TUBERCULOSIS, MEDICINE AND POLITICS: PUBLIC HEALTH IN THE EARLY REPUBLICAN TURKEY

by

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"Tuberculosis, Medicine and Politics: Public Health in the Early Republıcan Turkey"
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Title: Tuberculosis, Medicine and Politics: Public Health in the Early Republican Turkey

This study examines the struggle against tuberculosis in the early Republican Turkey in the context of health policy. The thesis explains that the population problem derived from the years between the Balkan Wars and the formation of the Republic shaped the public health area. Medicine is discussed as political, and the dimensions of the regime's intervention in social and daily domains are introduced.
In 1930s Turkey, in the process of the formation of the nation-state, the improvement of the population qualitatively and quantitatively came onto the agenda, and methods on how to prevent population decrease are discussed. In this process, it is observed that physicians appeared as active actors. The physicians played roles in both the prevention of epidemic diseases, and public health education.
Tuberculosis is handled as one facet of the epidemic diseases problem in the early Republican period, and it is explained that the policy developed in this period in the field of health was realised actually with also the intense efforts of voluntary societies due to the financial shortages of the state. Additionally, the normalisation of the body through dealing with it in the social field and the inclusion of medicine within social control norms are revealed.

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Başlık: Verem, Tıp ve Siyaset: Erken Cumhuriyet Döneminde Kamu Sağlığı

Bu çalışma Türkiye'de erken Cumhuriyet döneminde sağlık politikası bağlamında veremle mücadeleyi incelemektedir. Tez, Balkan Savaşları ile Cumhuriyet'in kuruluşu arasındaki yılların doğurduğu nüfus meselesinin kamusal sağlık alanını şekillendirdiğini anlatmaktadır. Tıp, siyasi bir olgu olarak ele alınmış, ve devletin sosyal ve gündelik alanlara müdahelesinin boyutları ortaya konmaya çalışılmıştır.
1930'ların Türkiyesi'nde, ulus- devletin kuruluş sürecinde nüfusun nitelik ve nicelik açısından iyileştirilmesi gündeme gelmiş, nüfus azalmasının önüne geçmeye yönelik yöntemler tartışılmıştır. Bu süreçte doktorların, etkin aktörler olarak ortaya çıktıkları görülmektedir. Doktorlar hem salgın hastalıklarla mücadelede, hem de sağlık eğitiminde rol oynamışlardır.
Çalışma için seçilen verem, erken Cumhuriyet döneminde salgın hastalıklar probleminin bir ayağı olarak ele alınmış, bu dönemde sağlık alanında gelişen sosyal polikanın aslında devletin maddi olanaksızlıkları sebebiyle gönüllü derneklerin de yoğun çabası ile gerçekleştiği anlatılmıştır. Buna ek olarak bedenin sosyal alanda ele alınması yolu ile normalleştirilmesi ve tıbbın sosyal kontrol normları içermesi ortaya konmuştur.

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CONTENTS

INTRODUCTION……..1

CHAPTER 1. WRITING MEDICAL HISTORY: FROM THE MEDICAL HISTORY TO SOCIAL HISTORY OF MEDICINE.....9

The Rise of Modern Medicine and the Conventional History of Medicine.....11

Foucault: Governmentality, Biopolitics and the New History of Medicine……...15

The Social History of Medicine……25

History of Medicine in the Republican Turkey.....33

Conclusion.....37

CHAPTER 2. THE POPULATION PROBLEM IN INTER-WAR TURKEY AND PUBLIC HEALTH POLICIES.....39

Turkey after the War: "Population Problem".....43

The Republican Regime and Social Policy.....53

Conclusion.....79

CHAPTER 3. THE STRUGGLE AGAINST TUBERCULOSIS IN TURKEY.....81

The War against Tuberculosis and Voluntary Associations during the Early Republican Period.....84

The Republican Regime and War against Tuberculosis after World War II.....100

Conclusion.....127

CHAPTER 4. A SANITARY JOURNAL FOR ALL: *YAŞAMAK YOLU* (1929-1972)……130

Demographic Problem: Increasing the Population.....134

Nationalist Propaganda: Westernization and Reinforcement of the Regime.....141

Mission of the Physicians: Status Acquisition Through Medical Knowledge….....145

Sanitary Training: Defining Everyday Practices of the Population.....151

Conclusion.....162

CONCLUSION ……..……166

APPENDIX……..171

BIBLIOGRAPHY.....192

INTRODUCTION

"Tuberculosis is a social ensign
serving as criterion to measure
the degrees of misery
of the nations."[1]

"Tuberculosis is back," says David Barnes in the introduction of his book *The Making of a Social Disease*.[2] Indeed, this disease, which constituted one of the most lethal disasters in the late nineteenth and early twentieth centuries, has appeared in a new evolved form, threatening populations once again. The increase in the prevalence of the disease has attracted increased public attention to the problem. Tuberculosis is a disease worth researching, not because it is an actual global danger, but also it constitutes an indicator of social relations and social policy. This thesis looks at a period in which epidemics were alarmingly detrimental and public health was becoming organized.

With the appearance of several new diseases caused by mutated viruses, especially the emergence of AIDS as a disaster of late twentieth century, the history and sociology of medicine received increasing attention from scholars. This development is related to the emergence of the idea that disease can no longer be

[1] "*Tüberküloz, milletlerin sefalet derecelerini ölçmeye yarayan ictimai alamettir*." Etienne Berthet, Veremin Mediko-Sosyal Görünüşleri (İstanbul: 1950), 123.

[2] David S. Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France* (University of California Press, 1995), 1.

seen as coming from the essence of the body. On the contrary, disease needs to be seen a part of the social, and to be analyzed in the context of public health. This means a reconsideration of disease as an indicator of social stratification, segregation, and social control.

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This thesis is about tuberculosis as a special case of health policies of the early Republican Turkey, focusing mainly on the 1930s. It examines health and disease within the context of post-Balkan, the First World War and the National Struggle, which strongly affected the political and social history of the country. The thesis takes into consideration the deep impact of the wars in the spread of diseases, and concentrates on the recovery period.

Health policies in early Republican Turkey were determined by the lessening of the population, defined as "the population problem." People living in Turkey were within war conditions for a decade until 1923, when peace was finally secured. 1920s and 1930s designated the construction of a new regime, whose leaders and elites were the pioneers of a project on the creation of a new Republican generation, through nationalism and modernism, forming heterogeneous, loyal citizens.

Within the efforts of improving health conditions of the population, state intervention was not only direct. Due to financial shortcomings, the Republican government fastened the responsibility upon voluntary societies through subsidizing them economically, or enacting laws that would organize them. That kind of a duality in the domain of public health survived until 1946, after Turkey passed to multi-party regime. Before that, dealing with poverty and social policy was based of voluntarism, based on especially *Hilal-i Ahmer Cemiyeti* (the Red Crescent Society),

Himaye-i Etfal Cemiyeti (Society for the Care of the Children) and *Türk Hava Kurumu* (Turkish Aeronautical Association). In the 1940s, the idea that taking care of the population was a state duty settled.[3]

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The thesis is written with the idea that all scientific knowledge is indeed social.[4] Wars, recovery of the harms caused by the wars, organization of health system, nation-building, gender/ professionally- based identity formation, and demography played a role in the reinforcement of scientific studies in Turkey, and in the peculiar case of tuberculosis. The responses given to disease cannot be seen without taking the political and social conjuncture into consideration. Hence, writing the history of tuberculosis is writing the history of Turkish society.

However, the history of medicine in Turkey mostly has been neglected by social scientists until recent years. The works done so far in this field have been shaped by positivist/modernist vision of development in medicine, allowing chronological or institutional research, without analysis. That kind medical history writing emphasizes the acts of the physicians, and the scientific discoveries in the domain of biology/medicine, predicting a linear development for the world following the example of the Western experience.

The new social history of medicine, affected by the concept of *biopolitics* of Michel Foucault, stresses social stratification, social control, and social policy. The relationship between the governmental mechanisms and the population lies in the concept of the "social body," over against the "individual body." "Normalization" is

[3] Ayşe Buğra, "Cumhuriyet Döneminde Yoksulluğa Bakış" (paper presented at the Voyvoda Caddesi Toplantıları, Osmanlı Bankası Arşiv ve Araştırma Merkezi, 2004).

[4] Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France*, 20.

the forming of a heterogeneous kind of social body, and health is one of the two fields over which normalization works. The other one is education. The social body becomes, within this power relation, objectified by governmental actions, particularly through the microphysics of power. Any abnormality in the social body needs to be fixed on behalf of the population.

In line with the modern state's concern with the demographics of the population, medicine is located in a place in which it constitutes a mechanism of power operating over society, with evolving from curative medicine to preventive medicine. Normal – which means healthy- individuals are the desired objects. The assurance of the health and number of the next generation are also the concern of the modern governmental practices. Hence, the state deals with death rates, birth rates, epidemics, divorces, and marriages through legal proceedings. In that sense, woman and family are redefined, as the nucleus of the modern generation.

The health policies of the Turkish Republic are related to the formation of the modern state, going back to the late Ottoman period. The Republic inherited its public health policies and infrastructure from the Ottoman Empire, transforming its modernist project into a modernizing- nationalizing one. The social policy and welfare system emerged with the emergence of the modern state. The formation of the modern state conforms the intervention of the state in the everyday life of the citizens, with a concern of its (re)productive capacity, health and welfare.[5] In the early Republican era, the social project was to create a nation which was inseparable from positivistic and modernist vision. New sciences redefined society by objectifying by the scientific knowledge. Hence, the body became a field of the social, instead of the individual.

[5] Nadir Özbek, *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar, Meşruiyet* (İstanbul: İletişim 2002).

In line with this problem, the developments of public health realized through the inculcation of public hygiene, and formation of new sanitary institutions, reinforced with the emergence of a new professional group of workers in the domain of health. Sanitary training served four purposes: the education of the population with a modernist vision, giving national education through health education, solving the population problem via an increased health knowledge, and reinforcement of the medical professional class as a superior group of technocrats among the population.

This thesis aims to take attention to the social policy of the regime in terms of health, and the *biopolitics* operating through public hygiene in the first decades of the Republic. Social policy in the early Republican period developed in response to the need for a dense population after the wars starting from the Balkan Wars that lasted until the end of the National Struggle. The regime created scientific and public discourses, complemented by legal proceedings in order to decrease death rates and increase birth rates. Family, woman and children were given special care for forming a healthy and dense population. The war against epidemics constituted one of the most important segments of this population politics. Tuberculosis, a part of these diseases, created one of the biggest dangers against the prospering of the population, and needed to be overcome. This thesis tells the story of this combat, carried on by state and voluntary societies, with an understanding similar to that of David Barnes: "This transition, too, from 'slum housing is bad for one's health' to 'slum residents' ignorance of hygiene is dangereous,' typified the dominant etiology and the War on Tuberculosis."[6]

[6] Barnes, *The Making of a Social Disease: Tuberculosis in Nineteenth-Century France*, 17.

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Among the primary sources of the thesis, periodicals occupy an important place. These periodicals are *Yeni Türk* (The New Turkish), *Ülkü* (The Ideal)*, Sıhhiye Mecmuası* (Journal of Hygiene)*, Sıhhi Sahifalar* (Hygienic Pages), and *Yaşamak Yolu* (Way of Living). *Yaşamak Yolu* was published by the İstanbul Society for the Struggle against Tuberculosis between 1929-1972. It constitutes the main primary source of the thesis. As a daily paper, *Cumhuriyet* reflects the general echo of the sanitary issues in the 1930s to the daily news and so used in the thesis as a supplementary source.

The publications of the Republican Peoples' Party (such as the books published on the occasion of the tenth or fifteenth anniversaries of the Republic, and the RPP Series of conferences published in 1940), those of the İstanbul University Institute of the History of Medicine, mostly between the 1930s and the 1950s, and those of the Ministry of Health and Social Assistance were also used in order to show both the health policies of the regime, and the spread of the ideology of nation-building in the first two decades of the Republic.

Finally, the books and pamphlets published the Turkish Congresses of Tuberculosis, written by the physicians of the 1930s for public health education, and small statistical annals were used to illustrate the qualitative and quantitative aspects of the struggle against tuberculosis for the period in question. The publications by the Congresses of Turkish History of Medicine edited by the Turkish Historical Society (TTK), and some articles published by a few medical historians, who were generally the same as attending the Congresses of Turkish History of Medicine were used. These articles give the general framework of the accomplishments in the domain of public health. Also, data from the Turkish Statistical Institute (DİE), and the websites

of the societies for the struggle against tuberculosis were used for gathering mainly quantitative data about health in general and tuberculosis in particular.

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The thesis is composed of four chapters. The first one discusses the development of the writing of history of medicine. The chapter first summarizes the conventional medical history written with the idea of progressive development within a positivist vision of the world. Then it explains the terms of *biopolitics* and *governmentality* used by Michel Foucault within the framework of health, stressing that medicine is one of the areas in which power relations are most strongly felt. Next, the chapter examines the emergence of the new social history inspired by the works of Foucault. After Foucault, medicine became a representative of social relations, disparities in terms of right to access to health, and it is a medium of social control.

The second chapter examines the reflection of the population problem, which was due to the human losses during wars creating a demographic gap and anxiety in terms of demographic structure of the early Republican period, in Turkish press. The chapter also deals with medical developments in the late 1920s and the 1930s, which were carried on in the fields of laws, institutions, education of the medical staff, medical congresses, sanitary propaganda and the identity formation of the women as mothers of the Republic and of the physicians as the educators of the people. The perspective of the limited capacity of the state shaped the vision of this chapter for its rendering the duty of creating the ideal capacity of the population to the semi-official voluntary societies.

The third chapter provides a brief institutional history of the struggle against tuberculosis in Turkey. It is a history of transition from semi-official societies to a nationally organized state-governed sanitary revolution. The history of the struggle is given within two parts: the first one deals with the pre-World War II period, in which mainly voluntary societies for the struggle against tuberculosis, founded by physicians, conducted the struggle. The next part covers the period between 1945-1970. This period is marked by the direct intervention of the state within the framework of social right to access to health services, within a general framework of the national struggle against the disease. This section ends in the 1970s, a period in which the struggle began to be thought to have resulted in the victory of the physicians. However, it would reappear after the 1990s.

The fourth chapter focuses on *Yaşamak Yolu*, published by the İstanbul Society for the Struggle against Tuberculosis. It is published monthly between 1929-1972 without interruption by the initiatives of certain physicians who also were heading the struggle, serving as directors of sanatoriums or health centers. The target of the journal was the ordinary people. It not only contained health education, but also civil education. The chapter focuses on the period between 1929-1940, because the outlook of the journal changes after that date. The discussion of the population problem among the physicians writing in the journal, efforts of creating a unified nation through publications, the self-location of the physicians within the society through their medical knowledge, and finally sanitary propaganda for children and adults are explained.

A final chapter summarizes the conclusions of the thesis.

CHAPTER ONE

WRITING MEDICAL HISTORY: FROM THE MEDICAL HISTORY TO SOCIAL HISTORY OF MEDICINE

After the 1980s, with the emergence AIDS and the appearance of epidemics like bird flu, Ebola, Sars a new interest in the history of medicine emerged. This was linked not only to medical issues that were scientific developments to prevent diseases, but also public health, poverty and the right to access to medicine. That need caused an increase in the interest in the social history of medicine.

At the end of the eighteenth century, medical history writing was rendered by physicians, for physicians. The aim of medical history was to illuminate the scientific activities of the predecessors and the desire to rediscover forgotten treatments. Until the interwar period, other actors of medicine (patients, states…etc) were neglected. However, after the 1980s, medical history became amalgamated with social history. The writings of Foucault, together with the social movements, have been strongly influential, although rediscovered only in the late 1980s. It was the social history of medicine that the history of medicine gained a meaning for the present, and for contemporary health problems, public health became located at the focus of history.

In this chapter, first the conventional history of medicine in the light of the rise of modern medicine and the transition to social history through the contribution of Michel Foucault's notion of bio-politics, within the general framework of governmentality will be discussed. The conventional history of medicine was based on the acts of physicians, written by physicians, as a history of scientific / medical progress. However, for the theoretical framework of public health policies, the writings of Michel Foucault have been influential. He clarified the concept of *biopolitics* in terms of *governmentality*, as an attribution of the modern state. His emphasis on the social body initiated criticism of the biological determinist vision of public health in the history of medicine. From then on, medical history would be written from a perspective based on these concepts.

This chapter will end with a summary of the social history of medicine and the cultural controversy that emphasizes public health instead of the scientific developments in medicine. After the introduction of the terms of Foucault in history writing, and the libertarian movements based on civil rights, the history of medicine benefited from the rise of social history. Medicine began to be seen as a topic of history in terms of its value within social rights, its representativeness in social inequalities, and its intermediary position in social control.

Finally, in line of this transition from conventional medical history to the social history of medicine, the chapter will describe Turkish medical history writing, which followed a similar path. The history of medicine in Turkey has gained importance in the last 20 years, with a perspective of public health. That perspective is the *raison d'être* of this thesis, as well. In brief, this chapter aims to display the importance of the history of medicine for a sort of criticism within society.

The Rise of Modern Medicine and the Conventional History of Medicine

When a universalized body of "verifiable medical knowledge" emerged and was applied by health professionals, and commonly accepted as necessary, this body was presented in a heroic fashion by the historians of medicine.[7] By 1860, developments in pathological anatomy led to the establishment of the microscope as constituting a medical view of the body. The understanding of infection developed in the second half of the nineteenth century. This understanding of the "invading" micro organisms of the body caused improvements in preventive medicine and surgery.[8]

Advances in bacteriology, which were made possible by the studies of Koch and Pasteur, and the rise of the laboratory science, paved the way for improvements in preventive medicine. In the early twentieth century, medical and surgical services expanded as a result of wartime experiences. Salvarsan was used for the treatment of syphilis in 1910, which constituted the first cure of an acute infection. Bacillus Calmette-Guerin (B.C.G.) was used against tuberculosis in 1924. Insulin was used against diabetes in 1922. These means that the use of antibiotics and bacteristatics would become the weapons of the new medicine.[9]

All these developments have been decisive in the formation of the conventional history of medicine, which deals with physicians due to the identification of medicine with the activities of the physicians, especially heroic

[7] Steven Cherry, *Medical Services and the Hospitals in Britain, 1860-1939* (Cambridge University Press, 1996), 17.

[8] Ibid., 18.

[9] Ibid., 19.

figures.[10] Social and cultural influences on medical practice are ignored totally; instead, medical progress is emphasized through scientific knowledge and new techniques. Furthermore, this progressive narrative is based on the claim of objectivity. "Similarly," Cherry says, "the emergence of the medical profession and its exercise of power have been stressed in the context of decision making in the hospital or asylum."[11]

The history of medicine in the late eighteenth century was no more than a collection of biographical information. One of the main characteristics of the eighteenth century was the "Enlightenment discovery of the historical world." In the last decade of the eighteenth century, Germany witnessed an important rise in the number of books on medical history. Kurt Sprengel was one of the leading authors on the subject. He created a medical historiography that would appeal to late - medical historians.[12] While Germany was influenced by the works of Sprengel that reflected neo-humanism and Romanticism, nineteenth century France was under the influence of a positivist agenda due to the studies of Auguste Comte. Charles Darenberg believed that physicians needed to apply to history because of its novel content. Parallel to this view, in the middle of the nineteenth century, since the idea that a scientific revolution had occurred was common among medical doctors, they proposed that letters and history be added to the

[10] Ibid., 2.

[11] Ibid., 2-3.

[12] He made Hippocrates the icon of his works; in this way, he presented the ancient Greek doctor as a model. For him, what mattered in historiography was presenting data. His book *Essay on a Pragmatic History of Medicine* was based on the effort to render history more credible. Furthermore, he emphasized the idea that history needed to be a medium of memory; in this sense, it needed to serve contemporary readers, to be a "useful instruction." Because of his idealism, Lammer explains, until the 1960s, medical historians considered to be the founder of medical history. Hans-Uwe Lammel, "To Whom Does Medical History Belong? Johann Moehsen, Kurt Sprengel, and the Problem of Origins in Collective Memory," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (The Johns Hopkins University Press, 2004), 36-47.

curriculum studiorum of the medical students.[13] The pragmatism of the early nineteenth century sought to show the relevance of ancient medicine for the present time. This approach ended in Europe, especially in Germany, due to new technical developments in medicine.[14]

Some important figures of the modernization in medical history in the late nineteenth and early twentieth centuries were Julius Pagel, Max Neuburger and Karl Sudhoff. They were considered by contemporary historians to be positivistic, utilitarian, pragmatic and based on the legitimating of a new scientific medicine; aiming at, for instance, at least in the case of Julius Pagel, constructing a cultural history of medicine based on physicians.[15] Here again, what mattered was the narration of physicians, by physicians. Indeed, until the 1970s, the history of medicine was written "by physicians, mainly for physicians, and about physicians and their world view."[16]

In 1904, two articles were published by Privatdozent Max Seiffert and Moritz Roth, both criticizing the scholarliness and usefulness of medical history for medical students and physicians. The response of Neuburger was to read a paper at Vienna's University advocating the necessity of medical history. Schmiedebach summarizes the atmosphere of the era:

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[13] Danielle Gourevitch, "Charles Daremberg, His Friend Emile Littré, and Positivist Medical History," in *Locating Medical History: the Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 67.

[14] Vivian Nutton, "Ancient Medicine: From Berlin to Baltimore," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 116.

[15] Heinz-Peter Schmiedebach, "Bildung in a Scientific Age: Julius Pagel, Max Neuburger, and the Cultural History of Medicine," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 75.

[16] Martin Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 209.

> Into the hearts of students, medical history implanted enthusiasm for the physician's art, for ethics, and for the corporate ethos of the profession; by enhancing philosophical and cultural historical awareness, medical history led the young physician out of intellectual isolation. Medical history fostered an understanding of the foundations of science by its study of past work, and because of that work the past supplied for the material to build future concepts. . . Knowledge of the past provided a key to unlock the confusing abundance of isolated facts in contemporary medicine, an abundance that hid the aims and means of modern medicine. [17]

Similarly, for Pagel, history could help people to find remedies that had been forgotten. Furthermore, he used history to prevent quackery and the commercial behavior of physicians. Hence, history would constitute an ethical weapon against dishonesties. He also gave credence to historical progress. However, he also believed in the relationship of culture and history of medicine and that medicine was indeed part of culture.[18]

In 1958, George Rosen published a book called *A History of Public Health.*"[19] Covering a long period, from Greece and Rome to the post-WW II period,[20] the book aimed to train health professionals.[21] This comprehensive book was an important example for the writers of history of medicine in terms of its method and coverage. From the publication of this book until today, however, there has been a boom in books on public health. The main areas have been maternal and child health, mental health, popular health education, and nursing.

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[17] Schmiedebach, "Bildung in a Scientific Age: Julius Pagel, Max Neuburger, and the Cultural History of Medicine," 78-79.

[18] Ibid., 80-83.

[19] George Rosen, *A History of Public Health* (Baltimore and London: The Johns Hopkins University Press, 1993).

[20] Dorothy Porter notes that this book was published at a time when public health "appeared to be victorious" since there had been mass reductions in mortality rates. Thus, he wrote, "Grand narrative of progress." This vision was repeated in 1976 by the book of Thomas McKeown, entitled *The Modern Rise of Population.* It means that public health vision was based on sanitary reforms. Thomas McKeown, *The Modern Rise of Population* (London: Edward Arnold, 1976), 1, Dorothy Porter, *Health, Civilisation and the State: A History of Public Health From Ancient to Modern Times* (Routledge, 1999).

[21] Elizabeth Fee, "Public Health, Past and Present: a Shared Social Vision," in *A History of Public Health*, ed. George Rosen (The Johns Hopkins University Press, 1993), xi.

Some of these studies have been related directly to current policy debates. Some others have dealt with such issues as labor history, and women's history.[22] One of the topics mostly touched upon has been the history of disease. The most classic books on disease have been, for example, Charles Rosenberg's *The Cholera Years* and Richard Evans' *Death in Hamburg.*[23] Besides cholera, many books have been published on diseases such as yellow fever, hookworm, tuberculosis, syphilis, and cancer. The most recent studies have been made on AIDS.[24] In the writing of these books, Foucault's concepts of biopolitics and governmentality have been influential, although he would later be criticized for his negligence of some social groups (such as women, which created important feminist controversial), or his indifference other aspects of public health, except for social control.

Foucault: Governmentality, Biopolitics and the New History of Medicine

After the *Birth of the Clinic*, which Michel Foucault wrote in 1963, hospitals and clinics became the subject of interest. He explains the need for the reorganization of the hospital field, a new definition of patient and society for clinical experience. It showed that "the clinical experience was not the result of a straightforward confrontation, without any concept, of a gaze and a face, a glance

[22] Ibid., xxxvii.

[23] Richard J Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (Oxford University Press, 1987), Charles Rosenberg, E, *The Cholera Years: The United States in 1832, 1849, and 1866* (University of Chicago Press, 1962).

[24] Fee, "Public Health, Past and Present: a Shared Social Vision," xxxviii.

and a mute body, that is, of the singular mythical medical encounter."[25] It was Foucault who questioned the normalization process and biopolitics. The roots of these concepts lay in the *Birth of the Clinic,* in which we encounter the notion of "medical police." The medical police were legitimized by the newly arising scientific authority: That was the period characterized by the predominance of the *gaze*.[26] Parallel to this development, in the nineteenth century, a public health function was given to medicine, concentrating on *medical care* and *normalized knowledge*. Foucault saw changes in medicine in its larger context of *cognitive revolution*, not only diseases, but also the bodies containing these diseases were *fabricated* by medicine. This production of social body was maintained through techniques applied in schools, prisons, barracks, workshops and hospitals.[27] He concluded that unlike the medicine of the seventeenth century, that of the nineteenth century operated according to normalization rather than medicine itself.[28] Nevertheless, Foucault added that this new medicine was not only a technique of intervention based on illness itself, but it also operated through *a reflective mode of one self*.[29] Foucault asserts that an epidemic has a historical individuality, and needs a complex method of observation, a multiple gaze. It could only exist by the accompaniment of a police.[30]

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[25] Christiane Sinding, "The Power of Norms: Georges Canguilhem, Michel Foucault, and the History of Medicine," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 270.

