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ESTUDIOS / STUDIES

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## CHOLERA EPIDEMICS IN THE LATE OTTOMAN ISTANBUL, HEALTHCARE AND THE FRENCH CATHOLIC SISTERS OF CHARITY

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**ABSTRACT:** This article is about the healthcare services provided by the Sisters of Charity (*Filles de la Charité*) during cholera epidemics in institutions opened and managed in nineteenth century İstanbul as part of their Eastern missions. The annuals in which reports and letters were collected and addressed to the center of the congregation in Paris, *Annales de la Congrégation de la Mission et des Filles de la Charité* (ACM), are used as primary sources. This study aims to evaluate the pandemics of cholera within the framework of world history and Ottoman context by contributing to the existing historical geographies of cholera, in addition to the literature, which accentuates the importance of agency of women in the Ottoman context, based on original findings. The article assesses how cholera affected İstanbul and how the disease was dealt with, through the connections between the sisters and local actors. The study also shows that the Ottoman example was not only a result of Western experiences, but although it was part of a wide history of pandemics, its actors had their own unique developments shaped by imperial and local settings and events.

**KEY WORDS:** Nineteenth Century Ottoman Empire; Cholera; Epidemics; French Catholics; Sisters of Charity.

### LAS EPIDEMIAS DE CÓLERA EN ESTAMBUL OTOMANO TARDÍO, LA ATENCIÓN MÉDICA Y LAS HERMANAS DE LA CARIDAD CATÓLICAS FRANCESAS

**RESUMEN:** Este artículo trata sobre los servicios de salud brindados por las Hermanas de la Caridad (*Filles de la Charité*) durante las epidemias de cólera en instituciones abiertas y administradas en el siglo XIX en Estambul como parte de sus misiones orientales. Los anuarios en los que se recopilaban informes y cartas y se dirigieron al centro de la congregación en París, *Annales de la Congrégation de la Mission et des Filles de la Charité* (ACM), se utilizan como fuentes primarias. Este estudio tiene como objetivo evaluar las pandemias de cólera en el marco de la historia mundial y el contexto otomano haciendo una contribución a las geografías históricas existentes del cólera, además de la literatura que acentúa la importancia de la agencia de las mujeres en el contexto otomano, con base en hallazgos originales. El artículo evalúa cómo afectó el cólera a Estambul y cómo se enfrentó la enfermedad, a través de las conexiones entre las hermanas y los actores locales. El estudio también muestra que el ejemplo otomano no fue solo el resultado de las experiencias occidentales, sino que, aunque fue parte de una amplia historia de pandemias, sus actores tuvieron sus propios desarrollos únicos moldeados por escenarios y eventos imperiales y locales.

**PALABRAS CLAVE:** Imperio Otomano del siglo XIX; Cólera; Epidemias; Católicos franceses; Hermanas de la Caridad.

*I think biggest fish market of the world is in Galata. All the vagrants of Istanbul are there. These men become very rude and dangerous when they are drunk. The sisters of Saint Vincent de Paul, whose house is in Galata, can walk on the streets whenever they want without fear. Everyone respect the veil they put on. Once I had gone to visit the sisters with my chambermaid and a butler. On the way back, they wanted to come with us to pass through dangerous places. –But how will you come back later? I asked. - Do not worry, we are not afraid, they said, we can walk around everywhere with the dress on us (De Fortmagne, 1977, p. 111).*

## INTRODUCTION

The words of Durand de Fortmagne, the nephew of the French ambassador for İstanbul, indicates the ease of travel for a group of women in the area of Galata, a neighbourhood considered to be difficult to wander in the nineteenth century İstanbul, which became a transit port in world trade and hosted the concentration of trade capital accumulation (Eldem, 2017, p. 242; Ergüder, 2011, pp. 193-194; Kolluoğlu, B., Toksöz, M., 2015, p. 168). This article is about the institutions that these women, the *Filles de la Charité*, opened and managed in İstanbul as part of their Eastern missions and healthcare services they provided during cholera epidemics in İstanbul, based on the annuals of the congregation in which reports and letters addressed to the center in Paris were collected (Annales de la Congrégation de la Mission et des Filles de la Charité) (ACM)

The article aims to reveal the extent to which a congregation reflects social and political frames outside of its religious characteristics by focusing on the sisters' interactions with the Ottoman elites. It reveals how non-Muslim women operate in a health network dominated by male medical professionals, especially in a society with a gender-based religious hierarchy. In the article; first, the initiation of the sisters' Eastern Missions is described, second, major cholera outbreaks in the 19th century in the world and in İstanbul are mentioned. The following sections are describing the activities of the sisters during the 1847-48 epidemic, the 1853-1856 Crimean War and the 1865 outbreak, respectively.

Rather than understanding that the lives of only symbolic women of upper classes are described, studies aiming at rendering the daily lives of ordinary women visible emerged with social history writing (Rose, 2018, p. 18; Scott, 1986, pp. 1053-1075). Since the 1970s, a lot of publications on the struggle of women

to enter the field of health and what they should do when they achieve it, focusing on topics such as women's home health care delivery, midwives and maternity policies, the evolution of the modern nursing profession, and women as objects of medical treatment and care, appeared in the field of the social history of medicine (Marland, 2011, p. 484).

Historians and activists who wanted to relate historical research to current issues on women's health care and their interactions with medical profession in the early 1970s introduced a historiography on women, health and medicine (Ehrenreich and English, 1973; Marland, 2011, p. 484). In the 1980s, agency was on the agenda and studies on topics such as negotiations between male and female practitioners, women trying to infiltrate the medical field, women as suppliers and consumers in the health market prevailed (Marland, 2011, pp. 490-494).

This article is written to contribute to make a group of women providing health and health care services in Ottoman İstanbul visible, as part of recent studies attributing agency to women in the late Ottoman Empire.<sup>1</sup> Women's lives began to be told in Ottoman historiography in the 1990s (Van Os, 2000). Although the problematic of the gender category was not seen in the first studies, individual issues such as sexuality, law, education, family, philanthropy, crime and masculinity started to emerge over time. In particular, studies in which judicial registers were used as the main source allowed the daily life of women to be fictionalized in the Ottoman society (Balsoy, 2015, pp. 22-23).

Until recently, academic studies on late Ottoman women focused on topics such as veiling, polygamy, extended household, and harem based on Islamic references, which underlined 'uniqueness' and 'difference from the West' by reducing the late Ottoman society to a representation of the East and the Islamic world. Yet today, research on women in non-Western settings takes into account external and domestic factors affecting local environments (Köksal and Falierou, 2013, p.1).

About the research on European colonialism, while the hegemonic and disciplinary effects of western colonialism are accepted, more attention is given to the cooperation and resistance of local economic and social developments and local peoples' colonial regimes (Köksal and Falierou, 2013, p.7).<sup>2</sup> This article describes the presence of sisters in İstanbul and the areas of cooperation of the local administrators with the members of the congregation in the globalizing İstanbul. Thus, missionary and colonial activities, which have

traditionally been described through one-way domination relations, are described through mutual contacts within the framework of local developments that have emerged in the context of the epidemics.

### FIRST CONTACT WITH ISTANBUL: SISTERS OF CHARITY AND EASTERN MISSIONS

In addition to the schools opened by Catholic missionaries, they also had hospitals and orphanages that they established scattered all over the country. The main French health institutions were Istanbul French Hospital, Saint Antoine Catholic Hospital in Izmir, Saint Louis Hospital in Jaffa, Soeurs Saint Joseph Hospital in Jerusalem, French Hospital in Beirut, Soeurs Saint Vincent Hospital in Damascus, in Bursa Soeurs Saint-Vincent de Paul Hospital, also a dispensary, six pharmacies and one in Izmir nursery; in addition to numerous health centers in Bursa, Tripoli and Jerusalem and dispensaries in Jaffa, Ramallah, Bethlehem, Nazaret, Fenerburnu, Izmit, Mosul and Cizre (Esenkal, 2007, pp. 17-18). Engine of the missionary impetus and the internationalization of the French congregationist movement at the beginning of the 1840s, the Sisters of Charity took advantage of the greatest freedom granted to Christians by the Sultan. They were sent in July 1839, at the request of Mr. Leleu, director of the college Saint Benoît held by the Vincentians since 1783 (Dasque, 2016, p. 229). Through them, France used to carry out its civilizing mission, disseminating the latest developments in the context of medicine, hygiene, modernization of hospitals (Dasque, 2016, p. 242).

