

# Old patterns, new meaning: The 1845 hospital of Bezm-i Alem in Istanbul

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## SUMMARY

1.—Introduction. 2.— Bezm-i Alem's hospital: a new hospital following established Ottoman traditions. 3.—The Bezm-i Alem's hospital: a new and european type of an institution. 4.—The context of the Bezm-i Alem's hospital: the Tanzimat reforms.

## ABSTRACT

This paper discusses the history of an 1845 Ottoman hospital founded by Bezm-i Alem, mother of the reigning sultan Abdülmecit I (reigned 1839-1856), embedded in the medical and political contexts of the Middle East in the nineteenth century. The main focus of this paper is the Ottoman discourse of modernization, which identified progress with modernization and westernization and included a belief in the positive character of progress, with a high degree of optimism regarding the success of the process. The Bezm-i Alem hospital illustrates the medical reality of the 19th century, reconstructed through Ottoman eyes rather than from the perspective of foreigners with their own agenda and biases. In many respects it continued previous medical traditions; other aspects reveal brand new developments in Ottoman medicine and hospital management. Ottoman medical reality was one of coexistence and rivalry: traditional conceptions of medicine and health were believed and practiced side-by-side with new western-like concepts and techniques.

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**Keywords:** hospitals, women, modernization, Ottoman Empire, Middle East, 19th century.

## 1. INTRODUCTION

The Istanbul hospital, SSK Vakıf Gureba Hastanesi, one of the great medical compounds of today metropolis, has a very symbolic address. It stands on «Homeland Boulevard» (Vatan Caddesi), known also as «Adnan Menderes Boulevard», after Turkey's Prime Minister in the 1950s, in Fatih Quarter, celebrating the Ottoman Sultan Mehmet II Fatih («The Conqueror») who conquered Constantinople from the Byzantines in 1453. Like the address of the hospital, which combines names from the present Turkish Republic with memories from an Ottoman imperial past, so does the history of the hospital. It brings us back to the Ottomans, and this past explains why a hospital is situated at this specific place. The Ottoman past is not an abstract memory, as to this day physical signs are still present: in front of this ultra-modern hospital stands a renovated mosque dating from the middle of the nineteenth century. The mosque still carries its original name: «The Mosque of the Queen Mother, Bezm-i Alem». The mosque is a remnant of a previous layer of this site when an Ottoman hospital, founded in 1845 by Bezm-i Alem, the sultan's mother, was situated here.

The site has been used for medical purposes ever since. The hospital was transformed into a university hospital for the first time in the 1920s but only for a few years. Following the University Reform (1933) it was utilized again as a training facility attached to Istanbul Medical Faculty, and various clinics were opened (dermatology, otorhinolaryngology, and several clinics for internal medicine)(1). Today it is one of the hospitals run by the Ministry for Health and Social Security and its name today bears its relation to welfare policy: the formal name of the hospital starts with «SSK» for Sosyal Sigortalar

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(1) EFE, Suat. Gureba Hastanesi'nde Faaliyet Göstermiş Olan İstanbul Tıp Fakültesi Klinikleri. *Yeni Tıp Tarihi Araştırmaları*, 1996-1997, 2-3, 176-188.

Kurumu, or Social Securities Society. The hospital is obliged to treat sick people free of charge when they fulfill formal criteria of social and financial need, in addition to the regular paying patients. The statistics for the year 2000 reveal that on average, one thousand people were treated in the hospital per day and thirty four to fifty surgical procedures carried out daily (2).

This paper discusses the history of this Ottoman hospital and the role of its female founder within the medical and political contexts of the Middle East in the nineteenth century. The main focus is the Ottoman discourse of modernization that identified progress with modernization and westernization, driven by a (naïve?) belief in the positive character of progress and a very optimistic view about the success of the process.

The paper reconstructs Ottoman understanding of what was occurring and what decision makers wanted to achieve in the medical and political scenes. So far, such cases have usually been studied from a western perspective, in terms of objectives, speed and success. Here we shall see a Middle Eastern and Muslim example, reconstructed through Ottoman eyes, rather than how foreigners saw it with their own agenda and biases.

I base myself on Ottoman sources inaccessible to many scholars of medicine due to the language barrier (3). I focus on the 1845 hospital which has attracted little scholarly attention so far. Bezm-i Alem was not the impressive figure of the sultan, «only» his mother. Middle

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(2) This state institution of SSK was founded in 1965 as a first step in the development of Turkey to a welfare state. It provided insurance for medical care, insurance against work accidents and life insurance. On contemporary criteria to free admittance into the hospital, see the details specified at the Directorate of Charitable Endowments website, <<http://www.vgm.gov.tr/08diger03.html>> (last visited on February 22, 2005). For the activities of the hospital in recent years, see Adem Yavuz ARSLAN, Herkesin Gözü Gureba'da. *In*: <<http://www.aksiyon.com.tr/detay.php?id=13658>> issue #313, December 2, 2000; Gureba Hastanesi Ortada Kaldı. *In*: <<http://www.aksiyon.com.tr/detay.php?id=11848>> issue #387 (May 6, 2002) (both visited last on February 22, 2005). Aksiyon is a weekly internet magazine run for ten years from Istanbul.

Eastern women are less famous and less well documented, than their male counterparts, especially in European sources. This contrasts to Ottoman sources, as Bezm-i Alem was certainly well-known for Ottoman observers.

