

**EUGENICS AS SCIENCE OF THE SOCIAL:  
A CASE FROM 1930S ISTANBUL**

**BY**

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## **Abstract**

This dissertation examines the relationship between medicine and social control through the lens of eugenics in 1930s Istanbul. Depending on the biographies, autobiographies, and obituaries of the doctors, the analysis starts with an inquiry into the social and professional networks of the physicians, and continues with their views on society. It contextualizes them by investigating the typhus epidemic of 1937 in Istanbul, where eugenics had manifested itself through the urban planning and public health policies. Finally, it places eugenics in Turkey into the worldwide practices. The main question that this dissertation pursues is how eugenics could emerge in a context where the state did not take an active interest in propagating and instituting eugenics in one of its major cities, Istanbul. Such case runs counter to the traditional practices of eugenics as had seen in other countries, where those policies had been mainly practiced within the confines of the state machine. To explain the uniqueness and anomaly of the Turkish case, this dissertation argues that eugenics needs to be viewed as the main ideology and project of the upper middle classes.

*To the countless hours of dialogues and discussions with Saygin Salgırlı*

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For four years I have been an active member of the Harpur College Dean's Workshop for Science Studies. I presented my first area paper and two of my chapters in that workshop. I am grateful for everyone who attended and had asked questions in my presentations and also to the lively discussions that took place within these years.

My research took place in mainly three locations: first is the Turkish Society of Physicians, Istanbul branch. I would like to thank to thank Tufan Sertlek, the Executive Secretary of the branch, who allowed me to make research in their archives and to Şüheda Aslan, who is working there as an archivist and a librarian. With her help I was able to find the necessary documents for this research. Secondly, I used the State Archives of the Republic of Turkey. I would like to thank to the archivists Ayşe Bige Tavluk and Mustafa Tatlısu for guidance. Finally, in the process of reading the medical journals of the 1930s, the National Library in Ankara became my second home for a few months.



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## **Introduction**

This dissertation tells an unconventional story of eugenics. It is about eugenics in the 1930s in Turkey. Yet, it is not the history of the eugenics *movement* there. In Turkey eugenics had never been a movement. The Eugenics Society was established in 1934, only to be abolished by its founders in two years time. Supporters of sterilization tried to legalize it, yet they never popularized the subject in public campaigns. Their attempts were short-lived and proved to be futile in the end, as the government banned sterilization as a criminal offense in 1936. Thus, this dissertation does not tell the story of eugenics as a reinforcing ideology of social engineering practiced by the state. That is to say, it is not the story of a state instituting and strengthening its control over the population through eugenics. Apart from all of these, I tell the story of Turkish eugenics as it was lived and practiced by the physicians together with their entourage in the city of Istanbul in the 1930s. So, what follows is the story of a social class, the new elite of the Republican Turkey, and their culture, which was comfortably conventionalized in the new scientific morality of the era that they called eugenics.

My interest in eugenics in Turkey emerged as a result of a critical engagement with two scholarly fields of inquiry: social studies of science and revisionist Turkish/Ottoman historiography. The former has its beginnings in the 1970s. Its foundations can



be traced to the radical criticism of the idea and study of science by the traditional social science disciplines. Social studies of science, starting with the Edinburgh School in the mid 1970s, has stated that science has roots in society, more particularly in social and political ideologies, whereas their forerunners clearly distinguished science from other forms of knowledge, especially from ideology as they were claimed to be nothing but false belief. Aiming to attack this position, social studies of science argued that truth and error are historically contingent categories and they should not be taken for granted. In other words, truth claims of (the) science(s) are not god-given but rather they are results of struggles for power, which take place chiefly within the scientific community. The scientific community became the new bedrock of science studies and it was constructed as a microcosm of the larger social world surrounding it. Yet the extent of this microcosm varied according to the schools in the field. The Edinburgh School brought in social and political interests as co-constitutive of scientific knowledge, and thus breached the so-called disinterestedness of the scientists.<sup>1</sup> The Bath School has thoroughly studied how scientific controversies were resolved within the scientific community itself, and found out that the social backgrounds of the scientists were effective in the course of the resolution. Thus, it lifted off the veil of neutrality as has been argued for in the scientific

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<sup>1</sup> For some of the theoretical debates of the Edinburgh School, see: David Bloor's, "Durkheim and Mauss revisited: Classification and the sociology of knowledge", *Studies in History and Philosophy of Science* 13: 267-98, 1983; Barry Barnes's, *Scientific Knowledge and Sociological Theory*, London: Routledge & Kegan Paul, 1974; Barry Barnes's, "On the conventional character of knowledge and cognition", *Philosophy of Social Sciences* 11: 303-33, 1981; Barry Barnes and David Bloor's, "Relativism, rationalism and the sociology of knowledge", in *Rationality and Relativism*, (eds.) M. Hollis & Steven Lukes, Oxford: Blackwell, 1982, pp. 21-47; Barry Barnes; "How not to do the sociology of knowledge", in *Rethinking Objectivity*, (ed.) A. Megill, Durham: Duke University Press, 1994, pp. 21-35; and Barry Barnes's, *Interests and the Growth of Knowledge*, London, et.al.: Routledge & Kegan Paul, 1977; Donald MacKenzie, "Interests, Positivism and History", *Social Studies of Science* 11: 498-504, 1981; Donald MacKenzie, *Statistics in Britain 1865-1930 – The Social Construction of Scientific Knowledge*, Edinburgh: Edinburgh University Press, 1981.

world.<sup>2</sup> Actor network theory had constructed scientific world formed as a result of mutual relationship between scientists and non-scientific actors, and argued that without their full cooperation scientific facts could hardly be constructed. As such, studies following this perspective challenged the myth of the genius of scientists.<sup>3</sup> In addition to those three schools, feminists and postcolonial studies of science emphasized the particularistic nature of science, as it had been constructed mainly from the gaze of the Western/male subject.<sup>4</sup>

However, in so doing, neither of these perspectives had adequately addressed either the legitimacy or the autonomy attributed to science. In other words, ‘the original sin’ that was embedded in Merton’s insistence on studying science separately from other

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<sup>2</sup> See the following works: Harry M. Collins, *Changing Order – Replication and Induction in Scientific Practice*, London, et.al.: Sage Publications, 1985; Harry M. Collins and Trevor J. Pinch, “Private Science and Public Knowledge: The Committee for the Scientific Investigation of the Claims of the Paranormal and its use of the Literature”, *Social Studies of Science* 14: 521-546, 1984; Harry M. Collins and Trevor J. Pinch, *The Golem – What you should know about science*, 2nd ed., Cambridge, et.al.: Cambridge University Press, [1993] 1998; Harry M. Collins, “The TEA Set: Tacit Knowledge and Scientific Networks”, *Science Studies* 4: 165-186, 1974; Harry M. Collins and Robert Harrison, “Building a TEA Laser: The Caprices of Communication”, *Social Studies of Science* 5: 441-50, 1975; Harry M. Collins and Trevor J. Pinch, “The Construction of the Paranormal: Nothing Unscientific is Happening” in *On the Margins of Science: The Social Construction of Rejected Knowledge*, ed. by Roy Wallis, Keele, Staffordshire: University of Keels, 1979

<sup>3</sup> Michel Callon, “Some Elements of a Sociology of Translation – Domestication of the Scallops and the Fishermen of St. Brieuc Bay” in *Power, Action and Belief, A New Sociology of Knowledge?* (eds.) John Law, London et.al.: Routledge and Kegan Paul, pp. 196-233, 1986; Bruno Latour, *Science in Action: How to Follow Scientists and Engineers through Society*, Cambridge, MA: Harvard University Press, 1987; Bruno Latour, “One More Turn After Social Turn...”, in *Social Dimensions of Science*, (ed.) Ernan McMullin, Notre Dame, Indiana: University of Notre Dame Press, pp. 272-294, 1992.

<sup>4</sup> As an example see the following articles: Donna Haraway’s, “Situated Knowledges: The Science Question in Feminism and the Privilege of Partial Perspective”, *Feminist Studies* 14(3): 575-599, 1988; Sandra Harding’s, “‘Strong Objectivity’: A Response to the New Objectivity Question”, *Synthese – An International Journal for Epistemology, Methodology and Philosophy of Science* 104 (3): 331-349, 1995; Evelyn Fox Keller’s, “Feminism and Science”, *Signs: Journal of Women in Culture and Society* 7(3): 589-602, 1982; Evelyn Fox Keller’s, “The Gender/Science System: Or Is Sex to Gender as Nature is to Science?”, *Hyppatia* 2(3): 37-50, 1987; Roy MacLeod’s, “Introduction”, *Osiris* 15, Nature and Empire: Science and the Colonial Enterprise, pp. 1-13, 2000.

forms of knowledge, i.e. of separating the world of the scientists from that of the so-called lay people, or the division that constituted the foundations of the sociology of science has not been questioned. I argue that questioning the autonomy of science is actually questioning of the social order, and inversely, questioning the social order necessitates problematizing science as well, as the dominant form of knowledge of that social order.

Eugenics, I believe, proves to be a potent subject at precisely that juncture as it stands at the limits of both science and social order. Deemed as a pseudo-science especially after the Second World War, it was excommunicated from the scientific community as a ‘morally corrupt and false knowledge’ and has carried this label until today amid the fears concerning its resurgence under the new genetic technologies. And those fears are not unfounded. After all, eugenics provided scientific legitimation for one of the most effective, efficient and total social control of the populations worldwide. It gave scientific credibility to the ethnic and class racisms of the nation-states during the interwar years. It acted as the safety cushion for social injustices as it naturalized the social order through its claim that everybody finds their natural place within society according to their hereditary composition. This list can be extended. My question is in thinking upon the resurrection of eugenics are looking at the right place. And following this question we should ask: what is the place of eugenics? Where is it located? Within the biological sciences... Probably. After all, eugenics was first and foremost employed by the physicians of the late nineteenth and early twentieth centuries. Theories of heredity and genetic research advanced both by Lamarck and by Mendel were effectively employed by the eugenicists. But on the other hand eugenicists used anthropological

research as well; just like they did sociology, psychology, psychiatry, phrenology, and demographics. So, can we really say that biological sciences were the true bedrock of eugenics? On the other hand, are we to conceptualize eugenics as an addendum to and scientific tool of the authoritarian states? In other words, are we talking about a case where scientists were utilized by those states? The latest research tells us that such was not the case. Scientists willingly and in accordance with their own interests collaborated with the policies adopted by the states.<sup>5</sup> So is eugenics a case where the scientists dwell within the Faustian dilemma of selling their souls to the devil in exchange for all the knowledge in the world? And from here on we come to the simple and brief question: when we are talking about eugenics, what is it that we really are talking about? What is eugenics? As exhausting as these questions may be, the latest scholarly literature on eugenics compels one to ask them because even though much had been written on the subject, there is still not a common definition. At best the definition provided by Francis Galton is still taken for granted and circulates all too freely within the literature: “Eugenics is the science which deals with all influences that improve the inborn qualities of a race; also with those that develop them to the utmost advantage.”<sup>6</sup> Corresponding to anything but a definition, Galton’s words should be read as a *political statement*; a statement welcoming the birth of both a new era and a new science that was the product of the class struggle of the nineteenth century, unfortunately turned out to be victorious

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<sup>5</sup> Two works come to mind immediately: Ronald E. Doel, Dieter Hoffman, and Nikolai Kremmentsov’s, “National States and International Science: A Comparative History of International Scientific Congresses in Hitler’s Germany, Stalin’s Russia, and Cold War United States”, *Osiris 2<sup>nd</sup> Series* 20: 49-76; and Robert Proctor’s *Racial Hygiene: Medicine Under the Nazis*, Cambridge, MA: Harvard University Press, 1988.

<sup>6</sup> Francis Galton, “Eugenics: Its definition, scope and aims”, in *Essays on Eugenics*, London: The Eugenics Education Society, 1909, pp.35-43

not for the workers, but for the bourgeoisie.<sup>7</sup> Therefore, we should call this science by its proper name: *science of the social*: a science, which was going to be a direct intervention in the social order, for the first time in its history.

It is in chapter four that I elaborate on this definition. There I extend the critique of studies on eugenics, and locate the Turkish case within that literature. Until reaching that point, i.e. until a new definition of eugenics grew out of my research, there are multiple other definitions that I employ. In the first chapter I define eugenics as the ideology that keeps the medical community together and as the name given to the totality of hygiene rules in the 1930s. The second chapter defines eugenics as the science of the future, and limits the practices of the eugenicists to the sphere of education and pedagogy, as they saw these two venues constituting a laboratory signifying the microcosm of the wider social world. Finally, in the third chapter I place eugenics within İstanbul, following the argument I make in the conclusion part of the third chapter: namely, that eugenics could only flourish out of an urban context, where multiple social actors could co-exist in close proximity to one another that would allow their conflictual relationships to be defined in eugenic terms. Therefore, I define eugenics as the new control strategy for the upper classes of the city, as it became apparent with the 1937 typhus epidemic.

On the other hand, in the process of writing the first three chapters, to create a new definition of eugenics was not my main aim. It remained tangential to the dissertation, as my primary concern was more directed towards constructing a story of

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<sup>7</sup> For the transition from degeneration theory to eugenics, see Daniel Pick's *Faces of Degeneration – A European Disorder, c. 1848-1918*, Cambridge, et.al.: Cambridge University Press, [1989] 1996.

eugenics where state influence and initiative was minimal. Narrating a story of eugenics without the state, as I have argued, is indeed unconventional. One of the reasons lying behind that unconventionality is because both for the Turkish case, as well as worldwide, eugenics have been associated as part of the social engineering efforts of the states. However, for the former, the issue is more immediate for this dissertation, as the latest, i.e. revisionist Turkish historiography predominantly constructs analyses that are state centered.<sup>8</sup> This situation at first seems an irony: in its origins, the revisionist Turkish historiography grew out of a critique that challenged the nationalist historiography, which analyzed Turkish history as a solitary nation-state, stuck within its borders and leading its own pace of development that had started in the 1923. The first criticism directed against such analyses established ties with Turkey's Ottoman past, and claimed that there were continuities in social, economic and political areas.<sup>9</sup> Construction of such continuity indeed had a revolutionizing effect because the nationalist historiography constructed the 1923, Kemalist Revolution as a historical break from a traditional society to a modern one, and argued that this had been possible only because the ties with the past had severely been broken. Therefore, with the statement of continuity, the myth surrounding the 1923 revolution has been lifted; in the 1980s and 1990s studies criticizing that era as being a top-down authoritarian regime had flourished.

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<sup>8</sup> For a more comprehensive critique of this area, see my "1990 Sonrası Osmanlı / Türkiye Tarihyazımında Çeviri Denemeleri" in Adile Arslan Avar and Devrim Sezer (eds.) *Hasan Ünal Nalbantoğlu'na Armağan – Symbolae in Honorem*, İstanbul: İletişim Yayınları, 2008, pp. 421-440; and Barış Mücen, *A Study of Doxa of Modernization as the Limit of Political Reality in Turkey*, unpublished PhD Dissertation, Rutgers, State University of New Jersey, Department of Sociology, 2009.

<sup>9</sup> See especially two works that opened up such criticism: Huri İslamoğlu, and Çağlar Keyder's "Agenda for Ottoman History", *Review* 1 (1): 31-55, 1977; and Eric Jan Zürcher, *The Unionist Factor – The Role of the Committee of Union and Progress in the Turkish National Movement, 1905-1926*, Leiden: E.J. Brill, 1984

Simultaneous with the continuity claims, there had also been an intellectual turn within the Ottoman studies, which I call the *synchronization tendency*. In the last two decades studies that stress a similar development pattern between Europe and the Ottoman Empire have burgeoned. The main claim of these studies is that the Ottoman Empire was not behind European countries; on the contrary, they were pursuing an equal pace in social, economic and political development.<sup>10</sup>

Despite these developments, nevertheless the new historiography remains as state-centered as its predecessor. In other words, disenchantment with the Republican period did not lead leaving the state-centric mentality behind. The sign of it can be detected in the locations that were chosen for both early republican period, as well as the Ottoman Empire: two capital cities, Ankara and İstanbul constitute the main concentration points. That is to say, two capitals are being studied for two different time periods, and are elevated to the point of being an epitome as cases representing the entire social fabric, whereas in reality they remain analyses of two different states, their activities and discourses.

Thus, in addition to the critique of social studies of science, the second impetus for choosing eugenics as the subject of this dissertation grew out of a challenge to such tendencies within the new Turkish historiography. Because a eugenic current was not apparent within the state discourse of the early republican period, those who had briefly

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<sup>10</sup> See the following works as an example: Nadir Özbek's "Philanthropic Activity, Ottoman Patriotism, and the Hamidian Regime, 1876-1909", *International Journal of Middle East Studies* 37: 59-81, 2005 and Selim Deringil's following articles: "Legitimacy Structures in the Ottoman State (1876-1909)", *International Journal of Middle East Studies*, 23 (3): 345-359, 1991; "From Ottoman to Turk – Self-Image and Social Engineering in Turkey", in *Making Majorities – Constituting the Nation in Japan, Korea, China, Malasia, Fiji, Turkey, and the United States*, Stanford, CA.: Stanford University Press, 1998, pp. 217-226; "'They Live in a State of Nomadism and Savagery': The Late Ottoman Empire and the Post-Colonial Debate", *Comparative Studies in Society and History* 45 (2): 311-342, 2003.

touched on the subject concluded that it was a minor influence, and a weak movement in 1930s Turkey.<sup>11</sup> This dissertation proves otherwise. It argues that eugenics did not pass tangential to the social order; to the contrary, it was a predominant force.

Therefore, in this dissertation I start by tracing the physicians that were practicing medicine in 1930s İstanbul. The first chapter is an outline of their social and professional networks as well as their reproduction patterns. I discuss how they were earning a living, what their relationships to the general public was, and how they perceived themselves and their profession. As sources, I used obituaries published in the medical journals of the period, as well as biographies and travel diaries of the physicians. As such this chapter is aptly titled as *being and becoming a doctor*. The second chapter is a continuation of that trail. This time I pursue how the physicians viewed “society”. Their self-perception, which I describe in the first chapter, now emerges as how they position themselves within social relationships. Here the usual eugenic suspects emerge: degenerates, i.e. the alcoholics, prostitutes, mentally ill, epileptics, schizophrenics, and a dying aristocracy as well as the bohemian artists and nouveau riche. Defining the physicians in a conflictual relationship to these actors, I look at the two main areas that the doctors chose to be their laboratory or as the microcosm open to their direct intervention: education and family. It is mainly books and scientific articles published in the medical journals that I use as sources in this chapter. As I have argued above, it is through the argument that I make in the closing section of this chapter that I move on to

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<sup>11</sup> For previous studies on eugenics in Turkey, see: Ayça Alemdaroğlu’s “Politics of the Body and Eugenic Discourse in Early Republican Turkey”, *Body and Society* 11(3): 61-76, 2005; Orhan Aybers, *Eugenics in Turkey during the 1930s*, Unpublished PhD Thesis, Department of History, Middle East Technical University, 2003; and Murat Ergin, *Chromatic Turkishness: Race, Modernity, and Western Scholars in the Construction of Turkish National Identity*, Unpublished PhD Dissertation, University of Minnesota, 2005



Istanbul in my third chapter. Briefly, it is the statement that only an urban center, not necessarily industrialized, but nevertheless one that draws significant immigration from towns and villages that could form the social basis of eugenics. To demonstrate how such context could generate eugenics as a conflictual relationship I look at the typhus epidemic of 1937 in İstanbul. To reconstruct the story of the epidemic, I mainly use two newspapers that were widely read at the time: *Cumhuriyet* and *Son Posta*. The second part of the chapter portrays the social life in Istanbul, mainly from the secondary sources written on the city, and tries to construct a historical narrative of the relationship between the upper classes and the urban poor, which took a eugenic turn in the 1930s. The fourth and final chapter is a critical review of studies on eugenics worldwide, as well as an attempt to locate the Turkish case within them.

As can be deduced from the discussion so far, in choosing eugenics, intellectual concerns were not the sole driving impulses. In addition to those, maybe even more so, political questions determined the shape this dissertation took. From a last detour through the politics of the two literatures, social studies of science and revisionist Turkish historiography, I would like to conclude this introduction.

In the 30<sup>th</sup> Annual Meeting of Society for Social Studies of Science, which took place in Vancouver in November 2006, the plenary session was about the thirtieth anniversary of the establishment of the discipline. In it, Harry Collins, one of the founding figures, gave a speech summarizing the short history of the field. He ended his talk arguing that the aim of the discipline had never been one of devaluing science, but rather the task that they saw ahead of them was simply humanizing it and reinstating the

credibility scientific enterprise had lost over the years. He strengthened his statement by adding that Western science was the most advanced form of knowledge that humanity had ever produced. Collins was in fact alluding to the *Science Wars* that took place almost a decade ago, where the entire community of social studies of science was accused of being another pseudo-science and forming an *anti-science brigade*. This term belonged to Barry Gross, and the context was the conference *Flight from Science and Reason* that took place in New York Academy of Sciences in 1995.<sup>12</sup> It gathered scholars from a wide range of disciplines, from philosophy, to political science to psychology, in addition to various branches of natural sciences that shared the concerns of Norman Levitt and Paul Gross, which they pronounced in their book, *Higher Superstition: The Academic Left and Its Quarrels with Science*. There, they associated science studies with postmodernism and argued that they, although still among leftists, cannot contribute to a progressive politics, because the perspective put forward by science studies scholars, represented nothing more than a radical attack on the values of science and Enlightenment ideas. The conference took place in an aura of a holy war waged against the totality of the social studies of science that was deemed as heresy: they did not use the scientific method in their work; they were not even competent in the area they were working in; and if those two claims hold then their concerns should be political and ideological in the first place. Besides, it was not just any political stand that these “postmoderns” were supporting, but one that was conservative and reactionary, because it stood against the foundations of Enlightenment.

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<sup>12</sup> See his article entitled “Flights of Fancy: Science, Reason, and Common Sense”, in *Annals of the New York Academy of Sciences - The Flight from Science and Reason 775*, (eds.) Paul G. Gross, Norman Levitt and Martin R. Lewis, June 24, 1996, pp. 79-86.

As a response to those criticisms, the journal *Social Text*, in 1996, prepared a special issue called *Science Wars*. In an apologetic tone, the authors announced that they have never intended to attack or devalue science. On the contrary, their efforts have been to democratize science by criticizing its ties with military and business circles – which they saw as the primary reason behind the skepticism towards science in the eyes of the public – and called for a more inclusive science in which there would be more attentiveness towards the demands and needs of the populations. Based on their good intentions, the editors called for cooperation between themselves and the scientists.

What this controversy has shown was not only a conflict emanating from a difference between scientists' view of themselves - and their craft - and social scientists' view of scientists. It was more of a difference of two contrasting approaches of how the social order ought to be. One vision conceptualized science and its emancipatory power as practiced prior to 1968, which amounted to using of science for the public good via the intermediary agency of the state, where both agents knew what is better for public, better than the public itself. And the alternative vision argued that science's emancipatory power could only be mobilized through a different understanding of the public good, where the public would choose, but only within the framework of science itself.

It is not either one of the stands that I advocate here. The stand adopted by the scientists represents an elitist understanding of science and the place of scientists in the wider social order, which amounts to seeing everybody else as being ignorant only waiting to be enlightened. It was through this rhetoric of enlightenment that the colonialisms of the nineteenth century were justified. The attitude of the social studies of science of course is very much different from that rhetoric, yet no less problematic. It

does not reinstitute the authority of science and the scientists as an outspokenly authoritarian position, but more subtly. It does that through a call to the scientists that if they do want to preserve their position, more attentiveness is needed. That is to say, they are calling for a more socially conscious, more conscientious position. Science should be used for the betterment of the human life. But the question is, if science is today very much amalgamated into business and military interests, and if the scientific research mainly progresses with the funds coming from those two agents, can it really be used for the public good. Can we separate the commercialized aspects of science from its humanitarian intentions, especially if former works not towards betterment but to its exact opposite of strengthening systemic injustices and exploitation? In other words, can the same thing – in this case science determined by the interests of the business and military – be both the cause and remedy of human suffering? Slavoj Žižek asks a similar question for the activities of George Soros and Bill Gates.<sup>13</sup> On the one hand both work towards maximizing their profits, on the other hand, they engage in philanthropist and humanitarian activities from establishing universities and research centers to aiding the public health crises in Africa. Therefore, is it possible to extract Gates or Soros from their ‘bad’ side and concentrate only on their ‘good’ side?

Žižek further argues that it is usually out of a rhetoric of urgency, or emergency that enables such distinction to be made; namely that humanitarian crises needs to be acted upon immediately, the questioning of the social injustices can be left to future, if ever. The way such an attitude translates into the revisionist historiography is through engagement with daily politics. That is to say, it is via concerns of everyday politics that

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<sup>13</sup> See his *Violence – Six Sideway Reflections*, New York: Picador, 2004 p. 20-21.

the field had shaped itself, not very much in the beginnings, but more so in the 1990s. Especially the Kurdish and headscarf movement, which demanded their inclusion in social life and asked for recognition on the state level, brought with it the question of how they were excluded from these areas in the first place. Historically, the answer was found in the top-to-down authoritarian politics of the 1930s, in the Kemalist regime, as it effectively silenced the Kurdish movement and banned the religious attire from being worn in public spaces. Therefore, the period was re-conceptualized as being the product of a government that was inattentive to the needs of the local identities and forcefully sought to homogenize them into a national identity. As true as this criticism may be, the concerns of the daily politics led to a search for another state that would be sensitive to the needs of the population. What it should have done instead was to look into the very social order itself, where the state would only be one of the many social agents that were responsible for the creation of an unjust social order. Instead, revisionist historiography concentrated solely on the state activities and discourses, which probably exaggerated the actual power of the Kemalist government. Instead of seeing the period as one where the government was constantly challenged by numerous movements, it chose to construct it as an all-empowering, omnipotent state. And in concentrating on the latter, at the same time it devalued the challenge of the movements by reconstructing them as vulnerable subjects. Any authoritarian law can be read as a sign of a top-to-down despotic state but also it can be read as a sign of powerful social struggles or resistances to that authority, which the latter issues to suppress the former. The matter is exactly a political choice. Concentrating solely on the state and seeking for immediate solutions for the daily betterment of the population might well lead to supporting a more charitable and

inclusive state structure, but that state might equally be as authoritarian as its predecessor. So the question is, are we to support an authoritarian state just because it works through charity? Or are we to approve of Bill Gates or George Soros just because they are philanthropic and humanitarian? Same goes for science itself: are we to see only its “good” sides and forget, or tolerate its ties with business, military and state agencies?

The solution lies in rejecting that paradox in its totality, and to concentrate on constructing new analyses that would enable us to question the very foundations of a social order that is unjust and exploitative. Hence, an unconventional story of eugenics...

## Chapter One

### Being and Becoming a Doctor I – Living, Working, Reproducing

This grand doctor [August-Henri Forel] was a father for his people. Like a compassionate father, a conscious mentor, he was going to the alehouses searching for drunkards... The drunkards who saw him started running and yelled: “here comes Forel!” If Forel caught them in the alehouses he would say; “Rise up oh you valiant, go home... your kids are waiting for you at the dinner table, your wives prepared the dinner for you... you are getting poisoned here! And you, oh the innkeeper! Find another job to live by... You won’t see the rewards of earning a living by poisoning your own compatriots.” Forel used to raise his cane and yell “Get out!” *The people, who learned to respect science and men of science would not stand in the way of the scientist, and, bowing their heads in front of him, they would start running home.*<sup>14</sup>

Here we are in the Pavlov Institute. We observe the importance given to knowledge and mental labor: *academicien* Pavlov is being hailed as the king of knowledge without a crown... In the conference the representatives of all the countries were hovering to kiss his hand. The government rulers, and party chiefs of the hundred and sixty million Soviet country were bowing in front of this respected person. Here is science; here is the authority of science!<sup>15</sup>

In the 1930s, being a doctor in İstanbul did not only mean guaranteeing a prosperous life, granted that a year or more had been spent in Europe as an addition to the university education. Neither did it only encompass being life-long friends, colleagues, and possibly neighbors with previous classmates from the university. These friends, colleagues and neighbors came together in the balls, tea parties, and commemoration

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<sup>14</sup> From the obituary Mazhar Osman Uzman wrote for August-Henri Forel, *İstanbul Seririyatı*, September 1931, p. 38 (emphasis added)

<sup>15</sup> Fahrettin Kerim Gökay, “Soviyetler Dünyasında”, *Tıp Dünyası* 8 (12-92): 3101, December 1935

days, but, in addition to that they also worked towards establishing various societies, medical, political, social and others. In due process, one of the many things considered was not only making a good marriage and bringing up good stock for the future of the Turkish nation, but for their reproduction as well. In other words, being doctors of the 1930s was not only about constituting a significant portion of the ruling elite of the country and shaping social policies, while publicly pronouncing patriotic and philanthropic discourses upon instituting these policies, implicating eugenic ideals in practice. It meant all of it.

### *1. 1. – Three Generations*

Three generations of doctors were present in 1930s İstanbul, and although the fourth was also slowly emerging, it would have to wait until the 1950s to become a completely separate generation from the rest. The first and oldest of the three prominent generations was also the first in the Ottoman Empire to have received scientific training in full. This generation prepared the foundations for the institutionalization of scientific/modern medicine in the Empire first by establishing single, specialized departments in various schools of medicine, secondly by translating the medium of education in the field from French to Turkish – both in terms of the language used in classrooms as well as the textbooks – and finally by teaching the preceding generation the social and professional manners associated with being and becoming a proper doctor. By the 1930s, the members of this generation were already nearing the end of their careers and were spending most of their time following the latest developments in medicine, and attending special congregations of the medical community, like the Day of Medicine



(*Tıbbiyeliler Bayramı*), and extracurricular conferences organized by professors of İstanbul University.

The second generation was composed mainly of the feisty students of the first generation. Most had been among the leading cadres of the Committee of Union and Progress, the party that had led the Revolution of 1908. This generation remained the only one among the three that had close ties with political parties and politics in general. Moreover, they were the ones who had worked hard toward establishing professional networks with medical communities in Europe, especially in France, Germany and Switzerland, had sent their students to study in Europe, and had prepared international conferences; in short, they internationalized the field of scientific/modern medicine in both the Ottoman Empire and later, in Turkey. In the 1930s, members of the second generation were scientifically, professionally and financially at the zenith of their careers. Having replaced their predecessors, they had become the doyen of their specialized fields.

The third and final generation occupying an important place in the medical community of 1930s Turkey was comprised of the students of the second generation who graduated from the Faculty of Medicine at İstanbul University throughout the 1920s. This group was predominantly engaged in acquiring professional experience in their respective fields, and continuing the tradition that had passed on to them for the past two generations. With the third generation we see the institutionalization and full professionalization of modern medicine and the autonomization of the medical community both from the state and the society.

In what is to follow, I will not make a comparative prosopographical study among these generations. Instead, I will trace the common patterns that defined the process of *being and becoming a doctor* and will emphasize those features which enabled the continuation of the profession and marked the beginnings of an autonomous medical community. Underlying this particular choice of concentrating predominantly, if not exclusively, on the continuity between these three generations and the concern to discover the common patterns of reproduction are several issues that needs to be highlighted. First of all, as I mentioned in the introduction, the main protagonists of eugenics in Turkey were doctors. One of the main arguments of this dissertation is to show that eugenics in general was never something purely institutional and scientific nor was it directed solely towards the construction of ethnic racism within nation-states. It encompassed all these elements. Nevertheless, in 1930s Turkey eugenics was first and foremost the basis of the worldview and actions of doctors residing in large urban centers, and it was highly ingrained in the everyday life of cities, springing forth from the thoroughly conflictual nature between the different classes that constituted their social fabric. The practice of eugenics on a national scale, on the other hand, is slightly different and lies outside of the concerns of this dissertation. Having said this, I should also add that we do not observe a clear-cut distinction between eugenics being practiced at two different levels, and the inevitable moments of collision between these levels will no doubt find their place within the current analysis.

Returning to the community of doctors, one other point needs to be clarified before pursuing their social and professional reproduction patterns. In limiting my analysis to this professional community, my aim is not to efface the differences between

and within the generations and to assign it a homogenous character. After all, we are talking about a rather hierarchical community, which is overtly paternalistic in form, and within it there have been many disputes and conflicts, as we shall see in the following pages. And if my concern were to form a social history of the medical community itself, these particularities would have definitely coexisted on an equal level with structural reproduction patterns. However, within the social history of eugenics, they remain secondary, because in trying to control and bring order to the urban poor and certain sections of the working classes, the doctors, more often than not, acted as a single unit, and were more concerned about the survival of their own species. In this struggle, eugenics served as the unifying edifice of the medical community.

### *1. 2. – Reproducing the Profession – Networks of Class and Education*

Without a doubt, education was the most important tool in becoming a doctor; and it overtook the primacy of social and political networks in the reproduction of this profession. For instance, the first generation of doctors did not necessarily come from families of physicians. Nevertheless, most of them were from the wealthy families of İstanbul, and belonged to the propertied classes of the city. The famous surgeon of the Empire, as well as twice-mayor and governor of İstanbul Cemil Topuzlu's father was an entrepreneur who founded the first glass factory in İstanbul.<sup>16</sup> Renowned obstetrician Besim Ömer Akalın's father was Nardallı Ömer Şevki Paşa, a member of the first

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<sup>16</sup> Cemil Topuzlu, *İstibdat – Meşrutiyet – Cumhuriyet Devirlerinde 80 Yıllık Hatıralarım*, [My 80-Year Memories in the Periods of Despotism, Constitutional Government and Republic], İstanbul: Güven Basım ve Yayınevi, 1951

parliament (*Meclisi Mebusan*).<sup>17</sup> The director of the Museum of Hygiene in İstanbul, Hikmet Hamdi Bey, also came from a local aristocratic family residing in Üsküdar.<sup>18</sup> However, being a member of a wealthy family was not necessarily a prerequisite to enter the profession; several doctors came from lower class backgrounds. Servet Tevfik, a professor of Anatomical Pathology in the early Republican period, hygienist Kilisli Rifat Kardam, and the famous psychiatrist and openly declared eugenicist Mazhar Osman Uzman, came from lower class backgrounds. Servet Tevfik<sup>19</sup> was from a poor neighborhood in İstanbul, Yüksekaldırım, and his mother was a tailor. From Kilisli Rifat's obituary<sup>20</sup> we learn that when he came to İstanbul for the first time, his ragged clothes caused him to be ridiculed by his friends, and that throughout his studies in the School of Medicine, Rifat had to do more than just schoolwork: he edited his professors' books, among whom was Besim Ömer Akalın, and he also had to earn a living both for himself and his siblings. Uzman,<sup>21</sup> the son of a small bank clerk from the Greek village Sofulu, had a similar experience. Just like his friend Kilisli Rifat, he had to work very hard to finish his studies at the School of Medicine.

Even though there were no significant obstacles in choosing medicine as one's profession, and despite the fact that individuals from lower class backgrounds had to

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<sup>17</sup> From Besim Ömer Akalın's obituaries published in the following journals: *Tıp Dünyası* 13 (4-144): 4394-4398, April 1940; and *Tedavi Kliniği ve Laboratuvarı* 10 (37), 1941

<sup>18</sup> See his obituary written by Uzman in *İstanbul Seririyatı*, August 1931, pp. 29-30

<sup>19</sup> Liz Behmoaras, *Mazhar Osman – Kapalı Kutudaki Fırtına*, [Mazhar Osman, Thunder in the Box] İstanbul: Remzi Kitabevi, 2001 pp. 369-370

<sup>20</sup> *İstanbul Seririyatı* 10: 56-58, 1936

<sup>21</sup> Behmoaras, *Kapalı Kutudaki Fırtına*, pp. 15-60

work much harder in contrast to those from better-off families, the meritocratic order fell short when it came to deciding on a branch of specialization. From Uzman's biography, we learn that he originally did not intend to become a psychiatrist. Instead, he wanted to specialize in obstetrics and be an intern to Besim Ömer Pasha, and was very disappointed when he found out that the position was filled by the son of a pasha.<sup>22</sup> As such, Uzman ended up choosing psychiatry, a branch that at the time had a peculiar position within the late Ottoman Empire. When Uzman told his friends that he was going to specialize in psychiatry, they responded that he would be committing intellectual suicide. The main reason for this conviction was based on the fact that psychiatry had not yet been established as a proper scientific field. In addition, apart from a small psychiatry branch in Gülhane hospital – which was established by Raşit Tahsin upon his return from Germany – the prospect of practicing it was rather limited. It was only after the 1908 Revolution that psychiatry was established as a separate department within the university and even then, developments in the department happened slowly.<sup>23</sup> The case being so, specializing in psychiatry at the turn of the century meant being left without future claim

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<sup>22</sup> Behmoaras, *Kapalı Kutudaki Fırtına*, p. 61

<sup>23</sup> See the obituary of Raşit Tahsin written in *Pratik Doktor* 2: 29-30, 1936. The anecdote of Uzman committing intellectual suicide has been repeated in various places. See for example the most recent documentary on the İstanbul Mental Hospital, *Maviş* that traces its history in congruence with Uzman's professional steps. One also finds this in Behmoaras' popular biography of Uzman (p.69). Within academic literature, a recent master's thesis on the history of psychiatry in the Ottoman Empire and Turkey quoted the same words (See Çağlayan Ayhan, "*In the name of modernity, for the sake of the nation*": *Madness, psychiatry and politics from the Ottoman Empire to the Turkish Republic (1500s – 1950)*, unpublished master's thesis, Department of Cultural Anthropology, York University, 2005). In addition to the fact that psychiatry had not been established as a proper discipline, the other explanation provided by all of these sources draws attention to Abdülhamid II's insane brother. Because of his existence, the argument goes, Abdülhamid II decided to ban the use of words relating to insanity, and moreover, had an *ideéfixe* that insanity was something untreatable. However, explaining the underdevelopment of a discipline in such manner does not take into consideration the fact that it was Abdülhamid II himself who ordered Tahsin to form the psychiatry branch in the Gülhane Hospital, a military establishment to begin with. (For this information, see Tahsin's obituary in *Pratik Doktor*).

to fame and dismal financial prospects, especially to those in other fields of specialization.<sup>24</sup>

In the 19<sup>th</sup> century there were only two schools that provided education for aspiring physicians:<sup>25</sup> The Royal Military Academy of Medicine<sup>26</sup> (*Mekteb-i tıbbiye-i askeriye-i şahane*) located on the premises of Gülhane Military Hospital, adjacent to the Topkapı palace; and the Royal Civil Academy of Medicine (*Mekteb-i tıbbiye-i mülkiye-i şahane*) in Kadırga. The former was much more prestigious than the latter. Doctors that graduated from the Royal Military Academy of Medicine were very quickly endowed with prestigious ranks, which guaranteed good future clientele. Most of them became associated with the palace, either by becoming one of the many doctors of the Sultan himself, or by tending to the rest of the court. In contrast to the Royal Military Academy of Medicine, the graduates of the Royal Civil Academy of Medicine were expected to work in municipalities of cities within the Empire. If they were in İstanbul, they received 1000 kuruş as a salary, and 600 kuruş for cities in Anatolia. Their main task was to look after the poor, to bring the benefits of medicine to the unfortunate, and to save them from “charlatans” (such as barbers providing quasi-surgical procedures, midwives, cuppers,

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<sup>24</sup> Uzman, in 1934, in sarcastic tone, criticized those who made fun of him when he graduated from the university and chose psychiatry. He argued that in İstanbul there were only twenty psychiatrists, all with good fame and fortune. He added that as civilization progressed the needs of the people grew, new needs arose and hence new areas of expertise had opened. See his “Avrupada beş hafta”, [Five weeks in Europe], *İstanbul Seririyatı* 16 (9): 47-53, Eylül 1934.

<sup>25</sup> The first official institution for medicine education was established in 1827 after the abolishment of the Janissary corps in 1826. The new medical school (*Tıphane-i âmire*) was established to educate “proper” (*düzgün*) surgeons and doctors for the army. Later on, it was included within the Royal Military Academy of Medicine in Galatasaray in 1838. For more information on this see A. Süheyl (Ünver)’s *İstanbul Tıp Fakültesi, 1827-1934, 107 Yılda Geçirdiği Çılgırlar*, *Dirim* 10 (1-2): 12-17, İkincikânun/ Şubat 1935.

<sup>26</sup> The doctors I traced were all graduates of the Military School of Medicine, and not the latter one.

and blood-letters). Since their targeted patient group would be the poor, the main language of education in this school was Turkish. Between 1865 and 1868 Kırımî Aziz Bey and his friends, all of whom were professors in the School, prepared a Dictionary of Medicine in Turkish.<sup>27</sup> On the other hand, the medium of language in the military school of medicine was French; at least during the first twenty-four years of its history. In 1869, French changed to Turkish.<sup>28</sup> In 1908, these two schools were united under the Faculty of Medicine, which became part of the *İstanbul Darülfünun* (İstanbul House of Science).<sup>29</sup> The number of professors was cut down significantly, and their ranks, which had been endowed by the Sultan, were taken away.

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<sup>27</sup> Dr. Mustafa Münif Paşa, “*Mektebi-i Tibbiye-i Mülkiye*”, [Civil School of Medicine] in Mazhar Osman Uzman (ed.) *Sıhhat Almanâğı*, pp. 67-71. See the article titled “Kırımî Aziz” by Kâzım İsmail Gürkan in *14 Mart 1941 Tıbbiyeliler Bayramı*, İstanbul: Bozkurt Basımevi, 1941, pp. 3-11. There, Gürkan also pointed out the discussions of establishing a unified language for the two academies of medicine not limited to, but as an important component in the more general debates on a common language for the nation. He noted that the debate concerning the medium of language of medicine had been discussed in newspapers and journals as well. On the other hand, he mentioned that the Ottoman Society of Medicine (*Cemiyet-i Tibbiye-i Osmaniye*) was supporting the Turkification of the language, because the members of this Society were mainly composed of those teaching in the Royal Civil Academy of Medicine (p. 9-10). For more information on the usage of Turkish language in the medical schools, and medicine in general, see the following articles: A. Süheyl (Ünver), *İstanbul Tıp Fakültesi...*; Osman Şevki Uludağ, “Tıbbiyede dersler nasıl türkçeleştirildi”, [On the turkification of classes in the faculty of medicine], *Dirim* 10 (1-2): 72-74, İkincikânun/ Şubat 1935, this article continues in *Dirim* 10 (3): 106-108, Mart 1935.

<sup>28</sup> Despite the fact that the language had been changed from French to Turkish, we learn from Tevfik Sağlam’s autobiography that some students continued to read original French textbooks rather than the Turkish translations. Moreover, students also were putting extra effort into learning French – a habit left over from their high school days, to the extent that they were even giving their professors French nicknames. See his *Nasıl Okudum* [On My Education], eds. Hüsrev Hatemi & Aykut Kazancıgil, İstanbul: İ.Ü. Cerrahpaşa Tıp Fakültesi Atatürk’ün Yüzüncü Doğum Yılı Kutlama Yayınları, Özel Seri 4, 1981.

<sup>29</sup> From Cemil Topuzlu’s memoirs, we learn that most of the professors and student of the medical school were actually taking part in the Young Turk movement in the late nineteenth century. Topuzlu recounts his encounters with ophthalmologist Esat Paşa (who was a very close friend of a prominent Young Turk, Rıza Tevfik), Süleyman Emin, and Besim Ömer Akalın in Paris circa 1887, in underground meeting places (pp. 27-38). Some of these secret meetings as well as the involvement of a majority of doctors within the movement, writes Topuzlu, were the main reason why the Royal Military Academy of Medicine was carried from Gülhane to the “other side of Istanbul”, to Haydarpaşa, within the span of a week.

Incidentally, the Royal Military Academy of Medicine itself was the birthplace of the Committee of Union and Progress Party which realized the 1908 Revolution in the Ottoman Empire. Two out of four of the Party’s founding members (Abdullah Cevdet and Ibrahim Temo, later joined by Hüseyinzade Ali) were

Attending the Royal Military Academy of Medicine was typically followed by being sent to Europe for a year or two, in most cases either to France or to Germany, especially if the student was successful in his studies. This was the *sine qua non* of the formal education process, and was a practice that continued during the Republican period as well. Even though this was part of a state program to bring back to the country innovations in the field, it soon became a mark of prestige for doctors and a significant advantage in drawing clientele to private consulting offices. For example, in the proceedings of the Turkish Society of Physicians during the years 1937 and 1940,<sup>30</sup> one encounters significant numbers of cases illustrating the importance of this issue. The Law Concerning the Art of Medicine and Its Practice (law number 1219, item 24) forbids doctors from advertising their scholarly credentials both in advertisements given to newspapers, and on business plates in front of private offices. Despite the existence of this law, twelve cases were reported to the Society in the year 1938 over the course of seven months: Dr. Ferhan Yücer<sup>31</sup>, Dr. İsak Taranto and Dr. Emil Orfanidis<sup>32</sup> were

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among students and professors in the Academy. There, students were exposed to materialist and anti-religious ideas. See Şükrü Haniöğlu's *The Young Turks in Opposition*, New York & Oxford: Oxford University Press, 1995. In particular, his first chapter entitled *Ideological Roots of the Young Turks* projects on the development of materialist ideas in the Academy, which Haniöğlu attributes to the influence of the works of Claude Bernard (via Şakir Pasha), Ludwig Büchner, and Gustave Le Bon. Presented as textual references to the works of these scholars in the writings of Abdullah Cevdet and others, Haniöğlu, in evaluating the ideology of the Young Turks does not go beyond the limits of intellectual history in terms of linking the discursive space to the socio-economic standings of the Young Turks within the Ottoman society. He does not claim to do so in any case, and his work has its merits in analyzing the personal correspondences and documents of the Young Turks.

<sup>30</sup> Archives of Turkish Society of Physicians (ATSP), Istanbul Branch (Document number: 354, file number: 491).

<sup>31</sup> ATSP; 354/491, Decision Number: 18, February 15<sup>th</sup>, 1938.

<sup>32</sup> ATSP; 354/491, Decision Number: 28, April 5<sup>th</sup>, 1938.



accused of advertising that they had graduated from Paris Medical Academy; Dr. Mehmet Osman Saka<sup>33</sup> had “...alumni of Geneva Medical Academy” written on his plate; Dr. Rabia Arat<sup>34</sup> similarly stated being an alumni of Berlin University; Dr. Suad Yılmaz<sup>35</sup> claimed to have “... graduated from European Universities”; Dentist Nubar Babay<sup>36</sup> publicized that he was a graduate of İstanbul and Paris Universities; Dr. Bedriye Bora<sup>37</sup> wrote that she graduated from the Munich Medical Academy in an advertisement she gave to Cumhuriyet newspaper; Dr. Volf Şpan<sup>38</sup> wrote that he graduated from the Universities of İstanbul and Berlin on his business plate; Dr. Hayrı Ömer’s<sup>39</sup> plate read “Université de Berlin”; Dr. Cafer Kankat<sup>40</sup> had listed on his business plate in both French and Turkish credentials indicating that he was a graduate of the Paris Medical Academy; and Dentist İhsan Güvenç<sup>41</sup> mentioned that he graduated from the Universities of İstanbul

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<sup>33</sup> ATSP; 354/491, Decision Number: 28, April 5<sup>th</sup>, 1938.

<sup>34</sup> ATSP; 354/491, Decision Number: 32, May 3<sup>rd</sup>, 1938.

<sup>35</sup> ATSP; 354/491, Decision Number: 32, May 3<sup>rd</sup>, 1938.

<sup>36</sup> ATSP; 354/491, Decision Number: 32, May 3<sup>rd</sup>, 1938.

<sup>37</sup> ATSP; 354/491, Decision Number: 32, May 3<sup>rd</sup>, 1938.

