Introduction of the modern physician and the debate on medical professionalism in the 19th-Century Ottoman Empire

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ABSTRACT: This article focuses on how boundaries were created between modern physicians and traditional healers when the modern medical profession was established in the 19th century Ottoman Empire, based on documents from the Ottoman Archives of the Prime Minister's Office. In the Tanzimat period (1839-1876), the Ottoman elites focused on modifying the education system with the aim of modernizing the institutions of the Empire, and medical education was one of their priorities. The Imperial School of Medicine was inaugurated in 1839, and a series of regulations simultaneously established that only graduates from the modern schools had the right to practice medicine. These regulations detailed the content of the education, the stages to be completed in order to graduate, and the regulation of professional praxis post-graduation. These regulations drew a boundary between the professional and the layman. Their aim was to achieve the domination of certified professionals over the health field, expelling non-professionals once enough staff became available. The article examines the rivalry between modern and traditional physicians and the diverse strategies employed to distinguish between modern and lay practitioners and to deny legitimacy for some medical practices. The panorama was further complicated by the ethnicity factor in the context of unrest in the Empire at that time. Other questions addressed in this text include: What discourses and legal regulations played a role in forming the boundaries between customary and modern educational processes? How did the Ottoman elites seek to control the population through medicine and health policies?

KEYWORDS: medical fraud, charlatans, medical professionalization, Late Ottoman Empire, Ottoman medicine.

1. Introduction (*)

This article analyzes the configuration of a professional group of healthcare professionals in the Ottoman Empire since the beginning of the Tanzimat (1839-1876), a period of intense institutional reform. It focuses on the efforts to build a barrier between the formal and informal actors of the medical field and on the responses to these efforts. The study describes how the medical profession became increasingly exclusive in nineteenth-century Ottoman Empire. A new medical hierarchy was introduced in the late Ottoman period, based on medical ethics that highlighted the learned physicians' responsibility to block the road to the uncertified healers and their duty to foster professional solidarity. The state also imposed regulations that established the boundaries between different types of medical practices.

The period of the article comprises two periods: the first one covers the years between the 1860s and the 1880s when the first regulations were implemented, but the authorities displayed tolerance toward transgression. The second period, beginning in the 1880s and ending in the 1910s is a period in which uncertified healers were persecuted with greater zeal.

After introducing a conceptual framework of medical professionalization, the article will discuss the transition in the Ottoman Empire from the multiple traditional networks of the medical milieus to the homogenization and reorganization of the profession. Then, the three fundamental elements of medical closure —education, legislation, and licensure— will be presented. The next section will address how the differentiation between the uncertified and certified practitioners was constructed on a discursive basis, introducing the notion of *mütetabbib* (practitioner pretending to be physician), through medical ethics and public opinion. Finally, the article will adress the extent of implementation of all these regulations throughout the Empire and the difficulties encountered in this process, based on the analysis of the documents from the Prime Ministry Ottoman Archives (POA).

The article aims to show that in the late Ottoman Empire, not different from the European examples the Ottomans saw as models, the governing

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(*) The archival data used in this article is collected for my doctoral dissertation, İlikan Rasimoğlu, Ceren Gülser. The Foundation of a professional group. Physicians in the nineteenth-century modernizing Ottoman Empire (1839-1908) [doctoral thesis]. Boğaziçi University, the Ataturk Institute for Modern Turkish History, 2012, funded by TÜBİTAK National Scholarship Program for Ph.D. Students.

elites and the medical practitioners trained in schools collaborated in an effort to set new boundaries for different kinds of medical practices. At the discursive level, the previous scientific teachings were labelled as outdated as opposed to «modern» medicine as practiced in Europe. From then on, only those who had knowledge of the teachings of modern medicine, which required familiarity with European languages such as Italian, French or German (and basic notions of Latin), could be considered as legitimate healers.

There are also a few specific aspects of the Ottoman case. First, the search for a modern professional medicine progressed simultaneously with an emphasis on Muslims and Turks being involved in all areas of administration and scientific practice. Thus, parallel to the centralization of the empire, a growing, though incomplete islamization of the profession took place. The second specific feature of medical professionalization in the Ottoman Empire —though by no means unique in global terms— was the unavailability of «properly» educated physicians in the provinces, as the number of graduates was low and, in some cases, they left due to local conflicts. This resulted in certain flexibility in the implementation of restrictive regulations.

2. Conceptual Framework: Professionalization

The 19th century is the period in which new occupational groups, almost entirely masculine, emerged and experienced a social ascension[1]. The identities of the men belonging to these occupational groups were shaped by the specific education they received[2]. Scientific and technological knowledge and knowhow, considered as key elements of progress, were presented as attributes of being «civilized», which granted prestige to the men linked to them[3].

1. İlikan Rasimoğlu, Ceren Gülser. The Foundation of a professional group. Physicians in the nineteenth-century modernizing Ottoman Empire (1839-1908) [doctoral thesis]. Boğaziçi University, the Ataturk Institute for Modern Turkish History, 2012. For medical professions and patriarchy, see Witz, Anne. Professions and patriarchy. Routledge; 2013. Yıldırım, Nuran. Türkiye'nin ilk kadın doktoru Safiye Ali. Tarih Vakfı Yurt Yayınları; 2012. Balsoy, Gülhan. The politics of reproduction in Ottoman society, 1838-1900. Routledge; 2015.
2. Malatesta, Maria. Professional men, professional women: The European professions from the 19th century until today. Sage; 2010.
3. Martykánová, Darina. Reconstructing Ottoman engineers. Archaeology of a profession (1789-1914). Plus Pisa University Press; 2010: xvi.

Parallelly, the increasing demand for new techniques of population governance and the need for public hygiene policies and techniques that would enhance the military and (re)productive capacities of the population, led to the introduction of medical specialization, standardization, and professionalization. In many different parts of the world, this process had similar features, including the centralization of medical examinations, education, licensing, appointments, and inspections[4].

Modern medicine was built upon a monopoly achieved through expelling or subordinating the multiple actors in the field, such as folk medicine, lay healers, and traditional healers, by insisting on the «scientific» character of medicine based on the observation of risk group, disease diagnosis, regulation of treatment, providing information on hygiene and education. Thus, medicine gained a homogeneous character, which came to be recognized by the members of medical profession and also by the rest of the society[5].

The scientific character of medicine was strengthened by specialization, which had parallel and almost contemporary but diverse pathways in different parts of Western and Central Europe. France of the 1830s and the 1840s, was one of the places where experts emerged with force as a «recognizable category», as a result of the unification of medicine with surgery, the collective desire to expand medical knowledge (the belief that only specialization enabled doctors to observe and handle rigorously a great number of cases) and the administrative rationality linked to modern state-building: managing populations through proper classification, gathering together individuals belonging to the same class and separating those considered as belonging to different categories. Two journals, *L'Esculape: Journal des spécialités médico-chirurgicales* and *Revue des spécialités et innovations médicales et chirurgicales*, were devoted to medical specalisation and a whole business of private training in specialties appeared. Many countries followed the

4. Weisz, George. Divide and Conquer: A comparative history of medical specialisation. New York: Oxford University Press; 2006; xi.; Labisch, Alfons. Doctors, Workers and the scientific cosmology of the industrial world. The social construction of «health» and the «homo hygienicus». Journal of Contemporary History. 1985; 20 (4): 599-615. pp. 603-637.
5. Labisch, n. 5. Shortt, Samuel Edward Dole. Medical professionalization: pitfalls and promise in the historiography. HSTC Bulletin. 1981; 5 (3): 210-219, 211. For the end of the eighteenth century, in France, for example, the social border was not clear between a doctor and a charlatan, between learned medicine and popular medicine. Goubert, Jean-Pierre. L'art de guérir. Médecine savante et médecine populaire dans la France de 1790. Annales; 1977; 32 (5): 908-926, 910.

example of Paris throughout the century, and the process culminated with the consolidation of a university-based medical education in Europe and the USA between the 1890s and 1920s[6].

