

**BOUNDARIES, EDUCATION AND LICENCE:
THE NINETEENTH CENTURY OTTOMAN
STANDARDIZATION OF MEDICAL PROFESSIONS¹**

*SINIRLAR, EĞİTİM VE LİSANS: ON DOKUZUNCU YÜZYIL OSMANLI
İMPARATORLUĞU'NDA SAĞLIK MESLEKLERİNİN STANDARTLAŞTIRILMASI*

Ceren Gülser İLİKAN-RASİMOĞLU²

*Geliş Tarihi: 15.02.2017 Kabul Tarihi: 26.04.2017
(Received) (Accepted)*

ABSTRACT: This article evaluates the establishment of a modern and centralized medicine in terms of creating boundaries between lay practitioners and the new medical staff in the Late Ottoman Empire. These boundaries were produced by the introduction of a legal framework and a new education system. This article intensifies the study on the process of definition of boundaries by a study of documents in the Prime Ministry Ottoman Archives. Have these boundaries been effectual in differentiating the traditional from the modern and setting a distinct group of medical actors? The answer to this question is sought by the description of a competitive environment for a multiplicity of actors of the domain of medicine. The article argues that the main problems of the process arose from the insufficient number of physicians and remoteness to the center and did not vanish until the foundation of a settled Muslim Turkish professional body in the 1890s.

Keywords: Late Ottoman history, Ottoman medicine, History of medicine, Social history of medicine, Professionalization, Modern medicine, Physicians, Empirics, Irregulars, Quacks, Lay practitioners of medicine, Modern state formation.

ÖZ: Bu makale, geç Osmanlı İmparatorluğu döneminde modern ve merkezi tıbbi meslekten olmayan sağlık çalışanları ile yeni ortaya çıkan modern tıbbın uygulayıcılarının arasında tesis edilen sınırlar açısından değerlendirmektedir. Bahsedilen sınırlar yasal çerçeve ve yeni bir eğitim sistemi getirilerek üretilmiştir. Bu makale, Başbakanlık Osmanlı Arşivleri'nde belgelerin incelenmesi ile sınırların tanımlanma sürecine ilişkin çalışmayı derinleştirmektedir. Bu sınırlar, gelenekselin modernle arasındaki farkı ayırmada ve medikal aktörlerden oluşan farklı bir grup oluşturulmada etkili midir? Bu sorunun cevabı, tıp alanındaki çok sayıda aktör için rekabet ortamının tanımlanmasıyla aranmaktadır. Makale, sürecin temel sorunlarının yetersiz hekim sayısı ve merkeze olan mesafelerden kaynaklandığını ve bu sorunların 1890'larda yerleşmiş bir Müslüman Türk meslek örgütünün kurulmasına kadar ortadan kalkmadığını iddia etmektedir.

¹ Ceren Gülser İlikan-Rasimoğlu, *The Foundation of A Professional Group: Physicians in the Nineteenth Century Modernizing Ottoman Empire (1839-1908)*, Ph.D. Dissertation, Boğaziçi University, Atatürk Institute for Modern Turkish History, İstanbul, 2012.

² Asst. Prof. Dr., Acıbadem University, Department of Sociology,
Ceren.Rasimoglu@acibadem.edu.tr

Anahtar Sözcükler: Geç Osmanlı İmparatorluğu, Osmanlı tıbbı, Tıp tarihi, Sosyal tıp tarihi, Profyonelleşme, Modern tıp, Hekimler, Şarlatanlar, Meslekdişı sađlık uygulayıcıları, Modern devlet oluşumu.

INTRODUCTION

This article studies the place occupied by the competition between regular and irregular (or, lay) practitioners of medicine, each of them defined by governmental policies, where modern state formation and its de facto implications coexisted with medical progressivism and establishing a modern and centralized medicine. The primary question is about how the nineteenth century produced and molded a professional group of medical staff and how the outcome of the modernizing empire became the developer of a new administrative model.

The modernization of the Late Ottoman Empire as a response to the Eastern Question and micro-nationalisms is considered as effort to centralize administrative authority via a well-established bureaucracy and new administrative technologies. Expressions such as “the new order, progress, and civilization” were the harbingers of this program,¹ which contained the creation of many modern, centrally organized and controlled professions, including medical ones.

To improve (re)productive capacities of the population, practitioners in many fields such as health, security or administration had to be reorganized, categorized and centralized. In relation to this development, in all parts of the world, medical specialization, standardization and professionalization emerged through centralization of medical examinations, modern education, licensing, appointments and inspections. The Ottoman central authorities demanded modern medicine as a response to urgencies such as epidemics or war casualties. From 1827 to the late 1860s, prospective students of medical professions either went to Europe or trained in İstanbul at the Military School of Medicine.² Those involved in medical professions witnessed and welcomed rigorous professional competition in addition to a belief in scientific expertise and sophistication. Besides, medical elites were continuously observed, and competed with each other.³

To study medical professionals, scholars applied the concept of professionalization, which is generally described as the acquisition by an occupation of ideal types. It creates a model that evolves the conception of the

¹ Nadir Özbek, “Tarihyazıcılığında Güvenlik Kurum ve Pratiklerine İlişkin Bir Deđerlendirme”, *Jandarma ve Polis: Fransa ve Osmanlı Tariğçiliğinde Çapraz Bakışlar*, N. Özbek and N. Levy, Tarih Vakfı Yurt Yayınları, İstanbul 2003, p. 7.

² Ibid., p. 7.

³ George Weisz, *Divide and Conquer: A Comparative History of Medical Specialisation*, Oxford University Press, New York 2006, p. xxi.

occupation. For medicine, it deals with the reorganization of medical practitioners, by establishing a boundary between educated and popular practitioners, increasing the extent of its services and decreasing the popular practitioners' ones.⁴

George Weisz warns the students of the medical field in history about the fact that medical specialization is regarded as the norm in the West only today and underlines that it was a novelty for the people living in the early nineteenth century. Specialization was more than a sole outcome of the accumulation of knowledge: it was a manifestation of a new conception about disease and "localist pathological thinking," and pathological anatomy.⁵

A clear-cut distinction from previous healthcare methods of lay healers who entrusted in holistic view went hand-in-hand with the rise of modern medicine. New modern schools, ornamented by new technical skills based on pathological thinking, initiated their rise. Specialization of the first decades of the century in the field of medicine differed from the later age: At the earlier stage, it was regulated through clinical research and training for common practitioners, a local effort carried out by small groups or individuals. At the later one, this practice dominated the whole structure of medical practice, which would later become to be discussed in national terms.⁶

Conventional and Modern Medical Educations

The School of Medicine presented its first graduated educated professionals, the real intellectuals of their era,⁷ either non-Muslims or Europeans, in 1843. In the 1830s the practice of visiting European countries for a few years to be educated for this new art became common.⁸ Of the 11 people sent to France in 1840, the number of those studying medicine was 10.⁹ France was the initial nucleus of the prospective medical practitioners until the 1890s, the decade in which Germany became the new destination, partly due to the shifting foreign relations of the Ottoman Empire.¹⁰

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

⁵ George Weisz, *Divide and Conquer: A Comparative History of Medical Specialisation*, Oxford University Press, New York 2006, p. xi.

