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TITLE: Luigi Mongeri: A reformist and expert on `Oriental Insanity` in the Nineteenth-Century Ottoman Empire

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PAGES: 418-437

ORIGINAL PDF URL: <https://dergipark.org.tr/tr/download/article-file/2411891>

LUIGI MONGERI: A REFORMIST AND EXPERT ON “ORIENTAL INSANITY” IN THE NINETEENTH-CENTURY OTTOMAN EMPIRE

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Article Types / Makale Türü: Research Article / Araştırma Makalesi

Received / Makale Geliş Tarihi: 05/05/2022 **Accepted / Kabul Tarihi:** 01/07/2022

DOI: <https://doi.org/10.26791/sarkiat.1112764>

LUIGI MONGERI: A REFORMIST AND EXPERT ON “ORIENTAL INSANITY” IN THE NINETEENTH-CENTURY OTTOMAN EMPIRE

ABSTRACT

This article focuses on the early career of Luigi Mongeri, who was appointed as the chief physician to the Süleymaniye Mental Asylum in 1856 to treat mental illness and improve the living conditions of mentally ill patients in the nineteenth-century Ottoman Empire. It focuses on Mongeri’s early life in Italy, investigates his involvement in Ottoman imperial patronage networks and their subsequent effects on his career, and finally explores the reform program he implemented at Süleymaniye. While in the Ottoman Empire, Mongeri appeared as a reformist who claimed to improve the living conditions and treatment of patients by the use of medical statistics, abolishing the use of shackles, etc. At the same time, in Europe—and especially in France, which was one of the important centers of alienist medicine at the time—he presented himself as an expert on “oriental insanity,” a claim which gained him access to international medical circles and organizations.

Keywords: History of medicine, Ottoman Empire, History of insanity, History of modernization, Oriental insanity, Luigi Mongeri, Medical statistics

LUİĞİ MONGERİ: ON DOKUZUNCU YÜZYIL OSMANLI İMPARATORLUĞU’NDA BİR ISLAHATÇI VE “ŞARK DELİLİĞİ” UZMANI

ÖZ

Bu makale on dokuzuncu yüzyıl Osmanlı İmparatorluğu’nda akıl hastalığının tedavisi ve hastaların yaşam koşullarını ıslah etmek üzere 1856 yılında Süleymaniye Bimarhanesi’ne başhekim olarak tayin olunan Luigi Mongeri’nin kariyerinin ilk dönemlerine odaklanmaktadır. Bunu yaparken bir taraftan Mongeri’nin Osmanlı İmparatorluğu öncesindeki yaşamını incelemekte diğer taraftan imparatorluk patronaj ağlarına dahlini; bunun kariyeri üzerindeki etkileri ve Süleymaniye’de uygulamaya çalıştığı reform programı üzerinde durmaktadır. Mongeri içeride prangaları kaldırarak, tıbbi istatistik ve benzeri uygulamalar vasıtasıyla hastaların yaşam ve tedavi koşullarını iyileştirme iddiasında olan bir ıslahatçı olarak karşımıza çıkarken Avrupa’da özellikle de o dönem aliyenist tıbbın önemli merkezlerinden biri olan Fransa’da ise kendisini “şark deliliği”nin (*oriental insanity*) bir uzmanı olarak sunmakta ve böylece uluslararası profesyonel çevre ve cemiyetlerde de varlığını kabul ettirmektedir.

Anahtar Kelimeler: Tıp tarihi, Osmanlı tarihi, Akıl hastalığının tarihi, Modernleşme, Şark deliliği, Luigi Mongeri, Tıbbi istatistikler

INTRODUCTION

In 1856, Luigi Mongeri (1815–1882), an Italian emigré who served on the Ottoman quarantine organization and was a physician in private practice in the imperial capital, submitted a letter to the authorities. In this letter, Mongeri acknowledged the value of earlier reform measures to alleviate the conditions of mentally ill patients, including the merger of the Haseki and Sultan Ahmet hospitals and the government’s appointment of two physicians to treat patients at Süleymaniye lunatic asylum, an institution that had long been the most prestigious center of medical training and therapy in the Ottoman Empire. Nevertheless, he underlined that the Süleymaniye could not be compared to the other institutions. Its inmates required special treatment due to the specific nature of their illnesses; thus, they had to be treated separately. Because, he contended, he had the necessary knowledge of mental hospitals and their administration, he petitioned for an appointment to Süleymaniye and a salary commensurate with his expertise. Given the existing reformist climate and, more importantly, the imperial order that had been issued to improve conditions for the patients, Mongeri’s petition could not be ignored. In March 1856, Mongeri was appointed chief physician of Süleymaniye, an institution that had long been the most prestigious center of medical training and therapy in the Ottoman Empire.¹

Despite the recent academic interest in institutions like Süleymaniye where the mentally ill were kept,² the nineteenth-century modern reforms have mostly been studied in relation to macro institutional transformations in the army, administration, and economics³—scholarship that tends to ignore the repercussions of the reforms for various social classes. Developments that sought to revitalize the central authority *vis-à-vis* centrifugal power groups also made essential changes in the conditions of the homogenous class of unidentified persons called ‘foreigners of uncertain demeanor’ (*mechûl-ul ahvâl*),⁴ who were seen as a potential threat to public order and security, especially in the empire’s urban centers.⁵ In time, these people were isolated from the wider public by means of institutional establishments: workhouses, reformatories, prisons, and hospitals.⁶ However, before the institutionalization of a disenfranchised⁷ group like “the insane” could take place, a new ontological status—one that negated the category’s popular attributes—had to be established by means of modern science and medicine at the hands of ‘alienists’⁸ like Luigi Mongeri.

1 OA [Ottoman Archives], İ. DH., 341/22460, 23.B.1272 [30 March 1856].

2 There is a growing literature on the nineteenth-century Ottoman Empire that tackles the mental health reform policies, institutions and professionals involved. A recent study by Burcu Belli explores the official perception of the mentally ill during the reign of Abdülhamid II (r. 1876-1909). Burcu Belli, *Insanity in the Reign of Abdülhamid II (1876-1909)* (İstanbul: Libra Kitapçılık ve Yayıncılık, 2016). Another study by Rüya Kılıç investigates the professionals involved in the treatment of illness and the patients. Rüya Kılıç, *Deliler ve Doktorları* (İstanbul: Tarih Vakfı Yurt Yayınları, 2014). Fatih Artvinli has published a book on one of the notable institutions, Toptaşı Mental Asylum, in the years between 1873 and 1927. Another article of Artvinli’s provides an overview of Luigi Mongeri’s career in the Ottoman Empire. Fatih Artvinli, *Delilik, siyaset ve toplum, Toptaşı bimarhanesi (1873-1927)* (İstanbul: Boğaziçi Üniversitesi Yayınları, 2013); Fatih Artvinli, “‘Pinel of Istanbul’: Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire,” *History of Psychiatry*, 29/4 (2018): 424–37.