Professionalization is explained in connection with the ideal types, which determine the reorganization of medical practitioners by creating a border between certified and irregular practitioners[7]. It appeared linked to the standardization of specialized knowledge, certified by schools or professional associations. It provided ground for legitimacy, professional autonomy, and authority over the members of the professions[8]. Parallelly, a charlatan may be defined by the following words: «In the field of health and medicine, is a charlatan any person who claims to be a therapist (healer) but who is outside the field of science, law and/or morality, knowing that science, law, and morals change over time»[9]. The irregular was labeled by words such as charlatan or quack and was assumed to be «ignorant and incompetent», whereas the professional physician was also stereotyped as «knowledgeable, prudent, honest, concerned primarily with the patient's welfare, and, if not always effective, certainly more successful than the charlatan»[10].

3. Professionalization of medicine in the Late Ottoman Context

3.1. Patterns of professionalization

Since the 1980s, while viewing the practice of lay healers as inferior in quality compared to academic medicine and their disappearance from the scene as related to new medical developments, historians of medicine began to ask new questions, mainly about how the academic practitioner gained supre-

6. Weisz, George. The emergence of medical specialization in the Nineteenth Century. Bulletin of the History of Medicine. 2003; 77 (3): 536-575, 538-541. Bonner, Thomas Neville. Becoming a physician. Medical education in Britain, France, Germany and the United States, 1750-1945. New York: Oxford University Press; 1995, p. 281.
7. Ramsey, Matthew. Professional and popular medicine in France, 1770-1830. The social world of medical practice. Cambridge: Cambridge University Press; 2002, p. 3-4.
8. Collins, Randall. The credential society: An historical sociology of education and stratification. Columbia University Press; 2019, p. 177.
9. Edelman, Nicole. Médecins et charlatans au XIX^{e} siècle en France. Les Tribunes de la Santé. 2017; 55 (2): 21-27, 21-22.
10. Gelfand, Toby. Medical professionals and charlatans. The comité de salubrité enquête of 1790-91. Histoire Sociale/Social History. 1978; 11 (21): 62-97, 63.

macy in medical healthcare[11]. This article examines the same issue for the case of the Ottoman Empire.

Toby Gelfand proposes to avoid normative distinctions and historicize medical charlatanism[12]. Although one component of medical professionalization may be related to the accumulation of particular knowledge, this process may also be related to certain extra-medical developments, such as demographic and economic changes and changes in disease patterns[13]. The article argues that in the Ottoman context, the centralization of the empire was the primary extra-medical development that led to the professionalization of the medical profession. Similarly, bureaucratization, institutionalization, and centralization characterized medicine in the late Ottoman Empire[14]. Understanding the factors that differentiate the dynamics of professionalization experienced by the Ottoman society and the state from those of other countries at that time lies in the specific conditions that the Ottoman Empire was going through in the long nineteenth century. This period was marked by two important phenomena: the rising nationalisms and the so-called Eastern Question. The Ottoman Empire of the 19th century was a multiethnic empire facing dissolution into various nation-states and colonial depredation. The Empire's loss of power in geopolitical terms, framed as the Eastern Question, as well as the rise of nationalisms, and the Ottoman ruling elites' effort to handle both, went hand in hand with the quest for administrative centralization and the creation of a modern political apparatus.

In the context of changing geopolitical situation, modernization was the Ottoman central bureaucracy's policy to enhance its authority through new administrative techniques. These were to be applied also in the provinces: where words like «the new order», «progress», and «civilization» were the harbingers and the policies included creating new posts for which trusted men were appointed and paid directly by the center[15]. The Ottoman governing

11. Unterkircher, Alois; Ritzmann, Iris. Unlicensed practice: a lay healer in rural Switzerland. In: Dinges, Martin; Jankrift, Kay Peter; Schlegelmilch, Sabine; Stolberg, Michael, eds. Medical practice, 1600-1900: Physicians and their patients. Leiden: Rodopi; 2015, pp. 230-252, p. 232-233.
12. Gelfand, n. 10, p. 64.
13. Shortt, Samuel Edward Dole. Physicians, science, and status. Issues in the professionalization of Anglo-American medicine in the nineteenth century. Medical History. 1983; 27 (1): 51-68, 52.
14. Bourmaud, Philippe. «Ya Doktor»: Devenir médecin et exercer son art en «Terre sainte», une expérience du pluralisme médical dans l'Empire ottoman finissant (1871-1918) [doctoral thesis]. Université Aix Marseille 1; 2007, p. 12.
15. Özbek, Nadir. Tarihyazıcılığında Güvenlik Kurum ve Pratiklerine ilişkin bir değerlendirme. In: Özbek,

elites strove to present the image of a civilized and civilizing power; they wished to represent the Empire and its elites as a «leader of Islamic world but a member of the civilized community»[16].

The first examples of new-style formal education in arts and sciences were introduced to advance the military structure and staff and create long-term education, which was considered as means to improve the performance of the Ottoman army and navy[17]. Parallel to this understanding of the government's priorities, the first modern school of medicine of the Empire was a military one. Obviously, it could not cater for the demand beyond the military domain and the Ottoman state acknowledged physicians who had studied abroad or trained as apprentices to established medical professionals. The state perceived some physicians and healthcare personnel as legitimate while pushing others to the illegitimate field. Modern medical professionals shared the desire of the ruling elites to manage the territory and the population with greater efficiency and used it to acquire higher status. Since sciences and education were associated with the discourse of civilization, the bearers of scientific knowledge came to be held in higher consideration by the authorities and in the society, which enabled them to claim their share in the sphere of power[18].

In his work on the introduction of elements of Western medicine to khedival Egypt, focusing particularly the role of the French physician Antoine-Barthélémy Clot from Marseille and the Qasr al-'Ainī Medical School, Khaled Fahmy argues that the age of colonial medicine was marked by the diffusion of Western medical theories and practices, which were depicted as the quintessential evidence of the superiority of the West, characterized by rationality and progress[19]. We need to bear in mind that the Ottoman was not a colony and, while Western medical science was admired, it was not linked to a particular colonial power. The systematic efforts to reform

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Nadir; Levy, Noemi, eds. Jandarma ve polis: Fransa ve Osmanlı tarihçiliğinde çapraz bakışlar. İstanbul: Tarih Vakfı Yurt Yayınları; 2009, p. 7.

16. Deringil, Selim. The well-protected domains: Ideology and the legitimation of power in the Ottoman Empire 1876-1909. London and New York: I.B. Tauris; 1999.
17. Martykánová, n. 3, p. 64.
18. Martykánová, n. 3, p. xvii. See Anastassiadou Dumont, Méropi. Science et engagement. La modérnité ottomane à l'age des nationalismes. In: Anastassiadou Dumont, Méropi, eds. Médecins et ingénieurs Ottomans à l'âge des nationalismes. Maisonneuve et Larose Institut Français d›Etudes Anatoliennes; 2003, p. 5-28.
19. Fahmy, Khaled. In quest of justice: Islamic law and forensic medicine in modern Egypt. Univ of California Press; 2018, p. 15-16.

healthcare were driven by the interests and concerns of local ruling elites and it was them who chose whom to invite and from where to help transform the Ottoman medical education and where to send young men to study medicine. The Ottoman governing elites felt the need to improve and expand the management of medical milieus for several reasons: the first was the need to transform the governance in order to address the political problems mentioned above and specific to the 19th century; the second reason was the need to improve health organization due to the increasing damage caused by the ongoing wars to population; the third reason was the general opinion that population improvement was associated with public health, and the fourth reason was the correlation established between progress and scientific knowledge by physicians and by the Ottoman elites in general, within the modernization paradigm.

3.2. What changed? The medical milieu in the Classical Ottoman Empire

As suggested by Miri Shefer-Mossensohn, medicine in the classical Ottoman Empire consisted of three basic medical subsystems, which coexisted and complemented each other. This pluralistic understanding of medicine included folk medicine, religious (or prophetic) medicine (*tıbb-ı nebevî*), and humoral pathology. This pluralism facilitated mutual as well as social acceptance of different healers. Medical folklore absorbed the shamanic medical traditions of Central Asia, and in time gained great cultural complexity, reaching from the Hellenic Anatolia and the Christian Balkans and Anatolia. Radically different healing practices could be found in the different parts of the Empire[20].