⁶ Ibid, p. xvi.

⁷ Niyazi Berkes, *Türkiye'de Çağdaşlaşma*, Yapı Kredi Yayınları, İstanbul 2002, p. 367.

⁸ Adnan Şişman, *Tanzimat Döneminde Fransa'ya Gönderilen Osmanlı Öğrencileri (1839-1876)*, Türk Tarih Kurumu, Ankara 2004.

⁹ Ibid., p. 2.

¹⁰ Nuran Yıldırım, "Le Rôle des Médecins Turcs Dans La Transmission du Savoir," *Médecins et Ingénieurs Ottomans à l'Age des Nationalismes.*, ed. Meropi Anastassiadou-Dumont, Maisonneuve et Larose, Institut Français d'Etudes Anatoliennes, Paris 2003, pp. 131-132.

On 14 March 1827, the first modern school with two sections, *tıbhane-i amire* (the imperial house of medicine) and *cerrahhane-i amire* (the imperial house of surgeons), offering courses for four and three years respectively, was established. The school was restructured in 1839 in Galatasaray under the name of *Mekteb-i Tıbbiye-i Adliye-i Şahane* (The Imperial School of Medicine). In 1908, it united with *Mekteb-i Tıbbiye-i Mülkiye-i Şahane* (The Imperial School of Civilian Medicine), which had opened in 1867.

Until 1839, pharmacy was practiced by physicians, as well. We see in that period the existence of several pharmacists trained as apprentices or accorded this title as an award or as a result of an examination.¹¹ After 1841, they began to be educated formally at the *Mekteb-i Tıbbiye*, the School of Medicine, in a special class of a three year program.¹² Bonesetters were usually trained from family members. They were paid by the imperial military treasury and appointed positions in the palace, army, hospitals and districts by the sultan with the approval of the chief doctor or chief surgeon. Once a bonesetter died, one of his relatives would take his place. From 1849, those people began to receive minor surgery diplomas and be integrated within the modern medical system. Furthermore, after 1876, in Haydarpaşa Military Hospital a school for minor surgeons opened. In 1892, this office was also abrogated.¹³ As for dentistry; we see barbers, surgeons, and dentists with permit in addition to dental doctors working in the field. Those who proved to be skillful were offered surgeon certificates and authorized to work for the army.¹⁴ Dentists from abroad, like doctors and pharmacists, needed to apply to the Council of Civilian Medical Affairs to pass a colloquium.¹⁵

From these procedures, we understand that for medical specialization, Ottomans were in the same temporality with their European counterparts.

¹¹ Gülbin Özçelikay and Eriş Asil, "Osmanlı İmparatorluğu'nda Klasik ve Modern Eczacılık Eğitimi ve Öğretimi", *Osmanlı Dünyası'nda Bilim ve Eğitim Milletlerarası Kongresi Tebliğleri İstanbul 12-15 Nisan 1999*, ed. Hidayet Yavuz Nuhoglu, İslam Tarih, Sanat ve Kültür Araştırma Merkezi, İstanbul 2001.

¹² Süheyl Ünver, *Osmanlı Türklerinde Hekimlik ve Eczacılık Tarihi Hakkında*, Hüsnütabiat Basımevi, İstanbul 1952, p. 8.

¹³ Nermin Ersoy, "Başbakanlık Osmanlı Arşiv Belgelerine Dayanarak; 18. ve 19. Yüzyılda Kırık-Çıkıkçılar", *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990*, Türk Tarih Kurumu Yayınları, Ankara 1999, p. 149.

¹⁴ Barış Kaysılı, *Tanzimat'tan Cumhuriyet'e Türkiye'de Sağlık Eğitimi Üzerine Bir Araştırma (1839-1938)*, M.A. Thesis, Selçuk Üniversitesi, Konya 2006, p. 54.

¹⁵ After the Second Constitutional Period, the duty to organize colloquium examinations was given to the School of Medicine. Nuran Yıldırım, "Berberlerden Diş Hekimlerine İstanbul'da "Dişçiler Mektebi" Kurma Çabaları ve Dişçi Mektebinin Açılışı", *Toplumsal Tarih*, No: 146, 2006, p. 38.

Specialists as a “recognizable category” emerged in the 1830s and 1840s in Paris, 1840s and 1850s in Vienna, and 1850s and 1860s in other cities in Europe and Britain.¹⁶ Europe and USA offered a university standard of medical education between the years 1890-1920.¹⁷ The university model was successful, as in indication of the final acceptance of laboratory science as the most important part of medical teaching.¹⁸

Use Of Legislation For Standardization

“Where there are physicians, there are charlatans, quacks, empirics. Medical practitioners have always tried to distinguish themselves from the other, from those whom they deem unprofessional, whether the latter has good or bad intentions.”¹⁹ What Peter Pormann introduced for the West can be thought in the case of the Ottoman Empire, as well. Properly educated health staff, consecrating a considerable amount of time and effort, urged for a clear-cut distinction from the irregular practitioners, a similar desire with the center with dissimilar (political and administrative) purposes.

This rivalry between modern practitioners and the irregulars paved the way for the common use of the concept of "charlatanry." French people of the late 18th Century benefited from self-medication, quacks, bone-settlers, matrons or sorcerer-healers. But the “enlightened” physicians regarded most of these practices, which are now considered as charlatanry, as one of the evils of the “art of healing.”²⁰ However, the line between the “learned” and the “popular” medicine were not yet clear-cut: “In fact, these two ‘worlds’ of medicine were so close to each other that they were in constant contact, both hating and penetrating each other.”²¹

To understand the occupation of medicine requires a consideration of unauthorized practitioners as well as the authorized because they provided health care in the pre-modern period and they are indicators of the development of medical profession: “Modern medicine did not arise in a vacuum; it established

¹⁶ George Weisz, "The Emergence of Medical Specialization in the Nineteenth Century", *Bulletin of the History of Medicine*, No: 77, 2003, p. 541.