The driving force of both the French missionary activities and the French community movements to gain an international dimension was the Tanzimat conditions that caused the Westerners to gain mobility in the lands of the Muslims (Dasque 2016 p. 229). The Ottoman Empire was in a state of change in the last few years and opened its doors to philanthropic activities (ACM, 5, 1839, p. xi-xiii). On the 1<sup>st</sup> of July 1839, a Messageries Royales steamship departed from Marseille and arrived in Istanbul on the 4th July. Two women on this ship, Mademoiselle Tournier from Switzerland and Madame Oppermann from Hamburg, former Protestants, at the age of 32, willing to be accepted to the congregation in return for opening a school for girls in Istanbul, would be the pioneers of the Eastern missions of the women's arm of the Lazarists (ACM, 8, 1842, pp. 6-7). Their initial followers who debarked from Marseille for Izmir were worried of uncertainty, and excited (Glutz-Ruedin, 2014). Thus, Istanbul became the bridgehead for the implantation of the sis-

ters in the eastern Mediterranean, responding to the call of the Vincentians, diplomats and consuls, and local authorities (Dasque, 2016, pp. 229-230).

After Istanbul and Izmir, they settled in Alexandria (1844), Beirut (1847), Damascus (1854), Tripoli (1863) and Jerusalem (1886) (Dasque 2016 p. 229, footnote 5). They also worked in Egypt in the European Hospital of Alexandria since 1844, in Beirut from 1847, in Iran after 1856, and in Palestine after 1886 (Yorulmaz 2000, p. 714). At the initial stage, the Istanbul mission consisted of five parts (Istanbul, Izmir, Thessaloniki, Naxos and Santorini), while the Syrian mission consisted of four parts (Damascus, Aleppo, Antoura and Tripoli). It was M. Poussou who left in 1826 (*Annales* (5) 1839 p. x-xi). Administratively, from 1864, the sisters' Eastern missions were divided into three main groups as Istanbul, Syria and Iran. The Istanbul mission consisted of Istanbul, Thessaloniki called *Turquie d'Europe* (European Turkey), Manastır, Kavala and Zeytinlik, Izmir called *Asie Mineur* (Asia Minor), and Greece and Romania (Dasque 2016 p. 231).

The sisters, whose number grew steadily (they were 16 in 1847, around 140-150 by the 1880s (Dasque, 2015, p. 232), worked in prisons, municipal hospitals, temporary hospitals opened during wartimes, military hospitals, Istanbul mosques, and they made home visits until they gradually left Istanbul with the outbreak of the First World War (Dasque, 2016, p. 245). The guarantee of their presence in the Ottoman lands was the agreements between the European countries and the Ottoman State in addition to the internal administrative arrangements in connection with these agreements, capitulations being the primary ones (Zürcher, 1995, p. 26; Tulasoğlu, 2015, p. 252). Foreigners were given the right to acquire immovable property in Ottoman lands, with the condition that the Ottoman state would be the decision-making body in all kinds of legal proceedings regarding immovable property (Konan, 2006, p. 104). At the same time, article 62 of the 1878 Berlin Agreement was one of the mainstays of the Catholic protection in the Ottoman Empire (Vrignon, 2007, p. 75).

Sisters working under the Lazarist priests had their own strict hierarchy, as well (Milon, 1914, p. 18). The idea of sending the sisters to the Ottoman lands belonged to Jean-Baptiste Etienne, the general secretary of the Lazarists (Udovic, 2016, p. 53; Curtis, 2012, p.90). Louis Florent Leleu, the Lazarist superior in Galata, also endorsed the sisters for the opening of schools for girls (Dilan, 2003, p.p. 96-97). But these personal wishes could only be realized by the Tanzimat reforms

(1839-1876), which is considered to be the beginning of westernization policies of the Ottoman Empire (Dasque, 2016, p.229).

The first thing they did when they came to a new city was to open a school and a hospital or dispensary. These two formed the main missions of Filles de la Charité (Curtis 2012 p. 93). The missionaries contributed to the introduction of the rules of hygiene in the empire via their dispensaries and hospitals. Yet, their activities exposed them to the diseases, mainly cholera; they intended to treat (Vrignon, 2007, pp 88-89). The sisters intended to strike the mind by the exemplary nature and the dedication they showed, especially at the time of wars or epidemics during which they paid a heavy price. During the Crimean War, 32 of the 255 sisters who came to the Ottoman lands died; in 1878, 32 of them suffered from typhus and smallpox and 11 died (Dasque, 2016, p. 242).

The sisters could contact the Muslims by health services rather than education. The modernization of medical education excluded women in the 19th century, and determined to comply with the affection and care attributed to women, with the help of biological arguments (Jefferson, Bloor and Maynard, 2015, pp. 6-7; Balsoy, 2015; Ehrenreich and English, 1973; Gönç, 2017). The missionaries felt that it was possible to meet Christians only if they had known them when they were young enough and had brought them practical benefit. Schools and hospitals fit perfectly with this strategy, making room for Catholic sisters as well. It was significant in this respect that Filles de la Charité, who acted under the Lazarists, the missionaries of France with organic ties to the state, were the first sisters to come to the Ottoman lands (Burrows, 1986, p. 115). The sisters' philanthropic activities consisted of education, charity distribution, health care, home visits to the sick and poor, and caring for orphans and abandoned children. These activities could not be performed by men, including the Lazarist priests, because men were not able to enter the areas where women could enter (Curtis, 2012, p. 92).

The sisters seem to be accepted by the local population. They were not showing mistrust when a sister was giving them setons or cleaving abscesses. The sisters were sometimes interrupted by the locals demanding for care and treatment several times. During village visits in the Orient, they were welcomed by the words: *hekim-i kebir* (great doctor) (ACM, 12, 1847, p.275).

Another factor that facilitated the activities of the sisters was the hospital network, which enabled close

cooperation between the Church and the European states in Pera: by the end of the century, Galata and Pera area was surrounded by hospitals of different nations, including France, Austria, Italy, Russia and England (Schmitt, 2007, p. 123). Healthcare to Muslims was provided at the Municipality Hospital, dispensaries and temporary hospitals but also about half of the patients who were looked after in the sisters' house in Galata in 1910 were Muslims (10,510 of 21,471 examinations were made to Muslims) (Dasque, 2016, p. 238).

The congregation is considered to be the group that formed the first school of nursing in following patient care congregations such as Saint Augustin, founded to work at the Paris Hôtel Dieu in 1250, or Hospitalières, founded in Lyon in 1550. One of the first rules taught to them was to submission to the physician (Jeanguiot, 2006 p. 81). Colin Jones illustrates that the nursing sisters were indeed medical practitioners since, the care of the ailing poor consisted in "providing all forms of material and spiritual assistance" (Jones, 1989, p. 340-343). Jones illustrates that despite the existence of a formal administrative board in large hospitals, the day-day-to-day management was in the hands of the sisters: they kept petty cash, organized cooking and cleaning, hired and fired menials, ran workshops, and performed key medical functions (Jones, 1989, p. 343-344). After five or six years of bedside training, they were able to deal with bloodletting or drug making (Diebolt, 2013 p. 9). The pharmacy business required merit in the eyes of the congregation and was not entrusted to any sister. They were making simple medicines such as herbal tea and cinchona wine and trying to comfort the patients (Jusseume, 2016 pp. 438-444).

The situation was similar in the Ottoman context, as well. Either owned or directed by the Ottomans, the French or other nationalities, the sisters were in charge of daily tasks. Also, as Jones points out, the diet of the poor, which was in the hands of the sisters, was an important components of medical practices. Also, running the pharmacy, operating dispensary and performing minor surgical procedures such as bloodletting, dressing wounds and lancing boils were commonly performed in the Ottoman lands, as well. They served to patients especially in the women's wards of the hospitals, where the apprentice surgeons did not have access ( Yıldıırım, 2014, pp. 21-22).