The knowledge of the «practical naturalists», of the classical age in the words of Harun Küçük, was first and foremost quick: they provided fast responses to existing circumstances. Second, despite the existence of certain female figures, practical naturalism was masculine, since it relied on the economic activities, ships and shops, dominated by men[21]. The institutional setting in the fifteenth and sixteenth centuries, shaped by the sultans' will to

20. Shefer-Mossensohn, Miri. Ottoman medicine. Healing and medical institutions, 1500-1700. SUNY Press; 2009, p. 21-25.
21. Küçük, Harun. Science without leisure: Practical naturalism in Istanbul, 1660-1732. University of Pittsburgh Press; 2019, p. 50-51.

build medical madrasahs and hospitals, played a vital regulatory role. In the old Islamic order, before 1550, when the Süleymaniye madrasah was built, the physician was commonly a practitioner and received no other training than medicine. The palace and the ulema had no regulatory role and physicians did not need a licence. But after 1550, the educational reforms of Süleyman integrated practical training in madrasah education, and madrasah graduates were considered as part of the «noblest art». Hence, a person willing to study medicine began to get a regular madrasah training, mainly based on the teachings of Avicenna and Hippocrates, and that training opened doors to certain tax exemptions resulting in a tension between physicians and apothecaries in the seventeenth century[22]. Medical practitioners making use of scholastic science did not benefit from the prestige and high salaries that their madrasah-educated counterparts[23].

Between the late 17th and early 18th centuries, the academic milieu in Istanbul consisted mainly of astrologists, physicians, and alchemists, whose presence in large numbers made the city the most important academic center in the Muslim world[24]. Most of medical school texts were produced in this city, which also housed the highest number of charitable medical institutions; however, the number of medical manuscripts from that period is strikingly low. The existing works were mainly on materia medica, hygiene and prevention, prophetic medicine and plague[25].

On the eve of the nineteenth century regulations, a candidate for medical training could receive education in the family, by a private tutor, via public classes in hospitals and mosques, or at the Süleymaniye Medical madrasah in Istanbul. Self-learning and apprenticeship to a doctor were also common. Ottoman Christians and Jews were often sent by their families to study medicine at universities in Europe, particularly in Italian lands. Some healers based their professional legitimacy on the supernatural powers they claimed to have, and any of these options was not seen as superior to the other. In this period, the physicians were expected to combine theoretical knowledge with experience and professional skills based on one of three

22. Küçük, n. 21, p 66-69.
23. Küçük, n. 21, p 88.
24. Küçük, n. 21, p. 39-40.
25. Küçük, n. 21, p 44-46.

disciplines they belonged to (general practitioners (*hekim*), surgeons (*cerrah*), and ophthalmologists (*kehhâl*)[26].

4. Three layers of professional enclosure: Education, legislation, and licensure

During the nineteenth century, a surveillance state slowly emerged, as the state strove to appropriate and manage the body of the population. The society became considered a «knowable entity», surveillance referring to several administrative practices such as surveys or registrations[27]. The ruling elites perceived the population as a source of wealth and, moreover, as an entity the performance of which could be improved and enhanced by government intervention. The importance of taxes was no novelty, but the control and management intensified: income registers and quarantine registers constituted two key types of documents of the administrative system[28]. Correspondingly, the tasks of modern education were changing and practices such as the creation of medical topography and death certificates, linked to modern state interventionism, were added to the responsibilities of medical professionals. Also, with the expansion of the hygienist movement, the doctor was assigned the duty to ensure food safety in towns[29].

In this context, new professional responsibilities brought along a new understanding of ethical responsibilities towards the patients. Most of the health practitioners in the 19th century demanded laws that would restrict and control healing practices[30]. The medical training system inspired in Central and Western Europe, that the Ottoman state adopted, led to a normative

26. Shefer-Mossensohn, n. 20, p. 141- 143.
27. Kırlı, Cengiz. Surveillance and constituting the public in the Ottoman Empire. In: Shami, Seteney, ed. Publics, politics and participation: Locating the public sphere in the Middle East and North Africa. New York: Social Science Research Council; 2008, pp. 283-306, p. 286.
28. Kırlı, Cengiz. Balkan nationalisms and the Ottoman Empire: Views from Istanbul streets. Paper presented at the Ottoman Rule and the Balkans, 1760-1850: Conflict, Transformation, Adaptation, Rethymno, Greece; 2003, p. 250.
29. For an analysis of the role of medical authorities in food safety, see Guillem-Llobat, Ximo. The boundaries of fraud: the role of the Spanish Real Academia de Medicina in the establishment of food safety and quality standards in the late-nineteenth century. Dynamis. 2017; 37 (2): 413-434.
30. Cowen, David L. Liberty, laissez-faire and licensure in nineteenth century Britain. Bulletin of the History of Medicine. 1969; 43 (1): 30-40, 32.

definition of medical practice since the 1860s (but more systematically since the 1880s), taking the European curricula as examples. The first head professor at the Ottoman Imperial School of Medicine, Karl Ambros Bernard, was inspired in the changes he introduced by the curriculum implemented at the Josephinische medizinisch-chirurgische Akademie, from which he had graduated[31]. A series of regulations aimed to end troubles in determining the qualification of medical professionals and in controlling medical practice. The previous modes of qualification and troubles in the control of medical practice ended up with a set of regulations[32].

These regulations required a body of certified practitioners, which would be created in modern schools opened in the capital city. First, the state —plagued by a chronical lack of means— focused on the needs of the armies and of the Administration, if necessary, not on those of the population in general. Military School of Medicine (*Tıbhane-i* Âmire) was founded in 1827 and Military School of Surgery (*Cerrahhane-i Mamûre*) followed in 1832, aimed at serving the needs of the Ottoman military. These two schools were reorganized into a single institution and started education in December 1838, as the first modern school of medicine of the empire, taking the name of the Imperial School of Medicine (*Mekteb-i Tıbbiye-i Adliye-i* Şahane) and included classes of pharmacy, surgery, and midwifery. By 1846, the school included a health officials' class[33].

From the beginning of the Tanzimat period, the Ottoman elites relied on European and Ottoman non-Muslim experts, and on sending students to European institutions, not only in medicine but also in engineering and other disciplines. However, as the century progressed, and especially with the growing emphasis on Islam during the reign of Abdülhamid II (1876-1909), the mistrust against foreign and non-Muslim practitioners and Western institutions led to the efforts aimed at ensuring that there were more Turkish/Muslim men among elite professionals. The trend became even more pronounced when Sultan Abdulhamid II (r. 1876-1909) began to promote a nationalized version of Islam as the empire's official identity, to gain support from the empire's diverse Muslim populations and prevent Arab separatist

31. Yıldırım, Nuran. A History of healthcare in İstanbul. İstanbul: The İstanbul 2010 European Capital of Culture Agency and İstanbul University Project. No: 55-10, Translated by Özekmekçi, M. İnanç; 2010, p. 281.
32. Bourmaud, n. 15, p. 145.
33. Yıldırım, n. 31, p. 281.

movements after the loss of European territories and decrease of non-Muslim population. While the import of foreign knowledge, models and experts continued without interruption, the narrative on previous contributions of Muslim figures in science, that developed in the 1860s, gained significance during the 1880s and 1890s[34]. This «scientific nativism» actually helped naturalize modern medical science —and modern sciences in general— wherever they were coming from. No duality was established like the one between Chinese medicine and Western medicine. Rather, Muslim medical professionals understood and presented modern medicine not as Western, but as result of an organic evolution of universal scientific knowledge to which the Muslims had contributed greatly and would do so again.

The creation of civilian schools —the Civilian School of Medicine in 1867, in the case of medicine— ended up improving the ratio of Muslims vis-à-vis non-Muslim experts in public institutions and counterbalanced the traditional place that non-Muslims occupied in the field, similarly to the area of public works. The education of the future elite professionals still involved military elements (again, as in the case of the state engineering school aimed at training civilian public employees): the civilian school was located in the military school —daily practices were shaped by strict regulations, and, taking to consideration that these were boarding schools, the students were forced to submit to military discipline and their readings were supervised. These measures aimed to ensure a closer control and loyalty among the future imperial elites[35].