¹⁷ Thomas Neville Bonner, *Becoming a Physician: Medical Education in Britain, France, Germany and the United States, 1750-1945*, Oxford University Press, New York 1995, p. 281.

¹⁸ *Ibid.*, p. 289.

¹⁹ Peter E. Pormann, "The Physician and the Other: Images of the Charlatan in Medieval Islam", *Bulletin of the History of Medicine*, Vol: 79, No: 2, 2005, pp. 189-190.

²⁰ Jean-Pierre Goubert, "The Art of Healing: Learned Medicine and Popular Medicine in the France of 1790", *Medicine and Society in France, Selections from the Annales Economies, Sociétés, Civilisations* Vol 6, ed. Robert Forster and Orest Ranum, The Johns Hopkins University Press, 1980, p. 1.

²¹ *Ibid.*, p. 3.

itself by denying legitimacy to competing medical practitioners and cultures.”²² Although the differentiation between modern and traditional medicine had been established in the Ottoman Empire since the beginning of the nineteenth century; the definition of the outsiders of the field as charlatans did not appear suddenly: they were welcomed to be part of the system until the creation of an entirely new group of modern physicians and surgeons.²³

During the Tanzimat period, what people understood from the term “mainstream medicine” was a profession whose practitioners were trained and acted within the boundaries set by the School of Medicine. Tanzimat introduced a new system for all professions, from peasantry to officership, and medicine was no exception to this. After the four new graduates returned with great success from Vienna where they attended a colloquium on 4 January 1848, the Imperial School of Medicine began to be called a faculty, which necessitated the application of the rule to take a colloquium examination for diploma equivalency for those willing to work in the Ottoman Empire, regardless of their nation. The diplomas of those who had studied abroad were approved only after they had passed examinations on anatomy, obstetrics, internal diseases, surgery, and forensics.²⁴

Several catalogues in the Prime Ministry Ottoman Archives (BOA, Başbakanlık Osmanlı Arşivleri) include documents illustrating the ways in which late Ottoman state dealt with the problem of the coexistence of modern practitioners of medicine and irregulars. Appertaining codes appear continuously in these documents to give emphasis to and strengthen medical standardization by introducing categorizations through certificates and qualifying examinations.

Although the Ottoman state tried to prevent the acts of the irregulars since the very beginning of the Tanzimat reforms (and the opening of modern school of medicine), the Regulation on the Practice of Medicine in the Provinces of the Empire (12 October 1861) constituted crossroads in the standardization of medical practices. According to the regulation, the vital thing was to receive a license from the Imperial School of Medicine or from a foreign equivalent of this school. The regulation prevented anyone lacking such a license from using the title of doctor; offered the requirement for foreign doctors who wanted to work in the Ottoman

²² Matthew Ramsey, *Professional and Popular Medicine in France, 1770-1830: The Social World of Medical Practice*, Cambridge University Press, Cambridge 2002, pp. 2-3.

²³ İbrahim Başağaoğlu and Ahmet Uçar, "Osmanlı'da Sahte Doktorlar", *1. Uluslararası Türk Tıp Tarihi Kongresi 10. Ulusal Türk Tıp Tarihi Kongresi Bildiri Kitabı*, Vol: 1, ed. Ayşegül Demirhan Erdemir, et al., 2008.

²⁴ Nuran Yıldırım, "Tıp Eğitimimizin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)", *Türkiye Üniversite Anlayışının Gelişimi (1861-1961)*, ed.N.K. Aras, E. Dölen, O Bahadır, TÜBA, Ankara 2007, p. 245.

Empire to apply to the Imperial School of Medicine, to register their diplomas after having registered at the embassies of their homelands at the Sublime Porte, be subject to a qualification examination and be handed a certificate.

In addition, according to the regulation, all doctors and surgeons at the Sublime Porte were required to be registered with a license from the School of Medicine after the proclamation of this code, and anyone practicing the science of medicine or the art of surgery in provinces had to submit a copy of their permit to their local councils, if they were an Ottoman subject, and to their embassies, if they were a foreigner; all of which would then be sent to the Medical School Administration. The regulation also prohibited physicians to prescribe medicines, except in the absence of a pharmacy; demanded the reorganization of minor surgery and other healing practices; and determine the relevant penalties.

With this regulation, central authorities, through the Military School of Medicine, began to control anyone dealing with medical services. The Regulation on the Practice of the Art of Pharmacy in the Provinces declared that a candidate to become pharmacist needed to register at the School and be handed an acceptance (*kabulname*), with which he should apply to a pharmacy shop and work there for three years to obtain a testimonial (*şehadetname*).²⁵ The 1861 Code demanded physicians from abroad to register their diplomas to the School of Medicine and pass a colloquium. In fact, before this code, physicians were also registering their licenses to the School before the Code, and now, their names were published on newspaper, and sent to all pharmacies.²⁶

Hence, skill-based assessment for the organization of medical activities targeted the separation of one type of activity from another, each certified by official papers. Since as early as the 1840s, it was decided to organize the duties of pharmacists, midwives, blood letters, and tooth extractors by measuring their skills. Those qualified would be bestowed certificates. Those failing would no longer be able to claim right to practice.

Competition For The Practice Of Medicine

At a time of legal transformation of the medical practices, where existing practitioners were required to prove their skill, and qualification examinations were introduced throughout the Empire; while a standard was being created, people who did not fall within its boundaries were taken as a heterogeneous group of

²⁵ Nuran Yıldırım, "Dârülfünûn-ı Osmanî Tıp Fakültesi Eczacı Mektebi Öğrencilerine Ait Kabulnâmeler ve Şehâdetnâmeler", *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990*, Türk Tarih Kurumu Basımevi, Ankara 1999, pp. 239-240.