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

4 I borrow the English translation of *mechûl-ul ahvâl* from Selim Deringil, *The Well-Protected Domains: Ideology and the Legitimation of Power in the Ottoman Empire, 1876-1909* (London; New York: I.B. Tauris, 1998).

5 For a comprehensive analysis of Selim III’s policies targeting the capital’s foreigners of uncertain demeanor, see: Betül Başaran, *Selim III, Social Control and Policing in Istanbul at the End of the Eighteenth Century: Between Crisis and Order*, *The Ottoman Empire and Its Heritage: Politics, Society and Economy* (Leiden ; Boston: Brill, 2014).

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

7 I use this term to refer to the urban poor in the Ottoman context, a category that in official communications included vagrants, the unemployed, and the insane (*meczûb*), collectively subsumed under the label *mechûl-ul ahvâl*. For the term *disenfranchised* and its North African context, see Richard Keller, *Colonial Madness: Psychiatry in French North Africa* (Chicago: University of Chicago Press, 2007).

8 The term alienist is used by the professionals in the early nineteenth century who claimed certain expertise in the treatment of mental illnesses. With the increasing medicalization and professionalization of the treatment of the illness, this term was later replaced by that of psychiatrist.

The present study examines Ottoman modernizing reforms with a particular focus on those that were initiated at the Süleymaniye mental asylum under the supervision of its chief physician, Luigi Mongeri. It investigates the modern scientific methods, particularly the use of medical statistics, that were introduced and employed to incorporate the condition called “insanity” into the medical discourse of the time. This gradual quantification and medicalization of insanity by rendering it visible to the authorities, I argue, legitimized medical intervention in the treatment that patients received at the mental asylum. For this legitimation to take place, however, first and foremost, the behavior that many medical professionals and other Europeans visiting Ottoman lands associated with “insanity” had to be redefined: such behavior had to be stripped of its popular identity—as an admirable manifestation of spirituality—and assigned a new one.

Although the insane in the official documents were subsumed under the name of *mechûl-ul ahvâl*, new scientific and medical technologies applied during the nineteenth century resulted in the gradual segregation of the insane from this amorphous group. My inquiry concerns the professional appropriation of insanity and its assimilation into medical discourse. By quantifying and etiologizing insanity in the Ottoman context, this article argues, Luigi Mongeri, in his capacity as the asylum’s chief physician, sought to place the treatment of the mentally ill at his institution in the hands of specialized physicians known as *alienists*, who were specifically experienced in the treatment of this condition. Mongeri’s approach ultimately helped form a class of professionals that remained into the ensuing periods.

Because of the reforms and modern treatment techniques that Mongeri applied in his new position—the abolition of shackles, the introduction of the straitjacket, the use of patient statistics, and more importantly, the enforcement of regulations concerning the admission and discharge of mental patients in the Ottoman Empire—the foreign press dubbed Mongeri the “Turkish Pinel,” equating him with the prominent French alienist Philippe Pinel (1745–1826).⁹

Mongeri’s ingenuity lies not only in the use of modern instruments of discipline but also in his etiologizing insanity by means of medical statistics. Having been converted into the empire’s central lunatic asylum, Süleymaniye provided a ready supply of clinical cases for Mongeri that allowed him to draw medical and scientific conclusions concerning “Oriental insanity,” a topic that since the early nineteenth century had received much attention in European, especially French, psychiatric circles.¹⁰ The statistics that Mongeri gathered for the years between 1857 and 1867, compiling them into tables, enabled him to professionalize the treatment of insanity while at the same time putting him into conversation with members of the prominent professional organizations of the period.

SÜLEYMANIYE: FROM DÂRUŞŞIFÂ TO IMPERIAL MENTAL ASYLUM

The Süleymaniye *dârüşşifâ* (general hospital/gate of healing), which was built as part of the Süleymaniye complex (*küllîye*),¹¹ was commissioned by Süleyman the Lawgiver (r. 1520–1566) and started operation in 1566. The complex included two madrasas, one for the study of medicine and the other for the study of religious sciences; a Koran school for children (*mekteb*); a hostel (*tabhâne*); a public kitchen (*imâret*); a bath (*hamam*); and a hospital.¹² The last, located on the northwest corner of the complex, was composed of two adjacent rectangular courtyards. The first courtyard was surrounded by cells and belonged to the hospital staff; the second comprised patients’ wards.

9 Artvinli, “‘Pinel of Istanbul’: Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire,” 2018.

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

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

12 Gülru Necipoğlu-Kafadar, “The Süleymaniye Complex in Istanbul: An Interpretation,” *Muqarnas* 3 (1985), 92.

The hospital was intended to provide medical services and medications to all kinds of individuals who needed them, including patients with minor and chronic mental diseases, but also those requiring treatment of physical ailments. Its inpatient capacity, the sources indicate, was forty to forty-five. Patients were mostly accepted on an outpatient basis and were provided medications prepared by the hospital's medical staff.¹³

In the first half of the nineteenth century, when it was still a general hospital, various accounts note that the mentally ill were simply locked away and chained to the walls in the cells surrounding the courtyard; the uncontrollable ones were locked in the basement. Robert R. Walsh,¹⁴ an Irish clergyman, and physician who visited Istanbul in 1820 to serve as chaplain to the British embassy, described the disturbing scene of the asylum as follows:

"The Turks, we believe, in Europe, consider alienation of mind as an effect of divine inspiration, and treat fools and idiots as favorites of heaven. The first things we saw were a range of cells with iron gratings, on a level with the ground, and the first sound we heard was the heavy clanking of chains. On the outside of each window was a strong staple driven into the wall, to which one end of a heavy chain was fastened, and on following it through the bars with our eye we saw the other was attached by an iron collar around the neck or body of a naked human being, who was either crouched in some attitude or crawling about the bars inside, like a wild beast in a menagerie."¹⁵

In another account, Pliny Earle, a native of Leicester, who had received his medical training during the 1830s at the University of Pennsylvania Medical School and who joined the staff at the Friends' Asylum in Frankford,¹⁶ described a visit he paid to Süleymaniye in December 1838:

"Connected with some of the mosques in Constantinople, there are buildings for the reception of the sick – a kind of hospital, in which the poor who are suffering under disease may have their wants ministered to by the hand of charity. That which is adjacent to Sulimanyé [Süleymaniye], or the mosque of Suliman, is devoted exclusively to the insane. There, none but men are admitted; the women, according to the Turkish custom, as well as in conformity with the precepts of the religion of Mahomet, being kept in private seclusion. The building is but one story in height, and, like the cloisters of many gothic cathedrals, and the khans or caravanseras of Turkey and Natolia, completely surrounds a central court. The entrances to all the rooms are beneath the corridor at which the court, upon all sides, is limited.