<sup>38</sup> ATSP; 354/491, Decision Number: 36, May 31<sup>st</sup>, 1938.

<sup>39</sup> ATSP; 354/491, Decision Number: 37, June 7<sup>th</sup>, 1938.

<sup>40</sup> ATSP; 354/491, Decision Number: 43, July 12<sup>th</sup>, 1938.

<sup>41</sup> ATSP; 354/491, Decision Number: 54, September 27<sup>th</sup>, 1938.

and Paris. These cases are important for two reasons: first of all, we learn from the proceedings of the Society that all of the aforementioned doctors, who were issued warnings about specifying their European connections, had established private consulting houses in the districts of Beyoğlu, Maçka and Taksim, where the wealthy Europeans and upper class families constituted the majority of the inhabitants. As such, being alumni of European universities was instrumental in securing such clientele, which in turn guaranteed, at the very least, a decent living. Secondly, these cases indicate the existence of some form of competition as well as a well-established hierarchy among the doctors, rather than solidarity.<sup>42</sup> It is also interesting to note that the Turkish Society of Physicians did not have a commissariat responsible for inspecting whether or not business plates were prepared according to law. Instead, it was the doctors themselves who were keeping each others' business plates in check and were the ones reporting these "unlawful" cases to the Society.

Whatever the reason for pursuing an education, wholly or partly, in Europe - be it to secure good clientele or to stay abreast of advances within the sciences - these doctors did not rely solely on the state, either in the Ottoman Empire or in Republican Turkey. Some of them, like Uzman, relied on their personal savings to get an education. Others sent their children and assistants to Europe with their own financial resources, such as Esat Paşa, the director of the İstanbul Museum of Health Hikmet Hamdi, Kilisli Rıfat, and Âkil Muhtar Özden.<sup>43</sup> The economic burdens these doctors endured for choosing an

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<sup>42</sup> Nevertheless, this competition among doctors for attracting clientele did not yield a separation in ideology, nor did it obstruct cooperation within the medical community.

<sup>43</sup> It is known that Özden financed the internships and education of ten students. However, among these students only Ahmet Süheyl Ünver, the famous internist (or specialist in internal medicine) and professor of history of medicine, is his only known protégée. The names of the other students remain unknown. See

education abroad instead of at home, coupled with resorting to the use of personal finances rather than making use of state resources that provided equal educational opportunities in Europe, is a point worthy of consideration. However, since this issue is more pertinent in terms of the discussion concerning this group's sentiments of nationalism, their desire to be autonomous agents, and how these two factors play out in relation to their aspirations of becoming the intellectual aristocracy of the country it will be developed further in the following pages.

As a final point in relation to the importance placed upon getting an education in Europe is the creation of international ties. Regardless of the fact that a majority of these doctors returned to Turkey either to continue practicing medicine or to teach at the University, Europe signified becoming part of an international community of physicians. In pointing out and analyzing this membership and relation that spread over multiple geographies, one has to be careful on a few accounts. To begin with, the relationships and networks were initially formed within the first generation of doctors, then extended and strengthened with the second, and sustained with the third. For instance, we know that it was Raşit Tahsin who first went to study with Emil Kraepelin in Germany, and then sent his students to work with him as well. Ahmet Süheyl Ünver went to study under Marcel Labbé of L'Hopital Pitié in Paris with a letter of recommendation addressed to "...his distinguished colleague and friend" written by Âkil Muhtar Özden, who had established that connection with Labbé during his stay in Paris.<sup>44</sup> Fahrettin Kerim Gökay also had a

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the details concerning this situation in Muhtar Tevfikoğlu's biography of Âkil Muhtar Özden (Ankara: Ankara Üniversitesi Basımevi, 1996).

<sup>44</sup> See Özden's biography by Tevfikoğlu, p. xv. For the information of Marcel Labbé's relationship with various Turkish doctors, see his obituary written by Süheyl Ünver: "Profesör Marcel Labbé ve Onun Türk Talebesi" [Professor Marcel Labbé and his Turkish Student(s)], *Türk Tıp Tarihi Arkivi* 6(19): 59-61, 1942.

similar letter of recommendation, this time one written by Mazhar Osman Uzman in his hand when he went to study under Kraepelin.<sup>45</sup> Secondly, it is important to recognize that such membership did not confine itself to the quotidian requirements of professionalism on the basis of exchange of information in venues like conferences or during frequent trips made to various health institutions in Europe, where the latest developments in medical sciences were discussed. Several accounts of these occasions are found in the medical journals of 1930s (specifically *İstanbul Seririyatı*, *Tıp Dünyası*, *Tedavi Notları – Dirim* and *Pratik Doktor*) in the form of travel diaries. Written as the notes to international conferences these doctors attended, the doctors recount their voyages to different cities in Europe and North Africa and include their observations about social life as well as the health systems in these countries.<sup>46</sup> In discussions of these

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<sup>45</sup> An important point in the formation of scientific medicine networks is to observe the fact that by the time medicine was being “modernized” in the Ottoman Empire, similar processes were underway in Europe as well; not before or after, but synchronically. Moreover, these modernization efforts are closely related to the professionalization of medicine as well. For a discussion of the origins and spread French and British professionalism, see George Weisz’s “The Emergence of Medical Specialization in the Nineteenth Century”, *Bulletin of the History of Medicine* 77: 536-575, 2003. Weisz discusses the French case in detail in his book *The Medical Mandarins – The French Academy of Medicine in the Nineteenth and Early Twentieth Centuries*, New York & Oxford: Oxford University Press, 1996. As a final note, the links between professionalism and commercialization of medicine coupled with the development of an independent pharmaceutical industry are also worthy of consideration.

<sup>46</sup> For some of these travel narratives, see the following articles: Fahrettin Kerim Gökay, “*Paris İntibaları*”, [Impressions on Paris], *Tıp Dünyası* 4(8), 1931; Tevfik Selim Paşa’s travel to Sophia, published in *Tedavi Notları* 8(3): 70-72, 1932; Osman Şerefeddin, “*İki Kongre*”, [Two Congresses], *İstanbul Seririyatı* 15(7): 183-188, July 1933; Mazhar Osman Uzman, “*Avrupa’da Beş Hafta*”, [Five Weeks in Europe], *İstanbul Seririyatı* 16(9): 47-53; Fahrettin Kerim Gökay, “*Soviyetler Yurdunda*”, [In the Land of the Soviets], *Tıp Dünyası*, 8(9-89): 3030-3032, September 1935, continuing in the same journal in these issues: 8(10-90): 3057-3058, October 1935, 8(11-91): 3079-3081, November 1935, 8(12-92): 3101-3102, December 1935, and 9(2-94): 3064-3066, February 1936; Dr. Feridun Neşet, “*Almanya’ya Yolculuk Notları*”, [Notes on a Journey to Germany], *Dirim* 10(8-9): 264, 1935 continued in the same journal, these issues: 10(10): 306-307, 10(11): 336, 10(12): 366; Mazhar Osman Uzman, “*Harbin Arifesinde Avrupa Seyahati*”, [Travel to Europe on the Eve of War], *İstanbul Seririyatı* 21(9): 67-68, September 1939, continued in the same journal in the following issues: 21(10): 71-75, October 1939, 21(11): 83-85, November 1939.

texts, we shall frequently come across various occasions, such as the envious appraisals of doctors regarding French medical colonialism, or the reorganization and cleansing of the streets of Rome and Naples from beggars and other unruly elements, or a mockery of contemporary forms of extreme-nationalisms, all of which embody bits and pieces of a utopian social order imagined for contemporary Turkey. For the moment, however, another source of information on doctors must be brought into consideration, the obituaries of their European colleagues the doctors published in Turkish medical journals. These obituaries will help guide our way in understanding the relationship between them and their Turkish colleagues, or in the least, will reveal how Turkish doctors who penned the obituaries situated themselves in relation to the international medical community. The first observation would be that a significant difference between the obituaries of Turkish and European doctors did not exist. Structurally, these obituaries were very similar: typically short biographical information was followed by the doctor's achievements his or her field of specialization (interestingly, this was not understood as a contribution to medicine in general), accompanied by reference to their personal characteristics, praises in relation to the ways he contributed to the advancement of the discipline;<sup>47</sup> all of which would be ornamented with details of personal history based on the collegial ties and personal relations with the deceased. So, in addition to personal and technical information on a doctor's life, details such as where they had their last lunch or which parts of the cities where they strolled together constituted a significant portion of

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<sup>47</sup> I have not encountered a single criticism of character of any the doctors, nor did I see any weaknesses spelled out, even if the person in question drank, lived a disorganized life or smoked, unless of course any of these circumstances had led to their decease.

the obituaries. What is more crucial though, is that these relationships, which might easily seem trivial and tangential to the inner dynamics of science, in fact, were no less decisive in creating a certain perception of science and scientific production, which can at best be defined as landless.<sup>48</sup> As we shall see in the coming pages, in the perception of the Turkish doctors, science was a universal intellectual enterprise that transcended the boundaries of the nation-states.

As I have argued above, receiving an education in the field of medicine was sufficient enough to make an initial entrance to the community of doctors. Yet, the doctors of the early twentieth century thought maybe it would not be a bad idea if the profession stayed within the “family”. One starts to observe concrete steps in this direction among the doctors of the Republic: the selection of prospective sons-in-law from within the medical community for daughters was a common practice. For instance, Süleyman Emin, made his daughter marry bacteriologist Captain İbrahim Bey, just as Emin’s father-in-law, the Head Physician of Gureba Hospital, chose him as the proper match for his own daughter.<sup>49</sup> Dr. Kenan Fevzi Bey, the Head Physician of the Social Hygiene Dispensary in Etimesgut, Ankara was married to ophthalmologist Esad Paşa’s daughter.<sup>50</sup> In terms of making beneficial marital choices, Mazhar Osman was much

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<sup>48</sup> Mazhar Osman Uzman writes as follows: “Would it be bad for a man to go to cities where the best faculties are, in order to become a useful and honorable man? Does science have a motherland? In our country, we have colleagues who were well bred through reading foreign books, who stayed in the best faculties of Europe. Why wouldn’t most of us want to be like them? Why don’t we get the information for free, from the teachers who are residing in Europe’s facilities, which Europe spent millions to build? [W]e are backwards [from others] in terms of progress. Why not reach it via a shortcut?” (*İstanbul Seririyatı* 10 (10): 519)

<sup>49</sup> Emin’s obituary in *İstanbul Seririyatı* 2: 11-13, February 1934

<sup>50</sup> News in *Tedavi Notları*, October 1934

more ambitious than the rest of them. Not only did he force his eldest daughter to marry one of his assistants, Faruk Bayülkem<sup>51</sup> (albeit a relationship which ended in divorce), but also he made his sisters marry his own assistants, too: his sister Ayşe Bedra wedded the brain surgeon Abdulkadir Cahit, Pakize wedded Muhittin Celâl, and Cazibe married Dr. Nevzat.<sup>52</sup>

Sons as well as daughters also played a role in reproducing the profession of medicine, not necessarily via marriage, but more so by continuing the family tradition of becoming doctors. Raşid Tahsin, the head of the psychiatry department in the Military School of Medicine advised his son, Esad Raşid to become a psychiatrist, and supported his daughter in becoming a chemist.<sup>53</sup> Ahmet Müştak, who died in 1938, had a son Hadi Müştak,<sup>54</sup> who also was a doctor. Miralay Mehmet Ali's son Ali Haydar specialized in ear-nose and throat.<sup>55</sup> Surgeon Dr. Fuad İbrahim's father, Dr. İbrahim Paşa was also a doctor.<sup>56</sup> The famous obstetrician and one of the founders of the Eugenics Society of Turkey, Tevfik Remzi Kazancıgil's son Aykut Kazancıgil, followed in his father's

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<sup>51</sup> Şahap Erkoç, "Liz Behmoaras: Mazhar Osman Kapalı Kutudaki Fırtına", (book review), *3P Dergisi* 9 (3): 499-522

<sup>52</sup> Behmoaras, *Kapalı Kutudaki Fırtına*, p. 237

<sup>53</sup> See his obituary in *İstanbul Seririyatı* 10 (6): 51-55, June 1938

<sup>54</sup> See his obituary in *İstanbul Seririyatı* 10 (6): 55-56, June 1938

<sup>55</sup> See his obituary in *İstanbul Seririyatı*, January 1935: 2-3

<sup>56</sup> See his obituary in *İstanbul Seririyatı*, Mayıs 1938, p. 42

footsteps to become a doctor too; just like Lahut Uzman, who became a doctor like his father, Mazhar Osman Uzman.

It is important to note that not all doctors married daughters of their senior colleagues, and not all sons and daughters chose medicine as profession. However, even those cases where in-group patterns were substituted with those from outside of medical circles, the tendency had leaned towards selecting architects, engineers, and lawyers as potential spouses. In choosing prospective spouses these professions were among the desired ones as opposed to marrying someone from the lower echelons or the merchants and nouveau riche. In short, doctors associated themselves predominantly with members of other intellectual professions, and extended the meaning of family to include them as well.<sup>57</sup>

### *I. 3. Earning a Living & Science without Boundaries*

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<sup>57</sup> In terms of feelings of belonging, similar attitudes can be observed in British and French doctors as well. In his article on the mortality rate of Victorian doctors, Robert Woods draws attention to this fact. He argues that during the years 1880-1882, the mortality rate among doctors were rather high compared to other occupational groups, and the only occupations that had higher mortality than the doctors were innkeepers and publicans, brewers, earthenware manufacturers and cutlers. However, the doctors refused to compare themselves with these groups, which, for them were merely the average population. Besides, the doctors tried to emphasize their distinctiveness from these occupations in terms of occurrences of lung diseases: the doctors thought that they were advantageous in this regard, i.e. of not having these kinds of diseases, because they do not live in destitution, and their social statuses are high. (See his “Physician, Heal Thyself: The Health and Mortality of Victorian Doctors”, *Social History of Medicine* 9 (1): 1-30, 1996). On the other hand, George Weisz as well talks about a similar association to the intellectual classes among the French doctors. Especially in terms of marriage patterns, Weisz found out that other than marrying with the daughters of the medical community, the doctors chose wives from educated professional classes and “... those slightly at the margins of great wealth...”, which did not include the families of industry and finance. Contrary to the Turkish case though, the doctors of the interwar years also married to women coming from popular and small-business classes, albeit in limited numbers. He explains this fact by the decrease in the age of marriage in comparison to the earlier generation of doctors, i.e. the nineteenth century doctors. (See his *Medical Mandarins*, especially the chapter 11 titled *The Medical Elite in French Society*, pp. 257-284)



Next to reproducing a generation of doctors, family networks were also an important source of earning a living,<sup>58</sup> even though most doctors ideally preferred a life devoid of concerns for making a living in order to devote themselves to matters of science only. Şakir Pasha, the founder of experimental physiology in the Ottoman Empire, a student of Claude Bernard, a highly esteemed professor and a pure scientist in the eyes of his students (albeit a neglected physician in the eyes of the Ottoman state), provides an apt example of such a yearning for a lifetime devotion to science.<sup>59</sup> From the memoirs of his students we learn that he moved to Fatih district of İstanbul, a rather humble neighborhood, and rented a house there after he returned from Paris. He turned down a few patients who came to his doorstep, and directed them to his friend Ferit Pasha, claiming that he did not practice medicine anymore, but was a “laboratory man” now; living off the salary of a university professor that he received every three months. However, it took him fifteen years to set up his laboratory, and what made the situation worse for him was that he was unable to form an elite research group composed of highly

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<sup>58</sup> For example, from Lûtfî Akif’s obituary we learn that after graduation he started working in the municipality of İstanbul, worked in the provinces during the cholera epidemic and hence he was someone that was highly respected by the families of Boğaziçi: the pashas, the court members residing in private apartments, princes and Egyptians (his obituary was published in *İstanbul Seririyatı*, Şubat 1937, pp. 11-14. This pattern has been repeated in another obituary, that of Selânikli Rıfat’s (in *İstanbul Seririyatı*, Şubat 1935, pp. 9-11). There it was mentioned that his goodwill was being exploited by the families of Salonika who made him provide free consultation and treatment.

<sup>59</sup> See the following publications about him: Fahri Z. Fındıkoğlu, *Claude Bernard ve Şakir Paşa* [Claude Bernard and Şakir Pasha], introduction by Süheyl Ünver, afterword by T. Remzi Kazancıgil, İstanbul: Fakülteler Matbaası, 1963; and the following articles from the book *14 Mart 1941 Tıbbiyeliler Bayramı*, İstanbul: Bozkurt Basımevi, 1941: Kemal C. Berksoy’s “Hocam Şakir Paşa Hakkında bir Hatıra” [A Memoire about my professor Şakir Paşa], pp. 12-14; Cemil Topuzlu’s “Gnr. Dr. Cemil Topuzlu’nun Hatratına Göre Fizyoloji Hocası Şakir Paşa” [Professor of Physiology Şakir Pasha according to the Memoirs of General Dr. Cemil Topuzlu], pp. 15-16; and Süheyl Ünver’s “Bizde Tecrübi Fizyolojinin Vazii Müderris Dr. Şakir Paşa, pp. 17-22. It is important to remember that the first book covers almost all of the articles in the second book. However, a few interesting details, which, incidentally is not of concern for the ongoing argument, are missing in the former publication.

talented students. The majority of students, except maybe a few, like his favorite Kemal Cenap Berksoy, did not choose experimental physiology and instead pursued more popular and well-paid ones, like internal medicine, obstetrics and surgery. Cemil Topuzlu was one of them, and recalls in his memoirs that when he wanted to get his professor's blessings for his choice of surgery instead of experimental physiology as his field of specialization, Şakir Pasha told him he understood this decision perfectly: realistically, said he, fields such as physiology and anatomy did not yield good income for the future. Besides, by the time this conversation took place, Şakir Pasha already had to revert from his ideals of only practicing laboratory science and, conforming to the norms of his times, had rented an office on the second floor of a pharmacy in Sirkeci to start practicing medicine since he was having problems maintaining a decent living for his family.

Şakir Pasha's example was probably not inspiring for younger doctors in terms the price to be paid for being a pure scientist, which was solidified as the day-to-day survival strategies that this particular lifestyle required. Nevertheless, for some, a life dedicated to science was something that was yearned for, and colleagues able to lead such a life created as this lifestyle was generally supplemented by a generous salary or family inheritance. In the obituaries he wrote about his colleague Ziya Nuri Pasha and Constantin von Economo, Uzman commented that they never had to *run after patients*, meaning that they never had to exhaust themselves with the requirements of practicing medicine *and* earning a living. Both Ziya Nuri and Economo were members of wealthy

families, and hence born lucky in life,<sup>60</sup> whereas Uzman and many others had to work very hard to sustain an equal standard of living.

In the eyes of many doctors, the government was one of the main culprits in hindering the establishment of a scientific culture since it did not subsidize basic scientific research. Nevertheless, doctors never openly and publicly criticized the government; in fact, they generally seemed supportive of its policies. Matters that were disapproved of or issues that made doctors uncomfortable were put forth as remarks on the general operation of science and medicine in Turkey and, more importantly, were followed by assertions stating that if conditions changed in favor of scientists and doctors, the Turkish nation would develop further. Thus, for instance, Âkil Muhtar Özden expressed his uneasiness with the budget of the university as a reflection of the lack of a scientific environment in Turkey, which for him was the manifestation of the as-yet uninstitutionalized mentality of *science for the sake of science*. However, he did not forget to add in the end that great nations only progress and gain strength through the enhancement of science.<sup>61</sup> Fahrettin Kerim Gökay also mentioned a similar sentiment in his travel notes from the Soviet Union reflecting on the occasion when he observed Pavlov being hailed as a king without a crown, even by the highest ranks of the government.<sup>62</sup> In addition to Özden and Gökay, it was the promise of being able to create a scientific environment located in a single place, where scientific work would not be

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<sup>60</sup> See both of their obituaries published in *İstanbul Seririyatı*, January 1937, pp. 1-3 and December 1931, p. 60-61, respectively

<sup>61</sup> See Muhtar Tefvikoğlu's biography on Özden, p. 58

<sup>62</sup> See his quotation in the epigraph.

interrupted by unnecessary travel from one side of İstanbul to the other, that made the doctors vote in favor of the transfer of Faculty of Medicine from Anatolian to the European side of the city, at the expense of leaving the former without a properly equipped hospital. All of these pointed to the fact that a majority of the doctors were mainly concerned about establishing themselves as the *intellectual aristocracy*<sup>63</sup> of the country more than practicing medicine for the people and public health.

As a parenthetical note, I must specify that I borrowed the concept of *intellectual aristocracy* from N.G. Annan, and am using it neither as an adaptation nor as an umbrella term to cover every single doctor and to unify them under a homogenous title, but rather, merely for the purpose of being able to make future comparisons between the *intellectual aristocracies* of various countries. The significance of this concept both reflects the self-perceptions of the educated classes and acts a heuristic category that crosscuts the boundaries of nation-states. In other words, referring to intellectual aristocrats will be useful in the following chapters in stressing the international aspect of a certain class of individuals made up of different professions that responded as a unified class to conditions of everyday struggle with the urban poor and certain parts of the working classes. On the other hand, the specific attributes of each intellectual aristocrat in each country might differ in numerous ways, and these particularities are no less important than the commonalities that cut across geographic boundaries. In any case, my aim is not to form a perfect unison between different contexts, neither to look for replications. The appeal of Annan's conceptualization, which is born out of a meticulous analysis of the

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<sup>63</sup> See N. G. Annan's article "Intellectual Aristocracy", in *Studies in Social History – A Tribute to G. M. Trevelyan*, J. H. Plumb (ed.), London, New York & Toronto: Longmans, Green & Co., pp. 243-287, 1955

modern British intellectual class, lies in the following three traits of this class, which proves to be very pertinent for the Turkish case: first of all, he stresses the importance of education as the only facility that endured the changing generations, as the unifying edifice in the world of the intellectual aristocracy, and the sufficiency of having acquired a higher education for entrance into the community of intellectual aristocrats.<sup>64</sup>

Secondly, the immobility of these families within society, which finds its reflection in the social life upon the emphasis on moderacy, also seems to be a common thread, which I will come back to later.<sup>65</sup> And lastly, Annan talks about an agreement on the common doctrine of progress, which argues, "... the world could be improved by analyzing the needs of society and calculating the possible course of its development".<sup>66</sup> Of all three attributes, the last item in particular will be of special concern for us in the second chapter. Although Annan did not link the idea of progress to the idea of eugenics, the link between the two is - to use an overstatement to emphasize its importance - the highest point of the combination of analysis and calculation, almost reaching a point of complete statistical determinism, that enabled the extension of eugenics through the 1930s as a social practice by allowing it to be kept from being an insupportable and inexplicable biological doctrine to become a feasible social doctrine used in the ordering of society. It also merged with the ideals of doctors in terms of controlling and manipulating social life in very minute details through the rules of hygiene, while

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<sup>64</sup> Annan, *Intellectual Aristocracy*, pp. 247-248

<sup>65</sup> Annan, *Intellectual Aristocracy*, p. 248

<sup>66</sup> Annan, *Intellectual Aristocracy*, p. 250

simultaneously creating a distinction between themselves as a group and the rest of the population. Similarly, the attempt to establish autonomy from the rest of the social environment was also carried out under the same pretext. While it might seem premature to make such a conclusive remark at this point, it is feasible to surmise that the efforts of the doctors toward gaining an autonomous position in society, let alone in the shape of creating a *family* of educated classes, can and should be read as a manifestation of the process of establishing themselves as the intellectual aristocracy. Other sentiments, such as nationalism or populism, working for and with the people of the country to develop and modernize the nation, seem to appear primarily as clichés used in public speeches more than deeds put into practice. Besides, most of the doctors believed a nation could only progress, develop and be happy with the cultivation of science through the works of prominent scientists. In other words, unless scientists continued to advance their studies, there would be little prospect for the rest of the country to reach progress and prosperity.<sup>67</sup>

Hence with this mentality, doctors thought that it was their right to follow their careers, and anything that would be an obstacle to their endeavors, that would make them fall short of their goals, was not going to be pursued. For example, from the 1933 report

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<sup>67</sup> See Âkil Muhtar Özden's *İlim Bakımından Ahlâk* [Morality from a Scientific Viewpoint], 3<sup>rd</sup> Edition, İstanbul: İsmail Akgün Matbaası, 1950. Especially the section on "Motherland" (*Vatan*) reveals such understanding very clearly (pp. 130-134). Also note that this sentiment is almost the same as that of Charles Davenport, the founder of US Eugenics Office. In a letter to the Secretary of State in December 1936, Davenport said the following: "Men of science have two loyalties, one to their country and one to their science ... it is by loyalty to their science that they are best able to make discoveries and advance knowledge which is of so much value to their country." (Quoted in Ronald E. Doel, Dieter Hoffmann, Nikolai Krementsov, "National States and International Science: A Comparative History of International Scientific Congresses in Hitler's Germany, Stalin's Russia, and Cold War United States", *Osiris*, 2<sup>nd</sup> Series 20: 49-76.)

of the Ministry of Health and Social Aid,<sup>68</sup> which basically is a survey of the advances made in the medical sphere over the previous ten years, we learn that the majority of doctors who graduated from the university did not abide by the law issued in 1923, which necessitated two years of compulsory service in towns and villages of Anatolia. This was why, for example, the government established student dormitories for the Faculty of Medicine (*Tıp Talebe Yurtları*) in 1924: the best graduates of various high schools throughout the country were chosen, especially those who could not afford a university education; the government covered all living expenses, including clothing, travel, and dining, and bound the students staying in these dormitories with a three-year compulsory service contract. In 1933, the law of compulsory service was amended to include only poor students staying in the dormitories, thus lifting the burden from the shoulders of students who paid for their own education.<sup>69</sup> In addition, if, according to the doctors who had the material means to sustain their own education, science was something that transcended the boundaries of the nation-states, as I have argued in the previous pages, then nationalism was nothing more than an appurtenance and something mundane yet useful to prevent bad blood between this community and overtly nationalist governments, be it in the form of the Ottomanism of Abdülhamit II, the populism of the Committee of Union and Progress, or the extreme nationalism of the Kemalists.<sup>70</sup>

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<sup>68</sup> *Sihhat ve İçtimaî Muavenet Vekâleti 10 Yıllık Raporu, 10.07.1933*, obtained from the Republican Archives of Republic of Turkey, Muamelat Kataloğu, file no: 030.10.176.218.11

<sup>69</sup> In the report, see the pages 18, 74 and 75 on the compulsory service law and the opening of dormitories.

<sup>70</sup> In some instances, one observes a clear sarcasm against extreme nationalist ideology. But of course, this was pronounced within and in relation to other contexts. However, it is impossible to think that the same sentiments were not valid for Turkey, or that the doctors did not think about their own country in making

Having said all of the above, one should not draw the conclusion that the doctors' lives were devoid of nationalism, or national sentiments and ideologies. It hardly mattered if they wanted to be (or were) a part of the international community of medicine. Within the context of international conferences, or their internships abroad, national history and national stereotypes were among the issues they had to grapple with. Especially during the conferences concerning the *history of medicine* these were an issue. In other areas of medicine, it would not be an exaggeration to claim that the nationality of the doctors was not a primary concern. Contrary to the history of medicine, which is an area marked with particularity, the important issue in other areas of medicine was the application of certain *universal* modes of treatment and drugs to patients.<sup>71</sup> Therefore, for each nation presenting one case study maintaining whether or not the drugs and treatments methods that were used worked, thereby presenting a positive or negative case for the advancement of medicine, nationality was secondary. Probably the only exception to this rule would be blood type and skull analyses of individual nation-states, which were thought to reflect specific national characteristics.<sup>72</sup> However, the history of

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similar comments. Consider the following observation by Uzman upon his visit to Italy during the summer of 1934: "It is obvious what the fashion of this century is: extreme nationalism... each nation is proud of their history: not of yesterday's or today's, (but) a retreat to the earliest ages... still the world is mystic... however it is not learned (mysticism), but totemic... they want to worship what their ancestors had worshipped. They don't like their fathers' lives, yet they search for the tombstones of their grandfathers..." *Avrupada beş hafta*, p. 49.

<sup>71</sup> Experiments in psychiatry can be provided as an example here. See the reports of various experiments with fever therapy in the case of general paralysis that were presented to the 1934 psychiatry conference in Turkey. They were published in *İstanbul Seririyatı*, January 1935: Nazım Şakir Rasım, "Felci umumînin tifo aşısıyla tedavisinden alınan neticeler", pp. 1-5; Fahrettin Kerim Gökay, "Memleketimizde felci umumînin Malarya ile tedavisi meselesi", pp. 5-15; Hüseyin Kenan Tunakan, "Felci umumide sıtma ve tifo haricindeki ateş tedavileri", pp. 16-18; İhsan Şükrü Sezer, "Malarya aşılannış felci umumilerin dimağları", pp. 18-31.

<sup>72</sup> See for example the case study conducted by Sadi Irmak, "Anadolu yürüklerinin kan gruplarına dair araştırmalar", *Tıp Dünyası* 10 (11-115): 3645-3648, 1937. Here he argued that the *yürük* ethnicity



medicine was a battlefield of unearthing the origins of the medical cultures of each nation-state. For example, during the ninth international congress of the history of medicine held in Budapest, a particular doctor from Paris by the name of Dr. Torkomian claimed that before Dr. Şaşıyan of İstanbul had advised Sultan Mahmud II to open up a medical school in İstanbul, medicine in the Ottoman Empire had been in the hands of fake and ignorant half-doctors. In an account of the congress, obtained during an interview with the two history of medicine professors of İstanbul University Ahmet Süheyl Ünver and Tefik Salim Paşa, Ünver recounted that during Dr. Torkomian's presentation, he constantly opposed Torkomian's arguments, and objectively proved in the end, that the first scientific medical institution was established in 1827 as a result of Dr. Behçet Efendi's advisements to Sultan Mahmud II, and reformed by Dr. Bernard in 1839.<sup>73</sup> This dispute is a small anecdotal incidence that is easy to multiply in many similar instances.<sup>74</sup>

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exemplified the pure Turkish race. Therefore, by studying them, one could observe the characteristics of the Turkish race.

<sup>73</sup> *Tedavi Notları* 8 (3): 68-70, İkinciteşrin 1932

<sup>74</sup> The real debate in the history of medicine was to prove that Avicenna, or with the Turkish translation, *İbni Sina* was Turkish. Some of the publications about him are as follows: A. Süheyl Ünver, "İbni Sina'nın Sözleri", [followed by its French translation, *Les aphorismes d'İbni Sina (Avicenne)*], *Türk Tıp Tarihi Arşivi* 2 (8): 100-107, 1938 (The English translation of the same article, "Aphorisms of Avicenna" appeared in *Journal of the History of Medicine and Allied Sciences* 14: 197-201, 1937); A. Süheyl Ünver, "Légendes vivantes et perdues dans le Folklore Oriental concernant İbni Sina (Avicenne)", *Türk Tıp Tarihi Arşivi* 2 (8): 107-116, 1938 {The original version of this article can be found in Turkish, "Şark Folklorunda İbni Sina Hakkında Yaşayan ve Kaybolan Efsaneler" in *Tıp Dünyası* 10 (8-112): 3573-3580, 1937; A. Süheyl Ünver, "İbni Sinanın dokuzyüzüncü yıl dönümü ve türklüğü", [The Nine hundredth Anniversary of İbni Sina and his turkishness], *Tıp Dünyası* 10 (6-110): 3527-3531, 1937; Fahrettin Kerim Gökay, "Ruh hekimliği tarihinde İbni Sina", [İbni Sina in the History of Psychology], *Tıp Dünyası* 10 (6-110): 3522-3527, 1937 (These last two articles are reprints from the anthology on İbni Sina published by the Turkish History Society in 1937); A. Süheyl Ünver, "İbni Sina (Ali Suaviye göre)", [İbni Sina (according to Ali Suavi)], *Türk Tıp Tarihi Arşivi* 2 (8): 116-118, 1938; M. Şerefeddin Yaltkaya, "(İbni Sina)nın Tıbdan bir ürçuzesi", [İbni Sina's one poem on Medicine], *Türk Tıp Tarihi Arşivi* 1 (4): 127-137, 1935; İsmail Hakkı İzmirli, "İbni Sina Felsefesi", [Philosophy of İbni Sina], *Türk Tıp Tarihi Arşivi* 3 (9): 3-13, 1938. In

#### *1. 4. Three Faces of the Human: The Public, The Doctors and the Colonization of the Countryside*

As much as the doctors might have imagined themselves as being part of the international intellectual aristocracy, and as much as they might have recognized the competition between themselves and their *foreign* colleagues, the social geography they were bound to live in presented certain obstacles. In a social context where the practice of going to a hospital or seeing a doctor for an illness had not yet been institutionalized, where hospitals only acted as institutions of charity, and the doctors that worked in them were paid rather modest salaries, there remained two more alternatives for doctors to earn a living. One was to open a private consulting office, and the other, which started in the 1920s, was to establish private houses of treatment (*Sihhat Yurtları*). Founded in various neighborhoods in İstanbul (Cağaloğlu, Ortaköy, Şişli) these houses were designed especially for the upper classes: the cost of staying there differed between 25 to 35 liras per day, when the minimum cost of living in the city of İstanbul for a family of five was a little over 100 liras.<sup>75</sup> From Reşat Ekrem Koçu's account of the *Cağaloğlu Sihhat Yurdu*,<sup>76</sup> we can envisage what the place was like: founded in the old mansion of Dr. Ziya

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addition to these, many more translations of İbni Sina's texts can be found in the Turkish history of medicine journal, *Türk Tıp Tarihi Arsivi*.

<sup>75</sup> This data was calculated by the Society of Commerce. For 1933, the amount was 118 Liras and 48 kuruş: 33 liras and 89 kuruş for food and drinks, 9 liras and 68 kuruş for electricity, cleaning and (heat), clothing and house gadgets, 28 liras and 50 kuruş, rent, 25 liras, and other expenses, 21 liras and 41 kuruş (*Cumhuriyet*, September 11, 1933). In February 1934, this amount was 122 liras and 24.50 kuruş. The breakdown of the expenses was as follows: 35.38 for food and drinks, 11.68 for electricity, cleaning and heat (coal), 28.50 for clothing and house gadgets, 25 for lease, 13.75 other expenses, and 763 kuruş for insurance and savings (*Cumhuriyet*, February 12, 1934).

<sup>76</sup> *İstanbul Ansiklopedisi*, vol. 6, p. 3344

Paşa in 1938, it had fresh air in the midst of the city, white linen bed sheets, and smiling nurses and doctors. Only patients with contagious diseases, untreatable cases and those with a tobacco addiction were not admitted to this house. All other patients were treated with utmost care. In fact, these houses were more like resting places. İhsan Şükrü Aksel, on his visit to Ankara in 1928, celebrates the opening of *Ankara Sıhhat Yurdu*, owned by Rıfat Ali and his wife, and tells his readers about the importance of such places.<sup>77</sup> He claimed that they were as indispensable for a city as much as electricity, water and sewer systems. Not only patients who suffered from bodily diseases, but also those who would like to rest their tired and exhausted intellects, or those who were seeking scientific methods of losing weight were welcome in these houses. In fact, he thought, it would be much better if patients viewed such locations as rather comfortable venues that could very well compete with the best hotels.

Nevertheless, using the family networks, and attending patients of wealthy families probably seemed to be a much safer choice for a doctor rather than relying on private houses, public institutions or the public itself. For one, there was always the possibility of an economic crisis. *Ankara Sıhhat Yurdu* did not survive the Great Depression of the 1930s and was closed down in 1934. Just before closing, it extended its services to “people from all classes” but still could not cope with the crisis. Its founder, Rıfat Ali, was protected by the Ministry of Health and Social Aid, and was subsequently appointed as the Head Physician and Surgeon to the Hospital of Rize.<sup>78</sup>

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<sup>77</sup> *İstanbul Seririyatı*, 10 (10): 521, 1928

<sup>78</sup> *İstanbul Seririyatı*, 19 (10): 59, 1934

This was a fate that none of the doctors wanted to face. Despite all their publicly pronounced humanism and philanthropy, Anatolia was still a territory to be avoided, at least if one wanted to become a prestigious doctor. This is probably why Fahrettin Kerim Gökay whispered in his student Rıdvan Cebiroğlu's ear upon his appointment to a small city in Eastern Anatolia (to the Elazığ Mental Asylum where he was supposed to do his compulsory service to the state) that he should try to come back to İstanbul as soon as possible because “science cannot happen in Anatolia”.<sup>79</sup> But it did happen in İstanbul, and the city provided an almost perfect venue, sometimes resembling a laboratory, where humanism, philanthropy and medicine did not have to present alternatives to one another, and co-existed peacefully.

Secondly, relying on the public was slowly becoming a less viable option for doctors to make a living. Dr. Ferit İbrahim Bey, writing on the private houses of treatment as the owner and director of *İstanbul Sağlık Yurdu*, mentions that ever since patients coming from Anatolia had been on a steady decrease, an equal reduction in the number of these houses, or at best a stagnation would probably be in effect in the future.<sup>80</sup> Nevertheless, before discussing the downside of opening up such places, he wrote about the advantages of using these venues as essential treatment places, almost in the tone of an advertisement, repeating the analogy to hotels; very similar in narration and content to that of İhsan Şükrü Aksel's piece on *Ankara Sıhhat Yurdu*. It only differed in the meaning attached to these houses: Dr. Ferit İbrahim Bey hailed them as the essential

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<sup>79</sup> This information comes from the rough shots of the documentary *Maviş*. These rough shots were shown at the regular gatherings of the Turkish Society of Psychiatrists during the spring and summer of 2007. I would like to thank Dr. Şahap Erkoç for inviting me to one these meetings.

<sup>80</sup> See his article “Millî Sağlık Yurtları” [National Houses of Treatment], in *Sıhhat Almanağı*, pp. 527-528.

altruistic efforts of doctors. Furthermore, doctors had been opening such venues in their houses, converting them into havens of health and hygiene, which interestingly enough, had been built and designed by prominent architects; one does not observe such [altruistic] attitudes either in Europe or in United States.

It is well known that altruism connotes deeds of self-sacrifice and self-effacement for the good of the group, the community, or the society; or to put it more concretely, to whom ever one embodies feelings of belonging, or devotes his primary allegiance to. For the doctors of the 1930s, that kind of loyalty and fidelity was reserved for the medical community, and other subjects were treated with a different interest that can be defined at best as secondary, if not completely tangential to their own entourage. We shall see the implications of this attitude on a national scale, in more detail, in the following chapter. What concerns us at the moment is its relation to humanism. Altruism defined as such, the actual human emerges as the members of that medical community, and their close surroundings. This being the case, *humanism* was a concept used for that group only. Therefore, all the houses of treatment designed to be used exclusively by themselves and the families that the doctors were serving should be evaluated with this meaning of humanism in mind.

In comparison to humanism, philanthropy designated something else. First of all, it required a definition of those who deserved the doctor's benevolence. Humanism, as opposed to this, did not have any prerequisites: being born to certain<sup>81</sup> upper-class

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<sup>81</sup> *Certain*, because as we will see in the following chapter, not all families, especially the decaying aristocratic family and the *nouveau riche* were excluded, as they were regarded as psychopaths and degenerates.

families, embodying certain cultural manners or dedicating oneself to the sake of advancing science was enough for someone to be called a *human*. Above everything else, this was an *ascribed* category. Philanthropy, on the other hand, needed to be *achieved*. In the social context of İstanbul, the largest urban environment of the 1930s, second being İzmir, was drawing numerous migrants, some of which would be included within the ranks of the working classes, while the rest would dwell on the streets as the urban poor. This distinction between the working class and the urban poor played a critical role for Turkish doctors as it would be the determining factor as to who would be deserving of their services and who would be excluded from receiving them. Nowhere does one find the expression of such a position stated with absolute clarity than in the following words by Uzman:

We see how many beggars there are to exploit the good virtues of our people. In the mornings, school children, soldiers, and poor widows do not hesitate a minute to give the money that they need to those beggars. But these beggars have turned begging into an art; one that has enabled them to make enough money and save it for the future without working [properly]. They appropriate a child's, a soldier's and a widow's money not with prayers that are chanted from the heart but with their high-pitched voices. If that noise is not enough they try to take it with their hands. ... We don't know how many poor people there are: some sleep hungry in their huts, some families cannot buy milk and medicine for their sick members. These people hide their ordeals and anguish, they die; but never reveal their misery to others.<sup>82</sup>

The context of this quotation is an obituary, composed as such in form but more of a eulogy in its content, written for Galib Hakkı, the founder of the pro-poor association in Topkapı (*Topkapı Fukaraperver Cemiyeti*), a neighborhood in İstanbul where we are told the most destitute segment of the population was located. The distinction made between

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<sup>82</sup> İstanbul Seririyatı, December 1938, p.10

the two kinds of poor, or more precisely, between genuine and fake poor, is very clear from this quote: the genuinely poor or those who deserve to be given medical care and compassion by philanthropists, are school children, soldiers, widows, and those who, accepting their ill fate in life, die without making a fuss. People who chose to *be* beggars, on the other hand, do not deserve the same care as the others; moreover, they need to be taken off of streets and isolated either by hospitalization or by imprisonment from the rest of society. The influence of this distinction comes out clearly in the amount of time doctors set aside to carry out their philanthropic duties of extending their services to the real poor and the needy. Doctors apparently thought that a couple hours of benevolence a week, or sometimes less, was sufficient enough to provide care for the poor. This was the extent of their care and compassion, and their elitism only allowed them such time. For example, the *Ortaköy Sıhhat Yurdu* only provided free healthcare service for the poor and the needy everyday between 10 am and 12 pm.<sup>83</sup> Even Uzman would only spare a couple of hours every month to write simple food lists for the poor and would have them published in newspapers. The Red Crescent Society founded and run by doctors showed efforts of aiding the government in providing food and clothes for poor children, which the newspapers hailed as a socially conscientious activity and occasionally called more people for membership.

Underneath the doctors' seeming sentiment of compassion to the poor and the needy was a pragmatic need to enlarge their client basis. The second generation of doctors had already sustained a stable clientele composed of the eminent families of

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<sup>83</sup> Saturdays and Wednesdays, Dr. Ahmet Asım Bey was responsible for obstetrics, Mondays, Tuesdays and Thursdays Dr. İffet Naim Onur and Dr. Kemalettin Cemil Bey were responsible for external diseases, and Sundays, Dr Ahmet Übeyl Bey was responsible for internal diseases (*Cumhuriyet*, February 8<sup>th</sup>, 1934).

İstanbul. Yet, the reproduction rate of those families could not keep up with the growing numbers of doctors. The medical community multiplied much faster than these families could produce future clients.<sup>84</sup> Among some members of the third generation of doctors there were the privileged and the favorites of the second generation who slowly inherited their predecessors' clients. For others, though, finding clients was getting harder every day. Here, it would be useful to remember the incident in which some doctors filed complaints against their fellow colleagues for infracting business plate regulations and thereby creating unfair competition. In addition to the favorites of the second generation, and those who were also privileged enough to have graduated from European universities, there was the third group of young doctors who were graduates of the Faculty of Medicine in İstanbul, but who were obliged to stay in state-owned dormitories due to their financial conditions and were funded by the state in exchange for a compulsory service in Anatolia. However, with the exception of some upper-class families, both the Anatolian population at large as well as some local inhabitants of İstanbul were not in the habit of seeing a doctor when they were ill. In addition to this, their definition of sickness and health was rather different from that of scientific/modern medicine.

A small detour needs to be made to examine these matters in detail. Between 1932 and 1960, the Turkish Language Association published a twelve-volume dictionary

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<sup>84</sup> This was one of the many concerns of the doctors in relation to eugenics. The seventh Congress of Turkish Medicine in 1937 stressed the fact that educated men and women were getting married later in their lives, around the age of 27, and women either did not have children, or had only one or two. We shall see these debates in the second chapter. In relation to the dropping fertility rate of the upper classes see also Alan Duben and Cem Behar's *Istanbul Households – Marriage, Family and Fertility, 1880-1940*, Cambridge, et.al.: Cambridge University Press, 1991 (reprinted in Turkish as *İstanbul Haneleri, Evlilik, Ail ve Doğurganlık, 1880-1940*, İstanbul: İletişim Yayınevi, 1998)



with 137,000 local idioms from villages and small towns of Turkey. The officials of the state statistics institute, students of anthropology and folklore, and demographers first collected and then translated these vernacular expressions into a formal and scientific language. To help with this project of vital importance, the government issued a policy regulation (*talimatname*) asking for the aid of the local authority figures, like mayors, teachers, village medical personnel, and the elderly in the realization of the project.<sup>85</sup> On top of everything, the dictionary manifests the vivid contrast between the two different ways of referring to medical conditions, or maladies: visual definition of the local people of Anatolia, which represents the uneducated section of the nation-state versus the formal scientific language of scientific/modern medicine. In the former case, what I mean by visual is simple: diseases are defined by observing the effects or the physical symptoms it has on people. For example, one rarely observes that the word “sick” (*hasta*) is used for defining a malady. Instead, there are multiple symptoms and multiple definitions for it. The word sick is usually associated with expressions referring to being in pain. As an example of visual definitions, a rather vivid one is presented in the case of *scarlet fever*. It is defined as “red shirt”, or “shirt of fire” in most of the towns in Anatolia. Cholera, similarly, has rather interesting usages. One definition is literally “not-being-able-to-take-off-one’s-shoe” (*çarık çıkartmaz*) stemming, most probably from the body’s weakening during the infection. Another one is “rag disease” (*çaput hastalığı*), referring to the wrinkling of the skin after extreme dehydration. In terms of visual conceptions of

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<sup>85</sup> I used the following book which was a compilation of the health section of this dictionary: Zafer Özbek, *Halk Dilinde Sağlık Değişleri Sözlüğü*, Türk Dil Kurumu Yayınları, No: 560, Atatürk Kültür, Dil ve Tarih Yüksek Kurumu, Ankara, 1992. For the original version of the dictionary see *Türkiye’de Halk Ağzından Derleme Sözlüğü*, 12 vols. Ankara: Türk Tarih Kurumu Basımevi, 1963. The dictionary was compiled in two different time periods: the first period covers 1932-34, and the second period covers 1952-59.

diseases, the similarity in the depictions of *syphilis*<sup>86</sup> and *leprosy* are worth citing. In some cities in Central Anatolia “bad scar” is one of the terms used to express these diseases. A word that is frequently used to describe an illness related to wounds on the skin, which literally means “ornamented” (*bezeme*) is also used to designate syphilis. On the other hand, in Eastern Anatolia *leprosy* is associated with “being ugly”. The words that are used to define an ugly person (*cudam*, *dönük*) are used to designate a leper. Tuberculosis is referred to as “the thing that makes you dry” - most probably referring to the slimming effect of the disease. Epilepsy is defined mostly referring to the malfunctions of the head like “pain in the head” (*başı tutmak*), or “convulsions in the head” (*havale*). In some places “fainting” is another word that is used to describe the illness. Another very common understanding of epilepsy has to do with supernatural forces. For example, in many places in Anatolia epilepsy is seen as a curse inflicted by a genie or a witch personified in the body of an old and ugly woman.

Contrary to these visual definitions of such illnesses, those of the medical community were almost exactly the opposite. They were nowhere close to being visual. A disease or a pathological condition can grow inside the person’s body without yielding any evidence of its existence. Carelessness, like dropping the infant on the floor, might in return present itself as a serious medical problem in the future. Also, the genetic make-up of the person as well as whom a person is married to may be the cause of medical pathologies in the future. In short, for doctors illness could just as well be

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<sup>86</sup> Doctors, on the other hand, used the words *sifiliz*, or *frenği* as a translation of syphilis. The latter term is interesting in the sense that it inherently defines the illness as coming from the “land of the outsider (frenk)”, or land of the westerner. See Dr. Ahmet Şükrü Bey, “Frenği”, in *Sıhhat Almanacağı*, pp. 206-209.

present in seemingly healthy bodies, whereas for the majority of the people it only existed when visual markers were clearly visible.