Moreover, Bezm-i Alem's hospital mirrors the transformations, which took place in the medical realm in the Middle East at that time. The nineteenth century was a period of major transitions in the Ottoman Empire. The *Tanzimat* reforms (literally «organizations») introduced institutional changes that affected state and social organs. Medicine and medical institutions were included, although the final aim was not necessarily to improve the well-being of the citizens (a new concept of its own in the Ottoman Empire), but rather to improve state management.

Prior to the nineteenth century, Ottoman society knew three medical systems: Traditional Muslim medicine based on the Humouralistic system inherited from Greek Antiquity by way of translation and adaptation by Arab physicians during the Middle Ages ruled supreme in pre-modern Muslim hospitals. In addition, there was Religious Medicine, based on the sayings of the Prophet Muhammad, and Popular Medicine, sanctioned by customs and oral traditions, but they were practiced outside hospitals. Humouralistic medicine enjoyed the patronage of the Ottoman urban elite and thus served as the literate, learned (or «high») medicine in the Ottoman Empire. However, during the nineteenth century, this medicine had to give way to another type medicine sponsored by the same Ottoman elite, medicine influenced by Europe, emphasizing biology and pathology. More broadly, it was a period of change in Ottoman definitions of health and illness, which was part of a profound shift in Ottoman society and culture.

Bezm-i Alem's hospital was a new institution but it did not offer an unknown concept of medicine. It was founded in 1845, after the first and «heroic» wave of medical westernization took place in the

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(3) To make the article accessible for English readers who are not familiar with Ottoman Turkish, Arabic and Persian, I transliterated historical terms and names into modern Turkish which is based since 1928 on a modified Latin alphabet and eliminated under-dots on consonants and macrons on vowels.

1820s and 1830s, organized by Mahmut II (reigned 1808-1839). It reveals therefore that western ideas were becoming something of a medical convention in mid-nineteenth century Istanbul.

The process sketched here was one of gradual and complex transformation. The first Ottoman interest in new European medicine occurred toward the end of the seventeenth century with the translation of the German-speaking physician Paracelsus (Philippus Aureolus Theophrastus Bombastus von Hohenheim, d. 1541) on chemical medicine into Arabic and Ottoman-Turkish. Paracelsus offered a potent alternative to Galenic Humouralism. But it was more intellectual curiosity than something that had real lasting effect on Ottoman medicine and practice(4). Even when European medicine became more visible in Ottoman society during the nineteenth century it certainly did not replace the older medical traditions present in Ottoman society for centuries. Instead there was a reality of coexistence, traditional conceptions of medicine and health were believed and practiced side-by-side new western concepts and techniques. Coexistence brought about rivalry between the different types of medicines and health practitioners, until western medicine got the upper hand, towards the end of the nineteenth-century. Even then, although Popular Medicine and Religious Medicine became marginalized, they have remained a living tradition to this very day.

Bezm-i Alem's hospital illustrates the medical reality of its time. In many aspects it continued previous medical traditions; other aspects reveal brand new characteristics in Ottoman medicine and hospital management. The addition of these new features were intentional, not an afterthought or accidental. The hospital was a phase in a gradual and slow process, yet its founders used dichotomous discourse and

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(4) On the translator of Paracelsus into Arabic and then Ottoman Turkish, the Ottoman Court physician Salih b. Nasrallah Ibn Sallum (d. 1670) see AL-MUHIBBI, Muhammad Amin b. Fadlallah. *Tarikh khulasat al-athar fi ayan al-mîa al-hadiya ashara*, 4 vols, El Cairo, 1284H, vol. 2, pp. 240-242; RASHED, Muhammad bin Mustafa. *Tarih-i rashed*, 6 vols, Istanbul, 1282H, vol. 1, p. 96; ADİVAR, Adnan Abdülhak. *Osmanlı türklerinde ilim*, İstanbul, Remzi Kitabevi, 1991, pp. 122-123, 131-132; KÂHYA, Esin; ERDEMİR, Aysegül D. *Bilimin ışığında osmanlıdan cumhuriyete tıp ve sağlık kurumları*, Ankara, Türkiye Diyanet Vakfı, 2000, pp. 179-184.

talked about a rupture in Ottoman medicine. They portrayed the hospital in terms of «new» (and meant modern, positive and therefore better) medicine and administration replacing the «old» (and thus bad and to be abandoned for good). The first part of the paper will be devoted therefore to discussing the hospital in the context of pre-nineteenth century Ottoman medical traditions. Then I shall portray the hospital as its founders wanted to present it to the Ottoman public: a new achievement in Ottoman medicine, indeed a glorious event in Ottoman great civilization.