²⁶ Rengin Dramur, "Osmanlılarda Hekim ve Eczacı Gediği", *I. Türk Tıp Tarihi Kongresi İstanbul: 17-19 Şubat 1988*, Türk Tarih Kurumu Basımevi, Ankara 1992, p. 151.

outstanders, and those who were eager to fit the standards were absorbed through those qualification examinations. Lay practitioners were left aside by the use of the expressions “*kendisine hekimlik süsü vererek*,” (presenting himself as a doctor) “*diplomasız hekimlik yapan*” (the one who practices medicine without a diploma), or “*sahte doktor* (quack).”

All these categories marked the outstanding position. Yet, in actual situations, the certified and the uncertified continuously worked on the same field. The Ottoman archives illustrate the demand for a legal document for any kind of medical practice and for a precise recognition of standardized system of medicine in Europe via collection of all information about legal developments abroad and evaluation of certification patterns.²⁷ The de jure restriction of practice for uncertified individuals would become obsolete since the state facilitated permeability of the two categories in urgent cases, as long as their appearance within the system was not regular. The reason for this permeability lies in the insufficiency of the number of “properly-trained” medical practitioners, which can be clearly seen in the archival documents.²⁸

One of the strategies of the central medical authorities was to demand reports on the existence of quacks and irregulars.²⁹ In other occasions, orders were given for the register book on the traditional practitioners, or midwives and doctors to be sent to the center. Such documents mark the existence of the problem in places remote from each other, such as Biga, Trabzon, Thessaloniki, Janina and Uşak.³⁰ They cluster around the 1890s, the decade in which a generation of fully-equipped, properly educated physicians finally appeared. From then on, central medical authorities felt more secure in pressurizing irregulars, since their replacement with the “proper” staff was more attainable than twenty years earlier.

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

²⁸ BOA. DH. MKT. 648 / 35, 9 Zilkade 1320, 7 February 1903; BOA. DH. MKT. 1623 / 68, 16 Ramazan 1306, 15 May 1889; BOA. DH.MKT. 1435 / 86, 11 Zilkade 1304, 1 August 1887; BOA. DH. MKT. 1408 / 29, 5 Receb 1304, 30 March 1887.

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

³⁰ BOA. DH. MKT. 1903 / 30. 18 Cemaziyelevvel 1309, 20 December 1891. BOA. DH. MKT.1623 / 24, 14 Ramazan 306, 14 May 1889., BOA. DH. MKT. 1628 / 59, 14 Şevval 1306, 13 June 1889., BOA. DH. MKT. 1879 / 106. 15 Rebiülevvel 1309, 19 October 1891.

A second strategy of the center was to ask for the diplomas of practitioners of foreign origin. To form a regular assessment and rewarding system and to assess equivalence with European counterparts, all information regarding medical developments, including the names of schools of medicine in foreign countries, the list of their diplomas, the codes and regulations, and periodical reports from some embassies including those in Brussels, Bucharest, Washington, Athens, Paris and London and The Hague was collected at regular intervals by emphasizing that the sole institution with the right to issue certificates was the School of Medicine.³¹ Similarly, the Administration of Health demanded a list of the foreign schools of medicine and the lists indicating the names of their fellow students together with the codes on the prevention of the ill-matched demands of people educated in foreign schools of medicine or science coming to the Ottoman Empire to work as physicians and pharmacists in legal terms.³²

In fact, the School of Medicine demanded these foreign and non-approved practitioners to pass a qualification examination before granting them the right to deal in the business of medicine within the boundaries of the Empire. It was decided in 1887 that those working as physicians in the provinces without diplomas from the School of Medicine would be sent to the Sublime Porte for qualification

³¹ BOA. DH. MKT. 1585 / 18, 15 Cemaziyelevvel 1306, 17 January 1889. BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888. BOA. DH. MKT. 1585 / 18, 15 Cemaziyelevvel 1306, 17 January 1889, BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888, BOA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888, BOA. DH. MKT. 1564 / 56, 10 Rebiülevvel 1306, 14 November 1888.

³² BOA. DH. MKT. 1531 / 101, 4 Zilkade 1305, 12 August 1888. BOA. DH. MKT. 1516 / 59, 16 Şevval 1305, 26 June 1888. Doctor Kirgor, working in Semadirek, an island near Meriç, was reported for incompetence and ignorance of the art of medicine and had to send a copy of his diploma to the Ministry of the School of Medicine. His diploma would be analyzed and it would be if he was able to practice medicine. BOA. DH. MKT. 1654 / 80, 9 Muharrem 1307, 5 September 1889. The Council of Civilian Medical Affairs and Public Health wrote official reports on this issue demanding tables from embassies indicating the names and degrees with their diplomas. BOA. DH. MKT. 1561 / 59, 2 Rebiülevvel 1306, 6 October 1888. The diplomas of the graduates from foreign medical institutions such as the Medical Faculty at Athens had to be approved. BOA. DH. MKT. 2130 / 44. 19 Teşrinievvel 1314, 31 October 1898; BOA. Y. MTV. 49/ 20, 4 Şaban 1308, 15 March 1891.; BOA. Y. PRK. ASK. 211 / 16. 27 Şevval 1321, 16 January 1904. The demand of the French embassy for the approval of doctors' diplomas by the Ottoman school without a colloquium was rejected. BOA. Y. PRK. BŞK. 55 / 15. 14 Receb 1315, 8 December 1897. The Ministry of Internal Affairs informed that seven doctors and three pharmacists had been given their permits by the medical assessment examination. BOA. ZB. 24 / 15. 29 Rebiülahir 1326, 17 May 1906. Yet, not everybody's diplomas were approved, as that of a certain Orfilyan Nargalyan. BOA. ZB. 401 / 133. 22 August 1321, 4 September 1905.

examination. Foreigners would send their diplomas if they had them, and if not, would be tested in their provinces.³³ Although the regulation demanded candidates to pass the examination at the Sublime Porte, we come across documents indicating the impossibility of leaving the home town, as in the case of Jerusalem.³⁴

Finally, missionary activities were another contentious matter. Medicine and education were two domains where religious / political rivalries that were carried out through missionary activities. Remote provinces, such as Damascus, were subject to such rivalries and the Ottoman state made efforts to ostracize especially physicians trained by missionary schools.³⁵ For instance, in 1888, a group of doctors from among the municipality medical staff in the Syrian province of Bâb, including an employee called Nahif Efendi, had been educated by missionaries and it was argued that they needed to be replaced.³⁶ Paralelly, some of the physicians who served for the American hospital were called by the municipal physician of Aintab as “pseudo-physicians.”³⁷ This trouble of diploma approval seems consistent with the policy to form a Muslim- Turk professional group manifesting itself in the suspected envisioning of the “other.”