So, the compiled dictionary itself and the attempts of doctors to make their profession acceptable within the public can be read as translating the public's understanding of medicine to their own. In other words, through learning the local dialects, and slowly converting them to their own scientific terminology, the doctors were to gain some degree of legitimacy from the public. As we shall see at the end of this chapter, legitimacy-through-translation also implicated the acceptance of the doctors as the authorities of knowledge over matters of life and the human body. Yet, this was hardly an easy task to achieve. First and foremost, the new regime, of which doctors were a part of, lacked the communication skills it needed to be able to deal with the population over whom it was assuming control. Considering the government's heritage from the Ottoman Empire, which extended through a large territory and yet cared to rule primarily over the Balkans, and the Gallipoli, the new Republic of Turkey needed to understand and communicate in the local dialects of the "new territory" of Anatolia. For example, one can observe this predicament clearly in the regulations of the Ministry of Health and Social Aid formed in 1934 concerning "mobile doctors" (*seyyar tabip*).<sup>87</sup> Item 48 explicitly states that the success of a hygiene program in any village is closely related to the ability of the mobile doctors themselves to convince the peasants on the necessities of having such a program. This in turn was related to the ability of these doctors to explain the principles of hygiene in a language that peasants would be able to understand. In addition, the same regulation also required mobile doctors to maintain

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<sup>87</sup> *Türkiye Cumhuriyeti Sıhhat ve İctimai Muavenet Vekâleti Sıhhiye Mecmuası* 10 (70): 333, Birinciteşrin 1934

past and present records of various illnesses (syphilis, malaria, tuberculosis, and trachoma) in the village (item 49), a task which also necessitated an understanding of the vernacular vocabulary used to describe them.

Apart from the necessity of learning local health expressions for purposes of propaganda supporting both hygiene and modern medicine, local cultures of medical knowledge also presented obstacles of social control and legitimation of the medical community's own understanding of health. To begin with, doctors were in direct competition and conflict with the local herbalists and healers. Even in İstanbul, where the authority of doctors was greater than anywhere else in the country, during the interwar years, one observes a growing distrust toward them. This was partly due to the exorbitant prices charged by doctors for their services. Newspapers and humor magazines of the 1930s were filled with caricatures and articles ridiculing entrepreneur-minded doctors.<sup>88</sup> They predominantly express their criticism by illustrating doctors as businessmen, living only to become rich, charging high prices for consultations, all the while not caring about their patients.<sup>89</sup>

A play, which became quite famous in İstanbul around the same period, complements these widespread criticisms. It was an adaptation of Jules Romains' 1932

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<sup>88</sup> As an example, one can look at the caricatures published in the humor magazine *Akbaba* during the years 1934-1935. I would like to thank Yaprak Tütün for bringing these caricatures to my attention.

<sup>89</sup> One minute, yet interesting example would be the following. The composer of the Encyclopedia of İstanbul (*İstanbul Ansiklopedisi*), historian Reşat Ekrem Koçu, cites doctors as including the entry "*bezirgân*", which is a word that comes from the French word "bazaar", but means "Jewish merchant" in the vernacular usage in Turkey. Koçu adds that this word had been used, in the late nineteenth century, as a curse for Muslim merchants. The only example for the adoption of this term in the contemporary period is about doctors: "A doctor who thinks only of his consultation price, rather than the illness and treatment of his patient: 'He is not a doctor, [rather a] *bezirgân*'." (p. 2729-30).

*Knock ou le Triomphe de la Medecine.*<sup>90</sup> In this satirical play, Romaines portrayed a doctor whose motto was “healthy people are sick people who don’t know it”. The story is about Dr. Knock’s successful attempts in turning a truly healthy village - that needed no medicine, not even a visit to a doctor’s office - into a sick one, via principles of hygiene, within one year’s time. The reviews of this play in the newspapers referred to the similarity between Turkish doctors and Knock. One can see justification for such criticism in Uzman’s opinions penned after his travels to Italy in the summer of 1934:

That’s how the Italians, and the rest of the Europeans create business out of the blue, and take money sweetly from the pockets [of the people]. Isn’t the medical business the same? Everyday we hear complaints from our doctors that there are no jobs, and no patients in Anatolia. Maybe money is running low, but did the illnesses disappear... In Anatolia the people still do not know what doctors [and modern medicine] can do, and hence, they do not recognize their sickness, or think about going to the doctor when they are ill. And because of them we reproach them...<sup>91</sup>

Since the cost of the visits and the drugs administered to the patients were quite expensive and unaffordable for the middle and lower classes, they often chose to go to the local healers and herbalists when they were sick. However, doctors and other educated segments of the society saw the practice of seeing local healers as *being religious*, or as *having supernatural beliefs*, attributing people with uncivilized, primitive (*iptidaî*) and uneducated manners.<sup>92</sup> Nowhere is this more apparent than the thousand-

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<sup>90</sup> I used the English version of the play: Jules Romaines, *Knock*, translated from French by James B. Gidney, New York: Barron’s Educational Series, Inc., 1962.

<sup>91</sup> *Avrupada beş hafta ...*, p. 48

<sup>92</sup> We observe this fact reflected within the dictionary in the translation of some local herbalists as practicing “fake medicine”. The translation of the word “sherbet” (literally “syrup”) reads as follows: “fake medicine that the *swindlers* give to the uninformed public” (*Derleme Sözlüğü*, vol. 10, p. 3762). Although such labeling is true for most of the “traditional medicine”, in some cases the dictionary adopts a

page almanac of health created with the contributions of three hundred doctors, which was presented to the public and the government as a gift from Turkish doctors at the tenth anniversary of Republican rule. The single point, which united all the contributions within this thick reference book of diseases and illnesses, was the advice dictating to see a doctor when they got sick, and to live according to the rules of hygiene in order to avoid illness. However, alongside that suggestion, doctors also deemed every other person seeing a local healer as an uneducated person, and the practice of *fake medicine* as an act of charlatanism exploiting the goodwill of ignorant people.<sup>93</sup>

Apart from the conflicts with local healers themselves, there are interesting cases in relation to the competition and conflict among the medical community that arose out of the utilization of folk symbols: for instance, from the archives of the Turkish Society of Physicians in İstanbul, in 1939, a few doctors filed a complaint against one of their colleagues, a doctor named Hafız Cemal, on the basis that he was not competing equally and fairly. The reason for the complaint was that on his business plate he had added *Lokman Hekim* after his own name. *Lokman Hekim* refers to the persona of a local

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more “neutral” tone. One example would be the translation of the word *parpı/ parpu*. The translation reads as follows: a method of treating people or animals with home-made (homeopathic) medicine, by people called *ocak*.” (ibid. p. 3398) *Ocak* also refers to a local influential family, which is also believed to be traditional healers. The reason behind the “neutral” tone of the translation might have stemmed from the power dynamics between the government and the local leaders. The government needed the cooperation of local authority figures [for the compilation of the local expressions] as I have noted earlier. This can also be read as an illustration of the negotiation process involved in power dynamics. Although the new regime claims to have overcome traditional forms or power, in reality, it had to collaborate with these forms of power.

<sup>93</sup> For a few examples from *Sıhhat Almanacağı* see the following articles: Dr. Ali Rıza Faik Bey, “Kırık Çıkık ve Mutatabbipler”, pp. 259-261; Dr. Hasan Reşat Bey, “Kıl Döken”, pp. 422-24; Dr. Haydar İbrahim Bey, “Kulak – Hastalıkları ve Akıntısı”, pp. 429-432; Dr. Hazım Bey, “Ekzama”, pp. 441-445; Dr. Hulusî Behçet Bey, “Halep Çıbanı”, pp. 458-462; Dr. İlya Salih Bey, “Kulak Ağrıları”, pp. 504-505, Dr. Muhiddin Celâl, “Ağrılar, Sızılar, ve Romatizmalar”, pp. 682-684.

doctor and a healer among the people.<sup>94</sup> The doctors who filed the complaint argued that this would cause people to go more frequently to Hafiz Cemal, rather than themselves. In other cases, though, physicians did not hesitate to use the label “Lokman”. For instance, the health recommendations found in the *Almanac of Health* used the name frequently. All nine sets of recommendations, those on doctors, eating, abstaining from alcohol, blood, marriage, microbes, seasons, and hygiene which were written in a rather simple language and in the form of prose, were signed as if they were written by Lokman.<sup>95</sup>

Apart from drawing attention to the competition with local healers and herbalists, visual definitions of diseases were also problematic for doctors because it presented serious obstacles for determining the certainty of their scientific observations and experiments. For example, in an article on schizophrenia<sup>96</sup> Uzman argued that they (read: Turkish psychiatric community) could not be absolutely certain on the causes and cures of this illness. A treatment that worked for one patient, did not necessarily work for another. Moreover, he complained, in cases of recovery there was immense difficulty in determining whether it was the treatment that cured the illness, or whether it was auto-

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<sup>94</sup> From İstanbul Turkish Society of Physicians Archives, Decision No. 75 of the executive board, February 14 1939. The case closed on March 28, 1939 (Decision No. 82), because the Society found out that he chose *Lokman Hekim* as his surname.

<sup>95</sup> This might mean that the people who had “folk beliefs” were not only from the lower classes, but also from among the upper classes as well. One anecdote dating back to the turn of the century Ottoman İstanbul, gives us a case as such. In his memoir, *80 Yıllık Anılarım...*, Topuzlu tells a story of the Chief of Health, Hasip Pasha. After breaking his leg in a car accident, Hasip Pasha went to local healers who dealt with fractures to the bones (*kırık-çıkıkcılar*). After a treatment that lasted for days and which caused the Pasha excruciating pain, he decided to call on Topuzlu and show him his leg. Topuzlu, in recalling this anecdote, also noted that even medical doctors themselves used to call frequently on local healers back then (pp. 44-45).

<sup>96</sup> “Şizofreniyanın Yeni Tedavileri-2” [New Treatments of Schizophrenia-2], *İstanbul Seririyatı* March 1938, pp. 71-75

recovery. The reason, he said, was simple: usually the patient is brought in to the hospital by his/ her family according to their own conceptualization of that condition, which is not the same as that of the doctor's definition. In other words, Uzman seems to be arguing that the interpretation that the patient's family had as pertains to the emergence of schizophrenia is not the same as that of modern medicine. This led Uzman to lament that the schizophrenics are usually brought into the hospital in very late stages.<sup>97</sup>

As public definitions of illnesses were obstacles to the creation of a clientele, to obtaining precise knowledge concerning illnesses – which is essential to be able to participate in the international community of medicine and to establish the legitimacy of their authority over matters of sickness and health within they nation – all of which were extremely critical in terms of continuing the social and professional reproduction of scientific/modern medicine and the doctors themselves, then something needed to be done about the dissemination of the ideals of hygiene and modern medicine to the public. That necessity is where we come face to face with suggestions of colonization of the countryside, meaning both Anatolia as well as the fringes of İstanbul, as verbalized in appraisals of French colonial doctors and a willingness to collaborate with the government over these matters. References to French colonialism are particularly apparent in the writings and speeches of Uzman and Gökay, especially after their participation to the 1931 Exhibition of Colonialism in Paris. In December 1933, two

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<sup>97</sup> He finishes his article with a statement concluding that because of these reasons, their observations (*mütalâa*) cannot go beyond being particular. Here one finds another dimension of unease with local definitions of illness and health: being a part of the international scientific community, the doctors were not able compete equally with their fellow international colleagues, because a total control had not yet been established over the population.



years after visiting the exhibition Gökay wrote about local inhabitants of Anatolia being ready to embrace the light of true knowledge and wisdom.<sup>98</sup> Giving reference to French colonial governor of North Africa Hubert Lyotey's words, *Il n'est pas de fait plus solidement établi que le rôle d'un medecin comme agent le penetration, d'attirance et de pacification*, Gökay told that these words reflected the truth, and that doctors should be conceived as the primary force in strengthening the revolution and vitalize coming generations. In 1937, Uzman gave a speech on the Day of Medicine to the students of the Faculty of Medicine, and pronounced French colonial doctors as role models for the new generation of doctors.<sup>99</sup> Above everything else, villages were meant to be conquered,

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<sup>98</sup> See his "Bayramda Orta Anadolu ve Devlet Merkezi İntibaları", [Observations / Impressions on Central Anatolia and the Center of the State during *Bayram*] *Tıp Dünyası* 5 (12): 2019. For his original observations on the exhibition see the travel notes he published in the same journal: "Paris İntibaları", [Observations / Impressions on Paris] *Tıp Dünyası* 4 (8): 1503-1505, 1931.

<sup>99</sup> "Tıbbiyeliler Bayramında Söylenilen", in *Konferanslarım (Medikal, Paramedikal) mekteplerde, kulüplerde, radyoda söylenmiş*, İstanbul: Kader Matbaası, 1941, pp. 46-56. Similar references to the link between colonialism and medicine could also be found in his other speeches. For example, see the talk he gave to the People's House in Kütahya, in 1940. There he defined the doctor as a tool for propaganda, and referred not only to the French doctors in North Africa, but also to the Italians and British. ("Konferans – (1940) da Kütahya Halk evinde verilmiştir", in *Konferanslarım*, p. 167)

In defining colonialism as bringing enlightenment to the people, and fighting with the "dark forces" ("*kara kuvvet*" in Turkish; for the employment of the term, see Uzman's "Tıbbiyeliler Bayramında Söylenen", *İstanbul Seririyatı* 21 (4): 23-31, 1939, reprinted in *Konferanslarım*, under the title "Tıbbiyeliler Bayramında bir Söylev", pp. 123-140) the doctors were not the sole agents of propaganda. Especially the teachers of the Republic took upon such responsibility, and defined themselves as *missionaries*. As an example, see the following articles: Sabri Gültekin, "Melez Terbiye", [Hybrid Breeding], *Ülkü* 2 (7): 60, 1933, and, Nusret Kemal, "Köy Misyonerliği", [Village Missonaries], *Ülkü* 2 (8): 150, 1933. Next to the teachers, the university professors, whatever their fields were, also took upon themselves the same mission and presented it as *being missionaries*. For an example from archeology see Emine Çaykara, *Arkeolojinin Delikanlısı Muhibbe Darga*, İstanbul: Türkiye İş Bankası Kültür Yayınları, 2005.

Next to medicine and education, architects were also referring to *internal colonialism* in their articles. As examples, see the following articles from the leading architectural journal of the time *Arkitekt*: Mimar Z. Sayar, "İç Kolonizasyon (Kolonisation intérieure)", vol. 6, 1936, pp. 46-48; Mimar Zeki Sayar, "İç Kolonizasyon (Başka memleketlerde)", vol. 6, 1936, pp. 231-235. Sibel Bozdoğan briefly refers to the employment of the term in her book *Modernism and Nation Building – Turkish Architectural Culture in the Early Republic*, Seattle, London: University of Washington Press, 2001, pp. 101-105.

village houses and villager life-styles were to be inspected, and villagers must be taught to abide by the *rules of hygiene*.

#### *I. 5. Living by the Rules of Hygiene or Eugenics on a Micro Scale*

Next to pragmatic considerations of securing a stable client basis, underlying the three faces of the human, or beneath the doctor's distinction of humanism and philanthropy – and philanthropy divided in two between the “deserving poor” of the cities, and the peasants of the villages – lay also differences of living, or rather, the yardstick of civilized form of living, separating each from the others. The line demarcating civilized and uncivilized life was the pursuit of a hygienic life-style. Of course, what was meant by *hygienic life-style* never embodied an exclusively medical connotation and always merged with cultural codes. It was never as simple as visiting the doctor regularly, even though it was an important article in the rules. For doctors, the body of a human being resembled a machine<sup>100</sup> and just as one regularly takes his automobile to a mechanic, a person should take his body to a doctor regularly. A small part of any machine might be broken because of a very simple problem, like the loosening of a button, and it might cause the machine to completely lose its capability to function. And, according to the perceptions of the doctors, the human body worked just like that: it was vulnerable to all kinds of external effects, where multiple defects might

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<sup>100</sup> See the following articles, in which the metaphor of machine for the human body is constantly repeated: Dr. Ahmet Burhanettin Bey, “*Ölüleri Diriltme Usulleri*”, [Ways of Bringing the Dead Back to Life], in *Sihhat Almanağı*, pp. 179-190; Dr. Necati Kemal Bey, “*Asrın Sporü*”, [Contemporary Sports], in *Sihhat Almanağı*, pp. 721-722; Dr. Niyazi Ismet Bey, “*Göz ve Körlükler*”, [Eye and Blindness], in *Sihhat Almanağı*, pp. 736-738; Dr. Albukrek Bey, “*Hekimin hakikî vazifesi*”, [The real duty of the doctors] pp. 221-224; Dr. Şerafettin Bey, “*Yaz Tatili – Yalova*”, [Summer Holiday, Yalova], pp. 879, Fahrettin Kerim Gökay, *Atatürk Devrinde Halk Sağlığı* [Public Health in Atatürk's Time].

easily be inflicted upon the body. The job of a doctor was to sustain the proper functioning of the body-machine, even though individuals are the primary caregivers of their own bodies, and secondly regard the doctors as essential parts of their lives, as a captain who rules over the body, and as a compassionate friend who helps even in the most desperate situations. Still, the rules of hygiene did not end here. In fact, if we look at recommendations laid out in *Sihhat Almanacı* more closely, in connection with the advices from a popular health journal, *Lokman Hekim*, we are able to see that leading a hygienic life encompassed the totality of an individual's daily life routines. These health-related recommendations included advice about how to get married, who to get married to, ways of greeting people, where to sit in public transports, which parts of the cities to find a livable house, how to clean the house properly, how to work, what to do during leisure time, which books to read and which to avoid, how to read them, how to eat, what to eat, what to watch, what to wear, how to stay young and beautiful ... In short, these lists of recommendations added up to hundreds of guidelines, organizing a person's life down to the minutest.

An important item in these guidelines is the advice that one should always think about the future, of the hardships that may come with the passing of time, and thus, one should avoid extravagancies and live in moderacy. The body should not be exhausted in one's youth so as to avoid future sickness; the mind should not be worried too often to prevent being senile in old age; women should avoid putting too much make-up on their faces because it ruins the complexion later on, and money should not be spent on unnecessary items because one can never be sure of what the future might bring. In addition to these common advisements, moderation stands out as the second most praised

personal attribute in doctors' obituaries (the first being a predisposition toward working hard). If we follow Annan's conceptualization of intellectual aristocrats, one can comfortably argue that similar to the case of Britain, their Turkish equivalents were also aware of their positions within society: they knew that they could never be as rich and as carefree like the aristocracy, and at the same time they needed to avoid going down in the social ladder at all costs. What comes with this precariousness is the modern, moderate and bourgeois individual, calculating his life from *A* to *Z*, and in due process making sure that the whole social fabric is shaped and is calculated - preferably - according to his own pace. Annan stops his narrative at this point, and does not go into the possible implications of such positioning. However, for the purposes of this dissertation, in thinking about similar individuals within the context of the 1930s, we need to think about the extensions of a life of moderacy in conjunction with a calculative mentality. To illustrate this, it would be useful to return to the health-related recommendations listed in the compiled almanac of health.

On the discursive level, these recommendations are universal, addressing the *public* or the *people*; however, as much as we think of them as all-encompassing categories, reading between the lines reveals something else. Complementary recommendations concerning *things-to-avoid* demonstrate the particularistic nature of the audience, or shows us something different than the holism suggested by the terms "people" or "public": "Those who love to have fun all the time will end up in harm's way, and lose their health",<sup>101</sup> "Do not marry those whose parents had cancer, you never

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<sup>101</sup> Advice no. 325, in the journal, *Lokman Hekim* 27: 465, Aralık 1938

know what will come out of their children”,<sup>102</sup> “Do not sit next to dirty men in public transportation, and instead of sitting, stand up to avoid getting lice”,<sup>103</sup> “The drunkard making fun games at the drinking table will be sure to lose his mind one day”,<sup>104</sup> “Do not marry the degenerate. What is meant by lineage is not the line of aristocrats. Those who have murderers, thieves, immorality and dirty diseases in their lineage are degenerates as well. Especially a person who became an aristocrat by stealing is a perfect (example of a) degenerate.”<sup>105</sup> According to these recommendations, drunkards, dirty people, the mentally insane, and the fun-loving aristocracy, in other words those who do not know how to control themselves and revert to extravagancy in their lives, ought not occupy a place within society, and if possible, should be removed from social life, because they do harm to themselves and also spread their sicknesses to others, meaning the healthy segments of the society. Whatever method is chosen or advised for their effacement, be it sterilization, confinement, isolation, or merely segregating oneself from this part of the population by choosing specific locations to live, the name that the totality of these positions acquires in the 1930s is eugenics. Above everything, because of the commonness of these recommendations, guidelines, and rules supported by each and

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<sup>102</sup> Advice no. 340, in the journal, *Lokman Hekim* 28: 479, Ocak 1939

<sup>103</sup> From the advices in the *Sıhhat Almanacı*, p. 489

<sup>104</sup> Advice no. 365, in the journal, *Lokman Hekim* 34: 591, 1941

<sup>105</sup> From the advices in the *Sıhhat Almanacı*, p. 83. I need to note that the word *degenerate* in Turkish is *soysuz*. *Soy* means ancestor, and *soysuz* means “those without an ancestor”. The Turkish original of the advice is as follows: “Soysuz almayınız. Soydan maksat asılzadelik değildir. Soyunda katil, hırsız, ahlâksız, pis hastalık olanlara soysuz (dégénéré) derler. Binaenaleyh rüşvetle, sıratle kibarlaşmışlar mükemmel soysuzdur.”

every doctor, eugenics stands as the sole unifying ideology and practice that works on an everyday level. And it is because of this eugenics does not need any institutional support, nor any extra effort to be realized. It is something ingrained within the minds and bodies of the doctors and their entourage.

## Chapter Two

### Being and Becoming a Doctor II – Eugenics & The Idea of Society

Older systems based upon an artificial environment, had not established a setting for the formulation of effective and needed personalities. The unreal conditions of artificial classroom situations and the theory in books is no substitute for reality ... It is necessary to create a functional and social reality in the school in order to produce functional personalities.

*İsmail Hakkı Baltacıođlu*

Quoted from *Educational Problems in Turkey 1920 – 1940*<sup>106</sup>

We should not let loose of the dragon called degeneration (*tereddi*), which slowly shakes and rots the foundations of nations.

We should clean society's air with firm but really just laws.

*Halil Fikret Kanat*

*Milliyet İdeali ve Topyekûn Millî Terbiye [Ideal of a Nation and Total National Education]*<sup>107</sup>

So it is a must to oppose to the sick and diseased appearances of the psychopaths, both in offices and in schools. We need to classify these psychopaths in their early ages according to their talents and capabilities, separate them [from the others – SGS] and thus ensure and maintain the *Homogeneity* of the offices and classrooms.

*Hüseyin Kenan Tunakan*

*Bünyevî Asabiyet [Constitutional Psychopathy]*<sup>108</sup>

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<sup>106</sup> İlhan Başgöz and Howard E. Wilson, Bloomington: Indiana University Press, & Netherlands: Mouton & Co., 1968, pp. 61-62

<sup>107</sup> Ankara: Çankaya Matbaası, 1942, p. 8

<sup>108</sup> The emphasis belongs to Tunakan. *İstanbul Seririyatı*, July 1933, p. 677

Two reasons, out of many, currently stand out in considering the importance of the doctors' idea of society as a formative element of "being and becoming a doctor": epistemologically, because no conceptualization of society can ever be all-encompassing – contrary to the image of totality suggested by the term – and because definitions always have to steer meaning according to the social and political positioning of the classes within a particular social geography, it will enable us to situate the doctors in there, relationally, not as solitary actors within that geography, but more so in constant interaction and relation with other social classes and groups. On the other hand, historically, the way the doctors theorize society leads us straight into the realm of eugenics, which, beyond being a categorical imperative, works both as an (active) ideology that the Turkish doctors inherit through social and professional reproduction and as a conflictual social practice standing on the cornerstone of social engineering.

### *2. 1. Eugenics and the Element of Power: Society and Statistics*

Conceptualizations of society found expression in the world of doctors through various debates: issues about education, social diseases, principles of hygiene, and city planning constituted only a few of the issues in the discussions. The crucial point to be considered is the reliance on the principles of morality and subsequently on biological evolution of the human species – rather than the theories of sociology, or society for that matter – as an explanatory framework used to elaborate on these "social problems". In fact the doctors used the theories and research of pedagogues, psychologists and occasionally of anthropologists to the extent that they become functional in explaining the individual human subject. Moreover, the members of these disciplines did devise



social research and projects and applied these to multiple groups and settings. Probably the most extensive of these projects concerned the realm of education. To briefly summarize, leaving the detailing to the latter pages of this chapter, it included intelligence and capability tests together with skull measurements and health surveys performed in the elementary schools in İstanbul. In addition to those, the Mental Hygiene Society, next to examining the questions concerning crime in Turkey, devoted most of its annual meetings to the mental hygiene of the school children. Looking at the totality of these projects, we can immediately surmise that the students were defined through their biological and physical compositions. Thus, the schools constituted a site of observation and experimentation. In other words, they were regarded as a laboratory, a microcosm of an ideal society, where new individuals (citizens) were created with new and scientific pedagogical methods.

In calculating the parameters of the future society, and the individual as the basis of it, must have made sense for the doctors for a variety of reasons. Designating the pinnacle of convergence of an ideal form of social existence in micro and macro scales, the principles of morality, for the obvious reason of dictating the rules of living together to members of every human community, signified the guidelines both to judge individuals accordingly, and to mould them into these principles. Secondly, what is more important in adopting an individualist understanding of society is the fact that the individual, as a concrete being, is more likely to be studied scientifically. Contrary to the amorphous and bodiless form of society having a *sui generis* existence as theorized by the sociologists,<sup>109</sup> the individual human being had a mind to be examined by the

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psychiatrist, a body to be healed by the physician, and a behavior pattern to be studied by the psychologist. In other words, it is the possibility of studying the human being within the confines of a laboratory, and the malleability such setting presents for engaging in experimentation that made the individual an appealing candidate for understanding planning of the future society.

In such a conceptualization, eugenics, as the professional ideology of the doctors and the science of the future, no doubt was influential. The relationship between being a doctor and being a eugenicist has already been established in the first chapter. There, I argued that more than being an ideology constricted to the discursive space, or to the space of scientific articles, or to the public speeches, eugenics is in fact the “way of life” for the intellectual aristocracy, in which the doctors occupied a significant place. It is reproduced and transmitted to the following generations through familial, educational and professional networks. What I have not dealt with in the first chapter, when considering the affiliations between physicians and eugenics was the issue of politics, or the element of power, emerging in the form of calculating and determining the contours of the society, which took the shape of statistics, the symbiotic partner of eugenics. The historical link between eugenics and statistics is apparent. If, following the current secondary literature on eugenics, we trace the beginnings of the eugenics to its so-called father Francis Galton, who had also been trained as a medical doctor, we can easily see

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<sup>109</sup> I have to note that the widespread sociology tradition in Turkey follows Emile Durkheim. The foundations of dominant sociological thinking in Turkey have been attributed to Ziya Gökalp, who studied under Durkheim, and established the first chair of Sociology in 1912. It is Durkheim’s conceptualization of society that the doctors are standing in opposition to. See for example, *Morality from a Scientific Approach*, where Özden debates against the society imagined by Durkheim on the basis that it does not explain the origins of human intellect. On the other hand, we know that the Anglo-American tradition of sociology grew in close relation to the individualistic ideal, and eugenics, both in England and in the United States was part of such sociological thinking.

that even before he coined the term, issues of eugenics, like reproduction, marriage and intelligence had already been discussed in relation to the statistical probabilities of which group/ class in the society is more prone to produce “good” children. The classical example is his lecture delivered at the Anthropological Institute on October 29<sup>th</sup>, 1901, in London, titled *The Possible Improvement of the Human Breed, Under the Existing Conditions of Law and Settlement*.

In any case, eugenics and statistics formed a symbiotic relationship, and to think one without the other is virtually impossible. In a nutshell, the prospect of producing well-bred generations for the future entirely depended on calculating which families had the greater probability of procreating children with better genetic make-up. In the 1930s, it was a well-established scientific fact that not every family with bad genes was bound to procreate offspring similar to them. Turkish physicians cited numerous studies done all around the world about both criminal and decent families.<sup>110</sup> In fact, it was a rather frequently mentioned fact that it was a possibility for the criminal or mentally insane parents to give birth to great historical personalities. Such probability became crucial for the debates on eugenics, especially in matters concerning sterilization and castration, in Turkey during the interwar years, and even to the most obstinate eugenicists. Uzman, for instance, touched upon this issue in his book *Tababet-i Ruhiye* (Psychiatry), upon discussing heredity. Referring to the sterilization laws in Germany of the interwar years,

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<sup>110</sup> In fact, there were two kinds of families that were cited in this case. One consists of the families, which, until a feeble-minded arrived, procreated pure and strong offspring. A case in point provided by Uzman is that of French *Kallinak* family, who, stayed pure until the French Revolution, but in the aftermath had become tainted, after one of the sons chose an idiotic girl to marry, who spread her idiocy to the four hundred and eighty descendents of this family. (See Uzman’s *Öjenik – İdiş Kısır, İyi Çocuk Yetiştirme Üzerine İki Konfrerans*, İstanbul: Kader Matbaası, 1935, pp. 10-11)

which required performing the procedure on schizophrenics also, he became hesitant to give his unconditional support depending on the fact that one can find people with high intelligence and talents as well as artists among psycho-maniac depressives. So Uzman suggested that the doctors should be very careful in choosing those who should be subjected to castration and/ or sterilization.<sup>111</sup> Besides, long before he wrote this book, Uzman, gave a speech on Eugenics in 1935. There he argued that the laws of heredity are not enough to determine the feeble-minded and degenerates, for these conditions could also emerge as a result of alcoholism, syphilis, and tuberculosis, let alone the fact that the same family might have a pair of siblings, one an idiot and another who is highly intelligent.<sup>112</sup> Similar concerns were voiced in the talk Gökay gave on sterilization in 1938.<sup>113</sup> After arguing that although there is no necessary causal relationship between being a genius and being a madman sometimes geniuses can be born out of mentally unstable families. Citing Goethe, whom he highly admired and cherished, as an example of someone who was born from a mentally feeble family, and referring to Hans Christian Andersen, whose patrilineal genealogy suggested evidences of schizophrenia; Gökay raised the question whether it is correct to take actions that will prevent such geniuses from being born.

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<sup>111</sup> *Tababet-i Ruhiye*, p. 213

<sup>112</sup> Uzman, *Öjenik*, p. 20

<sup>113</sup> *Kısırlaştırmanın Rolü*, İstanbul: Kader Basımevi, 1938. Given these remarks one should not draw the conclusion that either Gökay or Uzman stood against sterilizations. To the contrary, as we shall see in the coming sections of the current chapter, they supported it. However, given the government's reluctance on the issue, the sterilization laws were not issued. Except for the book *Tababet-i Ruhiye*, which was used as a textbook in the University of İstanbul in the 1930s and 40s, the other two sources deal with the thorny issues of eugenics in a rather lukewarm sense compared to other sources.

However, given the character of eugenics as a political project, even though there is no scientific necessity between being an undesired parent and an undesired offspring, for a eugenicist, the procreation of future generations cannot be left to pure chance. Just like the order of nature, the social order needs to be intervened into. It is in relation to this point that I introduce the idea of biological evolutionism. In the matters concerning society, the doctors of the 1930s Turkey, similar to their colleagues in Europe, believed that human societies do progress according to the laws of evolution, which had almost the same rules both for societies and nature. First of all, in nature, man stood out as the specie most capable of adapting to his changing environment, defying the natural selection process, hence surviving and progressing at the same time. It is basically the mental capabilities of the individual and his talents, as a derivative of his intellect, in making and using tools that distinguished man from other species. So, contrary to other species that lack the capacity to adapt, consequentially losing its ability to reproduce, which would lead to their demise; man, with all his capabilities, represented the zenith of evolution. At its purest, this narrative shows us the influence of Darwinism on doctors. Needless to say, the doctors of the 1930s embraced Darwin completely; in fact, they brought it from their “school days”, from the Royal Military Academy of Medicine, not as a scientific doctrine they learnt officially, but as a self-taught doctrine, taking the shape of the political program of the future, which existed in those days only as an underground movement that started in the bunker of the school yard, which would turn into a Revolution at the turn of the century.<sup>114</sup> Parallel to their conceptualization back then, in

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<sup>114</sup> Unfortunately, the three scholars, who wrote about the impact of Darwinism in the last days of Ottoman Empire, especially among the students of the Royal Military Academy of Medicine, Şerif Mardin, Şükrü Hanioglu all see Darwinism as an import of the Young Turks from France, and do not even consider the possibility of relating it to the similarity between the two social orders they were experiencing.

1930s, they translated the laws of evolution for nature to the social context. They argued that societies, analogous to nature, are subject to laws of evolution. Within this process, some human races, most capable of using their intellect and talents adapt to their environment, to the changing conditions in it, and continue surviving, whereas other species, lacking the capacity to adapt, either because they did not come into contact with higher species, or because they lost their sense of progress and evolution, stay behind the intelligent ones.

## *2.2. Eugenics and the Question of Intervention*

The locus of debate within this seemingly smooth conceptualization was the question whether or not the whole evolution process, and especially natural selection could be explained by chance, as Darwin himself did. Depending on the outcome of the debate, any possible need for intervention into the matters of nature/ society was considered as a successive discussion. Had there been a direction, a teleology in the working of nature and society, and a purpose in selecting the fit members of these orders, leaving the unfits to perish, then, it meant that the scientist, observing and studying nature (as well as society) would be cautious about the possible disruptions in this process. Intervening, or instituting eugenic measures and policies in this instance constituted the meaningful action to be taken in any case of disruption.

Within the medical community, the idea supporting the existence of a teleological evolution and natural selection was dominant, and was specifically voiced by Âkil Muhtar Özden. In his book *İlim Bakımından Ahlâk* (Morality from a Scientific

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Approach) he clearly rejected Darwin's idea of chance playing a role in the process of evolution. He argued that natural selection has a purpose and directs itself towards something, although he never openly spelled out the name of that something, he said, whatever had enabled evolution also enabled its progress.<sup>115</sup> I will not dwell on the question of his ambiguity towards the naming of "that something enabling the evolution or natural selection". It is no more than a metaphysical question with possible leanings towards theology. Moreover, intervention and producing social policies in the line of eugenics had been a common practice, and whether or not the destination point had a name did not make any difference. Our subjects were pragmatic physicians, not philosophers when it came to matters concerning the natural social world, which they strongly believed in ordering and organizing in accordance with their principles.

It is interesting that Özden himself never associated these ideas with eugenics. However, in the 7<sup>th</sup> Congress of Medicine of Turkey in 1937,<sup>116</sup> the medical community debated the concepts of natural selection (*istifa*), counter-selection (*tersine istifa*) and evolution as elements of eugenics. It has been stated in the report of the Congress that *biological reproduction* stems from differences in spiritual and physical strengths of the individual members of a nation. The sick and feeble ones always reproduce more children than the strong and solid, leading the tendency towards degeneration (*tereddi*) via counter-selection. Primitive tribes and animal communities in nature have their own ways of guaranteeing the strength of the succeeding generations: they let their weak

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<sup>115</sup> *İlim Bakımından Ahlâk*, p. 56

<sup>116</sup> *Yedinci Millî Türk Tıp Kurultayı – Eugenik bahsine umumî bir bakış*, [Seventh Congress of Turkish National Medicine – A General Outlook at Eugenics], reported by Şükrü Hazım Tiner, İstanbul: Kader Matbaası, 1938

members die. Yet, contrary to that practice, the advanced human communities keep their degenerate members under protection, eventually allowing them to over-reproduce. For example, mentally insane were subject to natural selection in the past, because nobody gave them care, nor put them into mental hospitals for treatment, and consequentially they perished. Ever since they started to be placed in asylums, and given care and treatment, and even provided with marriage licenses after being cured, the number of the degenerates started to rise. For the sake of the race hygiene (*ırk hıfzıssıhhası*) it would have been much better to keep them in the asylums, and not let them out.<sup>117</sup>

The report, after this brief statement on eugenics and race hygiene, using both terms interchangeably, went on to discuss various social “problems” in relation to natural selection: suicides, social diseases, and infant mortality. In the case of suicides, four types were mentioned and each was examined individually: the first one considered the people committing suicide as a result of melancholia and alcoholism, and argued that the death of these people should not be deemed as a loss for racial purification (*ırkın temizlenmesi*). Neither should those in the second category, who end their lives because of an incurable illness, be regarded as detrimental for race hygiene. Similarly, psychopaths committing suicide from love sickness also should be cherished as a gain. The only category on which doctors were undecided centered on people who committed suicide because of economic reasons. Concerning them, the medical community could not decide whether or not it was good for the race hygiene, because the doctors thought

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<sup>117</sup> *Yedinci Milli Türk Tıp Kurultayı*, pp. 5-9



that those people might not have had equal access to the economic resources, which made the reason of suicide an outside effect, rather than a pathological mind.<sup>118</sup>

In addition to suicide, diseases were another category that needed to be related to the phenomenon of natural selection for the Turkish medical community. Doctors claimed that tuberculosis was found in asthenic, hypo plastic and weak body structures; in lustful, poor, and illiterate people with many children; and because it annihilated only people of such kind, it acted in favor of natural selection. Moreover, it has been argued that tuberculosis should also be considered as economic selection, because wealthy families, who happen to be contaminated with the disease, survive, and contribute to the growth of national economy with their industriousness, and those who are idle die.<sup>119</sup>

In addition to tuberculosis, syphilis and gonorrhea were also counted as positive factors in natural selection. The case made by doctors predominantly emphasized the effects these diseases had on women: since with gonorrhea came sterility, women, who

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<sup>118</sup> *Yedinci Milli Türk Tıp Kurultayı*, p. 11. For a more extensive study of suicides from a eugenic perspective, see Fahrettin Kerim Gökay's *Türkiyede intiharlar meselesi* [Issue of Suicide in Turkey], İstanbul: Kader Matbassı, 1932. Gökay said that he needed to analyze suicides, because there had been a critical increase recent years, especially in İstanbul, which started in 1918 and reached its peak in 1928. After a brief literature survey on suicides, he argued that the increase in İstanbul should be thought in the context of the aftermath effects of war, and the new lifestyle inserted within the society by the new government. In both times of war and revolution, he claimed, people's will power diminishes significantly. In fact, it is generally the mentally unstable people, degenerates and psychopaths, or those weak and feeble willed, who commit suicide in the first place. Among the solutions he offered were closer surveillance of these feeble willed people, counter-suicide suggestions in the schools, and the removal of suicide news from the press. He concluded his analysis saying that, if anyone commits suicide after these precautions, then those feeble willed people would be like the bile for our society ("Ara yerde kayp edeceğimiz bir kaç zayıf iradeliler cemiyetimizin bir nevi safrası olur). Six years later he took up the issue of suicides in an article called *Türkiyede gazetelerle ihtihar hadiselerini neşretmeği yasak eden kanunun tesiri üzerine bir etüd* [A Study on the Effects of the Law Banning the Publication of Suicide News from the Press in Turkey, *Tıp Dünyası* 11 (8-124): 3895-3900, August 1938. The article is followed by its French translation]. There he praised the Press Law, passed in 1931, banning any publication of the suicides in the newspapers. He argued that thanks to this law the suicide rates had dropped down after the Great Depression. He added that there was no need in printing the stories of the lives of vulnerable and miserable people anyway. It was simply not beneficial for the rest of the society (p. 3900).

<sup>119</sup> *Yedinci Milli Türk Tıp Kurultayı*, 11-15

had the disease – such as the dancers, courtesans, prostitutes and artists – had naturally been sterilized, inhibiting their reproduction significantly. Next to these women, the vagrants in the cities, and people against social order were also being cleansed by syphilis and gonorrhoea. These social diseases work in favor of those with strong body structure, will and morality.<sup>120</sup>

After suicides and social diseases the last category that was discussed in connection to natural selection was infant mortality. The argument went as follows: the infants dying when they are a couple of days old have either a defunct genetic composition, or are born of syphilitic and alcoholic parents, most probably out-of-wedlock. This fact is strengthened if one observes that infant mortality is high among unmarried maids, and lower class workers. Had those bastard children grown up to live a longer life, they would have turned out to be degenerates, weak minded, and idiots. Therefore, it is not harmful for race hygiene that these infants die early.<sup>121</sup>

After taking into account the existence of these ideas as collective agreement points, reflecting the intermingling of a Darwinian configuration of natural social order with eugenics the question comes back to where we started: the issue of intervention. We need to ask whether the Turkish medical community chose to intervene in this natural social order they are defining. If this order was working in favor of a eugenic order, natural selection, then was it necessary to institute further eugenic policies? In other words, would not intervening be considered as an intervention within its own rights, if

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<sup>120</sup> *Yedinci Milli Türk Tıp Kurultayı*, pp. 15-21

<sup>121</sup> *Yedinci Milli Türk Tıp Kurultayı*, pp. 21-25

one clearly knows that by not intervening into the “natural social order” he is in fact fostering the eugenic practice. Talking about intervention no doubt refers to certain kinds of action and practices of the doctors. Without elaborating them, the issues of intervention, and similarly, eugenics cannot be completed. For that we need to look at their practices in the public health realm, i.e. hospitals, where the contacts and encounters with the “degenerates” and the “poor” were predominantly taking place.

In passing, we need to consider intervention from another angle though. In the lexicon of the doctors, intervention meant changing the environment, or at least intending to change it. Moreover, the “ability” to change – indeed an inherited capability, so thought they – and ordering the “natural social world” according to the laws of nature and evolution constituted a significant fragment of the self-perception of the doctors. Equipped with intellect, the crown of evolution, intervention was almost a historical mission bequeathed upon them by the nature. Özden for instance, argued that Bronze Age started with a few highly intellectual humans, who came up with the idea of mixing tin with liquid copper. Bronze, the product of that mixture proved to be much stronger, enabling the production of many more tools and goods.<sup>122</sup>

So, briefly, the highly intelligent people are those who change their surroundings, rather than allowing it to alter them.<sup>123</sup> At the end of this chapter we will see the

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<sup>122</sup> *İlim Bakımından Ahlâk*, p. 69

<sup>123</sup> In comparison, we find such arguments prevalent in many countries. In fin-de-siècle Hungary, literary historian Zsolt Beöthy argued the following: “Lower’ races were characterized by their physical traits, ‘higher’ races by their spiritual endowments. Furthermore, races also had two distinct ‘natures’: exogenous nature was influenced by the environment, whilst indigenous nature derived from generationally acquired characteristics. Since the physical traits of a race were most influenced by exogenous factors, the inferior races were shaped directly by their environment. Indeed, superior races shaped their surrounding environment according to their internal evolution of their own culture.” (See Marius Turda’s, “Race, Politics and Nationalist Darwinism in Hungary, 1880-1918”, *Ab Imperio* 1: 139-164, 2007, p. 153)

translation of these ideas to the national and international contexts, and observe that on the national level, it has become integrated with a colonial discourse, stressing the missions of the doctors as opposed to the ignorance of the local people inhabiting Anatolia. But on the level of the immediate environment, the policies concerning the everyday life in the city of İstanbul, surpassed the level of changing or reforming, and leaned more towards strict control, and occasionally to annihilation. The reason, I argue, was simple: if one is arguing that highly intelligent people change their environment, whereas the less intelligent people are changed by it, then that person arguing it – in our case it is the doctors – is actually claiming in a way that the “environment”, how ever it is defined, is a contaminant. Think of it in correlation with the following points discussed in the first chapter: the desire of the medical community towards establishing an autonomous existence both from the state, and the rest of the social groups; its humanism, consisting of care reserved only for those who were considered human, i.e. for its own entourage; and the private health houses as the main institutions for their own health. Apart from these, we can also observe it in the efforts of the doctors to avoid the “contamination” of the streets from their own living spaces. The houses the doctors inhabited had a semi-segregated architecture, where kitchen and the maid’s quarters were separated from the rest of the house by a long corridor and in most cases had a separate entrance. However, this semi-segregated architecture was not enough to avoid contamination. Health check-ups, especially for the diseases of syphilis and trachoma was advised for the upper-class families. Naciye Emin Hanım, who worked as a laboratory technician in İstanbul Mental Hospital in the 1930s, advised that cooks,

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governesses, maids and wet-nurses should be forced to have the Wasserman Test<sup>124</sup> before employment in houses.<sup>125</sup> Concerning trachoma, Dr. Nuri Fehmi Bey, warned his readers that the disease is a product of backwards, poor and dirty countries, not ever to be found in clean, civilized and wealthy ones. The trachoma microbe falls onto the dirty and illiterate tribes, who do not know how to take care of themselves.<sup>126</sup> In his radio speech two years after the publication of his article in *Sihhat Almanacağı* (Almanac of Health), he openly advised families to be cautious of trachoma, and be wary about the maids, wet-nurses, governesses and other workers by forcing them to be examined by an ophthalmologist.<sup>127</sup>

So, city life, being beyond reach, chaotic and uncontrollable was turning into something much more manageable within four walls with those compulsory health

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<sup>124</sup> It was a standard blood test of the time for detecting whether a person has syphilis or not. The patients of mental asylums for example, were tested upon admittance for syphilis by this test.

<sup>125</sup> “Sütinelerin, ahçıların, hizmetçilerin kanlarını mutlaka muayene ettiriniz”, [Please check the blood of your wet-nurses, cooks and maids], in *Sihhat Almanacağı*, pp. 698-700. Her advice had been repeated in the *Almanac*, in the article written by Dr. Ali Naim Bey, “Gözlerin Sıhhati”, the health of the eyes. There, he sorted out nine advices about how should one protect herself/ himself from this horrible disease of trachoma, and the items eight and nine tell us that we should carefully inspect the laundresses, cooks, maids, in short, every worker of the household, before employing them (see pp. 701-704).

<sup>126</sup> “Trahom” [Trachoma], in *Sihhat Almanacağı*, pp. 758-763

<sup>127</sup> *İstanbul Seririyatı*, March 1935, pp. 15-17. While he gave the radio speech, he was the Chief of Organization for Struggling with Trachoma Disease (*Trahom Mücadele Teşkilatı*). In his speech he specified clearly the people to be avoided. He argued that trachoma is found in Turkey for two reasons: first of all, Turkey has land-borders with countries such as Iran, Syria and Iraq, and water-borders with Palestine and Egypt, where trachoma is found everywhere. Secondly, Turkey [meaning Ottoman Empire – SGS] had to go to war in Asia and Africa, and the soldiers carried the disease back to Turkey. After defining these territories as “diseased lands”, he listed the cities and towns in Turkey where there are permanent trachoma organizations: Adana, Maraş, Gaziantep, Malatya, Urfa, Adıyaman, Beşri, Kilis and Siverek. Advising families mainly residing in İstanbul to check the eyes of their maids, etc. is in fact at the same time both indicates the presence of migration from southern and southeastern Anatolia and targets them as the main carriers of the disease.

check-ups. However, being able to control the “outside” did not change the bleak and grim attitude towards “the street”: İsmail Ziya Tanrıkul, one of the psychiatrists of the İstanbul Mental Hospital, expressed such sentiment with the portrait of a child thrown out on to the street.<sup>128</sup> No matter what his genealogy is, once there, he will be imbued in the vulgarity of the societal life, starting as a beggar in the city, slowly moving to the outskirts, where he will become a bandit, disturb the order, resort to smuggling and engage in every other law-breaking activity. Consequently, even the genes could not protect the well-bred people from contamination from this outside.