## 2. *BEZMI-I ALEM'S HOSPITAL: A NEW HOSPITAL FOLLOWING ESTABLISHED OTTOMAN TRADITIONS*

One of the characteristics of the hospital is evident in its name—the close association of the institution with its founder, Bezm-i Alem. Bezm-i Alem Sultan (died June 1853) was the wife of the Ottoman Sultan Mahmut II and mother of Abdülmecit (reigned 1839-1856). A thin and sensual lady who matured gracefully, according to her physician, she was a typical example of a high-ranking woman in the Ottoman imperial family. Like in the case of other females who joined the family (and in contrast to those born to it) her family, ethnic and religious background is obscure, but it is safe to assume she was from humble origin. Basic details, among them her date of birth and even her name, are left to speculation. According to one scholar she was a Russian Jewess who became a concubine in the Ottoman imperial Harem. Upon her entrance into the imperial Harem, she received a colorful name as was the custom with concubines in elite families in the Islamic world («Bezm-i Alem» means «A Feast of the World»), and abandoned her original name of Suzie. She knew enough reading and writing to correspond with her son and other members of the family, like other female members of the Ottoman elite (and unlike most of the Ottoman population, men and women alike), but never acquired basic formal education, as is obvious from her sloppy hand writing, many spelling mistakes and erroneous use of tenses. Bezm-i Alem was a very strong politician. Ottoman political tradition accepted women from the imperial family in positions of influence, as long as the

source of their power was motherhood. Consequently, the mother of the reigning sultan was more important than his wives, who in turn enjoyed greater power if they bore a child to the sultan.

Bezm-i Alem did. Her public career took its rise only when her son Abdülmecit came to the throne in 1839, immediately after his father and her husband, Mahmut II, passed away. Her special position was acknowledged with the traditional and formal title «Queen-Mother» (*valide-i sultan*), in addition to others with symbolic character, like «The Great Cradle» (*mehd-i ulya*). From a woman who could not make her presence felt in the crowded harem of her husband, she became a famous public figure involved in her son's rule. Mahmut was a very dominant figure, and something of a tyrant, which prevented many—including women—to enjoy a central place in Ottoman politics. Abdülmecit was only sixteen and inexperienced when he ascended to the throne, and therefore may have been prone to outside influence. This could explain why Bezm-i Alem could assert her power. She represented her son in Istanbul when he was away on excursions, and sent him letters informing him about news (or gossip) surrounding the palace. The correspondence between mother and son reveals that they were genuinely attached to each other, in addition to being political allies.

Bezm-i Alem's involvement in her son's reign was not extraordinary for mothers of the sultans, and apparently was not excessive, especially in comparison to her predecessor and mother-in-law, Mahmut II's mother. The Ottoman elite expected to see mothers of the sultans as informal political advisors to their sons, while the laity expected to see the mothers involved in philanthropy on a large scale. Despite rumors that her great wealth was not necessarily of legal origin (some members of the elite accused her of nepotism and of accepting many gifts and bribes) she was highly esteemed and loved by Istanbulis for her many charities in the capital. She had several fountains erected throughout the city, in addition to a lavish complex composed of a splendid mosque, hospital and schools (5).

(5) ULUÇAY, M. Çağatay. *Padişahların kadınları ve kızları*, 3. baskı, Ankara, Türk Tarih Kurumu, 1992, pp. 120-121; ULUÇAY, M. Çağatay. *Harem II*, 3. baskı, Ankara, Türk Tarih

What is unique about Bezm-i Alem, if her career is rather typical to a mother of the sultan? True, a woman who establishes a hospital was not very common in the history of the area. It is also true that Bezm-i Alem's hospital is impressing in its grandeur and longevity. But in Istanbul one can find at least one more impressive example of a hospital founded by a female member of the imperial family and in use for hundreds of years. The Haseki Hospital stands today on the ruins of an Ottoman hospital erected by Hürrem Sultan, and bears today her title of «Haseki» («The Favorite»), as she was first the favorite concubine and then the only wife of Sultan Süleyman the Magnificent (reigned 1520-1566)(6).

In many ways Bezm-i Alem's hospital was a standard, traditional Ottoman hospital. The foundation deed of Bezm-i Alem's hospital makes it clear that the institution was neither for the chronically ill nor for healthy bachelors who lacked permanent dwellings in the city and tried to take refuge in the institution. The wardens of the hospital were warned to not fill the institution with them, since they would take the beds needed for the sick who must receive treatment in the hospital. This warning was certainly in tune with the Ottoman hospital tradition. The Ottoman hospital was not a convalescence home or a hospice. In Ottoman society (like other pre-modern Muslim societies and differently from its Christian counterpart), the term «hospital» (timarhane, bimarhane or darüşşifa) was dedicated to an institution which employed professional medical staff and treated patients suffering from physical as well as mental illnesses. In this respect, Bezm-i Alem's hospital was not more «modern» than its predecessors.

Besides, Ottoman sources relaying the foundation of the institution use the familiar language from previous centuries. The founda-

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Kurumu, 1992, pp. 62, 65, 154; SAKAOĞLU, Necdet. Bezmîâlem Valide Sultan. In: *Dünden bugüne istanbul ansiklopedisi*, İstanbul, Tarih Vakfı, 1993-1994, vol. 2, pp. 224-225; PEIRCE, Leslie. *The imperial harem*, New York, Cambridge University Press, 1993.

(6) For the foundation deed, see the Archives of the Directorate of Charitable Endowments (Vakıflar Genel Müdürlüğü Arşivi [VGMA]), Ankara, *defter* 608/23, p. 226.

tion deed of the hospital is especially revealing in this regard (7). It follows the formal structure and contents of similar legal documents. It opens with salutations to the benevolent founder, and exalts her philanthropies. Then it moves to lay out in great detail the medical and administrative structure and activities of the hospital. The medical staff to be employed follows the standard of previous hospitals: two physicians, two surgeons and two pharmacists.