Arrived at İstanbul, the sisters started working in Galata in 1839, and Bebek, a district on the shores of the Bosphorus, where the American Protestant mis-

sionaries were settled too, in 1847. Apart from Pera and Galata, Europeans preferred the Bosphorus coast, a rich area in sociocultural diversity, filled with summer houses since the seventeenth century, and secure from plague epidemics that surrounded the city especially in summer (Darnault, 2004, p.30-31).

The Providence building (the motherhouse) in Galata was a large structure, but faced a narrow and dirty street. People from all nationalities came to this institution to consult on various issues; also, French officers applied to this institution for the needs of their soldiers. The provisions in the institution were distributed to the hospitals where the sisters worked. All the sisters working in the Ottoman lands came here, the motherhouse to rest and be cared when they were sick. One of the most important works they did in the Ottoman lands was the drug preparation (Taylor, 1857, p. 171-173).

The most frequent visitors to dispensaries in the 1850s were Muslims. On Sundays and feast days, the sisters sometimes visited the villages on the shores of the Bosphorus. Dispensaries were also central to the distribution of food to the poor. Four sisters were in charge of the home visits, distributing the aids collected by the members of the Saint Vincent Society in Galata and Pera (ACM 1858, 23, pp. 244-255). Only a decade before, in the 1840s, the majority of the men treated in the dispensary were Greeks, a quarter were Turks and Armenians, and the rest were Franks and Jews. Also half of the women were Turks, one-fifth were Jews, slightly less Armenians and 500-600 Franks (ACM 11, 1846 pp. 132-133).

The institutions opened or administered by the sisters were as followed: Galata Saint Benoit Providence (1839), Bebek (1847), Saint Vincent Farm (1840), French Hospital (1848), Yenikapı Hospital (closed in 1859), Taksim Saint Vincent House (1856), Üsküdar House (1883), La Paix Hospital (1858), Beyoğlu Municipal Hospital (1865), Çukurbostan Saint Joseph Orphanage (1868), Artigiana House (1872), Saint Georges House (1874) and Gérémia Hospital (1881). Apart from these, they worked in temporary hospitals established during major epidemics in addition to the wars, the 1853-1856 Crimean War, 1877-78 Russo-Ottoman War and 1912-1913 Balkan Wars included (İlikan Rasi- moğlu, 2019). In all the establishments equipped with a dispensary or a pharmacy, the sisters gave care to the sick, the elderly, the infirm, the wounded, and refugees without charge. Istanbul was a city plagued by fires, earthquakes, and epidemics and their care was highly approved (Dasque, 2016, p. 235). In 1879, 57%

of the sisters serving in Istanbul were born in France, 24% in Europe, 14% in the Ottoman Empire and 5% in Latin America. In 1906, these percentage was 63% , 17%, 18% and 2%, respectively (Dasque, 2016, p. 232).

## CHOLERA SPREADING TO THE NINETEENTH CENTURY ISTANBUL

The ground of the epidemics of the nineteenth century, especially cholera, was the Industrial Revolution with the rapid increase of the urban population, unhealthy settlements around the factories, long working hours and deterioration of living conditions for workers, malnutrition and the failure of the states to meet these difficulties. It was spread by barges and ships traveling in inland waters and seas and discharged the feces of carriers into rivers, canals and harbor waters. Infected people traveling on railways without knowing that they were sick were unwittingly spreading the disease. Diseases spread on the highways through the sellers, traders and ordinary people, and found it more convenient to spread in markets and fairs. (Evans, 1988, pp. 132-133; Ersoy, Güngör and Akpınar, 2011, p. 53). The relationship between poverty and cholera has frequently been discussed in recent years and it is known that cholera, despite spreading to all classes, affects lower classes and urban areas more (Cawood and Upton, 2013, p. 1107; Briggs, 1961, pp. 90-91). Cholera illuminated the undesirable side of industrialization and represented the problems of the poor, urbanization, overcrowding and lack of sanitation (Huber, 2006, p. 454).

The first cholera pandemic that appeared in India in 1817 was followed by six others. The seventh pandemic started in South Asia in 1961, and reached Africa in 1971 and America in 1991; and it is endemic in many countries today. Cholera outbreaks in Europe generally tended to occur in times of crisis: The first major epidemic had reached Europe behind the echo of the 1830 revolutions and the next one coincided the 1848 revolutions. After many other outbreaks in the 1850s - the most powerful during the Crimean War-, another major one took place in 1866, when Bismarck's war with Austria came to an end, the German Confederation was overthrown, and a number of North German states declared independence. Subsequent outbreaks coincided with the overthrow of the Second Empire in France in 1871 and the conflicts in the Russian Poland in 1892 (Evans, 1988, p. 131). In the Ottoman Empire, outbreaks were more lethal in times of crisis, but minor outbreaks, detailed in the next section, were also effective.

Cholera epidemics that the Ottoman Empire had to deal with were directly affected by the pandemics mentioned above, but they were not limited with them because an epidemic reigned a few months after its impact subsided in the short term (Ayar, 2007, p. 22). Therefore, apart from pandemics, the emergence of epidemics, especially with urbanization, migration, and wars, placed cholera at the top of health causes impeding the administration of the empire. The global spread of cholera was one of the important factors that led to public health practices and the establishment of quarantine systems (Yaşayanlar, 2015, pp. 15-16).

As an extension of the second cholera pandemic, the first cholera epidemic of the Ottoman Empire was seen in 1831 and reached Istanbul by sea, spread to the entire empire in a short time, killed 6,000 people in Istanbul. It gave impetus to the establishment of the quarantine agency. The second epidemic in Istanbul started in October 1847. The disease, which started from Iran and spread to the Arabian Peninsula, Britain and France, reached Istanbul through Erzurum and Trabzon from the Caucasus and 5,275 of the 9,227 patients died. The third epidemic came with allied French soldiers in the Crimean War, causing 3,500 deaths (Yıldırım 2015, p. 112).

The fourth pandemic, the "Great Cholera," reached Istanbul on 28 June 1865 through the crew of a ship anchored at Kasımpaşa Port and spread to all districts on 10 August, killing over 30,000 people in 40 days and slowed down only after a fire. The following year, the International Sanitary Conference was held in Galatasaray and the principles of the scientific quarantine were determined, and the Ordinance of Cholera, prepared by the Quarantine Council in 1867, remained in force for a long time. The 1870 epidemic reached Istanbul from Russia by seaway, killed 15,000 people; and the outbreak of 1876 killed 7,000 residents. 1893 cholera epidemic ended in April 1894, a total of 1,537 people had died. Istanbul Municipality prepared a full statistic of this outbreak and after that date, the municipality kept annual health statistics (Yıldırım 2015, pp. 112-114).

The structure of Ottoman public health gradually improved on a global scale, and it was consistent with international medical congresses, conferences and exhibitions, and contemporary developments. In addition to internationalization of the medical field through the physicians' training abroad, internal structure was being formed via organizations such as the Imperial Society for Medicine. Imperial health policy generally focused on specific diseases; and associations and

publications made doctors aware of the latest research and findings from their European colleagues (Evered and Evered, 2020, p. 24).

### **CHOLERA OUTBREAK OF 1847-1848: BEGINNING OF HEALTHCARE SERVICES OFFERED BY THE SISTERS OF CHARITY**

At the time cholera appeared in 1847 in Istanbul, sisters were working at the Providence (Galata Saint Benoit) and Bebek. The disease probably reached Istanbul again with the ships coming from Trabzon on the Black Sea coast, a case of cholera was detected on the ship named Sultan who went to Istanbul from Trabzon on September 12, and soon afterwards the ships started to be kept at Kavak Quarantine Station for 10 days. The first case seen on 25 October 1847 was a certain Mehmet, the chamberman of the Sanitary Council's building in Galata (Ayar, 2007, p. 24). The second case was seen in Ortaköy on October 26. On October 31, a restaurant keeper died in Beyoğlu; there were three cases in Galata on November 2 and five cases on November 4 (Yıldırım, 2010a, p. 75). These districts were surrounding Galata, but soon the epidemic extended to Tatavla, Kasımpaşa, Balat, İstinye (Yılmaz, 2017, pp 42-43).