Categories For The Illegitimate Practice Of Medicine

Documents on the uncertified healers or physicians appear in abundance in the 1860s and increase in number after the 1890s, when medicine finally began to

³³ BOA. DH. MKT. 1472 / 49, 12 Rebiülahir 1305, 27 December 1887. The archives offer us an abundant number of documents demanding such practitioners to offer a sufficient performance at the examination to prove their professionals capacity. BOA. A. MKT. NZD. 363 / 22, 12 Safer 1278, 19 August 1861; BOA. A. MKT. 581 / 14, 11 Receb 1319, 24 October 1901; BOA. DH. MKT. 1964 / 84. 4 June 1308, 16 June 1892; BOA. Y. PRK. UM. 58 / 72. 21 Safer 1320, 30 May 1902.

³⁴ BOA. DH. MKT. 1400 / 1, 22 Cemaziyelevvel 1304, 12 February 1887, BOA. DH. MKT. 1441 / 41, 1 Zilhicce 1304, 20 August 1887.

³⁵ The formation of the Medical School in Damascus can be considered a reaction to these activities in this highly contested area. After all, the world was coming to the “classic age of the missionary endeavour.” Eric Hobsbawm, *The Age of Empire 1875-1914* (London: Abacus, 1994), 71. Already the formation of the middle school in Damascus in 1861 had been the result of the power that the non-Muslims and the foreigners gained, and the Lebanese civil war. Against non-Muslims, these schools were targeted to raise Muslim officials for local administrative offices. Selçuk Akşin Somel, “Şam'da Eğitim Sorunu ve Tanzimat'ın Suriye'de Geçerli Kılınması,” *Tarih ve Toplum Yeni Yaklaşımlar*, Vol: 8, 2009, p. 127. Therefore in 1866 the first American University had opened in Beirut. In both the American and the British Schools, Arabic, instead of the Ottoman language, was emphasized. Bruce Masters, *Christians and Jews in the Ottoman Arab World: The Roots of Sectarianism*, Cambridge University Press, New York 2001, p. 150.

³⁶ BOA. DH. MKT. 1560 / 60, 26 Safer 1306, 1 November 1888.

³⁷ BOA. DH. MKT. 332 / 58, 18 Receb 1312, 15 January 1895.

be standardized through legal codes. Yet, being uncertified did not mean to be charlatan. The archives illustrate several different categories; and charlatanry was only one of them. The others designated different practitioners such as the traditional practitioners, those with certificate from other countries, and missionaries. These groups engaged in a competition to benefit from the medical division of labor. The “legitimate” ones were given the duty to fight against the irregulars.³⁸

The reply to the Ministry of Justice and the provincial center of Baghdad, who prohibited the physicians, surgeons and pharmacists practicing medicine without a legal document from the profession; was that the prohibition of these people would have disadvantageous effects on common people since all the medical staff lacked such documents by 1887. Their absence would leave people deprived of health services and medicines. So, a local commission composed of military physicians and pharmacists was demanded to test those medical staff in order to issue the successful ones a certificate.³⁹

The case of Baghdad was typical of the trouble about the insufficiency of qualified workers of the domain of medicine, felt more in distant provinces than places around the Sublime Porte. That was why; the Sublime Porte had to find different solutions to different categories of uncertified healers.⁴⁰ An important example that illustrates the situation is that of a physician from Of, Şirinoğlu Osman, who caused serious injuries or deaths most of the time, and who was demanded that he be questioned. But, he was found too qualified for an ignorant person to be prevented. That argument of being “too qualified to be prevented from the profession” lay in the deficiency of doctor and pharmacist, which would only be ended by centralization of the activities.⁴¹

Those claiming having found a cure to specific diseases were also subject to investigation for their legitimacy for the practice of medicine. Boranyan Bedros, an inhabitant of Amasya, claimed in 1895 to have discovered a cure for syphilis and demanded a permit for its use and distribution. He even prepared a prospectus and instructions for the drug. He also sent to the School of Medicine example of his drug with his petition. The decision was declared to the province of Sivas to analyze the example to see if the person had a medical diploma and to investigate him, and to conduct legal proceeding if he did not.⁴² When in 1912, a prisoner from Samsun claimed to have found the cure to tuberculosis, the Council of Civilian

³⁸ BOA. A. MKT. NZD. 301 / 96, 23 Cemaziyelahir 1276, 17 January 1860.

³⁹ BOA. DH.MKT. 1435 / 86, 11 Zilkade 1304, 1 August 1887.

⁴⁰ BOA. Y. PRK. UM. 58 / 72, 21 Safer 1320, 30 May 1902.

⁴¹ BOA. DH. MKT. 116 / 49, 8 Safer 1311, 21 August 1893.

⁴² BOA. DH. MKT. 350 / 77, 6 Ramazan 1312, 3 March 1895.

Medical Affairs and Public Health declared that a discovery of a cure for tuberculosis by a charlatan was not possible. He, so, must have violated people. Hence, the immediately had to be banished from the profession and hence the issuance of a permit was out of question.⁴³

It is necessary to emphasize that the central medical authorities carried out a hunt for irregulars especially in the 1880s-1900s. The center received many reports in these years in different geographies of the empire such as Samsun (Manolaki and Mecai practiced medicine and Şakiroğlu Adanis and Papazaki and Dedeoğlu, working in a drygoods store sold medicine in their shops),⁴⁴ İstanbul (Sakarides a traditional practitioner working in a pharmacy next to Galatasaray),⁴⁵ and Musul (Fethullah Efendi was ordered to stop practicing medicine since he had no diploma).⁴⁶ Equally, the Ministry of Gendarmerie was ordered to prevent an uncertified man from residing in the village of Ayastefanos, Kapancıyan Street, in the house of Monsieur Vandars. He also was reported to the Ministry of Justice. Once he was observed of performing the act, he had to be banished and the production of his formulas also had to be prevented.⁴⁷

In Aleppo, some traditional healers and herb and spice sellers who provided drugs found out from the inspection committee that they had banished and their shops closed by the police and municipal authorities. This created an anxious atmosphere among the people, as did the rumor that the shops of the grand bazaar were being closed one by one. After the tradesmen and craftsmen calmed down, it was reminded them that the opening of shops selling unsanitary materials was strictly forbidden.⁴⁸

These people were defined as people practicing medicine without certificates; hence, they were perceived as quasi-legitimate practitioners who most

⁴³ BOA, DH. İD. 48-2 / 24, 28 Rebiülevvel 1330, 17 March 1912.