The salaries assigned to each staff member in Bezm-i Alem's hospital reflected a subtle yet clear hierarchy within the hospital. Like in previous Ottoman hospitals, the medical and administrative personnel in Bezm-i Alem's institution were to be paid higher salaries than the «blue collar» employees (although their duties too carried medical meaning), like the cooks, the cleaners (in- and outside the hospital building), the barber and the launderers. The «para-medical personnel», like the male «nurses» and the blood-letter, were also at the bottom of the salary ladder. The administrative body of the hospital was well compensated financially, paid more than some physicians. The manager of the hospital was the highest ranking official, immediately followed by the head-physician; the first clerk was paid more than the two surgeons and two pharmacists, whose salary was similar to that of the steward.

The salary for the employees was also in foodstuffs. The endowment deed stipulates that in addition to their daily cash salaries, the personnel should receive daily meals from the hospital kitchen, the amount of which reflected their hierarchy within the hospital. The manager, for example, was to be given daily meals suitable for eight people and fodder for one animal in addition to 1,200 silver coins (kurush) cash, whereas the two servants were paid each only 150 silver

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(7) The original copy is kept at the VGMA, note 6, which I was not allowed to examine when I carried out my research there in 1997-1998. I rely therefore on a publication of the original document, a lingual adaptation from Ottoman Turkish to modern Turkish. I suspect the publication omits several parts from the original document (like a section on the endowed properties which financed the hospital) and includes only the part dealing with the administration of the hospital. BAYRAM, Sadi. Sağlık Hizmetlerimiz ve Vakıf Gureba Hastanesi. *Vakıflar Dergisi*, 1982, 14, 104-118.

coins per day and one meal per person (the cooks were given only cash money, apparently because it was assumed they dined at work anyway). Although this combination —salary in cash and in food-stuffs— was rare where Ottoman hospital management is concerned, it was not unprecedented (8).

The process of selecting the personnel, the duties assigned to each staff member and the titles of their positions also proceeded along traditional lines. People without formal medical education were among the first to be employed in the Bezm-i Alem's hospital. As was customary in the pre-modern Middle East, one could obtain medical expertise by various means, all equally legitimate: studies at a medical school, studies at home with a private tutor or a family member, self tutoring for the autodidacts and apprenticeship with a practicing physician (9). Lack of a formal diploma did not disqualify a practitioner in the eyes of either employers or patients from practicing medicine.

The foundation of Bezm-i Alem's hospital as an endowed institution (Tr. vakıf, Ar. waqf) is yet another example of Bezm-i Alem following long established customs. The Muslim community, i.e. private initiative —not the state— founded and funded welfare institutions. These institutions supplied various social services, ranging from religion (mosques), education (schools and libraries), food (soup-kitchens) and health (hospitals and hospices), to roads, bridges and fountains, or any other aim which was deemed beneficial to the community. The legal act was considered that of an individual, not that of an office holder. The funds for the charity must come in full from private hands, not

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(8) One example dates from the late 1300s in Bursa, in the first ever Ottoman hospital. The other is from the Istanbul hospital of Mehmet II (reigned 1451-1481), whose personnel was entitled to a daily meal in the near-by soup-kitchen (*imaret*). VGMA, note 6, defter 608/22, p. 82; defter 990, p. 169. Interestingly, the close concerning the staff's entitlement in the hospital of Mehmet II to a meal in the public kitchen appears only in the imaret regulations whereas the section on hospital organization is silent on this point.

(9) LEISER, Gary. Medical education in Islamic lands from the seventh to the fourteenth century. *Journal of History of Medicine and Allied Sciences*, 1983, 38, 48-75. Leiser focuses on the Middle Ages, but the reality he portrays is relevant to the pre-modern Ottoman period as well.

the public purse, in order for the endowment to be legally binding in Muslim law.

The foundation deed, prepared two months prior to the opening of the hospital, repeats several times that the institution was intended for the benefit of sick Muslims who were poor and foreigners. Hence its name today: «Gureba Hastanesi» means «The Foreigners' Hospital». In Ottoman society, strangers far away from home were considered to be in special need of medical aid. Literary conventions describe wretchedness as a constant companion for strangers, brought about by poverty and ill-health. These conditions are always hard, but they are especially difficult to bear when one is in a foreign place (10).

The deed was a legal document which was seen probably only by the donor and the officers who administered the endowment, not the wider public. Yet it was splendidly ornamented in Rococo style, which means it was nevertheless intended to serve some public function (maybe to please the donor or project her image as a grand lady to the Ottoman elite and bureaucracy) (11). The dedication inscription cut in stone in the hospital's portal was certainly intended for public consumption. The inscription from 1845 carries the sultan's seal (*tuğra*) and introduced Bezm-i Alem as the «grand and exalted mother» (*madder-i ulya me'al*) of Abdülmecit, the great ruler of that period (*şah-i devran*). In the fourth line «this building of a hospital which gives life» is described as a pious deed for which she contributed money (12).

The involvement of a woman in the pious foundation of a hospital was far from unique in Ottoman realities. Ottoman hospital tradition includes many examples of female members of the imperial family engaging in medical charity. Hürrem Sultan mentioned above, is a prime example, to which we should add three more: Hafsa Sultan,

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(10) ROSENTHAL, Franz. The stranger in medieval Islam. *Arabica*, 1997, 44, 35-75.

(11) I follow here Amy Singer's hypothesis with regard to documents related to Hürrem Sultan's philanthropy. SINGER, A. The mülknames of Hürrem Sultan's Waqf in Jerusalem. *Muqarnas*, 1997, 14, 96-102.