[26] Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception* (Tavistock Publications, 1973), 4.

[27] David Armstrong, "Bodies of Knowledge/Knowledge of Bodies," in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London and New York: Routledge, 1998), 20.

[28] Sinding, "The Power of Norms: Georges Canguilhem, Michel Foucault, and the History of Medicine," 272.

[29] Ibid., 273.

[30] Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, 25.

Birth of the Clinic had little impact on the historians of medicine until the 1980s. Philipp Sarasin, in his study of nineteenth century discourse on the body, referred to the notion of discourse, elaborated by Foucault.[31] He showed people's obsession about health.[32] This issue of discourse, then, has been discussed widely in relation to medicine. The writings of Foucault have been applicable to political practice on such areas as medical power, scientific knowledge, and sexual revolutions; or political theory, for instance, on liberalism and neo-liberalism; or ethics on self-practice and rights of the governed.[33]

Foucault argues that the relationship of state and society altered in the eighteenth century. The state and the elites began to see the population as an essential field of practicing power.[34] The administrative techniques were transformed in the nineteenth century in such a way that they could respond to the needs and concerns of the epoch. The modern state began to deal with the productive capacity of the population.[35] This is why the well-being of the people became the concern of the state. Foucault explained this process with the concept of *governmentality*: the social questions became the operational area of the state.

The purpose of this new kind of government, explained by Foucault, was to create a new type of population. The method was to create or favor the institutions

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[31] See Philipp Sarasin, *Reizbare Maschinen. Eine Geschichte des Körpers, 1765-1914* (Frankfurt: Suhrkamp, 2001).

[32] Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," 225.

[33] Mitchell Dean, *Critical and Effective Histories: Foucault's Methods and Historical Sociology* (London and New York: Routledge, 1994), 178.

[34] Colin Gordon, "Governmental Rationality: an Introduction," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (The University of Chicago Press, 1991), 20.

[35] Nadir Özbek underlines that the main characteristic of the modern state is its capacity to intervene in the social sphere and to control it. This is at that point that regulating the population comes into scene: the will to increase the productive capacity. That is a difference from other types of states, which also apply control mechanisms. Nadir Özbek, "Osmanlı'dan Günümüze Türkiye'de Sosyal Devlet," *Toplum ve Bilim*, no. 92 (2002): 11.

that helped the stabilization of the population's well-being; and for this purpose, scientific knowledge and professional expertise were used, by which, it could be possible to create an *unseen gaze*.[36] The act of government, compared to sovereignty, has as its purpose the welfare of the population: It needed to increase wealth, health of the population. In that sense, the eighteenth century also saw the emergence of the political economy.[37]

Governmentality has a twofold meaning for Foucault:[38] First, the microphysics of power turns into a genealogy of governmentality, through political rationality, technologies of government, and the emergence of liberalism. Second, the history of sexuality turns into a genealogy of the *desiring subject*, through *ethical practice, techniques of the self, and aesthetics of existence*.[39] It is the *conduct of the conduct*, indicating the aim of governmentality of shaping the conduct of people. Government, in the meaning of *activity*, may deal with the relation between the self and the self, with interpersonal relationships and, finally, with relations on political sovereignty. In connection with governmentality, Foucault also uses the concepts of rationality *of government*[40] and *art of*

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[36] Colin Jones and Roy Porter, "Introduction," in *Reassessing Foucault : Power, Medicine and the Body* ed. Colin Jones and Roy Porter (London and New York: Routledge, 1998).

[37] Michel Foucault, "Governmentality," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (The University of Chicago Press, 1991), 99-101.

[38] Foucault himself explains the term by affirming that it has three meanings. One is "The ensemble formed by the institutions, procedures, analyses and reflections, the calculations and tactics that allow the exercise of this very specific albeit complex form of power, which has as its target population, as its essential technical means apparatuses of security." The second meaning of governmentality is "the tendency which, over a long period and throughout the West, has steadily led towards the pre-eminence over all forms (sovereignty, discipline, etc) of this type of power which may be termed government, resulting, on the other hand, in the formation of a whole series of specific governmental apparatuses, and, on the other, in the development of a whole complex of '*savoirs*.' The third meaning of the term was "The process, or rather the result of the process, through which the state of justice of the Middle Ages, transformed into the administrative state during the fifteenth and sixteenth centuries, gradually becomes 'governmentalized.*.'" Ibid. 103.*

[39] Foucault seeks to find the macro-level of state through the microphysics of power. Dean, *Critical and Effective Histories: Foucault's Methods and Historical Sociology*, 174.

government, which meant *a way of thinking about the practice of government*.[41] This was conjoint to the question of how to introduce economy.[42]

The construction of the social as a domain of scientific knowledge and technical intervention marked a revolution in the history of bodies in the West. The spaces of the social came, over time, to be crowded with the dangerous, injured, needy, diseased, and infertile bodies of women and men-bodies at times identified as 'at risk,' and at others as 'posing risks' to a more encompassing collectivity.[43] Here, governmentality became influential in differentiating the healthy from the unhealthy, according to the needs for the population. That differentiation designated *biopolitics*, with the requirement of the "social body" instead of the "individual body."

In this microphysics of power,[44] the indispensable concept is *biopolitics*. It designates a power that reaches and influences whole populations.[45] At that point, the concept of government becomes essential because it suggests two continuities: between the microphysics of power and the preoccupations of societies,

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[40] For Foucault, the emergence of modern Western political reason is identifiable with politic governmentality. With the appearance of the idea of *raison d'état* in the sixteenth century, for the first time in the West, it became possible to find a project to govern the state via rational principles. P. 122 Graham Burchell, "Peculiar Interests: Civil Society and Governing 'The System of Natural Liberty'," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (The University of Chicago Press, 1991), 14.

[41] Gordon, "Governmental Rationality: an Introduction," 2-3.

[42] Here, by economy, Foucault means the way of managing people, and wealth of a family, via the state. Foucault, "Governmentality," 32.

[43] David Horn, *Social Bodies: Science, Reproduction, and Italian Modernity* (Princeton University Press, 1994), 18.

[44] The term microphysics of power can be understood in Foucault's Discipline and Punish. He explains that microphysics exercised on the body through power operate through "dispositions, maneuvers, techniques" instead of appropriation. He asserts that power has the ability to exercise, rather than being possessed. He was already introducing the relationship between microphysics and macrophysics of power in the History of Sexuality, Volume I, through the term biopower. Biopower is the totality of the forms of power that are exercised on people, a politics that subjectifies people as members of a population. This relationship moves reproductive conduct from the field of the individual to that of national policy. Gordon, "Governmental Rationality: an Introduction," 5.

[45] Dean, *Critical and Effective Histories: Foucault's Methods and Historical Sociology*, 175.

populations; and between all of these and ethics. Hence, government has a threefold domain: the government of the self, the government of others and the government of the state.[46]

For Foucault, the body is an instrument of power; it constitutes a place for the investment of the power itself. The body is a medium that lets power operate on, and function through itself. Body is not outside of history, since the production of the body realizes *through and in history*. And for Foucault, bodies form fields *on* and *over* which discourses and knowledges were deployed, and truths were represented.[47] Indeed, as John Pickstone mentions, medicine is about power: that of physicians, of patients, of institutions, and of governments.[48]

In order to illustrate this idea of medicine –which seems to be synonymous with Western medicine-, we can look at these words about the relationship of medicine with colonialism:

> As the British were bringing ever larger portions of the Indian subcontinent under their military and political control during the eighteenth and nineteenth centuries, Western medicine began to play an increasingly central role in shaping the self-identity of British as well as other European societies. Heralded as an emblem of benevolence and civilization, medicine served a powerful function in legitimizing the colonizing process and facilitating imperial dominance over indigenous populations in cultural and social as well as scientific domains. As a knowledge system which increasingly claimed unique access to truth about the body, health and disease, Western medicine operated as a potent discursive and instrumental means by which Indian and other colonized populations were represented and defined- most often, of course, in negative terms. Colonial doctors typically depicted 'natives' as dirty, ignorant, and superstitious, thereby authorizing assumptions of racial and cultural superiority. Asian and African healing specialists – and the forms of medicine they practiced – began to be routinely denounced, viewed as barbaric and unscientific, while Western medical practice was presumed to rest on an enlightened and rational basis. Western

[46] Ibid., 176.

[47] Elizabeth Grosz, *Volatile Bodies: Toward a Corporeal Feminism* (Indiana University Press, 1994), 146-49.

[48] John Pickstone, "Medicine, Society, and the State," in *Cambridge Illustrated History of Medicine*, ed. Roy Porter (Cambridge University Press, 1996), 304.

> medicine thus helped to constitute fundamental aspects of European identity in the age of empire.[49]

As a result of the emergence of the social and scientific knowledge, that is, expertise, to intervene in the activities of people became possible. Thus, experts turned into a part of the social sphere. And by this way, for instance, teachers, or doctors, had been able to differentiate and classify individuals on their ability to conform to the *normal*. Georges Canguilhem writes that the condition of being healthy was not only being normal, but also normative; hence, the characteristic of health becomes the possibility of conforming to the norm.[50] Following Canguilhem, Foucault depicts the polarity of the normal and the pathological in *Madness and Civilisation*.[51] In *Birth of the Clinic*, Foucault emphasizes that medicine is no longer composed only of curing ills; it now needs the knowledge of a healthy man, that is, a model.[52]

On political anatomy, Foucault emphasizes the policy of coercion acting on the body. According to Foucault, political anatomy is indeed a *mechanics of power*, defining the relationship of the bodies, which means, the rights of one body over another one. In this way, he argues, discipline produces *subjected* and *docile* bodies. He adds that through discipline, the forces of the body increase in economic terms, and diminishes them in political terms. Thus, the body becomes economically fertile and politically obedient.[53] In relation to the docile character of the social body, we need to put physicians into a special place among the

[49] Maneesha Lal, "The Ignorance of Women Is the House of Illness: Gender, Nationalism, and Health Reform in Colonial North India," in *Medicine and Colonial Identity*, ed. Mary P. Sutphen and Bridie Andrews (Routledge, 2003), 14-15.

[50] Sinding, "The Power of Norms: Georges Canguilhem, Michel Foucault, and the History of Medicine," 264.

[51] Ibid., 268.

[52] Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, 34.

[53] Michel Foucault, *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1995), 138.

professional experts, since they have direct access to the human body. Through scientific power, it becomes possible to rank people, in the case of medicine, according to their health.[54] Thus, the patient becomes the object of medicine. Knowledge is turned into discourses and used on bodies as the representatives of the "truth" of their bodies and their pleasures. Normalization became an important instrument in drawing the lines of the social. This line, for medicine, is based on the criteria of "health." Being healthy became the norm of fitting the social body.

Foucault explains the relationship between the body and the gesture by affirming that discipline performs control over bodies through imposing not only certain gestures, but also the best gesture and its relation to the body. He thus explains that: "a well-disciplined body forms the operational context of the slightest gesture."[55] In the context of the social body, the healthy becomes the ideal and the normal. The implication of this situation is that the unhealthy needs to be fixed. Hence, the social body becomes the field and the object of the administrative techniques. Body is inevitably social, for this reason, the condition of the body; its distance to the *normal* is indeed a manifestation of the social codes: Body could be seen as a map showing the norms of the society.[56] Therefore, Foucault argues that health practice, that comprises everyday life, is indispensable for a reasonable discourse.[57]

If the body is the manifestation of the social codes, then it needs to be re-created: "If bodies are considered as objects, then it can be assumed that they are invented, created, and fabricated through the perception and reflection of the

[54] Ibid., 148.

[55] Ibid., 152.

[56] Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, 139.

[57] Michel Foucault, *The Care of the Self, History of Sexuality 3* (Penguin Books, 1990), 101.

system".[58] The creation of the body is in these conditions, inevitably suitable to the norms: "As the carriers of the system, the biological existence of the bodies is reflected in political existence."[59] Then, the body becomes politic. Body, as a political entity, thus needs the approval of the state. Grosz explains that there exists an inscription formed of pedagogical, juridical, medical and economic rules and practices of the social body, which constitute a social subject that could be deciphered, interpreted, and understood.[60] Horn writes that new preventive medicine, ornamented by specific techniques, including education and hygiene, medical and social investigations is political medicine. The targets of this medicine are defending new-born children, giving physical and hygienic education to young people, and preventing social diseases. Then, he continues his argument, writing that such efforts to defend the social body caused a redefinition of the individual-society relation.[61]

Disciplines try to control the body. The body in its physical form becomes the focus of health professionals in anatomical terms. This means that the body is shaped by scientific discourses. "As the welfare of society is a concern for the common good, bodies become the legitimating arena of the source of scientific power."[62] Furthermore, what is important is not only the biological codification, but also the moral one. Thus, the body serves to discipline people. The regulation of the social body is at the very end the result of the desire to increase the productive capacities of the individuals. The regulatory practices focus on such

[58] Armstrong, "Bodies of Knowledge/Knowledge of Bodies," 23.

[59] Foucault, *Discipline and Punish: The Birth of the Prison*, 142.

[60] Grosz, *Volatile Bodies: Toward a Corporeal Feminism*, 117.

[61] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 44.

[62] Laden Yurttagüler, "Social Policies on Female Body in Turkey in the 1930s" (M.A. Thesis, Bogazici University., 2004), 19.

areas as procreation, birth and death, the health condition, and life expectancy. Family is considered in these terms, the unit that not only produces future generations but also the existent ideology. Hence, children and mothers take on specific importance from the nineteenth century onwards: Family has been turned into a social object. Health and education, or health education for children and their mothers became the new regulatory area for the state. Foucault explains that *the medicalized family* is indeed a source of normalization. When a child is born, all power over its body is accorded to the medicalized family which is controlled by medical knowledge and techniques.[63] The family has also the quality of being model for constructing identities. The family, besides forming the *normal*, that is conforming to the norms, citizens, carries the duty of reproducing. Because women are the ones who are (re)productive, they are especially determined by their biological body.

In conclusion, Foucault removed medicine from being a totality of progressive scientific developments and turned it into a field over which social and political powers operate. Here, the terms governmentality, biopolitics, microphysics of power, social body and normalization became melted within each other to locate medicine in social and political spheres, pulling it out of pure scientific domain. The definition of the body within the domain of the social paved the way for a rewriting of the history of medicine, with social and political concerns.

[63] Michel Foucault, *Abnormal: Lectures at the Collège de France, 1974-1975* (New York: Picador, 2003), 254.

The Social History of Medicine

Henry E. Sigerist, who took the directorship of the Hopkins Institute of the History of Medicine in 1932 when the institute opened, was one of the people who initiated the social history of medicine. He defined a medical historian as "a physician trained in the research methods of history."[64] By the 1934-35 academic year, he worked on a curricular scheme that would give lectures in the fourth year on the social aspects of medicine.[65] His plan for a four-volume called the *Sociology of Medicine* was based on the following issues: medicine as a social science, health insurance, state medicine, problems of various countries.[66]

By the 1960s, a group of American medical historians, including Charles Rosenberg, David Rothman, Barbara Rosenkrantz, James Cassedy, Diana Long, John Blake, and Gerald Grob began their efforts to expand the studies of social history of medicine that had already begun by Henry Sigerist and Richard Shryock. Charles Rosenberg, for example, demanded a *new emphasis* on the history of medicine. That would be a shift from the life, ideas and the activities of the doctors to the social and cultural context through which socioeconomic factors affected and shaped medical developments.[67]

Conventional medical history, that finds its roots in the late eighteenth-early nineteenth centuries, was reshaped in the 1970s. By the early 1980s, this traditional medical history writing was condemned for having misrepresented the

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[64] Ronald L Numbers, "The History of American Medicine: A Field in Ferment," *Reviews in American History* 10, no. 4 (1982): 245.

[65] Elizabeth Fee and Theodore M. Brown, "Using Medical History to Shape a Profession: the Ideals of William Osler and Henry E. Sigerist," in *Locating Medical History: the Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 152.

[66] Ibid., 156.

[67] Numbers, "The History of American Medicine: A Field in Ferment," 258.

past. The characteristic of the shift to the new history of medicine has been in transition from physician-centered studies to a "more global perspective on the variety of sources of medical care available."[68] Then, a much broader approach to the history of medicine appeared. Preventive medicine became the *subject of professional claims* only in the mid-nineteenth century, when public health was divided from scientific medicine. The early twentieth-century witnessed an approach that led an investigation of health and welfare and the interwar studies on poverty and malnutrition prepared the understanding of the social aspects of medicine and public health.[69]

Yet, still in the early 1970s, medical historians came out of physicians before all else. This situation would change only in the late 1970s, related to the antiwar, civil rights and women's movements that would highlight politics in every issue, including history of medicine. This new generation of social historians of medicine was the students of older social historians. From then on, the history of medicine would take race, gender, class and politics into consideration.[70]

This shift from history written by physicians to the one written by historians has disturbed the older generation of historians of medicine, since the new generation has taken up on non-clinical issues. The dominance of non-physicians in medical history-writing and studies on social issues rather than on the internal developments of medicine has created reaction.[71] The editor of the

[68] Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," 218.

[69] Cherry, *Medical Services and the Hospitals in Britain, 1860-1939*, 3.

[70] Susan M. Reverby and David Rosner, ""Beyond the Great Doctors" Revisited: A Generation of the "New" Social History of Medicine," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 173.

[71] Numbers, "The History of American Medicine: A Field in Ferment," 251.

Journal of the History of Medicine was complaining about the writing of history of medicine without medicine.[72]

Since the 1970s, historians have been influenced by social movements in the health care of women, occupational health, health safety, AIDS, racial discrimination and disparities in health care.[73] Especially since the emergence of AIDS, epidemics have settled at the center of the social history of medicine.[74] "AIDS revived the historical study of stigma," affirms Dorothy Porter; and she further explains that AIDS has had a revivalist impact in historical studies, bolstered new questions and interests in historical inquiry, and expanded new debates on the concept of everydayness in terms of social construction.[75]

Another influence has come from theoretical work focusing on body and body politics. In Germany, what has initiated the efforts to a reconsideration of the social and political aspects of medicine has been the report of the journalist Ernst Klee, and the psychiatrist Klaus Dörner, a on the role of physicians during the Nazi period in the late 1960s.[76] The main part of social history was on the questions of power and inequality of chances. By inequality, what is meant is the access to medical care and health services, that is, to live healthily. When we come to the late 1990s and the 2000s, we see the idea that medicine *for a historian of the present* is necessarily social. Medicine is also an important tool to understanding

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[72] See Leonard Wilson, "Medical History Without Medicine," *Journal of the History of Medicine* 35 (1980).

[73] Reverby and Rosner, ""Beyond the Great Doctors" Revisited: A Generation of the "New" Social History of Medicine," 177.

[74] Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," 216.

[75] Porter, *Health, Civilisation and the State: A History of Public Health From Ancient to Modern Times*, 3.

[76] Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," 211.

questions about government, techniques of modernity and administrative knowledge.[77]

Based on these developments; gender, class and race became the leading criteria of history writing. Women health professionals became the actors of history, or criticism on the health care that women received came onto the agenda. Other issues related to gender were reproduction, scientific discourses and sexuality.[78] "Historians continued to provide," explain Reverby and Rosner, "more understanding of how gender and sex became biologized, under what conditions, and why."[79] Midwives, for instance, have been important in understanding power relations over gender.[80]

In addition to gender, class also became an important criterion of medical history writing. In the mid-1980s and 1990s, the health of industrial workers, such as coal miners, became the subject of study. Dorothy Porter summarizes the new history as an enquiry investigating different experiences of epidemics in terms of

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[77] Nikolas Rose, "Medicine, History and the Present," in *Reassessing Foucault: Power, Medicine and the Body*, ed. Colin Jones and Roy Porter (London and New York: Routledge, 1998), 54-55.

[78] "Women's bodies in their corporeal, scientifically accessible concreteness, in the very nature of their bones, nerves, and most important, reproductive organs came to bear an enormous new weight of cultural meaning in the Enlightenment," explains Thomas Laqueur. Thomas Laqueur, "Orgasm, Generation, and the Politics of Reproductive Biology," in The Making of the Modern Body: Sexuality and Society in the Nineteenth Century, ed. Catherine Gallagher and Thomas Laqueur (University of California Press, 1987), 18. Then, Londa Schiebinger investigates the reason behind the becoming of the comparative anatomy of man and woman in a research project for the medical professionals in the late eighteenth century. She explains that the reason behind this was the desire to find out the position of women in the European bourgeois society. She says that Rousseau's writings, like Emile, paved the way for an understanding that woman was man's complement instead of being his equal. Nevertheless, she adds, there were also opponents of Rousseau, like d'Alembert or Condorcet, explaining the inferiority of the intellectual achievement of women to their inferiority of education. For the ones who envisioned women's weakness a problem of nurture, she explains, social and educational reform was the most intelligible way of reaching social equality in terms of gender. Londa Schiebinger, "Skeletons in the Closet: The First Illustrations of the Female Skeleton in Eighteenth-Century Anatomy," in The Making of the Modern Body: Sexuality and Society in the Nineteenth Century, ed. Catherine Gallagher and Thomas Laqueur (University of California Press, 1987), 67-68.

[79] Reverby and Rosner, ""Beyond the Great Doctors" Revisited: A Generation of the "New" Social History of Medicine," 179.

[80] Dinges, "Social History of Medicine in Germany and France in the Late Twentieth Century: From the History of Medicine toward a History of Health," 222.

social classes, professionals, religious and scientific communities, and political states. The new social history of medicine centered on the idea of public health, expanded in the 1980s through regarding collective and individual social relations in response to epidemics.[81]

Race has been another important criterion, especially in American history writing.[82] Indeed, not only the people fitting these criteria, but also every kind of people have become the subject of history. Giovanna Procacci stresses that the insane, beggars, paupers, and criminals have been rediscovered. These were people that were on the margins of the population and reduced to sociological categories by the historiography of the working-class movement.[83]

The rise of social history of medicine did not mean the omitting of the role of science in medicine.[84] Instead, the study of the scientific development in medicine has altered and turned into a study based on the *cultural, social and economic roles of science* in medicine. For Warner, historians have begun to criticize the progressive envisioning of science within the profession of medicine and the reductionism within its epistemology.

"Mention of dissection," Roy Porter says, "is a further reminder of how the new history of medicine has been stimulated and strengthened by the development of body history, especially analysis of what might be called the people's two

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[81] Porter, *Health, Civilisation and the State: A History of Public Health From Ancient to Modern Times*, 2.

[82] Reverby and Rosner, ""Beyond the Great Doctors" Revisited: A Generation of the "New" Social History of Medicine," 178-85.

[83] Giovanna Procacci, "Social Economy and the Government of Poverty," in *The Foucault Effect: Studies in Governmentality*, ed. Graham Burchell, Colin Gordon, and Peter Miller (The University of Chicago Press, 1991), 152.

[84] Olga Amsterdamska and Anja Hiddinga, "Trading Zones or Citadels? Professionalization and Intellectual Change in the History of Medicine," in *Locating Medical History: the Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 238.

bodies, the physical and the cultural." This is the reflection of the new vision of body in medical history. This new vision of history was based on the history of *the death and the corpse*.[85] Foucault takes our attention to a trinity formed by life, disease and health.[86] On the issue of the study of body politics, Foucault recommends to see it as "a set of material elements and techniques that serve as weapons, relays, communication routes and supports for the power and knowledge relations that invest human bodies and subjugate them by turning them into objects of knowledge." [87]

In the matter of medicine as a medium of social control, Laura Engelstein gives this picture: "In the classic tradition of enlightened despotism and the domestic tradition of paternalistic rule, the Russian state had been quick to claim jurisdiction over the medical terrain." From the 1980s, the police opened medically approved brothels in the French model.[88] This was another way to organize the reproductive activities of the citizens, like the case of the propaganda of bearing children. In the tradition of the intelligentsia of the 1980s, physicians located themselves at the center of a mission to reach people through the weapon of the Enlightenment, "not compulsion, which they identified with the repressive state."[89]

"Physicians of the Third Republic," Ellis says, "sometimes claimed that medicine had endowed them with a neutral perspective on human affairs. As with

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[85] Roy Porter, "The Historiography of Medicine in the United Kingdom," in *Locating Medical History: The Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 202.

[86] Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, 144.

[87] Foucault, *Discipline and Punish: The Birth of the Prison*, 28.

[88] Laura Engelstein, "Morality and the Wooden Spoon: Russian Doctors View Syphilis, Social Class, and Sexual Behavior, 1890-1905," in *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*, ed. Catherine Callagher and Thomas Laqueur (University of California Press, 1987), 189.

[89] Ibid., 192.

other professional men, however, their beliefs reflected the values and assumptions of their own milieu and social class, and nowhere was this more evident than among those who succeeded in politics."[90] Indeed, that was valid for mostly all European countries. Medical institutions are related closely to politics. In eighteenth century Europe, most medical institutions that were regulated by colleges or corporations were replaced by direct state control. By 1900, most European countries were subsidizing the educations of physicians.[91]

Fee describes the widening of the boundaries of history of medicine and public health in these words:

> When the history of public health is seen as a history of how populations experience health and illness, how social, economic and political systems structure the possibilities for healthy and unhealthy lives, how societies create the preconditions for the production and transmission of disease, and how people, both as individuals and as social groups, attempt to promote their health or avoid illness, we find that public health history is not limited to the study of bureaucratic structures and institutions but pervades every aspect of social and cultural life. [92]

The last years have seen a challenge of social history of medicine from the side of cultural history. Cultural historians also have been educated by the earlier generation of social historians. Mary Fissell mentions that "cultural history has been especially significant to two areas of the history of medicine: the sociology of disease and the history of the body."[93] Charles Rosenberg's book, Framing Disease, is, according to Fissell, a response to the social constructionist view of medicine. In its stead, Fissell proposes a cultural model by refuting the idea of social construction

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[90] J. D. Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914* (Cambridge University Press, 1990), 19.