⁴⁴ BOA. DH. MKT. 2088 /49. 8 Şevval 1315, 2 March 1898.

⁴⁵ BOA. DH.MKT. 2096 / 99. 9 Rebiülahir 1316, 27 August 1898.

⁴⁶ BOA. DH. MKT. 2335 / 126. 23 Zilhicce 1317, 24 April 1900.

⁴⁷ BOA. DH. MKT. 2449 /87. 15 Şevval 1318, 5 February 1901. Two healers in Sürgün village, in Çatalca, in 1893 were reported for quackery. One of them, Hacı Andon, had also opened a pharmacy. The police forces were ordered to investigate the issue. Because of the police's lack of authorization on the issue, the gendarmerie forces were ordered to get involved. BOA. DH.MKT. 144 / 21, 22 Rebiülevvel 1311, 3 October 1893. Hacı Mirza Anka, the ophthalmologist in Damascus, was stopped from working based on the Code of Medicine of 1861, and ophthalmologist, Hasan Bey, had been working for 25 years when his practice fell out of the legal framework and his shop in Mercan Hill had to be closed. BOA. DH.MKT. 1672 / 149, 16 Rebiülevvel 1307, 10 November 1889. BOA. DH. MKT. 519 / 52, 1 Rebiülevvel 1320, 8 June 1902.

⁴⁸ BOA. Y. PRK. ASK. 214 / 33, 26 Zilhicce 1321, 14 March 1904.

probably had been trained in master-apprentice relations. The archives, however, show other groups of people who were described as charlatans. Mirza Yakub, Arlito Müskat, and Haim İbrahim were among them. They had not graduated from any school of medicine and they were labeled as charlatans (*hiçbir Darülfünun-ı Tıbbiye'den diplomaları olmayan cahil şarlatanlardır*). Mirza argued that he was from Iran, and he had been educated there: But there were no medical institutions in Iran. Hence, they needed to be carefully controlled and followed. It was almost impossible to deal with such people since they were foreigners and the relevant embassies did not interfere. Charlatans like Mirza had to be sent away according to the Regulation on the Vagrants (*Serseri Nizamnâmesi*).⁴⁹

Another person labelled as a quack was a certain Mehmed Şerif of 76 years-old, who was to be banned from the profession he had practiced in *Fındıklı Han Kapısı* under the name of *Eskici Hoca* for a long time. The drugs he prescribed had caused brutal diarrhea in one of his patients and this was reported to the Sanitary Commission. During the investigation, he declared that he had learned the trade from his father, and would not leave it, so the case was transferred to the police. The report of the Commission was that his chemistry laboratory was improper, and that he was ordered to be banned from healing.⁵⁰

Medical Errors And Fraud

The terminology of a struggle over irregulars was based on the expression “introducing himself falsely as a doctor,” who “caused serious injuries, or deaths.” Especially the traditional eye healers (*kehhâl*) came under pressure in distant places such as Damascus,⁵¹ or in the heart of İstanbul.⁵² We understand from the documents that the 1861 Code did even not always reach distant places, such as Aleppo.⁵³ The strategy of the center vis-à-vis irregular pharmacist or doctors was to

⁴⁹ BOA. BOA. DH.İD 7-1 / 14, 3 Şevval 1328, 8 October 1910.

⁵⁰ BOA. DH.EUM.THR 5 / 20, 10 Ramazan 1327, 25 September 1909. Unexpected raids were undertaken after reports by the police on these quacks. A cook's shop in Azapkapı was subject to one of them, but in his shop, no healing tools were founded. BOA. ZB. 347 / 72, 9 June 1323, 22 June 1907.

⁵¹ BOA. DH. MKT. 1672 / 149, 16 Rebiülevvel 1307, 10 November 1889.

⁵² BOA. DH. MKT. 519 / 52, 1 Rebiülevvel 1320, 8 June 1902.

⁵³ Already in 1861, when the Aleppo Quarantine Health Council informed the Administration of the School of Medicine about people prescribing to patients without certification, the reply was that not in provinces, but also at the Sublime Porte, such a lack of order was seen frequently. The center wondered whether the legislation of 1861 had arrived Aleppo or not. Since the letter of Aleppo Quarantine Health Council demanded what to do despite the clear articles of the legislation, the members of the council must have been ignorant of it. The reply letter summarized the related articles of the legislation and to act accordingly. BOA. A. MKT. NZD. 368 / 30, 20 Rebiülevvel 1278, 25 September 1861.

ban from the practice in the 20th century.⁵⁴ Yet, for the bloodletters or barbers, the policies were stricter even in mid-19th Century.⁵⁵

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

An example of such cases is about Mustafa Ağa, a captain of an imperial corvet of the harbor of Thessaloniki. When he fell ill, a Jewish traditional practitioner, Baruh, administered a drug which caused his death. Although the investigation revealed that the pill he gave was not the cause of death, his shop was shut down and he was arrested.⁵⁶ Similarly, when two French physicians on Tekfur Mountain found to have caused deaths in Gallipoli and Keşan; they were to be tested for their “proficiency in the art of medicine,” which was the duty of their consulates.⁵⁷ Again, we do not know the sanction decided for the barber named Mihalaki in Geyve, who gave a drug to the wife of Şarlıoğlu İlyas that killed her.⁵⁸

Banning individuals from the practice of medicine was an important sanction for medical errors and fraud with the coming of the twentieth century. The measures against illegitimate practitioners, especially when they committed

⁵⁴ When a certain Aşıcı Çavuş treated Hasan Efendi for gonorrhoea in Üsküdar, or a certain Hamparsum, the owner of a pharmacy shop again in Üsküdar was discovered to have no diploma; both in 1907, they were banned from the practice and Hamparsum was subject to an indemnity. BOA. ZB. 40 / 38, 16 April 1323, 29 April 1907; BOA. ZB. 81 / 82. 29 July 1323, 11 July 1907. Any uncertified worker was investigated in a meticulous way as in Beyoğlu, where Nüvvab Ali Han, dealing with medicine and another man practicing dentistry, were banned and reported to the General Administration of Military Schools. BOA. ZB. 316 / 103, 17 June 1316, 30 June 1900. Süleyman Şevket Efendi, a former student of the Military School of Medicine, never graduated would be sent to his homeland because his existence in İstanbul was considered harmful. BOA. ZB. 319 / 114, 3 Kanunievvel 1322, 16 December 1906.