(12) BAYRAM, note 7, pp. 103-104.

the mother of Süleyman the Magnificent(13), Nurbanu Sultan, the mother of Murat III (reigned 1574-1595)(14), and Gülnüş Sultan, one of Mehmet IV's concubines (reigned 1648-1687)(15). In addition to founding new hospitals, women from the imperial family engaged also in other forms of medical charity, like funding hospices or donating of money or utensils to existing hospitals(16).

### 3. *THE BEZM-I ALEM'S HOSPITAL: A NEW AND EUROPEAN TYPE OF AN INSTITUTION*

Yet Bezm-i Alem's hospital was more than a mere copy of previous hospitals. It was also a new type of a hospital. Certainly its founders wanted to emphasize that its perceived modernity in tune with contemporary medical (read «western», «scientific») achievements. A closer look at its location in the urban landscape, its administration and the uses of inner space discloses the gradual acceptance of new concepts of health and illness and reveals changing objects of medical attention. The immediate context for establishing a new hospital was

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- (13) Hafsa Sultan had a hospital in her complex in Manisa, close to Izmir, in 1539. İbrahim Hakki KONYALI, Kanunî Sultan Süleyman'ın Annesi Hafsa Sultan'ın Vakfiyyesi ve Manisa'daki Hayir Eserleri. *Vakıflar Dergisi*, 1969, 8, 47-56. The hospital was erected by her son, Süleyman, after his mother passed away as a means to commemorate her memory in the town she lived in for several years.
- (14) Nurbanu Sultan founded a grand complex, including a hospital, on a hill on the Asian shore of Istanbul. For the foundation deed see VGMA, note 5, dolap 1550, pp. 54-55. Nurbanu's hospital showed institutional resilience as it functioned as a hospital till the beginning of the twentieth century.
- (15) Gülnüş Sultan funded a hospital in Mecca, the holy town for Muslims in the Arab Peninsula. For the foundation deed and documents pertaining to the hospital's see the Library of Topkapı Palace (Topkapı Sarayı Müzesi Kütüphanesi), E.H. 3045 (renovations from 1684-1686), the Archives of Topkapı Palace Museum (Topkapı Sarayı Müzesi Arşivi), documents (evrak) 2211/1-3, 5-13 (1684-1700), defter 1399/1-2 (end of the seventeenth century), 1401 (1678-1679), 1443 (1690-1691).
- (16) For women in Topkapı, the Ottoman imperial palace, who contributed furs, blankets and other utilities to the rooms where sick palace servants were treated, see the Archives of Topkapı Palace Museum, defter 4172, f. 5b (May 1705).

the 1843 epidemics of cholera and smallpox that raged throughout Istanbul. The existing hospitals could not offer enough beds and therefore it was decided at court to establish a new one (17). But the wider context was the far-reaching medical reforms that Istanbul and the Ottoman Empire as a whole, were going through during the nineteenth century. This context explains the unique features in Bezm-i Alem's hospital.

Previous Ottoman hospitals were part of a complex of charities (Turkish *külliye*). Imperial hospitals were not situated separately but were incorporated into complexes comprising several buildings, including mosques, soup-kitchens or schools (this was a unique feature in the Ottoman urban landscape, not found in other Muslim societies). The setting may have been dictated by the dependence of hospitals on running water and sewage systems, a costly project in terms of human and financial resources, requiring an architect to plan carefully. It was therefore more cost-effective and efficient to include hospitals in complexes in which several buildings shared an infrastructure. More interestingly, being a component in charitable institutions meant that hospitals —and their sick patients— were located very close to mosques. Thus physical and mental ailments were placed near purity and holiness (showing that the dichotomy of holiness and impurity, so fascinating for scholars, is not applicable to the Ottoman case (18)). The close proximity to other social institutions in the complex suggests a holistic understanding of well-being. The mosque was the most important building, prominently situated in its center. Hospitals, like other institutions, surrounded it, clearly dependent on it. By contrast, in Bezm-i Alem's mini-complex, the hospital became the focal point, as evident from the mosque named «the mosque of the hospital».

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(17) BAYRAM, note 7, p. 102.

(18) For the argument against the binary understanding of holiness and impurity popular in scholarly discourse see GOUBERT, Jean Pierre. Twenty years on: Problems of historical methodology in the history of health. In: Roy Porter; Andrew Wear (eds.), *Problems and methods in the history of medicine*, London, Croom Helm, 1987, p. 48.

The administration of the new hospital was similar, yet different from the custom of earlier institutions. Traditionally, Ottoman hospitals were run by various officials. The day-to-day management was carried out by people in the hospital (the staff included clerks headed usually by the senior physician and rarely by a manager who was not a medical doctor), but officials of several Ottoman bureaucratic agencies were involved as well. Some were locals, like the judge (kadi) who oversaw the legal aspect of the hospital as an endowment; others were part of the central government located in Istanbul. One of them was the imperial head-physician (hekimbaşı), who appointed the medical personnel to all hospitals. But the most powerful figure associated with hospitals was the chief black eunuch. His duty as inspector of the imperial endowments brought hospitals funded by «his» endowments under his supervision. In most cases, his involvement focused on finances, but one piece of evidence ties the chief black eunuch to closer inspection of hospitals. Evliya Çelebi, the seventeenth century traveler, relates that the chief black eunuch in charge of the complex of Ahmet I (reigned 1603-1617) opposite the imperial palace in Istanbul took a special interest in the hospital there. He visited the place routinely and enquired after the health of the patients. The eunuch's close supervision had a positive effect on the hospital, causing the staff to show extraordinary patience and good-nature (19).