Credentialism provided the basis for monopoly and social closure in professions, by aiming to include only those who could make use of a defined set of knowledge and skills proven in a specific way, through official credentials such as a school diploma or a certificate obtained through an official examination. This process defined what was deemed necessary to determine whether someone could have the right to practice[36]. In the Otto-

34. Yalçınkaya, M. Alper. Muslims' contribution to science and Ottoman identity. In: Al-Tikriti, Nabil; Aydogan, Zeynep; Campos, Michelle U. et al., eds. Living in the Ottoman realm: Empire and identity, 13th to 20th centuries. Indiana University Press; 2016, pp. 272-283, 276.
35. For the formation of Ottoman engineers, see Martykánová, n. 4, p. 69-70. For the formation of Ottoman physicians, see İlikan Rasimoğlu, Ceren Gülser. «The foundation of a professional group: Physicians in the Nineteenth Century modernizing Ottoman Empire (1839-1908)». *Boğaziçi University* (2012).
36. Freidson, Eliot. Professionalism, the third logic. On the practice of knowledge. University of Chicago press; 2001, p. 204.

man case, the diploma certified a specific medical knowledge, that is, modern (Western) medicine, corresponding to the state's effort to extend the domain of its authority[37]. Medical professionalization denoted a process by which a heterogeneous collection of individuals is gradually recognized, both by one another and by other members of society, as constituting a relatively homogeneous and distinct occupational group.

No distinction between a physician and a pharmacist could be observed until 1839, the year in which institutional training for pharmacists was introduced[38]. Bonesetters were trained through practice until 1849 when the school began to issue diplomas for the minor surgeon (*küçük cerrahlık*)[39]. Dentistry was practiced by barbers and circumcisers trained through apprenticeship and surgeons trained as medical officers in military hospitals. Surgeon certificates were given to those amongst these groups who proved their skills[40] As in the case of physicians and pharmacists, dentists having a degree from a foreign country were also expected to apply to the Directorate of Civilian Medical Affairs for a qualification examination[41]. Hence, one type of activity became separated from the other through skill-based education, assessment, and licensure.

With the gradual increase in the number of physicians and healthcare professionals equipped with modern medical knowledge and diploma from the new school since the 1860s, the Ottoman state began to issue several regulations on health, including the ones determining the working conditions

37. Bourmaud, n. 15, p. 13.
38. Özçelikay, Gülbin; Asil, Eriş. Osmanlı İmparatorluğu›nda klasik ve modern eczacılık eğitimi ve öğretimi. In: Nuhoğlu, Hidayet Yavuz ed. Osmanlı dünyasında bilim ve eğitim milletlerarası kongresi tebliğleri İstanbul 12-15 Nisan 1999. İstanbul: İslam Tarih, Sanat ve Kültür Araştırma Merkezi; 2001.
39. Ersoy, Nermin. Başbakanlık Osmanlı arşiv belgelerine dayanarak; 18. ve 19. yüzyılda kırık-çıkıkçılar. In: II. Türk tıp tarihi kongresi İstanbul: 20-21 Eylül 1990. Ankara: Türk Tarih Kurumu Yayınları; 1999, p. 149.
40. Kaysılı, Barış. Tanzimat'tan Cumhuriyet'e Türkiye'de sağlık eğitimi üzerine bir araştırma (1839-1938). [M.A. thesis]. Selçuk University; 2006, p. 54.
41. Yıldırım, Nuran. Berberlerden diş hekimlerine İstanbul'da «dişçiler mektebi» kurma çabaları ve dişçi mektebinin açılışı. Toplumsal Tarih. 2006; 146: 38-43, 38. As of 1847, it was decided that those who had studied medicine in foreign countries and wanted to practice medicine in the Ottoman lands should take an exam called the colloquium exam, and then the scope of the exam was expanded to include other health workers. The exam for physicians consisted of core courses such as anatomy, midwifery, internal medicine and surgery. Tahsin, Rıza. Tıp fakültesi tarihçesi (Mirat-ı mekteb-i tıbbiye) cilt 1-2. Kazancıgil, Aykut ed. Özel Yayınlar; 1991, p. 27.

and scope of practice of health practitioners. The Regulation for Civilian Pharmacists (*Beledî İspençiyarlık Sanatının İcrâsına Dâir Nizamnâme*) was introduced on 3 February 1861, demanding all pharmacists in the Empire to hold a license or a degree granted by the School of Medicine[42]. This law put an end to the role of the guilds as the regulating body of the apothecaries. In October 1861, another regulation, the Regulation for Civilian Medicine (*Memâlik-i Mahrûsa-i Şâhâne'de Tabâbet-i Belediyye İcrâsına Dâir Nizamname*), was adopted, to regulate and control the practice of medicine in the Ottoman Empire, which demanded all medical practitioners in the Empire to register at the school and get a license after having proven their skills in an examination. Physicians having a degree from a foreign institution were also demanded to register, invited to an examination to confirm the equivalency of their degree. A certificate allowing them to practice in the Empire was handed to the successful ones. All physicians and surgeons working in the provinces were obliged to provide a copy of their permit to the local committee, if an Ottoman subject, and to the embassy, if a foreigner, which would be sent to the School by the governor[43].

The Regulation of the General Administration of Medicine (İdâre-i *Umûmiye-i Tıbbiye Nizamnâmesi*), enacted on 21 July 1871, the Directorate of Civilian Medical Health Affairs being the responsible authority, described the boundaries of the practice of country doctors and pharmacists, appointed to the provinces to provide medical service to the local population. The country doctors were expected to learn all the geographical features of the location they were appointed that would concern health, take necessary measures, write a report on the data they collected (medical topography report, as mentioned in the regulation) within nine months of their transfer to the post to the Directorate[44]. On 16 April 1888, as the number of graduates of the Civilian School of Medicine continued to rise, the Regulation on Country Physicians and Pharmacists (*Memleket Etibbâsı ve Eczâcıları Hakkında Nizâmnâme*), aimed at organizing the appointments of country doctors and pharmacists to the provinces for a five-year period, became *de facto* applicable[45].

42. Ergin, Osman Nuri. Mecelle-i umûr-ı belediyye vol 6. İstanbul: İstanbul Büyükşehir Belediyesi, 1995; p. 3056-3061.
43. Ergin, n. 42, p. 3053-3055.
44. Ergin, n. 42, p. 3062-3064.
45. Ergin, n. 42, p. 3065-3068.

5. Duty calls: Public opinion and medical ethics

5.1. Formation of public opinion through medical societies

Despite the blurred demarcations between medicine and charlatanism, qualified doctors, recognized by their peers, denounced the competition of charlatans throughout the century[46]. Drawing the line between a competent physician, on the one hand, and healers whose knowledge was considered obsolete and unscientific, on the other, meant defining the area of medical ethics via scientific knowledge and professional responsibility. The responsibility of a competent physician, equipped with scientific knowledge, was not only to care for the patient but also to prevent the patient from falling into the hands of incompetent people. In the past, major ethical concerns about medicine were related to competence and right to practice in the medical market. Thus, from the times of Ancient Greece until the twentieth century, an understanding of morality regulated the relations between doctors, eliminated outsiders and incompetents, and provided a convenient environment to practice for each physician[47]. Yet, in their choice of healer, the patients were facing several limitations such as physician's geographic accessibility or his position in a local healthcare system[48]. They were choosing the one that they judged to be the best, the cheapest or the most trustworthy, which stimulated the physicians to find ways to distinguish themselves from their competitors[49]. Formal professional bodies, occupational monopoly and journals are amongst the basic features of a modern profession that began to intervene in this process[50].