In his reports of January 6 to France, Doctor Verrolot, the delegate of the Sanitary Council of France, the disease reached Kuzguncuk and Arnavutköy. In February, it appeared in coastal strip districts such as Samatya, Kuzguncuk, Kuruçeşme, Arnavutköy, Bebek, Kadıköy and Dolmabahçe. As of February 1848, Antoine Fauvel, the successor of Doctor Verrolot, expressed that the disease was more common in the districts of non-Muslims, such as Pera and Galata. The epidemic became widespread during the year, and by October, lost its effect. Approximately 10,000 people were infected, and the number of deaths is estimated to be between 4-5,000 (Yılmaz, 2017, pp. 43-45).

The sisters inaugurated a new institution in Bebek, Saint Joseph House in September to serve as a school and infirmary for Catholic children, mostly Armenians (Polvan 1952 p. 172). The poor living in the region and across the Bosphorus applied for healthcare (ACM, 13, 1848, pp. 16-17). As of November, with the outbreak of the disease, they began to pay home visits in the area. According to Sister Merlis, the patients highly respected the sisters since they had no means to reach a doctor. Wherever they went, they received blessings and were greeted with small gifts such as sweets, water, and coffee. Soldiers also favored their dispensaries, inviting the sisters to their barracks to care for their pa-

tients and accompanying them on the way (ACM, 14, 1849, pp.682-688). Sister Merlis described that the patients were generally abandoned without medication or healthcare. Their working conditions did not resemble to that of hospitals in France, and they had to travel a long distance to reach the villages (Marmara, 2012, p. 40). In 1854, for instance, 1,410 people were examined and treated in Bebek and the sisters made 250 home visits. In addition, two Polish sisters were making prison visits (ACM, 21, 1856, pp. 212-222). By June 1855, seven sisters had died during their service in six months (ACM, 21, 1856, pp. 223-226).

Another institution where sisters operated in the same period was the French Hospital. Jesuit priests opened a plague hospital in Taksim entitled Saint Louis Hospital in 1610. Following a fire, it was repaired by the Marseille Chamber of Commerce in 1696 was named Pera French Hospital in 1719 and Pera French Plague Hospital in 1724 (Yildirim, 2010a, p. 215). In 1840, the French government bought the building, reorganized to include St Georges Hospital in Galata. The Sisters of Charity began to manage the institution in 1846 (Yildirim, 2010a, p. 215; ACM 19, 1854, p. 124). In the institution, orphans were already being taken care of, and now patient care and education were added to this service and the quantity of beds increased from 12 to 70 (Gilbrin, 1977, p.142). Four sisters, Jannou, Deschamps, Seraphian and Mackiewizs, began to serve by 15 June 1846 (Pernot, 1913, p.18).

Between January and December 1847, 245 patients were admitted, the dispensary activities were intensified (Roche, 1989, p. 92) and 29 people, 5 of them from cholera, died (ACM 13, 1848b, p. 573). The hospital could accommodate about 30 patients at the same time. In the dispensary, 11,252 patients were given medication and 540 patients were visited at home. French patients were accepted for free, and the sailors for a small fee. Foreigners who did not have their own hospitals could also benefit from it (ACM 13, 1848a, pp. 15-16).

In 1848, the hospital had to be evacuated due to poor ventilation (Gilbrin, 1977, p. 142). By May 1848, cholera began to fill Turkish hospitals first, and then others, including the French Hospital. When cholera began to affect and kill everyone in the hospital, only sisters, who tried to keep the building as clear as possible, and homeless bedridden were left inside (ACM 13, 1848c, pp. 578-579).

Following quarantine, they accepted a few patients not suffering from cholera, but a few days later one of the sisters fell ill and died within hours. The next day,

two or three began to show symptoms; finally, on the third day, Sister Lesueur, the director of the Providence, had the symptoms of cholera, the disease spread to the institution, which was evacuated again. A few days later, a fire broke out in the neighborhood around five or six in the evening and within two hours, the flames approached the street. Three or four convalescent sailors, two maids and seven eight sisters evacuated the remaining people. As the flames approached, each of them fled to the garden with their beds on their backs, gathering furniture, kitchenware, medicines and bed quilts. Classes were dismissed and some of the children took refuge outside the city, and some in neighbouring districts (ACM 13, 1848c, pp. 580-587).

### CRIMEAN WAR (1853-1856): CLOSE ENCOUNTERS WITH THE WESTERNERS

Cholera hit İstanbul once again in 1854, with dysentery spreading among allies that caused many losses, but also cases of typhus and scurvy were common (Gilbrin, 1977, p. 142). The allies of the Ottoman Empire had to pass through the Straits and İstanbul to reach Crimea, which urged the Medical Council take various health measures. Yet, a cholera epidemic had already spread in the south of Europe, and the disease was first seen in quarantine hospital at Gallipoli, and then among the French soldiers at Davutpaşa in İstanbul, together with the soldiers dispatched from Crimea to Marseille. The disease then spread to British and Ottoman soldiers, and finally to the rest of the city. During the ten-month epidemic, 3,500 people died (Ayar, 2007, p. 26-27).

Faced with the pressure of the commanders regarding the need for the care of patients and injured people, the French government was demanding reinforcements from the leaders of the congregation. The issue appeared in *Le Moniteur* on August 23, 1854, informing the demand of War Minister for the help of sisters to French soldiers in the Eastern armies. In response, 25 sisters embarked from Marseille, followed by 25 more. After the proposition of the sister superior in Paris, the sisters and two priests boarded the ship on the 27th of August, and on 5 September they arrived in İstanbul. They settled at the Providence in Galata waiting to be assigned there or at the fronts. (Bourdon, 1879, pp. 41-44).

With the war, 255 additional sisters came from France, welcomed by Sister Lesueur placed in hospitals in Piraeus, Gallipoli, Varna, Kanlıca, Maslak, Levant Farm, Yeniköy, Prinkipio and Halki (Prince Islands), Rami Farm, Maltepe, Davudpaşa, Taksim Barracks,

Harbiye, Dolmabahçe, Gülhane, Hagia Sophia and Balaklava (Marmara, 2006, p. 31, footnote 7).

Istanbul was set to be a center for the treatment of soldiers injured in Crimea. The French army settled on the main barracks of İstanbul, Davutpaşa, Taşkılla and Maslak. The Highschool of Engineering and Imperial School of Engineering in Taksim and University Building in Çemberlitaş were instituted as hospitals for the French. Sick and injured French soldiers were also treated at Maltepe Hospital, close to Davudpaşa Barracks. In addition to these, hospital barracks were built in Beyoğlu, Kanlıca, Maslak, Levent Çiftliği, Maltepe, Davutpaşa, Taksim Barrack, Harbiye, Dolmabahçe and Gülhane (Yıldırım, 2014, p. 52). In this period, 5 sisters worked in the School of Engineering, 5 in Maltepe, 4 in Kanlıca, 3 in the preparatory school, and 4 in Russian Consulate (Roche, 1989, p. 156). During the war, the mosques, including Hagia Sophia, were opened to the wounded due to the war and the sisters provided care (Dasque, 2016, 246). Beforehand, nonmuslims could not enter the sacred land easily, and Hagia Sophia was strictly forbidden to them (Marmara, 2006, p. 62).

A steamship of the Messageries, *Thabor* carried the first case of cholera. A nurse infected with cholera was isolated at the Maltepe Military Hospital, and the disease started among the French soldiers at Davudpaşa Barracks, expanded to those in Maslak. Spreading among the French, British and Ottoman soldiers, the disease finally infected the whole city (Yıldırım, 2010b, p. 135). Beyoğlu and Gülhane were reserved for Ottoman patients and injured, Military Medicine Hospital was reserved for those with cholera, and the convalescents were quartered in Dolmabahçe (Karayaman, M. 2008, p. 63).