[91] Pickstone, "Medicine, Society, and the State," 306.

[92] Fee, "Public Health, Past and Present: a Shared Social Vision," xxxviii.

[93] Mary E. Fissell, "Making Meaning From the Margins: the New Cultural History of Medicine," in *Locating Medical History: the Stories and Their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore and London: The Johns Hopkins University Press, 2004), 369.

based on the idea that it is a tautology, since "every aspect of medicine's history is necessarily 'social.'"[94]

When we look at the specific case of tuberculosis, we see that in the last ten-fifteen years, tuberculosis began to occupy an important place in history writing of medicine with the revival of the threat around the globe. A remembering process began after the common neglect in the late 1970s due to the idea that mycobacterium tuberculosis was defeated forever. Nevertheless, with the appearance of the drug-resistant tuberculosis, the corrosive effects of the disease and the combating process began to be highlighted once again.[95]

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[94] Charles Rosenberg, quoted by Ibid., 370.

[95] Barbara Bates explains that in Europe, the understanding of tuberculosis varied between 1876-1938. The physicians in the 1870s thought of tuberculosis as the result of bad environment and improper living. What they did was to treat the patients' bodies with better habits, nutrition, and change of environment...etc. However, in the late 1930s, the physicians understood that it was contagious, preventable, and in most cases curable. Thus, sanatorium treatment became prominent. Her argument is that the shift of the place of the treatment of the patients from houses to institutions depended on income and race. She discusses the private sanatoriums, which were no longer existent in the 1930s because of the Depression. The institutionalization changed also the caretakers: family members were replaced by the professionals: clergymen, physicians and nurses. The payment of the care also varied: from individuals and their families to first charities, and then to state and local governments. The book is an understanding of doctor-patient relationship as a struggle for power, status and material and spiritual rewards. Barbara Bates, Bargaining for Life: A Social History of Tuberculosis, 1876-1938 (University of Pennsylvania Press, 1992). *The Epidemic Streets* by Anne Hardy concentrates on preventive medicine between 1856-1900. Each chapter of the book is devoted to one infectious disease like diphtheria, smallpox, typhoid. One chapter talks about tuberculosis. Her approach is that it is difficult to generalize these diseases. This is a social history of late-nineteenth century preventive medicine in England, which is about isolation of hospitals, disinfection, and health visiting and nursing. She mentions that with fever and cholera, some streets have been considered to be associated with the disease outbreaks. And it was that period that public-health reform and the science of epidemiology developed. Her problematic is to understand the demographic transformation. She explains that most existing accounts of the nineteenth-century's response about the issue focus on sanitary reform, on the struggles to achieve clean water and air, effective sewage disposal, but not much the epidemiology or public-health administration. She says that her aim is to redress the balance between them. In the chapter of tuberculosis, she argues that this disease is closely related to poverty and overcrowding. She dates the beginning of the public health movement's beginning in terms of tuberculosis to around 1880, with Koch's discovery of the bacillus. The turning point for the acceptance of tuberculosis prevention was with the foundation of the National Association for the Prevention of Tuberculosis in 1898. Anne Hardy, The Epidemic Streets: Infectious Disease and the Rise of Preventive Medicine, 1856-1900 (Oxford University Press, 1993). Aisenberg argues that contagion figured late nineteenth century social thought and policy. His emphasis is on the disease as a social question in France. He looks at the "connections between science and the government regulation of the social through the presence of the working-class dwelling in the attempts to explain and regulate contagious disease." (p.11) His study is attempting to demonstrate how definitions of morality in terms of sexual difference were constituted through science. The book also offers an understanding of the discursive part as a social regulation of contagion. Andrew Robert Aisenberg,

As seen from these examples, there is important literature in especially Europe that started to concentrate on disease and on public health as a social problem. Contagious diseases, including tuberculosis, are seen as especially class-dependent and they are related both to poverty and to surveillance. Thus medicine, and more generally science, is considered to be a political phenomenon in this later literature.

History of Medicine in the Republican Turkey

After the University Reform that took place in 1933 in İstanbul University, the chairs of History of Medicine and Deontology, which formed the History of Medicine Institute, were founded under the presidency of Süheyl Ünver. The library of this Institute was composed of books on classical general history of medicine published in European countries, translations of ancient medical works, works on Islamic-Turkic medicine, book written by professors of the School of Medicine (*Mekteb-i Tıbbiye*), all publication of the Ministry of Health and Social Assistance, medical laws and regulations, biographies, encyclopedias, and ancient handwritten Turkish medical works. The Institute published a quarterly journal called *Türk Tıp Tarihi Arkivi*. Besides this institute, in 1939 the Turkish Society of Medical History (*Türk Tıp Tarihi Kurumu*) was founded.[96]

At the foundation of the Turkish Society of Medical History, the 11th International Congress of Medical History, which took place in Yugoslavia in

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Contagion: Disease, Government, and the "Social Question" in Nineteenth-Century France (Stanford University Press, 1999).

[96] Osman Ergin, *İstanbul Tıp Mektepleri, Enstitüleri ve Cemiyetleri* (İstanbul: Osmanbey Matbaası: İstanbul Üniversitesi Tıb Tarihi Enstitüsü, 1940), 73-74.

September the 1st, 1938, and which was attended form Turkey by Süheyl Ünver, the representative of Turkey since 1932, and Nurettin Ali Berkol, the Dean of the Faculty of Medicine, was effective. At this congress, the Turkish committee was formed by these members: Süheyl Ünver, Feridun Nafiz Uzluk, Saim Erkun, Metine Berger, Ruscuklu Hakkı Uzel, Fuat Kamil Beksan, Besim Ömer Akalın, and Osman Şevki Uludağ. On the return to Turkey, he assembled the Turkish committee at the Institute of Turkish Medical History (*Türk Tıp Tarihi Enstitüsü)*. Besim Ömer Akalın, Akil Muhtar Özden, Ruscuklu Hakkı Üzel, Fuat Kamil Beksan, Süheyl Ünver, Feridun Nafiz Uzluk, Metine Berger and İhsan Ünal, the assistant of the Institute, attended the assembly. The date of the congress was registered as 10 June 1938. After an election, Besim Ömer Akalın was registered as the president, and Akil Muhtar Özden as the vice-president of the Institute. The official date of foundation of the society was 10 January 1940.[97]

Turkish medical history writing, since the foundations of the Turkish Society of Medical History and the Institute of Turkish Medical History (*Türk Tıp Tarihi Enstitüsü*), was a reflection of the ideology of the regime, which targeted the exaltation of the ancient Turkic culture in opposition to the Ottoman medical activities. The books published by the Institute, written by its illustrious members such as Süheyl Ünver -who has also been its director-, had titles like *Turkish Medical World* ...etc. This kind of cultural orientation survives today, which can be seen in several books on medicine.

97 Ekrem Kadri Unat, "Türk Tıp Tarihi Kurumu'nun İlk Elli Yılının Tarihçesi," in II. Türk Tıp Tarihi Kongresi, İstanbul, 20-21 Eylül 1990, Kongreye Sunulan Bildiriler (Ankara: Türk Tarih Kurumu, 1999), 1-30. The list of the presidents of the Turkish Society of Medical History are as follows: Besim Ömer Akalın (1938-1940), Akil Muhtar Özden (1940-1949),Rıza Tahsin Gencer (1949-1950), Cemil Topuzlu (1950-1956), Kazım İsmail Gürkan (1956-1972), A. Süheyl Ünver (1972-1977), Feridun Frik (1977-1984), Ekrem Kadri Unat (1984-1990), Hüsrev Hatemi (1990-2000), Nil Sarı (2000-....). Available [online] in http://www.ctf.edu.tr/ctfdeont/turktiptarihikurumu.htm

The recognition of Turkic medical culture as a preliminary part of today's medicine can also be seen in the speech given by Hüsrev Hatemi at the opening of the 3rd Congress of Turkish Medicine organized by Cerrahpaşa Faculty of Medicine Department of Deontology and History of Medicine (*Cerrahpaşa Tıp Fakültesi Deontoloji ve Tıp Tarihi Anabilim Dalı*) and the Turkish Historical Society (*Türk Tarih Kurumu*), with several references to pre-Anatolian times:

> Anatolian Turks learned a medicine which can be considered as the basis of today's medicine. The Seldjukid medicine was no different than the medicine applied and thought in the West at that period. . . But after the 16th century, medicine would show great improvement in Western countries while ours would stay immobile due to the scholastic training...[98]

Nil Sarı, another speaker of the 3rd Congress of Turkish Medicine and the present director of Cerrahpaşa Faculty of Medicine Department of Deontology and History of Medicine, explains that when the Institute of History of Medicine was founded by Süheyl Ünver in 1933, medicine was seen as subject to private interest. Since that time, understanding about medicine shifted to being a research, training and publishing area. She argues that the undergraduate education of the prospective historians of medicine is deficient, and that is why they need to pass a special training during Ph.D. period.[99] She does not argue explicitly that historians of medicine need to be medical doctors, but it can be understood that her understanding reminds of the article "Medical History without Medicine." Her vision of medical history as a tool for giving physician ethical guidelines can strengthen this conjecture:

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[98] "*Anadolu Türkleri şimdiki tıbbın da atası sayılan bir tıp öğreniyor ve uyguluyorlardı. O devrin Batı ülkelerinde öğretilen ve uygulanan tıp bilimi ile Selçuklu tıbbı arasında bir fark yoktu. . .Ancak XVI. Yüzyıldan sonra Batı ülkelerinde tıp hızlı bir gelişme gösterecek, bizde ise skolastik bir öğretimin sonucu geri kalacaktır*." My translation. Hüsrev Hatemi, "Türk Tıp Tarihi ile Türk Kültür Tarihi İlişkileri (III. Ulusal Tıp Tarihi Kongresi Açış Konuşması)," in *III. Türk Tıp Tarihi Kongresi, İstanbul, 20-23 Eylül 1993, Kongreye Sunulan Bildiriler* (Ankara: Türk Tarih Kurumu, 1999), 3.

[99] Nil Sarı, "Prof. Dr. Nil Sarı'nın Açış Konuşması," in *III. Türk Tıp Tarihi Kongresi, İstanbul, 20-23 Eylül 1993: Kongreye Sunulan Bildiriler* (Ankara: Türk Tarih Kurumu, 1999), 5.

> Although their methods are different, both medical history and bioethics are related to philosophy. Medical history belongs to the "history of science," which is a branch of philosophy; medical ethics belong to "moral philosophy," another branch of philosophy. However, taking their "utility" into consideration, both of them are present in where they belong in Turkey: under the body of the Faculty of Medicine. The value of this application is great because education and training are intended directly for the masses that are related to the subject. A student of medicine will make use of medical ethics in solving moral problems and orienting his acts in clinical applications. The same student also will be inspired from the professional experiences by observing the developments, mistakes and mental evolution in science and in various societies in both world and the Turkish history of medicine, he will even take lessons; if we give a good lesson, he will gain scientific approach and vision, orient towards research; by taking example from famous physicians he will try to be a successful physician instead of earning easy money, and he will develop a love for nation-country.[100]

Ayşegül Demirhan Erdemir, the president of the Uludağ University Faculty of Medicine Department of Medical History and Deontology, highlights the importance of the history of medicine for the physicians: "Maybe the most valid reason to examine the history of medicine is to understand medicine itself, medical methods and medical organization."[101] However, she still admits that medical history is a

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[100] *"Yöntemleri farklı olmakla beraber, gerek tıp tarihi, gerekse bioetik, her ikisi de felsefe ile ilişkilidir. Tıp tarihi, felsefe bölümünün bir dalı olan "bilimler tarihi"nin; tıp etiği ise yine felsefenin bir diğer dalı olan "ahlak felsefesi"nin içinde yer alır. Ancak, Türkiye'de her ikisi de, sağladıkları "yarar" açısından düşünülürse, olması gerektiği yerde, yani Tıp Fakültelerinin bünyesinde bulunmaktadır. Bu uygulamanın değeri büyüktür, çünkü eğitim ve öğretim doğrudan doğruya konu ile ilgili topluluklara yöneliktir. Öyle ki, tıp öğrencisi ilerde klinik uygulamalarında karşılaşacağı ahlak sorunlarını çözmede ve davranışlarını yönlendirmede tıp etiğinden nasıl yararlanacak ise, yine aynı öğrenci gerek dünya, gerekse Türk tıp tarihi boyunca bilimde ve çeşitli toplumlarda sağlanan gelişmeleri, yapılan hataları, düşüncedeki evrimi izleyerek, mesleğinde edinilmiş tecrübelerden esinlenecek, hatta ders alacak; eğer iyi bir ders vermiş isek, olay ve olgular karşısında bilimci bir yaklaşım ve bakış açısı kazanacak, araştırmaya yönelecek; ünlü hekimlere özenerek, köşe dönen hekim yerine görevini yerine getiren başarılı bir hekim olmaya çaba gösterecek ve millet-yurt sevgisi gelişecektir.*" My translation. Ibid., 5-6.

[101] "*Tıp tarihini incelemenin belki de en geçerli nedeni, tıbbın kendini anlamak, tıp tekniklerini, tıp organizasyonunu kavramaktır."* My translation. Ayşegül Demirhan Erdemir, "Tıp Tarihi ve Deontoloji Anabilim Dalının Tıp Bilimleri İçindeki Yeri, Geleceğe Yönelik Özellikleri ve Bazı

multidimensional study which needs to be done by taking cultural, economic and social factors into consideration.[102]

In addition to the early examples of conventional history of medicine, the new social history of medicine began to be written in Turkey within the spreading Deontology and History of Medicine Departments in Faculties of Medicine.[103] Additionally, some theses written in social sciences departments try to fill the gap present in social sciences in terms of medical history.[104] This thesis seeks to be a part of these.

Conclusion

If we consider the health problems of our era, in which every year another contagious disease appears, and we keep in mind the destructive impact of AIDS, which both has opened new questions and debates on health access, social discrimination and social policies, and which has caused an increase in the maleficent effects of other diseases, understanding the rise in the interest in the

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Orijinal Sonuçlar," in *II. Türk Tıp Tarihi Kongresi, İstanbul, 20-21 Eylül 1990, Kongreye Sunulan Bildiriler* (Ankara: Türk Tarih Kurumu, 1999), 54.

[102] Ibid., 55-56.

[103] Selected bibliographies are published after a symposium in İstanbul University. These bibliographies can be foun in Feza Günergun, ed., *Türkiye'de Bilim, Teknoloji ve Tıp Tarihi Çalışmaları (1973-1998)* (Ankara: İstanbul Üniversitesi, 2000).

[104] For instance, İbrahim Halil Kalkan wrote an M.A. thesis on the medicine in late Ottoman period. In his words, it "studies medicine as political phenomena through its three aspects: public hygiene within the urban space, syphilis and forensics, in the late Ottoman Empire. As a result of the conception of medicine as political, this study deals with the issue within the framework of relations of power and domination. Thus, it focuses on acts of different social and historical actors determined by the strategic positions of each within the social hierarchy. Within this framework, this study analyses the policies in the medical realm from the standpoint of social stratification." İbrahim Halil Kalkan, "Medicine and Politics in the Late Ottoman Empire (1876-1909)" (M.A. Thesis, Bogazici University, 2004). Another thesis about public health is Kathryn Kranzler, "Health Services in the Late Ottoman Empire (1827-1914)" (M.A. Thesis, Bogazici University Institute for Graduate Studies in Social Sciences, 1991).

history of medicine is easier. Medicine is no longer related to the limited environment of health professionals. From then on, it becomes a field of interest for all aspects of society, since the political aspect of *disease* and *health* has been rediscovered. That is why the social history of medicine has begun to occupy an important place among several sub-fields of history.

In this chapter, the transition from a traditional history writing of medicine to a social history of medicine in the light of the impact of Foucault and the social movements that took place immediately before the 1980s in Europe and the USA were summarized. The emphasis was on the impact of the rise of the modern medicine with the rise of modern state on history writing, and its turn on the understanding of public health. In the rise of the social history of medicine, the writings of Foucault have been decisive. Foucault put forth the concepts of bio-politics within the microphysics of power, which paved the way for a social and political understanding of medicine.

The next part of the chapter summarized the social history of medicine, which was fed by not only Foucault, but also from libertarian movements in the 1970s, and which developed with the 1980s from a criticism of segregation, social inequalities and power relations. Henceforth, the history of medicine has been located within the social field, although the controversial writings of cultural historians, on which this chapter also touches.

In the final place, the chapter summarized the appearance of the history of medicine in the Republican Turkey. The development was similar to that of many parts of the world; marking a transition from a conventional progressive medical history written by and for physicians to a social history of medicine emphasizing the social and political aspects of medical developments.

CHAPTER TWO

THE POPULATION PROBLEM IN INTER-WAR TURKEY AND PUBLIC HEALTH POLICIES

The citizens of Turkey experienced war conditions for almost a decade, beginning with the Balkan Wars, and finishing only in 1923. After that experience, the 1920s and the 1930s saw the construction of a new regime. The leaders of this new regime and the early Republican elite conceived a project that was based on the creation of a new generation under a new state. In order to achieve this goal, a twofold ideology was used, the complementary branches of which were nationalism and modernism. The objective behind using the nationalist discourse was to unify the people, while the modernist one triggered a heterogeneous type of development.

In the Republican period, the nation-building process was not independent from positivistic and modernist discourses. The legitimization of the nation-state lay in its concentrating the decision-making of the everyday practices of the population. Until the 1950s, almost in every field, the influences of French

positivism could be seen.[105] In this modernization process, new sciences working on the social level reconstructed such a phenomena as crime, poverty, and fertility. Furthermore, they reconstituted society as a whole as the object of scientific knowledge. The bodies of the citizens, women and individuals such as criminals were made into social bodies.[106]

The implication of these two discourses was the understanding of the body as a social entity. If we describe the concept of social state as the intervention of the state in the social sphere, then we can investigate the social policies of the Ottoman and the Turkish states. Indeed, the Ottoman state was, contrary to the Orientalist assumption that the social state was a peculiarity of the West, a social state with the development of public health, policies on the poor, the protection of farmers against natural and other dangers, and so on, on the state agenda. This interest continued into the Republican period, as well; but this time in line with the desire to construct a nation. Hence, it would be more beneficial to think of the development of social policy in Turkey starting from the developments in the Ottoman Empire.[107]

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[105] Doğan Özlem, "Türkiye'de Pozitivizm ve Siyaset," in *Modern Türkiye'de Siyasi Düşünce: Modernleşme ve Batıcılık*, ed. Uygur Kocabaşoğlu, *Modern Türkiye'de Siyasi Düşünce* (İstanbul: İletişim Yayınları, 2002), 460.

[106] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 18. Several theses have been written in the body of the Boğaziçi University, the Atatürk Institute for the Modern Turkish History in the last years. Some examples are Yurttagüler, "Social Policies on Female Body in Turkey in the 1930s"., Kalkan, "Medicine and Politics in the Late Ottoman Empire (1876-1909)"., Yiğit Akın, "Not Just a Game: Sports and Physical Education in the Early Republican Turkey (1923-1951)" (M.A. Thesis, Boğaziçi University Atatürk Institute for Modern Turkish History, 2003)., Özge Ertem, "The Republic's Children and Their Burdens in 1930s and 1940s Turkey: The Idealized Middle-Class Children as the Future of the Nation and the Image of "Poor" Children in Children's Periodicals" (M.A. Thesis, Boğaziçi University Atatürk Institute for Modern Turkish History, 2005)., Pınar Öztamur, "Defining A Population: Women And Children In Early Republican Turkey, 1923-1950" (M.A. Thesis, Boğaziçi University Atatürk Institute for Modern Turkish History, 2004)., Cenk Palaz, "State and Body: The Treatment of Physical Education During the Single-Party Period as a Case Study in Political Socialization" (M.A. Thesis, Boğaziçi University Atatürk Institute for Modern Turkish History, 2004).

[107] Özbek, *Osmanlı İmparatorluğu'nda Sosyal Devlet: Siyaset, İktidar, Meşruiyet*.

At the time of Abdülhamit II, social policies were described as part of the paternalist discourse, which was centered on the beneficiary acts of the sultan. In the time of the Constitutional Monarchy, the social welfare system was equated with services on the basis of citizenship, the French system being the best example of that. But with the Balkan Wars and World War I, the continuation of this policy of welfare state became impossible. The state was forced to apply a war economy, which led to the rise of voluntary societies of assistance like the Red Crescent Society (*Hilal-i Ahmer Cemiyeti*), which acted under the control of the Ministries of War or Navy (*Harbiye Nezareti* or *Bahriye Nezareti*). The applications of social policy in this period were composed of the struggle against epidemics, preventive health policies for primarily the army, and secondarily civil people, and the care of war orphans. The background of these policies was the will to unify the people under national social solidarity with the integrity of the state-nation-army.[108]

The interwar period saw an increase in interest in population policies, since the Anatolian population suffered an important number of deaths. For this reason, a belief that the power of the nation depended on the quantity and reproductive capacity of the population settled. In the effort to defend the decrease in the capacity and quantity of the population, the pioneers had been the Red Crescent Society and the Ministry of Health and Social Assistance (*Sıhhat ve İctimai Muavenet Vekaleti*). In this period, the state proved unable to organize social policies, but they were concentrated around semi-official organizations.[109] Social policies were gathered under state organization only after 1945.

[108] Ibid.

[109] Nadir Özbek, "Philanthropic Activity, Ottoman Patriotism, and the Hamidian Regime, 1876-1909," *International Journal of Middle East Studies* 37 (2005): 3.

In this perspective of the state's limited capacity to reach the ideal capacity of the population and its rendering that duty to semi-official associations by giving subsidies, this chapter explores the idealization of everydayness in terms of sanitary practices, together with the formation of the social state in Turkey in terms of sanitary practices. These were accomplished through legal proceedings, reconstructing sanitary institutions, and public discourse.

The first part of the chapter deals with the demographics of the post-World War I period. These include the human losses during wartime and the necessity of filling this demographic gap. The situation in the earliest years of the Republic created anxiety in terms of demographic structure. The state intervened in either direct or indirect ways to increase the number of people. That intervention was related to the formation of the nation-state process of Turkey. A high number of people would constitute manpower for both the army and economy. Hence, the problem needed to be underlined every occasion, so that everybody became aware of it. In line with this idea, not only were the direct accomplishments of the state influential, but also those of the publications of the intelligentsia, of the press media and the articles of physicians.

The second part of the chapter describes the public health policies of the early Republican period, in line with the population problem. The understanding of public health in Turkish history began in the Ottoman period. This development occurred through the formation of new institutions, with the orientation towards scientific Westernization, in an understanding of modern positivist medicine. The Republic transformed this modernist project into a modernist-nationalist one. With this vision, this part of the chapter summarizes the formation of the health organization of the Republic through such mechanisms as laws, institutions,

medical staff, medical congresses, and sanitary propaganda. Finally, the chapter touches on the identity formation of woman as the fertile mothers of the nation, and of physicians as the teachers of the common people.

Turkey after the War: "Population Problem"

The post-National Struggle conditions are the most important criteria in understanding the population problem in Turkey. During the war years, men died at the front or returned home infected with tuberculosis, typhus or syphilis.[110] This was not specific to World War I. During World War II, many man and woman overworked in industries because of the need to accomplish certain duties in a limited time, created the result that some social strata experienced social abjection, which resulted in the lack of healthy conditions of living, and hence, the spread of tuberculosis.[111] The disease was more widespread especially among women, farmers and workers.[112]

Shorter describes the situation in Anatolia during wartime by affirming that at the end of the National Struggle, "people could hardly have imagined the long era of peace and national development that was to follow."[113] He underlines that these people had been struggling for more that a decade in order to survive against the odds of war, epidemics, and deprivation of basic needs. The remnants of this

[110] Mazhar Osman, "Cümhuriyetin Sıhhat Siyaseti," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933), 37.

[111] Orhan Zihni Sanus, "Veremin Türkiye'deki Yayılışında Hangi Hayat Şartlarının Müessir Olduğunu Araştırmalı," in *On Birinci Milli Türk Tıp Tarihi Kongresi 16-19 Ekim 1950, Ankara, Verem Epidemiyolojisi*, ed. Nusret Karasu, Orhan Sanus, and Yakub Çelebi (İstanbul: Kadir Basımevi, 1950), 3.

[112] Ibid., 5.

[113] Frederic C. Shorter, "The Population of Turkey After the War of Independence," *International Journal of Middle East Studies* 17 (1985): 417.

decade were loss of life or permanent disability for many families. The experience of World War I caused a reconsideration of the understanding of health in "modern" states. That understanding was based on the guarantee of national existence (*milli varlık*). That is why, in the Turkish case, as in certain European cases, the state undertook the mission of carrying out health.[114]

The importance given by the regime to the question of population after World War I increased.[115] Horn explains that especially after World War I, European nationalists posed the question with a new urgency. He says that "in Italy the war had claimed 300,000 lives and a flu epidemic in the summer of 1918 another 600,000 (Mariani)." Furthermore, despite the lack of an actual decrease in population, Europeans witnessed that the rates of increase were falling. Nevertheless, the "social technicians" were trying not only to replace war losses, but also to improve health conditions.[116] The first census of the Republic was conducted in 1927. The results indicated 13,648,000 people. The second one was undertaken in 1935 and showed 16,158,000 people, which meant a growth rate of 2, 1 percent per year.[117] The population censuses can be seen in the table below:

[114] Zeki Ragıp Yalım, *Milli Varlık Bakımından Sağlık CHP Konferanslar Serisi Kitap 13* (Ankara: 1940), 65.

[115] Zeki Nasır, "Nüfus İşinin Tetkiki," *Ülkü* 1, no. 5 (1933): 414.

