———. *The Modernization of Public Education in the Ottoman Empire, 1839-1908 : Islamization, Autocracy, and Discipline /*. Ottoman Empire and Its Heritage ; Leiden ; Boston: Brill, 2001.

Sufian, S. “Miri Shefer-Mossensohn. Ottoman Medicine: Healing and Medical Institutions: 1500-1700.” *Review of Middle East Studies* 45, no. 1 (2011): 136–37.

Swanson, Glen W. “The Ottoman Police.” *Journal of Contemporary History* 7, no. 1/2 (January 1, 1972): 243–60.

Szasz, Thomas. *The Manufacture of Madness: A Comparative Study of the Inquisition and the Mental Health Movement*. Reprint edition. Syracuse, N.Y: Syracuse University Press, 1997.

Taşkıran, Nimet. “Türkiye Hizmetinde Büyük Bir Hekim: Süleymaniye Bimarhanesi’nin Son, Toptaşı’nın Ilk Başhekimi Louis Mongeri.” *Haseki Tıp Bülteni* 11, no. 1 (1973): 1–19.

Tiffany, Francis. *Life of Dorothea Lynde Dix*. Boston: Houghton Mifflin Co., 1891.

Toprak, Zafer. “Osmanlı’nın Son Döneminde İstanbul Sokaklarında Marjinaller: Hırsızlar, Dolandırıcılar, Yankesiciler.” *İstanbul Üniversitesi Siyasal Bilgiler Fakültesi Dergisi*, no. 38 (March 2008): 275–79.

Toumarkine, Alexandre. “Adli Doktorlar, Ruh Doktorları ve Şeyhler:Kummerau Olayı (1880) ve Bilirkişilik Meselesi.” In *Osmanlı’da Asayiş, Suç ve Ceza 18.-20. Yüzyıllar*, edited by Noémı Lévy and Alexandre Toumarkine, 96–115. İstanbul: Tarih Vakfı Yurt Yayınları, 2007.

Trompoukis, Constantinos, and Spyros Marketos. “The Greek Orthodox Hospital of Yedikule (Balikli) in Istanbul : A Medical History during the Ottoman Empire.” *Yeni Tıp Tarihi Araştırmaları*, no. 5 (1999): 113–26.

Tuke, Samuel. *Decription of York*. York, 1813.

Turan, Fikret, ed. *Seyahatnâme-i Londra: Tanzimat bürokratının modern sanayi toplumuna bakışı*. Istanbul: Tarih Vakfı Yurt Yayınları, 2009.

Turan, Şerafettin. “II. Mahmud’un Reformlarında İtalyan Etki ve Katkısı.” In *Sultan II. Mahmud ve Reformları Semineri 28-30 Haziran 1989*. İstanbul: Edebiyat Fakültesi Basımevi, 1990.

Turhal, Abdullah. *Osmanlı’nın Muhteşem Süvarileri: Deliler*. İstanbul: Doğan Kitap, 2011.

Turner, Howard R. *Science in Medieval Islam: An Illustrated Introduction*. 1st ed. Austin: University of Texas Press, 1997.

Ulman, Yeşim Işıl. “Portraits of Italians in Health Affairs in 19th Century Istanbul.” *Oriente Moderno* 88 (January 1, 2008): 135–49.

Uluçam, Müjdat. “Mustafa Naili Paşa.” In *Yaşamları ve Yapıtlarıyla Osmanlılar Ansiklopedisi*, Vol. 2. Istanbul: YKY, 1999.

Uludağ, Osman Şevki. *Beşbuçuk asırlık Türk tabâbeti tarihi*. Edited by İlter Üzel. Ankara: Kültür Bakanlığı, 1991.
———. *Osmanlılar Devrinde Türk Hekimliği*. Türk Tarih Kurumu Yayınları. IV/A-2-2.6. Dizi, sayı 1. Ankara: Türk Tarih Kurumu Basımevi, 2010.
———. *Osmanlı Tababeti Tarihi / Devletin Bidayet-i Tesisinden Kanuni Sultan Süleyman Zaman-ı Saltanatına Kadar*. Dersaadet: Hilal Matbaası, 1334.