To understand how the «old» professional ethics system transformed when it is finally confronted with the technical, social, and legal regulations

46. Edelman, n. 9, p. 22.
47. Nye, R. A. Honor codes and medical ethics in modern France. Bulletin of the History of Medicine. 1995; 69 (1): 91-111, 93-94.
48. Baschin, Marion, Dietrich-Daum, Elisabeth and Ritzmann, Iris. Doctors and their patients in the seventeenth to nineteenth centuries. In: Dinges, Martin; Jankrift, Kay Peter; Schlegelmilch, Sabine; Stolberg, Michael, eds. Medical practice, 1600-1900: Physicians and their patients. Brill; 2016, p. 62.
49. Schilling, Ruth, Jankrift, Kay Peter. Medical practice in context: Religion, family, politics and scientific networks. In: Dinges, Martin; Jankrift, Kay Peter; Schlegelmilch, Sabine; Stolberg, Michael, eds. Medical practice, 1600-1900: Physicians and their patients. Brill; 2016, pp. 131-148, p. 132.
50. Romano, Terrie M. Professional identity and the nineteenth-century Ontario medical profession. Histoire Sociale/Social History. 1995; 28 (55): 77-98, 78.

of the modern state[51], it is also necessary to look at how the members of the profession participated in the configuration of public opinion. In the Ottoman case, physicians and health professionals in general shaped public opinion in articles appealing to professionals and to the public, published in scientific journals, journals targeting lay people, and newspapers. The second way in which they were part of public opinion was by creating a professional association. The *Société de Médecine de Constantinople* (*Cemiyet-i Tıbbiye-i Şahane*), founded in 1856, was the leading organization controlling the course of public opinion, organizing conferences, advising policymakers, and publishing *Gazette Médicale d'Orient*. In the year 1867, it got a competitor in the Ottoman Medical Society (*Cemiyet-i Tıbbiye-i Osmaniye*)[52]. While these two organizations were trying to promote the «new medicine» among the educated public, the state decisively supported the practitioners of that specific kind of medicine through the Regulations of 1861. Despite mutual disagreements about several issues concerning medical education, the two societies concentrated on the same goal of creating a monopoly in the field of scientific journals, controlling the language of medicine, and becoming visible in written materials of public appeal. Quite different from another group, the engineers, who developed an expert identity within the state apparatus, the Ottoman physicians sought legitimacy through public discourse, emphasizing expert knowledge and professional practice, as in the example of the medical journal called *Vekayi-i Tıbbiye* (Medical Events), published in 1849[53]. For example, the *Gazette Médicale d'Orient* widely covered the debates about the regulations on the demarcations between the qualified practitioners and the rest[54]. The physicians' publication activity in newspapers and magazines continued uninterrupted until and after the proclamation of the Republic of Turkey.

Among the strengths of the qualified physicians in the Ottoman medical hierarchy were their foreign languages skills and the close relations they could establish with Europe. The education they received and the nature of

51. Nye, n. 48, p. 94.
52. Günergun, Feza; Yıldırım, Nuran. Cemiyet-i Tıbbiye-i Şahane'nin Mekteb-i Tıbbiye-i Şahane'ye getirdiği eleştiriler (1857-1867). Osmanlı Bilimi Araştırmaları. 2001; 3(1): 19-63, 19.
53. Martykánová, Darina. Ottoman engineers: the redefinition of expert identities during the reign of Abdülhamid II and the early years of the second constitutional period. Turcica. 2014; 45: 125-156, 133.
54. Yılmaz, Seçil. Love in the time of syphilis. Medicine and sex in the Ottoman Empire, 1860-1922. [doctoral thesis]. City University of New York, 2016: 40-42.

rapidly developing medical knowledge required modern medical education to be accompanied with competency in foreign languages, thus distinguishing between those who possessed cultural skills associated with the West and those who did not. In this way, qualified physicians could distinguish themselves from practitioners who did not receive their theoretical education based on Western references and were associated with the medical literature of the classical period.

Similar to Spain, Russia, and Portugal, in the Ottoman Empire, the initiative of the authorities went hand in hand with that of individuals, given that technical and scientific production was increasingly seen as a tool for promotion and social recognition. The rise of specialized periodicals and the increased interest in scientific and technical subjects by the educated public in the late decades of the nineteenth century were increasing the impact of the scientific works by ensuring a faster circulation and a greater number of readers[55].

Everything considered, the graduates of the schools founded during the great period of reforms initiated by Selim III in the late 18th century, including the Military School of Engineers (1797), The Military Academy of the Imperial School of Medicine (1827) were acquainted with and shaped by the discourse of modern science (not only training but knowledge). This discourse signified these graduates as civilized men and experts, and as such, they sought for recognition as such by the ruling elites and, particularly since the 1840s, by the general public. They strove to expand and influence public opinion by promoting new scientific discourse, which in turn consolidated their identity of modern individuals[56].

5.2. Medical ethics: The idea of responsibility

Professionals' altruistic ethical codes can be conceived as a means of defense against potential distrust of their clients. In medicine, even the best skills may prove to be inefficient, which demands practitioners to take certain

55. Gouzévitch, Irina; Cardoso de Matos, Ana; Martykánová, Darina. «La Russie, l'Espagne, le Portugal et l'Empire ottoman. Deux siècles de politiques technoscientifiques à l'épreuve des approches comparatistes. In: Kleiche-Dray, Mina, eds. Les ancrages nationaux de la science mondiale XVIIIe-XXIe siècles, Paris, Éditions des archives contemporaines. IRD Éditions; 2017, p. 239-286, 246.
56. Martykánová, n. 3, p. 115.

measures against the anger of the patients. Hence, they need to impose strict standards to prevent disrepute, competition, and decrease of fees. Thus, the establishment of binding ethical standards also improved the physicians' economic and social position[57].

In the nineteenth century, a new group emerged in the Ottoman Empire who visited Europe, spoke a European language or was educated in a European-style school in the empire or abroad. This new type of «cultivated gentleman» generated a discourse of «ignorance» in the Ottoman texts[58]. Ottoman newspapers generally had sections on «internal affairs», «military affairs» and «foreign affairs», but also «sciences», presenting brief information on books and recent inventions as well as developments in agriculture or industry[59]. Knowledge was becoming classified in categories such as «old» and «new», and a student who keep track of the new one had to be familiar with a foreign language. For instance, when Mustafa Behçet Efendi, the chief physician of Mahmud II, proposed a new school for military medicine, he wrote that most Muslim physicians relied on old medicine, but a true physician had to be familiar with both the old and the new methods. Learning new medicine, he said, demanded education in French. Yet, the students also had to know the Arabic and Turkish names of diseases and plants and substances[60]. Especially students and graduates of the Military and Medical Schools valued the uniqueness of the new sciences with passion[61]. The book on medical ethics by Nurican Efendi (1827-1908), a professor at the School of Medicine, provides us with in-depth information about the ethical perspective shared with medical students. Being a compilation of the notes of the lectures he gave in 1877, Nurican Efendi's book emphasized the ideas of *science* and *duty: «Yes, gentlemen, then let's educate our souls, fill our souls over and over with the fire of science before we enter the challenging arena of the art of healing».* He then argued that a loaded curriculum was necessary, since medical practice impacted not only individuals' lives and health, but also the society, by contributing to the elimination of poverty caused by

57. Collins, n. 8, p. 181.
58. Yalçınkaya, Mehmet Alper. «Their science, our values»: Science, state and society in the 19th century Ottoman Empire. University of California, San Diego; 2010, p. 48-49.
59. Yalçınkaya, n. 58, p. 56.
60. Yalçinkaya, n. 58, p. 59-60.
61. Yalçinkaya, n. 58, p. 276.

infections or to the improvement of morality. So, a doctor was responsible to the patients, to the colleagues, and finally, to the society[62].

The primary duty of the physician was to care for and cure all the patients, regardless of other determinants, like income or their medical needs. This put a heavy burden onto the professional and rendered neglect and mistake impossible to justify. The key to avoiding neglect and mistake was to be properly informed on his science and have all the spiritual and moral qualities related to it. Being patient in revealing negative predictions about the disease and avoiding exaggerating the importance of his service and his ability would differentiate him from a quack. He was also reminding the readers of the Hippocratic ethical codes of nonmaleficence and beneficence[63].