### 2. 3. *The Outsiders: Psychopaths, Degenerates and Alcoholics*

“The lazy people feed themselves off of other people’s blood. They live in dirt, like tenia. Not only they let their bodies and minds become atrophic, but they also spread disease to the very society”, wrote Âkil Muhtar Özden in his book *İlim Bakımından Ahlâk*, under the chapter where he discussed whether work is an instinct or the product of intellect. Citing R. W. G. Hingston’s 1924 experiment on a specific type of spider, Özden said that as much as instinct, the intellect found in this creature is rather significant: Hingston first observed this spider build up its net, and then started destroying the net by cutting it into pieces. He did this twenty-five times, and until the twenty-fifth the spider started building the net from the scratch. Only in the twenty-fifth time did the spider give up. Hingston argued that the first twenty four times represented the instinct, but the last one proved intellect. After working diligently, the spider finally

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<sup>128</sup> “Yarım Deliler ve Himayeleri” [Half-insane and Their Warding], in *Sıhhat Almanâğı*, pp. 517-519

realized that something else is going on and intervening in its work.<sup>129</sup> I argue that with this example, Özden provided not only the link between work and intellect, but also given that such example referred to a species other than the human, he substantiated the existence of work in nature, hence its inevitability for the human societies.

This surely was the spirit of the 1930s, and the doctors were participating in it with their own conceptualization of work. For progress it was necessary to pursue intellectual work only for the sake of science, neither for personal gain, nor some higher ideal. If one studied science for the sake of science, then, he, the nation and humanity would eventually benefit from it. Being assiduous and working hard for science was a highly praised quality in the medical community and had been repeatedly quoted in the obituaries of the physicians. In an obviously self-aggrandizing manner, it constituted an essential part of the “ideal individual’s morality”, and was used as one of the yardsticks to measure a person’s worth. Uzman for example, in the introduction of his book *Tababet-i Ruhiye*, counted *sorting out the enemies of reason* among the main chores of his own discipline. He argued that psychiatry had been able to detect the psychopaths, degenerates and syphilitics and taught *society* how to fight them. Otherwise, society, because it had been thoroughly sympathetic to these people to have spent millions of liras for their care, was going to decay; either by spending too much money on them, or during wartimes, by keeping them safe within hospital and asylum buildings, while sending the fit and strong ones to fight for the country.<sup>130</sup> Apparent in this remark is the notion that

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<sup>129</sup> See pages 32-33. Özden is using R. W. G. Hingston’s *Instinct and Intellect*, New York: Macmillan Company, 1929.

<sup>130</sup> Most of the eugenicists of Turkey opposed war for this very reason. They all argued that it was detrimental to the fitness of the country. I will deal more with this issue in the section *Concluding Remarks on Eugenics, Education and Society* of the current chapter.

within society there is no place reserved for the “psychopaths, degenerates, and syphilitics”, who constituted the segments of the country that were beyond the efforts of being positively socialized and molded into the social fabric. They simply were true “aliens”, and either by hereditary traits or character flaws, they fell naturally outside of the social order.

A thorough reading of the articles and books of the medical community reveals that although the people identified as degenerates hardly constituted a homogenous category for the doctors, a state of idleness, or an absence of productive work, which made the person by default un-orderly and hence dangerous, constituted the common denominator in the formation of such people. Hüseyin Kenan Tunakan expressed the relationship between degeneracy, idleness and criminality arguing that the importance of the study of the psychopath laid not only in allocating jobs and work efficiency, but also with regard to forensic medicine and criminal law.<sup>131</sup> In the end, as Özden stated briefly, a desire for order is found in nature, thus it should be included among the chief attributes of human beings.<sup>132</sup>

There were at least three main groups of “degenerates”, each with multiple subdivisions. The urban poor constituted the largest and most diverse group among these three: prostitutes, alcoholics, young criminals, and beggars, or as we shall see later on, the immigrants coming to İstanbul for work, all fall within this category. The second extended category was the mentally ill people, epileptics and schizophrenics among the

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<sup>131</sup> “Bünyevî asabiyet”, *İstanbul Seririyatı* 7, 1933, pp. 674-677

<sup>132</sup> See *İlim Bakımından Ahlâk*, p. 138



most common representatives. I need to note that most of the time the first two categories overlapped: for example, an alcoholic could have been included in the category of “mentally unstable” had he been placed within a mental asylum. This is regardless of the fact that the doctors were designating the act of excessive drinking as stemming from a feeble mind and character, both of which are the result of deformed genes.<sup>133</sup> All the degenerates were de facto mentally unstable people. However, the spatial location of the degenerates mattered considerably. In fact, with the exception of the schizophrenics, the only difference between the categories of “urban poor” and “mentally ill” was the spatial location they occupied. The category within which the person to be put into was being determined depending on whether or not they were “caught” by law enforcement, taken off of the streets, and hospitalized into mental asylums or incarcerated in prisons. It shifted from being a member of the urban poor *degenerate* to being a mentally ill with a *degenerate* mind. In other words, no matter how science and medicine depicted “the degenerates” as a broad category, being under “control” either in prison or in mental asylum differed significantly. Had the prostitute, for instance, been hospitalized, the diseases – hence the danger – she was going to spread to the society would have been greatly reduced. Once inside a hospital, she was subject to not only treatment, but also to the “compassionate” hands of the physicians, whereas “outside”, as the main carrier of syphilis and gonorrhea, she was a menace to society.

Within the first category of degenerates, prostitutes and alcoholics, above everyone, were carriers of social diseases (*içtimaî hastalıklar*), mainly syphilis and

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<sup>133</sup> This argument had been prevalent since the 19<sup>th</sup> century. See Besim Ömer Akalın’s *Mükeyyifiyat ve Muskirattan Muskirat* [Alcoholic Beverages and Intoxicants], İstanbul: Mahmut Bey Matbaası, 1888, for the first modern treatise against alcohol and intoxicating substances.

gonorrhoea, which, according to the medical community, were presenting threats to the future generations of the Turkish race. Prostitutes and women “who go around”<sup>134</sup> were the first group responsible for the spread of those diseases, even though the primary blame is put on the former of these two groups of women. However, no woman going around ever managed to stay disease-free, said Dr. Ali Eşref Bey, urologist of the Gureba Hospital in İstanbul (in 1933). He argued that the young men ought to be taught ways to avoid these women, because with a worrisome attitude, they would not hesitate for a second to be courted by them, the prostitutes who were the harbingers of disease. A proper sexual education, given either in barracks or schools is much more important than the useless knowledge they get, like Ömer Hayyam’s poems, or Kant’s philosophy.<sup>135</sup>

“One recognizes these people easily from their blushed faces, reddened eyes, grayish hair, pale tongues, stuttered speech and trembling hands...” wrote Fahrettin Kerim Gökay, in his article *The Effects of Alcohol on Human Parts* (İnsan Uzuvarlarında İçkinin Tesirleri). Feelings of love for their families and the community declined over the time they used alcohol. They seek every single opportunity to argue and fight over even the smallest of matters. The head physician of the Venereal Diseases Hospital in İstanbul, Dr. Naci Erim<sup>136</sup>, argued that when people have sexual intercourse while they

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<sup>134</sup> The definition of “women who go around” belongs to Dr. Hüseyin Zade Ali Bey. See his “Sifilomani ve Frengiye Dair bilgilerimizin tarihinden bir nebze” [A small chapter of our knowledge on Syphilitics and Syphilis], in *Sihat Almanacağı* (Almanac of Health), 1933, pp. 233-241. There he also traces the etymology of the Turkish term for venereal diseases (*zührevî hastalıklar*) back to the goddess *Zühre*, who is supposed to be voluptuous, flirtatious and never to be trusted. Indicating the background of the word, he argues that the French word *vénérien* refers to a similar usage, coming from the goddess Venus.

<sup>135</sup> See his article “İçtimaî dertlerimizden biri” [One of our social problems] in *Almanac of Health*, pp. 227-232.

are intoxicated, they would trust their partners, and would not use any protection. In fact, he said, all the patients in his hospital told him different versions of the same story.<sup>137</sup> So, his conclusion was that alcoholics should be considered as much responsible as the prostitutes in the spreading of venereal diseases.

So, in addition to prostitutes, for the doctors, alcoholics constituted another segment of the infectious population that threatens the future of the Turkish race. Here are two narratives of alcoholics by two different psychiatrists, working in two different mental hospitals, the first one being a public institution and second a private one. İsmail Ziya Tanrıkul, one of the psychiatrists of the İstanbul Mental Hospital, defined alcoholics as descending from emotionally feeble, insane, half-insane, stupid and idiotic families. He argued that they are recognizable from the cradle, distinguishable from normal infants by constant crying and incorrigibility. He argued that such character showed itself later in life, when they became lazy students in schools, naughty with their friends, and rebellious against the teachers. In short, they were almost like barricades in the way of humanity that desires nothing but progress.<sup>138</sup> On the other hand, Hüseyin Kenan Tunakan,<sup>139</sup> a psychiatrist of the French Mental Hospital in Şişli mentioned that

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<sup>136</sup> “Belsoğukluğu ve Frengiden Korunma Çareleri”, [Ways to be Protected against Gonorrhoea and Syphilis], pp. 694-697

<sup>137</sup> Acquiring the knowledge of how patients with venereal diseases had contacted them seems to constitute a pattern. It is interesting that in his autobiography, where the school years at the Military Medical School were discussed in detail, Tefik Sağlam told that Celâl Muhtar, the head of venereal diseases clinic, would not give patients treatment, unless they told him how they contracted the disease. He does not refer to any similar experience from any other clinic (See his *Nasıl Okudum*, p. 94).

<sup>138</sup> “Yarım Deliler ve Himayeleri” [Half-insane and Their Warding] in *Sıhhat Almanacağı*, pp. 517-519

<sup>139</sup> “Toksikomani (Keyif Veren Zehirlerin Tiryakiliği)” [Toxicomania - Addiction to Pleasurable Poisons], pp. 446-452

alcoholics usually come from “diseased families”. Not only were they hereditarily over-sensitive and sick, but also their childhood education has usually been neglected. Being spoiled in their youth made it impossible to contain (and cure) the feeble side of their character later by education. Since they were unable to choose a profession according to their natural skills and characters, they lead their life shifting among the jobs, never to be disciplined in any. Overall, addicts of heroin, morphine, hashish, and cocaine had always been nervous people with bad heredity, in other words psychopaths, or half-minded people.

Since the nineteenth century, not only among the physicians, but also among the growing upper-middle classes to consume alcohol moderately was a matter of distinction as opposed to those drunkards, who did not know how to handle their drinks. Of course moderate alcohol consumption went along with *moderacy* of the person’s character, which had been particular to the upper-class morality of the eighteenth and nineteenth century Ottoman elite.<sup>140</sup> Moderacy had been transferred into the Republican elite, and the doctors of the 1930s. For example, small doses of alcohol were prescribed to the prominent writer Abdülhak Hamit by the most ardent anti-alcohol propagator, Uzman. On page 40 of an obituary Uzman penned down after Hamit’s death,<sup>141</sup> he wrote that Hamit loved whisky, but he never became an alcoholic. Uzman explained this as the strength in Hamit’s familial background, and possessing strong nerves and character.

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<sup>140</sup> See François Georgeon’s “Ottomans and Drinkers: The Consumption of Alcohol in İstanbul in the Nineteenth Century”, in Eugene L. Rogan (ed.), *Outside In: On the Margins of the Modern Middle East*, London & New York: I.B. Tauris, pp. 7-30.

<sup>141</sup> *İstanbul Seririyatı* 19 (5), May 1937, pp. 37-41

Apart from this example, I need to note that some of the physicians were consuming moderate amounts of alcohol, and suggesting the use of it for health purposes. For example in the newspaper *Akşam*, Ahmed Asım Onur and İffet Naim Onur regularly wrote articles about health. There, they argued that small doses of alcohol had medicinal use, and acts effectively as a stimulant for the mind, opens appetite, gives strength to the body and good for the nerves.<sup>142</sup>

Some of the doctors argued that even among the upper classes there had been those who did not know how to lead a decent and moderate life. Tunakan's account above describes such upper class family. Through that narrative our third category of the degenerates emerges. With *high degenerates*, as Uzman called them, or the *psychopaths*, we are leaving the world of poor and underclass and entering to the world of the aristocracy and nouveau riche. Either by inheritance, or by other means, we are talking about people who possess significant amounts of money, however, gained not by honest and disciplined work, but through "easy means", like fraud or embezzlement. But, this does not mean that no intersections exist with the first two categories. I will return to the overlaps shortly. For now, I will trace this category using Uzman's speech at the İstanbul University in 1942, titled *High Degenerates*.<sup>143</sup> He started his speech claiming that the high degenerates had increased in numbers recently and he pointed out the need to analyze and identify them, especially considering that within psychopaths one encounters people/ historical characters who had altered the historical path of their countries. On the

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<sup>142</sup> See the book that is compiled of these advices: *Halk için Hekim Öğütleri* [Advices from the Physicians to the Public], İstanbul: Akşam Matbaası, 1936, pp. 6-11.

<sup>143</sup> Published in *İstanbul Seririyatı*, 24(4): 43-54, April 1942

level of mental disposition, alternating between normalcy and abnormality, Uzman claimed that these people occupy an ambiguous place leaning towards one or the other, but never quite belonging to either of the two strict positions. Such obscurity made their real distinguishing feature the feebleness of their character, which predominantly displayed itself in their disability towards adapting to their environment. Otherwise, most of them had normal or slightly low IQs, which, under normal circumstances would be enough to allow them, do proper and productive work.<sup>144</sup> However, Uzman continued, in the case of the psychopaths, even though they possessed significant talents, they would not know how to use them. Most of them were driven by the desire to have large sums of money. Yet they did not have not having the patience to acquire it through serious work. So most of them tried to find ways of obtaining it easily and quickly. That's why one finds swindlers, the fraudulent, and conman among the psychopaths.

Uzman further argued that potential murderers could be found among those property criminals. What typified them is the lack of remorse for their actions.<sup>145</sup> Elsewhere Uzman portrayed the psychopaths as being more dangerous than the “regular insane”.<sup>146</sup> He argued that a madman could commit a murder at the height of his delirium. But immediately after, it is certain that he would be placed in a mental asylum, never to be released again. However, the psychopaths were liable to commit various

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<sup>144</sup> For an example of a low IQ psychopath see the example he gives on pages 50-51.

<sup>145</sup> Uzman places anti-socials, embezzlers, fake physicians within this category. See pages 43-47. Although Uzman did not cite Lombroso in this particular case, note the similarity in the conceptualization of the criminal with “lack of remorse”. See Lombroso’s “Criminal Anthropology: Its Origin and Application”, *Forum*, September 1885, pp. 33-50, and his *Criminal Man*. Different from Uzman, Lombroso used this category to refer only to the lower class criminals.

<sup>146</sup> *Tababet-i Ruhiye*, pp. 16-17

crimes everyday and they often got away using their wits, by playing tricks, and making up excuses, which, most often enabled them to escape from the hands of justice. Those who were caught by it found themselves in jails, although they would not be kept there for a long time and continue their lives as criminals after upon being released. They would turn into recidivists. Here, Uzman suggested a change in the legal category for the psychopaths: rather than being considered essentially as “criminals”, they needed to be reckoned as “mentally insane”. Such shift would also necessitate an alteration of the authority of punishment from the prison guards to the psychiatrists, and the space of authority from prisons to the mental asylums.

In addition to the criminals, a second character emerged as belonging to the category of psychopaths: those living with the inheritance they acquired from their families. According to Uzman, some of them knew a few languages, and even posed for being experts in matters of history, geography, and literature, but in fact they were no more than dilettantes. Some spent their inheritance on prostitutes, whereas some did not touch it and walk around with ragged clothes on them. Although they did not present immediate danger to their environment, and certainly could not be characterized as criminals, because of their imbalanced attitudes, in the end, they did present certain uncanniness to their surroundings.

Next to these two characters, anarchists and some revolutionaries also were depicted as part of the “degenerates”. Uzman interpreted the actions of the anarchists resulting from their envious feelings towards “great men”, which led them to form anarchist or nihilist organizations and societies, to assassinate those great personalities. Revolutionaries such as Robespierre, Rousseau, and Mirabeau, and literary figures such

as Edgar Allen Poe, Paul Verlain, Goethe and Dostoyevski were all included in this category. It is interesting to read Uzman, as a member of the intellectual aristocracy, writing about Goethe, Robespierre or Rousseau in such manner, i.e. presenting them as geniuses and psychopaths at the same time, although he always maintained that psychopathy came over them later in their lives whereas during the course of their achievements, they were totally sane.<sup>147</sup> One can read this fact as laundering mental illnesses and the label placed upon a group of intellectuals, of which, by ideology and moral attitude he himself was a constituent as well. Moreover, it is to sustain that integrity and a balanced character inhabited the intellectuals, rather than a schizophrenic mental system shifting between ingenuity and madness. In other words, it can well be read as clearing the heritage of the class that he belonged to. Nevertheless, placing revolutionaries and anarchists with the psychopaths also presents a certain political conservatism for the 1930s, even though some of the ideological roots of the 1930s government lay slightly with the achievements of Rousseau and Robespierre. In any case, the conservatism of the period, especially concerning a eugenic vision of society should be sought elsewhere, outside of the political engagements, which were frequently subject to change.

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<sup>147</sup> Here he disagrees with Lombroso's statement that there is a very thin line between being a genius and a madman at the same time. See page 48 of *High Degenerates*. Rafael Huertas, following Ortega y Gasset, interprets Lombroso's pessimism concerning his definition of genius as being "a certain dementia", as a reflection of the idea of decadence and anthropological pessimism that dominated the fin-de-siecle Europe. See his "Madness and Degeneration I – From 'fallen angel' to mentally ill", *History of Psychiatry* 3: 391-411, 1992. Daniel Pick makes a similar argument in his book *Faces of Degeneration*. One of his best examples concerns the shift from a grim and bleak portrayal of British society in Bram Stoker's *Dracula* to his eugenic novel *The Man*. Pick argues that within ten years the whole imagery of Europe has changed within the eyes of the intellectuals. Coming back to Uzman's rejection of Lombroso, it can be argued that his optimism, and his efforts to distinguish genius from madness, even though they can be found in one person at different stages of his life, somewhat depends on his confidence of his power within the society.



Starting this section I have argued that *work* was the criterion of placing certain groups into the category of *degenerates*, and that all of them in their own ways were depicted as either refraining from work, or not engaging in productive activity. Next to idleness the other commonality they shared was that all people depicted as degenerates, regardless of their class position, were conceptualized as being *detectable from their childhoods*. They cried too much in their cradles, did not show respect for their parents in later ages and refused to bend under the authority of their teachers in schools, and etc. The milder versions of such attitude might be corrected by proper training and education. However, those cases were very rare, and most of the time the child, who would become a psychopath, was beyond retribution. Constructing a life story as such, that is, starting from cradle and ongoing possibly well into old age meant both the elimination of a possibility of reform of psychopath. In other words it necessarily framed people as unchanging entities. Behind such construction was the belief in biological determination, in heredity, which gave eugenics its conservatism. The way it took shape was to choose the families as units of observation and analysis, and attributing all the vices and malice to the lineage of the degenerates. Here, remembering the above argument, which recalled the scientific fact concerning the possibility of “degenerate families reproducing geniuses”, one should not consider it a paradox between that and the entrance of hereditary discourse through the back door to the analysis of the degenerates via observing families.

To remember the beginning of this chapter, it was the combination of statistics and eugenics, forming an unbreakable liaison in viewing and shaping the society as a social project for the future. The basic rule of statistics dictates that whatever lies outside

of the curve can and should be considered as an anomalous case: as the cliché goes, *exceptions do not change the rule*. So the probability of geniuses being born into degenerate families represented almost a margin of error, an abnormality, rather than the norm. And the contexts where this fact had been mentioned were either to maneuver within the political discourses, as had been the case in lobbying for sterilization laws, trying at least to convince for the issuing of voluntary sterilization; or scientifically, finding more precise means to determine the genetic make-up of the child to be born.

To stress once more, the scientific concept of heredity took on a social meaning in choosing degenerate families as the target population, and a third, political meaning in seeking ways to curb their reproduction. In the 1930s Turkey, those three meanings constantly fed off of each other, at least in the visions of the doctors. In his discussion of the societal need to form the institution of family practitioners, Dr. Selânikli Nami Bey<sup>148</sup> compared them to the hunters. Referring to a conversation he had with a friend, where his friend told him that catching tuberculosis patients and syphilitics resembled hunting. Nami Bey agreed with him and adds that the doctors could not do this within four walls, because the hunter seeks and finds his prey out in the open, in the woods or mountains. The animal that will be hunted would never come to the room of the hunter. This is why, he concluded, only twelve percent of the tuberculosis patients ever visited dispensaries. The real hunters were the family practitioners strolling in the city for the aim of finding the diseased.

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<sup>148</sup> “Hekimlik, hekim; rolleri, aile hekimi, esirgeme hekimliği” [Medicine, doctors, their roles, family practitioner, preventive medicine], in *Sıhhat Almanacağı* [Almanac of Health], pp. 705-711

#### 2. 4. *Eugenics in the Laboratory: Education, Breeding and Microcosm of Society*

To construct their ideal society, the eugenicists could not achieve the instituting of sterilization laws similar to those employed in the Third Reich. Cemil Topuzlu, in his memoirs complained about this situation and argued that his many newspaper articles, discussions with some of his colleagues and conversations with the members of government did not yield any result. Whereas, he said, to protect the children from becoming psychopaths, degenerates, Turkish government should have passed the sterilization law.<sup>149</sup> Uzman was equally vociferous in his book *Psychiatry* in a similar manner to Topuzlu, when he said that the moment he defended the sterilization laws, everybody looked to him as an alien. Nevertheless, even though the sterilization laws were not in effect, most of the eugenicists, including hardheaded ones like Uzman, thought that the articles 123 and 124 of the General Hygiene Law that constricted the marriage of the mentally insane, and patients of gonorrhoea, syphilis and tuberculosis was sufficient for the day.<sup>150</sup> With this law in effect, which also required a health certificate

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<sup>149</sup> See his *80 Yıllık Hatıralarım*, [My Eighty Year Memories of Despotism, Constitutionalism and Republicanism] İstanbul: Güven Basım ve Yayınevi, 1951, p. 266. He mentions sterilization issue very briefly in the last part of his memoirs where he lists some suggestions to the proceeding governments in relation to public health. See pages 262-267.

<sup>150</sup> These articles, plus article 122, which requires a health check-up from the doctor of every man and woman to be married, are the only eugenic laws in Turkey. This law is still in effect. The sterilization law was passed from the parliament only in the 1960, and it was passed on the basis for it to be voluntary. But regarding the 123 and 124, there is an interesting thing: it states that the patients suffering from syphilis, tuberculosis, gonorrhoea and any kind of mental illness is not permitted, unless they are treated. (See *General Hygiene Law No. 1593*, passed on April 24<sup>th</sup>, 1930, published in Official Gazette, No. 1489 on May 6<sup>th</sup>, 1930) A health report from a doctor, stating that the illness is cured, is an absolute necessity for those who want to get married. In theory this law seems to grant this right to everyone cured. However, by leaving it to the discretion of the doctors, it gives them authority to select those whom they approve to marry and those whom they do not. On the other hand, this authority has been used as a way to make money too. Although limited there had been cases where the doctors were charging people for those health certificates necessary to get married. The examples of it can be found in the newspapers, moreover in the contemporary novels. Sabahattin Ali for instance, one of the forerunners of socialist realism in Turkey, in his novel *Devil Within Us* (İçimizdeki Şeytan) tells the story of a couple residing in İstanbul, who, because they did not have any money, could not get married, and had to live in a one-bedroom apartment. Those

for all the man and woman wanting to get married, the doctors were granted with a significant authority over the matters of procreation and hence the future of the country.

Basing itself on the belief that social order is natural, and should continue being such, for the doctors, if the first of the fertile environments for the blossoming of an ideal state had been the family, then the second one was the schools.<sup>151</sup> In fact, the whole education process was as equally important as controlling the marriage patterns. It was the place where the innate talents and capabilities of the children would surface. They would be sorted out accordingly, knowing and accepting their natural place in the social order. Hence, the future distinctions of the society would have been made during the process of education.

One should not succumb to the idea that education and marriage or family constituted different processes, or were autonomous institutions for the doctors/eugenicists. They were two different stages of education. Here, allow me to open a bracket and enter briefly into the etymology of the concept of education. In Turkish, there are two words that refer to education. First one of those is *eğitim*, which, in English

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apartments made especially for immigrants coming to İstanbul, and were called “bachelor rooms” (bekâr odaları). We will see in the next chapter that these rooms were considered to be the unhygienic and diseased places. But for now, the question that concerns us in relation to eugenics and the attitude of doctors in charging high prices for marriage certificates is whether or not they were consciously or unconsciously thinking that those who did not have any money should not get married and have children. In other words, whether they were using it as a eugenic measure or not is the question that needs to be posed.

<sup>151</sup> A similar tendency, that of dividing the eugenic program into the individual reproductive unit on the one hand, and examining the institutions on the other, can be found at the turn of century in Germany. Peter Weingart notes this feature in Wilhelm Schallmayer: “The improvement of the endangered or already degenerated hereditary stock could take only two roads: the direction of individual reproductive behavior and/or the reform of social institutions found to be counterselective. The logic led Schallmayer, and other eugenicists after him, to the systematic analysis of social conditions with respect to their selective functions.” See Peter Weingart, “Biology as Social Theory: The Bifurcation of Social Biology and Sociology in Germany, circa 1900”, in Dorothy Ross (ed.) *Modernist Impulses in the Human Sciences – 1870-1930*, Baltimore & London: Johns Hopkins University Press, 1994.

finds expression in words such as education, training, schooling and pedagogy. Second word, however, although it includes the idea of education, is much more comprehensive than a simple schooling exercise, *terbiye*. Only a combination of the following words can truly yield the meaning: breeding, civility, decency, discipline, education, good manners, taming, training and nurture. So more than just designating public education, where the students are classified and categorized, *terbiye* actually refers to the process of creating individuals with certain manners. I have already cited the “good and hygienic” manners in the first chapter under the “rules of hygiene”, and shall not recite them here. Suffice it to recall that advice on hygiene was a different way of teaching manners, and that advice written in health journals and books resembled very much books of manners, proving to be much more comprehensive as long as they referred to the larger environment. So, given the fact that we encounter them once more within the context of a discussion of the eugenic society, we can now more easily claim that a well-bred individual (*iyi terbiyeli/ or iyi terbiye verilmiş*), with its apparent eugenic connotation, is the basis on which doctors were perceiving the society.

#### 2. 4. 1. *Eugenic Breeding & Training*

Uzman concluded his conference on sterilization and castration addressed to the Society of Natural and Medical Sciences that took place in the big conference room at the University of İstanbul, by defining “eugenic training/ breeding” (*öjenik terbiye*).<sup>152</sup> For him, this was the only solution to racial degeneration, increase in the number of degenerates and the economic and social burdens they had been causing to the people. A

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<sup>152</sup> See his *Öjenik*, p. 34

eugenic breeding/ education will aid people in the following areas: choosing their spouses, getting health certificates from both side's doctors, learning the ways of healthily becoming pregnant, giving birth, and on top of those doing all of these within a clean and good environment, or creating that environment if necessary. He further elaborated on the principles of a eugenic breeding in his second conference, which came as a sequel to this. Only, I need to mention that the second one, called *Raising Children with Strong Nerves* (Siniri Sağlam Çocuk Yetiştirme) was a speech for radio, which Uzman gave on the order of the Ministry of Health and Social Aid. This information is crucial for us to consider, both because it reveals the intended audience and also because it is important to note that these ideas could have been voiced publicly. Uzman explained the importance of raising children with strong nerves and mental health by arguing that a child with weak nerves and mind is worse than a crippled because apart from not being amenable to breeding, unable earn a living for himself, he, in the future presents a burden upon both the family, and the society. While the children of poor people would rise high up on the ladder, become respected people among the society, others (the children of the audience, the upper-classes – SGS), because they did not breed correctly, will turn into beggars or criminals.<sup>153</sup>

So the first principle of eugenic breeding was “conscious marriage”, i.e. learning to choose a good spouse, where both parties should not consider anything other than the cleanliness of lineage, which should be certified by a doctor. One had to make sure that no alcohol or drug addiction, tuberculosis virus, venereal diseases and criminal be found

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<sup>153</sup> *Öjenik*, pp. 35-40

in the background of the his future spouse.<sup>154</sup> After confirming a clean genealogy, and getting married to such person, the couple should learn the ways of making children. During copulation it was very important that both the couple should be in perfect health, neither to be recovering from any illness, nor having any troubles either mentally or physically.<sup>155</sup> Their minds and bodies should be in a calm, lucid and cheerful state, which would continue during the pregnancy period as well. Any excitement, any sorrow, or physical strain would be dangerous for the infant.

Finally, Uzman warned his audience about the dangers that a child could face after birth. To make sure that the newborn will progress into life with good health, the parents needed to be attentive to the childhood diseases, because not being properly treated, the microbes of diseases carry the risk of traveling to the child's brain. Uzman said that if the child has in one way or the other could not get rid of the childhood diseases, he would be "stupid" (*abtal*), or mentally deranged later in life. But usually it took some time for the parents to realize that their child is not in good mental health. Uzman suggested that the moment they become aware of it, they should take the poor child to the doctor to cure him, to create miracles.<sup>156</sup> After giving some advice about how to look after children, he concluded his speech.

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<sup>154</sup> *Öjenik*, pp. 40-45. Here Uzman praises the government for issuing marriage laws that prohibit the marriage of these people. He means the articles 122, 123 and 124 of the General Hygiene Law, as I discussed above. Also, he mostly refers to a male audience.

<sup>155</sup> It is interesting that he does not add alcohol, tobacco or any drugs here. Whereas in his book *Tababet-i Ruhiye*, he argued that the psychopaths are born out of parents using these substances. His assumption is that "good" parents do not drink, or use any of the substances anyhow. Also, for similar arguments considering these points see Hüseyin Kenan Tunakan's "Suçlu Çocuklar" [Criminal Children], *İstanbul Seririyatı* 18 (2): 19-25, February 1936.

From Uzman's account we understand that it is the families who should be educated and trained in the first place. This was of course not an idea exclusive to him. Özden emphasized the importance of the families arguing, "Every society depends on the biological and social activities of its constitutive families" and continued, "It is the training a child gets in the family that reveals the capabilities of his mind and makes them good [for the society – SGS]. The schools can only revise and reform this education, but they can hardly make it turn upside down from the scratch."<sup>157</sup> Apart from Uzman and Özden, we have seen above that the doctors writing on the degenerates as well take the family as the unit of observation and analysis.<sup>158</sup> Without doubt, a certain biological determinism runs through such discourse. However, as I have argued in the previous pages one should not forget that any scientific discourse about heredity in the 1930s Turkey was entangled with some kind of social institution, discourse, or practice and found its meaning *together with* them. This was the critical premise of eugenics. If the

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<sup>156</sup> I would like to bring attention the word miracle here. Uzman was using it referring to a letter he got from a patient's father, who, by the way was residing in Adana (city in southern Turkey), and calling Uzman as the "Turkish Messiah" (p. 48). It was usually Uzman who made a reference to miracles, not only in his conferences and articles, but also he actually "performed miracles". While he was giving public lectures, he made it a habit of bringing some of his patients with him. At the beginning of his lectures, he would show (mostly) the catatonic state the patient was in, inject him with strychnine, and when the patient moved a little, he would present it as "a miracle of medicine". But apart from Uzman, in the *Almanac of Health* for example, one can observe that some of the doctors emphasize it as well. The reason of this might be the fact that modern-scientific medicine had not been popularly consented upon within the public in the 1930s. Therefore, the doctors, while on the one hand were crusading against the "fake doctors", local healers, on the other hand were using their symbolism in their own propaganda to educate the public, whom they thought of as being religious and superstitious, of using "real" doctors. We shall see this in the next chapter.

<sup>157</sup> *İlim Bakımından Ahlâk*, p. 120

<sup>158</sup> In fact, the normalized portrait of a degenerate family was being constituted from an abusive alcoholic father, with an epileptic daughter. The reason why such picture represents the "normalized version" is because such narrative enters into the scientific articles rather unconsciously, i.e. in an article about the "weather". See the article Dr. Galip Ata, professor of history of medicine in Istanbul University, and the Head Physician of the Health of Borders and Beaches, wrote: "Hava Bahsi", in *Sıhhat Almanacağı*, pp. 388-393.



social life and order were to be sprung simply from the “natural development” of a few people possessing good genes, then there would have been no problem. However, the society needed to be organized, and its naturalness should have been created. The logic behind giving a good breeding and education was not different than this. Remember the epigraph of this chapter, by İsmail Hakkı Baltacıoğlu, the father of Turkish public education. There and in the rest of the quotation, which I did not cite, he accentuated the importance of the closeness to reality of any education if *functional* citizens were to be created.

#### 2. 4. 2. *Eugenics as Habits: Education as habit-forming Practice*

The doctors were not experts on education, but they considered it of a rather significant task to intervene in that sphere collaborating with psychologists, and pedagogues. They believed that after the first training and breeding in the family, the child had to be sent to schools, where together with his friends, he will be molded into his future social position, and practice it beforehand in classrooms. The immediate logic behind such practice was naturalization and normalization of the (class) differences within the social order. In a sentence, everybody was supposed to acknowledge his or her place within society. Each individual ought to work towards excelling in his/ her own occupation – be that occupation is a janitor, or a school teacher, or bus driver – and ought not to seek ways to step outside of it, change it and reach for higher posts. Both the parents and the teachers in schools should teach the children that every occupation is worthy of praise, and working hard is the only guaranteed way to progress.<sup>159</sup> This partly

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<sup>159</sup> See Özden’s *İlim Bakımından Ahlâk*, p. 100

was an extension of the self-perception of the doctors with regards to their own occupations, which I have pointed out a few times both in this chapter and in the previous one, where the role of the intellectual aristocracy was the matter of discussion. So, the argument goes that just like the scientists were tenacious workers in the field of science, working only for the sake of science – though knowing that this is the only way for the national advancement – everybody else should do the same. The children needed to be assured that first of all, all jobs are necessary for the society and secondly, every member of the society is indebted to the community he grew up in, so they are obliged to work in a useful job.<sup>160</sup> The more such ideas were repeated on different occasions, such as in theatre plays, or small team assignments, accompanied by suggestions of goodness and patriotism, the more they were likely to turn into *habit*.<sup>161</sup> In fact, it can be argued with great comfort that the key aspiration of the education philosophy for the doctors, psychologists and pedagogues alike, was the implantation of certain practices, certain actions as *habits* in children. Following this logic is the assumption that once the desired lines of behaving were adopted in the early stages of childhood, and once they become concretized in bodily manners, only then the desired society, basing itself on the

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<sup>160</sup> *İlim Bakımından Ahlâk*, p. 129

<sup>161</sup> For a more extensive elaboration on the idea of habit, suggestions (*telkin*), and nationalism see Halil Fikret Kanat's *Milliyet İdeali ve Topyekûn Millî Terbiye* [Ideal of Nation and Total National Training/Breeding], Ankara: Çankaya Matbaası, 1942. Kanat was the first pedagogue to have a Ph.D. degree. He acquired it from Universities of Berlin and Leipzig in the areas of philosophy. He is the founder of Gazi Institute of Education (*Gazi Terbiye Enstitüsü*), and an ardent supporter of sterilization law in Turkey, some facet not very known about him. He is still celebrated and hailed as one of the founders of modern Turkish education. See the 9<sup>th</sup> Memorial Meeting of Turkish Education Society (*Türk Eğitim Derneği*) prepared in the name of Kanat: *Halil Fikret Kanat: Yaşamı ve Hizmetleri* [Halil Fikret Kanat: His Life and Services]. Moreover, his books have long continued to be published from the Ministry of Education Publications. See for example, *Ailede Çocuk Terbiyesi* [Child Breeding/ Training in Family], İstanbul: Milli Eğitim Bakanlığı, Devlet Kitapları, 1976. I would like to thank Tanıl Bora for bringing Kanat into my attention.

commonly accepted rules of conduct, i.e. of morality, could be established. In short, it was habits that made morality: as Dr. Nurettin Ramih Bey, bacteriologist of İstanbul Venereal Diseases Hospital succinctly put, “Morality is nothing more than the transformation of emotions, ideas and beliefs into action, where the continuation and repetition of these actions will be practiced according to the norm and finally become unconscious.”<sup>162</sup>

So, habit forming occupied a place within the breeding process in the family, plus the education process in schools. Özden stressed the importance of habit-forming within the first area, connecting it to the work process.<sup>163</sup> Only in the early stages of life, he claimed, would a child learn to do hard work. The ability to do it diminishes over time. For Özden, it was a process analogous to learning to speak. Similar to a child who did not learn how to speak in the early stages of his life, a child who did not learn how to work will not be able to make up for the lost time. The examples he provided were Tarzan-like or Mogli-like children; growing up in the forests, without any guidance from adults, totally immersed in the wild.<sup>164</sup>

On the other hand, Dr. Cevdet Nasuhi Bey, who had been working in the Agricultural Bank (*Ziraat Bankası*) on the board of administrators, stressed the relationship between habits and savings (*tasarruf*), as a necessity for the newly forming

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<sup>162</sup> See his article “Ahlâk ve Fuhuş Hastalıkları” [Diseases of Morality and Prostitution], in *Sıhhat Almanâğı* [Almanac of Health], pp. 753-757

<sup>163</sup> *İlim Bakımından Ahlâk*, p. 102

<sup>164</sup> I would like to draw attention to the colonial attributes of the discourse here. I will return to this example shortly.

nation. In his article, *Habit and Savings from the Perspective of Psychological Relations*<sup>165</sup> argued that first and foremost, habit is saving. Not only habit makes one's actions much easier but also it makes thinking facile: big thoughts are born out of habitual thinking. Also for the institutionalization of a national economy, for a boost in the sales of national products, the people needed to be put into the habit of buying those products. Constantly repeated propaganda in the form of films, advertisements and shop window dressings were all very important in getting people used to buying national products. So, Cevdet Nasuhi Bey concluded, education and training is not something that is reserved for the schools, but much more comprehensively, encompasses the family, schools, and the rest of the society itself.

The scale of education, its environment, ranging further into realms of family and schools was shared by pedagogues as well. Sabri Esat Siyavuşgil, in his conference on *Environment and Breeding*, argued that together with society, each aspect, each function of it had to be included within education: family, street, neighborhood, city and whole country. For him, acknowledging this fact would bring to the educator, whoever that might be – parents or teachers – not only the possibilities that those environments present in terms of education but also this was a must in terms of freeing education from its mystic and artificial state and elevating it to the state of reality. Moreover, the external environment at the doorstep of the family home, when thought to be as part of the

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<sup>165</sup> “Psikolojik Münasebetler Bakımından İtiyat ve Tasarruf”, in *Sihhat Almanacağı* [Almanac of Health], pp. 323-327

education, aids individuals in their advancement into a higher level of human being, thus contributing both to the individual progress and that of the society.<sup>166</sup>

On acknowledging and utilizing the possibilities the city presents, the example he provided was an incidence he witnessed in Paris, in Tuillerie garden a few months before. He saw some kids playing in the garden. Later he realized that those kids were in fact school children who were there to see a puppet theatre. When the time came, he observed children's behavior: how they were choosing their seats according to their heights; how, even though they were feverish in their eyes, they were remaining calm, not letting it take over their behavior, and how, when the puppet master throws a balloon at them, none were trying to appropriate it from another. Plus, in all those activities the older children were always protecting the younger ones, helping them find their seats, or aiding with the slightest confusion. All, in the eyes of Siyavuşgil, were admirable qualities, which revealed that the children had internalized of one simple fact: that everybody in the group was content with what they have, what they were, and did not attempt in any way to change their current positions. The child, for Siyavuşgil, learns to become a man in his own natural environment.<sup>167</sup>

#### 2. 4. 3. *Knowing the degenerates*

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<sup>166</sup> Sabri Esat Siyavuşgil, "Muhit ve Terbiye" [Environment and Breeding], in *C.H.P. Konferanslar Serisi*, Kitap 24, Ankara: Recep Ulusoglu Matbaası, 1941, pp. 3-11

<sup>167</sup> For the longer discussion of his visit in the Tuillerie garden, and the details of the whole scene within the puppet theatre, including puppet master and teacher and an account of how they all were contributing to the breeding and education of the children, see pages between 7-11.

All was well in the above picture except for the *degenerate* children. Within the context of education, *degeneracy* had a more extensive usage than the “adult degenerate”. In the latter case, there had always been an element of uncertainty – even though small – as to whom to define as “degenerate”. Prostitutes, alcoholics, psychopaths and mentally unstable people were the natural constituents of this category. However, on the other hand, especially with regards to the psychopaths, the fact that “they can be among the people we shake hands with on the street”<sup>168</sup> made the category somewhat uncanny. Part of it sprung from the insufficient knowledge doctors possessed of the psychopaths. Unless they commit a crime, are brought to court, and consequently placed either in an asylum, or prison, they could not be studied scientifically. In other words, as long as they remained on the streets, and as long as the medical community had only the prisons and hospitals at its disposal to keep them under supervision, a significant portion of the degenerates, the psychopaths would remain unknown. Even the hospitals and asylums proved insufficient as a scientific laboratory. Remember that one of the reasons for the medical crusade against non-scientific forms of medicine sprang from not knowing the exact origin of the disease. As I have argued already in the first chapter, this was especially pertinent for mental illnesses: Uzman was complaining about not knowing which state the schizophrenics were in when they were brought to the asylum, and therefore, he was arguing that he could not be sure about the form of treatment.<sup>169</sup>

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<sup>168</sup> This statement is repeated in both Uzman’s book *Tababet-i Ruhiye* (pp. 16-20) and in Tunakan’s *Bünyesel Psikopati*. Moreover, İsmail Ziya Tanrıkul makes a similar point in his article *Half-insane and their Warding*, p. 517.

<sup>169</sup> When Uzman mentions forms of treatment, he always referred to bodily cures, alongside his belief perceiving the mental illnesses as derivatives or aftereffects of certain biological imbalances. Uzman also defined his patients as *incommunicable* (See *Tababet-i Ruhiye*, pp. 166-167). He argued one of the reasons

Being aware of this fact, Fahrettin Kerim Gökay, as the president of the Mental Hygiene Society<sup>170</sup>, after its annual meeting in 1932, advised the government to build an institution for the non-criminal psychopaths in İstanbul.<sup>171</sup> Again, in 1937 the Society repeated its suggestion to the government, but this time as the establishment of a Criminological Institute in İstanbul.<sup>172</sup> Finally, in 1942, Gökay altered his strategy by bringing the issue to the attention of University of İstanbul. Gathering a sizable community of eminent professors,<sup>173</sup> with the participation of the Dean of the University,

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that psychosis is not detectable as a hereditary disease is because the patients, most of the time because of their ignorance, do not pay attention to the psychotic crises in their families, within the previous generation. In fact, this whole situation could well be interpreted as the curse of the somatic approach to mental illnesses. Not knowing the origin of the diseases would not have caused a problem had the psychiatrist been working within the paradigm of psychoanalytic therapy. However, we know that psychoanalysis was not the preferred form of treatment in Turkey in the 1930s. Concerning the possible reason of this, of the choice that made organic view of mental illnesses as opposed to psychoanalysis, I agree with Richard Keller's interpretation. In the introduction of *Colonial Madness*, Keller argues that whatever problems psychoanalysis might present, it nevertheless treated the patient as a subject, as someone who participates into the curing process, and assumed a certain degree of sophistication in the patient: "Early-twentieth-century psychiatrists, by contrast, tended to view the patient as an object suffering from organic disorders, and their suppositions stigmatized the patient by proposing that a lesser degree of mental complexity lay at the root of mental illness. Psychiatry thus corresponded much more closely to a colonial order that constantly reiterated natives' biological inferiority, their simplemindedness, and their incapacity to adapt to modern civilization." (p. 9). As I have been arguing throughout this chapter, the mentally ill, or the degenerates were far from being perceived as proper humans, and thus seen outside of any social order.

<sup>170</sup> For a brief overview of the practices of mental hygiene in Turkey, see Gökay's *Türkiyenin Hijyen Mental ve Psikiyatri Sahasındaki Hizmetleri* [Practices of Turkey in the Area of Mental Hygiene and Psychiatry], İstanbul: Kader Matbaası, 1939. For the Mental Hygiene Society, see his *Türk Psikiyatrlarının Sosyal Hizmetleri ve Türkiyede Muhtelif Akıl, Sinir Klinik ve Müesseseleri* [Social Services of Turkish Psychiatrists and Various Mental and Neurological Institutions and Clinics]. In this last brochure, Gökay listed the missions of Mental Hygiene Society in propagating the following items: the effects of press on the neurological system, the damage that drugs inflict, professionals of psychiatrists in general and in *Numune* Hospitals, and professionals of military psychiatric personnel in the military hospitals.

<sup>171</sup> *Tıp Dünyası* 5 (2), June 1932. Included in the final report of the meeting was a suggestion to the government to build a correction house for criminal children. From the Proceedings of the Eight Congress of Mental Hygiene Society of Turkey, we learn that the suggestion was accepted and the institution was in the process of being built in Edirne (*Tıp Dünyası* 11 (4-120): 3797, April 1938).

<sup>172</sup> *Tıp Dünyası* 10 (5-109): 3516, May 1937

he assembled a meeting on January 12<sup>th</sup>. In the meeting, each participant agreed on the importance of a Criminological Institute for the city of İstanbul and decided that it should be part of the University, with its own laboratories and library. Among its aims were performing surveys throughout the country, to study prisons and punishment colonies and collaborate with its sibling in Ankara.

In contrast to the psychopaths and criminals, the children as an object of knowledge were readily available to study as most of them were incorporated within the public education system. Moreover, the government was willing to authorize health check-ups, tests and surveys to be done on school children. Education, was one place where the eugenicists and the government worked in unison. As early as 1925, after the establishment of Turkish Anthropological Institute, its director Şevket Aziz Kansu, together with his assistants, began research on the physical development patterns of the Turkish, Jewish, Armenian and Greek school children in İstanbul, and published them in seven consecutive volumes of the *Journal of Turkish Anthropology* between 1926-1928.<sup>174</sup> In 1935, the Statistical Bureau ordered another study of the school children, and

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<sup>173</sup> Present in the meeting were Fahrettin Kerim Gökay, Mazhar Osman Uzman, Hikmet Yalkın, Tahir Taner, Professor W. Peters, Mustafa Şekip Tunç, Hilmi Ziya Ülken, Ziyaeddin Fahri Fındıkoğlu, Sadi Irmak, Hıfzı Veldet Velidedeoğlu (*Tip Dünyası* 15 (1-165): 4882, March 1942). Among these names, I believe Gökay and Uzman need no introduction. We will meet Professor Peters in the subsequent pages as the first person, who conducted the first comprehensive intelligence tests in İstanbul's elementary schools. Similarly, I will mention Tunç in this chapter in the context of the debates concerning the similarities between primitive and child mentality. Irmak, on the other hand, will enter into our narrative at the end of this chapter, in discussing the projection of the idea of a eugenic society to the international arena. Both Tunç and Peters were psychologists, whereas Irmak was a physiologist. Apart from them, Ülken and Fındıkoğlu are among the founders of Turkish sociology, and Velidedeoğlu was the founder of sociology of law.