⁵⁵ In 1855 in the Sublime Porte, barbers that involved in bloodletting and tooth extracting were collected by Hafız Bey, a doctor from the School of Medicine and the member of the Council of Police; and sent to the gendarmerie, and then to the School of Medicine, under the surveillance of a gendarmerie sergeant. BOA. A. MKT. MVL. 70 / 41, 17 Rebiülahir 1271, 7 January 1855.

⁵⁶ BOA. A. MKT. MVL. 116 / 86, 13 Zilkade 1276, 2 June 1860.

⁵⁷ BOA. A. MKT. UM. 109 / 49, 21 June 1903.

⁵⁸ DH. MKT. 804 / 63, 11 Şevval 1321, 31 December 1903.

mistakes or crimes, would no longer be excused. In Diyarbakir, the state ordered that the illegitimate healer Hafe Kirkor Tataryan and a barber be banned from the art of medicine and be amerced, a penalty which was not seen some decades ago. Yet, in this case, the collection of this amount was delayed by hesitation of the officials, and the case was referred to the Ministry of Justice.⁵⁹ Similarly, when a man was reported to the gendarmerie for carrying the key of a pharmacy shop in Beyoğlu and dispensing medicine illegally; he was subject to a fine of two liras.⁶⁰

Fine was not the ultimate solution for the problem. For the poor, the sanction was banishment from the practice, not amercement.⁶¹ Yet, transgression of the law, despite penalties, was common and repetitive. Since legislation did not describe methods of keeping people away the practice, local governors hesitated in applying it.⁶² The case of Hristo Andonyaki forms a typical example of the situation. He had been reported to the provincial center of Konya for working without diploma for a few years. He was ordered to be banned. After this order, he left his place to settle in İstanbul, where he began to practice again in Divanyolu and Galata. His prescriptions were prepared by the nearby apothecaries. This time, he was arrested by the gendarmerie. He declared that he had obtained a diploma from the Medical School of Athens, which he authenticated when he was in Konya. He wrote a petition to be allowed to take an assessment examination in İstanbul. His examination was accepted, for an unknown reason, he could not get his permit.

He applied for the permit a second time, was told there was no evidence of his taking or passing such an examination. He had to take the examination for the

⁵⁹ BOA. DH. MKT. 617 / 45, 24 Şaban 1320, 26 November 1902.

⁶⁰ BOA. DH. MKT. 2591 / 88. 21 Rebiülahir 1319, 7 August 1901. In Beyoğlu, a certain Manukyan worked without a permit, and the prescription he wrote was prepared nearby pharmacy shops. These ones were subject to a penalty of two golds to seven golds for the first transgression, and if repeated, the amercement doubled, but also a penalty of imprisonment of two to six months was added. Thus, Manukyan was subject to five Ottoman liras. BOA. ZB. 385 / 115. 22 April 1322, 5 May 1906. Mihran, who had been fined six liras for practicing traditional medicine, was then reported of continuing his act. With the members of the municipality and the police commissaire, an investigation was launched and Mihran was notified of his banishment from the profession. However, he continued to work. The mayor could not prevent Mihran. He also neglected the complaint of the municipal doctor about an eight months' delay of his salary. Then, a health inspector sent to the area for investigating the activities of the major. BOA. DH. MKT. 832 / 89, 6 Muharrem 1322, 23 March 1904.

⁶¹ Ahmed, and Nail, and the barber Azmi, were among the poor of Düzce, they were not demanded to pay the six lira's penalty: the penalty was turned into a promise to abandon the practice. BOA. DH. MKT. 566 / 38, 27 Cemaziyelevvel 1320, 1 September 1902.

⁶² BOA. DH. İD. 7-1 / 1, 6 Şevval 1320, 6 January 1903.

first time according to the school and for the second time according to Hristo Andonyaki. Still, he had been practicing during this time and residing in Sirkeci, in the apartment of a midwife. Thus, once again, the prohibition of drug preparation by the pharmacists according to his formula and the publication of all these in the journals was ordered.⁶³

Finally, we should underline that the issue of the diploma was so persistently followed by the professional authorities that the possession of the diploma of a deceased legitimate medical practitioner at any level by an illegitimate practitioner was perceived as an evil to be prevented. Thus, it was ordered to collect such diplomas after a physician died.⁶⁴

CONCLUSION

These documents show that that despite actual conditions, the Ottoman state's concern was to draw the boundaries of the standardized medicine both internally and externally. Yet, uncertified practitioners of any branch of medicine, which were also tried to separate from each other, were practicing even in the Hamidian palace: Abdülhamid appreciated Mavroyeni Paşa,⁶⁵ yes, but he

⁶³ BOA. DH. MKT. 1098 / 2, 15 Cemaziyelevvel 1324, 7 July 1906.

⁶⁴ BOA. DH. MKT. 2611 / 114. 16 Safer 1325, 31 March 1907. , ZB. 595 / 63. 26 May 1323., 8 June 1807. The diplomas of the deceased Dr. Nakkaşyan, officer of Gümüşsuyu Hospital who also worked in Beşiktaş Yenimahalle, and Doctor İpsalidis, who lived in Beyoğlu Mis Street and worked at the backside of Anadolu Hanı, Çeşme Street number 5, were all demanded by the central medical authorities. The documents were demanded via the mukhtar but it was in the office of a banker in Hallacyan Hanı. BOA. ZB. 41 / 8. 7 March 1323, 20 March 1907. Doctor Nakkaşyan's diploma could not be found, but the other one was delivered. BOA. ZB. 347 / 24. 10 April 1323, 23 April 1907. The diploma of the deceased doctor İsmail Hakkı Efendi, the municipal physician of Yalova, also was demanded by the İstanbul police headquarters. BOA. ZB. 346 / 109. 18 Kanunısani 1322, 31 January 1907. The second president of the Sanitary Office Ahmed Hilmi Paşa, who had died in his house near the Kızıltoprak railway station, had also left his diploma and the related documents. His son-in-law, Tefik Bey, maintained the documents, although he declared that they had burned during a fire that had broken out the previous year in his house. BOA. ZB. 346 / 119. 17 February 1322, 2 March 1907. The diploma of the deceased doctor Esad Arif Efendi was also requested from his family. BOA. ZB. 346 / 126. 25 Kanunısani 1322, 7 January 1907. The diplomas of Doctor Nizanyan and Garih Efendi, however, were lost. BOA. ZB. 349 / 12, 24 March 1324, 6 April 1908.