The involvement of other state agencies in the administration of hospitals together with the hierarchical structure which characterized Ottoman hospitals (similarly to other Ottoman institutions, like the Ottoman palace and harem, the provincial bureaucracy and the religious and educational systems) demonstrate that the medical system—here hospitals—functioned as part of the Ottoman bureaucratic state. However, if during the in the early modern period the connection to the central bureaucracy was somewhat loose, during the

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(19) ÇELEBI, Evliya. *Seyahatname*, İstanbul, Dar al-Ma'arif, 1314 [1896], vol. 1, p. 321; EFENDI, Evliya. *Narrative of travels in Europe, Asia and Africa in the seventeenth century*, London, The Oriental Translation Fund of Great Britain and Ireland, 1846, vol. 1, p. 175.

nineteenth century, hospitals —like the medical system and, indeed, the state as a whole— became much more bureaucratized.

The role of the imperial head-physician in Bezm-i Alem's hospital is a case in point. In comparison to early modern hospitals his role now was much more influential. His involvement started in the preparatory stage and was to be continued on a larger scale when the hospital opened its doors. The head-physician is mentioned in the foundation deed as the one who aided the sultan in several consultations to reach the formal decision to establish the hospital. After the establishment of the institution his task was to check that this public health facility conformed to high standards. His supervision, according to the foundation deed, was supposed to be close, regulated and conducted routinely once a month.

In addition to medical supervision, the central administration supervised also the financial aspect of hospital management. The concept of submitting book-keeping for inspection was not new. All endowed institutions were required by the Muslim legal system to submit such reports. When the institution in question was an imperial endowment, annual reports were sent to both the central government and the palace, where the benevolent patrons and their agents, like the chief black eunuch, lived and kept an open eye on «their» institutions.

Previously, the expenditure of each hospital was included as a section in the report of the complex to which it belonged (hospitals in the pre-modern period, it should be remembered, were always part of a complex of charitable institutions). In these reports the expenditure of a hospital was stated usually with no great detail, to the point that in some (but not all) reports only the bottom line was written. The administrators in Bezm-i Alem's hospital were now required to submit full budget reports on a regular basis dedicated to just this one institution. Moreover, the report had to include all aspects of expenditure in a detailed manner usually not required of hospitals before.

Bezm-i Alem's foundation deed, notes that the managers of the hospital should submit monthly reports reporting the deaths in the hospital. The purpose here was to determine whether these persons left behind valuables. The legal court then tried to locate the rightful

inheritors, and if such did not exist, the estate went to the endowment. To the extent that similar closes were included in previous endowment deeds, they were not that detailed. This lacuna in the regulations of older hospitals could explain two identical sultanic decrees (ferman) sent to the Ottoman judge in Mecca at an interval of two weeks in March 1568. The sultan ordered the judge to inform him in detail about who had taken charge of the personal effects of dead patients in the hospital there. The judge was to explain what had been done with them, how and to whom they were sold, how much was received for them and how that amount was spent (20).

Prior to the nineteenth century, the type of medicine applied in Ottoman-Muslim hospitals was an Arabic-Muslim adaptation of Greek Humouralism as laid down by Galen. In Bezm-i Alem's hospital, this holistic approach that had characterized Muslim hospitals for centuries gave way to a newer medicine. The medical doctors employed at the hospital were educated in European medicine, which emphasized biology and pathology, not the traditional Hospital medicine based on Humours. Thus, the posts of head-physician and junior physician (but not that of the surgeons!) were filled by graduates of the Imperial Medical School in Istanbul. The school was first opened on March 14, 1827 by Mahmut II (though reorganized and renamed in 1938). This day was later adopted by the medical community of the Turkish Republic as Medicine Day (Tıp Bayramı), to celebrate modern medicine. In this school, European doctors taught medicine, while Ottoman teachers taught the general non-medical subjects. Dr. Karl Ambros Bernard, a medical doctor and surgeon and a graduate of the Vienna medical faculty, was brought from Vienna in 1838 to establish the school. He acted as its manager until his death in 1844. The curriculum at the school was decidedly western, combining general and medical subjects. The general syllabus included arithmetic and geometry, drawing, geography, history, zoology and languages, Muslim ones, like Arabic and Turkish, but also western: Latin and French, the language of instruction. The general curriculum was taught by Otto-

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(20) Prime Ministry Ottoman Archive (Başbakanlık Osmanlı Arşivi, İstanbul), Mühimme, 7, 365/item 1057, 402/item 1154.

man Muslim teachers. Medical studies, taught mainly by non-Muslim and non-Ottoman teachers, comprised anatomy, dissection, pathology, chemistry, botany and pharmacology, diagnostics, ophthalmology and medical devices (21).

The dedication inscription on the portal of the hospital in Istanbul echoes this shift. After salutations to the mother of the sultan as benevolent, it moves to exalting her hospital. It is depicted first as a life-giving institution. The inscription explains that although Galen's medicine is excellent, the excellence of the hospital makes Galen redundant (the poetic wording is that hospital increases the delicious water of life of the patients). What the author had in mind here was apparently praising the hospital, rather than claiming that Galen's medicine was no longer relevant yet it is clear that Galen's skills were downgraded. Galen is used in pre-modern Ottoman sources as a metaphor of the ideal doctor and Humouralism of excellent medicine. This inscription reveals therefore a shift of Ottoman medicine away from Humouralism —increasingly influenced by western science. However, Galenic medicine was still accepted as a concept in this period, even if the process of abandoning it was already in play.