University of Michigan. *Poverty and Charity in Middle Eastern Contexts*. SUNY Series in the Social and Economic History of the Middle East. Albany: State University of New York Press, 2003.

Ünver, A. Süheyl. *Osmanlı Türklerinde Hekimlik ve Eczacılık Tarihi Hakkinda*. İstanbul: Hüsnütabiat Basımevi, 1952.

Usman, Mazhar Osman. *Konferanslarım (Medikal, Paramedikal): Mekteplerde, Radyoda Söylenmis*. İstanbul: Kader Basimevi, 1941.

Uzman, Mazhar Osman. *Bakırköy Emrazı Akliye ve Asabiye Hastanesi*, n.d.
———. “Bakırköy Emrazı Akliye ve Asabiye Hastanesi.” In *Bakırköy’de 50 Yıl*, 79–82. Istanbul: Bakırköy Ruh ve Sinir Hastalıkları Hastanesi, n.d.
———. *Psychiatria.* Istanbul, Kader Basimevi, 1947.
———. *Tababet-I Ruhiye.* Istanbul: Kader Matbaası, 1941.

Uzunçarşılı, İsmail Hakkı. “Beşinci Sultan Murad’ın Tedavisine ve Ölümüne Ait Rapor ve Mektuplar.” *Belleten* 10, no. 37,38,39,40 (1946): 317–67.

Varlık, Nukhet. “Disease and Empire: A History of Plague Epidemics in the Early Modern Ottoman Empire (1453--1600).” Ph.D., The University of Chicago, 2008.

Webb, Alfred. *A Compendium of Irish Biography: Comprising Sketches of Distinguished Irishmen*. Dublin: M. H Gill & Son., 1878.

Wickwar, W. Hardy. "Pattern and Problems of Local Administration in the Middle East." *Middle East Journal* 12, no. 3 (July 1, 1958): 249–60.

Yalçıner, Betül, and Lütfü Hanoğlu. *İç Bahçe : Toptaşı'ndan Bakırköy'e Akıl Hastanesi*. Nisantaşı, Istanbul: Okuyanus Yayin, 2001.

Yanni, Carla. *The Architecture of Madness: Insane Asylum in the United States*. Minneapolis: University of Minnesota Press, 2007.

Yarman, Arsen. *Osmanlı sağlık hizmetlerinde Ermeniler ve Surp Pırgiç Ermeni Hastanesi tarihi*. İstanbul: Surp Pırgiç Ermeni Hastanesi Vakfı, 2001.

Yıldırım, Nuran. *A History of Health Care in Istanbul*. Translated by M. İnanç Özekmekçi. İstanbul: Düzey Matbaacılık, 2010.

———. "Toptaşı Bimarhanesi." *Dünden Bugüne İstanbul Ansiklopedisi*. İstanbul: Türkiye Ekonomik ve Toplumsal Tarih Vakfi, 1995.

Yıldız, Gültekin. *Mapusâne: Osmanlı Hapishanelerinin Kuruluş Serüveni, 1839-1908*. Istanbul: Kitabevi, 2012.

Yılmaz, Coşkun, and Necdet Yılmaz. *Osmanlılarda Sağlık = Health in the Ottomans*. Istanbul: Biofarma, 2006.

Yılmaz, Ömer Faruk, ed. *Son Devir Osmanlı Hastaneleri: Fotograf ve Planlar*. Istanbul: Çamlıca Basım Yayın, 2007.

Yörükoğlu, Nihad Nuri. *Manisa Bimarhanesi*. İstanbul Üniversitesi Tıp Tarihi Enstitüsü 37. İsmail Akgün Matbaası, 1948.

Ziff, Katherine K. *Asylum on the Hill : History of a Healing Landscape /*. Ohio University Press, 2012.

Zürcher, Erik J. *Turkey: A Modern History*. London: I.B. Tauris, 2004.