On April 17, the disease showed up again among the new troops from France in Maslak, where the sisters were in charge of the care of 35 soldiers by the next day (ACM 20, 1855a, pp. 328-337). On April 20, 3 more sisters were brought here, two barracks reserved for physicians were converted into the patient room for severe cases (ACM 20, 1855b, pp. 408-409). As of June 1854, cholera caused several casualties every day in campsites around Sevastopol. The total number of deaths among the French reached 65, cholera spread among the allies, and was said to be even more among the Russians (ACM 20, 1855a, p. 304). The Secretary General M. Doumerq accompanied the convoy carrying 200 patients most probably suffering from cholera in addition to another 50 injured, sent to Istanbul by the Panama steamship and, those who died on the way were thrown into the sea (ACM 20, 1855a, p. 306).

The mobile hospital in Gülhane was preferred because it was protected from the wind by Byzantine walls. For the French army, five wooden sheds, symmetrically located on two lines, each containing fifty beds, were built with great speed and intensity, and five more huts were expected to be added to them. Six sisters were working there. The number of patients and injured reached 800, firstly, the number of sisters had to be increased for cupping, bloodletting and dressing (ACM 20, 1855b, pp. 347-349).

The 1855 report written by M. Doumerq to the superior Montcellet provided details about the French institutions served by the sisters during the war (ACM 20, 1855a, pp. 259-312; Marmara, 2009, pp 41-56). According to this report, ten hospitals in addition to two naval hospitals, one in Kurtuluş and the other in Heybeliada, were served by the French.

Pera Military Hospital, near Taksim, was a large square building with the capacity of 1,700 - 1,800 beds and 200 doctors, mostly French, some from the British and other nations, were taking care of patients (Roche, 1986, p. 241). 15 or 16 sisters were working in the hospital in cooperation with a few caregivers. One of the difficulties of the service was the need to follow the doctor's visit and try to feed the patients before the drug delivery time. Another challenge was the placement of beds, floors in several rooms on long platforms raised two or three feet above. Sometimes these platforms were narrow and the sisters had to jump to visit each patient. To reach their room on the third floor, they had to cross a dark stairway with high steps. The sisters esteemed the possibility of recovery for the patients low because of gangrene and "bad miasma." Even the doctors thought they were actually working with people who had already been "sentenced to death." Under these circumstances, sisters were also at stake, four of them fell ill, and the house was reinforced by the Providence. Every day after the doctors' visit, the sisters reported the number of rooms and beds where their patients were at risk of death so that the priest could serve (ACM 20, 1855a, pp. 260-263).

Only two or three hundred meters from the large hospital, and on the hill closest to the district of Dolmabahçe, there was the French hospital named Dolmabahçe Hospital, which consisted of two separate buildings. The upper building was a school; and the lower one, a Turkish barrack. Since the month of October there have been constantly 700 to 800 patients: the service was difficult due to the distance of the wards and the outbuildings (ACM 20, 1855a, pp. 263-264).

Saint Joseph Military Hospital was on the north-western part of Pera and the Armenian Cemetery, administered by Sister Madeleine, and served by five sisters. New huts, each with a capacity of 90 patients, were built here, where 1,000 to 1,200 patients could be accepted. In the first days of cholera, infected people were transferred to Maslak. When the sisters first arrived they were placed in a room heated to 42 degrees and they claimed that this steam bath generally gave positive results (ACM 20, 1855a, pp. 264-267).<sup>3</sup>

Levent Farm Hospital, a temporary hospital established close to Maslak Camp, consisted of sheds, each of which had a capacity of a hundred patients. 40 people died on April 22 and 25 people died the next day. In the following days, the number of casualties remained between 20 and 30 per day (ACM 20, 1855a, pp. 268-270). Outside the walls and west of the city, between the port and the Sea of Marmara, there were three other French hospitals. The closest to the port was that of Rami Çiftliği. The Sisters, nine in number, occupied the south-eastern pavilion facing Constantinople. There were thirteen to fourteen hundred sick, and eight divisions, each of which was in the care of a sister. Two kilometers from Rami Çiftliği, to the south-east, was situated the Maltepe Hospital, where six to seven hundred sick received care by five sisters. The third one was Davudpaşa, where 1,500 patients received care by seven sisters. At Gülhane, seven sisters were charged of 1,700 patients and at Kanlıca, four sisters were responsible of around 200 patients. Sisters were also serving to a few hundred patients at the hospitals in The Russian Palace, Hospital of Halkis in one of the Prince Islands and a hospital established in the buildings of the preparatory school for the École Polytechnique (ACM 20, 1855a, pp. 270-284).

### THE OUTBREAK OF 1865: "THE GREAT CHOLERA"

The capital was organized and bureaucratized with the establishment of a modern municipal government, with the intention to "make Istanbul an exemplary city, both physically and in terms of the human community, and use it as the key to the revival of the Ottoman Empire as a whole" (Mossensohn, 2007, pp. 149-150, 167). In 1858, when the discussions on municipalism sparked a highly heterogeneous structure that was ethnic, religious and class gathered in a certain region posed the difficulties of managing this place as in the rest of the empire. Overcrowded places, crime and illness, the pressure of foreign consulates, the difficulty of meeting the demands of emerging bourgeois classes along with the expanding volume of trade set urgent problems. Therefore, the municipal reform,

which would introduce a more thorough struggle against epidemics in the capital, first took place in this region (Rosenthal, 1980, pp. 129-130).

The official data estimated that during the epidemic of 1865, known as "The Great Cholera," 11,000 people died between June 28 and October 10, and calculations indicated around 20,000 to 30,000 dead (Yıldırım, 2010b, p. 137). On June 28, 1865, *Muhbir-i Sürur*, travelling between Egypt and Kasımpaşa Port, brought the disease to Istanbul (Bozkurt, Yıldırım, Ülman and Özaltay, 2002, p. 55). Casualties were not reported and the ship was directed to Kasımpaşa port without being quarantined. Twelve people were hospitalized in the Naval Hospital with the complaints of diarrhea and they died in the same evening. Two or three days later, the disease spread from Istanbul's shipyard workers to the city (Yıldırım, 2010a, p. 77). When the fire of 1865 destroyed the Providence and an outbreak of cholera appeared in July, a 20-bed temporary hospital was created. Between 25 July and 20 December, 500 cholera patients were treated and half of them recovered (Roche, 1989, pp.198-199).

A commission for epidemic headed by the grand vizier was established; houses were rented for the treatment of the urban poor and turned into temporary hospitals; idlers were expelled from the city and placed in the barracks built for them. The Humbaracı Barracks, the former building of the School of Medicine, was now an epidemic hospital. In Pera region, especially porters, firemen and officers who were assigned to the transfer of patients were affected by the epidemic (Ayar, 2007, p. 29).

Madella and the Della Sudda pharmacies in Beyoğlu, Galata, affiliated with the Sixth Circle, were working as health stations and all pharmacies in the city were ordered to give free drugs to the poor (Bozkurt, Yıldırım, Ülman and Özaltay, 2002, p. 56). The French, like the Bulgarians, British, Italian and Greeks in Istanbul, treated cholera patients for free. With the care they provided, the sisters earned the trust of the Ottoman authorities; and received both land and allowance from the sultan for the establishment of La Paix Hospital in Şişli (ACM 31, 1866, pp. 132-136).

This outbreak formed the ground for the inauguration of the municipal hospital, which was the only hospital owned by the Muslims and served by the sisters in ordinary times. While Sister Madeleine Gain was distributing medicines with her basket on July 26, 1865, she met a Greek doctor, named Plessa, at a Turkish coffee house converted into a temporary hospital at the bottom of the Galata Tower. The doctor was dev-

astated given the copious amount of cholera patients in severe condition; as he saw the sister, he offered to help the patients (ACM 47, 1882a, p. 196; ACM 47, 1882b, pp. 199-200).