[116] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 57.

[117] Shorter, "The Population of Turkey After the War of Independence."

Table 1. Population of Turkey according to the cencuses conducted between 1927 and 1997

Census dates	Population in census years	Population density
28.10.1927	13, 648, 270	18
20.10.1935	16, 158, 018	21
20.10.1940	17, 820, 950	23
21.10.1945	18, 790, 174	24
22.10.1950	20, 947, 188	27
23.10.1955	24, 064, 763	31
23.10.1960	27, 754, 820	36
24.10.1965	31, 391, 421	41
25.10.1970	35, 605, 176	46
26.10.1975	40, 347, 719	52
12.10.1980	44, 736, 957	58
20.10.1985	50, 664, 458	65
21.10.1990	56, 473, 035	73
30.11.1997	62, 865, 574	81

Source: DIE

The situation in Turkey after the War of Independence was alarming. Besides malaria, trachoma and tuberculosis that spread easily because of the economic trauma due to war conditions, venereal diseases, and necatoriasis that spread on the Black Sea shores harmed the health of the people and created a great "deficit" in the assurance of the next Turkish generation.[118] Of the 13 million populations after the National Struggle, 250,000 of them were ortopedically handicapped. There were about 1 million tuberculosis patients. Additionally, 250,000 people were suffering from syphilis, and another 250,000 from trachoma.[119]

The period in question, that is, the 1920s-1930s, marked the end to the enduring years of war, and the situation after the war was precarious, as explained above. As a result of the wars, Turkey faced shortages not only in economic, but also in demographic terms. The population and geography of the country had altered totally. The Republic had to deal with entanglements stemming from the Ottoman Empire. Understanding the atmosphere of the 1930s depends on examining not only the internal conditions, but also the external ones. The elites of the early Republican years were trying to put the country within an ideological and demographic framework.

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[118] "Türk *nesilin sağlık ve ekonomik verimini büyük bir şiddetle tehdit eden tehlikeler halindeyd*i." *C.H.P. : 25 yıl*, (Ankara: Ulus Basımevi, 1948), 57.

[119] Esin Kahya and Ayşegül Demirhan Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları* (Ankara: Türkiye Diyanet Vakfı Yayınları, 2000), 322. According to *Sıhhiye Mecmuası*, 325,000 people were dead and 400,000 were injured during the World War I, which made 34.2 percent of the population. The journal declares that this data was taken from the almanac called "The World." "Harbi Umumide İnsan Zayihatı 1914-1918," *Sıhhiye Mecmuası* 5, no. 26-28 (1929).

The social problems of 1930s' Turkey were tuberculosis, the treatment of the sick and elderly, poverty, public health, widows and children. "Population, with its reproductive potential against attacks on the development of the country and as a guarantee on the defense of the motherland, became a crucial subject for the transformation of the society. The political, economic and moral power of the nation depended on its demographic power."[120]

In response to these demographic problems, an understanding that population needed to be increased appeared. This necessity had two basic dimensions, which were linked to the formation of a new nation-state. First, loss of lives meant loss of manpower. That would create an obstacle to the formation and rise of a national economy. Second, an insufficient population would create a shortage in the military. Already, the male population has decreased during the wars. Also, child death rates were worrisome. The feeling of insecurity induced a call for many soldiers for the national defense. This meant a need to an increase in population.

The journals or newspapers of the early Republican era also warned off the necessity to defend themselves against the potential danger of attack by neighbouring countries. İsmet Paşa explained that the Turkish Revolution had been indeed a Turkish National Struggle. His vision of life is that while it should be maintained, it also should be sacrificed for society. But, the main emphasis was on the maintenance of life, for its potential capacity to assure the maintenance of the breed and nation.[121]

Demographic issues were seen as a part of the national wealth. Population was, in the 1930s, not only a demographic, but also a social issue. The human was

[120] Yurttagüler, "Social Policies on Female Body in Turkey in the 1930s", 50.

[121] "İnkılap Kürsüsünde İsmet Paşanın Dersi," *Ülkü* 3, no. 14 (1934): 85.

the agency of both defense and industrialization. Thus, population was such an important issue, it needed to be managed in the context of post-war conditions, in which the adult population was in shortage. This situation was not unique to Turkey. Some European countries were trying to solve the population issue as well. The problems of population and eugenics were prominent in discussions. In that sense, the First International Conference of Eugenics was gathered in London in 1912. At that conference, Giuseppe Mortara warned people against depopulation. Another important meeting was the world Population Conference held in Geneva in 1927. This conference showed the expectations of parallelism of science and "arts of government."[122]

The main issue was to increase manpower. For the present and the future of the country, more population was required and demanded. For the survival of the newborns, increasing the efficiency of producers, that principle was essential.[123] This way, the issue of population became a matter of social policy. At the center of this system, there was the state as a controller. Population, taken as an issue that reflects fertility and high birth rate, is thus turned into a medium of social phenomenon. Productive activities turn into a subfield of state administration.[124] Reproduction and procreation become proof of good citizenship, a guarantee of a new generation and an increased population. The health level of the population is a second guarantee of the coming of the next generation.

In brief, population was considered to be an important source of power in the first years of the Republic, for both war and peace, and for the formation of the army and of the economy. The need for population was indeed important for

[122] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 50.

[123] Cezmi Türk, "Sıhhi Devletçilik," *Yeni Türk*, no. 38 (1936): 75.

[124] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 49.

economic reasons. The empty lands needed to be filled by immigrants. In addition, the birth rate needed to be increased. In 1933, Mazhar Osman wrote that even for just ten years' peace, the population of Turkey had increased remarkably.[125] Nami of Salonica said: "Health policy is undoubtedly the leading point of our country. Life constitutes a number that possesses great value for our country: Indeed, the guardian of these lives that are more than one, reaching thousands and hundreds of thousands is the army of health professionals."[126]

Mazhar Osman wrote that the republican government differed from the earlier authorities in the care it gave to demographic issues. The first principle of the party program was to ensure that people lived peacefully, and hence increase the population (since losses of life are avoided through avoiding any war) and work for its economic development. He asserts that a population which lives in peace increase, and its wealth, instead of ruining, becomes greater.[127] He then wrote about the foundation of the Ministry of Health and Social Assistance and stressed that the authority in health issues was handed to health professionals.[128]

Nationalism was in the background of the politics about health and population of the regime. During the 4th General Assembly of the R.P.P, Recep

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[125] The words of Mazhan Osman are important in depicting the ambience of the era: *"*On senelik sulh hayatiyle neler kazandık, ne kadar nüfusumuz arttı görüyorsunuz. Herkes sulhtan *emin…Parasını vatanın imarine sarfediyor. Güzel şehirler, binalar yapılıyor, fabrikalar açılıyor. On sene evvel fabrika nedir bilmeyen bu memleketin her köşesinde fabrika bacaları yükseliyor; şehirler, kasabalar elektrikle nurlanıyor. Herkes evlenirken düşünürdü, yarın asker, daha öbür gün harp, istila, hiçret… Bugün bu korkusu yok… Dünyanın şimdiye kadar mislini görmediği bir iktisadi buhran içinde bocalarken evlenmesi günden güne artıyor, aile yuvaları çoğalıyor, nüfus artıyor. Yarın bu buhran geçince görünüz bu türk vatanı nasıl cennet olacak!..."* Osman, "Cümhuriyetin Sıhhat Siyaseti," 36-37.

[126] "*Nüfus siyaseti memleketimizin bila şüphe en başta gelen en canlı noktasıdır. Hayat memleketimiz için büyük bir kıymet ifade eden bir rakamdır: İşte o bir değil, binlerce, yüz binlerce hayatların bekçisi etıbba ordusudur*." My translation. Selanikli Nami, "Hekimlik, Hekim; Rolleri; Aile Hekimi, Esirgeme Hekimliği..." in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933), 711.

[127] Mazhar Osman, "Nüfus Bereketi Arefesindeyiz I," *Sıhhî Sahifalar* 3, no. 1 (1930): 3.

[128] Mazhar Osman, "Nüfus Bereketi Arefesindeyiz II," *Sıhhî Sahifalar* 3, no. 2 (1930): 33-37.

Peker showed the emphasis given on the maintenance of the population's nationalist feelings:

> Geographically, Turkey is in such a location that all kinds of winds pass over us all from north, south, east and west. This situation of our land of being receptive to these winds does not differ in ideological or political propaganda. Propagandas of Anarchism, Marxism, fascism, favor of caliphate, and internationalism, and alike pass over us. Against all these, Turkey should be strictly faithful to the belief of nationalism so that she could survive from these winds that feed each other. It will be state mission to close strongly the doors of Turkey with the lock of nationalism, which has been one of the main tools of the party in protecting Turkish people against these winds.[129]

Social and political revolutions that were centered on the early Republican period had their reflections on every level of life, including medicine. The Turkish revolution had been realized at the level of all of the institutions of social corps.[130] Also, at a conference on the radio in 28 October 1937, Şükrü Kaya, who had been the Minister of Internal Affairs and the General Secretary of the Party, mentioned that this was a unique and national revolution.[131] In the first national congress of medicine, İsmet İnönü showed the importance that the regime gave to the health issue. He said that sanitary struggle had a special place among state programs,

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[129] "*Coğrafya bakımından Türkiye dünya içinde öyle bir vaziyettedir ki şimalden, cenuptan, doğudan, batıdan her taraftan, her çeşit rüzgarlar bizim üzerimizden geçer. Yurdumuz için coğrafi bakımdan bu her cereyana maruz kalış hali, fikir, politika propagandaları bakımından da aynıdır. Anarşist, marksist, faşist, hilafetçilik ve beynelmilelcilik propagandaları ve buna benzer bir çok propagandalar hep üstümüzden geçer. Bütün bunlar karşısında Türkiye ancak sıkı bir ulusçuluk imanına sarılmış olmalıdır ki biri ötekini besliyen zehirli cereyanlara karşı kendini koruyabilsin. Bu cereyanlar karşısında Türkiye halkını korumak için şimdiye kadar partinin ana vasıflarından biri olan ulusçuluk kilidi ile Türkiyenin kapısını sımsıkı kapamak için bu vasıf da devlete mal olacaktır*." My translation.

"Partinin Yeni Programı İçin Kurultayda R. Peker'in Söylevi," Ülkü 5, no. 28 (1935): 249.

[130] Kansu explicitly writes this statement: "Bu inkılap ictimai heyetin bütün müesseselerinde gerçekleşti." N. A. Kansu, "Türk İnkılabı," *Ülkü* 8, no. 45 (1936): 230.

[131] Şükrü Kaya, "Türk İnkılabı," *Ülkü*, no. 57 (1937): 208. For further information about the general principles of R.P.P, see İsmail Hüsrev Tökin, *Cumhuriyet Halk Partisinin Dünya ve Cemiyet Görüşü (Genel Esaslar)* (Ankara: Ülkü Basımevi, 1946).

because healthy man was seen as the essence of not only national security, but also economic and social life.[132]

Medical services expanded not only in Turkey, or in some places in Europe, but also in Central Asia. Physician-patient encounters and medical services that accelerated during the 1930s in Soviet hinterland served two functions: To keep workers healthy and working, and to bring "modernity" to the area. Medicine was used to create a pan-Soviet identity based on a European understanding of progress. Newly-trained medical professionals were pioneers of the Cultural Revolution.[133] That development was not different than that of Turkey in the same period.

This desire to increase the population is apparent in most publications of the 1930s. *Ülkü* contains several articles on this issue. For instance, Prof. Dr. Fahrettin Kerim wrote on eugenics, which he defined as racial health. He asserted that the nation, which they were charged with leading to the maximum perfection in material and spiritual welfare, and with creating a density of population that, would be high in quality, and fit physically and spiritually. Such a mission would be one of the most evident principles of the revolution. He added that in all countries, the question of eugenics was a state concern, going hand in hand with increasing the population, decreasing deaths, increasing the average lifespan, and creating a fit population, all within the national population policies.[134]

In an anonymous article giving the results of the census of 1935, it is stressed that what was important was the rate of increase, rather than overall

[132] Fahrettin Kerim, "Cümhuriyet Devrinde Sıhhi Tekamül ve İnkişafımız," *Yeni Türk Dergisi* 11, no. 4: 1094.

[133] Paula Michaels, A, "Medical Propaganda and Cultural Revolution in Soviet Kazakhistan," *Russian Review* 59, no. 2 (2000): 160.

[134] Fahrettin Kerim, "Milli Nüfus Siyasetinde (Eugenique) Meselesinin Mahiyeti," *Ülkü* 3, no. 15 (1934): 206.

numerical increase. The rate was given as 23 per thousand, and it is explained that the meaning of this number was the existence of a government/state that gave confidence to the population.[135] Another article, written some weeks before the census of 1935 by Prof. Nöymark, a professor of İstanbul University, explained the importance of censuses. He described the movements of a population, and its conditions in social and economic spheres. What additionally matters, he wrote, was the composition of the population. The age distribution was also important in the sense that it showed both the labor force and the people at marriage age.[136]

Davamız was a book written by Neşet Halil Altay that was published in 1932 by Himaye-i Etfal Cemiyeti Umumi Merkezi. In the book, Altay explains the population problem from which Turkey suffered. He saw population as linked to the defense of the country.[137] He saw Turkey as an undeveloped and insufficiently populated country in terms of agricultural production. To solve this problem, he proposed increasing the population, which he identified with the number of people per square kilometer.

A letter from a villager illustrates the extension of the idea that the population needed to be increased: In 8 March 1931, *Cumhuriyet* published the letter of Ali Çavuş from Kütahya with the title: "Soruyoruz! Nüfusu Böyle mi Artıracağız?" (We Are Asking: Are We Going To Increase the Population Like This?" The letter mentions the death of one person ten years earlier due to tuberculosis. Since then, he says, the number of deaths had increased incessantly. Moreover, deaths from other contagious diseases had begun to increase. He added that they were illiterate, and they needed to be trained against these diseases. But

[135] "Nüfus Sayımı," *Ülkü* 6, no. 33 (1935): 209-13.

[136] F. Nöymark, "Nüfus Sayımlarının Önemi," *Ülkü* 6, no. 32 (1935): 96-98.

[137] Mümtaz Peker, "Erken Cumhuriyet Döneminde Nüfus Sorunu Üzerine Bir Eser: Davamız," *Toplumsal Tarih* 82, no. 200010 (2000): 22.

nobody would come to help them. The newspaper put an subtitle to this letter affirming that they did not have anything to add to the words of Ali Çavuş, and they were asking whether the increase of population could be realized in these conditions or not.[138]

So, as seen from these examples, the opinion that population was a national urgent issue was shared by different groups of society. The population policies of the regime were supported by many publications, as the propaganda of a new national health revolution, as an extension of a cultural revolution. From this common understanding, the regime engaged in the business of creating the sanitary organization of the Republic.

The Republican Regime and Social Policy

After the War of Independence, the creation of a new nation meant the creation of a new population. In wartime, population decreased from not only from deaths on the front-lines and migrations, but also from epidemics like cholera, syphilis, tuberculosis, typhus and child deaths. That is why public health became a crucial issue for increasing the population. Hence, the health policies of the Republic depended on this context of post-war developments. The suggested model was a "young and healthy" population, through a new generation. The body was described socially; it was located in the area of the "modern" state. Thus, it was urged that the population be symbolized and represented on a discursive level:

[138] "Soruyoruz," *Cumhuriyet* (8 March 1931).

"The primary target of medical intervention would no longer be the individual, but social classes, or indeed the biological population as a whole."[139]

The institution most capable of intervening in this process was medicine. Reproduction could be controlled and regulated by the state through the mediation of health professionals. In this context, what mattered was the effort to increase the size and quality of the population. This meant that to increase the population, intervention into the body was necessary. Foucault explains that the effort to increase population is equal to intervening in the "birth and death rates, life expectancy, fertility, state of health, frequency of illnesses, patterns of diet and habitation."[140] This way, dealing with the health of the people in order to increase population became a state concern. In Turkey, too, the idea was that for the population to increase by itself, an important factor was to prevent the diseases that stopped procreation. Zeki Nasır cites among these diseases tuberculosis, syphilis, and malaria.[141]

The modernization of medicine in Turkey did not start immediately with the foundation of the Republic. It is known that since the Tanzimat era, the policy of the Ottoman state on the medical issues had been to westernize medical institutions.[142] For this purpose, they had started to send medical students to Europe for education. This approach, as noted by Süheyl Ünver, had begun in 1829.[143] Before that, until

[139] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 42.

[140] Foucault, *The Care of the Self, History of Sexuality 3*, 25.

[141] Nasır, "Nüfus İşinin Tetkiki," 415-16.

[142] The Ottoman modernization in the area of science was a reflection of the import of Western positivism. Ekrem Işın, "Osmanlı Modernleşmesi ve Pozitivizm," in *Tanzimat'tan Cumhuriyet'e Türkiye Ansiklopedisi, cilt 2*, ed. Murat Belge (İstanbul: İletişim, 1983).

[143] A. Süheyl Ünver, "Türk Tıb Tarihi Kronolojisi," (Çituri Biraderler Basımevi, 1937).

the nineteenth century, the sanitary affairs were carried out through the institution of *hekimbaşılık* (head physicianship).[144]

In the Ottoman Empire, the health organization that was carried out by state hand concentrated on army and state bureaucracy. People received medical care from free physicians. In addition, there were institutions such as hospitals as beneficial foundations of sultans, and alike. Hence, social services in the domain of health were considered as the state's duty only in the nineteenth century.[145]

For the introduction of quarantine, the *Meclis-i Sıhhî* (the Sanitary Council) was founded under the presidency of the *Seretibba* (head of the medical staff) Hayrullah Efendi.[146] *Cemiyet-i Tıbbiye-i Şahane* (the Sublime Society of Medicine) was founded in 1856.[147] The first educator of bacteriology, Hamdi Paşa, was appointed in 1890.[148] Indeed, the process was one of the institutionalization of medicine, beginning from the eighteenth century. These developments show a parallel with those of Western medicine, which saw a passage to modern medicine between the years 1750-1850. In the late eighteenth-early nineteenth centuries, physicians practiced in hospitals and laboratories. This transformation is explained by Michel Foucault in *La Naissance de la Clinique* (the Birth of the Clinic).[149]

An important figure of the period of modernizing medicine was Dr. Bernard. He was invited to Turkey from Vienna as chief instructor of *Mekteb-i*

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[144] Gencay Gürsoy, "Sağlık," in *Cumhuriyet Dönemi Türkiye Ansiklopedisi* (İstanbul: İletişim Yayınları, 1983), 1718. For the developments of medicine in the Late Ottoman period, see Kalkan, "Medicine and Politics in the Late Ottoman Empire (1876-1909)".

[145] Recep Akdur, "Cumhuriyet'ten Günümüze Türkiye'de Sağlık Politikaları," in *Bilanço 1923-1998 :Türkiye Cumhuriyeti'nin 75 Yılına Toplu Bakış Uluslararası Kongresi, Ankara, 10-12 Aralık 1998*, ed. Zeynep Rona (İstanbul: Tarih Vakfı Yayınları, 1998), 392.

[146] Ünver, "Türk Tıb Tarihi Kronolojisi."

[147] Ibid.

[148] Ibid.

[149] Susan C. Lawrence, *Charitable Knowledge: Hospital Pupils and Practitioners in Eighteenth-Century London* (Cambridge University Press, 1996), 12-14.

Tıbbiye-i Adliye.[150] A great number of physicians contributed to the formation of modern medicine in the Ottoman Empire during the nineteenth century.[151] A similar development occurred on the side of medical institutions: Hospitals began to be opened with Selim III's opening of the first military hospital.[152] The first central sanitary organization was *Beynelmilel Sıhhiye Meclisi* (the International Council of Hygiene), which was founded in 1878. In 1908, *Sıhhiye Müdüriye-i Umumiyesi* (the General Directorate of Hygiene) was founded under the Ministry of Internal Affairs.[153]

As already mentioned, the idea of modernizing the medical profession and medical institutions dated back to the nineteenth century. During the period of the National Struggle, the institutions that would later become the basis of the health organization of the Republic were founded.[154] Since then, modern institutions

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[150] Ünver, "Türk Tıb Tarihi Kronolojisi."

[151] The physicians of the nineteenth century were: Şahinzade Ataullah Efendi, Mustafa Behçet, Abdülhak Molla, Charles Ambrois Bellard, İsmail Paşa, Aziz İdris Bey, Ahmed Remzi Paşa, Nuri Kenan, Saip Paşa, Abdi Süleyman, Şemsi Şerif Efendi, Hüseyin Remzi, Feyzi Hasan, Mustafa Münif Paşa, Hasan Mazhar Paşa, Mehmed Şakir, İbrahim Şevki, Hayrettin Mustafa, Dr İbrahim Bey, Besim Ömer Akalın Paşa, Hamdi Aziz Paşa, Esat Işık, Rıfat Hüsameddin, Cemil Topuzlu, Celal Muhtar Özden, Akil Muhtar Özden, Kadri Raşid Anday, Server Kamil, Bahaeddin Şakir, Osman Şevki Uludağ. Esin Kahya and Ayşegül Demirhan Erdemir, *Medicine in the Ottoman Empire: (and Other Scientific Developments)* (İstanbul: Nobel Medical Publications, 1997), 125-47.

[152] Zeytinburnu Military Hospital 1794, Asakir-i Mansure 1799, Levant Farm Hospital 1799, Taksim Gunner Hospital 1828, Maltepe Military Hospital 1828, Cephane 1828, Mekteb-i Harbiye 1834, Shipyard 1834, Humbarahane 1835, Alay III 1838, Anadolu Kavağı Military Hospital 1838, Mekteb-i Tıbbiye-i Şahane 1839, Ahırkapı Kışlası 1840, Rami Kışlası 1841, Davud paşa 1840, Bab-ı Seraskeri 1841, Toptaşı Military Hospital 1841, Tarabya 1841, Kuleli Çengelliköy Hospital, Haydarpaşa Military Hospital 1845, Gümüşsuyu Military Hospital 1846, Demirkapı 1866, Emirgan 1872, İplikhane 1877-78, Beylerbeyi 1877-78, Serviburnu 1878, Maçka 1877-78, Çatalca 1877-78, Yıldız 1898, Gülhane Military Hospital 1898, Haydarpaşa Mlitary Hospital 1904, Maslak Kasrı 1936, Çamlıca Sanatorium 1946, Mabeyn Hospital 1836, Vakıf Gureba Hospital 1862, Zeynep Kamil Hospital 1862, Beyoğlu Mlitary Hospital 1878, Hospital of Hydrophobia 1887, Tıbbiye-i Mülkiye 1893, Darülaceze 1895, Şişli Child Hospital 1899, Cerrahpaşa 1910, Heybeliada Sanatorium 1910, Bakırköy Mental Hospital 1927, Baltalimanı Bone Hospital 1944, Süleymaniye Maternity Hospital 1950, Yedikule Tuberculosis Hospital 1950, Koşuyolu Tuberculosis Hospital 1950, İstanbul Chest Diseases Surgical Hospital 1962, Hospital of Tropical Diseases 1970. *Ibid., 119-22.*

[153] Gürsoy, "Sağlık," 1718.

[154] The Ministry of Health in the Ottoman Empire was founded in 20 may 1920 under the name of the Ministry of Health and Social Assistance (*Sıhhiye ve Muâvenet-i İctimâiye Vekâleti*). In 1914, the Ministry of Internal Affairs was transformed into the Ministry of Internal and Sanitary Affairs (*Dahiliye ve Sıhhiye Nezareti*). Hence, the health organization was attached to a ministry. Besides the

began to be founded. In the Republican period, the issue of public health became an important tool of the Republican revolution, in both its positivistic aspect, and its availability in reaching people; thus, in making propaganda.[155]

During the first ten years of the Republic, there was a medical revolution. The RPP book summarizes the affairs of health and social assistance in such subheadings: war against contagious diseases, social assistance issues, medical care centers, medical staff training, central hygiene institution, housing issues, and sanitary propaganda.[156] The health policies can be seen in several phases from the foundation of the Republic to today. The first of these should be the period of Refik Saydam and the following RPP governments in the single-party period.[157]

In 1946, Behçet Uz, the contemporary Minister of Health, prepared a health plan, which predicted the foundation of health centers at 20 points in rural area. Behçet Uz's health plan would signify a turning point in the acceptance of the

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Ministry organization, the Ottoman Red Crescent Society (*Osmanlı Hilal-i Ahmer Cemiyeti*) and the Ottoman Society for the Struggle against Tuberculosis (*Veremle Mücadele Osmanlı Cemiyeti*) were important voluntary associations. During the War, under the first "national government (Milli Hükümet)" *Sıhhiye ve Muavenet-i İctimaiye Vekaleti* was founded by Law No.3, date 2 May 1920. The roots of the ministry go back to 1912, to the Ministry of Internal Affairs, Public Health Directorate (*Dahiliye Nezareti Sıhhiye Müdüriye-i Umumiyesi*). This directorate had several sections, like the High Health Council (*Meclis-i Âli-i Sıhhî*), the Public Hygiene Section (*Hıfzıssıhha-i Umumiye Şubesi*), the Section of Health Administration (*Tebabet-i Adliye Şubesi*), the Section of Pharmacy (*İspençiyar Şubesi*). The Ministry of Interior Affairs *(Dahiliye Nezareti*) was turned into the Ministry of Interior and Health (*Dahiliye ve Sıhhiye Nezareti*) in 1914 and the sanitary affairs began to be carried out from one center: The Ministry of Interior and Health that had three main sub-organizations: the Public Health Directorate (*Sıhhiye Umum Müdürlüğü*), the Quarantine Administration (*Karantina İdaresi*), and Hicaz Sanitary Administration (*Hicaz Sıhhiye İdaresi*). Besides the institutions under this Ministry, there were two main health organizations: Ottoman Red Crescent Society (*Osmanlı Hilâl-i Ahmer Cemiyeti*) and Ottoman Society for Struggle against Tuberculosis (*Veremle Mücadele Osmanlı Cemiyeti*). Ibid., 1719-20.