I visited this Asylum during the feast of the Bairam, near the close of the year 1838, in company with two American gentlemen,¹⁷ residents at Constantinople. We entered the court, passing several miserably clad people, "sitting at the gate," not "to ask alms," but to receive it, of voluntarily offered. Within the court were many people, mostly young men and boys, who had come, either for the gratification of curiosity or to administer to the wants of the afflicted. From between the bars of the iron grating with which this was defended, a heavy chain, ominous of the sad reality within, protruded, and was fastened to the external surface of the wall. It was about six feet length. The opposite extremity was attached to a heavy iron ring, surrounding the neck of a patient who was sitting, within the grating, upon the window-seat. We entered the room and found two other patients, similarly fastened, at the two windows upon the opposite side of the room. It was a most cheerless apartment. A jug to contain water, and, for each of the patients, a few boards laid upon the floor, or elevated three or four inches, at most, and covered with a couple of blankets, were all the articles of comfort or convenience with which, aside from their clothing, these miserable creatures were supplied. Although in the latter part of December, they had no fire; nor were the windows glazed, but close shutters attached to each rendered it possible measurably to shield the inmates from severe weather whenever it might occur. The length of the chain of each patient is

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

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

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

16 Gerald N. Grob, *The State and the Mentally Ill: A History of Worcester State Hospital in Massachusetts, 1830-1920* / (University of North Carolina Press, 1966), 218.

17 In his Memoirs, Pliny Earle writes that he was taken to Süleymaniye by Dr. Millingen and two other friends. Franklin Benjamin Sanborn, ed., *Memoirs of Pliny Earle, M.D.: With Extracts from His Diary and Letters...* (Damrell & Upham, 1898), 133.

barely sufficient to enable him to lie down upon his comfortless bed of boards and blankets.” 18

Located in one of the busiest spots of the city and surrounded by several shops and coffee houses, Süleymaniye was often subjected to curious eyes and impromptu visits, as Robert Walsh and Pliny Earle observed. The hospital was completely open to the public, and anyone could enter without any “impediment or inquiry.”¹⁹ The bizarre sounds that were produced by the patients, testimonies record, often caught the attention of passersby and drew them in for a visit. Moreover, according to Henry C. Burdett (1847 – 1920), an English financier and philanthropist, lions, leopards, and hyenas were kept in the same place.²⁰ A document dated 8 May 1843 indicates that the buildings, besides accommodating mentally afflicted, were also used for a certain period to house wild animals given as gifts to the sultan that were transported to Süleymaniye in 1842.²¹ In 1844 public visits were prohibited by a government decree, and the doors of the asylum were closed to visitors as part of the state’s commitment to reforming living conditions for the institution’s inmates.²² In 1845, upon imperial order, the female patients kept in Haseki hospital were moved to Süleymaniye, and the construction of a separate section, which would accommodate female patients, was ordered.²³ Following this, the salaries of the hospital staff were improved²⁴, and the hospital also underwent changes.²⁵ In 1854, having been appointed to supervise the *Sürre-i Hümayûn*, an imperial procession organized to accompany gifts sent to Mecca by the sultan, a certain Nazif Efendi, a graduate of the medical school (*Mekteb-i Tıbbiyye*) was appointed as temporary deputy to El-Hac Ata Efendi, a position later made permanent in order to match the increasing number of patients.²⁶ Nazif Efendi’s appointment placed two doctors (Ata Efendi and Nazif Efendi) in charge of the asylum, the latter running the women’s section of it.

The therapy that was offered in Süleymaniye in the early nineteenth century was a remnant of centuries-old medical practices that involved a course of multiple treatments: a regulated diet, bloodletting, cupping, and baths. Baths were an important part of the humoral treatment program, given that “madness was considered to originate in extreme cases of dryness in the patients’ body”; “baths were supposed to return the needed moisture to the body.”²⁷ The Süleymaniye asylum comprised a private bath area located on the north corner of the second courtyard that contained a large water basin, which could be heated to different temperatures.²⁸ The bathhouse attendants, shampooers known as *dellâk*, were responsible for cleaning the patients; after doing so, depending on the active or passive condition of the patients, these attendants would return them to the guardian.²⁹

Bloodletting, at the time a routine treatment, was used (particularly in the spring) to expel “black bile,” believed to cause melancholia. In addition to its use in the treatment of patients, it was practiced annually among the asylum’s general population, with the coming of spring. For that operation, the chief barber

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

19 Walsh, *A Residence at Constantinople during a Period Including the Commencement, Progress and Termination of the Greek and Turkish Revolutions*, 1/256.

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

21 OA, C. SM., 134/6748, 8 R. 1259 [8 May 1843]. The animals had formerly been kept in the palace; no information suggests the reason they were moved, but the same document states that the animals kept in the asylum (*bimarhane*) were exhausted because they were not fed properly.

22 OA, İ. DH., 2698, 8 S. 1258 [21 March 1842].

23 OA, C. SH., 25/1234, 29 Z. 1260 [9 January 1845].

24 An amount of 500 *kuruş* was added to the salary of Ata Efendi’s former salary of 500 *kuruş* and a 300 *kuruş* was added to Tahir Ağa’s former salary of 350 *kuruş*. OA, C. SH., 25/1234, 29 Z. 1260 [9 January 1845].

25 OA, C. SH., 25/1234, 29 Z. 1260 [9 January 1845].

26 OA, İ. MVL., 313/13117, 1 Z. 1270 [25 August 1854]; OA, A. MKT. NZD., 129/98, 9 Ca. 1271 [28 January 1855].

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

28 William Goodell, “The Bedlams of Stamboul,” *Athlantic Monthly* 28 (1871): 531.

29 Goodell., 531.

would make an incision on one or both arms of each patient to expel the bad blood.³⁰ In combination with the bloodletting, purgatives in the form of syrup or paste were also employed to restore the balance of bodily fluids.³¹

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

LUIGI MONGERI: AN ITALIAN ÉMIGRÉ IN THE OTTOMAN EMPIRE

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

Luigi Mongeri, an Italian citizen born to a middle-class family in Milan on 16 November 1815, had been educated in the humanities and philosophy at the Gymnasium of Brera and at the Lyceum of Longone.³² After his graduation, he studied medicine at the University of Pavia in Lombardy, an institution that stood at the pinnacle of medical training and was staffed by prominent physicians like Bartolommeo Panizza³³ (1785–1867) and Andrea Verga (1811–1895). At Pavia, besides studying nervous diseases under the supervision of Panizza, Mongeri also studied general medicine and conducted research on the nature and etiology of cholera in the general hospital in Milan.³⁴

In 1838, following his graduation, Mongeri was offered a position at the university but refused it because of the ongoing political chaos in Italy. The Austrian occupation and the reinstitution of absolutism in the Italian states during the first half of the nineteenth century contributed to the formation of revolutionary societies, in which young Italians actively took part. According to Mongeri's assistant, Avram de Castro, he refused the university position because he eagerly shared the views and principles of the Italian youth, which exposed him to constant danger.³⁵ Given the ongoing political tension, he had no alternative but to leave Italy.