Sister Madelein Gain, along with the doctor, applied to inspector sister, Sister Renault, who called upon the Mayor Server Pasha. The mayor ensured the building a good hospital provided that the sisters would engage in; and by July 27, Sister Gain undertook the administration of the temporary hospital (ACM 47, 1882b, pp. 199-215, 199-200; F. X. Lobry, 1908, p. 24). Two other sisters focused their energies on the care for the patients with cholera. Throughout the epidemic, they were eating and drinking in the House of Galata, quite far from the cholera hospital (ACM 47, 1882a, p. 197). Turkish caregivers were also working with them. (De Fortmagne, 1977, pp. 143-145). This institution, the first municipal hospital of the empire, was also called the Ottoman Municipal Hospital (Hôpital Municipal Ottoman), Beyoğlu Municipal Hospital, Sixth Department Municipal Hospital.

Realizing the impossibility of dealing with all the patients, the doctor decided to establish a temporary hospital nearby, in Feriköy, a well-ventilated location, as a convalescent hospital. Every day a vehicle moved from the cholera hospital to Feriköy while Galata hospital was continuously accepting severe cases (ACM 47, 1882b, pp. 200-201; ACM 32, 1867a, p. 589). More than half of the 1,200 people who applied to these hospitals had recovered (ACM 47, 1882b, p. 200).

Impressed by the success of the temporary hospital, Server Pasha suggested the establishment of a hospital for all religions and nations. A two-storey house was rented at Saman Street, No 15 and it was put into service with 40 beds under the name of Sixth District Hospital. The wooden building with garden had two floors over 150 square meters, a physician's pavilion and a caretaker room. The ground floor had kitchens, laundry and equipment rooms, two rooms for the sisters existed on the first floor and pharmacy and laundry room, and three rooms existed on the second floor. The number of patients ranged from 35 to 40 (Yıldırım, 2010a, p. 201).

Mustafa, responsible of the religious affairs of the hospital, began to help the sisters for the care of patients. When a bed emptied, a waiting patient was admitted, meanwhile, the awaiting patients were receiving care in tents set up in the garden, donated by M. Bergasse, the director of a ferry company. M. Bergasse personally visited the hospital every day, even assisted in patient care, and provided financial assistance to the hospital (ACM 47, 1882b, p. 200; ACM 32, 1867a, p. 589). Twenty Maltese, amongst the most ferocious

and brave inhabitants of the city, were appointed as caregiver (ACM 32, 1867a, pp. 587-589). In default of spare room in the hospital, the sisters arrived early in the morning and returned the central house very late in the evening (ACM 47, 1882b, p. 206).

At first, two sisters, Sister Gain and Sister Eynaud, worked in the hospital, until a third one Sister Isabelle Donbrowska accompanied them. After a while, four more sisters were sent from France, which enabled Sister Eynaud and Sister Isabelle to return to the central house. The newly arrived Sister Angèle and Sister Maria were assigned to the temporary hospital in Feriköy, run by Sister Sachet (ACM 47, 1882b, pp. 206-207).

Pleased with the service provided by the temporary hospital, where 500 patients were served and half of them were healed between 26 July and 20 September, Mayor Server Pasha decided to open a 50-bed hospital for the poor. While the construction of the hospital started, the temporary hospital was being renovated and lodging was added for the sisters. On May 16, 1866, they stepped inside the new building (ACM 47, 1882b, p. 207).

The cholera epidemic that prevailed in Istanbul for a month also hit 4 students, Sister Cécile and Superior Sister Barthélemy at Bebek House. Finally, on January 27, 1867, the city council ordered not to accept more patients and on February 13, the activities were ended (ACM 32, 1867b, p. 595). A few days later, the new mayor demanded the patient list and the plant ledger while the patients continued to apply. Sister Gain, asked for advice to the municipal engineer M. Leval about the admission of a poor seafarer patient suffering from high fever, and accepted the patient due to lack of obvious restrictions. The never-ending patients and the influence of France enabled the hospital to receive permit from the municipality on April 14 (ACM 47, 1882b, p. 208-209; ACM 32, 1867b, p. 595-596).

However, due to a sharp decrease in the income of the hospital in this period, the hospital lacked solid furniture, which did not stop the locals from bringing their patients. The ambiguity about the status of this hospital continued for almost two decades, and although similar orders were occasionally received, they were never implemented. The hospital continued to receive poor patients, but hospital revenues were constantly decreasing, which pushed Sister Madeleine to keep strong ties with the philanthropic Catholics of the city (ACM 47, 1882a, pp. 197-199).

The Ottoman authorities' satisfaction with the care provided by the sisters in the 1865 led to the emergence

of another institution other than the Municipality Hospital: The Saint Joseph Orphanage was already founded in 1841 in Galata by the Superior Sister Lesueur. In 1853, with the help of merchants, Sister Lesueur had collected 100,000 francs and built an orphanage for 160 children by purchasing a land. Funding for the care of these children was provided by lotteries and donations (ACM 47, 1882c, pp. 402-403). With the fire of Galata in 1865, the establishment of a new orphanage came to the agenda instead of Galata orphanage. Meanwhile, the number of orphans was also increasing due to cholera and 35 orphans were given to poor families due to lack of space (Lobry, F. X., 1908, p. 25). In Çukurbostan, a new institution was created in a land provided by the sultan, the construction of this place started in 1866, and the institution was inaugurated in 1869 (Roche, 1989, p. 178).

## CONCLUSION

Especially in the nineteenth century, medicine was deliberately and successfully implemented in the Ottoman Empire as a means of control. In the early modern period, and mainly in the sixteenth and seventeenth centuries, medicine was not the most used aspect that created and preserved the social hierarchy. This situation changed in the nineteenth century. Medicine was still one of several ways in which society was organized, but now it had a decisive role, aiming at improving the state administration. Western medicine did not only provide information about the structure and function of the human body and more precise diagnosis of diseases but also offered a new ideology legitimizing the interference on lives of the inhabitants of the country on a new scale (Mossensohn, 2007, pp. 149-150, 164).

This new ideology required the state to routinely protect the health of its own society and improve it as needed. This activity of the state was considered as an indicator of its success, especially in disasters such as epidemics. Ultimately, the ability to control outbreaks such as cholera, for example after the 1908 Revolution, was seen as an area where the effectiveness of the new government could be tested (Brummett, 1995, p. 448). The

city planning is shaped by diseases and the necessities of public health in the whole world in nineteenth century.

Yet, what is unique for the Ottoman Empire was the *doux commerce* and the balance between Western powers and local authorities, shaped mainly by the Eastern question in the context of the nineteenth century. In other words, the activities of the sisters signified both a rivalry amongst the “Great Powers” in the eyes of the Ottoman authorities, and the struggle of the empire to survive. The Ottoman authorities proved their adequacy only if they could overcome urban problems, being the capital’s in the first place.

For this reason, physicians, managers, nurses and similar health workers, who had the expertise to temporarily or permanently solve the health problems were welcomed by the Ottoman administration as long as they acted in accordance with the rules of the Ottoman state. Respectively, although our knowledge about the life of the sisters in Istanbul is limited, their own narratives and information obtained from the literature show us that before the Muslim female subjects of the Ottoman Empire started to provide formal patient care, the sisters were accepted, although in a limited way, by the Ottoman elite and common people of all religions because of the services they gave in assistance with the physicians.

The article evaluated a global disease in the Ottoman context by assessing how cholera affected Istanbul and the connections between the sisters and local actors; and showed that the Ottoman example was not only a result of Western experiences, but although it was part of a wide history of pandemics, its actors had their own unique developments shaped by imperial and local settings and events. After the outbreak of the First World War, the institutions they worked with were seized, the sisters were detained or deported after the capitulations were abolished and the political relations with France stopped. Those who wanted to return to the institutions they worked for after the Armistice met either ruined institutions or new political structures disabling them to work.