[155] Propaganda constituted maybe the most important part of sanitary developments of the regime. An important number of articles can be seen in several journals that reflected the policies of the Republic, such as *Ülkü,* and *Yeni Türk*. See Muzaffer Esat, "Sıhhi ve İctimai Yardım: İctimai Hastalıklar [1]," *Yeni Türk Mecmuası* (1934). As an illustration of propaganda activities, one may look at the words of Zeki Ragıp Yalım, who wrote about health at a series of RPPconferences: "*The main issue is to create an ideal*." Yalım, *Milli Varlık Bakımından Sağlık* 74.

[156] *C.H.P. : 25 yıl*, 57-60.

[157] Nusret Fişek, "Türkiye Cumhuriyeti Hükümetlerinde Sağlık Politikaları," *Toplum ve Hekim*, no. 48 (1991): 2.

responsibility of public health by the state itself.[158] That transformation can be seen as the state's final ability to find the necessary resources to allocate to health expenditures.[159] However, before that, there had been the view that health services should be the responsibility of state. In the article called "Sanitary Statism" (*Sıhhi Devletçilik*), the prescription on how to organize health issues was given: An organization that would work for the people was needed, and this could be realized only through statism.[160] In another one, it was written that state was responsible of the maintenance of the health of its population through laws and regulations.[161]

The government created a Ministry of Health, the duties of which had previously belonged to the Ministry of Internal Affairs. The state introduced compulsory service to the eastern regions. Additionally, it opened a medical student dormitory.[162] Especially at the period in which Refik Saydam was the Minister of Health, health manpower increased qualitatively and quantitatively.[163]

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[158] Behçet Uz, in his speech, indicated that the existing accomplishments were not sufficient, and they needed to work with a program. *Hükümetin Programı ve Tatbikleri*, (Ankara: 1947), 306-07. The first attempt to regulate health affairs after the period of Refik Saydam was under the period of Behçet Uz (1946-1950), with the *Birinci On Yıllık Sağlık Planı* (the First Health Plan for Ten Years), which was presented to the *Dokuzuncu Milli Tıp Kongresi* (the Ninth National Congress of Medicine) in 1946. This plan gathered all sanitary services under state duty. Akdur, "Cumhuriyet'ten Günümüze Türkiye'de Sağlık Politikaları," 394.

[159] In the interwar period, although public health was important for state, it was maintained mainly through the efforts of voluntary societies. These were the Children Protection Society (*Himaye-i Etfal Cemiyeti*), the Temperance Union (*Yeşil Hilal Cemiyeti*), the Society for Mental Health (*Akıl Hıfzıssıhhası Cemiyeti*), the Society for the Struggle against Tuberculosis (*Veremle Mücadele Cemiyeti)*, the Society for the Struggle against Cancer (*Kanserle Mücadele Cemiyeti*), the Topkapı Society for the Care of the Poor (*Topkapı Fukaraperver Cemiyeti*). Kerim, "Cümhuriyet Devrinde Sıhhi Tekamül ve İnkişafımız," 1097-98. Already in 1940, Zeki Ragıp Yalım wrote about the inefficiency of state: In order to state be successful, people should cooperate. Yalım, *Milli Varlık Bakımından Sağlık* 67.

[160] Cezmi Türk, "Sıhhi Devletçilik 2," *Yeni Türk*, no. 40 (1936): 185-88.

[161] Zeki Nasır, "Halk Sıhhati," *Ülkü* 1, no. 1 (1933): 70.

[162] Students did not pay for these dormitories. In return, after graduation, they gave four years' compulsory service under the organization of the Ministry of Health. Fişek, "Türkiye Cumhuriyeti Hükümetlerinde Sağlık Politikaları."

[163] Akdur, "Cumhuriyet'ten Günümüze Türkiye'de Sağlık Politikaları," 394.

At the opening of the fourth gathering year of the National Assembly in 1 March 1923, Mustafa Kemal Atatürk summarized the measures that needed to be taken in terms of health. An important part of the works on health was consecrated to stopping contagious diseases and preventing them.[164] About tuberculosis, he said that against this awful disease, no serious measure could be taken due to the inappropriate conditions. However, he added, it was planned to open a dispensary in İstanbul in order to initiate a war against tuberculosis.[165]

Also, the first working program of the Ministry of Health and Social Assistance comprised issues related to war against contagious diseases, such as spreading the state's health organization to villages, opening hospitals, birth houses and child care centers, fighting against diseases like malaria, tuberculosis, trachoma, syphilis, enacting laws regarding health, and founding a Central Public Hygiene Institute and a Public Health School. Since the first cadre of the health organization was trained at time of the Balkan Wars, World War I and the National Struggle, they were accustomed to the problems of contagious diseases.[166]

When the Republican period came, the first Minister of Health, Adnan Adivar, took the job of organizing health affairs. The first program for the Ministry of Health was prepared under Dr. Refik Saydam, from March 1925 to October 1937.[167] This plan determined these issues: widening state sanitary

[164] Ekrem Kadri Unat, "Türkiye'de Atatürk Döneminde Bulaşıcı Hastalıklarla Savaş İçin Kuruluşlar ve Çalışmalar," in *Türkiye'de Atatürk Döneminde Bulaşıcı Hastalıklarla Savaş Toplantısı*, ed. Ekrem Kadri Unat (İstanbul: İtanbul Üniversitesi Cerrahğaşa Tıp Fakültesi Yayınları, 1982), 5-6.

[165] Ibid., 7.

[166] Ibid.

[167] During his office of 15 years, he accomplished many novelties in terms of public health. The first ones were legal novelties. First of all, he tried to eradicate syphilis, malaria. Second, he enacted laws on the compulsory service of the medical staff. He also was interested in the issues on pharmacy. *Sıhhiye Mecmuası Fevkalade Nüshası*, (Ankara: T. C. Sıhhat ve İctimai Muavenet Vekaleti, Temmuz 1942).

organizations,[168] training medical staff, increasing the number of midwives so that they be sufficient for villages, increasing the number and information of small employees of health, opening model hospitals in several places throughout the country (*numune hastaneleri*),[169] opening birth and childcare centers, increasing the number of tuberculosis sanatoriums, struggling against diseases like malaria, syphilis, trachoma, and preparing laws and bylaws about public health.[170] The government allocated resource for the organizations especially those in involving war against contagious diseases and preventive medicine from the general budget.[171]

Dr. Refik Saydam acted as the minister of health and social services for fifteen years. He especially gave importance to public health, which primarily meant increasing the population. The methods of the state to reach the aims that were summarized above in explaining the program were to enlarge the staff, to increase and update the knowledge of the medical staff, and to broaden the boundaries that the health services reached. The first activities of the ministry were to prepare a socio-medical map of Turkey.[172]

As the understanding of public health settled in the minds of the Ottoman administrators, legal necessities were also being fulfilled through several laws. In the Ottoman Empire, the sanitary affairs were executed by the Ministry of Internal Affairs. The law of the Ministry of Health and Social Assistance was enacted as

[168] In 1927, there were 1059 physicians, 139 nurses and 347 midviwes. Fişek, "Türkiye Cumhuriyeti Hükümetlerinde Sağlık Politikaları."

[169] Five *numune hastanesi* were opened at that period. Ibid.

[170] *On Beşinci Yıl Kitabı / Cumhuriyet Halk Partisi*, (İstanbul: Cumhuriyet Matbaası, 1938), 334.

[171] Fişek, "Türkiye Cumhuriyeti Hükümetlerinde Sağlık Politikaları."

[172] Ekrem Kadri Unat, "Tıp Tarihimiz Açısından "Cerrahpaşa Tıp Fakültesi 1967-1976" Adlı Kitap Üzerine Düşünceler," *Cerrahpaşa Tıp Bülteni* 12, no. 2 (1979): 8.

Law No. 3 on 2 May 1920, by the Grand National Assembly.[173] Following the foundation of the Republic, we see that the Republican state had only the Ministry of Health and Social to realize the unification of the state-nation. That is why social policy was carried out by semi-official organizations and the mobilization of the crowds.[174] In the first decades of the Republic, the most important actions of the state in terms of social policy were in the area of public health.

The government constructed the foundations of a new sanitary organization through laws defining the duties of health professionals, and some regulations such as those regulating the acts of the citizens and the openings of new institutions. In the ninth article of the fourth principle of the declaration of the nine principles (*dokuz umde*), it is expressed that institutions and laws on public law and social assistance would be carried out.[175]

Indeed, these laws had their roots in the government of the first assembly that had been founded during wartime. In 1921, Law No. 90, that is the Law of the War on Syphilis (*Frengi Savaş Kanunu*), requiring all a syphilis examination before marriage, was enacted. In 1923, a law regarding laboratories was enacted: It ruled who could open a laboratory, who could work in one, and their authorizations.[176] The succeeding laws defined the sanitary organization of the regime: They were targeting the unification of health profession application. These applications were focused on, as mentioned before, increasing sanitary institutions, health professionals and organizing preventive medicine.

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[173] Rıdvan Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa* (Ankara: İnönü Vakfı, 1992), 8.

[174] Özbek, "Philanthropic Activity, Ottoman Patriotism, and the Hamidian Regime, 1876-1909," 51.

[175] *Sıhhati umumiyeye ve muaveneti ictimaiyeye ait müessesat ıslah ve teksir edilecek ve say ve amel erbabını himaye edici kanunlar yapılacaktır. C.H.P. : 25 yıl*., 14.

[176] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 10-12.

In 1925, the Law of War against Trachoma, a disease that had come from North Africa and Egypt and had infected thousands of people in south and southeastern Anatolia, with Adıyaman and Malatya as the center, was enacted with the Law No. 981. At that time, it was said that there were three million of trachoma sufferers. In 1925, a regulations book was produced for the war against syphilis and venereal diseases.[177]

In 1928, the Grand National Assembly passed the Law on the Application of Medicine and Its Branches (*Tabâbet ve Şuâbâtı Sanatının Tarz-ı İcrâsına Dâir Kânun*), decreeing that only those graduated from Turkish faculties of medicine or those with equivalent of degrees that had been accepted by the ministry could practice medicine. Additionally, the conditions of opening consulting offices were fixed.[178] İstanbul Amical Society of Physicians (*İstanbul Etibba Muhadenet Cemiyeti*) was founded in 1919. Its name was altered to the Society of Friendship and Assistance of Turkish Physicians (*Türk Hekimleri Dostluk ve Yardım Cemiyeti*) in 1936. The Chambers of Physicians (*Etibba Odaları*) opened in 1929.[179] In addition to the requirement that medical doctors be Turkish, dentists also had to be Turkish. That law also had a say about midwives: they needed to be graduates of a technical school; they could consult with the pregnant women, and vaccinate children. On circumcision, the decision was that graduates of sanitary schools and those who had been practicing circumcision for ten years passed an examination after having worked for two months in hospitals could legally perform the operation. All other people were forbidden. Another decision was that

[177] Ibid.

[178] Ibid., 15.

[179] Ünver, "Türk Tıb Tarihi Kronolojisi." *Etibba Odaları* worked in Ankara, İzmir, İstanbul, Konya, Adana, Sivas, Diyarbakır, Samsun and Erzurum. *Onuncu Yıl Rehberi*, (Ankara: Hakimiyet-i Milliye Matbaası, 1933), 141.

those under eighteen needed to obtain permission from their parents for treatment.[180] In 1928, Law No. 1262, the Law of Pharmacy and Medical Products (*İspençiyari ve Tıbbi Müstahzarlar Kanunu*) was passed, which placed production, distribution, use and control of medical materials and medicines under the control of the ministry.[181]

Another important law passed in 1928: the Law on the Central Institution of Hygiene of the Turkish Republic (*T. C. Merkez Hıfzıssıhha Müessesesi Hakkında Kanun*), Law No. 1207. The Vaccination House (*Telkihhane*) that had been opened in İstanbul in 1892 was reorganized by Refik Saydam, who wanted to open an institution that would be similar to the Pasteur Institute, in order to produce all kinds of vaccines and serums. The center he built in 1936 would later be named the Refik Saydam Central Institute of Hygiene (*Refik Saydam Merkez Hıfzıssıhha Enstitüsü*), by the Law No. 4288 enacted in 14 August 1942.[182] With that institution, preventive medicine began to occupy a special place within the agenda of the Republican regime. The same law united the İstanbul and Sivas Bacteriology Laboratories (*Bakteriyolojihane*) to the Refik Saydam Institute.[183] Under this body, there also exists School of Hygiene (*Hıfzıssıhha Mektebi*), where the Directors of Hygiene (*sıhhat müdürleri*) took six months' courses for public health. After this law, many serums, including those of tuberculosis, hydrophobia, smallpox, typhus, whooping cough and tetanus, began to be prepared in this institution.[184]

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[180] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 15-16.

[181] Ibid., 16.

[182] *Sıhhiye Mecmuası Fevkalade Nüshası*, (Ankara: T. C. Sıhhat ve İctimai Muavenet Vekaleti, July 1942), 36.

[183] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 16-17.

[184] Rıdvan Ege, *Atatürk ve Cumhuriyet Döneminde Sağlık Hizmetleri* (Ankara: T.H.K. Basımevi, 1994), 2.

In 1930, the Law on Quarantine of the General Directorate of Hygiene in the Borders and Coasts (*Hudut ve Sahiller Sıhhiye-i Umumi Müdürlüğü Karantina Kanunu*) was enacted. This law was about the Russian pilgrims: Because of their risk of spreading diseases to Europe, in 1839, the International Assembly of Hygiene (*Beynelmilel Sıhhiye Meclisi*) had been founded in Istanbul, which had ceded the rights to quarantine, control and medical examination to foreign physicians. Those rights were accorded to Turkish physicians in 24 July 1923. Thereupon, nine Centers of Coastal Hygiene (*Sahil Sıhhiye Merkezi*), fourteen Administrations of Coastal Hygiene (*Sahil Sıhhiye İdaresi*), thirteen Offices of Security (*Muhafaza Memurluğu*), and two hospitals for contagious disease were founded.[185]

A very important law that regulated sanitary affairs was that of 1930, the Law of Public Health (*Umumi Hıfzıssıhha Kanunu*), the Law No. 1593. The first two articles of the law defined the planned activities, duties and authorities of the Ministry of Health and Assistance.[186] Article three declared that the Ministry would be responsible for taking measures to increase birth and decrease child death rates (that was abolished after the Law on Population Planning [*Nüfus Planlaması Hakkındaki Kanun*], the Law No. 557), protecting the health of

[185] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 20-21.

[186] "*Madde 1- Memleketin sağlık şartlarını düzeltmek ve milletin sağlığına zarar veren bütün hastalıklar ve diğer zararlı etkenlerle mücadele etmek ve gelecek neslin sağlıklı olarak yetişmesini temin ve halkı tıbbi ve sosyal yatırımdan faydalandırmak genel hizmetlerindendir*." (Improvement of the sanitary conditions of the country, struggle against all disease and detrimental factor affecting the health of the people, assurance of the health of the future generation, and provision of access to medical and social assistance are among general state services.) "*Madde 2- Genel sağlık ve sosyal yardım hizmetlerine ait devlet görevleri Sağlık ve Sosyal Yardım Bakanlığı tarafından yerine getirilir ve özel idarelerle belediyelere ve diğer mahalli idarelere bırakılan hizmetlerin yapılması denetlenir. Milli Savunma Örgütü'ne ait sağlık işleri ayrı olmak üzere bütün sağlık ve sosyal yardım işlerinin sorumlusu ve denetleyicisi bu bakanlıktır*." (State duties belonging to public health and social assistance are accomplished by the Ministry of Health and Social Assistance and the services delivered to special administrations, municipalities and local administrations are controlled. The responsible and controller of all health and social assistance affairs, except for those belonging to the National Defense Organism, is this ministry.) Ibid., 18-19.

mothers before and after birth, preventing contagious diseases,[187] surveying medicine and professions related to medicine, examining and controlling nourishment and drug including vaccines and serums, controlling any foundation on child and youth health, hygiene of the schools, labor health, controlling the services of mineral waters and those related to sanitary institutions, opening professional education institutions, opening and administering institutions dealing with mental illnesses, overseeing the sanitary affairs of immigrants and prisoners, overseeing publication and propaganda on health and finally regulating medical statistics.[188]

The fourteenth article declares that health and social services in cities, villages and towns would be the responsibility of the municipalities, private administrations, and other local administrations. The Ministry would open certain pilot institutions to serve as models to these administrations. That general law, composed of 302 articles, would comprise the struggle against contagious diseases. It includes detailed information on such topics as borders, qurantine, cholera, plague, smallpox, typhoid fever, typhus, malaria, trachoma, tuberculosis and venereal diseases, special articles about women, immigrants, transportation, children and teeth, milk, nutrition, laborer health, water, thermal springs, cemeteries, dwellings, sewer system, and health education propaganda.[189]

In 1936, the Law of the Ministry of Health and Social Assistance Organization and Staff (*Sağlık ve Sosyal Yardım Bakanlığı Teşkilat ve Memurin*

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[187] The struggle against contagious diseases was always on state agenda, but state could only gather necessary income in the budget in the 1940s. On the sixth general assembly of the RPP., that gathered in 1943, the decision that the affairs of health and social assistance, especially preventive and curative measures against contagious diseases would always be taken into consideration. *C.H.P. : 25 yıl*, 27.

[188] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 19.

[189] Ibid., 19-20.

Kanunu), Law No. 3017 was enacted. That law clarified central and provincial health organisation. This law, along with the Public Health Law (*Umumi Hıfzıssıhha Kanunu)* and the Law of Medicine and Its Branches *(Tababet ve Şuabatı Kanunu)*, formed the basis of health organization of the Republic, which is still valid today.[190]

In addition to these laws, many bylaws have been regulative in the application of health profession. These were the bylaws: the bylaws of the Chamber of Physicians, a bylaw on the application of quinine, another one about the law of waters, others were on struggle against venereal diseases, on the certificates of medicine and specialization, on the prophylaxis of passengers in ships, on private hospitals, on marriage examination, on butchery construction. These bylaws were targeting preventive medicine and social assistance.[191]

The regime ensured the opening of a great number of sanitary institutions. Already during the armistice, a small medical school (*Küçük Sıhhiye Mektebi*) had been opened to train medical staff to give injections, circumcise, cure, and teach people to defend themselves against diseases in small villages.[192] But for the education of nurses and midwives, the Ministry of Health did not spare income. Instead, the nursing school of the Red Crescent Society and the midwife school of the İstanbul Faculty of Medicine were fulfilling this need. Additionally, the Ministry of National Education trained village midwives and health officials under the body of the village institutes.[193]

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[190] Akdur, "Cumhuriyet'ten Günümüze Türkiye'de Sağlık Politikaları," 393.

[191] *On Beşinci Yıl Kitabı / Cumhuriyet Halk Partisi*, 337.

[192] Osman, "Cümhuriyetin Sıhhat Siyaseti," 38.

[193] Fişek, "Türkiye Cumhuriyeti Hükümetlerinde Sağlık Politikaları."

In 1924, the Boarding School for Midwives was opened in İstanbul.[194] The İstanbul School of Children (*İstanbul Çocuk Hastahanesi*) of 150 beds began to give service in 1924. The hospital treated 1,594 patients in 1924. By 1937, this number was 40,342. Model hospitals were opened in 1924 in Ankara, Erzurum, Sivas and Diyarbakır. Then, another one was opened in Haydarpaşa in 1936. These five hospitals had 935 beds by 1938. In 1924, they treated 3,278 patients. In 1937, this number had increased to 250,421. In addition to these hospitals, Zonguldak Hospital cured 598 people in 1924 and 6,165 people in 1937; Mental hospitals accepted 720 people in 1924 and 11,535 in 1937; the Heybeliada Sanatorium treated 17 people in 1924 and 628 patients in 1937, Hospitals of Contagious diseases, which were two, one in Haydarpaşa and the other in İzmir, treated 792 people in 1924 and 9,480 in 1937, İstanbul Gureba Hospital accepted 8,558 people in 1924 and the hospital increased this number to 47,119 in 1937. In addition, there were 170 Treatment and Examination Houses, nine Child Care Centers, and 19 Municipality Hospitals. In addition to these, there were 32 private hospitals in 1923, whose numbers reached to 54 in 1937. The number of health institutions attached to special administration (*hususi idare*) was 76.[195]

Education of the staff was a very important issue for the formation of the health organization. For the physicians, the Ministry of Health applied a salary system that was much more satisfying than that of the state officers. The salary of a physician of war against malaria was exceeding that of a governor, the salary of the president of war against trachoma was three times that of a deputy.[196]

[194] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 10-12.

[195] *On Beşinci Yıl Kitabı / Cumhuriyet Halk Partisi*, 344-53.

[196] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 10-12.

When the Republic was founded, there were 554 doctors, 69 pharmacists, 4 nurses, 560 health employees, and 156 midwives. No specialized dentists existed in Turkey. In 1950, the number doctors reached 6,895; pharmacists 980; dentists 910; nurses 737; health employees 4,018; and midwives 1,285 in 1950. The acceleration at the beginning of the foundation of the Republic would pause with the coming of the World War II.[197]

[197] Gürsoy, "Sağlık," 1721-22.

Table 2. Health care providers between 1928-1940

Healthcare providers					
Year	Physician	Dentist	Nurse	Health officer	Midwife
1928	1 078	-	130	1 059	377
1929	1 090	-	164	1 189	397
1930	1 182	-	202	1 268	400
1931	1 123	-	223	1 224	429
1932	1 188	-	216	1 246	421
1933	1 211	-	257	1 306	402
1934	1 217	-	292	1 303	413
1935	1 243	-	325	1 365	451
1936	1 287	-	357	1 405	471
1937	1 391	-	356	1 497	486
1938	1 379	-	408	1 604	529
1939	1 514	-	409	1 638	559
1940	1 500	-	405	1 493	616

Source: *Küçük İstatistik Yıllığı Cilt 2, 1938-39*, ed. İstatistik U.M. (Sühulet Basımevi, 1940), 67.

The physicians and politicians of the Republic began to try to decide on a planned public health system. For this, they organized national congresses of medicine. These congresses would elucidate currents problems of the health of the population, so that the necessary measures could be taken. In 1925, at the first national congress of medicine, the main topic of the congress was malaria.[198] The struggle against malaria started the following year.[199] Indeed, the first steps of that struggle were taken in 1925 with Law No. 839. Anatolia, because of the bogs and consequently of the mosquitoes, was a bed of malaria. The percentage of malaria in the first years of the Republic in Aegean region was 90 percent, in the Black Sea, southeastern and southern regions 80 percent, and in Thrace 30 percent. During the period of the National Struggle, 40 percent of the soldiers suffered from this disease.[200] In such circumstances, it is not difficult to understand the reason for the choice of the topic of the congress.

[198] The First National Congress of Medicine was done under the auspices of Mustafa Kemal Atatürk in 1-3 September 1925 with the attendance of more than 300. Ziya Nuri (Birgi), the second president of the congress, mentioned about the population policies applied over centuries, and expressed that the present necessity was for a social policy of population, and that physicians were essential in this process. He argued that population was the principal fortune of the country. At the same congress, Besim Ömer (Akalın) and Refik Münir (Keskingil) took attention to the child deaths and sterility; Asaf Derviş Paşa and Hamid Osman (Olcay) expressed the harmful effects of the deaths among milk babies (süt çocukları); Kadri Raşit (Anday) and İhsan Hilmi (Alantar) talked about deaths among bigger children. The second day of the congress was consecrated to malaria. Several physicians gave data about the disease, proposed measures against it such as destruction of mosquitoes and boggy areas, or the distribution of quinine. The third day of the congress was assigned for tuberculosis. Mim Kemal (Öke) gave some explanations and ideas about surgical treatment of tuberculosis. Muallim Murat (Cankat) argued that surgical approach to tuberculosis was in a regression and pulmonary tuberculosis was more important since it was a social disease. He also evaluated tuberculosis in terms of the nourishment in cities and villages, and told the relationship between tuberculosis and sports. Dr. Murat proposed the openings of a central committee of war against tuberculosis, a nursing school for dispensaries and home visits, preventoriums and sanatoriums for children. Hence, the first national congress of medicine was dedicated to social health problems in terms of surviving out of a decreased population and contagious diseases. Zuhal Özaydın, "Büyük Önder Atatürk'ün Himayelerinde Yapılan I. Milli Tıp Kongresi (1925)," in III. Türk Tıp Tarihi Kongresi, İstanbul, 20-23 Eylül 1993, Kongreye Sunulan Bildiriler (Ankara: Türk Tarih Kurumu, 1999), 283-93.

[199] Ünver, "Türk Tıb Tarihi Kronolojisi."

[200] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 14.

In 1927, the Second National Congress of Medicine was held. This time, the main topic was trachoma.[201] The third one was held in 1929. The topics of this congress were syphilis, cancer and scarlet fever.[202] The Fourth National Congress of Medicine was held in 1931, about rickets and children. During the opening speech of that congress, İnönü expressed once again that he recognized physicians as the leaders of the struggle of the nation for developing and becoming a powerful country, worthy of the era. He also emphasized that the Chambers of Physicians were very well functioning and the Law of Public Health had been successful in constructing the sanitary organization. He also underlined that physicians occupied a special place in the social lives of the people. In the sense that the nation would develop in its social life, as well. At that point, it should be noted that İnönü assigned physicians posts not only in the Ministry of Health, but also in those of Foreign Affairs, of Public Works (*İmar-İskan*)*, of* Trade and Labor (*Ticaret ve Çalışma Bakanı*) and finally the Prime Ministry.[203] In 1933, the opening of private hospitals was attached to the Ministry. In 1936, the Ministry of Health and Social Assistance Law of Organization and Officers (*Sağlık ve Sosyal Yardım Bakanlığı Teşkilat ve Memurin Kanunu*) was accepted.[204]

Besides enacting laws, forming institutions, organizing medical conferences, and educating medical staff, the health professionals and state made use of another tool for both making public health services and the nationalist regime more widespread: propaganda. Dr. Refik Saydam gave special importance

[201] Ibid., 15.