Istanbul was one of several cities that gained prominence as destinations among European émigrés in the second quarter of the nineteenth century. The integration of the Ottoman Empire into global markets, along with the reforms taking place in the military, administrative, and economic sectors, created a ready labor market for qualified employees such as engineers, craftsmen, doctors, and military officers. Attracted by the liberal Ottoman reforms, an increasing number of graduates from Habsburg and German medical faculties also sought careers in Ottoman lands.³⁶ Moreover, a recent graduate of a European medical faculty could expect to find a position with a reasonable salary in the Ottoman Empire, given the realm's lack of

30 Goodell, 532.

31 Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700*, 55.

32 One of his brothers, Giuseppe Mongeri (1812–1888), was a professor at the Academia di Bella di Brera, and the other, Michelle, was a priest. Avram Castro, *Biographie du Docteur Louis Mongeri* (Constantinople: Imperimerie de Castro, 1882); Nimet Taşkıran, “Türkiye Hizmetinde Büyük Bir Hekim: Süleymaniye Bimarhanesi'nin Son, Toptaşı'nın İlk Başhekimisi Louis Mongeri,” *Haseki Tıp Bülteni*, 11/1, (1973), 4.

33 According to the information provide by Castro, Mongeri completed a doctoral thesis entitled *Della dissoluzione delle pareti dello stomaco dopo morte*, under the supervision of Panizza. Castro, *Biographie du Docteur Louis Mongeri*, 1882, 2.

34 Castro., 1.

35 Castro, 3.

36 Marcel Chahrour, “‘A Civilizing Mission’? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1858–1850,” *Studies in History and Philosophy*, 38 (2007), 692.

trained medical personnel—in contrast to the job market in their native countries, where positions were limited, and a high degree of competition existed. The inauguration of a reform program (Tanzimat) that promised Christian subjects protection and equality before the law encouraged further European migration to Ottoman lands. By the second half of the nineteenth century, an increasing number of foreign technicians, scientists, and physicians were employed as part of newly created imperial institutions in the army, academia, and medical organizations throughout the empire.

Among the professionals who sought a career in the Ottoman Empire, Italians occupied an important place. The establishment of diplomatic relations between imperial authorities and the Kingdom of Sardinia during the reign of Mahmud II (r. 1808–1839) is particularly important, since it accelerated Italian migration in the second quarter of the nineteenth century. In 1822 the Sardinian kingdom sent Count Ludovico Sauli to Istanbul to negotiate the establishment of a diplomatic mission.³⁷ As part of the ongoing negotiations, two treaties—one commercial and one maritime—were ratified between the empire and the kingdom in 1823. A year later, the Kingdom of Sardinia established a diplomatic representation in the Ottoman capital. The opening of this mission facilitated the migration of Italians to lands controlled by the Ottoman Empire, and following its establishment, Italian officers and experts came to be employed in the empire's newly created military organizations, supervising and enhancing the reform program.³⁸ Especially following the abolition of the Janissaries (infantry corps) in 1826, Italian officers were hired to oversee Ottoman military modernization. Some Italian officers were employed in the newly created Danubian army, and others were appointed to various posts in the central army.³⁹ Italian officers Luigi Calligaris and Timoteo Calosso were attached to the Ottoman army, which fought against Egyptian forces in Konya in 1832.

Italian émigrés were likewise employed in various branches of the Ottoman medical organization. In the 1820s, sources indicate, the number of Italian physicians in the capital in both private and public practice, was greater than fifteen. For instance, Dr. Bartoletti, the son of Selim III's private physician, who was born in Istanbul and graduated from Naples Medical School, served as general inspector of medicine (*sıhhiye müfettiş-i umûmîsi*) and represented the Ottoman delegation at an international health conference.⁴⁰ Doctor Capoleone, another medical professional who entered palace service during the reign of Mahmud II, rose to the position of chief palace physician.⁴¹ Further, in 1825 an Italian hospital was established in Istanbul in accordance with a proposal submitted by the Sardinian ambassador.⁴² Carlo Tringhieri was appointed physician to the cavalry regiment, and Luigi Bicchi Vassalo entered the service of Galib Paşa, governor of Erzurum Province.⁴³

After 1835, the presence of Italian physicians became more visible through the establishment of the Ottoman quarantine organization.⁴⁴ The threat of a cholera outbreak, which alarmed European states, increased international pressure on the Ottoman government to take measures against a new outbreak. Yet the effective implementation of measures against a cholera epidemic required a European-style sanitary police, which, given the empire's lack of trained personnel, could be staffed only with trained experts familiar with European languages and medical science—that is, with professionals from outside the empire and members of the Ottoman Christian and Jewish communities trained in foreign languages. In 1838 Mongeri's compatriot Dr. Antonio Logo was appointed as chief physician to the directorate of this organization, a post that he held until 1842.

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

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

39 Turan, 115–16.

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

41 Turan, "II. Mahmud'un Reformlarında İtalyan Etki ve Katkısı," 122–23.

42 Turan, 122.

43 Turan, 122–23.

44 Gülden Sarıyıldız, "Karantina Meclisi'nin Kuruluşu ve Faaliyetleri," *Belleten*, 58/222 (August 1994): 329–76.

By the time Mongeri arrived in Istanbul in 1839, then, there existed a considerable Italian presence in the capital; Italians held important posts in the imperial military and medical sectors, especially the quarantine organization, where Mongeri would serve as a physician. The dearth of medical experts in the field who could direct and implement quarantine measures made it possible for foreign physicians in the field to enter the Ottoman medical organization without major impediments. For a physician like Mongeri, who had a medical diploma from a well-known medical faculty and whose fellow Italians held various imperial medical posts, doing so would not have been difficult. And on 24 May 1839, almost immediately upon his arrival in Istanbul, he was first attached to the Ottoman army that fought against Egyptian forces at the Battle of Nizib in June of the same year.⁴⁵ On 22 February 1840 Mongeri returned to Istanbul, where he was soon employed in the international quarantine organization's Sinop branch and allotted a salary of one thousand *kuruş* a month.⁴⁶ After spending a year and a half at the Sinop quarantine station, he was appointed as a sanitary physician to the island of Crete, where he served from 1841 to 1849.⁴⁷

In Crete, Mongeri worked as health director and contributed actively to sanitary measures against the cholera epidemic. In 1849, following a cholera outbreak in the village of Gaidouropoli (ancient Lapa, also known as Samarapolis), Mongeri placed the contaminated village under quarantine with the authorization of the island's governor, and established a sanitary cordon around it.⁴⁸ However, the radical measures that he implemented to prevent the disease's spread endangered his relations with the Supreme Council of Health in Istanbul; he was dismissed for having disobeyed the council's orders.⁴⁹ After his dismissal Mongeri began practicing private medicine and surgery on the island, and in a short time he had established around himself a group of persecuted Italian political émigrés composed of tailors, shoemakers, and pharmacists. While practicing his profession, Mongeri also engaged in philanthropic work against slavery while living on the island.⁵⁰ And these acts of benevolence and medical care helped him cultivate connections with his future patron, Giritli Mustafa Naili Paşa, who was appointed governor of Crete in 1832 and would later rise to become a member of the Sublime Council of Judicial Ordinances (*Meclis-i Vâlâ-yı Ahkâm-ı Adliye*),⁵¹ a government institution that held legislative powers and played an essential role in planning and executing modern reforms in the Ottoman Empire.⁵²