<sup>174</sup> See Şevket Aziz Kansu's *Türk Antropoloji Enstitüsü Tarihçesi (Historique de l'institut turc d'anthropologie)*, İstanbul: Maarif Matbaası, 1940. For a comprehensive study on the Anthropological Institute and a content analysis of its publication, see Nazan Maksudyan's *Türklüğü Ölçmek –*



Kansu conducted that study as well.<sup>175</sup> In 1937, the children were again studied in an extensive study, once more by Kansu, the Anthropometric Study of Turkish Population.<sup>176</sup> In all of these studies Kansu measured the physical features of the school children, such as their height, weight, skulls, length of their right and left hands, etc., and compared them according to the ages and sexes. However, the actual intelligence surveys of the school children did not start until 1938. That year witnessed the opening of the Pedagogical Institute of Turkey, as part of the University of İstanbul under the directorship of W. Peters.<sup>177</sup> He divided the study areas and objectives of the institute into two: categorization of the Turkish children and youth according to their intelligence constituted the first goal. It would be necessary to find out those that are suitable for scholarly work and those for manual jobs, and for the allocation of the second group into various professional schools. In congruence with this, the second goal was to conduct

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*Bilimkurgusal Antropoloji ve Türk Milliyetçiliğinin Irkçı Çehresi, 1925-1939*, [Measuring Turkishness – Science Fictional Anthropology and the Racist Face of Turkish Nationalism, 1925-1939] İstanbul Metis Yayınları, 2005. Despite being a comprehensive study, Maksudyan interprets the anthropology of the period as something close to a “false science” because of its overt racist tone.

<sup>175</sup> See Kansu’s presentation for the Second International Anthropology and Ethnology Congress in Kopenhagen, 1-10 August 1938. The presentation was published in Turkish both in *Bellekten* journal, the publication of the Turkish Historical Society, No.9, and also as a separate booklet in 1939 (Devlet Basımevi, İstanbul). Some of the results of this research were published by Kansu’s students, Nebile Kökçül (Ankara, İsmet Paşa İlkokulu talebelerinden 422 kız ve erkek Türk çocuğu üzerine antropometrik araştırmalar ve neticeleri, 1938), Naciye Çınar (Ankara Devrim İlkokulu talebelerinden 443 kız ve erkek çocuk üzerinde antropometrik tetkikler ve neticeleri, 1938), and Melih Kınay (Ankara Gedikli Ortaokulu talebelerinden 200 erkek çocuk üzerinde antropometrik bir tetkik ve neticeleri, 1938).

<sup>176</sup> See *Antropometri Tetkikleri için rehber* [Guide for Anthropometric Analysis], Sıhhat ve İçtimai Muavenet Vekâleti Neşriyatından, No. 46, Ankara, 1937.

<sup>177</sup> For the history of this institute see Peters’ own article “Institute of Pedagogy in the University of İstanbul” (translated by Nureddin Verdioğlu) published in *Pedagoji Enstitüsü Psikoloji ve Pedagoji Çalışmaları* [Studies in Psychology and Pedagogy from the Institute of Pedagogy University of İstanbul] First Volume, Türkiye Basımevi, 1940, pp. 1-15.

studies on industrial psychology to ensure productivity and efficiency.<sup>178</sup> The first study that was conducted in line with these objectives under the institute was the testing of 125 school children in 44 elementary schools in İstanbul concerning their intelligence, attention spans, and scientific and verbal memories according to the Binet-Terman intelligence test, comparing them according to the different neighborhoods they were coming from, and with both children of other countries. I will discuss the crucial points of this study in the next section.

Hence, as a result of all these studies, the categories of a “normal” child versus a “degenerate” one developed with stronger precision. Intentionally or not, such precision yielded the *normalcy* concept to be much more rigid than the *normal individual* whereas *degeneracy* grew steadily to include even the smallest disturbances of the classroom order. Above, we have seen what the normal child might look like. Dr. Cevat N. Zekâi Bey<sup>179</sup> in his article *Degenerate Children* (Mütereddi Çocuklar) gives us the compendious definition: those who are respectful towards their parents, compassionate towards their little brothers and sisters, always talking properly, trying to be loved by everyone, good students in the schools, never getting any disciplinary punishments, and those who have gained the confidence and appreciation of the teachers. Each child that falls beyond this category is considered a *degenerate*. He distinguished two types of degenerates: the lazy ones and those with violent temper. The first of them corresponds to the children with low mental capacity, and the other refers to the so-called

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<sup>178</sup> *Institute of Pedagogy in the University of İstanbul*, p. 6.

<sup>179</sup> He was among the doctors of the İstanbul Mental Hospital and a member of the Mental Hygiene Society. We will encounter him once more during the debates on sterilization and their reflections to the press. His article was published in *Sihhat Almanağı*, pp. 320-322.

“psychopaths”. Tanrikul also adopted a similar understanding and went on to discuss the children in the second category in his article *Half-Insane and Their Warding*. Dirty, constantly crying and hopeless babies in the cradle, and carefree, indifferent students being noxious towards their friends and rebellious against the teachers, constituted this category. It needs to be noted that such categorizations did not belong to Cevat Zekâi Bey or to Tanrikul only. In fact, six years after both of their articles appeared in the *Almanac of Health*, Necati Kemal, another psychiatrist from İstanbul Mental Hospital, wrote an article titled *The Case of Abnormal Children*<sup>180</sup>, where he distinguished between six main categories detailed by twenty sub-categories. The details of these distinctions are not salient for the moment. The only remark I need to add is that nowhere within the debates and discussions of the “adult” degenerates one finds such precise and therefore scientific categorization. As I have argued in the previous pages, and as I will demonstrate in the coming paragraphs, reasons for the existence of adult degenerates needs to take into consideration an understanding of what “living in a civilized world” meant, a motto that had always swirled on the fringes between social, biological and hereditary categories.

#### 2. 4. 4. *Concluding Remarks on Eugenics, Education and Society*

Stemming from these latest remarks are three points that are pertinent for our discussion on eugenics and the idea of society. First one of them concerns the definition of the *normal child*, which, if remembered was a reflection of the morality of the intellectual aristocracy: the child who, having internalized good manners, and rules and

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<sup>180</sup> “Anormal Çocuk Davası”, *İstanbul Seririyatı* 21 (7): 55-57, July 1939

regulations of the natural social order, and who, solely because of that, is in harmonious relationship with its environment, which best could be defined as a hierarchical and an authoritarian structure, culminating within the phrase “respecting the elderly and protecting the juniors”; a cliché, still, today, almost hundred years after its invention, every children has to recite each Monday morning in schools .

Secondly, what unites all the categories of the *degenerate* children – similarly the normal child – is the absolute domination of the biological discourse stressing heredity, and somatic explanations emphasizing the physical constitution of the student as the sole reason for degeneracy. In the study Peters conducted, the future professions of the students were totally dependent on their natural talents, which were hereditarily transmitted. For example, within the report, it had been stated that 9 children proved to be more intelligent than their classmates, and the only example that was chosen among them was the son of a school headmaster.<sup>181</sup> On the other hand, a child not complying with what the nature had endowed him/her would turn out to be a degenerate in the end. Server Kâmil Tokgöz<sup>182</sup>, in his article on *Mental Hygiene of School Children* also adopted the view that the reasons for degeneracy lay within the somatic system. For example, he argued that lazy and careless/ inattentive students had both unhealthy mental dispositions and temperaments, and they can be detected easily by looking at their body types. Here, employing Kretschmer’s body types, Tokgöz identifies the lazy and careless students. Laziness, he argued, are to be found either in asthenic and lenfatic body types,

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<sup>181</sup> *Test-Work with School Children of İstanbul, First Report*, p. 20.

<sup>182</sup> He is the Director of Central Hygiene Institute of Turkey (*Merkez Hıfzısıhha Müessesesi*).

or the lack of thyroid hormone could cause it. These children are short with cubic bodies, they have a big head and a bloated face, and their skins are thick and dry. Carelessness/inattentiveness, on the other hand, which usually presents itself as the restless and fidgety behavior of the child, is either a result of the fast growth in the muscles and bones, or the neuropath or neurasthenic constitution.<sup>183</sup>

Finally, the solution found for the problem of child degeneracy, that is separation, segregation and isolation, echoes the way the adult degenerates were handled. As I have argued above, with the hesitancy of the government to issue sterilization laws, the doctors were already finding other eugenic solutions to the problem of unfits. It is possible that they might have used their authority to distribute the marriage licenses only to those they saw “fit” to get married, as opposed to the “unfits”. Another possibility, which I will discuss in more detail the subsequent chapter, would be to not intervene in the public health system and allow certain diseases run their course. Nevertheless, as I said these are, for the moment at least, mere speculations. However it presents a strong probability given the doctor’s line of thought depending on believing in a natural social order, which operates on Darwinist principles, where the degenerates have no place, or should not have any since they represent the residues of nature, and taint it with their “anachronistic” presence. Of course concerning the case of the children, the attitude of the doctors were less brutal than this. Existence of the likelihood to reform the degenerate children, separation and segregation were the only two solutions adopted. The crucial point here is that for the eugenicists, it was a *sine qua non* that those two principles constitute the regular operation of the education system, and equally the order of the society. In other

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<sup>183</sup> *Test-Work with School Children of İstanbul, First Report*, p. 5-7

words, in each step of education (and social life), students (and individuals) should be differentiated from one another according to their own talents and IQ's. None other than Tokgöz had put that principle rather succinctly: "... *dissimilarity* is the rule of life."<sup>184</sup> If so, he argued, than to put a low IQ student next to a high IQ one would not be fair to both of them: either the former end up not learning anything, succumb to being lazy, and uninterested, or the latter would get bored and use his intelligence in other, naughty tasks, which have the potential of turning him into a psychopath in the future. Depending on these, he advised the schoolteachers to take into consideration the differences between the physical features and mental capabilities of the students upon being placed into classes. Similarly, in his book *Psychiatry*, Uzman criticized the casual classificatory system of public education claiming that putting one student with high moral values next to an immoral one will result in neither of them getting useful knowledge out of the classroom. To the contrary, the immoral will teach the moral one to smoking, vagabondism, petty theft, and ditch classes.<sup>185</sup> Also, within the report of the study Peters did on school children, it was advised that the feeble minded children, which corresponded to the ten percent of the children that were examined, should be removed from normal schools.<sup>186</sup> Finally, Kemal at the end of his article *Case of Abnormal Children* claimed that if the educational system does not get rid of the abnormal children,

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<sup>184</sup> *Mental Hygiene in the School Children*, p. 8

<sup>185</sup> *Ibid*, p. 245

<sup>186</sup> *Test-Work with School Children of İstanbul*, p. 24-25.

it could never be fully perfected no matter how hard the efforts were. He explained the situation with a medical analogy:

What could anybody expect from an operation performed with sterilized tools in a perfect environment, yet having dirty air?! The situation is analogous in the schools. No matter how perfect the teachers, the building structure and the curriculum, with mixed contents, i.e. having mentally, spiritually and physically abnormal elements immersed in the system, nobody is going to get any efficiency.<sup>187</sup>

In addition to those three items, maybe the first question that we needed to ask, which incidentally came last, concerning the eugenic breeding of the children and the importance attributed to their education constitutes the essential link to the eugenic conception of society: thinking of all the meanings of *terbiye*, what was the reason in the first place to educate, tame, train, breed, civilize and teach good manners to the children? The answer for this is far from being simple. One has to consider a few things that were in relation to one another. First of all, there is no need in denying the existence of a mentality pertaining to the maximization of industrial production for an efficient national productivity. Producing the workforce of the future Turkish society had always been one of the key ambitions and aspirations of both the government and the eugenicists, although the motivation behind it was not congruent at all times. For the government, without doubt it referred to the recuperation of an industrial-based economy that would not only enable the boosting of the national economic structure but also would enhance the conditions of an equal competition with the “western” countries, which was going to resuscitate the negative image of the “sick man of Europe” both in its own mirror and in

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<sup>187</sup> Ibid, p. 57

the eyes of the labelers.<sup>188</sup> For the eugenicists it meant something different. It was more of securing their authoritative place within the social order as the intellectual aristocracy. For example, consider the jobs the doctors see fit for all the abnormal children, including all the shades of abnormality ranging from mentally disabled to the degenerates. These children had been found suitable for various kinds of “manual labor”, but never for any occupation that needed “mental labor”. The children under the care of *Turkish Institute of Abnormal Children* (Türk Anormal Çocuklar Müessesesi) in Izmir, which was founded by Dr. Necati Kemal, saw fit certain industrial crafts for deaf children, and learning music for the blind.<sup>189</sup> Among the partial aims of the correction houses for the children and youngsters lay training the “manual laborers” of the future. İbrahim Ziya Öğüt, the

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<sup>188</sup> I need to note that the idea of westernization or modernization, in which way one would like to label it, according to the current thesis, was something that could only be associated with the discourse of the state. To enlarge that idea to the whole nation above everything would attribute more power and hegemony to a government (and a state), which not only was not a unitary entity nor a hegemonic block, but also lacked serious consent from the population and the territory it aimed to rule. The whole early Republican period was full of rebellions and oppositions to the government. Besides, as Şerif Mardin correctly argued, it was Europe who labeled the Ottoman Empire as the “sick man of Europe”. The Young Turks, which the contemporary government of the 1930s was a descendent of, saw themselves in the mirror of Europe. However, contrary to Mardin’s explanation, which grew out of a nationalist and hence, a retrospective view of the history, I would argue that it was more of a class matter. The Young Turks of the Ottoman Empire, as the newly growing upper-middle classes, or the bourgeois of the period were competing (and collaborating in so many areas) with their counterparts in other countries.

In a similar vein, one could observe a similar process for the doctors of the Republic. Note that the only instances when any discourse on Turkishness comes in, takes place in the context of an international conference, or some scholar visiting Turkey. Only in those times, did the national sentiments arise in the medical community, i.e. when and where they felt a particular competition with their colleagues in “other” countries.

<sup>189</sup> See *Sihhat Almanığı*, pp. 133-134 for a brief history of this Institute. It is also interesting that how to manage the “idiots” within this institution was not decided upon even ten years after its establishment. In 1933, when this article appeared in the *Almanac*, the anonymous writer (probably Uzman himself) argued that “idiot’s section” is still being experimented upon, and the focus is leaning more towards studying the hereditary “idiots”. What is even more interesting is the switch from “training” the idiots (probably for performing useful tasks, the writer did not mention what he meant by this word – SGS) to “healing” them. In other words, although not immediately evident from the article the previous handling stratagems of the “idiots”, it is rather clear that the approach was moving towards a more somatic explanation from a more “social” or “behavioral” one. The article notes the gradually increasing uses of internal secretions, X-Ray therapy, and even operations on the children (p. 134).



head physician of the Criminal Institutions of İstanbul (*İstanbul Ceza Müesseseleri*), counted choosing an industrial or agricultural craft for the criminal children, and training them within these areas, under his suggestions for the design of new correction houses.<sup>190</sup> Moreover, even without these allocations, it is evident from the definition of the “normal child” that anyone digressing from that definition would not be found adequate for the intellectual professions of the future. Again, with such apportionment of the occupations that correspond to the natural division of labor, in the discourse of the doctors there does not seem to be any chance of mobility nor any possible change within the societal order, at least for the near future.<sup>191</sup> Consider the classification of the study Peters did. Of 125 children that were studied, 9 of them came from a destitute neighborhood in İstanbul, Kasımpaşa. The study founded that only three of those nine children had normal IQs, whereas six of them had low IQs. Because of that it concentrated more on the differentiations within the other 116 children, who, contrary to which neighborhoods they were coming from, were classified according to their father’s occupations. The study grouped them under three categories. The first group, A group, composed of those whose fathers belonged to the “high occupations” (*yüksek meslekler*): industrialists, bookseller/publisher, merchant, directors of factories and merchant enterprises, doctors, lawyers,

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<sup>190</sup> See Öget’s book, *Suçlu Çocuklar ve Islah Evleri* [Criminal Children and Correction Houses], İstanbul: Sühulet Basımevi, 1937. See especially pages 15 and 20-21 for the expansion of this idea. He argued that whatever was produced in these workshops should be sold out on the market, so that these institutions would prove to be efficient and productive for the society. Moreover, among his suggestions laid paying the reforming youngsters equal money as the workers in the factories, so that the replica of the outer social life could be established within the institutions.

<sup>191</sup> Again, in Öget’s above mentioned book, there is the following suggestion for the families of the criminal children: portrayed as brought up without the firm hand of the father (either because he deceased, or because he is an alcoholic) the mothers of these criminal children and youngsters became even more destitute than before. So, they needed to be given some social provision, usually in the form of money from the provision fund established for the criminal children. See pages 18 and 19 for the details of this idea.

high ranked bureaucrats and army members. The second category was not assigned any label. The occupations that were included in this category were small time merchants, elementary school teachers, and medium ranked bureaucrats. The third and final category was the low occupations (*aşağı meslekler*): industrial personnel, workers, peasants, small shop owners and minor personnel, like janitors within the workplaces.<sup>192</sup> Putting aside the derogatory connotations of such labeling by itself, the cross referencing the occupations with the IQ levels added a racist tone to the whole study. The analysis concluded that high IQ levels were detected in those children's fathers belonging to the high occupations, moderate level IQ in the second group occupations, and low IQs in low ones.<sup>193</sup>

In addition to this first point comes another reason for educating, training and taming the children, which can only make sense within the historical context. Rather simply, one encounters the need for breeding soldiers for the future of the Turkish nation. Taking into consideration Wallerstein's conceptualization that the period between the two world wars needs to be considered as a single time span, in my own crude expression stating the continuance of the dominance of the "war mentality", one easily follows the pertinence of that spirit in the context of 1930s Turkey. New war technologies, including the gas masks produced against the threat of a chemical warfare, or the new materials for building better shelters in the event of war were among the routine reporting and quotidian agendas of the newspapers, as if peace had never been established. Within this

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<sup>192</sup> *Test-Work with School Children of İstanbul, First Report*, p. 28.

<sup>193</sup> *Ibid*, p. 29

context, on principle, the eugenicists were against the war. Remember the remarks of Uzman, which I cited above, stressing the anti-eugenic nature of the war, simply because the “fit” of the country was being wasted in such an event, while all the rest remained safe, including the “unfit”, i.e. the mentally ill and degenerates, in addition to those who were naturally weak, the women, children and elderly. Now, considering the connotations of the etymological meaning of the robust child (*gürbüz çocuk*), in the process of the national development and the advancement of the nation, the eugenicists believed it to be possible only by breeding such offspring. However, within their understanding that the specific robust child did not refer to the soldier, but to the fit child to be advancing the country forwards, which, as we have seen earlier on, was a quality, or character that the intellectual aristocracy felt to be part of their own historical mission.

Apart from constructing the workforce of the future and the preparation for war there is a third reason that we need to consider in the interest of the eugenicists in education. As we have already seen in the first chapter, the self-perception of the doctors included being the *missionaries* of the country, a term most often used with a desire to colonize the countryside. Accompanying such desire we have also seen that the medical community was in competition with the local healers, both within the vicinity of İstanbul and outside of it, towards gaining the healing rights over the bodies of the local inhabitants. All of these had followed the assertion of illuminating the superstitious minds with the torch of scientific medicine. This claim is the point where debates on society and pedagogy converge once more. Both the children and the primitives were conceptualized by the doctors as possessing a mentality leaning towards *supernatural*

*thinking*.<sup>194</sup> Both of them see the world as their own reflection. Reality is the projection of their inner self, not something that exists beyond them. For instance, when things go wrong, the child will not take any responsibility, just as the primitives would. Lets say when a shaman does magic, and if the magic did not work, the primitive mentality of that shaman would blame it on the spirits.<sup>195</sup> For the doctors and the pedagogues this meant the domination of an *egocentric* mentality. Referring to the studies performed by Jean Piaget, Özden argued that egocentrism blocks the development of consciousness.<sup>196</sup> As the children (and the primitives as well) live outside of the society, in their own worlds, they do not socialize. They remain unable to share their thoughts with others; the act, which, generates mutual analysis and necessitates the verification of the others, and eventually yields *logic*. So uncommunicated thought does not lead to the development of consciousness; to the contrary, it hinders. Henceforth, the egocentric mentality needed to be replaced by its *altruistic* counterpart, for the children to be socialized into the social order, and for the primitives to be integrated into the wider society, or the nation. A caveat at this point is in order: one should not take the word altruism for granted. *Altruism* for the doctors did not necessarily mean self-sacrifice, and self-effacement. Özden only used the term in those senses when coupled with a sense of social responsibility. He distinguished yet another section on *altruistic morality*. Within that category he placed the following attributes: sympathy, friendship, loyalty, compassion,

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<sup>194</sup> See Özden's *Morality from a Scientific Approach*, p. 66.

<sup>195</sup> See Siyavugil's *Çocuk ve Mantık* [Child and Rationality], in C.H.P. Konferanslar Serisi, Kitap 24, Ankara: Recep Ulusoğlu Matbaası, 1941, pp. 66-79.

<sup>196</sup> See page 72 of *Morality from a Scientific Approach*.

pity, generosity, kindness, gratitude, candor, sincerity, decency, equality, tolerance, patience, a desire for excellence in capability and virtue, moderation, benevolence, and humanism.<sup>197</sup> There is a difference between the two usages of the term. The first one, the one that is coupled with, what Özden calls *social instincts*, refers to the operation of altruistic morality in a wider context of “society” where social ties, mutual solidarity, feelings of duty, passion for working, social justice, need for order, discipline, patriotism and living according to the appraisal of the others”, dominates the way of living. In short, they are the rules for society, and altruism is here only because of the other attributes. On the other hand, the second sense of *altruism* could be said to allude to communal bonds. In other words, rather than referring to a societal order, it is relevant for homogenous groups. Existence of the two side by side presents an unbearable temptation to the reader to evaluate the former one being only reserved for those members of the society not within the immediate entourage of the doctors; whereas the latter meaning, taking into consideration the fact that the medical community has been establishing itself as a distinct group in the 1930s, turns out to be part of their own morality, to which the doctors have primary allegiance. After all, in 1931 Uzman wrote that doctors bred with the spirit of medicine, and care about neither religion, not laws, but only their own professional responsibilities.<sup>198</sup>

## 2. 5. *Eugenics for the Wider World: Civilization, Degeneracy and the Urban Question*

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<sup>197</sup> Ibid, p. 79.

<sup>198</sup> *İstanbul Seririyatı* 13 (8): 59, Birincikânun 1931

In sum, the eugenic conception of society depended upon recognizing and maintaining the differences, first among the individuals, then the homogenous communities, and finally on the societal level. Criterion of inclusion in each of them was based on determining biological sameness and the distinction among them on biological difference. The desire of eugenics was to fully know and control all of these differences, without leaving any margin for error. That is why statistics developed in tandem with eugenics, to sustain the complete and rigorous hegemony over the social order that the eugenicists were aiming to build for the future. For the Turkish eugenicists, among the means of achieving the ideal society, one that would include the industrious ones, and excluding the lazy degenerates, the lack of the sterilization laws presented not a serious, but a minute handicap to the process. Plus, for all we know, they might have easily done it clandestinely within the mental asylum in İstanbul under the directorship of its eugenicist head physician, Mazhar Osman Uzman, given the remoteness of the location, the unwillingness of the Ministry of Health and Social Aid to interfere in the matters of the asylum and the socially and financially inferior position of the inmate's relatives. The destruction of the archives of the İstanbul Mental Asylum as a result of the wrath of the 1980 military coup makes it nearly impossible for us to make any further inquiries on the matter. However, eugenics did not need sterilization laws to operate. As I have argued above marriage article under General Hygiene Law was enough to an extent for the eugenicists to work with and they had the education system partially under supervision. Moreover, isolation within prisons or preferably mental asylums worked as eugenic measures as well. On top of them as we shall see in the coming chapter, the public health system was at the disposal of the eugenicists.

Nevertheless, despite the existence of all these provisions, there was still the element of uncertainty of knowing and controlling degenerates. Partly it was the result of the appropriate means of studying them, such as the laboratories, but partly it depended on the fact that a bulk of those labeled as degenerates were composed of the *immigrants* coming to İstanbul, as we shall see. Being aware of this fact, the eugenicists, specifically Uzman, Gökay, Tunakan and Tokgöz talked about the effects of growing civilization: how it generated new needs, how the old institutions were not enough to hold together the social ties, how the economic system was changing, and how the gender roles had toppled, all of which referred to the rapid change happening with the transformation of the old system. For example in Tokgöz's analysis of the child degeneracy, he stressed the immigration to İstanbul, resulting in improper adaptation to the needs and lifestyle of the city, as one of the reasons for the increase in child criminals. Gökay, in his study on suicides stressed the aftermath of the First World War together with the advancement of civilization and the reason he took his data from İstanbul was because it was only in that city where the rates of suicide had risen.

Despite all these vices surrounding civilized life, the eugenicists were not romantics longing to seek for solutions in a pre-modern existence. Yes, there were numerous malignancies, but the alternative was not to leave and retreat to a nostalgic past imagined as the simple, pastoral village life. With all the drawbacks, civilization represented the most advanced form of human living, pinnacle of progress, and the final frontier. Those who wish to change it were none other than psychopaths. After all, who, but a degenerate mind would think about confronting the laws of nature, which had brought humanity to its most advanced state. Preserving the existing class structure of

the society, the ideal was to replicate it without its thorns, i.e. the degenerates, for the coming decades.

All in all, that civilization causing so many problems yet still presenting the indispensable entity was concretized within the *urban context*. And eugenics, being the harbinger of order, both as an ideology and as a social project, concerned itself mainly with the urban context, rather than the entire nation-state. Only in an urban environment could one become an immigrant and be labeled as a *degenerate*. Newly growing industries and the informal sector, which could turn a person overnight into a wealthy one, which the eugenicists would call a *psychopath*, belong to the context of the urban. The decaying aristocracy was also among the inhabitants of the city. And of course, on top of all these degenerates, the doctors who were the primary eugenicists chose the city as their sole habitat. In 1930s Turkey, the only context where all these groups and classes had come into contact with each other was İstanbul. And for that reason only we need to view the city as it had been in the interwar years.



## Chapter Three

### Eugenics in the City: 1937 Typhus Epidemic, City Planning and Istanbul in the 1930s

On the autumn of 1937, Uzman penned down his travel notes from his recent trip to Italy for the latest issue of *İstanbul Seririyati*.<sup>199</sup> In addition to congratulating and praising the Italian government for cleaning the streets of Rome, Naples, and Venice he also praised the Turkish government for a similar reason: upon his return to İstanbul from Trieste, by the time he stepped down from the ferry *Adriyatik* he was pleasantly surprised at porters at the İstanbul customs. They were behaving orderly contrary to the haphazard and disorganized state he had left them in at the beginning of the summer. They had uniforms on them. They seemed to be acting under military control: until their supervisors pointed towards them, the porters were hiding in a remote corner of the port, not coming into the sight of the passengers slowly recovering from a long journey. When the porters reappeared from their dark corners to help the customers, first waiting for them to step down from the ferry, with occasional cautionary remarks, such as: ‘*Attention!*’ Uzman remembered the old porters at the customs: wearing all different kinds of rag, jumping into the ferry before it fully completed its maneuver to the harbor, and pushing the customers to the sides to find the most wealthy one. Felling gratuity and

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<sup>199</sup> See the section *Ayın Akisleri* (Reflections of the Month) part for the full text of Uzman’s travel notes (*İstanbul Seririyati* 19 (9): 65). The notes continue in the next issue as well.

appreciation to the people responsible for this change, Uzman saluted the new porters whom he thought to be useful for the prospect of the country.

This chapter is the story of the transformation of the old-ragged porters into the new, orderly and uniformed ones, which had taken place within the summer of 1937 when a minor typhus epidemic had led the municipality to rid off the streets of İstanbul from those it considered as unruly elements, which in return had ended in reordering of the daily life of the city.

Outbreak of epidemics was not an extraordinary phenomenon for İstanbul. The city had lived through many such episodes throughout its history.<sup>200</sup> Yet, in 1937 typhus created an unprecedented panic among the public, the city chroniclers, newspaper columnists, and municipality. Over the course of three months, from June till September 1937, approximately one thousand cats and dogs were exterminated; porters and beggars were banned from traveling within the confines of public spaces; public baths were closed down; street vendors were forced to be vaccinated; owners of the grocery stores were forced to do health check-ups and strict rules were enforced by the municipality concerning the order of the streets. This chapter seeks to discuss the uniqueness of this situation, and the diversity of the public health measures to annihilate typhus. It argues that one of the reasons for the panic was the concentration of the virus to poorest quarters

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<sup>200</sup> Since the 15<sup>th</sup> century every few decades had witnessed an outbreak of plague, cholera, smallpox or typhus. 1497, 1539, 1573, 1576, 1578, 1591, 1592, 1596, 1615, 1617, 1620, 1637, 1650, 1655, 1751, 1803, 1811, 1812, 1813, 1822, 1834, 1849, 1863, 1893 were the years of plague epidemic. Especially in 1591, the mortality rate of the epidemic had reached to hundreds and the sultan, Murad III left the palace and ordered all the small shops to close until the epidemic passes. Other than plague, cholera had been effective especially throughout the late nineteenth and early twentieth centuries: 1841, 1863, 1893, 1914, 1919 were the years in which it was effective. In addition to plague and cholera, smallpox had been spread within the city in the following years: 1841, 1844, and 1929. (Bedî N. Şehsuvaroğlu, *İstanbul'da 500 Yıllık Sağlık Hayatımız*, İstanbul: Kemâl Matbaası, 1953, p. 94)

of the city (Balat, Fener, and Kumkapı, i.e. the western coast of the Golden Horn) accompanied by fear of the poor as the main carriers of the disease. Equally important was the social context of the 1930s, in which the debates on eugenics were heightened and its practice gained a widespread acceptance from the public. One of the main arguments of this chapter suggests that the typhus epidemic of 1937 was not an isolated, but an important case where the boundaries between public health and eugenics disappeared.

I will trace the story of the epidemic through two widely read newspapers of the period: *Cumhuriyet* and *Son Posta*. The former can be considered as a semi-official newspaper of the government, and the latter as an independent one. Although both were widely read in the 1930s, *Cumhuriyet* will be of special interest for the purposes of this dissertation. Not only did *Cumhuriyet* conduct interviews with the doctors on the typhus epidemic, which were later published in the popular health journal *Lokman Hekim* as well, but it also acted as an active agent in the struggle against the epidemic. The newspaper started the first widespread campaign on fighting typhus. It sent reporters to the neighborhoods struck with the disease, in order to spy whether or not the inhabitants were following the rules of hygiene. Moreover, *Cumhuriyet* had always been known to represent the People's Republican Party, which was in power at the moment. In fact it pronounced one of its main aims as "... advocating the new regime and propagating the people to embrace it." Its editor in chief, Yunus Nadi was a member of the Parliament in the 1930s, and a close friend of Mustafa Kemal Atatürk.<sup>201</sup> In contrast, *Son Posta* had

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<sup>201</sup> For a brief history of the newspaper see the following publications: Abdülhamit Aşar, *Bir Partinin Kapanmasında Basının Rolü – Serbest Cumhuriyet Fırkası*, İstanbul: Kitabevi, 1998, pp. 32-33. Aşar claims that Nadi usually reflected Mustafa Kemal's views in his columns. Enver Behnan Şapolyo, *Türk*

defined itself as an independent newspaper from the beginning, and argued that it would not adhere to any political ideology.<sup>202</sup> However, despite these differences, when it came to fighting the typhus epidemic, both newspapers were on the same page. They univocally advocated the strict implementation of the hygiene rules, and supported the Municipality of İstanbul on the enactment of those regulations. Moreover, the opinion pieces and reader letters published in the two newspapers demonstrate that the concepts of hygiene and eugenics were one and the same.

### 3. 1. *The Epidemic*

#### 3. 1. 1. *The Beginnings*

On June 6<sup>th</sup>, 1937, the newspaper *Son Posta* carried the outbreak of the epidemic to its headline in the front page: *Struggle with Typhus in the City*.<sup>203</sup> The news reported that the disease had been detected in some parts of the city, mainly within the vicinity of *Fatih*. It said that the disease was spreading from the resources supplying the area with water, such as wells and the springs of *Halkalı* and *Kırkçeşme*. The area had no access to the water supply controlled by the municipality. The report further added that the inhabitants of this area were so poor that they could not afford to buy clean spring water,

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*Gazetecilik Tarihi ve Her Yönüyle Basın*, İstanbul, 1976; Hıfzı Topuz, *100 Soruda Türk Basını*, İstanbul, 1973.

<sup>202</sup> See Avcı, *Bir Partinin Kapanmasında Basının Rolü*, pp. 33-35. Also see the memoirs of Zekeriya Sertel, one of the founders of the newspaper: *Hatırladıklarım* [Things I Remember], İstanbul: Yayıncılık Matbaası, 1968, pp. 187-208.

<sup>203</sup> “Şehirde Tifo Mücadelesi”

and suggested that they should boil the water before using it. The report ended with the locations of the vaccination stations within the area.<sup>204</sup>

For the following three weeks, news about typhus and the struggle against it found place mostly among the local news stories. There were regular commentaries from the municipality stating that typhus was being taken under control, and statements from the doctors assuring the public that the disease was entering its recession period. Yet, the epidemic continued spreading. Two weeks after the initial news, typhus was once again being reported on the front pages. For three days, from June 24<sup>th</sup> to June 26<sup>th</sup>, the health commissioner of the city, Dr. Ali Rıza gave a series of speeches to the press and told that the people infected with typhus were only ten people per day and resided mainly in Fatih and Eminönü. He added that since the non-infected people in the area had been vaccinated there is no reason to panic. The reason for the spread, he stated, had been the water supplies within that area. He assured that the disease is under control and municipality was doing everything to stop it. However, the health commissioner's remarks were ineffectual. The newspapers continued to report news on typhus on the front pages, with increasing tone of anxiety.<sup>205</sup>

Until the end of June, the municipality advertised the need for vaccination as the most effective solution to typhus through the newspapers. It further advised the inhabitants of İstanbul to be careful about from which vegetable gardens their food was

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<sup>204</sup> At this early point in the epidemic the location of the vaccination stations are only confined to certain quarters in Fatih (Samatya, Şehremini, Eyüp, Unkapanı, Fener, and Karagümrük), its close vicinity Eminönü (Kumkapı, Beyazıt, Büyükpazar) and in the local governmental (kaymakamlık) buildings (*Son Posta*, 6/6/1937).

<sup>205</sup> “36 Saatte 6 Tifo Vak’ası Kaydedildi”, *Son Posta*, 6/27/1937

coming. However, on June 30<sup>th</sup> the statement of the municipality changed drastically: according to the water analysis reports, no contamination had been found in the water supplies. They were clean. This statement was made official by the Minister of Health and Social Aid, Refik Saydam. Two days before his statement, Saydam had already sent two hygiene officials to İstanbul, Dr. Asım Arar, Chief of the Hygiene Branch of the Ministry [of Health and Social Aid], and Dr. Emil Gotschlich, First Director of the Central Hygiene Institute.<sup>206</sup> On July 2<sup>nd</sup>, after the completion of their inspections, Saydam announced that the people of İstanbul could consume milk and use the water freely, because they were not contaminated. Depending on the research findings by the municipality, Saydam confidently posed the problem as one of *human contact*:

The fact that the [typhus] cases are seen in the most destitute, most poor and dirty neighborhoods, among the people who barely earn a living, in other words, those that have to live with six other people in one bedroom; plus the fact that the epidemic progresses slowly, indicate that the disease is being spread by human contact. Also the common usage of wells and toilets can be counted among the reasons for the epidemic, since the houses where the typhus cases can be seen have very bad living conditions.<sup>207</sup>

Until this declaration, the commentators and chief editors of the newspapers were ferocious against the typhus epidemic, which they considered to be a sign of primitiveness, taking over the city and the whole country. The first such commentary appeared in *Cumhuriyet* newspaper on June 19<sup>th</sup>. The editor in chief Yunus Nadi,<sup>208</sup> in

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<sup>206</sup> *Cumhuriyet*, 6/29/1937

<sup>207</sup> “Sıhhat Vekilinin tifo salgını hakkında beyanatı – Sıhhat Vekâletinin tifoya karşı aldığı tedbirler”, *Son Posta*, 7/2/1937.

<sup>208</sup> “İstanbul’da tifoyu kökünden söküp atmak kabil değil midir?” *Cumhuriyet*, 6/19/1937

his highly provocative article, invited the Ministry of Health, Governor of İstanbul and the people of İstanbul to gather in a struggle to tear apart the disease from the country. He posited the typhus epidemics in İstanbul as an insult to the civility of the Turks, and a stigma upon Turkishness. And he argued that a war against this disease could easily be won, because it was in reality a flimsy disease, and no such thing could stand against a strong army. After those stimulating remarks he continued on to draft out a strategy for war. He posited the first step in this strategy as illuminating the people on the causes of typhus, possible ways of infection, and ways to prevent this disease. He argued that cleanliness was the first and the most important item in waging this war: cleanliness of the whole nation, of the water supplies, and of the vegetables. Plus, each house and neighborhood that was infected with the disease had to be detected and necessary precautions put in effect. He continued his suggestions mainly on the stricter control of the water supplies and the vegetable gardens. And finished his article again with a call to arms against the epidemic.

In quite a similar tone, Muhittin Birgen, the chief columnist of *Son Posta*, wrote an article entitled, *We are the Main Reason for Typhus!*<sup>209</sup> There he associated typhus with primitiveness, the symptoms of which stemmed especially from the people who did not understand the necessity of drinking clean water, eating clean vegetables or fruits. Birgen said that he did not feel any fear when he heard the word ‘typhus’, because he knew how to protect himself against it. Similar to Nadi, he felt embarrassment. But contrary to Nadi’s shame concerning Turkishness, Birgen brought forth his urban

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<sup>209</sup> “Tifonun asıl mes’ulleri bizleriz!”, *Son Posta*, 6/29/1937

identity: he said that he was feeling ashamed, because as the children of a major world city, there were still poor people who drank water from the wells, and who did not know how to water the vegetable gardens.

Ercüment Talu, another columnist in *Son Posta*, published an article titled *Typhus*, which similarly placed the responsibility upon the people of İstanbul.<sup>210</sup> He argued that the majority of İstanbulites were not trained socially; i.e. the words *hygiene*, *diet*, *abstinence*, *precaution*, and *antiseptis* did not occupy a place in their lexicon. They expected everything from the municipality, or relied on god to heal them. Thus, he concluded, it was only natural that cholera, plague and typhus fell upon these people who did not know how to protect themselves.

The advices towards self-protection concerning cleanliness in food and water consumption patterns changed considerably after Saydam's declaration that the main reason for the epidemic stemmed from the carriers rather than the water supplies. Accordingly, following his statement, the connotations of hygiene also shifted significantly from protecting oneself from the unhygienic food to self-protection from the people dealing with food, and those who were to be considered as the carriers.

Immediately after Saydam's statement, Naci Sadullah, a city chronicler found out that the panic had slowly taken over the inhabitants of İstanbul. On July 3<sup>rd</sup>, on the course of his daily tour of the streets, Sadullah interviewed an ice cream vendor.<sup>211</sup> The vendor complained that wherever he had gone to, the people were scared to death from

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<sup>210</sup> "Tifo", *Son Posta*, 6/30/1937.

<sup>211</sup> "Sıcaklar İstanbul Halkını İkiye Ayırdı: Memnunlar ve Müştekiiler", *Son Posta*, 7/3/1937



him: the mothers called back their kids playing on the street, local residents shut their doors and slatted shutters, and people ran away from him. The vendor said that the government and the municipality had put seeds of typhus fear in the people, which would kill not the typhus microbe but the business of ice cream vendors.<sup>212</sup>

The panic that the ice cream vendor defined constituted the background for the citywide anxiety after the designation of the carriers as culprits of the disease. After Saydam, the second official statement about what needed to be done and the precautions to be taken came from the deputy governor and deputy mayor of İstanbul,<sup>213</sup> Şükür Sökmen Sür.<sup>214</sup> On July 7<sup>th</sup> he repeated Saydam's statement, and further argued that had the reason for the epidemic been the water and food supplies, people could have comfortably left it to the municipality to take care of the problem. However, he said, it stemmed from human contact; thus, the people of İstanbul should show extreme caution

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<sup>212</sup> Even before the statement there were similar attitudes of the İstanbulites towards associating the typhus epidemic with the people, rather than the water or food supplies. Another city chronicler, having the pseudonym *İmset*, cited two incidents in his column *Hadiseler Karşısında* (Facing the Events/ On the Face of the Events). The first one considers a dialogue between two people where one asks about the symptoms of typhus, and the other answers. As the first person observes those symptoms, the second slowly moves away from him, and finally starts running away, screaming "you have typhus!". Second case concerns a dialogue between a couple, who were discussing whether or not to visit their newly moved next door neighbors, but they hesitate because they did not know from which neighborhood they moved. (*Son Posta*, 6/27/1937) Similarly, Peyami Safa wrote in his column *Hadiseler Karşısında* on July 1<sup>st</sup> that he sees a coffin every time he looks at a tomato, and the ghost of a doctor warns him not to eat raw fruits and vegetables from the gardens. Furthermore, he said, whenever he sees someone with slight weakness in the body, he starts panicking about the possibility that it might easily be typhus. (*Cumhuriyet*, 7/1/1937)

<sup>213</sup> In 1937 governor and mayor posts were one and the same. The convergence of these two happened in 1930 with the law concerning the municipalities issued on April 1930 (no. 1580), and lasted until 1955. See Osman Nuri Ergin's *Cumhuriyet ve İstanbul Mahalli İdaresi*, İstanbul, 1993. Adalet Alada, in her article on the governance of İstanbul in the Republican era, interprets the situation as the strict control of the new capital city on the old one for two reasons: first of all, such regulation was put in effect only for İstanbul, and secondly, the parliament had the right to appoint any governor according to its will, and change if not happy by the ruling of the city. See her "Cumhuriyet Döneminde İstanbul'un Yönetimi", *İstanbul* 8: 133-138, 1994.

<sup>214</sup> *Son Posta*, 7/7/1937

in whom they came into contact with. Süer defined two kinds of contact at this point: one is inevitable (*mecburi temas*) and the other is accidental (*ihtiyari temas*). The inevitable contact happened with the food vendors: the small shop owners, the street vendors, the butchers, and the milkmen. Süer said that it remained the duty of the municipality to check whether these people were infected and guarantee that they were vaccinated before selling food supplies. However, the people should also be careful about the food vendors themselves: they should only buy “...clean food from clean places, and clean hands.”<sup>215</sup> Moreover, he added that since the municipality could not control the accidental contacts, people should avoid using the restrooms at the quarters where the working classes<sup>216</sup> were concentrated. In sum, Süer gave the people of İstanbul two advices: to watch out with whom they were coming into contact with, and to make sure that the contacted people were clean and safe, and secondly, to vaccinate themselves so as to avoid any chance of contamination.

Süer was reflecting the decision reached by the [City] Health Commission a day before, on July 6<sup>th</sup>.<sup>217</sup> The commission declared that it was becoming more and more certain everyday that the main cause of the current epidemic was human contact. Neither the sewage system, nor the water pipes were contaminated. As a precaution it was announced that all those who handled food were going to be subjected to vaccination.

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<sup>215</sup> *Cumhuriyet*, 7/7/1937. This emphasis on clean hands, places and food was not mentioned in *Son Posta*.

<sup>216</sup> In *Cumhuriyet*, the working classes were specified as porters and *esnaf*.

<sup>217</sup> “Tifo salgını hakkında yeni kararlar verildi”, *Cumhuriyet*, 7/6/1937. The members of the Commission were: General Director of Hygiene Asım Arar, Director of Central Hygiene Institute Emil Gotschlich, Chief Specialist of Hygiene Zeki Faik, City Health Commissioner Ali Rıza, Bacteriologist Nureddin, Deputy City Health Commissioner Haydar, and Municipality Deputy Health Commissioner Osman Said.

Among those, the ones that were diagnosed with typhus microbe would be under inspection until it had been made certain that they no longer carried it. Only after getting cleared from the microbe would they be allowed to do business that involved handling of the food.

### 3. 1. 2. *The Great Cleansing*

Saydam's and Süer's explanations for the epidemic, the national and citywide sentiments that were reflected in Nadi's and Birgen's columns, and the slowly forming panic that Sadullah observed, all prepared the ground in 1937s İstanbul for what I am going to call *the great cleansing*. By the end of August, the city had taken a different shape. On July 8<sup>th</sup>, the newspapers wrote that Süer ordered new (the latest technology) garbage trucks from Europe.<sup>218</sup> On July 10<sup>th</sup>, the funnels previously built over the water supplies of Fatih were being covered with concrete.<sup>219</sup> The municipality justified this act by arguing that the inhabitants of Fatih had been using this water supply (Kırkçeşme) as coolers (refrigerators) and they had been drawing water from these funnels, all of which claimed

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<sup>218</sup> “Tifo vak’alarile beraber şehrin çöp derdinden şikayetler de arttı” [Complaints were raised about the garbage problem in the city amidst the typhus cases], *Son Posta*, 7/8/1937. In addition to the ordering of the garbage trucks, on July 18<sup>th</sup>, the municipality announced that the salaries of the garbage collectors and city cleaners were going to be raised to 20 liras. It was said that there were available positions for five hundred sweepers, four hundred garbage truck drivers, and one hundred miscellaneous jobs present in the municipality, however, because they were low paid jobs, only half of them were occupied. The reason for the lack of the city cleaning personnel was explained by the municipality of the arrival of the harvest season: most of the personnel were casual laborers coming from the provincial areas (*Cumhuriyet*, 7/8/1937, “Temizlik servisini genişletiliyor”). However, on July 11<sup>th</sup>, *Cumhuriyet* announced that necessary personnel for the city cleaning services were obtained. It was further said that the salaries of these people were raised from 15 and 17 liras to 20 liras. Moreover, the garbage trucks worked only on the asphalt roads, not the regular ones.

<sup>219</sup> “Kırkçeşme suyuna açılan bacalar kapanıyor”, [The funnels of the Kırkçeşme water were being closed down], *Son Posta*, 7/10/1937

to have been contaminating the purity of the water. On July 11<sup>th</sup>, the municipality announced that those who dirtied the streets, by spitting, pissing and blowing their noses were going to be fined. The policemen who did not do their jobs in inspecting and fining these unruly people were also going to be punished.<sup>220</sup> On July 14<sup>th</sup>, during the meeting in the municipality under the supervision of the city hygiene director Hüdai Karataban, it was decided that everyone in the vicinities of Fatih and Eminönü were going to be subjected to vaccination.<sup>221</sup> On the same day and almost every other that followed, the announcements of the municipality concerning the rules of cleanliness “for the sake of the city’s health”<sup>222</sup> appeared on the newspapers, and were distributed to each house in the city.<sup>223</sup> In addition to spitting and blowing the noses, throwing stuff on the street was banned. The possession of a metal garbage can with a lid was made compulsory for each home, and the municipality enforced the garbage collectors to warn those who did not yet possess lids and were persistent about disposing their garbage in improper ways.<sup>224</sup> Shop owners, landlords and the tenants were required to clean the front yards of their properties. And finally disposing of garbage, junk, debris and waste to the empty lands

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<sup>220</sup> “Sokakları Kirletenlerden Ceza Alınacak” [Those who dirty the streets will be fined] *Son Posta*, 7/11/1937

<sup>221</sup> “Herkes Tifo Aşısı”, [Typhus Vaccination for All], *Son Posta*, 7/14/1937

<sup>222</sup> “Belediyenin İstanbul sayın halkından ricası: şehrin sağlığını korumak için 8, 15 ve 24. maddeler hatırlatılıyor”, *Son Posta*, 14/7/1937, 15/7/1937

<sup>223</sup> *Cumhuriyet*, 7/15/1937.