## NOTAS

- 1 See Çakır, Serpil (1996), *Osmanlı kadın hareketi*, İstanbul, Metis Yayınları.; Zilfi, Madeleine (2010), *Women and slavery in the late Ottoman Empire: the design of difference*, Cambridge University Press.; Köksal, Duygu; Falierou, Anastasia (2013), *A social history of late Ottoman women: new perspectives*, Brill.; Frierson, Elizabeth B (1995), “Unimagined communities: women and education in the late-Ottoman Empire, 1876-

1909”, *Critical Matrix*, 9 (2), pp. 55-90.; Metinsoy, Elif Mahir (2017). *Ottoman women during World War I: everyday experiences, politics, and conflict*, Cambridge University Press.; Balsoy, Gülhan. (2015), *The politics of reproduction in Ottoman society, 1838–1900*, London, Routledge.; Boyar, Ebru; Fleet, Kate (2016), *Ottoman women in public space*, Leiden, Boston, Brill.; Tuğ, Başak (2017), *Politics of honor in Ottoman Anatolia: sexual violence and socio-legal surveillance in the eighteenth century*, Brill.

- 2 Some of these studies are the following ones: Pamuk, Şevket (2000), *A monetary history of the Ottoman Empire*, New York, Cambridge University Press.; Keyder, Çağlar (2003). *Memalik-i Osmaniye'den Avrupa Birliği'ne*. İstanbul, İletişim Yayınları.; Masters, Bruce; Goffmann, Daniel; Eldem, Edhem (2017), *Doğu ile Batı arasında Osmanlı kenti – Halep, İzmir ve İstanbul*, İstanbul, Türkiye İş Bankası Kültür Yayınları.
- 3 In a booklet on cholera in France, the full steam bath, known as the Russian bath, was presented as a treatment, which had usually succeeded. The patient was placed in

a cabinet filled with water vapor and hermetically sealed. The patient was lying on a plank, quite naked, staying in this vapor which penetrated throughout his body and which made his blood circulate rapidly. During this time, they rubbed and massaged him for about ten to twenty minutes. He was then placed in a very soft bed, and was covered sufficiently so that the work of perspiration continued. (1847). *Le Choléra à Paris en 1847: sa marche actuelle en Europe, ses préservatifs et ses remèdes infaillibles*, Paris, Peccatte, pp. 25-26.

## BIBLIOGRAPHY

Ayar, Mesut (2007), *Osmanlı devletinde kolera: İstanbul örneği (1892-1895)*, İstanbul, Kitabevi.

Balsoy, Gülhan (2015), *The politics of reproduction in Ottoman society, 1838–1900*, London, Routledge.

Balsoy, Gülhan (2015), “Osmanlı kadın ve toplumsal cinsiyet tarihçiliği üzerine”, *Toplum ve Bilim*, 132, pp. 222-231.

Bourdon, Madame. (1879), *Les Soeurs de la Charité en Orient*, Paris, Librairie de J. Lefort.

Boyar, Ebru; Fleet, Kate (2016), *Ottoman women in public space*, Leiden, Boston, Brill.

Bozkurt, Suzan; Yıldırım, Nuran; Ülman, Yeşim Işıl; Özaltay, Bülent (2002), “1865 kolera salgınında mabeyn-i hümayun eczacısı Vincent Pêche ile Robert Kolej'den Cyrus Hamlin'in kullandıkları antikolerik terkipler”, *Osmanlı Bilimi Araştırmaları*, 3 (2), pp. 55-68.

Briggs, Asa (1961), “Cholera and society in the nineteenth century”, *Past & Present*, 19, pp. 76-96.

Brummett, Palmira (1995), “Dogs, women, cholera, and other menaces in the streets: Cartoon satire in the Ottoman revolutionary press, 1908–11”, *International Journal of Middle East Studies*, 27 (4), pp. 433-460.

Burrows, Mathew (1986), “‘Mission civilisatrice’: French cultural policy in the Middle East, 1860-1914”, *The Historical Journal*, 29 (1), pp. 109-135.

Çakır, Serpil (1996), *Osmanlı kadın hareketi*, İstanbul, Metis Yayınları.

Cawood, Ian; Upton, Chris (2013), “‘Divine providence’ Birmingham and the cholera pandemic of 1832”, *Journal of Urban History*, 39 (6), pp. 1106-1124.

Curtis, Sarah A. (2012), “Charity Begins Abroad: The Filles de la Charité in the Ottoman Empire”. In: White, Owen; Daughton, James P. (eds.), *In God's Empire: French Missionaries and the Modern World*, New York, Oxford University Press, pp. 89-108.

Darnault, Sezim Sezer (2004). *Latin catholic buildings in İstanbul: a historical perspective (1839-1923)*, İstanbul, The Isis Press.

Dasque, Isabelle (2016). “Les Filles de la Charité et la Présence Française en Orient. L'émergence d'une Diplomatie Charitable à Constantinople (1839-1914)”. In: Lavernée, Matthieu Brejon de (ed.), *Des Filles de la Charité aux Sœurs de Saint Vincent de Paul: Quatre siècles de Cornettes (XIIe-XXe Siècles)*, Paris, Honoré Champion, pp. 229-252.

De Fortmagne, Durand (1977). *Kırım harbi sonrasında İstanbul*. İstanbul, Tercüman Yayınları.

Diebolt, Evelyn (2013), «Prémices de la profession infirmière: de la complémentarité entre soignantes laïques et religieuses hospitalières XVIIe-XVIIIe siècle en France», *Recherche en Soins Infirmiers*, 113 (2), pp. 6-18.

Dilan, Hasan (2003), *La Mission du lycée Saint Benoit dans les relations Turco-Françaises*, Paris, L'Harmattan.

Ehrenreich, Barbara; English, Deirdre (1973), *Witches, midwives and nurses: A history of women healers*, New York, The Feminist Press.

Eldem, Edhem (2017), “İstanbul: İmparatorluk Payitahtından Periferileşmiş Bir Başkente”. In: Masters, Bruce; Goffmann, Daniel; Eldem, Edhem (eds.), *Doğu ile Batı Arasında Osmanlı Kenti – Halep, İzmir ve İstanbul*, İstanbul, Türkiye İş Bankası Kültür Yayınları, pp. 165-247.

Ergüder, Başak (2011). *Galata hanları (1868-1945), paranın serüveni*. İstanbul, SAV Sosyal Araştırmalar Vakfı.

Ersoy, Nermin; Güngör, Yüksel; Akpınar, Aslıhan (2011), “International sanitary conferences from the Ottoman perspective (1851–1938)”, *Hygiea Internationalis*, 10 (1), pp. 53-79.

Esenkal, Ebru (2007), *Yabancı Ülkeler Tarafından Osmanlı Coğrafyasında Açılan Okullar* (M.A. Thesis). Trakya University.

Evans, Richard J (1988), “Epidemics and revolutions: cholera in nineteenth-century Europe”, *Past & Present*, 120, pp. 123-146.

Evered, Emine Ö; Evered, Kyle T. (2020), “Dispensary, home, and ‘a women’s army’: Framing tubercular geographies and gender in late Ottoman Turkey”, *Journal of Historical Geography*, 68, pp. 33-43.

Frierson, Elizabeth B (1995), “Unimagined communities: women and education in the late-Ottoman Empire, 1876-1909”, *Critical Matrix*, 9 (2), pp. 55-90.

Gilbrin, E. (1977). “Les médecins français et les filles de la charité dans les hôpitaux de Constantinople; communication de la société française de l'histoire de la médecine”, *Histoire des Sciences Médicales*, 11 (3), pp. 141-151.

Glutz-Ruedin, Brigitte (2014), *Hirondelle d'Allah: une cornette en mission au pays des sultans*, Editions Saint-Augustin.

Gönç, Temmuz (2017). *Erkek hemşireler: değişen roller, çatışan kimlikler*. Siyasal Kitabevi.