In 1850 Mongeri left the island for Istanbul, where he would soon be engaged as a private physician in Naili Paşa's household, a position that he held until March 1856.⁵³ In the year Mongeri left Crete, Mustafa Naili Paşa was appointed to the Sublime Council of Judicial Ordinances, an appointment that marked a turning point in both Naili Paşa's career in Ottoman administration and Mongeri's upward mobility in the Ottoman medical establishment. Four years after attaining the position on the Sublime Council of Judicial Ordinances, Naili Paşa was appointed grand vizier (*sadrâzam*),⁵⁴ an office that he would also hold in 1857. Mongeri's attachment to Naili Paşa's household⁵⁵ provided him with new connections among the Ottoman

45 Castro, *Biographie du Docteur Louis Mongeri*, 3.

46 OA, ŞD., 858/50, 9 N.1300 [14 July 1883].

47 OA, ŞD., 858/50, 9 N.1300 [14 July 1883]; Castro, *Biographie du Mongeri*, 3.

48 Castro, *Biographie du Docteur Louis Mongeri*, 3.

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

50 Castro, *Biographie du Docteur Louis Mongeri*, 5.

51 For a history of the Sublime Council and its institutional transformation, see Mehmet Seyitdanlıoğlu, *Tanzimat Devrinde Meclis-i Vâlâ (1838–1868)* (Ankara: Türk Tarih Kurumu, 1999). "number-of-pages": "227", "publisher": "Türk Tarih Kurumu", "publisher-place": "Ankara", "title": "Tanzimat Devrinde Meclis-i Vâlâ (1838–1868)

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

53 OA, ŞD., 858/50; OA, MVL., 253/46, 11 S. 1259 [13 March 1843].

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

55 Castro, *Biographie Du Docteur Louis Mongeri*, 6.

ruling elite. A year after his arrival in Istanbul, he was appointed private physician to Princess Adile Sultan, daughter of Mahmud II and sister to the reigning sultan, Abdülmecid (r. 1839–1861). This new position, like his previous one, must have maintained and increased his reputation in Istanbul's elite circles. Adile Sultan, Mongeri's new patron, was renowned for her philanthropic and charitable works in the capital. Her acquaintance with Mongeri would probably have persuaded her to extend her charitable works to other members of society, such as the mentally ill.⁵⁶

In addition to services that he rendered for members of the Ottoman elite, Mongeri continued to practice private medicine in Istanbul. The case histories that he published in *Gazette médicale d'Orient* (founded in 1856 by foreign doctors residing in Istanbul, this was the official journal of the Imperial Medical Society), suggest that he was summoned by Muslim and non-Muslim Ottomans as a private physician to consult in cases of mental illness. Thus, he established himself not only as a general physician but also as an alienist. His service in the quarantine organization had helped acquaint him with the heads of reform programs, including Fuad Paşa, and by 1856, Mongeri had the connections in the Ottoman bureaucracy and administration necessary for a prestigious position. His professional qualifications and administrative connections thus eventually led him to the top position at Süleymaniye.⁵⁷

MONGERI AT SÜLEYMANIYE

During a tour, according to the account provided by Avram de Castro, Mongeri was struck by the miserable state in which the mental patients at Süleymaniye were kept.⁵⁸ As mentioned earlier, they were restrained by chains fixed to the cell walls and were subjected to ill-treatment by the staff responsible for their care.

In fact, long before Mongeri's visit, a reform program to improve conditions for the mentally ill had been initiated by Ottoman authorities, aimed specifically at Haseki, Sultan Ahmed, and Süleymaniye hospitals in the capital. In 1835, according to Robert Walsh, "[t]he lunatics had attracted the Sultan's [Mahmud II; r. 1808–1839] notice and excited his sympathy to a high degree. He visited the "*Timar Hannai*" [*timarhane*: mental asylum] and saw the awful state in which humans were kept in that asyly⁵⁹m, and at once directed that they should be no longer considered as under the sacred hand of the God, but susceptible to treatment like any other beings affected with distemper."⁵⁹ After Mahmud II's visit to one of the hospitals, the government convened a special meeting and invited the chief physician to further discuss relevant measures.⁶⁰ Following that meeting, the asylum was put under the care of the new school of medicine (*Mekteb-i Tıbbiyye*); a "Hungarian physician,⁶¹ well acquainted with the improved treatment of lunatics in Europe, was appointed to superintend," and "three pupils of medicine and surgery were ordered to attend it [the institution] three times a week, and treat the patients according to the best system of concession and kindness."⁶² Along the same lines, the gates of the asylum were closed to the general public, as mentioned earlier, and the "large rooms," according to William Goodell (one of the founders of the American Board's Istanbul mission in

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

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

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

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

60 Goodell, "The Bedlams of Stamboul," 533.

61 Goodell does not provide the identity of the physician beyond his Hungarian nationality.

62 Walsh, *A Residence*, 1:301.

1831, who stayed in the city until 1865), “were partitioned off into cells,” where the uncontrollable patients were isolated from the peaceful ones.⁶³ Though accounts by both Robert Walsh and William Goodell agree on the government’s intention to ameliorate the care and living conditions for mental patients, neither provides any further evidence of Mahmud II’s intentions or his reformist zeal in the undertaking.

In the following years, during the reign of his son and successor Abdülmecid (r. 1839–1861), reform—which had come to a halt because of ongoing wars during Mahmud’s reign—was resumed, and structural adjustments were made with respect to the administration and financing of the asylums. In 1843, another formal meeting was called to discuss the matter, and a Muslim physician⁶⁴ who had been trained in Europe was appointed to improve conditions. New clothing and bedding were given to the patients and, more importantly, a new spatial organization was introduced. The largest wards were divided into cells, and patients were classified and assigned to them according to the degree of their illness. Moreover, a preacher from the adjacent mosque was hired to deliver sermons, and an apothecary was appointed to administer drugs to the patients.⁶⁵ One year later, further measures merged the medical establishments that housed the patients, making Süleymaniye the sole mental-health institution, as discussed earlier. In 1845, Abdülmecid ordered the establishment of a separate ward in Süleymaniye for the female patients who had been at Haseki hospital,⁶⁶ and female patients who had been residents of Haseki were transferred to Süleymaniye.⁶⁷ Furthermore, by order of the sultan, the salaries of the hospital doctor and director were increased, and new attendants were added to the hospital staff.⁶⁸ After 1844, Haseki came to serve only destitute women; indeed, one of its rooms was used as a “women’s detention house” (Nisâ Tevkifhânesi).⁶⁹