The physicians were also supposed to be bound by a sense of duty to their colleagues. These collegial duties included a thorough knowledge of all the laws governing physicians, avoiding cynical attitudes and behaviors that would put the faculty in shame, respect towards more experienced physicians, work to promote science, a behaviour befitting the reputation of the profession, not to benefit from advertisements, not to promise treatment to incurable diseases, not to behave in a way that would harm the respect of a patient to another physician, refrain from making medicine look like philanthropic activity by receiving pool patients free of charge, which would be considered as another form of fraud[64]. Nurican Efendi stated that because people tended to believe in miracles rather than scientific knowledge, physicians must always struggle with superstitions. He concluded: «This is the only way to combat the insatiable passions and ignorance of the quackery that has waged war on science all over the world»[65]. Again, the Ottoman Muslim physicians clearly saw themselves as part of the universal medical community and did not understand modern medicine as Western, but simply as new, feeling fully able to exercise it and contribute to its progress.

Debating illegitimate practitioners meant not only eliminating potential damages that they could pose on the population but also safeguarding the credibility of all physicians. It was also associated with the potential harm to

62. Yıldırım, Nuran. Nurican Efendi'nin yeni bulunan deontoloji kitabı I. Tarih ve Toplum. 1993; 116: 16-21; 17-18.
63. Yıldırım, Nuran. Nurican Efendi'nin yeni bulunan deontoloji kitabı II. Tarih ve Toplum. 1993; 117: 33-38; 33-34.
64. Yıldırım, n. 63, p. 36-38.
65. Yıldırım, Nuran. Nurican Efendi'nin yeni bulunan deontoloji kitabı III. Tarih ve Toplum. 1993; 118: 52-56, 56.

values driven by the idea of civilization. So, the existence of the *mütetabbibs* —practitioners who, in the eyes of certified professionals, were illegitimately pretending to be physicians— was interpreted as a menace to the local physicians, whose duty was not only to cure the patient but also to shape daily practices through medical knowledge[66].

The alleged malpractice cases of uncertified healers formed a perfect contextual base for criticism, claiming that the doubtful therapies aggravated the patients' health and that the healers kept the patients away from the true medical experts[67]. These uncertified practitioners were accused of incompetence and failure to comply with medical authority, and gradually marginalized[68].

6. Voices from the archives, typologies of the medical fraud and permeability of constructed boundaries

In the late Ottoman Empire, not only irregular physicians but also practitioners such as bone-setters, midwives were now the new outcasts of the medical domain and were categorized as *mütetabbib*; and the language of the rupture was based on expressions such as «presenting himself as a doctor», or «the one who practices medicine without a diploma», and *incompetence* and *ignorance*.

An important number of documents providing information about the uncertified practitioners (either described as charlatan or traditional healer) can be found in the Ottoman Archives, mostly in the correspondence between various departments of the Ottoman Administration, rarely presenting the irregulars' own voices. There are two important differences in the correspondence among government offices, both quantitatively and in content, between the period from the 1860s to the 1880s and the period between the 1880s and 1910s. This divergence directly points to the contextual differences, which will be addressed later in this article, between the 1861 Regulation and the 1888 Regulation. The quantitative difference refers to the increase in the number of documents pertaining to practitioners understood as outside the system. The content divergence is the difference between the

66. Yılmaz, n. 54, p. 57-58.
67. Unterkircher and Ritzmann, n. 11, p. 230.
68. Unterkircher and Ritzmann, n. 11, p. 232.

state's responses to the existence of these practitioners in these two periods. To put the two above-mentioned regulations into effect, the Ottoman state followed several strategies. The Ottoman state aimed at controlling medical practices throughout the Empire and preventing the illegal ones. Full implementation of the law of 1861 concerning the practice of medicine did not take place immediately. In some provinces, the central Administration had to insist, writing once and again to local authorities to explain the details of the code, as was the case of the Aleppo Quarantine Health Council[69]. The state had to rely on a multiplicity of authorities responsible for ensuring compliance, since it could not provide the qualified personnel necessary to make the measure fully applicable. The result of the efforts to eliminate the noncertified healers in remote areas was the increasing need for certified physicians in crises such as wars, which was solved by inviting foreign certified physicians[70].

The qualification examinations constituted a redeemer for the period before a sufficient number of fully qualified physicians finished their training. Following the Regulation of 1861, central authorities banned uncertified healers from the practice of medicine only until they passed the qualification examination that represented a way of getting the permit and continue to practice with official approval[71]. While in the 1910s, the uncertified healers would be banned outright, in the 1870s, they were sent to the Sublime Porte (the central Administration, specifically the Ministry of Interior, in Istanbul) for the qualification examination. That is, the existing actors of the traditional structure were welcomed in the system if they were willing and able to fulfill certain requirements. This flexibility was due to the small size of the sector and the urgent demand for medical staff. In 1887, the Ministry of Interior reminded the governors of the provinces of the requirement to possess certificate in order to serve in the Empire[72]. But the implementation of this decision brought many difficulties, such as reaching Istanbul from remote areas like Jerusalem, or the insufficient number of people acquainted with the arts of medicine and pharmacy in the areas they left. Local authorities

69. POA. A. MKT. NZD. 368 / 30, 20 Rebiülevvel 1278, 26 September 1861.
70. Bourmaud, n. 15, p. 186.
71. POA. A. MKT. NZD. 363 / 22, 12 Safer 1278, 19 August 1861; POA. DH. MKT. 1964 / 84. 4 June 1308, 16 June 1892.
72. POA. DH. MKT. 1472 / 49, 12 Rebiülahir 1305, 27 December 1887.

demanded that local commissions comprising physicians should conduct qualification exams and issue certificates[73].

While discussing the case of a lay healer in Switzerland, Unterkircher and Ritzmann use the expressions: «Not Certified but Tolerated»[74]. The Ottomans had been tolerating the uncertified healers until the late 1880s. Only after 1888, the year in which the state promulgated the Regulation on Country Physicians and Pharmacists, the application of the rule, including provisions on foreign physicians, could be applied more strictly. The central medical authorities started a *charlatan hunt* in the 1880s-1890s. The central authorities received many reports in these years about the existence of uncertified practitioners of medicine. The sanction to prohibit from the practice of the profession appear in the documents since the foundation of the School of Medicine, yet, these sanctions only began to appear in remarkable numbers after the 1890s[75].

Following the Regulation of 1888, the Ottoman central authorities began to take more strict measures, counting on the availability of modern professionals in the provinces. The most widespread method consisted of unexpected raids, from which most of the practitioners could escape. Even by the twentieth century, someone working in a cookshop in Azapkapi, Istanbul, could be raided on charges of healing. Yet, in this case, no remedy was found in his shop, except for some drugs for gonorrhea[76].

This pattern repeated itself during the second half of the previous century until the dissolution of the Empire. The Ministry of Internal Affairs was receiving a great number of reports from the provinces about the existence of uncertified healers and if these people had certain credentials, they were demanded to get an official approval[77]. So, a routine inspection regime was introduced to detect the limits and possibilities of forming a legitimate body

73. POA. DH. MKT. 1400 / 1, 22 Cemaziyelevvel 1304, 12 February 1887; POA. DH. MKT. 1441 / 41, 1 Zilhicce 1304, 20 August 1887.
74. Unterkircher and Ritzmann, n. 11, p. 236.
75. POA. Y. PRK. ASK. 214 / 33, 26 Zilkade 1321, 13 March 1904; POA. ZB. 81 / 82, 9 July 1323, 22 July 1907; POA. DH. EUM. THR. 5 /20, 10 Ramazan 1327, 25 September 1909; POA. DH. MUİ 19-1 / 28, 20 Ramazan 1327, 5 October 1909; POA. DH. MKT. 1435 / 86, 11 Zilhicce 1304, 1 August 1887; POA. DH. MKT. 1463 / 15, 27 Safer 1305, 13 November 1887.
76. POA. ZB. 347 / 72, 9 June 1323, 22 June 1907.
77. POA. DH. MKT. 1248 / 70, 17 Rebiülevvel 1326, 18 April 1908; POA. DH.MKT. 1620 / 80, 29 Şaban 1306, 30 April 1889; POA. DH. MKT. 1903 / 30. 18 Cemaziyelevvel 1309, 20 December 1891; POA. MF. MKT. 535 / 17. 16 Receb 1318, 9 November 1900; POA. Y. PRK. UM. 58 / 72. 21 Safer 1320, 30 May 1902; POA. ZB. 81 / 82. 29 July 1323, 22 July 1907.

of professionals. In 1893, two healers in Çatalca, Sürgün Village, a location near İstanbul, were reported for quackery and one among them, Hacı Andon, had also opened a pharmacy. The police forces, and then gendarmerie, were commissioned for investigation[78]. Despite the efforts of the state, in Istanbul and its environment there had always been certain uncertified healers like Hacı Andon, but the difference of the capital from the rest of the empire lied in two characteristics: the ease of collecting information about the irregulars and the speed in replacing them with the certified practitioners.