[202] "1929 Senesi Eylül Zarfında İnikat Edecek Olan Üçüncü Milli Türk Tıp Kongresi Ruznamesine Dahil Olan Mebahisle Her Bahsin Esas Raporlarını İhzar Edecek Zevatın İsimleri," *Sıhhiye Mecmuası* 5, no. 26-28 (1929): 675. The opening and closing speeches given by Reik Saydam and İsmet İnönü can be found in "Üçüncü Milli Türk Tıp Kongresi 17-19 Eylül 1929," *Sıhhiye Mecmuası* 5, no. 30 (1929): 1222-31.

[203] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 21.

[204] Ibid., 22.

to propaganda about health, which means public health education. Through propaganda, people would become aware of the "proper" way of behaving, not only behaving properly in sanitary affairs, but also in social and political affairs. Propaganda would propose a role-model for each citizen of the Republic.

The ministry used propaganda not only to educate the doctors and other employees and medical staff, but also to educate people through a simple language, by publishing pamphlets and booklets. These propaganda materials, the numbers of which would sometimes reach hundreds of thousands, used to reach the People's Rooms, (*Halk Odaları)*, the army, schools, the gendarmerie, the police, industrial institutions, and villages.[205]

For instance, Hamit Osman wrote a booklet for the Ankara People's House Social Assistance Committee (*Ankara Halkevi İctimai Yardım Komitası*) in which he explained the proper way of living with a tubercular relative, or the proper diet to prevent the disease, and the health conditions of the dwellings. He also clarified that the servants of tubercular patients needed to be attentive to hygienic rules.[206]

Speeches were given on the radio each week, brochures were published and distributed, health posters were hung up in common places. Movies about war hygiene were shown in cities and towns. Health museums and health exhibitions have been also effective in diffusing information on appropriate behavior in terms of hygiene.[207]

The first tool of the sanitary propaganda was movies about health. These movies were bought by the Ministry from European countries and America. The number of these movies was 60 in 1938. They were shown in cities and towns

[205] *Sıhhiye Mecmuası Fevkalade Nüshası*, 38.

[206] Hamit Osman, *Verem* (Ankara: Ankara Halkevi İctimai Yardım Komitası, 1933), 13-22.

[207] *C.H.P. : 25 yıl*, 60.

possessing movie theater to the people, army and students. In addition, stable and short movies were bought in order to show in villages. The number of these movies was 150. They were about syphilis, tuberculosis, fly, milk, diphtheria, tooth hygiene, sports, cold, hygiene, and sun cure.[208]

Another instrument of sanitary propaganda was colored posters. These posters were distributed to People's Houses, schools, stations, customs, army, navy and all sanitary institutions.[209] A third tool was composed of a set of pamphlets and brochures. These were distributed to the People's Houses and provinces gratuitously and the reaching of them to the people was assured. The total number of them was 397,000.[210] Health museums also were increasing in number at that period. Health exhibitions were opened at the occasion of the Health General Meeting. Another tool of propaganda was radio. Many conferences were given on the radio, depicting the importance of hygiene. In addition, many technical publications were prepared by the Ministry, and distributed as fixtures. Also, a journal called *Sıhhiye Mecmuası* was published by the Ministry every two months. Finally, medical organization maps were prepared every two years.[211]

In the process of creating a new generation, women were located in a unique place, as mothers of the Republic: they would serve the demographic practices. Woman, who "produced" the population (*nüfusu üreten aile kadını*) needed to

[208] *On Beşinci Yıl Kitabı / Cumhuriyet Halk Partisi*, 357.

[209] The titles of these 13 posters were "Spread of tuberculosis," "The measures that tuberculosis patients should take for preventing contagion," "The friends and enemies of tuberculosis," "Malaria is a disease that solely spreads through mosquitoes," "Be afraid of catching syphilis," "Do not become addicted to alcohol, alcohol destroys households, deforms the descent," "Milk is the most hygienic and precious of the nourishments," "Sanitary habits in children," "Look after your teeth, and brush them," "The causing of many troubles in any part of the body by a decayed and abscessed tooth in the mouth," "Dogs spread dangerous diseases to man," "Fly is the enemy of health," "Protection from trachoma." Ibid., 358.

[210] These were generally about venereal diseases, child diarrhea, typhus, smallpox, trachoma, malaria, scarlet fever, typhoid fever, rubeola, toot troubles, hygieniz information for school children or mothers, or village health guards. Ibid., 359.

[211] Ibid., 360-61.

achieve special attention.[212] Reproduction and health, especially of children, had prominent roles in the creation of the new "sane" generation. In that sense, the education of these women also was critical. Women were situated in a special place on the demographic practices of the Republican elites. Reproduction and health were influenced directly by the education of these women. The new Regime defined woman as the New Woman (*Yeni Kadın*). The Republican woman was strong, unifying, and capable of giving secular education to the children of the new family.[213] New Woman brought in mind the idea of a fresh beauty with strengthness, health, and success.[214]

One of the most important groups that would be the target of the new population policy was women, as "mothers of the nation." They were to marry, have children, and educate their children as good Turkish people, worthy of the Turkish nation. Here, the family was situated in a central place. "A good Turkish family" would be composed of sane parents and as many children as possible. It was argued that for woman, the hereditary art was being a housewife and mother.[215] For many interwar jurists, Horn writes, family began to be considered not a natural institution that would stay outside the purview of society. Instead, it began to be imagined as a social institution that would be "open to, or perhaps even requiring" the intervention of the state.[216] Mothers, living either in the cities or in villages needed to have many children. Here, it should be reminded that child

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[212] *C.H.P. : 25 yıl*, 57.

[213] An example of the articles about family is a 3-articles' serial: Ziyaeddin Fahri, "Türklerde Aile İctimaiyatı," *Yeni Türk*, no. 42 (1936)., Ziyaeddin Fahri, "Türklerde Aile İctimaiyatı 2," *Yeni Türk*, no. 43 (1936)., Ziyaeddin Fahri, "Türklerde Aile İctimaiyatı 3," *Yeni Türk*, no. 43 (1936).

[214] Duygu Köksal, "Yeni Adam ve Yeni Kadın: 1930'lar ve 1940'larda Kadın, Cinsiyet ve Ulus," *Toplumsal Tarih*, no. 51 (1998): 32. For the modernization process for the Early Republican women, see Yurttagüler, "Social Policies on Female Body in Turkey in the 1930s".

[215] Kerim, "Milli Nüfus Siyasetinde (Eugenique) Meselesinin Mahiyeti," 211.

[216] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 66.

death rates were high in the 1930s in not only Turkey, but throughout the world. That is why women were to be educated in health matters.[217]

In many countries in Europe, the state tried to promote families that would have many children. In Italy, for example, the prescription of the physicians and eugenicists was not to postpone marriage, for it not only limited the number of possible children, but also because this postponement affected the quality of the offspring. Italy's method of discouraging late marriage and bachelorhood was to levy a progressive tax on unmarried men between the ages of 25 and 65, "for the sole fact of their status," which took effect on 1 January 1927.[218] Another method of state promotion of high birth rates was to give financial aid to families with several children. In Italy, a law exempted employees of the state and para - state agencies with seven or more dependent children and the families with ten or more dependent children (or a total of twelve with six or more dependent) from taxes.[219]

In Turkey, too, the case was similar. Articles and news were written about the negative effects of divorce to the people and to the society. The RPP series of conferences also dealt with this issue. Hıfzı Veldet writes that in all individual divorce case, state was interested because the essence of the day's social order was family.[220] According to the data given by the Ministry of Justice in the statistics of 1935, the total number of divorce cases in Turkey was more than 10,000. Hıfzı Veldet wrote that this number was alarming, and that divorce needed to be prevented. For this, women should be made aware that they had certain responsibilities to their husbands and families. He believed that a woman who tried

[217] Nasır, "Nüfus İşinin Tetkiki," 415.

[218] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 77.

[219] Ibid., 89.

[220] Hıfzı Veldet, *Evlenme ve Boşanma*, *C.H.P. Konferanslar Serisi Kitap 13* (Ankara: 1940), 15.

to get a divorce because of her husband's indifference to his family was not aware of these responsibilities, and this lack of awareness was due to the deficiency of her cultural training. He deduced that the first step against the increase in the number of divorce should be the amelioration of the cultural training of women.[221]

High birth rates were strengthened by low child death rates. Child death was been an important problem for the interwar period Turkey. For population policies to be successful, child death rates needed to be decreased. It was argued that these deaths affected harmfully the demographic policies of the regime.[222] Besim Ömer Akalın said, "If we make the children who die every year survive, we can bring in the country several fellow soldiers."[223] The state assured that two young people who wanted to marry should not be suffering a disease that could create frail children since those children would die within the first year of their lives.[224]

Another group which was affected closely by the propaganda by the regime was physicians. Mothers were made the recipients of medical information given by the doctors. With the understanding of nationalism and modernization, and the efforts of creating public health policies, the role of the physicians altered within society. It was no longer only to have a "clinical eye," but to "enter and inspect every home." That meant a shift from the individual body to the social body. In that sense, the city became subject to the techniques of transforming reproductive behaviors.[225]

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[221] "*Boşanmanın daha bir çok uygunsuzlukların önüne ancak bu suretle geçilebilir." Ibid., 28-29.*

[222] "*Nüfus siyasetimizde efna bir rol oynıyan çocuk ölümlerinin...." C.H.P. : 25 yıl*, 58.

[223] *"Her yıl ölüp giden çocukları yaşatabilsek yurdumuza tümen tümen babayiğit asker kazandırmış oluruz."* My translation. Ahmet İhsan Tokgöz and K Köyden, "Dr. Besim Ömer Akalın ve Nüfus İşimiz," *Ülkü* 7, no. 39 (1936): 207.

[224] Nasır, "Halk Sıhhati," 71.

[225] Horn, *Social Bodies: Science, Reproduction, and Italian Modernity*, 101.

At that point, the intervention of the physicians into the human body became crucial. “In Italy, as in Iberia, medical men tended to be associated with advanced political ideas. The same was true for Turkey and for Russia, where practitioners of ‘zemstvo medicine’ helped foster hygienic improvements at the local level and by the turn of the century had emerged as a national force for social reform.”[226]

İsmet İnönü expressed that the profession of medicine that had existed for one century in the country would be developed following the congress. He emphasized that in a country, if the intellectuals holding a certain authority could make their authority accepted by the people of that country, and if their word became influential and effective; then, that country would become stronger. He added that since the first republican government, sanitary issues have been of enormous importance. He stressed that lively men were indispensable not only for national defense, but also for economic life, social life, and hence, all aspects of life.[227]

> Turkish physician should see, and show that he is profiting from all advantages of the modern life in his private and professional life, and to set a good example by accepting applying all development in himself . . . Turkish physician should not stick to his private life and private occupation. He will be closely causa proxima of the developments in prophylaxis among the mass of people contacted through either treatment or social occasions. He will explain everywhere to everybody the straight and right ways of living, and he will serve as a comprehensive, beneficial and active guide in Turkish social life.[228]

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[226] Ellis, *The Physician-Legislators of France: Medicine and Politics in the Early Third Republic, 1870-1914*, 6.

[227] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 13-14.

[228] .“*Türk tabibi, kendi hayatı hususiye ve meslekiyesinde medeni hayatın bütün iyiliklerinden müstefit olduğunu görmek ve göstermek ve her terakkiyi bizzat nefsinde kabul ve tatbik eylemek suretile herkese örnek olmak mecburiyetindedir.”... “Türk tabibi yalnız kendi hususi hayatına ve hususi iştigaline bağlı kalmıyarak, gerek tedavi ve gerek ictimai vesilelerle temas eylediği halk kütlesi arasında sıhhatin muhafazasına ait tedbirlerin bütün medeni telakki ve terakkilerin behemahal samimi bir müessiri olacak, her yerde herkese doğru ve iyi yaşamanın tarzlarını anlatarak Türk hayatı ictimaiyesinde şümullü, hayırkar ve faal bir mürşit vazifesini görecektir*.” Kerim, "Cümhuriyet Devrinde Sıhhi Tekamül ve İnkişafımız," 1097-98.

The physicians had a prominent role in public education on sanitary issues. Doctors were affected by the University Reform that took place in 1933 which was seen by the supporters as "the leading of modern and scientific vision and practices."[229] During the First National Congress of Medicine that gathered in Ankara, 1 September 1925, Refik Saydam summarized the duties of Turkish physicians in three articles: First, the Turkish physician needed to be a model for everybody. Second, he needed to show the proper ways of living everywhere, to everybody. Third, physicians needed to reach the villages, not only the cities, and educate and inform the villagers on every developments of civilization, of medicine and of society.[230]

In another speech which Refik Saydam gave on the occasion of the opening of the School of Hygiene (*Hıfzısıhha Mektebi*) at the Ankara Central Institute of Hygiene (*Ankara Merkez Hıfzıssıhha Enstitüsü*), he expressed that they still had difficulties in settling the understanding of preventive medicine as a new idea.[231] Therefore, he urged physician's duty was to preserve the health of the people, rather than to cure the diseased.[232]

[229] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 22.

[230] *Sıhhiye Mecmuası Fevkalade Nüshası*, 41-42.

[231] He tells an anecdote on that issue. On the suggestion made by the Ministry of Health, in the first year of his ministership, that is, 1921, to give some lectures to the medical students about preventive medicine, the answer had been " Our mission is just to educate medicine."*Sıhhiye Mecmuası Fevkalade Nüshası*, 43-44.

[232] Ibid., 45.

Conclusion

In this chapter, the political and social aspects of the public health policies were discussed. The republican regime tried to control its population through several methods, the health of the people being included. What the state did was to support semi-official organizations, to try to reach the people as much as possible, to enact primary laws defining the duties of health professionals, and to open medical institutions

First, the demographic situation in Turkey after the war was summarized. World War I that lasted for ten years for Turkey decreased the population by five million people, a great amount for a country of 13 million people. That loss of people meant danger in two fields: economic and national security. Because of this low number of population, the state intervened directly and indirectly into the population in order to create trust in the stability of the new state/country and to reinforce the nation in terms of manpower. These aspects of low population were discussed in the second part of the chapter.

To these demographical changes, the state responded by trying to create the foundation of a systematic health policy. Nevertheless, in the early period, they could not create a complex system of public health. The state defined the basic rules and duties became the pioneer of sanitary modernization; however, the reorganization of health issues under state body/the Ministry of Health only became possible in the late 1940s. Before that, the state acted together with voluntary organizations and societies, which were not fully independent from the state mechanism yet.

The second part of the chapter was about the practical and discursive responses of the state to the demographical outcomes of the post- World War I conditions, which were targeted to decrease death rates and increase birth rates and life span. The practical ones included health laws, institutions and congresses that the state could realize by itself. Here, the laws and institutions went back to the Ottoman Empire, which paved the way for the modernization of the sanitary system. Hence, since it shows continuity, I preferred to report on the modernization of medicine in Turkey by beginning from the Ottoman Empire. At the point here the state was unable to act; discursive measures replaced the practical ones. These were centered on nationalist/modernist discourses targeting women, who were seen as the building stones of the new family; children, as the guarantors of a new generation; and the physicians, as the educators of the new citizens.

The institutional history of tuberculosis is in line with these responses of the state: The ideas to struggle with it can be located in the medical modernization of the Ottoman Empire, which ends in the formation of a voluntary society during wartime. Nonetheless, this society, and a few others, could not be long-lived due to the wartime conditions. The war on tuberculosis in the early Republican period, on the other hand, was carried out through again voluntary institutions that were promoted by the state, with laws and certain state institutions. In a general sense, the struggle against tuberculosis in Turkey was accomplished through voluntary organizations until the mid-1940s, when, finally, it became unified under a state body with a desire to nationalize the struggle. This transition will be described in the next chapter.

CHAPTER THREE

THE STRUGGLE AGAINST TUBERCULOSIS IN TURKEY

"I remember like it was today,
our teachers' grumbling
in the time of the Sultan Hamid that
three diseases would destroy this country:
malaria, syphilis, tuberculosis..." [233]

In the nineteenth and early twentieth centuries, which experienced a population problem, Turkish medicine developed as a politics which had a disciplinary effect on the population. The most important phenomenon of the late nineteenth century for the Ottoman Empire was the emergence of public health, together with the desire to both promote the well-being of the population and control it. Because of this twofold desire, the body of the individual was moved into the political and social spheres.

Public health had already been conceived by the physician-bureaucrats of the Ottoman Empire as an effort to prevent diseases, implemented by the rise of preventive medicine. Besim Ömer Akalın, for instance, expressed that public health was distinctive because of its attempt to prevent the possibility of the occurrence of disease and to promote people's health instead of curing them. The aim was to arrange the everyday life of people in terms of nutrition or housing them according to hygienic rules. The understanding that a single person was a

[233] "*Bu memleketi üç hastalık bitirecek diye Sultan Hamit zamanında hocalarımızın her gün söylendiklerini bu gün gibi hatırlarım: sıtma, frengi, verem...*" Osman, "Cümhuriyetin Sıhhat Siyaseti," 39.

capital unit of the country had already settled by the time when Besim Ömer Paşa was writing.[234]

The late nineteenth and early twentieth centuries were, under this mentality, the time in which modern medicine was founded in the Ottoman Empire. The process that began with the opening of the School of Medicine and Surgery (*Tıbhane ve Cerrahhane-i Amire*) that would become the Military Medical School (*Mekteb-i Tıbbiye-i Şahane*) in 1839 would be written as the history of progress by later historians. Since then, by several methods like public education or the founding new institutions, the nineteenth century saw the rise of public health policies.

The history of the struggle against tuberculosis in Turkey is a history of a transition from semi-official, voluntary societies to a fully organized, nationally defined and officially-governed sanitary entity. The first steps in the struggle against tuberculosis were taken in the Ottoman Empire. The regime of the early Republican Turkey took this modernization project and transformed it into a modernizing-nationalist project. That is why sanitary developments, as explained in Chapter Two, that had already begun to be considered as a problem of public health, were turned into a medium of enlarging the sphere that the nationalist ideals could reach. Nevertheless, for economic reasons, the state was able to fulfill this duty of maintaining the health of the population through subsidizing voluntary societies during the single-party period.

This chapter aims to show the history of tuberculosis in Turkey by giving a brief summary of the early efforts that took place in the Ottoman Empire. Since the rule of Abdülhamid II, tuberculosis, which constituted an important threat, was

[234] Kalkan, "Medicine and Politics in the Late Ottoman Empire (1876-1909)", 7.

attended to overcome. However, neither the coming of the Constitutional Period, nor the wars that broke out in Anatolian lands formed a suitable environment for any institutionalized measures. The coming of settled institutions became possible only when peace was established fully.

The chapter is composed of two parts. The first part deals with the first phase of the struggle against tuberculosis, in which the struggle was carried on by voluntary societies, founded by physicians, who were part of either the civil or the military bureaucracy. These people experienced the disasters caused by contagious diseases, believed in the necessity of a dense and healthy population for a nation. They were following developments in some European countries, and importing them into Turkey. This phase of the struggle shows the efforts of these physicians in two terms: founding sanitary institutions, and training people through propaganda – a term that they used in a positive sense. Propaganda activities included mainly publications, school education and radio. A third aspect of the struggle was the education of the health staff, which was supported by the state, but still insufficient, compared to the needs. Hence, rather than curative medicine, preventive medicine, which focused on individual hygienic measures, were highlighted.

The second part of the chapter reports on the developments of the war against this disease under a national framework, in a totality. This time, the legal procedure receives focus due to the intervention of the state. After 1945, mainly due to the gathering of the necessary resources, as explained in the previous chapter, the state was subsidizing sanitary institutions more efficiently. This intervention was reflected to the case of tuberculosis, as well. In addition, public education and propaganda still were widely used against the disease, but in a more

developed way, through movies, museums, exhibitions, and such. Yet, print media was still the most common instrument of propaganda. Besides sanatoriums and tuberculosis hospitals, laboratories and research centers were founded, and vaccine and stamp campaigns were organized. So, the struggle against tuberculosis showed a course that began from the efforts of voluntary societies to a national, state-centered war, which was fed from international experiences of struggle. The struggle finished in the 1970s because of the idea that tuberculosis vanishes, which constitutes the limits of this chapter, as well.

The War against Tuberculosis and Voluntary Associations during the Early Republican Period

The disruption caused by tuberculosis was felt strongly in the nineteenth century, not only in the Ottoman lands, but also in several countries of Europe. Measures against this disease began to be taken in the Ottoman period, which started to consider epidemics as an important danger to the well-being of the population, in an understanding of public health. The first sultan to set thought about struggling against tuberculosis was Abdülhamit II, who was said to be afraid of this disease because of it having caused the deaths of his father, Abdülmecit, and his grandfather, Mahmut II. Although he sought to create a sanatorium in 1907 (1323) in Kütahya, he ultimately failed.[235]

Abdülhamid II brought health technologies into the Ottoman Empire, such as the phlegm coloring method for identifying bacilli, and the sending of a medical

[235] Tevfik İsmail Gökçe, *Heybeliada Sanatoryomu: Kuruluş ve Gelişimi, 1924-1955* (İstanbul: İsmail Aygün Matbaası, 1957), 7.

council to Berlin for learning the production of tuberculin, the opening of the first tuberculosis pavilion for children, the opening of a sanatorium of 30 beds in Çamlıca for adults. Additionally, the first research to be conducted on the prevalence of the disease in İstanbul and İzmir was done on his order.[236]

Robert Koch declared that he could separate and produce the bacillus of tuberculosis in 24 March 1882 in Berlin society of Physiology. He presented tuberculin in 4 August 1890 at the 10th International Congress of Medicine that gathered in Berlin. Tuberculin, which Koch named "Paratouidine," was called Cochin in Koch's honor by German physicians. In Turkish, it was called *"lenfa*," "*lenfa-i Koh*," or "*deva-yı Koh*." From that time, the Ottoman state became engaged in the struggle against this awful disease. Right after the declaration of the discovery of the bacillus, it was Abdülhamid II who sent a delegation composed of four physicians to Berlin in 1980. Later in the same year, several other physicians went to Berlin to learn this new technique.[237]

In the early twentieth century in İstanbul, the population of which was 1.2 million, it was stated that about 92,942 people died of pulmonary tuberculosis per year. Similarly, in İzmir, which had a population of 200,000; 2,800 people lost their lives due to pulmonary tuberculosis per year. In both cases, tuberculosis constituted 15.8 percent of the deaths. Besim Ömer Paşa attended to the first international congress of tuberculosis that took place in Paris in 1906. Reporting people infected with tuberculosis bacillus was made compulsory on 13 April 1914.[238]

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[236] İzzettin Barış, "Osmanlı'da Tüberküloz," *Toraks Dergisi* 3, no. 3 (2002).

[237] Nuran Yıldırım, "Tüberkülinin Keşfinin İstanbul'daki Yankıları," *Tarih ve Toplum* 23, no. 133 (1995): 12.

[238] Barış, "Osmanlı'da Tüberküloz."

In the table below, statistics of deaths in England and Prussia per 10,000 people are given:[239] Furthermore, according to the world statistics of 1941, the tuberculosis patients per a population of 100,000 were 52 in London, 105 in Madrid, 215 in Paris, 98 in Brusels, 76 in Swiss, 163 in Bulgaria, whereas this number was 44 in Ankara, 195 in İstanbul and 64 in İzmir.[240]

Table 3. Death rates in England and Prussia between 1876- 1925

	1876-1880	1901-1905	1921-1925
England General deaths	208	160	122
England Tuberculosis deaths	28.2	17.4	10.8
Prussia General deaths	284	196	131
Prussia Tuberculosis deaths	31.7	19.1	13.2

Source: A. Nabi Kastarlakoğlu, *Verem Afeti Karşısında Hali Hazır Tababetin Durumu* (Cumhuriyet Halk Partisi Yayınları: Ankara Halkevi, 1938), 10.

Already in 1908, Ali Namic Said Paşazade wrote that tuberculosis was a social disaster and that although many measures had been taken in other places

[239] A. Nabi Kastarlakoğlu, *Verem Afeti Karşısında Hali Hazır Tababetin Durumu* (Cumhuriyet Halk Partisi Yayınları: Ankara Halkevi, 1938), 10.

[240] *Hükümetin Programı ve Tatbikleri*, 309.

which were suffering from the disease; in Ottoman lands no serious measure had been taken. He underlined that a person who needed to work could not have any relaxation time, nor could he be overnourished. People who were living in sunless lodgings could not get fresh air.[241] He illustrated the situation with these words:

> Thus, on our premises, this evil which forgives the rich person sometimes, never forgives the poor. Thus, this disparity in life continues until confronting death and there is only the hard and white stone tomb to break these monstrous inequalities.[242]

He added the next day that, "it strikes especially the poor one, but it hardly spares the rich person and of the retirements of misery where it germinates and grows…If I insisted so much yesterday on the miserable state of the popular residences, it is that the hygiene of the housing that dominates all the disease prevention of tuberculosis."[243] He finally proposed a commission that would work under the Ministry of Internal Affairs.[244]

After this first attempt to create an institution that would serve to prevent tuberculosis, a second one could only be begun during the constitutional monarchy, with the efforts of Cemal Paşa, who was the Minister of Navy, of opening a sanatorium. Ruscuklu Hakkı reported that at the end of the First World War, he sent some officers that had pulmonary tuberculosis to sanatoriums in Europe. Their return in a healthy condition awakened in him a curiosity towards sanatoriums. He invited a specialist from Germany, Dr. Rabino, who traveled throughout Anatolia and approved the construction of a sanatorium in

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[241] Ali Namic Said Paşazade, "Tuberculose et Misère [1]," *Journal Stamboul* (20 October 1908): 2-8.