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

In 1856, then, conditions were ripe for Mongeri—still in private practice in the imperial capital—to submit his letter to the authorities. This document suggests that its author was informed about the ongoing negotiations in the sanitary council: Mongeri acknowledged the value of the earlier reform measures, including the merger of the Haseki and Sultan Ahmet hospitals, as well as the government appointment of two physicians to treat patients at Süleymaniye. Given the existing reformist climate and, more importantly, the imperial order that was in place to improve conditions for the insane, Mongeri’s petition could not be ignored. In 1856, Mongeri was appointed chief physician of Süleymaniye, an institution that was long the most prestigious center of medical training and therapy in the Ottoman Empire; he was granted a monthly salary of 1750 *kurus*.⁷⁰

As soon as he took up his post at Süleymaniye, Mongeri found himself beset by administrative and financial problems that in the long run would prevent him from implementing a sustainable treatment and reform program. The consolidation of the three hospitals in the capital and subsequent concentration of patients in a single institution with limited physical space, coupled with an influx of patients coming from the provinces, culminated in increasing numbers that the asylum could not handle, given its limited capa-

63 Goodell, “The Bedlams of Stamboul,” 535.

64 The sources do not provide further information concerning the identity of this physician.

65 Goodell, “The Bedlams of Stamboul,” 535.

66 OA, İ. DH., 87/4379, 2. C. 1260 [19 June 1844]. William Goodell’s “The Bedlams of Stamboul,” gives the year 1844 for the transfer of patients from Haseki to Süleymaniye: “But in 1847, within my own recollection, its handful of patients were transferred to the Süleymaniye Hospital, in order to make room for their more degraded sisters” (529–530).

67 OA, C. SH., 25/1234, 1261.

68 With the transfer of female patients, a female chief warden (*ser-hademe*), and a female “dead washer” (*gassal*) were appointed. OA, İ. DH., 87/4379, 2. C. 1260 [19 June 1844].

69 Yıldırım, *A History of Health Care in Istanbul*, 166.

70 OA, İ. DH., 341/22460, 23.07.1272 [30 March 1856].

city and financial means. The physical space of the asylum was not suitable for the internment of a large number of patients, but by 1857 the roster had reached a total of 125 patients. Overcrowding combined with malnutrition and poor sanitary conditions to pave the way for epidemic diseases, which occasionally reduced the asylum population.⁷¹

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

RENDERING INSANITY VISIBLE IN THE OTTOMAN CONTEXT: QUANTIFICATION

A few months after Mongeri’s appointment, a short piece in the GMD drew the attention of readers to a particular form of insanity called homicidal monomania (*monomanie homicide*), a concept popularized by Jean-Etienne Esquirol (1722–1840), and to the potential threats that those afflicted might pose to their environment if proper measures were not set in place.⁷² The news piece narrates two alleged incidents of monomania to better illustrate the dangers awaiting the public. In the first incident, two men armed with daggers who had boarded a steamship bound from Trabzon to Istanbul attacked the passengers, killed some of them, and wounded many on the spot. In the second, an “insane man” who had been treated in a Rufai Sufi convent escaped and killed six people, also with a knife. These two short pieces, on the one hand, pointed out the potentially dangerous acts the mentally ill might commit in public places if allowed to socialize freely, but on the other, they also heralded the commencement of a medical mission to treat mental illness, one that would contain and confine potentially dangerous persons, who could be identified only by professionals.

However, this scientific and medical mission, which claimed to protect society from unperceived dangers, sought first and foremost to establish an etiology of insanity as such, rendering it a visible and thus observable reality via modern methods of quantification, including statistics. “Typifications,” James Scott has argued, are indispensable to statecraft. “State simplifications such as maps, censuses, cadastral lists, and standard units of measurement represent techniques for grasping a large and complex reality; in order for officials to be able to comprehend aspects of the ensemble, that complex reality must be reduced to schematic categories. The only way to accomplish this is to reduce an infinite array of detail to a set of categories that will facilitate summary descriptions, comparisons, and aggregation.”⁷³

Statistics, an important tool of governmentality, thus constitute a vital element of modern statecraft in that they render complex realities simpler and more manageable—realities such as insanity. Over time, medical quantification legitimized professional intervention by making the insane (especially those with homicidal tendencies) visible and thus contributing to public security, while also seeking to justify the foundation of specific establishments—namely, asylums—for the treatment and control of the people who constituted that group. Statistics thus carried an instrumental value in the doctors’ mission for institutional reform. “The increase in lunacy ... became one of the main weapons in reformers’ arguments for new legis-

71 A gastroenteritis epidemic which broke out behind the walls of the mental asylum cost the lives of 29 patients. Fatih Artvinli, “‘Pinel of Istanbul’: Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire,” *History of Psychiatry*, 29/4, (2018), 431.

72 “Variétés,” *Gazette médicale d’Orient*, no. 8 (November 1857), 152.

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

lation to deal with the insane, since they indicated that insanity was now a serious social problem.”⁷⁴

A pamphlet penned by Mongeri that was published in 1867 under the title *Notice Statistique sur l’asile des aliénés Solimanié a Constantinople*, which utilizes the statistical numbers from Süleymaniye, is useful in explaining Mongeri’s professional appropriation of so-called Oriental insanity in scientific and medical discourse.⁷⁵ Published first in the GMD and later independently, the piece presents findings based not only on the Süleymaniye statistics—that is, records kept on the patients there during Mongeri’s tenure—but also on patient statistics from the Greek Balıklı and the Armenian Yedikule hospitals, communal hospitals that treated exclusively patients from their respective communities, including the insane. Mongeri presented the findings from this statistical survey at the 1864 meeting of the French Société Médico-Psychologique, the professional organization of French psychiatrists, to which he was accepted as a foreign associate member the same year. This document, representing the first examples of clinical statistics, provides important insights for modern scholars with respect to the institutionalization and medicalization of insanity in the late Ottoman Empire.

As an adherent of Philippe Pinel’s moral therapy school, Mongeri gathered statistical data following Pinel’s principles, which he applied in the Süleymaniye lunatic asylum. The quantification of insanity through clinical observation constituted an important part of the medical technology practiced at the Salpêtrière hospital, a mental establishment in Paris where Pinel had abolished chains as restraints after becoming its director in 1795. Pinel used statistical methods of gathering information for clinical purposes in his treatment and classification of mental illnesses. He kept records of all his cases and tabulated them for comparative purposes. Likewise, Pierre Charles Alexander (1787–1872) and Claude Bernard (1813–1878) used clinical statistics in diagnosing illnesses and determining prognoses.⁷⁶ For an emerging branch of medicine such as psychiatry, which was struggling for official and scientific recognition in the Ottoman context, quantification meant recognition in both professional and governmental arenas.