#### 4. *THE CONTEXT OF THE BEZM-I ALEM'S HOSPITAL: THE TANZIMAT REFORMS*

The changes in medicine in the Ottoman Empire during the nineteenth century were part of a wide range of reforming measures. Under Mahmut II's rule, government responsibilities proliferated well beyond the traditional realms of administering justice, collecting taxes and maintaining armed forces. Matters that had traditionally been left to private hands were forcibly brought under government administration. This was the period of the Tanzimat which saw the re-organization of state bureaucracy.

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(21) SHEFER, Miri. Tibbiyye-i 'Adliyye-i Shāhāne. In: *Encyclopaedia of Islam*, new edition (hereafter *EI*<sup>2</sup>) Leiden, Brill, vol. 12, supplement, 2004, pp. 810b-811b.

Here we should note that although the sultan was celebrated in the foundation deed for issuing the formal decision to establish this hospital, his role is restricted to ceremonial procedure. The real power of influencing, managing and supervising this institution rested with the central administration, at the offices of the Imperial Head-Physician and Endowed Charities. This reality went hand-in-hand with the change in the balance of power in the Ottoman political system during the Tanzimat era. Between the reigns of Mahmut II (reigned 1876-1909) and Abdülhamit II (reigned 1876-1909) the centre of power lay to a large extent in the Vizierate, rather than in the Imperial Palace, the seat of the sultans. The growing state went through a process of centralization and bureaucratization, and the new ministries gained power over the governmental system.

Scholars have traditionally emphasized several means by which Ottomans strove to reach these intertwined aims. First there was a translation drive: many European texts were translated into Muslim languages (Arabic, Ottoman Turkish and Persian). Ata Allah Muhammad Shanizade (died 1826), «the father of modern Turkish medical terminology», was especially important in this regard. His translations forced him to invent new medical vocabulary in Ottoman-Turkish to suit the new medical concepts and terms. This vocabulary was passed on to modern Turkish and was used until another lingual reform in the mid-twentieth century (22).

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(22) He was appointed official court historiographer in 1819 due to his erudite learning (his history book is an important source for Ottoman realities in the nineteenth century). Shanizade was removed in 1826 because of his supposed reactionary religious tendencies. He came from a Muslim religious background yet mastered several European languages and studied western medicine and other branches of science. The most important of his treatises was a translation into Ottoman-Turkish of an Austrian medical textbook, apparently from the Italian version. He added to it his own study of physiology and anatomy and a translation of yet another Austrian medical book —this one on vaccination. ADİVAR, note 4, *osmanlı türklerinde ilim*, pp. 214-217; KÂHYA/ERDEMİR, note 5, *bilimin ışığında Osmanlıdan cumhuriyete tıp ve sağlık kurumları*; BABINGER, Franz. *Osmanlı tarih yazarları ve eserleri*, Ankara, Kültür ve Turizm Bakanlığı, 1982, pp. 375-372; DAVISON, R.H. *Shānī-zāde Mehmed 'Atā' Allāh Efendi*. In: *EF<sup>2</sup>*, note 21, vol. 9, pp. 303a-303b.

Secondly, Ottoman students were sent to universities in Europe to acquire a profession in selected valued fields, like medicine or, engineering. Thirdly, new schools were established and given precedence over the traditional Muslim madrasas. Madrasas focused on religious fields of knowledge, like law and theology. They reproduced Arab-Muslim knowledge still based to a large extent on interpretations of, and additions to, medieval Muslim texts, which now seemed irrelevant to modern life and statesmanship.

But hospitals too mediated new medical ideas and practices throughout the Middle East. Here many scholars refer to foreign hospitals founded with European funds and knowledge throughout the Middle East, especially in Ottoman Palestine being the Holy Land and therefore a traditional focus of religious and political attention. These hospitals and European physicians are usually described as a means to bring progress and well-being to the backward Muslim east. The emphasis on European activities is based on the assumption of nineteenth century western observers (23), which some Orientalist scholars (in Edward Said's terminology (24)) share, that without these European stimuli, medicine in the Middle East would not have modernized on its own initiative. According to this logic, Europe indeed forced its own medical standards on the Middle East along with foreign social and cultural world-views, but allowed local medicine to break its shackles.

However, European involvement was not altruistic. Hospital foundation served European powers as a political declaration, helped strengthen their interests in their competition for influence in Europe and the Middle East, and benefited the local Ottoman-Christian communities under their respective patronage. The general public—that is Muslims (and also Jews)—could not necessarily enjoy these new medical institutions. We should award greater importance to Ottoman

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(23) For a recently published example see LEV, Efraim; AMAR, Zohar. The turning point from an archaic Arab medical system to an Early Modern European system in Jerusalem according to the Swiss physician Titus Tobler (1806-1877). *Canadian Bulletin of Medical History*, 2004, 21, 159-182.

(24) SAID, Edward. *Orientalism*, New York, Vintage Books, 1978.

activities in the realm of medicine, for example as an initiator of new hospitals for the local population. Bezm-i Alem's hospital was intended first and foremost to serve the Muslim population of Istanbul.