[242] "*Ainsi, chez nous, ce mal qui pardonne parfois au riche, ne pardonne jamais au pauvre. Ainsi, cette imparité dans la vie se poursuit jusque devant la mort et il n'y a que la pierre dure et blanche des tombes pour briser ces inégalités monstrueuses*." Ibid.: 9.

[243] "*Elle frappe surtout le pauvre, mais elle ne ménage guère le riche et des retraites de la misère où elle germe et grandit…" "Si j'ai tant insisté hier sur l'état misérable des logements populaires, c'est que l'hygiène du logement domine toute la prophylaxie de la tuberculose*." Ali Namic Said Paşazade, "Tuberculose et Misère [2]," *Journal Stamboul* (21 Octobre 1908): 10.

[244] Ibid.: 16.

Afyonkarahisar, among the pine forests. Nevertheless, because of the war conditions, this attempt could not be realized.[245]

These attempts were followed by the formations of voluntary organizations. The first organization in Turkey, founded on 20 April 1918 in Cağaloğlu, on the upper floor of the Beneficial Society of Islam (*Cemiyet-i Hayriye-i İslamiye*), was the Ottoman Society for the Struggle against Tuberculosis (*Veremle Mücadele Osmanlı Cemiyeti*).[246] It was founded under the presidency of Besim Ömer Akalın. He explained the opening of the society as a result of the need to educate the common people and fulfill the necessity of hygiene.[247] He stated that the most important thing in social training was the transmission of knowledge about the paths of contagion of tuberculosis through women and school children.

The goals of the society were first and foremost to build dispensaries and hospitals for tuberculosis patients. Besim Ömer Paşa stressed that dispensaries were the touchstones of the struggle against tuberculosis in the villages and small towns. He emphasized the superiority of training over treatment. Furthermore, he stated that the success of this society over the disease could be realized only if everyone, the municipalities, and the government, cooperated. Society demanded generosity from the government, assistance and social welfare from the

[245] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]," *Yaşamak Yolu*, no. 394-396 (1969).

[246] According to the document that fixes the foundation of the society, the founding board consisted of Ahmet Cemal Paşa (the Minister of Navy), Mehmet Asaf Bey, Orhan Abdi, Dr. Besim Paşa, Celalettin Bey, Hakkı Şinasi Paşa, Hakkı Bey, Hayım Bey, Selahattin Bey, Akil Muhtar, Ömer Fuad, Kasım, Neşet Ömer, Victor. Ahmet Cemal Paşa was the president. Ibid.

[247] Ibid.

municipalities, obedience in social training and a common endeavor and diligence in the battle.[248]

Mustafa Talat also stressed the importance of dispensaries in the struggle against tuberculosis:

> Every modern country progresses in the (struggle against tuberculosis) first through dispensaries. The meticulous treatment of the patients diagnosed in dispensaries, after having decided on the issue to be applied in the first place is sent to (preventoria, sanatoria, hospitals) according to the sort and phase of their illnesses are maintained.[249]

The society was approved by the Council of the State (*Şura-yı Devlet*) on 8 June 1918.[250] It took two intersecting red crescents, looking to the left as its emblem. The reason behind this choice was to emphasize the Red Cross and Red Crescent. Also, it recalled the emblem of societies of struggle against tuberculosis in other countries, which was a double red cross.[251] Although there is not sufficient information about this society, we know that the founders were mostly the same as the ones who founded another society in 1927, they built some barracks near the Haydarpaşa School of Medicine, and they had to leave their activities on 16 March 1920 due to the occupation of İstanbul.[252]

After the abrogation of the Ottoman Society for the Struggle against Tuberculosis and five months before the peace agreement, the İzmir Beneficiary Society for the Struggle against Tuberculosis (*İzmir Veremle Mücadele Cemiyeti*

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[248] Ibid.

[249] "*Her medeni memleket (veremle mücadele)de ilk defa dispanser yolundan yürümektedir. Dispanserlerde teşhis konan hastalar, ilk defa tatbiki icab eden hususat te'min edildikten sonra, hastalıklarının şekil ve derecesine göre (prevantoryum, sanatoryum, hastane) lere gönderilerek esaslı tedavileri te'min olunur*." Mustafa Talat, "İctimai Belalardan Verem ve Verem Dispanserleri," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933), 668.

[250] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]."

[251] Ibid.

[252] Ibid.

Hayriye) was founded with the initiative of Dr. Behçet Salih (Uz).[253] Tevfik İsmail quotes from the Almanac of Health, Economy and Struggle of the Society, which was published in 1930-1931, that Dr. Behçet Salih traveled to Italy for observation, visited the establishments of tuberculosis and recorded information about their activities. Consequently, he decided that similar establishments were needed in Turkey. As soon as he returned to the country, he started working on this issue. He contacted Dr. Besim Rıfat Bey, with whom he applied to Mr. Suat, the deputy of Kastamonu; Ömer Lütfi, a pharmacist; Dr.Hasan Sukuti; Mehmet Faik, a pharmacist; Halit Ziya, an engineer; and Colonel Osman Bey.[254] As a result, the society appeared in 18 February 1922.[255]

After the foundation of the society, a general meeting took place and the foundation of two commissions, one dealing with the scientific affairs and the other one with propaganda, was decided. The scientific commission was composed of Dr. Tevfik Salim, Dr. Hüsamettin, Dr. Murat, Dr. Besim Rıfat, Dr. Behçet Salih, Dr. Osman Nuri, Dr. Şükrü Cemal and Dr. Memduh. This commission pointed out that the first target in the struggle had to be the opening of dispensaries, as Besim Ömer Paşa had declared earlier. Thus, a consulting room was opened under the name of the Voluntary Society for the Struggle against Tuberculosis Patient Care Examination Office (*Veremle Mücadele Cemiyeti Hayriyesi Hasta Bakım ve Muayenehanesi)*, a polyclinic that did not focus specifically on tuberculosis. It dealt with every kind of health problem.[256]

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[253] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 28.

[254] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]."

[255] *İzmir Verem Mücadele Cemiyeti Sıhhat ve İktisat Mücadele Almanağı 1930-1931*, (İstanbul: Sebat Matbaası, 1931), 9.

[256] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]."

At the same time, an attempt at opening a tuberculosis dispensary took place and a plot of land was bought in 1925 on Beyler Street, a central place in İzmir; however, the foundation was laid not before 7 July 1929. The society gave great importance to propaganda and education. Under the editorial writer Behçet Uz, a journal called *Cidal*, addressed the public, and was published in 17 issues between 1924 and 1927. The society took the name of the İzmir Society for the Struggle against Tuberculosis (*İzmir Veremle Mücadele Osmanlı Cemiyeti*) by the Association Law (*Cemiyetler Kanunu*) of 1938.[257]

The Society later initiated the openings of the İstanbul Society for the Struggle against Tuberculosis and the Heybeliada Sanatorium.[258] The Heybeliada Sanatorium was opened on 1 October 1924, with 50 beds.[259] The administrator was Prof. Server Kamil.[260] Before that, in 1923, on the request of Colonel Dr. Mustafa Talat Bey, the Director of the Department of Science in the Ministry of War (*Harbiye Nezareti Sıhhiye Dairesi Fen Şubesi Müdürü*) wrote a report on the struggle against tuberculosis in Switzerland by Dr. Fevzi Özet. With him, Lieutenant Halil Bey was employed to investigate the possibility of building a sanatorium in the Maltepe Pavilions of the training pavilions or the recuperation house of the military school on Heybeliada. Heybeliada was found appropriate, but since that was armistice time, that building was used for the housing of the

[257] Ibid.

[258] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 11.

[259] Ibid., 28. The number of beds is given as 16 by Tevfik İsmail Gökçe as 16, which reaced to 630 in 1954. The sanatorium accepted paying patients, with three level in 1 January 1947: First class for room for one bed of 10 liras, second class for room for three beds of 8 liras, and third class for room for five or more beds of 6 liras. Gökçe, *Heybeliada Sanatoryomu: Kuruluş ve Gelişimi, 1924-1955*, 255.

[260] İhsan Rifat Sabar, *Tüberküloz Tarihçesi* ed. İstanbul Üniversitesi Tıp Tarihi Enstitüsü, vol. 50 (İstanbul: Kemal Matbaası, 1956), 53.

refugees.[261] The number of beds of the sanatorium reached to 500 in the administration of Dr. Tevfik İsmail Gökçe in 1956.[262] After that time, Zülfü Sami Özgen undertook this mission.[263]

The third Society for the Struggle against Tuberculosis was founded in Balıkesir on 2 October 1923. This society published a pocket calendar of 319 pages that contained information about such topics as hygiene, microbes, and the prevention from diseases on each page. Here, the objective was both to gather income and to spread information. This society was founded by people who were both politicians and physicians.[264] Despite the good intentions of these people, this society was not long-lived.[265]

The fourth society was founded again in İstanbul, and this time was peculiar to İstanbul, under the name of the İstanbul Society for the Struggle against Tuberculosis (*İstanbul Veremle Mücadele Cemiyeti*). During the meeting of the Physicians' Friendship Society (*Etibba Muhadenet Cemiyeti*), the members of which were the same as those of the Ottoman Society for the Struggle against Tuberculosis, the new establishment of the society was decided. Also, an initiative council of 30 members was elected. This council first prepared a bylaw for a general struggle comprising the whole country. However, after being oriented to more local activities, mainly concerning İstanbul, for practical reasons, the society

[261] Gökçe, *Heybeliada Sanatoryomu: Kuruluş ve Gelişimi, 1924-1955*, 8.

[262] Sabar, *Tüberküloz Tarihçesi* 53.

[263] Kahya and Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, 323.

[264] The names of the people constituting the first administrative board were such: Hasan Sabri Cantay (the deputy of Balıkesir), Abdülgafur Iştın (the deputy of Balıkesir), Hayrettin Kuran (former deputy of Balıkesir), Dr. Hikmet Süreyya (Balıkesir Director of Health), Dr. Ekrem Tok (the chief physician of *Memleket Hastanesi (*the Hospital of the Country*)*), Avni Sağlıkçı (the owner of Sağlık Pharmacy), Hüdai (the Director of Agriculture). Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]," 19.

[265] Ibid.

became active from the September of 1927. [266] The society opened with the money left from the older one: 116 liras 50 kuruş and some furniture like a table, a chair, and a cupboard.

During the second congress of the İstanbul Society for the Struggle Against Tuberculosis, after having suggested that every member register ten new members within that year, he gave an exposition about the struggle. He explained that there were 600 dispensaries in France and 3,000 in Germany, 87 tuberculosis institutions in France, and 39,000 beds for tuberculosis patients in Germany. But in Turkey, there were only two dispensaries and 150 beds of tuberculosis. In the World War I, the loss of life was 60,000; equal to the damage done by tuberculosis within two years. Solely for İstanbul, 2,500 additional beds were needed. That organization could not be realized through voluntary societies.[267]

The next step of the society was to announce to the public and the leaders of the country the necessity of the struggle against tuberculosis. They needed to show that such activities were beneficial and effective. During 18 years, these two societies (İstanbul and İzmir) carried out the activities until two other societies, those of Samsun and Denizli were founded in 1944.[268]

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[266] The constitutive members of the society were: Dr. Abdülkadir Lütfi Noyan, Dr.General Sakızlı Ali Çalımlı, Dr. Ali Şükrü Şavlı, Dr. General Asaf Derviş, Dr. General Besim Ömer Akalın, Dr. Bahri İsmet, Dr. Burhanettin Binzet, Dr. Cevat, Dr. Ethem Akif Battagil, Operator Dr. Emin Ergul, Commodore Dr. Hakkı Şinasi, Operator Dr. M. Kemal Öke, Dr. Muhiddin Hekimbaşızade, Op. Dr. Murat Cankat, Dr. Mustafa Talat Özkan, Dr. Musa Kazım, Dr. Nazım Hamdi Duman, Dr. Neşet Osman Usman, Dr. Ömer Lütfi Eti, Dr. Refik Münir, Dr. Reşat Rıza, Mrs. Safiye Hüseyin Elbi, Dr. Süleyman Ethem, Dr. General Tevfik Sağlam, Dr. Tevfik İsmail Gökçe, Dr. General Ziya Nuri. The first congress was held five months after the foundation of the society. The first administrative council was composed of these poeple: President Dr. Sakızlı Ali Paşa, vice-president Dr. Neşet Osman Usman, general secretary Dr. Tevfik İsmail Gökçe, members Dr. Süleyman Ethem, Dr. Mustafa Talat, Prof. Op. Murat Cankat. Ibid.

[267] "İstanbul Veremle Mücadele Cemiyetinin İkinci Kongrası," *Yaşamak Yolu*, no. 4 (1929): 2.

[268] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," *Yaşamak Yolu*, no. 397-399 (1969): 22.

Since the income of İstanbul Society for the Struggle against Tuberculosis was very limited, during the first general meeting it was decided that a model dispensary of tuberculosis should be constructed. Therefore, in 1929, the society opened its first dispensary in the two rooms of a municipal dispensary building in Eyüp, allotted without charge. This was the first dispensary for tuberculosis. The reason for the choice of Eyüp was its being the poorest district of İstanbul.[269] In the dispensary, the doctors took turns examines patients, with Dr.Tevfik Sağlam[270] on Monday, and Dr. Tevfik İsmail and Dr. Fazıl Şerafettin on Saturdays. The files kept on the patients were exact translations of the ones that were used in tuberculosis dispensaries in France by Rockefeller.[271]

Indeed, the opening of dispensaries was seen as an essential part of the struggle against tuberculosis.[272] Dr. A. Nabi Kastarlakoğlu expressed the importance of dispensaries with these words:

> Therefore, we are saving some of the poor patients who have received infection by treating him in a place like hospital, sanatorium or dispensary. Also, we are saving the adults form infection and the children generally from death undoubtedly by preventing the spread of the microbes of the disease in the family neighborhood. So, the decrease that is seen in death due to tuberculosis in world statistics is partly due to the institutions like tuberculosis hospitals, dispensaries, sanatoria that are in sufficient number and that work thanks to the social benevolence.[273]

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[269] Enver Pektaş, *Sosyal Hizmetler ve Genel Prensipleri* (İstanbul: İtimat Yayınevi, 1962), 28.

[270] Tevfik İsmail Gökçe emphasizes that the primary man of this struggle was Tevfik Sağlam. He was chosen as the general president of the İstanbul Society for the Struggle against Tuberculosis after the death of Sakızlı Ali Paşa in 1936 and maintained his position until 1953, with the condition that he stay in the administrative council. He also became the president of the Turkish National Society for the War against Tuberculosis, which was founded in 1948 and hold that position for 15 years, until his death.

[271] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 22.

[272] Tevfik İsmail Gökçe said that dispensary was the soul of the struggle against tuberculosis. Tevfik İsmail Gökçe, *Verem Mücadelesinde Verem Dispanserlerinin Rolü* (İstanbul: Kader Basımevi, 1956), 3.

[273] "*Binaenaleyh, intan menbaı olan bir hastayı hastane, sanatoryum, dispanser gibi bir mahalde tahtı tedaviye almakla bu biçarelerden bir kısmını hem kurtarmış oluyoruz hem de aynı zamanda aile muhitinde hastalık mikroplarının etrafa saçılmasının önüne geçmekle büyükleri intandan küçük yavruları da ekseriya muhakkak bir ölümden kurtarmış oluyoruz. İşte cihan istatistiklerinde verem hastalığından vefiyatta görülen bu tenaküs kısmen ekseri medeni memleketlerde ictimai yardımlar*

Sanatorium treatment also was strongly advised to the patients. Several publications and educating pamphlets, mottos were filling the journals of the period. "*Promenades*" in the sanatoriums were used as the curative method.[274] The sanatoriums abroad and their effects in the tuberculosis treatment were described by the physicians.[275] The press of the era was full of articles and news about the institutions of health, and more specifically tuberculosis. The newspaper *Cumhuriyet* (The Republic) also had several news on tuberculosis, and health in general.[276] Parallel to the idea that health centers were needed for the struggle that

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sayesinde iş gören verem hastanesi, dispanser gibi, sanatoryom gibi ihtiyaç nisbetinde mevcut müesseseler sayesindedir." Kastarlakoğlu, *Verem Afeti Karşısında Hali Hazır Tababetin Durumu*, 14.

[274] As an example of the advices on the proper ways of living in a sanatorium, see Behaeddin Mehmet, *Sanatoriumda Verem Tedavisi* (İstanbul: Kader Matbaası, 1929). This book explains technical aspects of the disease, but it also informs about what the patient could do: "*Hasta açık havaya tutulacak ama güneş altında olmayacak. Sanatoryumda değilse evinin bahçesinden yararlanacak*.", p.22.

[275] Dr. Kilisli Rıfat writes about Norwegian sanatorium treatment. A national society was founded , which initiated the foundation of *tuberculosis homis*- house of tuberculosis- in 1912. ın 1926, there was 12 great sanatoria with 1148 beds and houses of tuberculosis with 2186 beds. Between 1886-1926, deaths caused by tuberculosis were decreased to its one third. Kilisli Rıfat, "Vereme Karşı," *Sıhhî Sahifeler* 4, no. 6 (1930): 161-64.

[276] About news on public health in general, see "Tıp Encümeni," *Cumhuriyet* 17 January 1926. , "Frengi Mücadelesi," *Cumhuriyet* 23 March 1926., "Etibba Loncası, Seyyah Doktorlar," *Cumhuriyet* 27 March 1926., "Veba Vakaları," *Cumhuriyet* 16 August 1926., "Tifo Vakaları," *Cumhuriyet* 12 November 1925., "İkinci Tıp Kongresi," *Cumhuriyet* 21 June 1927., "Frengi Komisyonu," *Cumhuriyet*, 4 Kanunısani 1934., "Frengi Talimatnamesi," *Cumhuriyet*, 15 Kanunısani 1934., "Fuhuşla Mücadele: Sıhhiye Vekaleti'nin Gönderdiği Mühim Tamim," *Cumhuriyet*, 28 Kanunısani 1934., "Sıtma Mücadelesi," *Cumhuriyet* 2 March 1930., "Hıfzıssıhha Kanunu," *Cumhuriyet* 8 June 1930., "Frengi Komisyonu.", "Hastaneler İçin Yeni Kararlar: Hasta Kabulünde Cinsiyet Farkı Aranmayacak," *Cumhuriyet*, 9 Kanunısani 1934. For news on tuberculosis, see "Verem Çoğalıyor," *Cumhuriyet* 29 November 1925., "Veremle Mücadele," *Cumhuriyet* 7 December 1925., "Verem Aşısı Yeni Bir Şey Değildir," *Cumhuriyet* 13 December 1926, "Veremle Mücadele," *Cumhuriyet* 9 November 1926., "Veremli Çocuklar," *Cumhuriyet* 3 January 1927., "Verem ve Tahribatı," *Cumhuriyet* 5 June 1927., "Verem Hakkında Mühim Bir Rapor Hazırlandı," *Cumhuriyet* 24 September 1927., "Veremle Mücadele," *Cumhuriyet* 24 October 1927., "Veremle Mücadeleye Hazırlanıyor Musunuz?," *Cumhuriyet* 21 November 1927., "Verem Artıyor Mu?," *Cumhuriyet* 7 December 1927., "Verem Hastanesi," *Cumhuriyet* 3 August 1928., "Verem Dispanserinin Vaz-ı Esası Yapıldı," *Cumhuriyet* 31 August 1928., "Verem Hastanesi ve Verem Mücadelesi," *Cumhuriyet* 26 September 1928., "Vereme Karşı Aşı," *Cumhuriyet* 20 October 1928., "Veremle Mücadele Kongresi," *Cumhuriyet* 21 October 1928., "Eyüp'te Bir Verem Dispanseri Açıldı," *Cumhuriyet* 14 December 1928., "Veremle Mücadele Filmleri," *Cumhuriyet* 18 March 1928., "Veremle Mücadele," *Cumhuriyet* 26 March 1928., "Veremli Talebelerin Tedavisi İçin Çalışılıyor," *Cumhuriyet* 6 April 1928., "Verem ve Çocuklar," *Cumhuriyet* 5 March 1930., "Verem Kongresi Bugün Toplanıyor," *Cumhuriyet* 7 February 1930., "Veremle Mücadele: İstanbul Veremle Mücadele Cemiyeti'ne 1 Lira Vererek Aza Olunuz," *Cumhuriyet* 10 January 1930., "Verem Mücadelesi Günün Meselesidir," *Cumhuriyet* (12 February 1930)., "Verem Dispanseri Bir Senede Kaç Hastaya Baktı," *Cumhuriyet* 14 February 1931.,

were present in the publications, Behaddin Faik, in *Yeni Hıfzıssıhha* (The New Hygiene), emphasized the importance of sanatorium treatment with these words:

> Social policies include elements that one cannot succeed personally. These are formed of measures like informing people through publications, propaganda, movies, et al; treating and isolating the patients in time in (tuberculosis hospitals) or (sanatoriums) so that they not infect the environment; informing the patients in anyway and sterilizing the materials spread through their cough, sterilizing their dwellings, et al.[277]

When we see death cases by cause of death in 1936, for example, we see that tuberculosis was the fourth biggest cause of death. The other ones are heart diseases, pneumonia, and diarrhea. [278]

Table 4. Deaths from tuberculosis compared to general death rates in big cities 1936

	Ankara	İstanbul	İzmir
Pulmonary Tuberculosis	115/ 1810	1401/13329	312/3652
Other tuberculosis cases	52	308	72

Source: *Küçük İstatistik Yıllığı Cilt 2, 1938-39*, ed. İstatistik U.M. (Sühulet Basımevi, 1940), 67.

"Verem ve Spor," *Cumhuriyet* 19 February 1930., "Veremle Ciddi Surette Mücadele Edelim," *Cumhuriyet* 24 January 1930., "Verem Sanatoryomu," *Cumhuriyet*, 25 Kanunısani 1934.

[277] "*İctimai tedbirler, şahsın yalnız başına muvaffak olamıyacağı esasları ihtiva eder; bunlar halkın neşriyat, propaganda, sinemalar ve sair suretlerle tenviri, hastalıklı olanların etraflarını bulaştırmamaları için vakdinde (verem hastanelerinde) veya (sanatoryumlarda) tedavi ve tecrit altına alınmaları, ve hastaların da behemahal tenvir edilerek öksürüklerile ve sair maddelerile bulaşmış olan maddelerin takim edilmesi, meskenlerin sıhhi hale getirilmeleri gibi tedbirlerden mürekkeptir.*" Behaddin Faik, *Yeni Hıfzıssıhha* (İstanbul: Devlet Matbaası, 1932), 162.

[278] *Küçük İstatistik Yıllığı Cilt 2, 1938-39*, ed. İstatistik U.M. (Sühulet Basımevi, 1940), 67.

Table 5. Deaths from tuberculosis in big cities 1937

	Ankara	İstanbul	İzmir
Pulmonary Tuberculosis	128	1422	335
Other tuberculosis cases	55	316	87

Source: *Küçük İstatistik Yıllığı Cilt 2, 1938-39*, ed. İstatistik U.M. (Sühulet Basımevi, 1940), 67.

Concoctions were prepared from the pituitary glands of the patients and sent to Heybeliada Sanatorium for examination. The x-ray films of the people in need were taken without charge in the Clinic of Gülhane or Gureba Hospital. In 1930, a small laboratory was established. For the sanitary visits and examinations, there was lack of nurses; hence, Nebat Hanım, who was an intern at the Heybeliada Sanatorium, was employed in this capacity. Spittoons and clinical thermometers were given to the patients of the dispensary: Poor patients in need of medications received them from the stores of the pharmacies of the municipality.[279]

As mentioned before, propaganda and education were as important as opening dispensaries and sanatoria. The İstanbul Society for the Struggle against Tuberculosis worked to spread information about the disease. The report of the first congress states that this was done at the beginning of the year. In the same report, it is stated that propaganda was the factor behind the success of the Americans. Through propaganda, they intended to inculcate the social vitalness of the struggle against tuberculosis. If this intervention succeeded, the society was expected to reach a new budget and program the following year. In addition, the

[279] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 22.

necessity of propaganda through conferences, pamphlets, movies, and articles on the diffusion of tuberculosis was underlined. The members of the society asserted that rosettes, stamps and days of tuberculosis should be given special attention and should be applied in as effective a manner as possible. Hence, for propaganda, the society allocated 2,600 liras of its total budget, which was 8,500 liras.[280]

Propaganda about tuberculosis was also realized through the publications of the Ministry of Health and Social Assistance. From the propaganda materials, it can be seen that the responsibility of the individual in keeping his body healthy was seen as an extension of struggling against this disease. Being healthy was a national responsibility. Tuberculosis was no exception to this. The book, called "*Verem" (Tüberküloz*), contains these mottos: "Beware and fear this social disaster threatening your country and your citizen," "Tuberculosis can be treated," "Tuberculosis can be treated as easily as it is diagnosed as early," "Vaccine your new-born babies with B.C.G," and "To inform the health offices about tuberculosis patients is a legal and conscientious duty."[281]

A compendium dated 1930 helps us to understand the number of the goals that were realized within three years. According to this compendium, first and

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[280] Ibid.: 23.