The state was not only drawing a boundary between the legitimate and illegitimate practitioners but also separating the work fields of practitioners of different branches of medicine, including midwifery, pharmacy, and dentistry[79]. Despite strict controls on traditional eye healers, for instance, they were working in all over the empire, like Hacı Mirza Anka in Damascus,[80] or Hasan Bey in the capital[81]. They had been working for years, but with the introduction of the Regulation of 1861, their activities suddenly became illegal. Another measure was to publish the names of the outcasts, including bloodletters, minor surgeons, or pseudo-healers of syphilis, in newspapers[82].

Yet, despite all these restrictions and controls, the unavailability of expert staff prevented the central and local authorities from fully regulating the medical field in the provinces and eliminating the irregulars. When a prisoner was captured, who had been injured while escaping Hakkari prison, he was treated by a traditional healer, Mehmed Ali Efendi, who *claimed to have medical knowledge,* a common expression used in the correspondences. The document indicated that this was associated with the lack of trained doctors in the region[83]. Similarly, in Baghdad, the ban of uncertified healers was considered to potentially harm the local population due to the insufficient availability of the certified ones. Therefore, a local commission was asked to test these medical staff and issue permits to those who proved to be successful[84].

As mentioned before, professional ethics involved the idea of responsibility towards the patients, which is illustrated in the documents concer-

78. POA. DH.MKT. 144 / 21, 22 Rebiülevvel 1311, 2 October 1893.
79. POA. ZB. 316 / 103, 17 June 1316, 30 June 1900.
80. POA. DH. MKT. 1672 / 149, 16 Rebiülevvel 1307, 10 November 1899.
81. POA. DH. MKT. 519 / 52, 1 Rebiülevvel 1320, 7 June 1902.
82. POA. DH. MKT. 566 / 38, 27 Cemaziyelevvel 1320, 1 September 1902.
83. POA. DH. MKT. 1981 / 75, 8 Muharrem 1310, 1 August 1892.
84. POA. DH.MKT. 1435 / 86, 11 Zilkade 1304, 1 August 1887.

ning the cases of malpractice. We observe that the content of the lectures of Nurican Efendi, most probably in line with his successors in the school, that is, presenting the effort to prevent serious injuries or deaths as a constitutive element for the professional struggle for legitimacy of the certified healers, appears in the language of the archival documents, as well. The official correspondence made reference to specific cases of malpractice as a warning about the potential dangers of using the services of the irregulars.

When the municipal physician of Ayntap wrote a complaint concerning two healers to the administration of the School of Medicine, he was comparing the legitimacy of the competent physician (*tabib-i hâzik*), an expected outcome of the modern medical education, with the pseudo-physician (*mütetabbib*), and asking why these people did not practice in America. He argued that these healers did not respect the patients and overprescribed them, which resulted in deaths[85]. This document illustrates the language of competency developed and used by the certified physicians as a response to the presence not only of the uncertified ones but also the foreign healers (mostly Christian missionaries), as they represented a threat to the physicians' monopoly on providing medical care. Also, certified physicians were expected to be available for poor people to prevent the irregulars from «violating their minds»[86].

The complaint letters addressed to the Ministry of Interior were written generally by local administrators and occasionally by the locals, pointed to the harmful consequences of the empirics' treatments, listing cases of deaths or serious injuries[87]. Yet, these documents also illustrate that people frequently went to the uncertified healers, most probably due to their accessibility and cheapness. Shame and stigma, as with syphilis, was another motivation to avoid the certified healers. Also, people applied to uncertified healers since, due to the lack of effective treatment, both the uncertified and certified healers were giving the same treatments[88]. The Regulation for Civilian Medicine stipulated that those who violated the regulation and called themselves a doctor would be fined two to seven golden *medjidie*. If the same crime was committed again, the fines doubled and the guilty

85. POA. DH. MKT. 332 / 58, 18 Receb 1312, 15 January 1895.
86. POA. DH. İD. 48-2 / 21, 7 Rebiülevvel 1330, 26 February 1912.
87. POA. DH. MKT. 116 / 49, 8 Safer 1311, 20 August 1893; DH. MKT. 804 / 63, 11 Şevval 1321, 31 December 1903; POA. DH. MKT. 819 / 26, 21 Zilkade 1321, 8 February 1904.
88. Yılmaz, n. 55, p. 202.

party could be sentenced to two to seven months in prison. The penalty for the midwives using gynecological instruments that were supposed to be exclusive to trained physicians and for the minor surgeons dealing with major surgery was three to seven golden *medjidie*. Yet, transgressors faced a variety of inconsistent penalties, such as being barred from the profession or fined. Often their «punishment» was actually an invitation to legitimize their practice: they were called to Istanbul for qualification examination. In the twentieth century, fines of two to six *lira*s were the most frequent punishment imposed. While the fines were occasionally forgiven due to the healers' declaration of their poverty[89], they could also be doubled, adding a few months of imprisonment[90].

As already mentioned, while promoting Muslim members of the medical professions, the Ottoman central Administration was also trying to control the certified healers who were educated abroad, mostly non-Muslim subjects of the Empire or foreign physicians. They were required to apply to the school for the approval of their diplomas[91]. The documents illustrate that medical experts at the service of the central government were routinely tracking Europe and North America and asked at regular intervals all information about the procedures of professional regulation abroad. However, documents illustrate the requirement of certificate for foreign practitioners and non-Muslim traditional practitioners. This invites us to hypothesize that the central Administration was taking the opportunity to replace the non-Muslim (either Ottoman subject, or foreign) medical professionals with the Muslim-Turkish ones[92]. Most probably, the aim was not only standardization of medical practices but also to efface the image of the Empire as a land where «anyone could perform medicine», taking to consideration not only scientific but also ethno-religious criteria[93]. In the provinces, since the doctors had access to local houses, the Ottoman state demanded local governors to inspect them in case they were involved in political activities.

89. POA. DH. MKT. 617 / 45, 24 Şaban 1320, 26 November 1902; POA. DH. MKT. 566 / 38, 27 Cemaziyelevvel 1320, 1 September 1902.
90. POA. ZB. 385 / 115, 22 April 1322, 5 May 1906.
91. POA. DH. MKT. 2130 / 44. 19 Teşrinievvel 314, 31 October 1898; POA. Y. MTV. 49 / 20, 4 Şaban 1308, 15 March 1891; POA. Y. PRK. ASK. 211 / 16, 27 Şevval 1321, 16 January 1904.
92. Yıldırım, Nuran. Türk hekimlerinin seçkinleşme sürecinde tıp bilgisinin transferi. In: Erdemir, Ayşegül Demirhan, et al. eds. Uluslararası Türk Tıp Tarihi Kongresi, 10. Ulusal Türk Tıp Tarihi Kongresi Bildiri Kitabı. C. I. 20-24 Mayıs 2008. İstanbul; 2008, p. 101-124.
93. Bourmaud, n. 15, p. 186.

In this respect, despite the fact that famous non-Muslim doctors still served the palace, the authorities were aiming at selectively expelling non-Muslims, potential accomplices of the local rebels in the eyes of the sultans, from the profession, or, at least, reducing their ratio.