For the imperial government, statistics (and records in various forms, as explained above) were vital tools for describing complex social realities—and so facilitating government control of those realities. The use of statistics as a governance technique reflects the Ottoman state’s determination to penetrate its subjects’ lives and gather information that could be put to use in policy decisions. Statistics carried an administrative function and contributed to effective governance; thus, in Mongeri’s time, the administrative application of statistics was not something new for the Ottoman state. Land surveys known as *tahrirs* had been conducted since the fifteenth century, mainly for tax purposes.⁷⁷ These surveys were repeated at regular intervals and renewed whenever the reign of a new sultan began. In the first half of the nineteenth century, characterized by the inauguration of the empire’s modern reforms, new methods of information gathering—such as population surveys and surveillance reports (*journals*)—were introduced for legibility purposes. State officials gathered these records to construct a more accurate picture of the empire’s productive capacity, which they used for tax and military purposes. First implemented during the reign of Mahmud II (r. 1808–1839), the use of statistical records and surveys extended into the reigns of his successors, Abdülmecid (r. 1839–1861), Abdülaziz (r. 1861–1876),⁷⁸ and Abdülhamid II (r. 1876–1909).⁷⁹

With the rising awareness and understanding of the population as a source of revenue, medical statistics

74 B. S. Everitt, “Statistics in Psychiatry,” *Statistical Science*, 2/2, (1987), 107.

75 Luigi Mongeri, *Notice statistique sur l’asile des aliénés Solimanié à Constantinople* (Constantinople : Imperimerie de Castro, 1867).

76 P. Armitage, “Trials and Errors: The Emergence of Clinical Statistics,” *Journal of the Royal Statistical Society*, 4, (1983), 321–334.

77 For a broader discussion of the use of statistics in the Ottoman Empire, see Devlet İstatistik Enstitüsü (Turkey), *Osmanlı Devleti’nde Bilgi ve İstatistik* [Data and statistics in the Ottoman Empire] (Ankara: T. C. Başbakanlık Devlet İstatistik Enstitüsü [State Institute of Statistics Prime Ministry Republic of Turkey], 2000).

78 Cengiz Kırılı, “Devlet ve İstatistik: Esnaf Kefalet Defterleri Işığında III. Selim İktidarı,” in *Nizâm-ı Kadîm’den Nizâm-ı Cedid’e III. Selim ve Dönemi* (İstanbul: İsam Yayınları, 2010), 187.

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

also came to be employed by imperial officials in the nineteenth century to survey and institute measures that would help assure the population's physical health and well-being. The authorities kept a close eye on this factor via medical statistics gathered at regular intervals, especially after 1840.⁸⁰ In this period, for instance, quarantine stations were established to protect public health. The first medical statistics, called *tahaffuz jurnalleri*, recorded the ships and passengers that arrived in Ottoman ports, types of illnesses encountered, and number of deaths.⁸¹ The Imperial Medical Society's journal, GMD, also began to publish medical statistics collected from various hospitals, particularly those located in the capital.⁸² These statistics mostly indicate the types of illness encountered, the number of treatments, and deaths.

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

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

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

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

81 Kırılı, “Devlet ve İstatistik,” 187.

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

83 *Notice Statistique sur l'asile des aliénés Solimanié à Constantinople*, 1867, 34; Artvinli, ““Pinel of Istanbul”: Dr Luigi Mongeri (1815–82) and the Birth of Modern Psychiatry in the Ottoman Empire,” 2018, 428.

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

While the adoption of statistical technology sought to make insanity more salient to the public and the government, other means—such as the publication of clinical observations in insanity cases—aimed to consolidate the medical mission against extreme forms of religious devotion and increase the acceptance of related social categories within the new medical specialty. Once the high number of insane persons (long unnoticed by the authorities) was quantified and materialized in statistical form, the next step was to persuade the public, especially government officials and medical professionals, that the condition was curable.

AN EXPERT IN “ORIENTAL INSANITY”

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

To better grasp this particular type of expertise, one must first comprehend the particularities and intricacies of Oriental insanity, a condition fashioned by the nineteenth-century orientalist medical imagination. Why did Oriental insanity garner so much attention in European psychiatric circles, especially France? As twentieth- and twenty-first-century scholars have explained, the ailment was configured as a means of asserting Western superiority, progress, and civilizational development.⁸⁴ The medical category constituted an alternative domain of contestation, legitimizing European domination and colonial expansion in other parts of the world, such as North Africa, South Africa, and India.⁸⁵ It also allowed experts to test the validity and applicability of psychiatric theories, including various asylum treatments. More important, as Richard Keller has put it, “colonies offered a new terrain for the enactment of their profession’s foundational myth.”⁸⁶ For alienists such as Mongeri, the concept of Oriental insanity in the Ottoman context provided fertile ground for professional advancement. To put it another way, the field was a *tabula rasa*, waiting to be painted in accordance with medical imagination and political expectations.

The Oriental insanity thesis was further perpetuated by and found a receptive audience within “the Orient” itself—that is, in the Ottoman context, among indigenous actors including state bureaucrats and reformist elites, who were willing to isolate the public from the disenfranchised *mechûl-ul ahvâl* and to present a Western appearance on the international scene. The reformist zeal to alleviate the plight of the empire’s insane, and Mongeri’s willingness to do so, were subsumed under an effort to deal with Oriental insanity, a category that found a ready audience in European capitals. That is why Mongeri was admitted

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

85 Richard Keller, “Madness and Colonization: Psychiatry in the British and French Empires, 1800–1962,” *Journal of Social History*, 35/2, (2001), 295–326; Keller, *The Confinement of the Insane: International Perspectives, 1800–1965* (Cambridge: Cambridge University Press, 2003); European Science Foundation, *Outside in on the Margins of the Modern Middle East, The Islamic Mediterranean 3* (London: I.B. Tauris, 2002); Catharine Coleborne, “Insanity, Gender, and Empire: Women Living a ‘Loose Kind of Life’ on the Colonial Institutional Margins, 1870–1910,” *Health and History*, 14/1 (1 January 2012), 77–99.

86 Richard Keller, “Pinel in the Maghreb: Liberation, Confinement, and Psychiatric Reform in French North Africa,” *Bulletin of the History of Medicine*, 79/3, (2005), 463.

as a foreign corresponding member to psychiatric societies in France, Germany, and Italy. He could contribute to these bodies because, as his data collection and tabulations demonstrated, he had acquired intimate knowledge of Oriental insanity.

In mid-nineteenth-century Europe, institutionalization was seen as the sole means of treating the mentally afflicted; European physicians and other visitors to Ottoman lands and to Egypt and Lebanon, as Eugene Rogan writes,⁸⁷ were appalled by the relative freedom enjoyed by people who were by Western standards evidently mentally ill. The tolerance displayed toward the Sufis and their extreme religious devotion, bizarre costumes, and near-naked appearance in public places was a cliché that furnished the European imagination with abundant evidence for the condition of Oriental insanity.