<sup>224</sup> The rule about the lid covering the metal garbage cans were put in effect in mid-July, however ordering the garbage collectors about executing this rule was issued in the beginning of August (See the news about this issue in *Cumhuriyet*, 8/10/1937; “Çöp verme şekli” [Ways to dispose garbage]).

were forbidden. The city health commissioner Ali Rıza explained the vitality of these rules two days later.<sup>225</sup> He argued that these rules were put in effect not because typhus spreads through spitting. However, he said, in spite there might be other microbes, and thus, it is necessary to follow the rules. On the same day, the newspapers also announced that the cats and dogs that were dwelling in the dirt, will be exterminated in the city animal shelters by injecting strychnine, because they were presenting a great threat to the health of the city.<sup>226</sup>

The extermination of the cats and dogs was the beginning of a cleansing and ordering movement in İstanbul. Starting from July 24<sup>th</sup>, the police began issuing fines to the following actions in accordance with the jurisdiction of the municipality: jumping off of the boat before it completed its maneuver;<sup>227</sup> jumping in and out of the streetcars when they were in motion,<sup>228</sup> driving without a license; littering on the street; owning small businesses without having proper health check-up and vaccination; chatting in the middle of the pavement; selling (*unprotected / open*) mulberries; keeping the houses and barns

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<sup>225</sup> *Son Posta*, 7/16/1937

<sup>226</sup> Until the end of August 1937 more than 2000 cats and dogs were killed because of this reason.

<sup>227</sup> From July 24<sup>th</sup> until August 16th, 75 people were fined because of this.

<sup>228</sup> Again from July 24<sup>th</sup> until August 16<sup>th</sup>, 548 people were fined because of this reason. On July 30<sup>th</sup>, the newspapers carried this issue to their headlines. It was reported that people jumping from and onto the streetcars had been on the increase as an opposition to the regulations issued by the municipality. The report said that people of this kind; i.e. those who jump off of the streetcars and refuse to pay the fines were immediately brought to the courts. One such person, who was caught jumping on the streetcar that was going from Karaköy to Harbiye, was brought to the court and as a result was condemned to pay 6 liras and 7 days imprisonment (“Tramvaydan atliyanlar behemhal ceza görüyorlar”, *Son Posta*, 7/30/1937). The city chronicler Ihsan Hulûsi as well talked about the presence of police force within the streetcar stations all over the city.

dirty; spitting and urinating on the street; keeping the shops open after working hours;<sup>229</sup> selling meatballs on the streets without proper cover; transporting with donkeys in the vicinities of Beyoğlu and Eminönü;<sup>230</sup> not abiding by the rules of pedestrian crossing – meaning not walking from the places marked with yellow nails<sup>231</sup> - walking from the middle of the pavement; selling all kinds of foods on the back, the shoulder and the head;<sup>232</sup> keeping the shop floor dirty; occupying the street with tables, chairs, barrels in front of the shops;<sup>233</sup> hanging clothes on the windows of the front façade of the building, and shaking off the bed sheets, table cloths from there as well;<sup>234</sup> begging; carrying load or luggage on the head, at the back or on the shoulder; and not properly using the Karaköy Bridge. By the end of August, around the time when Ali Rıza announced that the epidemic had been over,<sup>235</sup> the newspapers were reporting urban legends surrounding

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<sup>229</sup> Strict control of the shops started on the July 4<sup>th</sup>. *Cumhuriyet* announced on that day that some shops were observed to be open after 7 pm., the closing time, and that shops of this sort would be fined.

<sup>230</sup> *Son Posta*, August 1<sup>st</sup>, 1937.

<sup>231</sup> This rule came in effect on the 11<sup>th</sup> of August (*Cumhuriyet*, 8/11/1937). These were mounted first on Karaköy Bridge, and later on to Karaköy, Eminönü, Sirkeci and Galatasaray public squares (*Cumhuriyet*, 8/17/1937). Within a week after the issuing of the rule, it was implemented on 80 people who did not cross the bridge from the designated places (*Cumhuriyet*, 8/18/1937). The fee for breaking this rule was 1lira. But even the newspapers found this rule ridiculous and criticized the municipality (See the Sunday column of Server Bedi (*Pazardan Pazara* [From Sunday to Sunday]) in *Cumhuriyet* on 22<sup>nd</sup> of August. Also the next day the editorial criticized the rule on its front page: *Kendi Kendimizi Tenkit: Köprüdeki çivi geçitleri* [Self-criticism: Nail-crossings on the bridge], 8/23/1937).

<sup>232</sup> From the announcement municipality made to the newspapers on the 11<sup>th</sup> of August.

<sup>233</sup> From the municipality policing and order regulation announced on 12<sup>th</sup> of August in *Son Posta*.

<sup>234</sup> From the announcement by the municipality on the 12<sup>th</sup> of August, reminding the inhabitants of İstanbul about the twentieth item of the municipality jurisdiction (*Son Posta*, 8/12/1937).

<sup>235</sup> He announced it on the 26<sup>th</sup> of August claiming that the danger of the epidemic had ceased.

İstanbul about the restrictions. As a response to one such legend, on August 24<sup>th</sup>, the head of the police department Salih Kılıç replied and denied the allegations that it had also been forbidden to light a cigarette from another cigarette on the bridge. The next day, on August 25<sup>th</sup>, the newspapers announced that the personnel of the police department had risen, as well as the salaries of every rank of officers.

### *3. 1. 3. Writers, City Chroniclers, and Doctors on the Epidemic and the Great Cleansing*

If there was one issue that all the doctors, city chroniclers, and various columnists of the newspapers agreed upon in relation to the typhus epidemic, it was the need to teach the people the rules of hygiene. They all believed that the ignorance of the people was the main cause of the epidemic.

However, concerning the attitude of the doctors, we observe a difference. I argued above that the discourse of the newspapers changed drastically once Saydam and Süer declared that the water sources were clean, i.e. not contaminated with the typhus microbe, and the main reason for the epidemic was designated as the carriers. The doctors, whom Murat Sertoğlu, a reporter from *Cumhuriyet* interviewed, stressed the role of the carriers since the beginning of the epidemic. Of the twelve doctors, only three put emphasis on the cleanliness of the food, sewer and water systems and the necessity of vaccination as a preliminary caution against typhus. Tevfik Sağlam argued that vaccination should come as the first precaution, but the real radical solution would be making the city healthier.<sup>236</sup> According to him, this could only be done through the

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establishment of proper and hygienic sewer and water systems. But more importantly, he concluded, the people of İstanbul should get used to living by the rules of hygiene.

Similar to Sağlam, two other doctors, who said that they did not know anything on the subject, Mim Kemal,<sup>237</sup> a surgeon, and Rüştü Çapçı,<sup>238</sup> the director of the Cerrahpaşa Hospital, repeated the “technical aspects” of fighting the disease and concluded with the necessity of hygiene rules, which concerned teaching people how to protect themselves.

On the other hand, Süreyya Hidayet<sup>239</sup> argued that the contagious diseases always spread by human contact, and thus it was of utmost importance to teach the public to protect themselves from the carriers. Similar to Hidayet, bacteriologist İhsan Sami,<sup>240</sup> established the culprit as the typhus patients. He argued that one such patient, or similarly, one carrier would mean one billion typhus microbes. Everywhere they touched would be full of microbes. For example, he said, if the person filling the water bottles from a clean spring was a carrier of typhus, he would contaminate the water. So, it was much more important to deal with the patients before reforming the water sources. Equally crucial was teaching the public how to protect themselves.

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<sup>236</sup> *Cumhuriyet*, 6/24/1937. Reprinted in the popular health journal *Lokman Hekim* on the July 1937 issue (13: 203-204).

<sup>237</sup> *Cumhuriyet* 6/24/1937, and reprinted in *Lokman Hekim* 13: 204.

<sup>238</sup> *Cumhuriyet* 6/25/1937, reprinted in *Lokman Hekim* 13: 205.

<sup>239</sup> *Cumhuriyet*, 6/25/1937, reprinted in *Lokman Hekim* 13: 206.

<sup>240</sup> *Cumhuriyet*, 6/26/1937, reprinted in *Lokman Hekim* 13: 196-197.



Neş'et Ömer,<sup>241</sup> emeritus professor at the Faculty of Medicine at İstanbul University and a Member of Parliament, was also among those to choose the typhus patients as the main culprits. However, contrary to the others he specified a particular target group. He said that the typhus carriers could well be among the cooks, maids, grocers, waiters, and various vendors selling ice cream, *aşure*, deserts, and sherbets. The municipality should keep them under strict surveillance, and those who showed the slightest symptom of typhus needed to go under a blood test, and if the microbe was found, then they should be put under quarantine. He further added that the municipality should make this epidemic its priority because the cases had clustered at the neighborhoods in Golden Horn, where there was a high population density, cleanliness was low, and the houses and streets were under unhygienic conditions.

Finally, Arif Şakir Şakar, professor of pediatrics (*çocuk cerrahisi*) in İstanbul University, approached the issue in the same tone as Ömer, but from a more objective and scientific point of view.<sup>242</sup> He presented statistics on the causes of typhus epidemic, and argued that according to the studies done in Germany, in 85 percent of the typhus cases the microbe was spread by human contact. These carriers spread the disease by working in food related jobs, by urinating in public spaces, by contacting their friends in school, and by working as cooks and waiters in restaurants.<sup>243</sup> Thus, he added, before

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<sup>241</sup> *Cumhuriyet*, 6/28/1937, reprinted in *Lokman Hekim* 13: 197-200.

<sup>242</sup> *Lokman Hekim* 14: 217-219, Ağustos 1937. This article, contrary to the others I have cited above, was not printed in the newspapers.

<sup>243</sup> Here, Şakar immediately established a link between being a carrier and being an employee of the food related jobs. In other words, he took it for granted that it was people working in such jobs that spread the disease (p. 218-219).

doing anything about the water supplies - because the best spring water could easily be contaminated by the hand of one man<sup>244</sup> - the problem of the carrier had to be solved. He suggested that all the typhus patients since 1930 should be surveyed, which would open the way for the health authorities to contact them and check their blood to see if the microbe persisted and whether or not those patients had turned into carriers over the years.

Even though the city chroniclers and the columnists of the newspapers were scholarly unequipped to present scientific arguments in relation to the development of the typhus epidemic, either in the form of statistics or findings of microbiology, they were in agreement with the doctors on preserving and employing certain standards of hygiene in managing the epidemic. In such endeavor, they thought that encouraging municipality's latest efforts of imposing hygiene rules on the urban living would be the best course of action. In fact, from their columns, most of the reporters and columnists called for the extension of these rules and regulations into the future. They said that it would be a shame if the municipality stopped its efforts at the moment. Most of them perceived these new rules as a sign of "civilized living". For example, Ercüment Talu, a columnist of *Son Posta*, argued that those who were subjected to punishment because of not complying with the rules would either be the ones who did not know their civil duties, or neighborhood boys.<sup>245</sup> The inhabitants of İstanbul should prove that they neither belonged to the first category, nor to the second one. Similar to Talu, Bırhan Cahit

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<sup>244</sup> He meant the people responsible for pouring water from the spring into bottles.

<sup>245</sup> "Sokaklar ve Biz", *Son Posta*, 7/12/1937. The word Talu used for 'neighborhood boys' is *mahalle çocuđu* in Turkish. Yet the phrase referred to the lower-class neighborhoods of İstanbul, where seasonal laborers coming from the provinces were living. These neighborhoods will be examined in more detail in the following part.

Morkaya, another columnist of *Son Posta*, argued that the first duty of the municipality was to deal with the dense urban masses that had not yet internalized the proper manners of the street,<sup>246</sup> and possessed primitive cleanliness standards. He congratulated Süer for finally taking up this issue and for attempting to resolve it within a short time.<sup>247</sup>

Morkaya, in another article, mentioned his concern for the new regulations of the municipality. On August 8<sup>th</sup>, in his column, he wrote that non-compliance with those rules was much worse than a typhus epidemic. Typhus was, in the end, ephemeral. However, he argued that lack of proper street manners was what the municipality should aim to sustain for the future. Finally, Server Bedi, who wrote for *Cumhuriyet* every Sunday, presented arguments similar to Morkaya's and Talu's. On July 30<sup>th</sup>, adopting a sarcastic tone he wrote that the municipality ought to be frightened with typhus epidemic from time to time, so that it would not hesitate to impose the hygiene rules over urban life. However, contrary to *Son Posta*, *Cumhuriyet* went a step further in supporting the municipality's actions. In addition to praising the new city regulations, *Cumhuriyet* also called the people of İstanbul to be active in implementing them, meaning that they should inform the police about misbehaviors.

### 3. 2. *İstanbul in the 1930s: Actors and Sites of the Epidemic in Context*

#### 3. 2. 1. *Early Republican İstanbul in Historiography:*

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<sup>246</sup> The word Morkaya uses for "street breeding" is *sokak terbiyesi*. It refers to the proper manners, behavior codes that is expected of an urbanite.

<sup>247</sup> "Şehirci Ruh", *Son Posta*, 7/19/1937.

François Georgeon, in his article *Bir Kimlik Arayışı: Türk Milliyetçiliği*,<sup>248</sup> argues that İstanbul's past in the minds of the Turks has been associated with the Ottoman Empire, with capitulations, with the surrender of the state to the external powers, and with the special privileges granted to the non-muslim communities of the Empire. He says that İstanbul's occupation by the Allied Forces after the First World War and the small scale resistance had also fallen into oblivion, i.e. that era is not one of the historical moments that people refer to in talking about the city. To Georgeon's observations, one could add the deprecating image of the city contaminated by the influx of immigrants coming from the entirety of Anatolia starting in the early 1950s, continuing onwards until the present day. Georgeon's depiction of the collective consciousness, in today's historiography has been compensated by a multi-ethnic, or multi-cultural İstanbul of the Ottoman Empire, where different ethnic groups coexisted peacefully together. Such narrative, somewhat nostalgic in its outlook, has been accompanied by a decaying depiction of the city starting with the Republic. It was stripped off of its power as the capital.<sup>249</sup> It had lost most of its non-muslim inhabitants, mostly through their flight from the city as a result of extreme nationalist everyday politics of the city. Hence, İstanbul was a city of demographic decay, which was soon to be balanced by a rather different population, coming from the provinces to İstanbul as immigrants in the post Second World War period. This

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<sup>248</sup> In his *Osmanlı-Türk Modernleşmesi, 1900-1930, Seçilmiş Makaleler*, translated by Ali Berktaş, (İstanbul: YKY, 2006), pp. 1-22.

<sup>249</sup> For a rather interesting example where such mentality is spoken out, see Gürhan Tümer's "Bir Başkent Daima Başkenttir" [A Capital-City is always the Capital City] (*İstanbul* 27, 1998). As can easily be seen from the title, Tümer rejects the notion that Ankara had become the new capital of the new Republic by arguing that a small town could never be the capital of a country. He argues that İstanbul still acts like the economic, cultural and historical capital of Turkey. Moreover, see Adala's *Cumhuriyet Döneminde İstanbul'un Yönetimi*, for the depiction of İstanbul as being taken under the domination of the new capital, Ankara, where the city is strictly controlled and regulated by Ankara, by bureaucratic Republicanism.

deprecating image has been finalized by the disappointment that none of these immigrants had been incorporated into the established norms of the city life. Instead they turned the city into a mongrel space of living. Among many other instances, this perspective has been recently voiced by İlhan Tekeli in his speech in a panel conducted as part of the exhibition of *Üç Kuşak Cumhuriyet*.<sup>250</sup> There, in response to a question about the possibility of granting full autonomy to the local administration, specifically with regards to choosing all the administrative personnel by sheer popular vote, Tekeli stressed the failed democratization project. He said that Republican period should be thought of as a democratization project, and unfortunately it had failed in İstanbul's case. The reason, he said, was because the immigrants of the 1950s did not learn how to behave like an urbanite, in other words, they did not internalize the principals of living together, of being a citizen. So, he concluded, before thinking about how to be successful in democratization, the problem of local administration could not be solved. To Tekeli's remarks, Feride Çiçekoğlu, a famous writer in Turkey, responded by saying that it would almost be a utopia because the majority of İstanbul was comprised of people who knew nothing of urban culture and would only leave permanent damage upon the city.

Thus, stuck within the timespan between the Ottoman Empire and post-1950s, İstanbul of the early Republican period is almost missing both from the collective consciousness and similarly from the scholarly literature.<sup>251</sup> Instead, studies on Turkey

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<sup>250</sup> *Three generations of Republic* exhibition took place in İstanbul in September 1998. The title of the panel was *Yönetim Kararlarında Ankara – İstanbul* [Ankara and İstanbul in the Administrative Decisions]. In addition to Tekeli, Ahmet İsvan, a former mayor of İstanbul, spoke at the panel. For the full-text of the panel, see *İstanbul* 27, 1998.

<sup>251</sup> A similar observation can be found in one of the rare articles focusing directly on the 1930s İstanbul. See Mehmet Murat Gül and Richard Lamb's, "Urban Planning in İstanbul in the Early Republican Period –

between 1923-1945 has been predominated by the burgeoning images and studies on Ankara, as the city had risen to become the new capital of the Republic in 1923. Especially in the eyes of the architectural historians, urban planners, and political scientists<sup>252</sup> observing Ankara was sufficient to analyze how the Kemalist regime had created the Turkish society anew with its top-to-down social, political and economic projects.<sup>253</sup> Thus Ankara had become *the* site depicting the epitome of the Republic.<sup>254</sup> In that respect, studying İstanbul of the early Republican period has been circumscribed by a major epistemological obstacles. We do face a difficulty with regard to the inadequate number of secondary sources stemming from the biased and elitist attitude of the urban planning literature. Given these exigencies, nevertheless, it is not impossible to construct a somewhat total picture of the social life in İstanbul. In the following part, I will try to reconstruct that picture through the bulletins of the municipality of İstanbul published between 1935 and 1937, and monographs of various neighborhoods of the city.

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Henri Proust's Role in Tensions among Beautification, Modernization and Peasantist Ideology", *Architectural Theory Review* 9 (1): 59-81, 2004.

<sup>252</sup> It is predominantly these three disciplines that concern themselves with the early Republican period. For historians the period is not "old" enough whereas for sociologists it is rather old that needs to be left to historians.

<sup>253</sup> For some of the examples concerning such trend see the following: Sibel Bozdoğan, "Architecture, Modernism and Nation-Building in Kemalist Turkey", *New Perspectives on Turkey* 10: 37-55, 1994; Gülsüm Baydar, "Between Civilization and Culture: Appropriation of Traditional Dwelling Forms in Early Republican Turkey", *Journal of Architectural Education* 47 (2): 66-74, 1993; Esra Akcan, "Ambiguities of Transparency and Privacy in Seyfi Arkan's Houses for the New Turkish Republic", *METU - Journal of the Faculty of Architecture* 22 (2): 25-49, 2005. This is not to say that there had not been scholars "reading" the Republic from other venues, like the provinces, villages, and other cities. However, what I am describing here has been the dominant trend until a few years ago.

<sup>254</sup> I have written on this duality between İstanbul and Ankara as a reflection of the duality and conflict of two different state and elite models. See my "1990 Sonrası Osmanlı / Türkiye Tarihyazımında Çeviri Denemeleri" [Translation Studies in the Ottoman / Turkish Historiography], in Adile Arslan Avar and Devrim Sezer (eds.) *Hasan Ünal Nalbantoğlu'na Armağan – Symbolae in Honorem*, İstanbul: İletişim Yayınları, 2008, pp. 421-440.

Finally through the city plans Henri Prost devised for İstanbul's development and reorganization from 1936 to the early 1950s, I will try to demonstrate the mental zoning processes, and how they had been reflecting the predominant eugenicist mentality of the period.

### 3. 2. 2. Bachelor's Lodgings

To return back to the epidemic, the discovery that typhus was observed only in certain quarters of the city, and that the microbe was not stemming from contaminated food and water resources had altered both the discourse and the practice of the struggle against it. On July 18<sup>th</sup>, *Son Posta* further specified the location of the disease by announcing that the typhus cases were seen predominantly in the *bekâr odaları*, bachelor's lodgings.<sup>255</sup>

Bachelor's lodges were in the 1930s, and still are, the lodges of the new immigrants coming from the provinces to İstanbul for work.<sup>256</sup> However, they were hardly a phenomenon restricted to the early Republican İstanbul, and their origins date back to the 17<sup>th</sup> century, to the time when migration from the provinces to İstanbul started to take place on large scale. Some even trace the bachelor's lodgings back to the

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<sup>255</sup> "Tifo vak'alarına bilhassa bekâr odalarının toplandığı mıntıkalarda daha çok tesadüf olunmaktadır", *Son Posta*, 7/18/1937. Next to this headline there was Muhittin Birgen's column, calling people into a radical battle with typhus.

<sup>256</sup> Kemal Karpat argues that these lodges were seen in every major Ottoman center for the menial workers, petty entrepreneurs, and other marginal groups. Based upon Ubicini's observations of mid-nineteenth century İstanbul, Karpat estimates 75.000 *bekâr* living in the city in 1853. See his "The Population and the Social and Economic Transformation of İstanbul: The Ottoman Microcosm", in Kemal Karpat, *Ottoman Population 1830-1914 – Demographic and Social Characteristics*, University of Wisconsin Press, 1985, pp. 86-106.

Byzantine Empire.<sup>257</sup> From Reşat Ekrem Koçu's entry to his *İstanbul Ansiklopedisi* (Encyclopedia of Istanbul), we learn that, in the 18<sup>th</sup> century, the new immigrants were put under strict control by the city authorities. Upon entering the city, they had to have a guarantee (*kefil*), who was either the master in the shops they were soon to be employed in or the head of the households, if they were hired for domestic services.<sup>258</sup> Without a written permission from the masters at hand, they were not allowed to enter the city. The extent of this strict surveillance system could best be understood if we keep in mind that the new immigrants were not allowed to spend the night anywhere in the city except in the bachelor's lodges, or some other place designated by their employers. Without proper papers, it was hardly a possibility to stay in the inns or any other lodgings in the city.<sup>259</sup> Koçu also writes that the bachelor's lodgings were banned in the nineteenth century, because of the claim that the lodges had turned into havens for prostitution, gambling and all other kinds of illegal activities. Even though this might have been true, it would be naïve to believe in pure moral reason for the prohibition of an activity, especially in this case, when the decision affected the whole livelihood of a particular group of people. The more convincing reasons are to be found elsewhere.<sup>260</sup>

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<sup>257</sup> See Necdet Sakaoğlu, "Bekâr Odaları", in *Dünden Bugüne İstanbul Ansiklopedisi*, vol. 2, Ankara: Kültür Bakanlığı, İstanbul: Tarih Vakfı, 1993-1995, pp. 123-124.

<sup>258</sup> See "Bekâr", *İstanbul Ansiklopedisi*, vol. 5, pp. 2392-2411

<sup>259</sup> We should of course question this: unless the immigrants were actually staying in the inns without papers there would have been no rule as such.

<sup>260</sup> See M. Mert Sunar's *Cauldron of Dissent: A Study of the Janissary Corps, 1807-1826*, unpublished PhD Dissertation, Department of History, State University of New York at Binghamton, 2006.



Mert Sunar, in his study on the janissary uprisings of the early nineteenth century, has argued that the uprisings were closely related to the active involvement of the janissaries in the social and economic life of İstanbul. He adds that starting from the eighteenth century, the guilds had prevented the participation of the janissaries and new immigrants coming from Anatolia in the guild system. Due to their exclusion from economic life, the janissaries and the immigrants were very much in collaboration. Sunar mentions that during the janissary uprisings of the early nineteenth century – 1807, 1808 and 1826 – when in need of manpower, the janissaries went first of all to the inns and the bachelor’s lodges.<sup>261</sup> And because of this reason, after the first two uprisings the sultan decided to prohibit the bachelor’s lodges. The plague epidemic that broke out in 1812 gave the opportunity for the government to get rid of them by arguing that gambling, prostitution and other despicable activities had brought the wrath of god upon İstanbul. However, after their prohibition, bachelor’s lodges started to be opened in their previous places almost immediately.<sup>262</sup> We do not know the aftermath of the uprisings, and in which ways the bachelor’s lodges had hosted social unrest in the forthcoming years. Karpat, by making the generalized statement that “they were also centers of social unrest and protest against the established order”,<sup>263</sup> seems to point to their prolonged effect on the social life.

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<sup>261</sup> Sunar, *Cauldron of Dissent*, pp. 114-115.

<sup>262</sup> Ibid, pp. 179-180

<sup>263</sup> Karpat, *The Ottoman Microcosm*, p. 90

In any case, we do know that these places continued to be the primary lodging places of the immigrants, as they continued migrating to İstanbul. And we also know that they had been a great concern for the state and city authorities in terms of maintaining the social order. In 1909, after the 1908 Revolution, as an extension of the Law on Vagrancy, one of the duties given to the police was to check upon the vagabonds defined as those who had not been working in the city for more than two months, those who had not been seeking employment in any place, and on those who had chosen to become beggars even though they were capable of working.<sup>264</sup> Ergut argues that the law was actually enacted and enforced for “... differentiating between the respectable employed classes and the casual poor divorced from the labor discipline.”<sup>265</sup> The aim was both disciplining the casual poor and using them as cheap labor. The people caught by the police for breaking the Law on Vagrancy were used in municipal works, such as the construction of roads, bridges, channels, and they were occasionally employed in mining.

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<sup>264</sup> See Nadir Özbek’s “II. Meşrutiyet İstanbul’unda Dilenciler ve Serseriler” [Beggars and Vagabonds in the Constitutional Era İstanbul], *Toplumsal Tarih*, pp. 34-43, April 1999. Özbek also states that even though there had been a law on vagrancy, the vagabonds and beggars were not viewed as criminals, because the state did not see vagrancy as a crime, and hence its policies were directed towards rehabilitation, of finding jobs and making these people used to work. In terms of the latter point Özbek makes, i.e. on the non-criminalization of the vagabonds and beggars, another study on the period places doubts upon his interpretation. Ferdan Ergut argues that in the period after the 1908 Revolution, political dissent had been criminalized by the Committee of Union and Progress. Even though he does not extend such claim to include the vagabonds and beggars, from the participation of the new immigrants within the social uprising of the early nineteenth century “Janissary” uprisings places doubts whether or not the “vagabonds and/or beggars” had played a role in other social protests in the early years of the twentieth century. See his *State and Social Control – The Police in the Late Ottoman Empire and Early Republican Turkey, 1839-1939*, PhD Dissertation, New School for Social Research, 1999 (especially pp. 242-249 where talks about the criminalization of political dissent, and see pp. 257-272 for his discussion on the vagrancy law) Later on published in Turkish as *Modern Devlet ve Polis – Osmanlı’dan Cumhuriyet’e Toplumsal Denetimin Diyalektiği*, İstanbul: İletişim Yayınları, 2004.

<sup>265</sup> Ergut, *State and Social Control*, p. 249. Ergut depends his analysis partly on the police journals of the period he is analyzing. Concerning the vagabonds, he gives example from an article in one of the journals (*Polis*) on how the police perceived them. The statement “... they proved themselves to be lower than animals by smoking *hashish*, drinking *rakı*, and gambling if they had the money...” clearly carries the traces of a Lombrosian approach of criminal anthropology.

Moreover, Ergut adds that none of the “public institutions” wanted to employ the people arrested for vagrancy. Even the private institutions that agreed to employ them paid half the salary of the job. Those who could not be employed in any jobs in İstanbul were sent either to work as servants next to agricultural landlords, or as cheap labor to other major urban centers.<sup>266</sup> Nevertheless, in either of the cases, “the ‘vagabond’ was responsible for serving in whatever job he was assigned. If he abandoned his work, his punishment would be increased and was thus put under police control for a period of three months to one year.”<sup>267</sup>

It is very probable that the seasonal workers and immigrants living in the bachelor’s lodgings were among the groups targeted by the Law on Vagrancy. As Koçu writes, the lodgings were located on the upper floors of the shops and were occupied by laborers working in these establishments, such as the poor apprentices (*çırak*) and the journeymen (*kalfa*).<sup>268</sup> Within the city, they were located either in shopping districts (*çarşı*), or right outside of the city walls.<sup>269</sup> According to his description, no furniture was to be found in these rooms; only a rush basket filled with laundry accompanied by a small mattress, with an equally small covering and pillow. These rooms were also used as depots where junk and various products were stored. A similar observation can be

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<sup>266</sup> Ergut, *State and Social Control*, p. 274, Özbek, *Dilenciler ve Serseriler*, p. 36-37. Özbek further notes that because of the limited number of jobs in the urban centers, the vagabonds had usually been deported back to their hometowns.

<sup>267</sup> Ergut, *ibid*, p. 274, quote from the journal *Polis*, 1911.

<sup>268</sup> See the article “Dükân” [Shop] in R.E. Koçu’s *İstanbul Ansiklopedisi*, vol. 9, pp. 4807-4810, 1968.

<sup>269</sup> The article “Ev” [House] in R. E. Koçu’s *İstanbul Ansiklopedisi*, vol. 10, pp. 5400-5406., 1971.

found in the survey of the industrial life of İstanbul in the 1920s by Laurance S. Moore.<sup>270</sup> In his account of the bakeries, he defines the lodges that the workers stayed in as primitive where “old sacking or the sacks of flour themselves sometimes afford a bed.” Furthermore he notes that the workers living in these unventilated and dark places were breathing the flour dust both during and after working hours.<sup>271</sup>

Koçu notes that the bachelor’s lodgings were banned at the beginning of the Republican period. He writes that the apprentices and journeymen were causing fires in the shops, but repeats his moral argument that the lodgings had become associated with prostitution. However, despite the prohibition, there remained a significant number of these lodgings in İstanbul during the 1930s, even continued until the present day. The official publication of the municipality of İstanbul, *İstanbul Şehri Ekonomik Bülteni*<sup>272</sup> noted that according to the 1927 census there were 491 bachelor’s lodgings. These had fallen down to 243 lodgings according to the 1935 census.<sup>273</sup> One way to interpret these statistics would be to argue that the number of immigrants coming to İstanbul had fallen down during the eight-year period separating the two censuses. Given the Great

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<sup>270</sup> See his article “Some Phases of Industrial Life”, in *Constantinople To-Day or The Pathfinder Survey of Constantinople – A Study in Oriental Social Life*, under the direction of Clarence Richard Johnson, New York: The Macmillan Company, 1922, pp. 165-199. This book was published in Turkish as *İstanbul 1920*, İstanbul: Yurt Yayınları, 1995.

<sup>271</sup> Moore, *Some Phases of Industrial Life*, pp. 178-180. He also mentions the “... immorality and drunkenness...” among the workers.

<sup>272</sup> [Economic Bulletin of the City of İstanbul], found at the Republican Archives of the Republic of Turkey. I would like to thank Kıvanç Kılınç for carrying these bulletins from Ankara to Binghamton, which were almost two hundred pages in total.

<sup>273</sup> For both statistics see the bulletin year 3, number 26, pp. 14-16, Birincikânun 1936.

Depression of 1929, which resulted in the immobilization of the rural population, this remains a strong possibility.<sup>274</sup> However, we also know that even during the depression, migrating to major cities for short periods of time was one of the main strategies of the peasant population of Anatolia to cope economic difficulties; despite the fact that most of them were going back to their hometowns after few weeks of unemployment in İstanbul.<sup>275</sup> Still, given that the number of factories, ateliers and workshops (*imâlethane*) rose from 356 in 1927 to 963 in 1935, it would be highly improbable to expect a decline in the number of the workers. Either those who came to İstanbul for work slowly started to settle in the city and became permanent inhabitants by buying or renting houses, or they moved from bachelor's lodgings to hostels, whose numbers had risen from 545 to 777 in between the two census dates.<sup>276</sup>

In addition to individual bachelor lodgings on the second floors of the shops, or outside of the city walls, there were also “bachelor's inns,” where multiple lodgings existed in a single building, which were mostly located in the city center. Koçu mentions three prominent bachelor's inns: Büyük Vefâ Hanı in Vefâ Square, Hocapaşa Hanı in

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<sup>274</sup> As for the effects of Great Depression on the peasants and the population of Turkey in general see the following articles: Frederic C. Shorter, “Turkish Population in the Great Depression”, *New Perspectives on Turkey* 23: 103-124, 2000; Elif Akçetin, “Anatolian Peasants in the Great Depression”, *New Perspectives on Turkey* 23: 79-102, 2000.

<sup>275</sup> Akçetin, *Anatolian Peasants*, pp. 93-94.

<sup>276</sup> For both statistics, i.e. those on the inns, and on the bachelor's rooms, see the *Bulletin*, December 1936, pp. 14.15. On the other hand, Koçu notes two other places where İstanbul's poor used to live: one is called the *yahudhâne*, literally translated as the accommodation space of the poor Jewish population (See the article “Ev” in *İstanbul Ansiklopedisi*, p. 5400), and *müteehhilîn odaları* (room of the married; see the article “Ev, Müteehhilîn Odaları”, in R. E. Koçu's *İstanbul Ansiklopedisi*, vol. 10, p. 5407, 1971) which used to be the first wooden buildings built for the newly married Muslim couples, but accommodated predominantly by the married yet single living workers and small shop owners.

Sirkeci, and Silâhdar Hanı in Uzunçarşı.<sup>277</sup> All of these places are located within the Eminönü, the business district of İstanbul. In addition to Eminönü, we also know the existence of bachelor's rooms and inns within Fatih district, predominantly located in Balat and Ayvansaray neighborhoods.

In the few monographies published about the Golden Horn, and its districts of Fener, Balat and Ayvansaray we observe that the main emphasis was placed upon the history of those neighborhoods in terms of the architectural structure, the landscape and the population.<sup>278</sup> With the exception of Marie-Christine Varol's *Balat – Faubourg Juif D'Istanbul*,<sup>279</sup> all the others had been concerned with the lives of the non-Muslim population living in these neighborhoods, with the Greeks in Fener, Jews in Balat and Armenians in Ayvansaray. Their chief concern was depicting the social life of the inhabitants, which remained restricted to the extent that these histories are composed as stories of ethnicities within neighborhoods and districts, stripped off of the class distinctions imbedded within the inhabited spaces.<sup>280</sup> Although Varol's account has

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<sup>277</sup> From his narration it is not possible to discern when these inns existed. He only gives those names of the old bachelor's inns. See the article of "Bekâr Hanları / Bekâr Odaları" [Bachelor's Inns / Bachelor's Rooms] in *İstanbul Ansiklopedisi*, vol. 5, p. 2407.

<sup>278</sup> See the following monographies and studies on the area: Ahmet F. Özbilge, *Fener, Balat, Ayvansaray*, İstanbul: Bağlam Yayınları, 2005; Jak Deleon, *Balat ve Çevresi – Bir Semt Monografisi*, İstanbul: Can Yayınları, 1991; Jak Deleon, *Ancient Districts on the Golden Horn – Balat, Hasköy, Fener, Ayvansaray*, İstanbul: Gözlem Gazetecilik Basın ve Yayın, 1991; Marie-Christine Varol, *Balat – Faubourgh Juif D'Istanbul*, İstanbul: Éditions Isis, 1989; Orhan Türker, *Fanari'den Fener'e: Bir Haliç Hikayesi*, İstanbul: Sel Yayıncılık, 2001.

<sup>279</sup> For a condensed version of her monograph see her "The Balat Quarter and Its Image: A Study of a Jewish Neighborhood in Istanbul", in Avigador Levy (ed.) *Jews in the Ottoman Empire*, translated from French by Eric Fassin and Avigador Levy, pp. 633-645.

<sup>280</sup> The same tendency can be observed in the *İstanbul Ansiklopedisi* [Encyclopedia of İstanbul] that is published by Tarih Vakfı in the 1990s.

traces of a similar kind of history, it allows us to see the class distinctions within Balat as she tries to dissociate herself from the travel diaries of the European travelers,<sup>281</sup> which portray a Balat of unhygienic, derelict, uninhabitable, and poor conditions. To avoid that picture, she divides Balat into five main areas: Balat Afuera, Balat Aryentro, the quarter of Tahta Minare, Kasturiya and the quarter of Itchipol.<sup>282</sup> She marginalizes the first one, Balat Afuera, and a specific neighborhood called Karakaş, located outside the city walls, as a predominantly poor Jewish quarter. Whatever Varol's intentions are, her narrative allows us to view this poor quarter of Balat, where the typhus epidemic meets with a dense presence of bachelor's lodgings.

### 3. 3. *Upper classes and urban poor in conflict*

Underlying the panic that the typhus epidemic of 1937 generated was an episode of the long-standing concern of the 'Istanbulites' with the incoming immigrants from the provinces. In the following pages I will define two strategies of that the upper classes of the city had developed to "deal" with the incoming immigrants. The first one of these I will name *preventive or exclusionary way of handling*, where the upper classes decided to *physically* distance themselves from the immigrants, and the second one is *curative / inclusionary* mechanisms. The first one appeared as *spatial riddance* in the form of deportation or exile, or spatial relegation in the form of "dumping" them over to the

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<sup>281</sup> She cites Edmondo De Amicis, *Istanbul*, translated by Beynun Akyavaş, Ankara: Kültür Bakanlığı Yayınları, 1981 [1874].

<sup>282</sup> See her monograph *Faubourg juif d'Istanbul* pp. 6-13 for Balat Afuera, pp. 13-18 for Balat Aryentro, for the quarter of Tahta Minare, pp. 18-20, for Kasturiya pp. 20-23 and for the Itchipol quarter, pp. 23.

police to be worked forcefully in public works or next to the big landowners were two of the *preventive or exclusionary* practices that were employed against the urban poor.<sup>283</sup> On the other hand, the upper classes had also *spatially segregated* themselves from the urban poor and their living quarters, which were considered to be destitute and filthy, by moving to other parts of the city. Already in the nineteenth century the affluent classes of the city distanced themselves from the working classes (mostly composed of the immigrants) by moving to the north and east neighborhoods in the city. Edhem Eldem, in his quantitative study on the İstanbul bourgeoisie between 1903-1918, mentions Pera, Galata, Sirkeci, Aksaray and Kadıköy as the places where the business establishments and professional offices were predominantly concentrated. As for the choice of residential quarters he names Pera, Nişantaşı, Boğaziçi, Üsküdar, Kadıköy, Erenköy, Princes Islands, Ayastefanos and Samatya quarters.<sup>284</sup> We have also seen in the second chapter the architectural segregation of the maids and cooks from the rest of the house, by what I named as a sanitary corridor.

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<sup>283</sup> For a discussion of the transportation of the vagabonds from the *society* and into far colonies and the links of such practice with hygiene and eugenics, see Laurent Mucchielli, “Criminology, Hygienism, and Eugenics in France, 1870-1914”, in Peter Becker and Richard F. Wetzell (eds.) *Criminals and Their Scientists – The History of Criminology in International Perspective*, New York et.al.: Cambridge University Press, 2006, pp. 207-229. See especially pp. 216-219 for the debates between the medical community and the criminal lawyers on the usefulness of the transportation of criminals.

<sup>284</sup> See his “İstanbul 1903-1918 – A Quantitative Analysis of a Bourgeoisie”, *Boğaziçi Journal; Review of Social, Economic and Administrative Studies* 11 (1-2): 53-98, 1997, especially pp. 66-67 for the spatial distribution of the residential and professional spaces. For other studies concerning with the flight of the upper classes into these quarters, see the following: concerning the eighteenth century, a rather extensive and comprehensive study was done by Tülay Artan, *Architecture as a Theatre of Life – Profile of the Eighteenth Century Bosphorus*, unpublished PhD Dissertation, Department of Architecture, MIT, 1989. For nineteenth century see Zeynep Enlil, *Continuity and Change in İstanbul’s Nineteenth Century Neighborhoods – From Traditional House to Apartment House*, unpublished PhD Dissertation, University of Washington, 1994.



As for the laws enacted to keep the number of immigrants within the city under control, again in the nineteenth century, one encounters regulations of internal or domestic passports (*mürur tezkeresi*) issued for a temporary period of time to those traveling from the provinces to İstanbul to work as casual laborers.<sup>285</sup> Forced deportation, forced employment in public works, or exiles to other towns were some of the punishments given to those who were not able to find any jobs and were deemed to be resorting to vagabondism, which was considered as a de facto illegal activity. These strategies continued well into the late 1920s in large scale. In 1928, the head of the İstanbul police sent two directives to his staff in four days: first one noting that the criminals brought to İstanbul would immediately be deported back to where they came from, and thus be refrained from working in public works. This was followed by another decree asking to register each and every single male checking in into the inns, hotels, or any other lodging places designed for those coming from “outside”. The result was the arrest of 21,469 people for crimes related to public order, of which 15,189 were accused of vagrancy and 2,788 as beggars.<sup>286</sup> In the following years, the police systematically continued to collect and deport beggars from the streets. In 1937, during the typhus epidemic, there was again news about the growing number of beggars on the streets,

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<sup>285</sup> See Sunar, *Cauldron of Dissent*, pp. 196-214. Sunar mentions the frequency of this regulation especially during the early nineteenth century janissary uprisings. See also Özbek, *Dilenciler ve Serseriler*, and Koçu, *Bekâr, Bekâr Uşağı, Bekâr Uşağı Nizamı* for a brief account of the previous control strategies of the immigrants. He cites one in 1528 where eight hundred immigrants were sent to the gallows because of an incidence of theft, and another similar incidence happening in 1720 when this time eighteen immigrants were sent to gallows (pp. 2399-2400).

<sup>286</sup> Ergut, *State and Social Control*, p. 353

which soon was followed by an ordinance from the municipality ordering the deportation of people arrested twice for beggary, or recidivist beggars back to their hometowns.<sup>287</sup>

These strategies of *exclusion or prevention* represented only the spatial aspect of the relationships, which concentrated on avoiding rather than actively involving with the urban poor. The second strategy consisted of *including* them visibly into the “policy-making” strategies. If spatial riddance of these immigrants could be conceptualized as part of the “*preventive / exclusionary power relations*”, next to them, we also find charity as “*active involvement*” and as a way to contain the urban poor. Institutions of charity existed since the early years of the Ottoman Empire. Hospitals, asylums (*bimarhane*), and *waqfs* were some of the first institutions that can be included within the charity organizations of the early Ottoman Empire. With the exception of the *waqfs*, the hospitals and asylums had survived until the present day. Although the stories surviving from the eighteenth and nineteenth centuries remind more of horror stories rather than care and compassion, by the second half of the nineteenth century these activities started to be handled with more care, as Sultan Abdülhamid II, in his power struggle with the new elite, turned those charity acts into symbols of philanthropy, and started establishing state controlled institutions.<sup>288</sup> By 1896, the first poor house in the Ottoman Empire (*darülaceze*), where the beggars and poor of the city were placed, was founded. The Imperial Children’s Hospital (*Etfâl Hastanesi*) was founded in 1899 with the premise of

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<sup>287</sup> “Dilenciler çoğalıyor” [The Beggars are Multiplying], *Cumhuriyet* July 29<sup>th</sup>, 1937.

<sup>288</sup> The most extensive study concerning this area has been conducted by Nadir Özbek. For a brief account of his work see his “The Politics of Poor Relief in the Late Ottoman Empire”, *New Perspectives on Turkey* 21: 1-33, 1999. Concerning the other strategies of legitimation Abdülhamid II tried to acquire, see the following works: Selim Deringil, “Legitimacy Structures in the Ottoman State (1876-1909)”, *International Journal of Middle East Studies* 23 (3): 345-359, 1991.

not only admitting and treating children, but also serving all people coming from distant provinces of the Empire, such as Konya, Kars and Adana. Of course there were instances when punishment and philanthropy had clashed. Without specifying the date, Özbek argues that the law had been applied on those who came to İstanbul to be treated in public hospitals, and since treatment was denied to most of them, they remained in the middle of the street looking like vagabonds, and were accused of threatening the health of the population.<sup>289</sup>

In the 1930s the two strategies merged at a single location. Ergut wrote that after the establishment of *Takrir-i Sükân* (Restoration-of-Order Law) in 1925, which aimed not only to suppress the Kurdish uprising in the East, but also ended any significant openly voiced criticism against the government, the perception of the criminal had also changed.<sup>290</sup> In 1926, the new Penal Code, adopted from the Italian version, defined the criminal as a sick person and defined the criminal act as an illness. It is not certain whether or not it was as a result of this new definition of the criminal that İstanbul Hospital for Mental and Neurological Illnesses in Bakırköy was established in 1927. But

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<sup>289</sup> Özbek, *Dilenciler ve Serseriler*, p. 42. He also includes the parents of those who came to İstanbul for education. He does not specify but it is very possible that he is talking about the higher education. Until the establishment of Ankara University at the end of the Second World War, the single higher education institution was İstanbul Darülfünun, which in 1933 reopened as University of İstanbul. Before the inauguration, the university used to be providing classes half time so that the students coming from the provinces could find time to work and sustain a living for themselves. After the reform in 1933, this has changed. The university made it compulsory for the students to attend the lectures full time, which left no time for them to make a living.

<sup>290</sup> Ergut, *State and Social Control*, pp. 343-348. In relation to suppressing the open criticism against the government, Ergut cites the Minister of Justice's order to the police force. The Law summed up the task of the police in three headings: "i) they will resolutely oppose those who threaten public order; ii) they will resolutely intervene to those who talk about politics in coffee houses, and to drunkards and brawlers in the streets; iii) those police officers who will not take necessary preventive measures against any incident of opposition to government will be punished severely, no matter what the significance of the incident."

it was certainly in accordance with it that the hospital very rapidly became an institution where the bulk of the criminals and mentally ill were placed and given to the care of Mazhar Osman Uzman, who was appointed as the head physician same year. So it signified on the one hand a preventive measure against the unruly elements to be physically removed from the streets, and a curative/ inclusive strategy with their placement into a medical institution.

In 1939 Uzman resigned from his duty as the Head Physician of the mental hospital, after twelve years. His resignation was voluntary but hardly peaceful. There had been an investigation by the Ministry of Health and Social Aid upon the “rumor” that the mortality rate in the hospital had reached to thirty-seven percent. The document of the investigation is not present in the Republican Archives of the Republic of Turkey. Neither is it accessible in the institutional archive of the Mental Hospital in Istanbul, nor stated in any medical journal of the period. We learn it from a dispute between Mazhar Osman Uzman and his colleague Fahri Celâl Göktulga, who later occupied Uzman’s position at the hospital.<sup>291</sup> The dispute was about an article that Uzman wrote in the journal *Istanbul Seririyatı* (Clinic of Istanbul), on his own achievements, the utmost care that the patients received and the rather developed state of the sanitary conditions in the hospital. There he was also criticizing the “luxurious” living conditions that had been instituted under Göktulga’s administration on the basis that admitting more patients should be the primary task of a head physician, rather than bettering the beds, or other facilities. Göktulga became furious when he read it, and wrote another article on his own

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<sup>291</sup> See “1950 Yılında Mazhar Osman – Fahri Celal Polemiği”, *3P Psikiyatri, Psikoloji, Psikofarmakoloji Dergisi* 9 (3): 465-489, 2001

observations when he was working there. Briefly he mentioned the toilets reeking of dirtiness and diseases spreading into the wards through the bare-feet of the patients, where any doctor would refrain from entering because of the smell. He also talked about the poor building structure of the hospital where the owls nested in between the eaves and the crows fought with each other, frightening the patients, whose voices have mingled with that of the birds. After these “corrections” on the reality of the hospital, he alluded to the inspection by the ministry of health and social aid, which started to support the institution financially after the mortality rate reached to thirty-seven percent. Uzman fiercely dismissed all these allegations. He argued that there was an inspector at the hospital not because the statistics pointed to that percentage of mortality. The reason was the existence of annoying news carried by consecutive loyal informants, who could at best be insane or psychopaths enjoying to write anonymous letters. Besides, he argued that if the mortality rate was high, the blame should also be on the people who “dump” their relatives, who were already about to die, to the hospital.