- Huber, Valesca (2006), "The unification of the globe by disease? The international sanitary conferences on cholera, 1851–1894", *The Historical Journal*, 49 (2), pp. 453-476.
- İlikan Rasimoğlu, Ceren Gülser (2019), *Filles de la Charité, On dokuzuncu yüzyıl Osmanlı İmparatorluğu'nda hayırseverlik ve sağlık*, (Ph.D. Thesis), İstanbul, İstanbul University.
- Jeanguiot, Nicole (2006), «Des pratiques soignantes aux sciences infirmières», *Recherche en Soins Infirmiers*, 4, pp. 75-135.
- Jefferson, Laura; Bloor, Karen; Maynard, Alan (2015), "Women in medicine: historical perspectives and recent trends", *British Medical Bulletin*, 114 (1), pp. 5-15.
- Jones, Colin (1989), "Sisters of Charity and the ailing poor", *Social History of Medicine*, 2 (3), pp. 339-348.
- Jusseume, Anne (2016). «Remèdes et Soins L'Exercice de la Pharmacie par les Filles de la Charité». In: Lavergnée, Matthieu Brejon de (ed.), *Des Filles de la Charité aux Sœurs de Saint Vincent de Paul: Quatre Siècles de Cornettes (XIIe-XXe Siècles)*, Paris, Honoré Champion, pp. 423-446.
- Karayaman, Mehmet (2008), "Kırım harbinde sağlık hizmetleri (1853-1855)", *Uşak Üniversitesi Sosyal Bilimler Dergisi*, 1 (2), pp. 59-75.
- Keyder, Çağlar (2003). *Memalik-i Osmaniye'den Avrupa Birliği'ne*. İstanbul, İletişim Yayınları.
- Kolluoğlu, Biray; Toksöz, Meltem (2015), "Doğu Akdeniz'in Haritalanması: Ticaret Kentleri Kartografyasına Doğru". In: Kolluoğlu, Biray; Toksöz, Meltem (eds.), *Osmanlılardan Günümüze Doğu Akdeniz Kentleri*, İstanbul, Türkiye İş Bankası Kültür Yayınları, pp. 1-169.
- Konan, Belkıs (2006), *Osmanlı devletinde yabancıların kapitülasyonlar kapsamında hukuki durumu*, (Ph.D. Thesis), Ankara University.
- Köksal, Duygu; Falierou, Anastasia (2013), *A social history of late Ottoman women: new perspectives*, Brill.
- Le Choléra à Paris en 1847: Sa marche actuelle en Europe, ses préservatifs et ses remèdes infaillibles, Paris, Peccatte, 1847. [online], available at: <https://wellcomecollection.org/works/cf2aps3v/items>, [retrieved on 15/07/2021].
- Lobry, François-Xavier (1908), *Mission des Lazaristes à Constantinople: J. Régnier, prêtre de la mission, Bebek et St Benoit 1843-1907*, Constantinople.
- Marland, Hilary (2011), "Women, Health and Medicine". In: Jackson, Mark (ed.), *The Oxford Handbook of the History of Medicine*, Oxford University Press, pp. 484-502.
- Marmara, Rinaldo (2006), *Bizans imparatorluğu'ndan günümüze İstanbul Latin cemaati ve kilisesi*, İstanbul, Kitap Yayınevi.
- Marmara, Rinaldo (2009). *Osmanlı hoşgörüsünün tanığı Lape (La Paix) hastanesi 1858-2008*, İstanbul, İstanbul Kültür A.Ş.
- Marmara, Rinaldo (2012). *Manastırların penceresinden İstanbul XIX. Yüzyıl*, İstanbul, Bahçeşehir Üniversitesi Yayınları, 40.
- Metinsoy, Elif Mahir (2017). *Ottoman women during world war I: everyday experiences, politics, and conflict*, Cambridge University Press.
- Milon, Alfred (1914), "Répertoire historique 2nd ed, 1914", *Annales de la Congregation de la Mission*, 129, p. 18.
- Mossensohn, Miri Shefer (2007), "Health as a social agent in Ottoman patronage and authority", *New Perspectives on Turkey*, 37, pp. 147-175.
- Pamuk, Şevket (2000), *A monetary history of the Ottoman Empire*, New York, Cambridge University Press.
- Pernot, Maurice. (1913), *Rapport sur un voyage d'étude à Constantinople, en Égypte et en Turquie d'Asie: janvier-août 1912*, Firmin-Didot.
- Polvan, Nurettin (1952), *Türkiye'de yabancı öğretim cilt I*, İstanbul, Milli Eğitim Basımevi.
- Roche, M. (1986). "L'Education et la Culture Françaises à Constantinople et à Smyrne dans la Première Moitié du XIXème Siècle." In: Batu, Hamit; Bacqué-Grammant, Jean Louis (eds.), *L'Empire Ottoman, la République de Turquie et la France*. İstanbul: Editions Isis; 233-246.
- Roche, Max (1989), *Education, assistance et culture Françaises dans l'Empire Ottoman (1784-1868)*, İstanbul, Les Editions Isis.
- Rose, Sonya O. (2018), *Toplumsal cinsiyet tarihçiliği nedir?* İstanbul, Can Yayınları.
- Rosenthal, Steven (1980), "Urban elites and the foundation of municipalities in Alexandria and İstanbul", *Middle Eastern Studies*, 16 (2), pp. 125-133.
- Schmitt, Oliver Jens (2007), *Les levantins: cadres de vie et identités d'un groupe ethno-confessionnel de l'Empire Ottoman au "long" 19e siècle*, İstanbul, Les Editions Isis.
- Scott, Joan (1986), "Gender: A useful category of historical analysis", *The American Historical Review*, 91 (5), pp. 1053-1075.
- Taylor, Fanny (1857), *Eastern hospitals and English nurses: the narrative of twelve months' experience in the hospitals of koulali and scutari*, London, Hurst and Blackett. [online], available at: [https://archive.org/details/b24887080\\_0002](https://archive.org/details/b24887080_0002), [retrieved on 15/07/2021].
- Tuğ, Başak (2017), *Politics of honor in Ottoman Anatolia: sexual violence and socio-legal surveillance in the eighteenth century*, Brill.
- Tulasoğlu, Gülay (2015), "Tarihin tarihsizleştirilmesine örnek olarak kapitülasyonlar", *Edebiyat Fakültesi Dergisi*, 32 (2), pp. 249-263.
- Udovic, Edward E (2016), "Jean Baptiste Etienne: Refondateur des Filles de la Charité au XIXeme Siecle". In: Lavergnée, Matthieu Breton de (ed.), *Des Filles de la Charité aux Sœurs de Saint Vincent de Paul: Quatre Siècles de Cornettes (XIIe-XXe Siècles)*, Paris, Honoré Champion, pp. 53-62.
- Van Os, Nicole A (2000), "Ottoman women's organizations: Sources of the past, sources for the future", *Islam and Christian-Muslim Relations*, 11 (3), pp. 369-383.
- Vrignon, Alexis (2007), *Les missions catholiques Françaises en Turquie d'Europe (des Années 1840 à 1914)*, (M.A. Thesis), University of Nantes.

- Yaşayanlar, İsmail (2015), *Sinop, Samsun ve Trabzon'da kolera salgınları, karantina teşkilatı ve kamu sağlığı hizmetleri (1879-1914)*, (Ph. D. Thesis), Bursa, Uludağ University.
- Yıldırım, Nuran (2010a), *İstanbul'un sağlık tarihi*, İstanbul, İstanbul University, İstanbul 2010 Avrupa Kültür Başkenti Ajansı.
- Yıldırım, Nuran (2010b), "Salgın Afetlerinde İstanbul". In: Öztürk, Said (ed.), *Afetlerin Gölgesinde İstanbul*, İstanbul, İstanbul Kültür A.Ş., pp. 109-184.
- Yıldırım, Nuran (2014), *Savaşlardan modern hastanelere Türkiye'de hemşirelik tarihi*, İstanbul, Vehbi Koç Vakfı.
- Yıldırım, Nuran (2015), "İstanbul'da Sağlık Hayatı". In: Yılmaz, Coşkun (ed), *Antik Çağ'dan XXI. Yüzyıla Büyük İstanbul Tarihi*, İstanbul, İBB Kültür A.Ş., pp. 92-137.
- Yılmaz, Özgür (2017), "1847-1848 kolera salgını ve Osmanlı coğrafyasındaki etkileri", *Avrasya İncelemeleri Dergisi*, 6 (1), pp. 23-55.
- Zilfi, Madeleine (2010), *Women and slavery in the late Ottoman Empire: the design of difference*, Cambridge University Press.
- Zürcher, Eric Jan (1995), *Modernleşen Türkiye'nin tarihi*, İstanbul, İletişim Yayınları.