The medical interest in Oriental insanity among prominent psychiatrists such as de Tours was closely connected to the etiological explanations of insanity in France. Mongeri was establishing his etiology of Oriental insanity at a time when the civilization-insanity thesis was held in high esteem among French alienists. The idea of insanity as a by-product of civilization—which was “originally Rousseauian and subsequently Pinelian discourse,” according to Jean Goldstein— “was much in vogue during the period of constitutional monarchy” in France.⁸⁸ Having borrowed the concept from Rousseau, Pinel was the first alienist to explain madness as stemming from civilization.⁸⁹ In subsequent periods, his pupils Jean Étienne Esquirol and Brière de Boismont would elaborate on this idea. The theory holds that civilization, by providing the intellect with a prodigious amount of activity, coupled with periods of radical change and uncertainty, precipitates mental breakdown and derangement. As a corollary of this line of reasoning, it was argued that insanity levels would be higher in developed urban centers than in underdeveloped areas, where there are fewer intellectual pursuits. Given this explanation, alienists sought to explain the low levels of insanity in “the Orient” by reference to urbanization and civilizational development. The quantification of insanity constituted an important part of this medical technology. Statistics quantifying insanity and rendering it visible provided a means of comparison across societies—in this case, Western and Eastern societies.

One of the key questions that occupied the agenda of alienists, including Mongeri, was the low incidence of insanity in the Ottoman Empire relative to the rates found in Europe. The statistical study conducted at the Süleymaniye lunatic asylum revolved around this question. Jacques Moreau de Tours, who visited lunatic asylums in Cairo and Istanbul (as described above), was struck by how few inmates they housed, given the general population levels.⁹⁰ And it was this statistical disparity between East and West, Muslim and non-Muslim, women and men, that Mongeri sought to rationalize by means of empirical observation.

In investigating the causes of insanity in respective societies, Jacques Moreau de Tours applied a comparative perspective. According to him, whereas the man of the West was burdened with carnal desires, free will, intellectual inquiry, and so on, the man of the East preferred simple enjoyment and did not busy himself with intellectual pursuits like art, instruction, and industry. The Western man, whose intellectual faculties were thus far more developed than those of the Eastern man, therefore faced the potential for mental breakdown. It was the civilized life, according to de Tours—a life of innovation, science, arts, and industry—that provided the most fertile ground for insanity. Thus, the East, identified in psychiatric discourse as a place of enjoyment, pleasures, and laxity, could not produce levels of insanity equal to those found in the West.

It was at this point that Mongeri could claim a particular expertise—that is, he presented himself as an

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

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

89 Goldstein, 319.

90 Jacques-Joseph Moreau, *Recherches sur les aliénés, en Orient : notes sur les établissements qui leur sont consacrés à Malte, île de, au Caire, Égypte, à Smyrne, Asie-Mineure, à Constantinople, Turquie* (Paris: impr. de Bourgogne et Martinet, 1843).

expert in Oriental insanity. Having spent more than two decades in the Ottoman lands, he had acquired adequate empirical knowledge of insanity, and on 26 June 1865, at a meeting of the French Société Médico-Psychologique chaired by Brière de Boismont, was summoned to discuss Mongeri's observations.

According to Mongeri, it was not only the level of civilization, but other factors, including the consumption of narcotics (e.g., opium and its by-products) and extreme religious devotion and ascetic practices that were peculiar to the East and that often produced mental alienation.⁹¹ Since the material conditions of "civilization" did not affect half of the region's population, Mongeri claimed, the civilization-insanity hypothesis could not explain reality in the Ottoman Empire. An explanation of insanity had to consider both physical and moral conditions.

According to Mongeri, European civilization involved two main factors: the progress of society and the progress of the individual. These two elements could be found only in civilized and metropolitan societies. Urban centers, for him, were the places where insanity cases could be found in large numbers. Cities, being centers of trade, industry, the arts, and education, produce among their inhabitants a predisposition to mental and nervous breakdowns.⁹² According to him, it was the excitement perpetuated by the social and intellectual activity prevalent in the cities that explained the high levels of insanity in Europe. So far, he agreed with the European hypothesis.

On the other hand, however, Mongeri argued that Islam—often cited by European medical professionals as a cause of mental illness—could not be the explanation either. According to him, religion was one among many causes of insanity; he agreed with the commonly held idea that faith or religion was not only an obstacle to social progress but also a stimulator of mental afflictions.⁹³ Yet because of its otherworldly orientation, Mongeri believed, religion also played a positive role in eliminating daily concerns and anxieties, believed to cause mental distress and nervous breakdowns.⁹⁴ In that regard Islam, like all religions, was absolute in its principles. It forbade the consumption of intoxicants and left no room for intellectual discussions or inquiry, elements thought to contribute to insanity. Rather, it was the *extreme* practices of Islam, those that involved excessive asceticism and violence—the teachings sanctioned by orthodox Islam that were widely practiced by *ulema* (religious scholars) and dervishes (Sufis)—that Mongeri believed caused insanity.⁹⁵

If dervish piety and public tolerance of Sufi practices was one factor, which contributed to under-institutionalization and low insanity rates in the Ottoman Empire, the other, according to Mongeri, was related to the particular status occupied by women in the East. Here again, in explaining the low insanity levels, he applies a comparative method. According to Mongeri, both in East and West, women have a natural predisposition to mental disorders and nervous breakdowns because of their physiology.⁹⁶ Menstruation, pregnancy, and childbirth, he argues, make women more vulnerable to mental breakdown. Among European women, while changing physiological conditions, occurs more severely and produce more insanity cases, in the Orient, Mongeri claims, they do produce similar results. Again, he underlines and identifies civilizational development and urbanization as the prime cause of female mental afflictions since, in comparison to Oriental women, European women play an immense role in society, which in turn makes them more vulnerable to the effects of urbanized life.

The factors Mongeri identifies as contributing to the high insanity rates of European women, do not count for their Eastern counterparts. Since the Orient was painted in the Orientalist psychiatric discourse as a place of laxity and enjoyment, factors such as childbirth, which were thought to have serious psychological effects on European women, did not produce similar results in the case of Orientals. According

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

92 Mongeri, *Notice statistique*, 42.

93 Mongeri, 44.

94 Mongeri, 45.

95 Mongeri, 47.

96 Mongeri., 50.

to Mongeri, Eastern “women attach so little importance to these different states. They never change their diets or habits.” Whereas childbirth could be a troublesome psychological experience that caused mental breakdowns in European women, in the latter case Mongeri describes it as follows: “they [oriental women] get up to wash themselves and their children, resume their usual household work exactly as if nothing extraordinary happened.”⁹⁷ So for Mongeri, it is Eastern women’s greater endurance of environmental and physiological hardships that explains the low female insanity rates, and low institutionalization levels in the Orient in general. In addition to these factors, he also cites moral causes such as the seclusion of women from public in the East, and heredity, syphilis, tuberculosis, coffee, and tobacco as other agents of mental breakdowns.

CONCLUSION

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

97 Mongeri., 52.

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