In 1888-1889, the names of schools of medicine in foreign countries, the list of their diplomas, the codes and regulations, and periodical reports from some embassies including those in Brussels, Bucharest, and The Hague[94] were amongst the documents that the central Administration was collecting. Also, the translation for their certificates was requested of Washington, Athens, Paris, and London[95]. Documents about the requirement to prove their subjects' professional skills were demanded from Great Britain, Germany, and Austria[96]; also, the list of the foreign schools of medicine, the lists of their graduates lists, and their regulations were demanded to prevent fraud[97]. The Directorate of Civilian Medical Affairs and Public Health requested tables showing the names and degrees with their diplomas from the embassies[98].

The demand for the approval of diplomas of non-Muslim subjects was not independent of international unrest, notably in the case of Russia, especially following the establishment of Armenian revolutionary committees in 1885[99]. Also, embassies refused to submit to Ottoman law. The central authorities gave the foreigners attending to the patients three months to get a diploma from the Sublime Porte, to which the Russian consulate in Jerusalem objected[100]. Yet, the British and the Austrian embassy complied with the Ottoman regulation[101]. Additionally, missionary activities represented another obstacle to the effort of the Ottoman authorities to strengthen their control over medical professionals and grant advantage to the «right» profile of medical practitioner, which would be both «scientific» and loyal. The Ottoman state were trying to dissuade the Ottomans from getting their

94. POA. DH. MKT. 1585 / 18, 15 Cemaziyelevvel 1306, 17 January 1889.
95. POA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888.
96. POA. DH. MKT. 1516 / 59, 16 Şevval 1305, 26 June 1888.
97. POA. DH. MKT. 1531 / 101, 4 Zilkade 1305, 12 August 1888.
98. POA. DH. MKT. 1561 / 59, 2 Rebiülevvel 1306, 6 October 1888; POA. DH. MKT. 1568 / 80, 22 Rebiülevvel 1306, 26 November 1888; POA. DH. MKT. 1564 / 56, 10 Rebiülevvel 1306, 14 November 1888.
99. Tunaya, Tarık Zafer. Türkiye'de siyasal partiler cilt I. İkinci meşrutiyet dönemi. İstanbul: Hürriyet Vakfı Yayınları; 1984, p. 566.
100. POA. DH. MKT. 1549 / 71, 25 Muharrem 1306, 1 October 1888; POA. DH.MKT. 1435 / 86, 11 Zilkade 1034, 1 August 1887.
101. POA. DH.MKT. 1475 / 50, 21 Rebiülahir 1305, 5 January 1888.

medical training from the Christian missionaries that operated in the Empire, an action directed especially against the schools of medicine inaugurated in Beirut by the American and French missionaries. When Nahif Efendi, one of the municipal physicians in the Syrian province of Bâb, was understood to have been educated by missionaries, his replacement was demanded by the central authorities[102].

Despite the efforts to control non-Muslim and foreign practitioners throughout the Empire, the archival documents confirm that the Ottoman state was also closely concerned with pinpointing the position of medicine in the legal sphere by observing the standardized medical system in Europe, collecting all information on legal developments abroad, and evaluating certification models. However, the actual cases reveal a tangled scene where the state facilitated the healers' integration into the system in specific conditions, where the outcasts were indeed welcomed as long as their presence was not routine and the state maintained the control over the process.

The last measure taken by the authorities concerned the diplomas. Since the allocation of diplomas and certificates was one of the cornerstones of regulating medical practices, the state aimed to ensure that the diploma could be accorded to a single individual, the one who received formal training. The officials strove to prevent the diploma from being passed within a family as if it was a hereditary privilege. So, the restitution of the diploma following the death of a physician constituted an important concern, and local authorities such as the headmen and police forces were put in charge of retrieving it[103].

To sum up, the documents show us that certified and uncertified practitioners were working together for a century, although the second category was gradually declining. The state needed to repeatedly insist on the exclusion of uncertified healers from the practice which, together with the documents reporting the existence of outcasts, shows how little success it had in imposing its criteria and limiting the existing plurality of assistance[104]. In fact, the documents also illustrate that lay healers began to be strictly banned from the practice *only* by the end of the century, but particularly since the

102. POA. DH. MKT. 1560 / 60, 26 Safer 1306, 1 November 1888.
103. POA. DH. MKT. 2611 / 114, 16 S 1325, 31 March 1907; POA. ZB. 41 / 8, 7 March 1323, 20 March 1907; POA. ZB. 347 / 24, 10 April 1323, 23 April 1907; POA. ZB. 346 / 109, 18 Ks 1322, 31 January 1907; POA. ZB. 346 / 119, 17 February 1322, 2 March 1907; POA. ZB. 346 / 126, 25 December 1322, 7 January 1907; POA. ZB. 349 / 12, 24 March 1324, 6 April 1908.
104. POA. DH. MKT. 2214 / 118, 15 Safer 1317, 23 June 1899.

early 1910s, when, as it seems, the growing availability of certified medical professionals made the rules easier to impose[105].

7. Conclusion

Samuel E. D. Shortt was asking the following questions when defining professionalization: «First, is it productive to view the medical profession as a monolithic structure or must the historian isolate within this grouping significant subdivisions for closer scrutiny? Secondly, is it appropriate to assume an intimate correlation between alterations in medical practice and the process of professionalization? Thirdly, does a growing corpus of medical knowledge necessarily suggest an increase in the aggregate status of physicians? Finally, to what degree do external factors unrelated to the internal dynamics of the profession mold and shape its collective character?»[106]

When we assess the professionalization of medicine in the late Ottoman period, the problems reflected in the Ottoman state administration documents clearly show that it is not possible to see the medical profession as monolithic. Despite the continuous attempts at standardization and homogenization, the medical practitioners remained a diverse group for at least half a century, and the hierarchy established between professions could only be fixed at the end of the century. In other words, especially in the absence of country physicians, certified and uncertified practitioners worked in the same field.

Although it is hard to establish a direct correlation between alterations in medical practice and the process of professionalization, the understanding of ethics taught to new physicians, representing modernity, shows us their contemporaries aimed to establish such a correlation by basing the boundaries of professionalism on mastery of modern (and constantly changing) medical knowledge.

Similarly, it is not possible to establish an immediate relationship between increased medical knowledge and increased status of physicians. However, trained physicians strove to explore the *potential* of increasing their social status, hence they were firmly committed to the discourse on scientific knowledge and civilization to eliminate potential competitors.

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105. POA. ZB. 426 / 125, 30 May 1323, 12 June 1907; POA. DH. İD. 7-1 / 14, 3 Şevval 1328, 7 October 1910.
106. Shortt, n. 6, 211.

In the Ottoman context, the elemental issue that is not related to the internal dynamics of the profession is the substitution the professionals working throughout the Empire, traditionally consisting of non-Muslim communities, with Muslim and Turkish men, in a context of imperial depredation of the Great Powers directed at the Ottoman domains and the rise of nationalisms, including the Turkish-Muslim one. Most of the practitioners indicted of fraud in archival documents are non-Muslim or foreign practitioners, which is consistent with the Ottoman state's aim to ensure that the health of the subjects would be entrusted to politically reliable, loyal, and easy-to-control professionals. Medical professionalization in the late Ottoman context was part of the process of centralization of the Empire via modern techniques of governing the population, mainly bureaucratization and institutionalization, which enabled the central authorities to extend their rule into the provinces.

The vague boundaries between the certified healers and the uncertified ones illustrate that the uncertified healers remained indispensable because of their availability and, for some diseases, their use of the same treatments with the certified ones throughout the century. Still, at every turn, the Ottoman Empire reminded its subjects of the professional boundaries and tried to ensure that the inclusion of the uncertified healers in the system remained occasional. Seen from the perspective of physicians and the other certified health practitioners, the pursuit for a professional medical body not only improved the status and earning of medical practice but also their devotedness to the cause of the Ottoman imperial survival in the long nineteenth century. Moreover, medical knowledge and practice contributed to the shaping of the modern Ottoman governance by confronting and controlling other forms of healing, especially in distant areas and in periods of the paucity of certified healers. ▮