The military, the patients of the first new hospitals, was supposed to be one of the cornerstones of the new and strong modern bureaucratic state. Bezm-i Alem's hospital, in contrast, was a civil institution which was supposed to treat those at the bottom of the social ladder, the desolate, the poor, i.e. the *hoi polloi*. It should be noted here that the use of the terms «desolate» and «poor» does not mean that the hospital was only for the poor, and the institution was more of an alms-house than a «real» hospital (in our own modern understanding), far from it. First, let us remember that even pre-modern Ottoman hospitals, whose example Bezm-i Alem's hospital followed to some extent, were institutions that offered medical treatment practiced by professional healers to physically and mentally ill patients. Secondly, in the Ottoman charity discourse, the adjectives «poor» and «desolate» were very common and actually meant «deserve» or «entitled» rather than financial neediness. Hence we find this type of language repeated in various documents pertaining to hospital management throughout the Ottoman centuries without referring to specific difficult context (25).

These points of difference from other contemporary local and foreign hospitals meant that Bezm-i Alem's hospital could have a wider impact on Ottoman society. Indeed, it was established to influence Istanbulis. In addition to expanding existing medical facilities, it dispensed intentionally a new type of medicine in the capital and served the political agenda of the Tanzimat.

The use of charity work to promote politics is not a new phenomenon in Ottoman society and politics. When a figure like a sultan or a member of his immediate family was involved, a personal philanthropy always carried an aura of a political statement. Female appearance in

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(25) The foundation deed of Nurbanu Sultan's hospital in late sixteenth century uses the same terms, note 14.

the public sphere was restricted, especially for elite women. They had the financial means to support the lifestyle that goes along with the separation of the genders, and therefore they were expected to adhere to female restriction to the private sphere. However, they had other means of public declarations of power that were easily understood by the various audiences (other elite members, the general public, the religious institution, etc). One of these means was charity work and patronage of monuments built for social functions (26).

Muslim philanthropies are supposed to stem from altruistic motivation or self-improvement (27), but Ottoman imperial benevolence is best understood in the framework of gift relationships, or the «Gift exchange» to use Marcel Mauss's term (28). On the elite side, it was a duty to God and men, an egoistic pleasure, a fashion, and political and social prudence. Benevolent donors were not averse to possible religious gains coming from good deeds in general and alleviating the misery of the poor, as they thought about their fate in the Hereafter. They did not shy away from materialistic profits in this world, and certainly did not conduct their philanthropic endeavors at random. It was always a very practical means to an end. Through specifically chosen charity acts Ottoman elite member immortalized their name for posterity, enhanced their public image, legitimized their social and political standing, established patronage relationships, strengthened their position in the ever-changing power relations among the elite, influenced economic and urban activities, etc. Meanwhile, it was the receivers' duty to acknowledge the benevolence with gratitude and accept the subtle strings attached to the gift, like political loyalty,

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(26) BATES, Ülkü Ü. Women as patrons of architecture in Turkey. In: Lois Beck; Nikki Keddie (eds.), *Women in the Muslim world*, Cambridge, Harvard University Press, 1978, pp. 245-260.

(27) WEIR T.H.; ZYSOV, A. Sadaka. In: *EP*<sup>2</sup>, note 21, vol. 8, pp. 708b-716a; ZYSOV, A. Zakât. In: *EP*<sup>2</sup>, note 21, vol. 9, pp. 406b-422a.

(28) MAUSS, Marcel. *The gift: forms and functions of exchange in archaic societies*, London, Routledge, 1970. See also PORTER, Roy. The gift relation: Philanthropy and provincial hospitals in eighteenth-century England. In: Lindsay Granshaw; Roy Porter (eds.), *The hospital in history*, London, Routledge, 1989, pp. 149-178.

social obedience, and adherence to the new political agenda the elite presents (29).

Bezm-i Alem's hospital is a case in point. Legally, Bezm-i Alem's hospital was a private initiative of one woman, as in all Muslim endowed charities, but its real executioner was the emerging ministerial agencies. It was part of the new centralized bureaucracy and was created to serve it. The public face of the institution was that of a grand woman as it was customary in such charities, not the growing apparatus that was invading people's life and could be regarded as menacing. Yet, the hospital was exactly that: it was an initiative from above which suited government needs and medico-political concepts. The founder of the hospital seemed to be removed from the seat of political power: although the mother of the sultan was not just anybody in political terms, she was neither the sultan (the sovereign) nor the bureaucracy (the emerging political power at the expense of the imperial palace). Yet, the new state machinery had the real power over the hospital and had the final say about its management, although for the public this charity work was associated with one woman, Bezm-i Alem, who had no official political position. The central administration used here a «benign» form of action to promote a subtle yet far-reaching medico-political agenda to educate and control the public.

This is exactly the importance of the hospital. It reflects a period of transition in the Ottoman Empire between the old and the new, when both were still very much present in the medical scene. For the public eye it seems quite similar to familiar medical traditions, where in fact it was also very new in its administration and medical practice.

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(29) On the use of imperial charities for political aims in the Ottoman Empire a slightly later period see utilizing the «gift» concept, see ÖZBEK, Nadir. Imperial gifts and sultanic legitimization during the late Ottoman Empire, 1876-1909. In: Michael Bonner; Mine Ener; Amy Singer (eds.), *Poverty and charity in middle eastern contexts*, Albany, State University New York Press, 2003, pp. 203-220.