Whatever statements Uzman developed in his own defense, the dreary picture that Göktulga portrayed had been shared by Uzman’s students as well. Adil Üçok<sup>292</sup>, for instance, tells that Dante’s hell was the immediate metaphor that came to his mind when he first saw the hospital: no walls, just barbwires surrounding the hospital. He tells about its ground level, connected to the road by lattice bars, resembling something like a window, from where dozens of hands were reaching out, asking for cigarettes and

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<sup>292</sup> See the oral history done by Cemal Dindar in these books: *Simsiyah Leylekler/ Dr. Adil Üçok: Bünyan’dan Bakırköy’e Bir Psikiyatristin Seksen Yılı*, [Jet Black Storks/ Dr. Adil Üçok: The Eighty Years of a Psychiatrist, from Bünyan to Bakırköy] Istanbul: Aura, 2004; and *Nal – Bir Akıl Hastanesinin Hatıra Defteri*, [Horseshoe: The Memoirs of a Mental Hospital] Istanbul: Telos, 2007.

screaming out as loud as they could. He also makes notice of the patient wards, where usually one bed is shared by at least two persons, sometimes accompanied by a third or a fourth lying under the beds. He remembers the lamps being taken by the hospital attendants, and the cold that the patients had to suffer from because of the broken windows, accompanied by threadbare clothes that they had to wear.

If we are talking about neglect and indifference, then we should also specify the target population of these sentiments, and non-actions, and make a distinction between the patients of the mental hospital. We know that there was a special ward for “special patients”, composing of the major intellectual figures of the era. And we know that Uzman kept them in “good conditions”: when Fikret Mualla, a famous painter whom Uzman knew from his childhood days, refused to stay in the hospital, he assured him that he would be given a special room, not resembling the “other” wards.<sup>293</sup> Also, from Adil Üçok’s narrative, we know that the insulin shock, which was the most developed form of treatment in psychiatry at the time and the most expensive one as well, was primarily administered to the intellectual patients in the hospital. The others simply suffered. They constituted the non-paid workforce in the building of the hospital, cultivating the lands surrounding it and cleaning the wards. Occasionally they were used as subjects in medical experiments that were to be turned into articles and doctoral dissertations, and published in medical journals or presented at international conferences. Some of the patients, who might be among the subjects of the experiments, were actually given the duty of typing<sup>294</sup> and illustrating these experiments.<sup>295</sup> Moreover, these patients did not

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<sup>293</sup> Behmoaras, *Kapalı Kutudaki Fırtına*, p.

need to be “cured,” in order to be forced to work in these tasks. Most patients were being run to manual labor tasks in the hospital in the name of “therapy by work”.<sup>296</sup> Some stayed as inmates even after they were cured, mostly because their families were not found, or they did not have enough resources to go back to their hometown in various places in Anatolia. Next to Üçok’s narrative confirming this situation, one finds evidence in the scientific articles, where the patient’s successful treatments were proved by their capacity to work again: “... started to work regularly in the ward”, “... started to do significant tasks in the ward”, “... started to do functional tasks in the ward”.<sup>297</sup>

There is considerable evidence showing the neglect surrounding the Bakırköy Mental Hospital. It is probable for the history of this specific hospital to be treated as an isolated case given that it was only reserved for the mentally insane, and had been under the directorship of a eugenicist psychiatrist for more than a decade. Hence, one might cite it as another chapter in the long history of domination of reason over unreason, solidified by a replica of Rodin’s *Le Penseur* erected at the center garden, surrounded by

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<sup>294</sup> See the story of Çambur Memet as told by Adil Üçok, *Simsiyah Leylekler...* p. 126.

<sup>295</sup> Adil Üçok mentions one patient whom he refers to as painter Selahattin. Felling remorse after many years, Üçok remembers that Selahattin had become sick when he was studying at the fine arts institute. He was drawing tables and illustrations of the assistants working there, and later on he was being sent by them to the bunker to carry coal.

<sup>296</sup> One has to note that therapy by work escaped the privileged ward. For similar practices and varying definitions of treatment see also Waltraud Ernst’s 1996 “European Madness and Gender in Nineteenth-century British India”, *Social History of Medicine* 9(3): 357-382, 1996. There Ernst gives examples of work therapy in the asylums in Colonial India, where the definition of “work” differed according to classes and gender.

<sup>297</sup> As an example, see the report of Neşat Halil Öztan for the 1934 Congress of Turkish Psychiatrists and Neurologists, published in *İstanbul Seriryatı* 17(3): 33-38, February 1935. Faruk Bayülkem, who became the Head Physician of the Mental Hospital in 1960.

the busts of head physicians, made of white marble, signifying the authority of an enlightened intellect over coal-dust blackened hands and faces.

### 3. 4. *Epidemic and Eugenics – Fear and Loathing in Istanbul*

The 1930s was the era when the control of the urban poor had been relegated to the hands of medicine, and to doctors and medical institutions. Such understanding came about after a change of perception concerning the defining character of offenders as people sick in mind and body, which in turn also suggested that those who became sick could easily be capable of committing crimes, had the disease not been treated. For the psychiatrists this approach was applicable to any person with a disease, including typhus, cholera, tuberculosis, scarlet fever, and measles. Uzman, for example, in his book *Tababet-i Ruhiye* (Psychiatry) wrote that the diseases of the body had repercussions for the mind as well. The number of patients who displayed signs of disrupted morality after going through one of these diseases was significantly high. In terms of eugenic science, Uzman continued, the diseased people not only presented a burden for the society, but also constituted a dangerous existence. A typhus patient for example, he said, could contaminate the others with their microbes. However, killing those with typhus, cholera or plague had never crossed the mind of the humanity, which, Usman implicitly suggests, should have. On the contrary, doctors had always decided to take care of them at the expense of putting their own lives at risk.<sup>298</sup>

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<sup>298</sup> For the account of the relationship between the “common” diseases and their relation to psychiatry, see pp. 18-23.



The inhabitants of İstanbul, during the 1937 typhus epidemic did not go as far as proposing or taking steps towards Uzman’s suggestions of annihilating those inflicted with typhus, plague or cholera microbes. Rather, they leaned towards relegating the typhus patients to health commissioners and police. They warned one another to keep an eye on the diseased and informed the city authorities when they detected any. The local authorities were concerned with similar precautions as well. On July 14<sup>th</sup>, after the Health Council of the municipality had met concerning the necessary steps to be taken in the face of the epidemic, forced vaccination in the districts of Eminönü and Fatih were put in effect. Also the Council warned everyone to report all suspected typhus cases, which could be detected by a fever lasting more than five days.<sup>299</sup> Two weeks after this meeting, another meeting at the municipality made the informing of the fevered people who stay in the inns, hotels and guesthouses compulsory for the owners.<sup>300</sup> Supporting wholeheartedly these regulations, especially the *Cumhuriyet* newspaper became a prime mover in encouraging people spying upon one another. In fact, much earlier in the course of the epidemic, it started a campaign by reporting some suspected houses in the Balat district to the city authorities. On June 22<sup>nd</sup>, the newspaper announced that those houses that were thought to be hiding typhus cases had been inspected by the city health authorities and four people were taken under inspection because of another fevered illness.<sup>301</sup>

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<sup>299</sup> “Tifo Meselesi – Sıhhat meclisinin verdiği yeni kararlar”, [The Typhus Issue – New Decisions of the Health Council], *Cumhuriyet*, July 14<sup>th</sup>, 1937.

<sup>300</sup> “Yeni Sıhhi Tedbirler”, [New Health Precautions], *Cumhuriyet*, July 30<sup>th</sup>, 1937.

<sup>301</sup> “Balat’taki Tifo Vakaları”, *Cumhuriyet*, June 22<sup>nd</sup>, 1937.

In fact, none of the İstanbulites needed to advocate Uzman's suggestions. Eugenics lied elsewhere for the city people. As I have argued many times throughout this dissertation, eugenics had already been disseminated into the everyday lives of the 'citizens of İstanbul' through hygiene rules in the first place, providing the new scientific way of living. Thus, both Uzman and his fellow İstanbulites possessed a similar mentality of the diseased, which drew a very thin line between being ill and becoming a problem personality for the perfect functioning of the *society*. 'Society', on the other hand, for both parties was something that was exclusive *only* to those inhabiting the city.

İstanbul of the 1930s was not an industrial city. There were no large-scale factories. It was the home of the professional and commercial elite seeking its livelihood in liberal professions – engineering, law, medicine, and education – and in the commercial activities – of insurance and banking sector.<sup>302</sup> Small crafts were specifically produced towards the consumer market of the city and for exporting them to the outside markets. Even most of the fresh fruits and vegetables were coming from the provincial towns surrounding İstanbul. İzmit was the primary supplier of fresh fruits and vegetables,<sup>303</sup> and during the typhus epidemic of 1937, İzmit's economy suffered because the İstanbulites did not consume any fresh fruits and vegetables that summer.<sup>304</sup>

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<sup>302</sup> See Edhem Eldem for the distribution of the jobs of the İstanbul bourgeoisie.

<sup>303</sup> See *İstanbul Şehri Ekonomik İstatistikler Bülteni*, April, May 1937 for the "fruit and vegetable trade" of the city. Other than İzmit, other suppliers of fruits and vegetables were designated as towns on the Dörtöyl-Rize axis, İzmir, Trakya, especially Çanakkale.

<sup>304</sup> "İzmit bahçıvanları büyük zarara girdi", [Gardeners of İzmit suffered a great damage in trade], *Cumhuriyet*, August 9<sup>th</sup>, 1937. The news reports the letter of the Governor of the city to the governor of İstanbul complaining about the negative propaganda against potential contamination of the fruits and vegetables with typhus microbe.

Given the prevalence of a daily economy, where the inhabitants of the city were divided into two as producers / servants and consumers / masters, it should come as no surprise that the society conceived by those seeing themselves as the *natural occupants and residents* of the city was in accordance with this life. The consumers and masters would recognize their own entourage as *the society*, whereas the others, the producers would simply remain outsiders, or passersby. It would be an anachronistic reading into this history to claim that within such duality one encounters eugenics. After all, as I have tried to demonstrate, this was the way that the city had been shaped for centuries. However, in the 1930s we see this relationship redefined through the lens of the science of eugenics, which was concretized with the 1937 typhus epidemic, first by the panic and fear after Refik Saydam's declaration that it was *human contact* above everything else that was responsible for the epidemic. Later on we have seen that it was basically the *producers / servants*, i.e. street vendors, waiters, and those residing in the bachelor's lodges who had been suspicious of spreading the microbe. Moreover, the panic and fear resided even after the vaccination stations were established in almost every quarter of the city. So, the first eugenic moment was above all, the perception of the producers/servants as *potential* contaminants and vermin strolling through the streets of the city. The fact that the disease did in reality emerge from the bachelor's lodges or the poor quarters of the city, from Balat, was not enough of a justification, because what the Istanbulites reacted, above all, was to an image of a potential typhus carrier. That image personified as the street dweller, which was fixed and frozen in time with no prospect of change. Consider the following example: on August 6<sup>th</sup> *Son Posta* printed an editorial

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open letter to the Municipality. In the letter it said that punk street children were collecting cats to be exterminated, and the fact that they were given money for this job was distressing. These miserable punks were already sad to watch: without family, school, sustenance and culture, they were bound for a barren life. Giving them money to collect cats for extermination would turn these young punks into murderers when they became grown-up punks. The newspaper editorial demanded from the Municipality that at least these miserable souls should be allowed to grow up learning respect for human life. This letter is reflecting exactly the same sentiments that the doctors possessed for street life. I just would like to remind one quotation from the second chapter. İsmail Ziya Tanrıkul, a psychiatrist working in the İstanbul Hospital for Mental and Neurological Disorders, had lamented that once a child was out in the street, he would be beyond recovery. Starting as a beggar on the street he would end up being a street bandit.

The second moment of eugenics during the epidemic came when the Municipality of İstanbul decided to clean up the streets and bring order to the city. It was with this decree that we find porters being banned, first from the most crowded areas like Eminönü, the business center of İstanbul. Moreover, the development that Uzman thought to be surprising for the porters at the harbor was again a result of the order's extension. Add to these all the rules and regulations that were implemented on the daily life in the city throughout the summer. These changes certainly reflected the mentality specific to eugenics. As will become clearer in the next chapter, eugenics was the science of creating and reordering the 'society'.

We have seen that both for the doctors and for the Istanbulites, society had an exclusive meaning. They regarded only those working in liberal professions, the new

professional middle classes – lawyers, doctors, engineers, teachers, and etc. – as the true heirs of the city, the true inhabitants. Thus, the reordering turned into cleaning the streets, or to use a biological metaphor, the vital veins of the city from potential germs. That metaphor was used in a brochure printed in the 1940s by the Municipality itself.<sup>305</sup> Then, İstanbul had a new mayor and governor, Lütfi Kırdar, who was appointed to the post in 1938. He was an old graduate of the Faculty of Medicine of İstanbul University, and a good friend of İsmet İnönü – the new president, and national chief, as he was hailed in those times.<sup>306</sup> It was under his term that reordering of the city, which began in 1937, continued through a series of urban reforms. New roads were built, Eminönü and Taksim squares were cleaned from the ‘miserable and ragged small shops’, which were claimed to be contaminating the beauty of these monumental spaces, and a few parks and open spaces were built.<sup>307</sup> They had all been implemented following the urban restructuring strategy of the French urban planner Henri Prost.

As Mehmet Murat Gül and Richard Lamb have also argued, Prost was an interesting choice and the reasons underlying it had never been explained.<sup>308</sup> The government was in search for an urban planner for İstanbul since the early 1930s. In 1936, after reviewing multiple projects, including Le Corbusier, Martin Wagner, Alfred Agache, Jacques Henri-Lambert and Hermann Ehlgötz, the government decided to invite

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<sup>305</sup> See *Güzelleşen İstanbul*.

<sup>306</sup> See Rakım Ziyaoğlu’s *İstanbul Kadıları - Şehreminleri – Belediye Reisleri ve Partiler Tarihi, 1453-1971, İdarî – Siyasî*, İstanbul: İsmail Akgün Matbaası, 1971, pp. 332-384

<sup>307</sup> For all these new developments, see *Güzelleşen İstanbul*.

<sup>308</sup> *Urban Planning in İstanbul*, p. 64

Prost instead.<sup>309</sup> Gül and Lamb interpret the choice as an extension of government's policy in line with the *peasantist ideology* that dominated the early republican era.<sup>310</sup> They remind that contrary to Martin Wagner for example, Prost's plan never considered massive influx of immigrants coming to the city in the following years. To their comment I would add that the translation of the peasantist ideology into an urban setting for the 1930s suggested a eugenic vision: the peasants were recognized as members of the Turkish nation-state, as long as they remained within the villages. There, they constituted the segment of the Turkish race that were to be enlightened through education and hence converted into citizens. Yet, the moment they arrived to the cities for work, they were immediately placed within the category of the urban poor: beggars, drunkards, and inhabitants of the bachelor's lodges.

Prost's plan in its totality concentrated on two strategies: enhancing the healthy parts of the city, like the harbor, or roads and boulevards that would foster the development of business establishments, and the segregation of the unhealthy parts, like the Golden Horn, from the healthy parts through opening up hygienic spaces. It imagined the city as it was, as an unchanging and frozen environment, only to be managed according to the rules of hygienic living. So, returning back to François Georgeon's observation about the omission of early republican İstanbul from the collective consciousness, can we not interpret it as the result of the trauma caused by the influx of a

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<sup>309</sup> These other plans were published in the journal *Arkitekt*.

<sup>310</sup> For a comprehensive analysis of the peasantist ideology see the following articles by Asım Karaömerlioğlu: "The Village Institutes Experience in Turkey", *British Journal of Middle Eastern Studies*, 25 (1): 47-73, 1998; "The People's Houses and the Cult of the Peasant in Turkey", *Middle Eastern Studies* 34 (4): 67-91, 1998; "The Peasants in Turkish Literature", *East European Quarterly* 36 (2): 127-153, 2002.

huge amount of immigrants into the city starting from 1950s, just when the eugenic city ideal was about to be realized through Prost's plan with its segregated quarters, huge hygienic spaces, and wide clean boulevards? After all, besides all his qualifications as an urban planner, Prost was a close friend of Hubert Lyautey's, who personally invited Prost to restructure the Moroccan cities under the French mandate after 1912.<sup>311</sup> And it was Lyautey whom the Turkish republican doctors of the 1930s had praised in their travel notes and speeches as the person who had brought the light of civilization to the dark corners of North Africa through its medical army.<sup>312</sup>

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<sup>311</sup> For details of Prost's work in Morocco, especially on Casablanca see Jean-Louis Cohen and Monique Eleb's *Casablanca – Colonial Myths and Architectural Ventures*, New York: The Monacelli Press, 2001. Chapter two entitled "Henri Prost's Plan (1914- 1917): A Flexible Approach" specifically concentrates on Prost's project (pp. 51-88).

<sup>312</sup> For references to Lyautey see the first chapter of this dissertation.

## Chapter Four

### Naturalizing ‘Society’

‘In the beginning was *the Word*,’ ‘tis written;  
Here do I stumble: who can help me on?  
I cannot estimate ‘the Word’ so highly;  
I must translate it otherwise, if rightly  
I feel myself enlightened by its spirit.  
‘In the beginning was *the Mind*,’ ‘tis written:  
Repeat this line, and weigh its meaning well,  
Nor let thy pen decide too hastily:  
Is it the mind creates and fashions all?  
‘In the beginning was *the Power*,’ it should be;  
Yet, even while I write the passage down,  
It warns me that I have not caught its meaning:  
Help me, then, Spirit! With deliberation,  
And perfect confidence, I will inscribe,  
At last, ‘In the beginning was *the Deed*.’<sup>313</sup>

This chapter is first of all a critical analysis and review of the scholarly literature on eugenics. Starting in the late 1970s, studies on eugenics quickly flourished in the following decades. Broadly, these studies and found that almost everywhere in the world eugenics constituted one of the most discussed topics and a major component of social policies in the first half of the twentieth century.<sup>314</sup>

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<sup>313</sup> Goethe, F., *Faustus*, translated by Samuel Taylor Coleridge, edited by, Frederick Burwick & James C. McKusick, Oxford, et.al.: Oxford University Press, 2007, lines: 1224-37, pp. 20-21

<sup>314</sup> For some of the selected studies on eugenics see the following: for Russia and Soviet Union, Mark B. Adams “Eugenics in Russia, 1900-1940”, in Mark B. Adams (ed.) *The Wellborn Science – Eugenics in Germany, Russia, France, Brazil, and Russia*, New York & Oxford: Oxford University Press, 1990, pp.



In analyzing eugenics, two main issues predominated: the relationship of eugenics to the states and whether or not eugenics can be considered as a science. In the former eugenics has been studied as an *extension* of the states that had given support for eugenics to flourish, either indirectly such as by issuing laws restricting marriage, or directly through laws influencing procreation, like compulsory sterilizations. The discussions encompassed within this area typically follow the Scandinavian countries, and focused exclusively on the continuity of eugenic policies as they had been incorporated into the welfare states of the 1950s. Following such a conceptualization, i.e.

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153-216, Mark B. Adams, "Eugenics as Social Medicine in Revolutionary Russia", in Susan Gross Solomon & John F. Hutchinson (eds.) *Health and Society in Revolutionary Russia*, Bloomington, IN: Indiana University Press, 1990, pp. 200-223. For Scandinavian countries see the edited collection, *Eugenics and the Welfare State – Sterilization Policy in Denmark, Sweden, Norway, and Finland*, Gunnar Broberg & Nils Roll-Hansen (eds.), East Lansing: Michigan State University Press, 1996. For Central European countries see the edited volume by Marius Turda and Paul J. Weidling, *Blood and Homeland – Eugenics and Racial Nationalism in Central and Southeast Europe, 1900-1940*, Budapest & New York: Central University Press, 2007. For more detailed analysis on cases of Romania and Hungary, see respectively, Maria Bucur's, *Eugenics and Modernization in Interwar Romania*, Pittsburgh: University of Pittsburgh Press, 2002; and Marius Turda's, "'A New Religion?' Eugenics and Racial Scientism in Pre-First World War Hungary", *Totalitarian Movements and Political Religions* 7(3): 303-325, 2006. The classical study on United States is of course Daniel Kevles', *In the Name of Eugenics, Genetics and the Uses of Human Heredity*, New York: Alfred A. Knopf, 1985 (reprinted in 1995). But apart from Kevles, those two books provide more comprehensive account of eugenics in United States: Wendy Kline, *Building a Better Race: Gender, Sexuality and Eugenics from the Turn of the Century to the Baby Boom*, Berkeley: University of California Press, 2001; and Alexandra Minna Stern, *Eugenic Nation – Faults and Frontiers of Better Breeding in Modern America*, Berkeley, et al.: University of California Press, 2005. For German eugenics see the two following studies: Richard Weinkart's, *From Darwin to Hitler: Evolutionary Ethics, Eugenics and Racism in Germany*, New York: Palgrave, 2004, and Sheila Faith Weiss's, "The Race Hygiene Movement in Germany", *Osiris 2<sup>nd</sup> Series* 3: 193-236, 1987. For the French eugenics see the following two works: William Schneider, "Towards the Improvement of the Human Race: The History of Eugenics in France", *Journal of Modern History* 54: 268-291, 1982; and Anne Carol, *Histoire de l'eugénisme en France*, Paris: Éditions du Seuil, 1995. For the Japanese eugenics see the following two works: Jennifer Robertson, "Blood Talks: Eugenic Modernity and the Creation of New Japanese", *History and Anthropology* 13(3): 191-216, 2002; and Yuehtsen Juliette Chung, *Struggle for National Survival – Eugenics in Sino-Japanese Contexts, 1896-1945*, New York & London: Routledge, 2002. For the British case see the following: Lyndsay Farrall, *The Origins and Growth of the English Eugenics Movement, 1865-1925*, New York: Garland Publications, 1985; Donald MacKenzie, "Eugenics in Britain", *Social Studies of Science* 6(3/4): 499-532, 1976; Richard A. Soloway, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth-Century Britain*, Chapel Hill: University of North Carolina Press, 1990; G. R. Searle, *Eugenics and Politics in Britain, 1900-1914*, Leyden: Noordhoff International Publishing, 1976. The Iranian eugenics is exemplified in Cyrus Schayegh's "Hygiene, Eugenics, Genetics, and the Perception of Demographic Crisis in Iran, 1910s-1940s", *Critique: Critical Middle Eastern Studies* 13 (3): 335-361, 2004. Finally for eugenics within the Latin American context, the classic study is Nancy Lays Stepan's *The Hour of Eugenics: Race, Gender, and Nation in Latin America*, Ithaca: Cornell University Press, 1991.

seeing eugenics as a strong ideological current underlying state activity, led to designating it as a pseudo-science determined solely by the interests of the states.

In addition to reviewing the eugenics literature through these two main discussion points, the second aim of this chapter is to incorporate the Turkish case into eugenics studies. As I have tried to imply in the previous chapters, and as it will become more apparent in the current one, Turkish eugenics practice shared numerous similarities with its worldwide counterparts. By pointing out those similarities, this chapter will not only fortify the recent scholarship on worldwide eugenics with the Turkish case as an addendum, but will provide points to broaden the exigencies of that literature by pointing out the local specificities.

#### *4. 1. The Eugenic State*

Apart from everything else, any exploration for eugenics within a particular country starts by searching for sterilization laws. The existence of voluntary or compulsory sterilization laws, or at least debates concerning them had become the main indicator, which proves that the scholar is on the right track in his / her quest for analyzing eugenics in a particular locality. Without any exception, each article or book on eugenics at one point needs to touch upon the issue: if the law is there, eugenics exists.<sup>315</sup>

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<sup>315</sup> See for example the article by Sumiko Otsubo and James R. Bartholomew on Japanese eugenics: “Eugenics in Japan: Some Ironies of Modernity, 1883-1945”, *Science in Context* 11 (3-4): 545-565, 1998. Even though they do not talk about sterilization laws, they nevertheless start the article by mentioning the existence of it in Japan in the 1940s. Or consider the following title: *Eugenics and the Welfare State – Sterilization Policy in Denmark, Sweden, Norway and Finland*. Here as well we see that eugenics is directly associated with the sterilization laws.

Moreover, the existence of sterilization laws seems to determine both the effect and the power of the eugenics movements within the designated countries. The United States, Germany, Scandinavian countries, and Britain, where both compulsory and voluntary sterilization policies were issued have been deemed to be countries with strong eugenic traditions. Whereas places such as France, Turkey, Iran, China, Spain, and Central European countries, where sterilization laws were missing, or were only instituted after the Second World War, are conceptualized as countries with weak eugenic tradition. In fact, when we look at the recent revival of the scholarly studies on eugenics, it was led from within the countries by strong eugenic traditions.<sup>316</sup> In the late 1970s Donald MacKenzie, Lyndsay A. Farrall, and G. R. Searle studied eugenics in Britain,<sup>317</sup> and Richard A. Soloway had pursued the topic into the 1990s by his book, *Demography and Degeneration: Eugenics and the Declining Birthrate in Twentieth Century Britain*. Around the same time as the British debate, eugenics in the United States was being analyzed by Garland Allen and Daniel Kevles. In 1985 Daniel Kevles wrote his seminal book *In the Name of Eugenics – Genetics and the Uses of Human Heredity*, which has since been referred to as the main work on eugenics. With the 1990s, after Mark B. Adams edited the book, *The Wellborn Science – Eugenics in Germany, France, Brazil and Russia*, eugenics started to be discussed and studied in almost every context from Latin America to Soviet Republic to Japan and China.

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<sup>316</sup> The only exceptions is William Schneider's study on French eugenics, "Towards the Improvement of the Human race: The History of Eugenics in France", *The Journal of Modern History* 54 (2): 268-291, 1982.

<sup>317</sup> See footnote 314.

Sterilization laws as the sign for the strength of eugenics in various countries had also entered into the scholarly literature via debates concerning “positive” versus “negative” eugenics. We know that almost every country in the first half of the twentieth century had to institute population policies, either to manage the effects of rapid industrialization, especially the growing urban poor population, or the catastrophic aftereffects of the World War One. And every country, in one way or another, tried to increase the population growth, as well as the quality of the population of the country. The main symptom of this trend is the institution of pro-natalist policies worldwide, with emphases put especially on fostering families, and increasing the number of offsprings. In such context, if the governments had instituted forced or voluntary sterilization laws, then those countries are said to embody both positive and negative eugenics, the former referring to raising the quality and quantity of the population only, and the latter to taking a step further to curb the reproduction of unwanted elements within the population. According to the scholarly literature on eugenics, the countries that followed “positive” eugenics measures were France, Iran, Spain, and Turkey. For example, in the French case, it was argued that depopulation accompanied by fear of degeneration had emerged as a serious problem since the Franco-Prussian War of 1870-71, and the subsequent French governments had only been concerned with confronting this urgent problem of decline.<sup>318</sup> Mary Nash argued for the prevalence of a similar sentiment of decadence for Spanish eugenics, which she associated with the loss of Spain’s colonies, only to be followed in the 1920s and 30s by what she called “social eugenics”.<sup>319</sup> She argued that

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<sup>318</sup> Schneider, *Eugenics Movement in France*, p. 270

<sup>319</sup> Nash, *Social Eugenics*, p. 744

an emphasis on reproductive policies and elimination of degenerative diseases via improving maternal health and general improvement in the sanitary conditions characterized the Spanish eugenics. The debates on the Turkish case follow arguments similar to those concerning the Spanish and the French. It was argued that since the country had recently gone through the Balkan Wars of 1912-14 and then World War One, the massive human casualties resulted in the issuing of only the pro-natalist policies, with added emphasis on the public health. In contrast to these “positive” eugenic measures, “negative” ones were exemplified by, of course, Germany, United States, Scandinavian countries.

We can point out a few problems with the concentration on the existence of sterilization laws and the consequential distinction made between “positive” and “negative” eugenics. First of all, the existence of only “positive” eugenics within a country brings with it the illusion that those governments had been impartial towards the population within their boundaries of jurisdiction. In other words, the idea of a national health care, and its universal application to the totality of the population, as propagated by those states seems to be taken at its face value. Instead we need to look at what really was meant by the “national population”, and carve out which segments of that population constituted the *ideal society*, or the acceptable and deserving citizens in the eyes of the governments. The idea of an all-encompassing state is no more than a myth. It only enjoys reality in the discursive space, not on the level of practice. In that sense, the policies and practices concerning eugenics open up a crucial space for us to reconsider the degrees of inclusion and exclusion concerning different segments of the population, as it tests the limits of state discourse. For example, as I have tried to show in the

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previous chapters, for the Turkish government, the “villager” might have been part of the national population whose breeding should be encouraged by universal health care. However, the moment these villagers start to become physically mobile, and move temporarily – or in rare cases permanently – to the cities, they were no longer considered “villagers” but rather “immigrants” and had been subjected to the regulations of the vagrancy law, even when they came seeking for health care within the cities. A similar categorization of the population can be observed in the French case as well. *Foundation Carrel*, which, as the name suggests was founded by the infamous eugenicist Alexis Carrel, had concentrated its studies in two areas, those of industrial hygiene and population. Within the confines of the latter, the studies focused on finding measures to encouraging the birth rate of hereditarily gifted French children, while trying to determine whether the “foreign” population could be integrated into the French nation and trying to distinguish between desirable and undesirable immigrants.<sup>320</sup> Moreover, even before Alexis Carrel, in the mid-nineteenth century, eugenics discourse had emerged in France through a discussion concerning whether criminals could be treated as ‘humans’ or should they be treated as ‘beasts’.<sup>321</sup>

Secondly, even if we take the distinction between “positive” and “negative” eugenics seriously, and decide to pursue it on those terms, both in the French and Turkish cases, restrictions on marriage, or more specifically premarital health examinations had

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<sup>320</sup> See Andrés Horacio Reggiani’s, “Alexis Carrel, The Unknown: Eugenics and Population Research Under Vichy”, *French Historical Studies* 25(2): 331-356, 2002

<sup>321</sup> See Laurent Muehli’s, “Criminology, Hygienism, and Eugenics in France – The Medical Debates on the Elimination of ‘Incorrigible’ Criminals”, in Peter Becker & Richard F. Wetzell (eds.) *Criminals and Their Scientists – The History of Criminology in International Perspective*, Washington D.C.: German Historical Institute & Cambridge, UK: Cambridge University Press, pp. 207-229, 2006

been considered by both French and Turkish eugenicists within the domain of “negative” eugenics. The Turkish eugenicists, especially Uzman, praised the 123<sup>rd</sup> and 124<sup>th</sup> items of the General Hygiene Law, which were items that did forbid the marriage of the syphilitics, epileptics, and those with hereditary diseases, until they were proven to be healed. On the other hand, in France, the French Eugenics Society embraced the premarital examination as a negative eugenics measure, and campaigned for it until 1942. It was in the Vichy period that the French government adopted the premarital examination law.<sup>322</sup> In fact, in 1931 there occurred an interesting encounter between the Turkish and French doctors on that account. In the September 1931 issue of *İstanbul Seririyati*, the first article was the translation of a certain Professor Gengerot’s travel notes to Turkey, which he wrote for *Presse Medicale*. There, Professor Gengerot complimented the Turkish government for the passing of the General Hygiene Law, which, for him demonstrated the care and attentiveness to the interests of the general public on the part of the government. He added that it was a shame for French people that such great law had still been waiting to be discussed in the French parliament.

Thirdly, we also need to reconsider the perception of the sterilization laws within the international community of science and medicine, as well as the attitude of the states towards other states. For instance, John Macnicol argues that the enactment of the 1933 Compulsory sterilization law in Nazi Germany, and the association of the practice with Nazi’s was one of the reasons why the voluntary sterilization law encountered obstacles in Britain. He mentions the designation of Nazi medical practices as pseudo-science by

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<sup>322</sup> Schneider argues that the 1942 edict of premarital examination was not the product of Nazi eugenicists pressure upon the Vichy government. See his *The History of Eugenics in France*, pp. 289-290. Also see Reggiani Alexis Carrel, *The Unknown* page 349 on this issue.

some of the leading medical figures in the country.<sup>323</sup> Moreover, both in Bulgaria and in Turkey, the realization that a new war might break out soon prevented the governments from issuing sterilization laws. In Bulgaria, even though eugenics had gained widespread acceptance between the years 1932 and 1934 from the public facing increases in malaria, diphtheria, typhus and tuberculosis throughout the countryside, and despite the fact that the Bulgarian eugenicists had become more lenient towards the practices of the Nazis, in the prospect of an upcoming war, and observing stable birth rate in its neighboring countries, Romania, Yugoslavia and Turkey, the Bulgarian government decided to direct its policies towards producing more and healthy offsprings.<sup>324</sup> The Turkish government as well decided to foster increasing the number of children in 1934, which resulted in the criminalization of sterilization law in 1936.<sup>325</sup>

Finally, on top of these, there remains another difficulty concerning the incorporation of “positive” eugenic practices into the welfare states after the Second World War. How that incorporation happened remains one of the most vexing questions that occupy the scholarly studies on eugenics. Especially the documented practices of voluntary sterilizations seriously question the distinction between compulsion and voluntarism, which further complicates the question on the nature of the states that one

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<sup>323</sup> See John Macnicol’s, “Eugenics and the Campaign for Voluntary Sterilization in Britain between the Wars”, *Social History of Medicine* 2(2): 147-170, 1989

<sup>324</sup> See Christian Promitzer’s, “Taking Care of the National Body: Eugenic Visions in Interwar Bulgaria, 1905-1940”, in Marius Turda & Paul J. Weindling (eds.) *Blood and Homeland – Eugenics and Racial Nationalism in Central and Southeast Europe, 1900 – 1940*, Budapest & New York: Central European University Press, pp. 223-252, 2007

<sup>325</sup> Frederic C. Shorter, “Turkish Population in the Great Depression”, *New Perspectives on Turkey* 23: 103-124, 2000, p. 105



associates with eugenics. Lene Koch, in his article *New and Old Eugenics*, where he discusses the continuation of eugenics in the Scandinavian countries, argues that compulsion and voluntarism had always co-existed. After the Second World War, the physicians did not force patients into sterilizations, the social workers did. Most often, they took the initiative such as administering birth control pills to mentally retarded women; strongly advising them to have abortions, and preventing socially unfit parents from living together with their children. Veronique Mottier and Natalia Gerodetti, in their article *Eugenics and Social Democracy*, similarly note the thin line between compulsory and voluntary sterilizations. They argue that in Switzerland, doctors and psychiatrists were obtaining consent from either the patients themselves, or from their guardians: “The practice was, in fact, closer to a form of coercion, and included blackmail (the threat of withdrawal of welfare support or of referral to a workhouse), pressure (permission to abort only on the condition of simultaneous ‘voluntary’ sterilization), or simply the provision of inaccurate or distorted information.” Similar to Scandinavian countries, Claudia Dreifus talks about the sterilization of immigrant women in California hospitals in the 1970s, where the women under labor were forced to sign consent forms for their sterilization.<sup>326</sup> Again, for the United States, Katherine Castles mentions that after 1950s, when the black families were included more and more in the welfare system, the number of black women sterilized increased dramatically.<sup>327</sup>

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<sup>326</sup> See the chapter “Sterilizing the Poor” in Claudia Dreifus (ed.), *Seizing Our Bodies, The Politics of Women’s Health*, New York: Vintage Books, 1977, pp. 105-120.

<sup>327</sup> See her “Quiet Eugenics: Sterilization in North Carolina’s Institutions for the Mentally Retarded, 1945-1965”, *The Journal of Southern History* 68 (4): 849-878, 2002.

Of course the continuity of eugenics did not only take place on practices of sterilization. On the individual level, most of the people, physicians, biologists, or others supporting eugenics in the 1930s had continued their careers uninterrupted. Molly Ladd-Taylor, for instance wrote about “the strange career of Paul Popenoe”. She mentioned that Popenoe had shifted his career from being an ardent supporter of compulsory sterilization to being an expert on marriage.<sup>328</sup> Lene Koch mentions the Danish geneticist Tage Kemp, continuing his career after making a distinction between sober and perverted eugenics, and placing himself as an advocate of the former. Again, Mottier and Gerodetti refer to the continuing acknowledgement of Auguste Forel, the founding father of Swiss eugenics: his portrait was printed to the 1000-franc notes in Switzerland.<sup>329</sup> Reggiani touches upon the continued popularity Alexis Carrel’s book enjoys in contemporary France. For Turkey, I can provide the examples of Fahrettin Kerim Gökay, who, a passionate supporter of compulsory sterilizations in the 1930s had become the major of İstanbul from 1949 to 1957. Similarly, in 2000 the name of the İstanbul Hospital for Mental and Neurological Disorders was changed to Mazhar Osman Uzman Hospital, after the most outspoken eugenicists in 1930s Turkey.

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<sup>328</sup> See her “Eugenics, Sterilization and Modern Marriage in the USA: The strange Career of Paul Popenoe”, *Gender and History* 13 (2): 298-327. Ladd-Taylor notes that *Sterilization for Human Betterment* (New York: Arno Press, 1929, reprinted in 1980), which Popenoe co-authored with Ezra Seymour Gosney, was translated into German immediately, and was used by the advocates of compulsory sterilizations in the world. On this issue see also Gray Brechin’s “Conserving the Race: Natural Aristocracies, Eugenics, and the U.S. Conservation Movement”, *Antipode* 28 (3): 229-245, 1996.

<sup>329</sup> See Moittier and Gerodetti’s *Eugenics and Social Democracy*. In addition to that article, Gerodetti supplies a fuller account of Forel’s life in her “From Science to Social Technology: Eugenics and Politics in Twentieth-Century Switzerland”, *Social Politics: International Studies in Gender, State and Society* 13 (1): 59-88, 2006. There, she also draws attention the fact that Ernst Rüdin, who prepared the 1933 Law of Sterilization in Nazi Germany was withdrawn from Swiss citizenship while Forel’s portrait was printed on the 1000-franc notes (p. 70). For a more comprehensive account on Forel see also Bernhard Kuechenhoff’s “The Psychiatrist Auguste Forel and His Attitude to Eugenics”, *History of Psychiatry* 19: 215-223, 2008.

The reason I am dwelling on sterilization laws, and the subsequent distinction that has been made between negative and positive eugenics is not only to demonstrate the inadequacy of those concepts as analytical tools, proving them to be fixed and inaccurate by providing historical examples. Nor do I only aim to draw attention to the complexities of each individual locality in choosing which particular eugenic policies to implement, or how to implement them. Separating eugenics into two, and defining them on the basis of adjectives, one implying benign practices whereas the other being associated with those of violence and coercion would only lead us towards questioning the boundaries between good and evil, which is inherently a question of theology. One can find a Foucauldian trend hidden under this distinction. In other words, continuity of eugenics into the post-Second World War period merges well with Foucauldian analyses of governmentality and conceptualizing eugenics as another phase of the dispersion of bio-politics into everyday life. Even though Foucault himself had been attentive to historical detailing, writing a history without subjects or agents very well enabled his followers to occasionally indulge in over-generalized statements that totalized the analyses. As valuable contributions as they may be, especially in terms of lifting the aura of the welfare states, and pointing towards the everyday practices that aid continuing or complying with pro-eugenic discourses, they remain too focused and short-breathed on answering to the historical specificity of eugenics. In other words, if we follow Foucault and see eugenics within the long history of bio-politics and part of governmentality, and the dominance of the medical discourse in defining the normal and the pathological, then why did something emerge as “eugenics” in the beginning of the twentieth century? Or if we pursue the question from within state formation and law-making, then granted that

each state has been implementing eugenic laws since the beginning of the century, or finding ways to differentiate the population its ruling over, then it means that it is a natural and normal component of every state. Thus arises the aura of *inevitability* of eugenics or bio-politics as the overarching determinants of both our daily lives and the policies of state. Belief in this itself turns into a meta-discourse that postulates and reaffirms the myth of the state as a powerful entity.<sup>330</sup> Consider the two following quotes from Natalia Gerodetti and Lene Koch respectively:

What emerged as a characteristic of eugenic politics, then, was that different rules were set up for different groups of people (which could be different according to national or regional contexts), a discriminatory practice in a democratizing environment.<sup>331</sup>

It seems that decisions made by social authorities tend to prevail – even though the line between the fit and unfit may be drawn differently at different times. Whether this is eugenics is of course a question of definition today as it was in the 1930s. But as in the 1930s, even now, social, scientific, and moral viewpoints merge into broader eugenic argument. Thus in spite of a general condemnation of eugenics, health authorities in modern European social-liberal countries are obviously trying to prevent individuals to show what is considered deviant behavior from reproducing or at least from rearing children. This may not be argued with reference to the risk of transmitting defective genes, but rather the risk of reproducing undesirable social problems.<sup>332</sup>

Both of them have attested to the inevitability of eugenics either by posing it as an ironic situation that happened to coalesce with “democratic” governments, or through a characterization of eugenics as an incredibly flexible discourse within different

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<sup>330</sup> Macnicol makes a similar observation in terms of the power granted by the Foucauldian analyses to eugenics. See his *Eugenics and the Campaign for Voluntary Sterilization in Britain*, p. 149.

<sup>331</sup> Gerodetti, *From Science to Social Technology*, p. 63

<sup>332</sup> Koch, *The Meaning of Eugenics*, p. 320-321.

governmental regimes under the cloak of hereditarianism and social problems. I am not claiming that these accounts are not true, on the contrary, they explain to us *how* eugenics had been incorporated within the post-war states. However, the critical question we need to ask is if eugenics continued to be one of the determinants of social policy, then why did the states have to hide eugenics within discourses and practices of public health, of preventive medicine, of individual choice and of voluntarism? Why did they not continue them as part of eugenic program, but instead had to convert biological explanations of heredity into social and cultural ones? Claiming that eugenics can survive within any sort of environment, any state, is, to repeat once more, to bestow our eugenics immense power, and moreover, do the same for states themselves. So a more productive account of eugenics can only emerge if we lift the assumed power status, and analyze the situations where states had to compromise from their apparent eugenic stances by translating those practices and discourses into social and cultural ones. This remains a question and inquiry for further studies.

#### 4. 2. *Eugenics and Science*

One of the potentially most interesting discussions, which, unfortunately has lost its spark only to become a rather prosaic debate, is to what extent can we call eugenics a proper science. The quick and defensive answer to this has been the assertion that eugenics was a pseudo-science: given that science is disinterested and only works for human betterment, nothing that has anything to do with race, or racialized ideologies can be designated as a proper science. Daniel Kevles, whose *In the Name of Eugenics* book had been black-boxed for a long time without much criticism from those studying

eugenics, dismissed even asking the question. In the book he narrated the story of British and American eugenics as a story of an irrational belief, which was soon overcome by sane and sober geneticists who hold up to the true scientific conduct.

During the heyday of eugenics – much of the first half of the twentieth century – social prejudice often overwhelmed scientific objectivity in the investigation of human genetics. Social distinctions of race and class were commonly attributed differences in biological merit. After World War II, however, biologists in the United States and Britain fought – by and large successfully – to emancipate human genetics from such biases in order to establish it as a solid field of science that would explain the complexities of human heredity and assist medicine by illuminating the relationship of genetics to disease.<sup>333</sup>

The popularity the book enjoyed both from the scholarly world<sup>334</sup> and from non-academic audience<sup>335</sup> deserves consideration. None of the scholarly reviews took up the issue of whether or not one can argue that eugenics was a science or not. Being pseudo-science was a taken-for-granted aspect. For example, Glass's concern was whether or not Kevles did properly communicate the essential feature of eugenics, which "... is, and always was, a mixture of idealistic social policy and premature, incautious scientific opinion." Elof Carlson, similar to Glass, finished his review with the following sentence: "Kevles's

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<sup>333</sup> See his preface to the 1995 edition.

<sup>334</sup> See the following reviews of the book: Elof Alex Carlson's in *Science, New Series* 232 (4749): 531-532, April 25, 1986; Christine M. Shea's in *History of Education Quarterly* 26 (4): 621-626, 1986; the review symposium by Robert Olby, R.C. Lewontin's and Daniel J. Kevles's in *Isis* 77 (2): 311-319, 1986; Donald Pickens's in *The American Historical Review* 91 (3): 632-633, 1986; Hamilton Cravens's in *Reviews in American History* 14 (1): 104-109, 1986; Bentley Glass's in *The Quarterly Review of Biology* 61 (2): 229-232, 1986; Diane Paul's in *Scientific American*, January 1986; Victor B. Penchaszadeh's in *Journal of Public Health Policy* 18 (1): 118-120, 1997.

<sup>335</sup> Kevles wrote the chapters of his book for the *New Yorker* in four installments: October 8<sup>th</sup>, October 15<sup>th</sup>, October 22<sup>nd</sup>, and October 29<sup>th</sup> in 1984. Shea, Olby and Glass mention these articles in the reviews of Kevles. Shea also cites the reviews of Kevles's book in *Chronicle of Higher Education* (by Karen J. Winkler, October 16<sup>th</sup> 1985, pp. 7-9) and in *New Republic* (by Horace F. Judson, August 5<sup>th</sup>, 1985, pp. 28-34)

survey of eugenics, despite my criticisms, illustrates well the shallow values, the cultural biases, and the private fantasies that motivate many of its ardent supporters.” Carlson’s main criticism was, as had been shared by the others including Glass, the “unfounded fear” of Kevles in his pointing towards the possible resurgence of eugenics with the new genetic technologies. On the other hand, even Christine Shea, who was more critical of Kevles on the account that for the non-academic intelligentsia of the East and West coasts of US the book constituted an Harlequin romance, did not touch upon the aspect of eugenics as a science, and instead pointed towards the continuing biases of the scientists.

In 1992, Mario Biagioli took up the question concerning the genuineness of eugenics by looking at the practices of the physicians under the Nazi regime, and criticized those who *bracketed* the Nazi science as a major anomaly within the history of science.<sup>336</sup> He criticized the conception of science as disinterested and always working for the good of the society as an extension of Enlightenment ideology, which was later fortified in the 1930s by those concerned with the incorporation of science into Nazism. In his article, Biagioli discussed whether we are to understand science under Nazis as a normal phenomenon or as an exceptional one. He dismissed a possible choice between the two. He argued that a choice of universality or exceptionality would be to speak within a modernist perspective, and claimed that eugenics needed to be conceptualized as *both*. In defense of *both*, he chose to historicize and contextualize science, claiming that there is not one single science, and provided brief cases to show that science could be

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<sup>336</sup> See his “Science, Modernity, and the ‘Final Solution’”, in Saul Friedlander (ed.) *Probing the Limits of Representation – Nazism and the ‘Final Solution’*, Cambridge, MA & London, UK: Harvard University Press, 1992, pp. 185-205

produced in many different ways and contexts. I agree with Biagioli's criticism of the modernist / Enlightenment conception of science as being associated with the values and ethos of liberal democracies, and henceforth had been relegated to a normative position, i.e. good science is morally sound as well. However, the moment of resolution for Biagioli, i.e. historicizing and contextualizing science, has problems. First, contrary to Biagioli's intentions, it might work in the opposite direction, of potentially strengthening *bracketing* effect even more. That is to say, multiplying the "historically anomalous" cases where science itself has been produced under unlikely circumstances, instead of normalizing eugenics, relativize it by *giving it a few playmates*. It is not different if *one* bracketing is placed on eugenics, or if it has been placed within a list of multiple aberrations. Secondly, asking the question from within the dilemma of universalism and exceptionalism does not even remotely pass near whether eugenics was a science or not. Inherently accepting that it is not, strategies like Biagioli's place eugenics not as an exceptional science, but one that emerged out of a particular context, which might or might not be the ideal context for science to flourish.