⁶⁵ The private doctor of Sultan Abdulhamid, professor of the School of Medicine, president of the Imperial Society of Medicine. He was educated in Paris Faculty of Medicine. For further information, see Feza Günergun, "Spiridon Mavroyeni Paşa (1817-1902) ve Osmanlı İmparatorluğu'nda Modern Tıbbın Yayılmasına Katkısı", *Osmanlı Bilimi Araştırmaları*, Vol: 6, No: 1, 2002.

appreciated also the traditional surgeon Bayram Efendi, who had no belief in microbes or amputation. The palace also sheltered other traditional healers like bonesetters and healers of hemorrhoids.⁶⁶

International rivalries on both medical developments and law and administration were interfused with the internal ones. Efforts were made to gather any information about physicians and their patients to be systematized and registered. Taking this process of information gathering into consideration, the state would not allow the non-licensed healers to practice in the Ottoman Empire. However, efforts to modernize medical services and appertaining administrative techniques did not cover the modernizing aspirations of the state: people who were left outside the boundaries of the new system were also perceived as a heterogeneous group. They had partial access to that system in need of medical staff by handing certificates without graduation. If the need was fulfilled, for those who were practicing traditional medicine, however, several terms were used to be categorized outside the standards.

Thus, the Prime Ministry Ottoman Archives offer us vague boundaries between lay practitioners of medicine and the modern ones, although it had begun to appear since the formation of the School of Medicine. The increase in the number of objection letters or reports about quacks or lay healers can be explained not by the rise of this group in quantity, but by the decline of tolerance against them. With the growing number of the group of properly-educated practitioners, the need for the outsiders faded away from the scene, as did the tolerance.

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

This article described one of many aspects of the novel medical environment with its newly-arising actors in professional competition. Through legislation, traditional medicine was pushed away from medical practice in favor of properly educated physicians, who graduated from the Military School of Medicine and the rivalry between them and the irregulars transferred itself into a language of

⁶⁶ Süleyman Kani İrtəm, *Bilinmeyen Abdülhamid Hususi ve Siyasi Hayatı*, ed. Osman Selim Kocahanoğlu, Temel Yayınları, 2003, pp. 177-8.

quackery. Only since the last quarter of the nineteenth century did monetary fines and strict banishments against transgressors appeared. Before then, uncertified individuals had been called to the Military School of Medicine to prove their professional capacities. After the settling of the profession, these people were strictly rejected. A similar determinant of ambiguity was the remoteness of the province from the center. In the Middle Eastern provinces of the Empire, traditional practitioners were not immediately rejected due to the lack of modern personnel to substitute them. Yet, for a district nearer the Sublime Porte, the traditional practitioner was less likely to be welcomed as quasi-legitimate for a limited period of time.

BIBLIOGRAPHY

Başbakanlık Osmanlı Arşivi / Office of the Prime Minister Ottoman Archives, İstanbul (BOA)

Başağaoğlu, İbrahim and Ahmet Uçar, "Osmanlı'da Sahte Doktorlar", *I. Uluslararası Türk Tıp Tarihi Kongresi 10. Ulusal Türk Tıp Tarihi Kongresi Bildiri Kitabı, Vol: 1*, ed. Ayşegül Demirhan Erdemir, et al., 2008.

Berkes, Niyazi, *Türkiye'de Çağdaşlaşma*, Yapı Kredi Yayınları, İstanbul 2002.

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

Dramur, Rengin, "Osmanlılarda Hekim ve Eczacı Gediği", *I. Türk Tıp Tarihi Kongresi İstanbul: 17-19 Şubat 1988*, Türk Tarih Kurumu Basımevi, Ankara 1992, pp. 149-55.

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

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

Günergun, Feza, "Spiridon Mavroyeni Paşa (1817-1902) ve Osmanlı İmparatorluğu'nda Modern Tıbbın Yayılmasına Katkısı", *Osmanlı Bilimi Araştırmaları, Vol: 6*, 2002.

Hobsbawm, Eric, *The Age of Empire 1875-1914*, Abacus, London 1994.

İrtem, Süleyman Kani, *Bilinmeyen Abdülhamid Hususi ve Siyasi Hayatı*, ed. Osman Selim Kocahanoğlu, Temel Yayınları, 2003.

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

Masters, Bruce, *Christians and Jews in the Ottoman Arab World: The Roots of Sectarianism*, Cambridge University Press, New York 2001.

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

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

Pormann, Peter E. , "The Physician and the Other: Images of the Charlatan in Medieval Islam", *Bulletin of the History of Medicine*, Vol: 79, No: 2, 2005.

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

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

Somel, Selçuk Akşin, "Şam'da Eğitim Sorunu ve Tanzimat'ın Suriye'de Geçerli Kılınması", *Tarih ve Toplum Yeni Yaklaşımlar*, Vol: 8, 2009.

Weisz, George, "The Emergence of Medical Specialization in the Nineteenth Century", *Bulletin of the History of Medicine*, Vol: 77, 2003.

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

Ünver, Süheyl, *Osmanlı Türklerinde Hekimlik ve Eczacılık Tarihi Hakkında*, Hüsniyat Basımevi, İstanbul 1952.

Yıldırım, Nuran, "Dârülfünûn-ı Osmanî Tıp Fakültesi Eczacı Mektebi Öğrencilerine Ait Kabulnâmeler ve Şehâdetnâmeler", *II. Türk Tıp Tarihi Kongresi İstanbul: 20-21 Eylül 1990*, Türk Tarih Kurumu Basımevi, Ankara 1999: pp. 239-79.

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

Yıldırım, Nuran, "Berberlerden Diş Hekimlerine İstanbul'da "Dişçiler Mektebi" Kurma Çabaları ve Dişçi Mektebinin Açılışı", *Toplumsal Tarih*, No: 146, 2006.

Yıldırım, Nuran, "Tıp Eğitimimizin Tarihsel Sürecinde Eğitim Modellerine Bakış (1827-1933)", *Türkiye Üniversite Anlayışının Gelişimi (1861-1961)*, ed. N.K. Aras, E. Dölen, O Bahadır, TÜBA, Ankara 2007.