Next to Biagioli, it was Peter Weingart who furthered the question of eugenics as science, and more seriously than Biagioli himself.<sup>337</sup> In his two articles printed one year apart, one being a comparative study on German and Scandinavian eugenics, and the other dealing with German eugenics and the question of Holocaust, Weingart defended the position that eugenics *was* a science. As a side note, I have to add that in both of the

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<sup>337</sup> See his following articles: Peter Weingart, "Science and Political Culture: Eugenics in Comparative Perspective", *Scandinavian Journal of History* 24(2): 163-177, 1999; and Peter Weingart, "Eugenics and Race-Hygiene in the German Context: A Legacy of Science Turned Bad?", in Michael A. Signer (ed) *Humanity at the Limit – The Impact of the Holocaust Experience on Jews and Christians*, Bloomington, IN: Indiana University Press, 2000, pp. 202-223.



articles Weingart suggests that eugenics was a science; although in the latter article, in the one where he wrote for an edited collection on Holocaust, the word science is substituted by ‘research’. But we have to look at what kind of a science Weingart sees in eugenics. It is very simple: he follows the etymology of eugenics, and claims that eugenics was the race-science, or race-biology. Secondly, he says that eugenics was an *applied science*, rather than a basic science like chemistry, or physics. It is Weingart’s second assertion that I find the most problematic, because in here he stumbles upon one of the most powerful mythical assertions lying at the heart of the liberal view of science, namely the distinction that has been sustained between *context of discovery* and *context of justification*. Such distinction suggests that scientific research is done in a neutral environment; meaning that the scientist adopts an objective stand towards his object, and does not let any ideological or political values intervene in his research. In other words, scientific research, in its purest form that is performed in the laboratory, or in a context of observation and experimentation – i.e. in the *initial phase, or in the context of discovery* – is totally autonomous vis-à-vis the social world surrounding it. Only after research findings are disseminated to the larger public, i.e. in the *context of justification*, can there be political and/ or ideological biases in using these research findings.<sup>338</sup> When Weingart states that eugenics was an applied science, that very statement propagates this idea. He implicitly argues that eugenics used the findings of genetic science and turned it into something else.

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<sup>338</sup> I discuss this division of context of discovery vis-à-vis context of justification in an unpublished paper, within the context of the *Science Wars* of the mid-1990s. See my first area paper, titled “Social Studies of Science”, submitted as part of Comprehensive Exams to the Department of Sociology, Binghamton University, May 2005. For the prevalence of this distinction see *Annals of the New York Academy of Sciences - The Flight from Science and Reason* 775, (eds) Paul G. Gross, Norman Levitt and Martin R. Lewis, June 24, 1996.

So, the fact is that when we are talking about eugenics and science, we are in fact talking about eugenics as knowledge, never about eugenics as science. With a few exceptions, the predominant assumption is that eugenics represented a false science, or a pseudo-science. Following such a position, considering its relationship with other forms of knowledge, we find eugenics being inserted into the history of ideas. We can talk about two trends at this point. Within the secondary literature, those who try to explain eugenics as a local knowledge usually locate it within political and/or cultural ideologies, like nationalism. On the other hand, those stressing the externality of eugenics to the local context primarily emphasize its alien character. It is mainly in this second group that we encounter eugenics being depicted as a ‘weak’ ideology.

Analyses of countries outside of United States, Britain, Germany and Northern Europe exemplify the latter tendency. Writing on China, Dikötter argued that eugenics entered China via reform-minded individuals, who were predominantly influenced by Western ideas.<sup>339</sup> Similar to Dikötter, Schayegh constructed the history of eugenics in Iran as an imported product brought into the country via medical students who were trained in France in the 1910s and 1920s. Because of the massive influence of French eugenics, which depended on positive measures, the Iranian eugenics also turned out to be benign, stressing maternal health and *puericulture*.<sup>340</sup> Mark Adams, in his study on Russian eugenics followed the same conceptual scheme of Dikötter’s and Schayegh’s,

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<sup>339</sup> Dikötter, *Eugenics in Republican China*, p. 1

<sup>340</sup> Schayegh, *Hygiene, Eugenics, Genetics...* p. 336- 339

arguing that eugenics was similarly an adaptation of Western ideas. Young scientists, returning to Russia from various Western countries had brought with them the idea of eugenics as well, and used it pragmatically, mostly to carve out a novel space for them within the Russian academia.<sup>341</sup> This list can be extended to include Latin American countries, as had been studied by Stepan, and Japan as was analyzed by Otsubo and Bartholomew.<sup>342</sup>

The first example of the second tendency, i.e. of stressing the role of internal factors is the 2007 collection on Central and Eastern European eugenics by Turda and Weinberg, *Blood and Homeland*. In the introduction, they frame the analytical questions that guided the articles in the book as "... the creativity of local eugenic movements; the relationship between eugenicists and the nation-state; the role of professionals and expert knowledge on race, and finally the influence exercised by other eugenic movements, such as British eugenics or German racial hygiene."<sup>343</sup> One of the contributors, Sevasti Trubeta, evaluated Greek eugenics as part of a contribution to the debates on nation and race.<sup>344</sup> Magdalena Gawin, similarly analyzed eugenics in Poland as part of the progressive ideology imbedded in the belief that a harmonious and advanced society

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<sup>341</sup> Adams, *Eugenics as Social Medicine*, p. 202-203

<sup>342</sup> See respectively, Stepan, *The Hour of Eugenics*, and Otsubo and Bartholemew, *Eugenics in Japan*. The latter article posited the main problematique of the Japanese eugenics as follows: "It is thus extremely intriguing to ask why some East Asians adopted and adhered to the Western science of eugenics even though it seemed to prescribe inferior status to them in the white dominated 'racial hierarchy which existed at the time.'" (p. 546)

<sup>343</sup> *Introduction*, p. 6

<sup>344</sup> See his *Anthropological Discourse and Eugenics in Interwar Greece*.

could be built free of social problems such as alcoholism and prostitution. She argued that this represented a position supported as well by leftists and liberals.<sup>345</sup> Moreover, in addition to his contribution for the collection, Marius Turda, in his other articles had concentrated chiefly on binding eugenics to nationalist and racist ideologies.<sup>346</sup>

However, there is a much more interesting debate within the secondary literature on eugenics. Similar to Gawin, a number of scholars have specifically problematized affinities between leftist ideologies and eugenics.<sup>347</sup> The main question that dominated the debates was how those two could come together when in reality they belonged to opposite camps. Alberto Spectorowski pointed to *productivity* as the bridge between the two, and argued that to think that it was only the right that discussed economic efficiency via higher quality national stock is wrong; a similar concern was ingrained within socialism as well. Spectorowski also quoted from Micheal Freeden's essay in his conclusion, repeating his central thesis: Freeden argued that the bond between eugenics and left rested in the mentality of social reform. Leftists just like eugenicists perceived

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<sup>345</sup> See her *Progressivism and Eugenic Thinking in Poland*.

<sup>346</sup> Marius Turda, "'A New Religion?' Eugenics and Racial Scientism in Pre-First World War Hungary", *Totalitarian Movements and Political Religions* 7(3): 303-325, 2006; Marius Turda, "Race, Politics and Nationalist Darwinism in Hungary, 1880-1918", *Ab Imperio* 1: 139-164, 2007.

<sup>347</sup> See the following articles on the subject: Alberto Spectorowski, "The Eugenic Temptation in Socialism: Sweden, Germany, and the Soviet Union", *Comparative Studies in Society and History* 46(1): 84-106, 2004; G. R. Searle, *Eugenics and Politics in Britain, 1900-1914*, Leyden: Noordhoff International Publishing, 1976; Diane Paul, "Eugenics and the Left", *Journal of the History of Ideas* 45(4): 567-590, 1984; Greta Jones, "Eugenics and Social Policy Between the Wars", *The Historical Journal* 25 (3): 717-728, 1982; Loren R. Graham, "Science and Values: The Eugenics Movement in Germany and Russia in the 1920s", *The American Historical Review* 82(5): 1133-1164, 1977; Michael Freeden, "Eugenics and Progressive Thought: A Study in Ideological Affinity", *The Historical Journal* 22 (3): 645-671, 1979; Michael Freeden, "Eugenics and Ideology", *The Historical Journal* 26 (4): 959-962, 1983; Reinhard Mocek, "The Program of Proletarian *Rassenhygiene*", *Science in Context* 11 (3-4): 609-617, 1998.

reform as a mere technical problem, and dismissed the political aspect within it. It was that moment, Freedden argues, when socialism's path crossed with eugenics.

Even though Freedden concluded with social reform mentality, his article *Eugenics and Progressive Thought* further complicated the eugenic elements within the left. He pointed to three ideas, social responsibility, incursions into family life and state intervention as the eugenic components within the left. The first of the three depended upon an idea of community where the interests and solidarity of social body was thought to be the final frontier, which was at the same time the final goal of eugenics itself. The stress was on the harmonious functioning of each social unit with the whole. In addition to this, the state was seen as the main implementer of social control. Freedden did not imply a one-to-one relationship between eugenics and left ideologies, however he stated that even though human nature constituted the point of divergence between progressives and eugenicists, when it came to adopting reformism, i.e. using social policy to combat the ills of the society, they were only an inch apart.

To this argument of Freedden's, Greta Jones replied a few years later. Her argument depended on criticisms concerning teleology, and linearity, which Jones thought was characteristic of Freedden's work. She argued that Freedden portrayed a rather too coherent picture of the history of the affinity between the left and eugenics over a long period of time, when indeed eugenic ideas were continually countered and criticized by the left. Moreover, she claimed that socialists never did have an affinity with the eugenicists. To the contrary, they had always remained its passionate critics. She argued that some leftists might have attended the meetings of the Eugenics Society; however, this fact, far from being an indication of eugenicist ideology within left, only illustrates

that the Society was the only venue where discussions on human biology and genetics were taking place. Freeden's answer to Jones's criticism was to claim that ideologies are not mutually exclusive entities; but rather, structurally they share certain affinities.

To these two stances, Diane Paul in her *Eugenics and the Left* added that it was a certain sympathy drawn from *biological determinism* that made eugenics appealing not only to Marxism but to liberalism and conservatism as well. She argued that biological determinism should be read a symptom of "...attempts to generalize theories and extend the range of their application far beyond the narrow problems that constituted their original domains."<sup>348</sup> In other words, for Paul, the main problem stemmed from application of biological theories to society.

All three arguments, namely Spectorowski's emphasis on *productivity*, Freeden's stress on *social reform*, and Paul's focus on *biological determinism* are indeed interesting, and enlightening in inquiring about this case of strange bedfellows. I would like to bring a different perspective into this debate by bringing out another discussion concerning eugenics. In the late 1970s, Donald Mackenzie and G. R. Searle discussed relationship between eugenics and class. It was already imminent in Mackenzie's work on statistical knowledge in Britain, and his analysis of eugenics in Britain, which emerged as its extension. Borrowing N. G. Annan's term, Mackenzie claimed that eugenicists were part of the *intellectual aristocracy*, and eugenics was the professional ideology of the professional middle classes. In his analysis, Mackenzie placed eugenicists, and thus the professional middle classes, in between working classes and the

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<sup>348</sup> *Eugenics and the Left*, p. 588

aristocracy: in power struggle with the latter to control the uncontrollable parts of the former. Searle agreed with Mackenzie to the extent that the eugenics community had never included manual workers, trade union officials and the like, and very small portion of the members of business, commercial and financial worlds were present in those societies. He also certified the fact that scientists, doctors and other academicians were the main protagonists of eugenics exemplified by the location of the first Eugenics Societies: the university towns such as Oxford, Birmingham, Belfast and Liverpool were the bedrock of these societies. Moreover Searle argued that academic disciplines like demography, psychometry and genetics were attracted by eugenics because it provided them with a future.<sup>349</sup>

Searle's criticism of Mackenzie started with the assertion that eugenics was not an uncontested idea. Even from within the scientifically educated middle-classes eugenics ran into considerable opposition. For example, even though eugenicists tried to incorporate eugenics into the curriculum of the faculties of medicine, such propositions met with considerable resistance from the medical community at large. Moreover, the tone of "Better Dead" adopted by eugenicists repelled some physicians as it challenged the professional ethics of the doctors "... which enjoined them to save life and relieve suffering without regard to consequences."<sup>350</sup> Apart from the medical community, philanthropic social workers also criticized eugenics heavily, as they found eugenics to

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<sup>349</sup> Notice the similarity of the argument made here to Mark Adams's interpretation of Russian eugenicists. See his *Eugenics as Social Health*.

<sup>350</sup> Searle, *Eugenics and Class*, p. 227.

be an assault on what they held dear.<sup>351</sup> Searle concluded that the professional middle classes should not be taken as a coherent whole, but rather it needed to be divided according to their distance to the educational and political system.

It is in this discussion, in Mackenzie's assertion that eugenics was the ideology of the professional middle classes, and in Searle's insistence that that class needs to be dissected is another way to approach the affinities between left and eugenics. In the first place we need to take into account that leftists who were also eugenicists were predominantly descendents of the intellectual classes. The term 'professional middle classes' refers to a wide range of professions. One can insert physicians, social workers, engineers and scientists all into this category. Not only for Britain, but also in other countries, those who supported eugenics had been predominantly the upper echelons of the professional middle classes. The more we go down the ladder, the less support we find for eugenics. For example in Switzerland, Mottier and Gerodetti argue that since the turn of the century, "... highly educated social democrats started to distinguish themselves from uneducated working-class social democrats by seeking to occupy influential civil servant positions. Especially for those social democrats who were close to public administration and reform-oriented, the hereditarian paradigm became as central to social democrat vocabulary as milieu theory."<sup>352</sup> Similarly in the Soviet Union, in the 1920s before eugenics was officially banned as an anti-Marxist ideology, the solution to

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<sup>351</sup> A similar argument can be found in Macnicol's article on voluntary sterilization debates in Britain. He counts the mainstream labor movement, and social workers included in that as one of the main obstacles voluntary sterilization campaign stumbled on. (*Eugenics and the Campaign for Voluntary Sterilization in Britain*, p. 162-164)

<sup>352</sup> See their *Eugenics and Social Democracy*.



the problem of habitual drinking met with two different strategies from two different professions. The social hygienists coming basically from low and middle classes suggested re-socialization of the habitual drinkers into the society. On the other hand, psychiatrists who were among the elite of the “professional classes” proposed the classical eugenic solution of confinement in asylums.<sup>353</sup> Finally, for the Turkish eugenicists I argued in this dissertation that it was predominantly the elite physicians residing in İstanbul who had adopted eugenics.

Making such distinctions is necessary in the analysis of the professional middle classes so as to resist its essentialization. We still need to go a step further. Because by itself the statement Mackenzie made leaves us in the limbo about how and why eugenics became the defining ideology of the intellectual aristocrats. Here again we encounter the problem that was pertinent in the argument concerning the continuity of eugenics into the post Second World War era. Unless we discuss the specificity of eugenics, we will not be able to answer those questions.

Theodore Porter’s study on Karl Pearson might open up a way. In his article *Statistical Utopianism in an Age of Aristocratic Efficiency*<sup>354</sup> Porter wrote that in the 1920s Pearson regretted that science had become a profession, a road to living. For Pearson, Porter claimed, science should have been more than a set of technical tools. It should have constituted the foundation of social morality and formed citizens “... by teaching them to give up the merely personal and to accept as valid only what is true for

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<sup>353</sup> See Susan Gross Solomon’s “David and Goliath in Soviet Public Health: The Rivalry of Social Hygienists and Psychiatrists for Authority over the *Bytovoï* Alcoholic”, *Soviet Studies* 41 (2): 254-275, 1989

<sup>354</sup> *Osiris* 17: 210-227, 2002

everyone, irrespective of prejudices and selfish interests.”<sup>355</sup> Porter conceptualized Pearson’s appeal for self-effacement as being a reflection of self-aggrandizing attitude of the scientific elite.<sup>356</sup> Lying behind this was the portrayal of a person who was perfectly fit for true leadership, an ideal bequeathed upon him by good breeding and rigorous education.

I believe it is from this ideal, exemplified in Pearson’s yearning for science to become the main constituent of social morality that eugenics was born as a new science. It was not merely an ideology of the professional middle classes as Mackenzie argued, nor a mere social engineering, or social technology that aided the states for better control over the population. It was the science of the new social order that was going to be invented and created by the intellectual aristocrats. In imagining such order, it did not matter where the political interests rested. Left or right, all of them shared similar upbringing, education, culture and ambitions. In other words, all of them knew how to share a dinner table, and it was the economy of that dinner table that they wanted to preserve. After all it was appropriated from the aristocracy and served by the maids coming from the ranks of the working classes.

#### 4. 3. *Eugenics as Science of the Social*

As someone studying and writing from within the social studies of science, one of the biggest mysteries for me is the omission of the history of eugenics from this vast

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<sup>355</sup> Porter, *Statistical Utopianism*, p. 216

<sup>356</sup> I made a similar argument in the first and second chapters concerning the Turkish physicians of the 1930s.

field, which has taken upon itself the mission of reconceptualizing science and reintegrating it within the social world. Of course the two exceptions are Mario Biagioli and Donald Mackenzie, whose contributions I have discussed briefly above. The omission becomes particularly interesting, especially when one considers that one of the departure points of the field had been to give voice to those types of knowledge, which have hitherto been designated as false sciences. Steven Shapin's study on phrenology,<sup>357</sup> or Harry Collins and Trevor Pinch's work on paranormal psychology<sup>358</sup> are the pioneer works in realizing this aim. In addition to this, Science Studies's insistence upon studying history of science via controversies, i.e. instead of writing histories of triumphant sciences or scientists, constructing them as a struggle between various trends through bringing the neglected parties into the study aims at constructing a more dynamic, more socially and politically determined history of science. Considering both of those points, we need to ask why eugenics was not included either as a rejected knowledge, or as a controversy. After all, we know that eugenics was never totally accepted by the international scientific community, and that especially towards the end of the 1930s, the geneticists continually tried to distinguish themselves from the eugenicists, claiming the latter representing not only false science (or Nazi science, or science under Nazis), but also those who practice it were regarded and excluded from the community as

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<sup>357</sup> Steven Shapin, "The Politics of Observation: Cerebral Anatomy and Social Interests in the Edinburgh Phrenology Disputes" in R. Wallis Keele (ed.) *On the Margins of Science: The Social Construction of Rejected Knowledge*, Staffordshire: University of Keele, *Sociological Review Monograph* No. 27, pp. 49-66, 1979

<sup>358</sup> See the following two articles: Harry Collins and Trevor Pinch, "The Construction of the Paranormal: Nothing Unscientific is Happening" in Roy Wallis Keele (ed.) *On the Margins of Science: The Social Construction of Rejected Knowledge*, Staffordshire: University of Keele, 1979; and Harry Collins and Trevor Pinch, "Private Science and Public Knowledge: The Committee for the Scientific Investigation of the Claims of the Paranormal and its use of the Literature", *Social Studies of Science* 14: 521-546, 1984

morally corrupt scientists.<sup>359</sup> So the history of eugenics can easily be considered and constructed as the history of the purification of genetic science. It could have been claimed that only after such purification was eugenics excommunicated from the scientific community. The continuity of eugenics within the post-war period under different political regimes and cultural forms is another story, but eugenics as part of history of science schematically fits perfectly into the study of a controversy, which consequentially resulted in the rejection of one form of science / knowledge as a false science.

As for the reasons of such omission, one might comfortably follow the ironic gesture of Sohnya Saryes's: "What can be said for science studies is that, cheerful and engaging, historically corrective or philosophically adept, such studies agree not to blaspheme."<sup>360</sup> That is to say, as much as Science Studies study science, they do not dwell on highly controversial issues. As true as her comment may be, it would be too easy to dismiss them. I think the lacuna exemplified by the silent disregard of eugenics by that literature is emblematic of something else, namely the ambiguity surrounding the relationship of science with extra-scientific spheres, 'society', culture, politics, economy and so on. In other words the autonomy of science is still an unresolved problematique even for the Science Studies itself. Although the field had its initial premise in forming links between science and the social world, the latter predominantly entered the analyses

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<sup>359</sup> For more comprehensive accounts of this transition, see Kevles, *In the Name of Eugenics*, Peter Weingart's "Science and Political Culture: Eugenics in Comparative Perspective", *Scandinavian Journal of History* 24 (2): 163-177, 1999; Nils Roll-Hansen, "Eugenic Practice and Genetic Science in Scandinavia and Germany", *Scandinavian Journal of History* 26: 76-82, 2001; Lene Koch, *The Meaning of Eugenics*.

<sup>360</sup> "Science Under Glass", *American Literary History* 14 (1): 160-181, 2002, p. 160.

through back door: the social came in when the scientific world could not find solutions to its internal problems, be they controversies, or anomalies in the Kuhnian sense. I argue that eugenics, occupying a rather interesting place at the junction of both science and society needs the consideration and reformulation of precisely that autonomy. And for that we need to return to the basics of philosophy of science.

At the moment of birth of every science there is an object, in other words, science comes into existence by creating and defining an object.<sup>361</sup> The proper object of chemistry is the element, of physics the atom, of zoology the animals, of botany the plants, and of biology the human. So, if we are to argue that eugenics was a proper science then we need to inquire about its object. I claim that object to be the social world, and eugenics as science and eugenicists as scientists tried to create and define their object, i.e. they tried at the same time both to create and define the social world. Eugenics was not a biological science, but eugenicists used genetics research, as much as they used psychiatry, sociology, and anthropology. But again, it was not a social science. It was not trying to explore and find out about the rules of the social world; it was trying to invent it. That is why, to use an Althusserian analogy, eugenics was a bastard science, a science without a father, a new epistemological space just like psychoanalysis and historical materialism were in the late nineteenth and early twentieth centuries. Eugenics was a proper science with an improper object; it was *the science of the social*. And as such, it was the first moment of the direct intervention of science into the social order: neither through technology, nor any other partial means.

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<sup>361</sup> See Georges Canguilhem, *Études d'Histoire et de Philosophie des Sciences*, Paris: J. Vrin, 1968; and Louis Althusser, *Philosophy and the Spontaneous Philosophy of the Scientists and Other Essays*, edited and introduction by Gregory Elliot, translated by Ben Brewster, London & New York: Verso, 1990

Let me open up this definition briefly by first returning to the statement that eugenics as a science had an improper object: it was improper simply because it was not found in *nature*. Every science, from anthropology to physics, to psychiatry and chemistry, claimed that their objects were part of the nature. After all science was all about discovering the substance and laws of nature. And the scientists believed themselves to be the spokespeople of nature; even though in Latour's trails of the scientists they turn out to be everything but that.<sup>362</sup> But real or imaginary, to represent how nature works was and still is included in the definition of science. (Just like we cannot attribute possessing supernatural thinking to the 'primitive tribes possessing primitive mentality, we cannot argue that scientists wrongly believe that they are representing nature. Because for them nature is *there*.) Eugenicists were no different than 'regular' scientists. They also believed to be reflecting nature in their endeavors. And thus, they were devising natural laws for social life. In other words, they were naturalizing the social order through the claim that everybody finds their place within the wider social world according to their heredity.

The scholarly literature on eugenics misses one very important point. Given that the concerns of most of the scholars belong to the present context, namely whether or not eugenics is rising from its ashes under the rubric of new genetic technologies, especially the Human Genome Project, they tend to make a retrospective reading of the past. First of all, we need to accept that eugenics was not born out of the biological sciences of the nineteenth and early twentieth centuries. Dependence on Mendelian and Lamarckian

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<sup>362</sup> *Science in Action – How to follow scientists and engineers through society*, Cambridge, MA: Harvard University Press, 1987, pp. 94-100

genetics, and using Darwinism as the main ideology does not necessitate the immediate insertion of eugenics within that sphere. To be more precise, the eugenicists did not aim to develop genetic science; rather they used it as a tool. As I have argued, next to genetics, they frequently used the knowledge produced by other disciplines, predominantly psychiatry, often anthropology, and seldom sociology. The reason for such coagulation, to borrow a term from biology, lied in their desire to shape *the totality of social life*. They defined social life, the components of it through heredity. However, heredity was not a biological concept for them, but rather, it was social, and as such, it was not reserved for the individual human being per se.<sup>363</sup> The individual was part of a bigger collective and defined by the characteristics of that collective. In other words, the individual was not a solitary human being. Within the individual the eugenicists saw the family and through family they saw a particular class; in short the individual *signified* the class it belonged to. As such, the unit of analysis of the science of eugenics was never the individual human being, but it was the *collective that the individual was part of*.

Concretely, consider for example how physicians, the majority of eugenicists worldwide,<sup>364</sup> saw their patients. We know that since the eighteenth century, with

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<sup>363</sup> For heredity as a cultural, political and biological concept, see the edited volume, *Heredity Produced – At the Crossroads of Biology, Politics and Culture, 1500 -1870*, (eds.) Staffan Müller-Wille and Hans-Jörg Rheinberger, London, UK & Cambridge, MA: The MIT Press, 2007

<sup>364</sup> In almost every country in the world, physicians constituted the majority of the eugenicists. For example, in Spain, lawyers and doctors were the protagonists of the eugenics movement (Nash, *Social Eugenics and Nationalist Race Hygiene*, p. 743). In France it was again the physicians that started and led the eugenics movement from the mid-nineteenth century onwards. For the early beginnings of eugenics see Laurent Muchielli, *Criminology, Hygienism, and Eugenics in France*. In Central and Eastern Europe the situation was the same. Turda and Weindling present it briefly in their introduction to *Blood and Homeland* (p. 9). In Greece, eugenics was propagated under the Anthropological Institute, whose founder was a physician, and physicians continued to be the main body of people of the Institute. (Trubeta, *Anthropological Discourse and Eugenics in Interwar Greece*, p. 129)

confinement of medicine into hospitals,<sup>365</sup> patient stories of illnesses were integrated into the diagnosis, next to physical examination. Taking patient history was added to the stories of illnesses in the mid-nineteenth century as technological advances such as the thermometers, the opthalmoscope, laryngoscope, and X-ray machine made it possible to investigate the patient's body, rendering patient stories secondary to the practice of medicine. Jonathan Gillis's article concerning the history of taking patient's history gives us the brief principles behind the practice.<sup>366</sup> Gillis, through tracing various manuals written for the doctors, concluded that the patient's narratives were most often defined as irrational, and something that needed to be reconstructed by the physician himself. If the patient turned out to be rather knowledgeable and intelligent, i.e. being able to present his/her narrative in a chronological order, with reason and rationality, than that person was considered to be of a great aid in the advancement of medicine. Nevertheless, the manuals cautioned that such patients were rare, and more often than not, the patient narrative represented the subjective, unreliable information about the illness, which doctors should always approach with caution and skepticism. Gillis thus claims that until the 1920s, physicians used predominantly forensic terminology, and perceived themselves as both judge and detective in turning patient's stories into their histories: "That patient history, however, was never simply equivalent to patient's story,

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<sup>365</sup> See Michel Foucault, *The Birth of the Clinic – An Archeology of Medical Perception*, trans. by A. M. Sheridan Smith, New York: Vintage Books, 1975

<sup>366</sup> "The History of the Patient History since 1850", *Bulletin of the History of Medicine* 80: 490-512, 2006. See also Mary Fissell, "The Disappearance of the Patient's Narrative and the Invention of Hospital Medicine", in Roger French & Andrew Wear (eds.) *British Medicine in an Age of Reform*, London: Routledge, 1991, pp. 92-109.



and was always subject to the physician's interpretation, and skill."<sup>367</sup> What Gillis misses when he argues that the physicians adopted the tools of forensics is that it was a surgeon in the first place who defined those rules. Namely, it was Joseph Bell, the prominent Scottish surgeon and Sherlock Holmes's creator Arthur Conan Doyle's mentor, who is still considered the father of forensic science. But we need not go to the origin point. It was Francis Galton who introduced finger print analyses into the forensic world.<sup>368</sup> Or Cesare Lombroso, another physician, who defined the concept of "born criminal" and had been an inspiration to many dealing with the 'degenerative' people in the mid-to-late nineteenth century despite the vast amount of criticisms he received. So, we can say comfortably that it was the physicians themselves creating such rules, not adopting them from the forensic science. Furthermore, in the 1930s, patient's histories did become part of the campaign for eugenicists who were trying to legalize pre-nuptial medical examination. C. P. Blacker, for instance, a member of the Eugenics Society in Britain briefly examined those laws and procedures of the 1930s in his article *Law on Health and Marriage*. His specific emphasis was whether or not the main eugenic principle of taking patient's history was included as part of the examination.<sup>369</sup>

Lying behind the practice of taking patient's histories was first of all a reconstruction of their lineage, their heredity, and thus their class. In other words, it was not solely done for the diagnostic purposes. The hospital being one of the sites of

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<sup>367</sup> Gillis, *The History of Taking Patient's History*, p.511

<sup>368</sup> *Finger Prints*, 1892.

<sup>369</sup> *Eugenics Review* 27: 191-196, 1935-1936

observation and experimentation for physicians, their patients needed to be re-categorized and redefined. Secondly, we can claim that the role physicians took upon themselves was never a bare necessity stemmed from a pure distrust towards the patient because their narratives were irrational. After all, Gillis exemplifies well that there had been patients who were able to *rationally* present their stories, those who could be trusted. It was the others, the untrustworthy ones, potential criminals growing from within the urban poor of the urban centers who needed the skills of a detective.

Sites of observation and experimentation of eugenic science were not restricted to the institutional spaces. To the hospital we can add the usual Foucauldian suspects: prisons, correction houses, schools and army. However, those sites exceeded well beyond those... The totality of the social world, i.e. streets, promenades, restaurants, and even homes constituted the elements that needed redefining and reordering. However, it was predominantly through the hospital, and from the perspective of detective-physician that these venues and those untrustworthy subjects were constructed. It is exactly at this point that the relationship between hygiene and eugenics has to be reestablished. As I have argued in the first chapter, hygienic life and the rules that govern it were an integral part of eugenics in the 1930s. Even though they were dictated primarily by the medical community, they represented something that was beyond pure medical advice. Given that they were printed in popular journals and daily newspapers meant that they were a part of everyday life, warning individuals to be wary of possible dangers that an unhygienic life might bring. And we know that those hygienic rules included everything from eating and reading, to marriage, and people to be avoided in one's daily routine. In short, as eugenics dispersed into everyday life via hygiene, which commanded the

contours of a new scientific morality through the counsel of the detective-physicians, social life was being reorganized.

Through such dissemination, accompanied by a will to dominate the social morality, eugenics went beyond the confines of the genetic science. Moreover, eugenicists were well aware of the pitfalls of Mendelian genetics. For instance, it was well known that Mendel could not explain the “chance” factor, namely the possibility that even a family with predominantly feeble genes could produce intelligent offsprings like Goethe or Beethoven, both of whom came from such families. Consequentially, there was the recognition that even the genetics of the first half of the twentieth century was not precise. And if eugenics was to become a science it needed such precision. The eugenicists invented statistics instead, because within the statistics “chance” of the Mendelian genetics was turning into “anomalies” or exceptional cases.

Therefore, if one is to seek a Faustian dilemma in eugenics, it is not a bargain of selling scientists soul to the devil in exchange for more knowledge. Rather, it is embedded in the epigraph of this chapter, i.e. in translating knowledge into deed, and converting eugenic knowledge into action, into creating a total social order anew.

## Conclusion

This dissertation sprung out from a skeptic attitude to two generalized statements: first was the claim that Turkish eugenics had been a weak movement, and as such it remained as the ideology of a few elite physicians in the 1930s. Second was the assertion that eugenics needed strong state initiative and support to flourish.

My research started with pursuing the Turkish physicians and anthropologists, who were outspokenly eugenicists, namely, Mazhar Osman Uzman, Fahrettin Kerim Gökay and Şevket Aziz Kansu. Yet, it was not the pursuit of individual biographies per se. To the contrary, it was an inquiry mainly into their social environment. Given that the twentieth century eugenicists worldwide were mainly coming from within the medical community – as was also the case in Turkey – I wanted to see first of all how the two, being a eugenicist and being a doctor was combined; in which venues were they supporting one another and what was the extent and limits of such co-existence. From there my analysis started to spread to the medical community, and furthered on towards pursuing the social, professional and cultural reproduction patterns of the physicians. Reading their obituaries, biographies, autobiographies, paramedical pages of the medical journals, travel diaries, petite news in the newspapers about their departure's from and arrivals to the country, tea parties they organized, speeches made at the Day of Medicine, and advices given to the public about hygiene and healthy living, I came to the

conclusion that eugenics, which emerges from these activities was more than something that could be posited as a mere professional ideology. Rather, it was something lived and experienced on daily basis and reproduced and disseminated to the wider social world on the same scale. Therefore, I claimed that eugenics could be found in the totality of these practices.

Then came depicting the *world as seen from a doctor's window*. Of specific interest to me had been their self-perception on the one hand, and subsequently their relationship to the rest of the social actors, especially with the usual suspects of eugenics, alcoholics, mentally insane, epileptics, prostitutes and etc. on the other. In terms of the latter, there remained a further differentiation between the urban poor and the remnants of the Ottoman aristocracy, as well as the bohemian artists, plus the nouveau riche. To avoid their further reproduction, socially and physically, education and pedagogy had constituted a special place for doctors, as they constituted two spheres that were open to direct intervention.

As I discussed these, there emerged the larger social setting, that of the city that needed to be studied. It was the conceptualization of the urban center as the sole location, where a population so diversified and in such close proximity to one another that made me turn to Istanbul. 1937 typhus epidemic in Istanbul was the next step that my pursuit took me. I conceptualized it as an event in the historical conflict between the upper classes and immigrants of the city, where the former via a long list of strategies tried to keep the latter under control. I argued that in the 1930s the strategies of the upper classes took a eugenic turn. That is to say, in the 1930s, the immigrants coming into the

city were viewed as potential (not actual) contaminants of the streets and a menace upon the civilized way of life of the city.

My theoretical inquiry, which had started with countering the state-centric approach to eugenics, and proving the existence of eugenics not as a weak movement but rather as the rules upon which the social life of the upper classes was shaped and created, ended with redefining eugenics as the new science of those professional middle classes. The final chapter of this dissertation thus was both a review of the scholarly literature on eugenics, in which I inserted the Turkish case, and contains the epitome of future inquiry with the new definition I make into the history of the eugenic science.

Given this short summary of the dissertation, there are a few important points that are embedded within the chapters, but they nevertheless need to be accentuated in case they went unnoticed. First of all, this dissertation conceptualizes eugenics in Turkey *not* as an imported knowledge from the Western countries. To suggest an import would strengthen the perseverance of state-centric analyses and nationalism hidden in it through the incumbent proposition that defines the physicians mainly through the nationalities they belonged to rather than their professions. As I have demonstrated especially within the first chapter, the medical community in Turkey had defined themselves primarily as physicians and associations of nationality came only secondary. Moreover, within that medical community, next to Turkish doctors, the numbers of Armenians, Greeks and Jewish doctors were considerable.

In addition to this fact, eugenics both in Turkey and in other countries has been closely associated with the medical profession, and the physicians had always been on the forefront of the eugenics movement, although this new science had drawn significant

interest from other professions and disciplines, including anthropology, sociology and demographics as well. Therefore, it would not be an exaggeration to argue that eugenics was partly exclusive to the international medical community. At this point, such argument might seem controversial given that the discourse of eugenics had always steered through “reforming the race and the nation”. In other words, eugenics might seem to be a purely national project directed towards curbing the “unfit” – where “unfit” had been associated with the “alien elements”, personified usually in the image of the Jews, the Gypsies, and other minorities – and strengthening the dominant national identity. Yet, such view presents us the reality only partially. For a full grasp of the eugenics both as a science and consequently as a project, one needs to take a step further and approach the question of race and nation in a different manner. Etienne Balibar, in his two articles, *Racism and Class* and *Racism and Nationalism*,<sup>370</sup> argued that racism emerged in European nation-states primarily on a class basis, and therefore nationalism cannot be conceived without racism. In a similar vein with Balibar, Anibal Quijano, in his *Coloniality of Power, Eurocentrism and Latin America*,<sup>371</sup> carries the roots of racism to the enslavement of the indigenous peoples of Latin America. He argues that racism was not associated with skin color but rather it came consequentially due to the degradation of the local people to the position of unpaid labor within the labor hierarchy. Racism embedded within eugenics does not fall far from these approaches. As it was the case in the whole world, including Turkey, the main target population of the eugenicists

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<sup>370</sup> Both articles appeared in *Race, Nation and Class – Ambiguous Identities*, by Etienne Balibar and Immanuel Wallerstein, London and New York: Verso, 2000. The pages numbers are 204-218 and 37-67 respectively.

<sup>371</sup> *Nepantla* 1(3): 533-580, 2000

was the urban poor, the uncontrolled and undisciplined sections of the working classes. For the Turkish context, the discussion on the “degenerates” in the second chapter, and the spontaneous fear and loathing of the upper middle classes of Istanbul against the perceived threat of contamination from the urban poor, which I discuss extensively in the third chapter demonstrate that face of eugenics fully. On the other hand, giving primacy over class racism instead of ethnic racism does not deny and exclude the prevalence of eugenic and social Darwinist leanings in the atrocities against the minorities. Instead, it only shows that the relationship between them is much more complicated than has usually been portrayed. It impels one to define a different, another eugenics from the one that is pursued in this work; that is, one that works on a parallel level.

Of course, there remains the crucial question as to how the Turkish physicians had mediated the two positions, those of being a doctor – in terms of belonging to the international medical community – and being a citizen of the Turkish Republic. As I have argued in the first chapter, the latter, which bounded them to the nation-state, presented serious obstacles to the practice of medicine. However, the matter gets further complicated when one takes into the consideration the social standings of the doctors in Turkey. Since the Ottoman times, physicians had always been among the ruling elite of the country. Starting from the constitutional period, one finds physicians among the members of the parliament. As such, publicly, they have also always had spoken in the name of the state. Given this fact it presents a complicated situation when one considers that in practice, before the nation and the state they had dedicated their allegiances to the medical profession primarily. This seemingly paradoxical situation forces us to think about the relationships between universality and particularity, especially in terms of



reconciling the ground between nationalism and internationalism. It is a question that lurks at the moment.

Coming back to the point about the problems with viewing eugenics as an imported knowledge from the west, we are faced with a second exigency: such model works in consonance with the *diffusionist model* proposed by George Basalla in his article, *The Spread of Western Science*.<sup>372</sup> There, he analyzes how Western science has spread into the colonial contexts, and assumes a unilinear and unidirectional process whereby the Western science has been appropriated by the “indigenous cultures”. Basalla has been severely criticized on many occasions mainly by the recently flourishing postcolonial studies of science.<sup>373</sup> It has been argued that first of all Basalla’s model fits too well into the idea and image of the western countries that were advancing, pursuing economic prosperity and the scientific advancement at the same time. In so doing, it has also embedded an analogy with the United States as an example, which other countries needed to imitate. Against Basalla’s model, postcolonial studies of science have argued that science does not travel in a single direction. In other words, with the travel of the western science to the colonial contexts both the colonies the metropole had changed. In addition to that it has been argued that even the “western” science should rather be conceptualized as a “polycentric communications network”, where the center is in

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<sup>372</sup> *Science, New Series* 156 (3775): 611-622, May 5<sup>th</sup>, 1967

<sup>373</sup> See the following articles as an example: David Wade Chambers and Richard Gillespie, “Locality in the History of Science: Colonial Science, Technoscience, and Indigenous Knowledge”, *Osiris* 15: 221-240, 2000; Roy MacLeod, “On Visiting the Moving Metropolis: Reflections on the Architecture of Imperial Science”, *Historical Records of Australian Science* 5 (3): 1-16, 1982; Roy Macleod, “Introduction”, *Osiris* 15: 1-13, 2000, and Dhruv Reina, “From West to Non-West? Basalla’s Three-Stage Model Revisited”, *Science as Culture* 8 (4): 497-516, 1999.

constant flux, never in one place or the other. Acknowledging the latest point, the current dissertation adopts it for the study of eugenics in Turkey. Rather than conceptualizing eugenics as an alien form of science/knowledge that the physicians brought with them upon returning from their education in Europe to Turkey, it constructs the Turkish physicians as part of the international scientific community, and eugenics as the common knowledge of that community. Such an understanding is also crucial in addressing the widespread existence of eugenics in almost all of the countries throughout the world. As the secondary literature on eugenics demonstrates, from Latin America to Russia to Europe to China to Japan, eugenics had been among the dominant ideologies and projects in all the countries in the world. If that is the case, then we need to reject the diffusionist model firstly on the ground where it assumes a difference on the contextual level. That is to say, the diffusionist model posits that the contexts on the world scale are different; and the counter argument to such proposition would be to argue that they were similar, if not the same. So, if eugenics had emerged in almost all the countries in the world, it can be argued comfortably that it was because of the existence of similar social formations. In addition to that fact, this dissertation takes a step further: it defines eugenics as a new science in formation, which grew not only out of similar national contexts but also as a moment of intervention into the social fabric to further assimilate them. In other words, eugenics should not be conceptualized only as a spontaneous movement that the similar contexts had given rise to. It should also be thought of as the common project of the professional middle classes to shape and change those contexts that would enhance their similarity.

It is from this point onwards, that is, from the acknowledgment that eugenics was the science of the social as was founded by the upper crusts of the professional middle classes we can reconsider eugenic practices anew. Considering the states of the twentieth century, for example, not only sterilization laws or regulations restricting the marriage of those deemed as unhealthy, but also one can delve into defining a new eugenic state through constructions of national histories. We can read inventions of national histories as a marker of the eugenic state: the question of how and why they were constructing a new history can be read as an attempt to define their heritage, and their heredity.

Apart from defining states in relation to heredity, further studies on the state involvement into health and eugenics can be opened up through conceptualizing hygiene in other venues. For Turkey, Central Hygiene Institute (*Merkez Hıfzıssıhha Teşkilatı*) founded in 1928 deserves special attention in this context, not only because of the ‘hygiene’ in its title, which would probably further the investigation into the concept, both also in its adoption by the state, possibly in relation to the hygienic morality of the doctors. Moreover, given that it was founded by the Rockefeller Institute, the body, which founded most of the public health institutions under the label of national hygiene institutes all over the world, from Mexico to Poland to Greece to Hungary and Spain, we can inquire about global meanings of hygiene.

Coupled with these, another instance that can be expanded in the following studies is the discourse of the doctors as pertains to colonialism. I have only referred to them within discussions of self-perception. However, one of the venues those references made was the celebrations of the Day of Medicine for the new graduates of the School of Medicine in İstanbul, some of whom were going to be employed in Anatolia. How did

those doctors who went to towns and villages practiced medicine? For example, to what extent they followed the examples of French colonial doctors, especially in terms of gathering knowledge about the inhabitants of the villages or small towns that they were employed in. In short, to what extent were those doctors perceived themselves as agents of the government, and in relation to that to what extent they were viewed by the local population as such agents? And what is the relation of these practices to eugenics, if any? These questions are not only valid for the Turkish case, but concerns the colonial practices worldwide. As I have argued in the previous chapter, the eugenics literature has been more concerned with the nation-state borders. However, considering that those within the nation-state borders that were deemed as unworthy by the eugenicists were mainly immigrants, the scope and scale of eugenic practices could be expanded to include colonial contexts as well as internal colonialisms of those states without ‘outside’ colonies.

In this dissertation I have not discussed the reactions against eugenics. I am not aware of any specific reactions or resistances against eugenic policies elsewhere either. And considering that eugenics was very much integral to both the state policies, and the practices of the upper classes I am not sure whether we can really define a specific anti-eugenic resistance. I am arguing that resistances against the system are and should be considered as resistances against eugenics. However, one area that needs to be studied for Turkey is the implications of the General Hygiene Law of 1930, and especially the clause that states that the doctors are responsible for the health checkups of the workers in factories, ateliers, and so on. There had been noted instances where the workers,

because they were deemed to be epileptics were laid off from their jobs assaulted the doctors, or they killed them.

Another area that would be worthwhile to look at considers the relationship between folk and scientific medicines, especially in relation to the matters concerning eugenics. I have only slightly mentioned it in the first chapter that there is a conflict between the two. But what I have not mentioned was the occasional adoption of the folk sayings to be used as a ground to legitimize especially the marriage patterns that were advocated by the eugenicists, specifically the claim of a clean lineage. Similar appeals to folk medicine were observed in the cases of Bulgaria<sup>374</sup> and Japan<sup>375</sup>. So a study concerning the relationship is important for the legitimation claims of the eugenicists, especially in the areas, such as villages and towns that were out of their immediate reach.

Overall, these are topics for study in further inquiries. The main contribution of this dissertation, I believe, was that it shifted the venues of observation in analyzing eugenics: from state practices to practices of the upper classes, from sterilization laws to hygiene rules, and from nation-state borders to large urban centers.

In the beginning of the 1990s, two interesting questions sprung out from within social studies of science. One was voiced by Bruno Latour in his 1991 article *One more*

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<sup>374</sup> See Christian Promitzer's "Taking Care of the National Body: Eugenic Visions in Interwar Bulgaria, 1905-1940", in Marius Turda & Paul J. Weindling (eds.) *Blood and Homeland – Eugenics and Racial Nationalism in Central and Southeast Europe, 1900 – 1940*, Budapest & New York: Central European University Press, pp. 223-252

<sup>375</sup> See Jennifer Robertson's "Blood Talks: Eugenic Modernity and the Creation of New Japanese", *History and Anthropology* 13(3): 191-216, 2002

*turn after social turn...*, and the second one was by Steven Shapin, in his general review of the field in 1995. I quote them respectively:

A radical is someone who claims that scientific knowledge is entirely constructed 'out of' social relations; a progressivist is someone who would say that it is 'partially' constructed out of social relations but that nature somehow 'leaks in' at the end. At the other side of this tug-of-war, a reactionary is someone who would claim science becomes really scientific only when it finally sheds any trace of social construction; while a conservative would say that although science escapes from society there are still factors from society that 'leak in' and influence its development. In the middle, would be the marsh of wishy-washy scholars who add a little bit of nature to a little bit of society and shun the two extremes. This is the yardstick along which we can log most of our debates.<sup>376</sup>

If, however, universality can no longer be accepted as an assumption flowing from the very nature of the knowledge or the "method" for making it, then what are the mundane means that so powerfully effect the circulation of science? And is that travel, to be treated as real, or is what circulates yet another illusory grand narrative?<sup>377</sup>

Latour's concern was that the science studies have compressed too much into those positions he defined briefly. On the other hand, Shapin was questioning those stressing the local and mundane character of science on the point of attributing too much power to science. Eugenics defined as a new science of the social opens up a new space of inquiry to alter our position on matters concerning the relationship between nature and social, and consequentially of science. In that sense, maybe a third or a fourth turn is necessary for the social studies of science, one that would carry us back to the beginnings, and start questioning the ontology of science itself. Secondly considering that eugenics was the first moment that any science had attempted total control over the social life, as I have

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<sup>376</sup> Bruno Latour, "One More Turn After Social Turn...", in *Social Dimensions of Science*, (ed.) Ernan McMullin, Notre Dame, Indiana: University of Notre Dame Press, 1992, p276

<sup>377</sup> Steven Shapin, "Here and Everywhere: Sociology of Scientific Knowledge", *Annual Review of Sociology* 21: 289-321, 1995, p. 307

argued in the fourth chapter, we can start reconsidering its power: because it was exactly at the moment of its full control that it was rejected as being a pseudo-science.

Apart from social studies of science, I believe this dissertation contributed to the revisionist Turkish historiography again by shifting the locus of inquiry. A similar congestion that Latour argued for his field can also be observed within this area as well. The questions that guide the studies concerning Turkish history often remain within the confines of state activities. An analysis that is preoccupied more with social order will not only view states as one of the many agents capable of shaping and changing the social fabric but also produce critical stance towards that social order as well.

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