[281] "Y*urdunu ve yurddaşını tehdit eden bu ictimai afetten sakın ve kork., verem bulaşıcı hastalıktır.", "Veremin tedavisi kabildir.,"Verem ne kadar erken teşhis olunursa o kadar çabuk tedavi olunur.", "Yeni doğan çocuklarınıza verem aşısı (B.C.G.) yaptırınız.","Veremlileri sıhhat dairelerine haber vermek kanun ve vicdan borcudur*." "Verem (Tüberküloz) No: 60," ed. Sıhhat ve İctimai Muavenet Vekaleti (Ankara Cezaevi Matbaası, 1938), 16. A lot of educative articles were written in *Sıhhat Almanakı*. Some examples are: Talat, "İctimai Belalardan Verem ve Verem Dispanserleri.", Feliziani Bey, "İtalyada Vereme Karşı Mücadele Taşkilatı ve Sanatoryomlar," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933)., Fuat Sabit Bey, "Friedmann Aşısı Etrafındaki Mücadele," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933)., Tevfik İsmail, "Akciğer Vereminde Hıfzıssıhha-Yiyecek Tedavisi," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933)., Tevfik Salim, "Verem Savaşı," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933)., Ahmet Fahri, "Kemik Veremi," *Sıhhî Sahifeler* 4, no. 6 (1930). Neşet Halil, "(B.C.G.) Tüberküloz Aşısı," *Sıhhiye Mecmuası* 5, no. 23 (1929)., Osman Niyazi, "Cilt Tüberkülozları," *Sıhhiye Mecmuası* 5, no. 23 (1929)., Abdülkadir Mehmet, "Tüberkülozun Laboratuvar Teşhisleri," *Sıhhiye Mecmuası* 5, no. 24 (1929)., Server Kamil, "Vereme Karşı Korunmada Anti Alfa Aşı," *Sıhhiye Mecmuası* 5, no. 25 (1929).

foremost, the education of the people was given priority. For this reason, a pamphlet and a leaflet were prepared and 10,000 copies were printed for each. Another leaflet was printed of 20,000 copies. Also, a poster was prepared and 4,000 of it were hung in the streets, main districts and schools; a movie of 100 meters was prepared and shown at conferences.[282]

From 1929, a monthly sanitary journal addressing the people, called *Yaşamak Yolu* (Way of Living), started to be published in 3,000 copies. 500 of them were given to the Ministry of Education, and another 500 were taken by the General Stuff (*Erkan-ı Harbiye*), both in order to distribute. The members of the society were sent this journal in return for their membership fee of one lira. The journal also was given to several institutions and people without charge. The writers and editors of this journal did not receive any payment. By 1969, circulation reached 10,000. Moreover, the society gave lectures to the public at the *Türk Ocağı* (Turkish House) and to students at *Hilaliahmer Mektebi Dershanesi* (the Classroom of Red Crescent School) in 1928-1929 at which a movie showing several aspects of the struggle against tuberculosis was also shown.[283] The journal was also sent to primary schools and People's Rooms (*Halk Odaları*).[284] *Yaşamak Yolu* was a propaganda journal, although its writers claimed that it was not aiming any propaganda, but declared that it was an "enlightening journal."[285]

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[282] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 23.

[283] Ibid.

[284] Tevfik İsmail Gökçe, "İstanbul Verem Savaşı Derneği'nin Çalışmaları," *Yaşamak Yolu*, no. 157 (1949): 3.

[285] "*Yaşamak Yolu sizin de kabul ettiğiniz gibi ticaret gayesiyle çıkmıyor; hatta esas maksadımız propaganda da değildir. Biz verem savaşında halkımızı aydınlatmayı prensip edindik. Derneğin propagandasını yapıyorsak verem savaşında faydalı olacağı için yapıyoruz*." Erol Kayalıoğlu, "Okuyucularla Başbaşa," *Yaşamak Yolu*, no. 157 (1949): 4. However, in the same journal, it is written also written that the İstanbul Society gives a special importance to propaganda, and for this, publishes the journal called Yaşamak Yolu. "Türkiye'de Verem Savaşının Tarihçesi ve Halihazırı," *Yaşamak Yolu*, no. 231 (1955): 4.

Additionally, the society published another journal called *Tüberküloz Dergisi* (Journal of Tuberculosis) in 1934 with Tevfik Sağlam, Tevfik İsmail Gökçe and İhsan Rifat Sabar. This journal was the first scientific journal on tuberculosis.[286]

The Republican Regime and War against Tuberculosis after World War II

Until the second half of the 1940s, as seen, the struggle was carried on through voluntary societies. Indeed, the founders of the societies were physicians who were also active in politics. Therefore, we can say that the societies were in the final analysis linked to the state. The state/party sought to bypass the devastating effects of the long-lasting wars in terms of the quality and quantity of the population. Nevertheless, that was not the sole desire: the state needed to fulfill certain duties in order to exist as a modern state in the interwar period: This urgency implied that the health of the population should be guaranteed by the state. Since the state lacked the means to implement that commitment, it redeemed this duty through voluntary societies. The calamity of tuberculosis was no exception to this. Nevertheless, partly due to the emergence of the necessary legal, institutional and economic rudiments, and partly because of the beneficial works of the societies, the state became ready to shoulder the struggle, pushing the societies into a supplementary position. Since then, the societies would be the

[286] Sabar, *Tüberküloz Tarihçesi* 54. The journal suspended the publication for three years. Then, it became a publication of İstanbul Society. The content of the journal is very technical. It contains abstracts or translations of the articles in French. *Tüberküloz* 4, no. 1 (October 1949).

means of the state to reach the inner parts of Anatolia, instead of carrying on the struggle by themselves.[287]

Tevfik İsmail Gökçe explains that tuberculosis started to be considered as a national issue by the Ministry of Health in 1945. At that date, the ministry gathered a commission composed of health professionals and administrators. This commission examined the issue of tuberculosis in Turkey and determined that it was urgent that a planned struggle needed to be started. It is after that decision that the Ministry of Health initiated the struggle against tuberculosis throughout the country.[288] At a report presented to the ninth general committee of the Turkish National Society of Struggle against Tuberculosis that took place on 15 April 1956, he asserted that treatment centers were too costly, voluntary associations and societies of struggle against tuberculosis could not handle them. That is why it should be the duty of institutions like state economic organizations or social security systems.[289]

The first movement of the Ministry of Health, that was approving the voluntary societies of İstanbul and İzmir, was to send a circular letter to the

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[287] In the Sixth Congress of Tuberculosis, Özyeğin emphasized the necessity of state interference in the struggle since despite the beneficiary activities of the societies, the struggle was more costly than they could handle. Cavit Özyeğin, "Memleketimizde Verem Savaşının Gelişimi Bugünkü Durumu ve Geleceği," in Altıncı Türk Tüberküloz Kongresi, 23-27 Nisan 1963, Bursa (İstanbul: İsmail Akgün Matbaası, 1965), 93. In the R.P.P. series of conferences, İsmail Kazım Gürkan also emphasizes this problem: State gives assistance to its employees in the preventorium in Valdebağı. If the rich people would enter in this business in small scale institutions, they would gain. *Kazım İsmail Gürkan, "Sosyal Gözle Kemik Veremi," in C.H.P. Konferanslar Serisi Kitap 13 (Ankara: 1940), 27.* Against tuberculosis, a special organization could not be founded in the time of Refik Saydam's ministership, the struggle could be carried out only through voluntary associations and dispensaries and sanatoria founded by the ministry. Erdem Aydın, "Cumhuriyet Döneminde Sağlık Örgütlenmesi," *Yeni Tıp Tarihi Araştırmaları*, no. 5 (1999): 146.

[288] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 24.

[289] "*Veremle mücadelede hasta tedavi müesseseleri çok mühim, ama masraflı. O işi gönüllü verem teşekkülleri, veremle savaş dernekleri halledemez, bu iş devlet iktisadi teşekkülleri ve sigorta ve emsali teşekküllerin vazifeleridir.*" Gökçe, *Verem Mücadelesinde Verem Dispanserlerinin Rolü*, 5. Therefore, in 1953, the Ministry of Health added 500,000 Turkish Lira to its budget for rehabilitation, and allocated 400,000 of them to the struggle against tuberculosis. Pektaş, *Sosyal Hizmetler ve Genel Prensipleri*, 29.

Directorate of Health to encourage the opening of similar societies. As a result of this, the number of societies against tuberculosis reached 48 within three years. Moreover, in 1947, a tuberculosis propaganda week started to be organized.[290] This week is still being celebrated today, with activities very similar to those of the first celebration.

As an example of these activities, the program of propaganda week of 1957, written by Tevfik İsmail Gökçe in 1956, can be examined. This program stipulated that for a month, the radios of İstanbul, Ankara and İzmir would broadcast speeches of ten minutes on tuberculosis every day. Besides these speeches, the General Directorate of Post and Telegraph (*Posta ve Telgraf Umum Müdürlüğü*) would print on the envelopes small expressions on tuberculosis. These expressions would be "Support the war against tuberculosis" (*Verem savaşını destekleyiniz*), "Get your children the B.C.G. vaccine of tuberculosis" (*Çocuklarınıza B.C.G. verem aşısı yaptırınız*), and "Be examined by x-ray machines every year" (*Her yıl röntgenle muayene olunuz*).[291]

Gökçe gives detailed information about every issue of the week, including the size of the carton for the posters. He also gives the definition of the speeches that would be given during the week:

> These speeches will be given among workers, tradesmen, employees, several occupational and artisan groups, trade unions, soldiers and groups alike. The making of the speeches by the people among these groups like prominent people among workers, presidents and members of trade unions, village headmen will be ensured as possible. / That issue was orally discussed with and written to the Ministry of Labor, the compensation insurance, state fiscal organizations, workers' confederation, workers' trade union association and cooperation was maintained with all these boards.[292]

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[290] "Türkiye'de Verem Savaşının Tarihçesi ve Halihazırı," 2.

[291] Tevfik İsmail Gökçe, *6-12 Ocak 1957. Verem Propaganda ve Eğitim Haftası Programı. Türkiye Ulusal Verem Savaşı Derneği Genel Sekreterliği. No. 402* (İstanbul: Kader Basımevi, 1956), 3.

[292] "*Bu konuşmalar, işçiler, esnaf, memur, muhtelif meslek ve sanat grupları, sendikalar ve asker ve emsali topluluklarda yapılacak ve konuşmaların imkan derecesinde işçi ileri gelenleri, sendika başkan*

The Turkish National Society for the War against Tuberculosis tried to enlarge the area that the struggle could reach. The number of societies increased from 48 to 90 in 1950, to 118 in 1955, and to 197 in 1969. A survey was conducted in order to gather information about these societies in 1954, with 60 societies. The results were published and distributed to all the societies and the related institutions and people. Then, three other books were published in 1960, 1964 and 1968; for 63, 111 and 124 societies.[293]

An exemplary publication of The Turkish National Society for the War against Tuberculosis is the Informations about the Table of the Struggle against Tuberculosis (*Verem Savaşı Eğitim Levhalarına Ait Bilgiler*), which was published in 1963. That is a booklet with illustrations on the left and explanations on the right pages. The booklet strictly underlines that tuberculosis is not a hereditary disease – which, we understand that, is still the common belief-. The causes of the tuberculosis exhaustion, hard work in airless and lightless place, and life with alcohol, gambling and debauch. The booklet then cites the duties of the dispensaries: X-ray examination, mucus examination in laboratory, collective x-ray examination, visiting nurse, B.C.G. vaccine.[294]

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ve azaları, muhtar gibi toplulukların kendi içlerinden biri tarafından yapılmasının teminine bilhassa itina edilecektir. / Bu mesele çalışma bakanlığı, işçi sigortası, devlet iktisadi teşekkülleri, işçi konfederasyonu, işçi sendikaları birliği gibi teşekküllerle şifahen görüşülerek ve yazılarak bütün bu kurullarla işbirliği temin edilmiştir." Tevfik İsmail Gökçe, *6-12 Ocak 1957 Verem Propaganda ve Eğitim Haftası Programı.* , ed. Türkiye Ulusal Verem Savaşı Derneği Genel Sekreterliği, vol. 402 (İstanbul: Kader Basımevi, 1956), 4.

[293] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," *Yaşamak Yolu*, no. 319-321 (1971): 42.

[294] Some of the mottos in the booklet are "*Sağlık Bakanlığının ve Verem Savaş Derneklerinin dispanserleri emrinize amadedir." "Ziyaretçi hemşirenin veremlinin yaptığı ziyaret bir kere ile kalmaz, o belli aralıklarla bu ziyaretleri tamamlar." "Dispanser, mıntıkasındaki öğrenci, fabrika işçileri, esnaf ve memur gibi toplulukları her sene röntgenden geçirir." "Veremle başa çıkmak için elimizde en mühim silah olan verem bilgisini devamlı olarak halka yaymak da verem savaşı dispanserlerinin en mühim vazifelerindendir." Verem Savaşı Eğitim Levhalarına Ait Bilgiler*, (İstanbul: Türkiye Ulusal Verem Savaşı Derneği, Kıral Matbaası, 1963), 2.

Propaganda activities of the society included stamp campaigns, which were used since the 1940s. From the year 1940, to tuberculosis stamps were attached the movie tickets.[295] From the 1952, the Turkish National Society for the War against Tuberculosis published some stamps of several values and these were sent to the societies with their cost value, that is, 1 kuruş. The stamp campaign of 1971 was based on sending stamps at a specific date to people by mail and receiving the money for the stamp from them by their own will. The value of 10 stamps was fixed at 500 kuruş. If the person refused to pay, he could send back the stamps to the address written on the envelope. The mail included also the proclamation of the Turkish National Society for the War against Tuberculosis. Such kinds of campaigns began to be done in 1959, when six societies participated. In 1968, this number increased to 20, the number of stamps that were used being 1,724,500.[296] For instance, the numbers of stamps involved in the campaigns were 700,000 in 1959; 1,401,000 in 1960; 808,000 in 1961; 1,482,000 in 1962; and 2,400,000 in 1963.[297]

The society decided on the formation of an audio-visual center and realized it by the efforts of İhsan Erkılıç, a teacher who had been educated in Europe. These efforts began with two rooms in the dispensary at Sultanahmet of the İstanbul Society for the War against Tuberculosis under the name of the film and photograph service. Then, the need to find a place emerged, which resulted in the

[295] While the income coming from these stamps were 8,185 liras 18 kuruş in 1940, it reached to 157,681 liras 49 kuruş in the first five months of 1948. The number reached to 323,531 liras 91 kuruş in 1945. Gökçe explains the decrease in these three years with the efforts of other voluntary societies to benefit from this revenue. Gökçe, "İstanbul Verem Savaşı Derneği'nin Çalışmaları," 2.

[296] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 45.

[297] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [8]," *Yaşamak Yolu*, no. 322-323 (1971): 53. The tuberculosis stamps have been an important source of revenue for especially the İstanbul Society. Kemal Berktin, "Memleketimizde Verem Savaşının Dünkü ve Bugünkü Durumu," in *Altıncı Türk Tüberküloz Kongresi, 23-27 Nisan 1963, Bursa* (İstanbul: İsmail Akgün Matbaası, 1965), 65.

appropriation of the Damat İbrahim Paşa Medresesi in Şehzadebaşı. Since that time, the Audio Visual Education Center has continued its activities as an institution of the Turkish National Society for the War against Tuberculosis, with the cooperation of the İstanbul Society for the War against Tuberculosis.[298]

The works of the center include the taking and exhibiting of photographs about the struggle, preparing slides and films and sending them to the societies at less than their cost values, making movies and distributing them to the societies, preparing flannel graph bags, taping beneficiary works, preparing temporary traveling exhibitions, and providing microphones and loud-speaker installments. Tevfik İsmail Gökçe gives an example of the pamphlets and posters that the audio-visual center distributed in 1968: 60,000 posters with "Tuberculosis, the Enemy of Humans (*İnsanların Düşmanı Verem*);" 25,000 posters with "B.C.G. 15th Year"; 50,000 pamphlets of "B.C.G. tuberculosis vaccine;" 50,000 pamphlets of "Protect Yourselves against Tuberculosis (*Veremden Korununuz*);" 300,000 of six types of pamphlets without pictures; 350,000 of seven types of pamphlets with pictures; 5,000 posters with "Tuberculosis is a Contagious Disease (*Verem Bulaşan Bir Hastalıktır*);" 5,000 posters of B.C.G.; 70,000 of a pamphlet of education; 310,000 of a pamphlet with "Mr. Tuberculosis Bacteria;" 23,000 of "My New Sermons (*Yeni Hutbelerim*);" 200,000 small hand calendars; 11,500 wall calendar; 4,000 announcements for speeches; 100,000 announcements of the stamp campaign; 13,000 small education panels.[299]

In order to enlarge the area that the propaganda reached, it was decided to organize a week dedicated to tuberculosis education. The War against Tuberculosis Propaganda and Education Week (*Verem Savaşı Propaganda ve*

[298] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 44.

[299] Ibid.: 44-45.

Eğitim Haftası) started one year before the formation of the Turkish National Society for the War against Tuberculosis. The society, at the moment of its formation, took charge of the organization of the week. The cooperatives of the society in the organization of the week, which was held every first week of the year, were the Ministry of Health, the official and voluntary institutions, the General Directorate of the War against Tuberculosis and local societies against tuberculosis.[300]

Before the week, great information was given to the Ministry of Health and Social Assistance; the General Directorate of the War against Tuberculosis; the Ministry of Labor, the Ministry of National Education, the Ministry of Agriculture, the Ministry of National Defense; and to the Agency of Religious Affairs, and they were asked to attend the activities. It was intended to reach the students through the Ministry of National Education, to the workers through the Ministry of Labor, to the members of army through the Ministry of National Defense, to the villages through the Ministry of Agriculture by the groups of 4-K, to the whole population through the Agency of Religious Affairs.[301]

The War against Tuberculosis Propaganda and Education Week started with a speech by the Ministry of Health on the radio. Gökçe informs us that in the 1960s, during the week the radios of Ankara, İstanbul, İzmir, Adana, Gaziantep, Diyarbakır, Antalya, Van and Erzurum prepared informative programs about tuberculosis. Moreover, the city loudspeakers and the local newspapers were used for propaganda. The stamp campaign also had a specific importance in the

[300] Ibid.: 45.

[301] Ibid.: 46.

struggle; since it was not a means of collecting money, but also of announcing the struggle itself.[302]

Special importance was given to tuberculosis education in schools. For instance, a suggestion was made about the school-family associations (*okul-aile birlikleri*) was that: Recording the conferences given by specialists to gramophone discs and sending them to necessary places, making cinema movies, adding reading material to course syllabi.[303] Another method was to open open-air schools (*açik hava okulları*). Etienne Berthet said that the population's cultural level needed to be increased.[304] That would be possible by reaching families through children.

A report presented to the Commision of Health Education of the *Union Internationale Contre la Tuberculose* mentions that education should be given at the level of the people's understanding.[305] The institutions and formations that are suggested to be used are as follows: All kinds of youth organizations, all post-graduate day and night continuation courses, sanitary and social clubs and societies, professional organizations, health institutions.[306] The propaganda activities, according to this report, were realized through radio, movies, fixed movies, flannellographs, conferences, publications, educative material composed of a small amount of written part with many illustrations, museums and mobile

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[302] Ibid.: 45.

[303] Raşit Serdengeçti, *Verem ve Bunun Karşısında Okul-Aile Birlikleri* (Ankara: M.E.B., 1948), 7.

[304] Berthet, *Veremin Mediko-Sosyal Görünüşleri*, 20.

305 If the literacy rate, which was 23,3 percent in 1935, was considered, the necessity of the efforts of using as many illustrations as possible, or a language as much simplified as possible, becomes easier to put in the context of the 1930's Turkey. *Küçük İstatistik Yıllığı Cilt 2, 1938-39*, 49.

[306] *Tüberküloz. Tüberküloz ve Tüberküloz-dışı Akciğer Hastalıklarından Bahseder*, (Ocak 1961). A similar emphasis on the health education can be seen in *Beşinci Türk Tüberküloz Kongresi: 15-18 Mayıs 1961, Konya*, (İstanbul: İsmail Akgün Matbaası, 1963). The book emphasizes the importance of the sanitary education given in villages, p. 120.

exhibitions,[307] tuberculosis propaganda and education caravan,[308] puppets and *karagöz* shadow puppet theater.[309]

In the year 1948, the Ministry of Health decided on the gathering of a congress of tuberculosis. Hence, with the cooperation of the İstanbul Society for the Struggle against Tuberculosis and, under the leadership of Dr. Behçet Uz from the Ministry of Finance, a congress was gathered in İstanbul. The conference was attended by health professionals, administrators and the representatives of the 48 societies. This meeting had an important effect on the settling of the idea that tuberculosis was a matter of public health. In addition, these local societies were unified under the name of the Turkish National Society for the War against Tuberculosis (*Türkiye Ulusal Verem Savaş Derneği)*.[310] The people who led the openings of the societies of struggle against tuberculosis were Dr. Behçet Uz, Dr. Tevfik İsmail Gökçe, Dr. Tevfik Sağlam, and Prof. Dr. Nusret Karasu. Because tuberculosis was a serious problem, this decision to found a National Society for the War against Tuberculosis was taken. For 15 years, the director was Tevfik Sağlam.[311] That decision was followed by Law No. 5368, the Law on the War against Tuberculosis (*Verem Savaşı Hakkında Kanun)* that provided income.[312]

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[307] A movie theater was added to the museum in İstanbull in order to attract people. There were four health museums, which were in İstanbul, Ankara, İzmir and Erzurum.

[308] That caravan was in a jeep, driven by a health official. Inside the jeep there were a dismantling exhibition, a projecion machine, mobile and immobile movies, posters. By 1961, the jeep has been traveling in the country since 4 years.

[309] *Tüberküloz. Tüberküloz ve Tüberküloz-dışı Akciğer Hastalıklarından Bahseder*, 5-8.

[310] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 24. The Turkish National Society for the War against Tuberculosis was founded with 35 founding members, unifying 180 societies. Available [online] at http://www.verem.org.tr/ tarihce.php

[311] Some pages of Yaşamak Yolu were consacrated for the Turkish National Society for the Struggle against Tuberculosis, because the revenues of the society were not sufficient to publish a journal. Tevfik İsmail Gökçe, "Neşriyata Başlarken..." *Yaşamak Yolu*, no. 176 (1951): 6.

[312] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 28-29.

1948 was a year in which the activities of the struggle against tuberculosis were fruitful. The Assembly accepted Law No. 5237, which stipulated that 10 percent of the share that the municipalities were taking from the places of amusement be given to local societies for the struggle against tuberculosis. Thus, these societies became able to obtain continuous revenue.[313] An issue related to tuberculosis was Municipal Income Law (*Belediye Gelirleri Kanunu*) No. 27, which stipulated that if there was a local society against tuberculosis, the share should be delivered to that. If not, this share could be spent directly to the poor people suffering from tuberculosis within the borders of the municipality.[314] The aim of encating the law was to gather income for the Turkish Society for the Struggle against Tuberculosis.[315] The basis of this law was the stamps that began to be attached on the movie tickets in 1940.[316] This revenue, Tevfik İsmail explained, was a matter of debate. The municipalities demanded that it be abrogated, but the Assembly and the governments did not approve this request. He also gave the share of the income coming from the municipalities of the year 1968 of the İstanbul Society for the Struggle against Tuberculosis: 3,500,000 liras of 6,858,000 liras.[317] 1949 was the year in which the Ministry of Health prepared a program of ten years, and decided to allocate 4.5 million liras to the struggle, which had been very useful.[318]

In 17 January 1949 the Tuberculosis Consultation Commissions (*Verem İstişare Komisyonları*) were established in Ankara under the directorship of the

[313] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 24.

[314] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [8]," 42.

[315] "Türkiye'de Verem Savaşının Tarihçesi ve Halihazırı," 2.

[316] Gökçe, "İstanbul Verem Savaşı Derneği'nin Çalışmaları," 2.

[317] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 25.

[318] Pektaş, *Sosyal Hizmetler ve Genel Prensipleri*, 27.

Ministry of Health. In attendance at the meeting that decided on the formation of this commission was the health professionals, representatives of voluntary societies and administrators attended. The commission prepared the principles of the program of the struggle and presented it to the Ministry.[319] This commission was invited to the congresses in the years 1950, 1953, 1960 and 1965. Tevfik İsmail emphasized that he attended most of theses congresses and that they mainly held the first program each time, with some small changes to it. He added that since then, the body responsible for the struggle against tuberculosis was the Ministry of Health and Social Assistance. The execution depended on the General Directorate of War against Tuberculosis.[320] These commissions assembled in 1949, 1950, 1953 and 1964. The representatives of the societies attended to these meetings.[321]

The application of the National Struggle against Tuberculosis began after this preliminary research. The framework of the struggle was constituted from mapping the area, fragmenting it into units, visiting houses and treating the individuals found to be infected, inviting them on determined days. In addition to these specific duties, the program stipulated some duties that were related the whole population. These involved the application of the Mantoux test of tuberculin, vaccination with B.C.G. vaccine, taking microfilms, full consultation with individuals at risk, treating patients, protecting people sharing houses with a tubercular patient with medication, educating people through continuous propaganda and training, fixing and evaluating the studies through statistics. Thus,

[319] The Commission decided that the struggle be carried out by voluntary societies in the cities whose population was higher than 10,000 while in small villages it be carried out by the health centers belonging to the Ministry of Health and Social Assistance. "Türkiye'de Verem Savaşının Tarihçesi ve Halihazırı," 3.

[320] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 25.

[321] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 42.

the struggle against tuberculosis started from İstanbul and Thrace and was spreading towards the Aegean region.[322]

The regime enacted several laws in order to regulate the war against tuberculosis. The Law on the War against Tuberculosis and the Municipal Income Law have already been discussed. Another law was enacted in 1949: Tuberculosis Budgetary Allocation Law (*Verem Tahsisat Kanunu*).[323] This law accepted that an allocation of 45 million liras be given to the Ministry of Health in order to be spent within ten years. Moreover, it stipulated that the Ministry of Health supply the voluntary societies with money, staff and provisions. Tevfik İsmail indicated that Dr. Behçet Uz, one of the earliest founders of the society and the general secretary and the president of the İzmir Society for the Struggle against Tuberculosis, becoming the Minister of Health was very effective in these developments.[324]

In addition, this law underlines that the Ministry of Health and Social Assistance would decide on the places in which the struggle would be organized. For this, the Ministry would construct, rent, expropriate and buy what was needed in order to open a sanatorium, preventorium, pavillion, and dispensary. Also, the Ministry was to buy both portable and stable x-ray machines.[325] It also was to declare itself entitled to assist private administrations, municipalities and societies of struggle, on the condition that they maintain their essential rights.[326]

The voluntary societies decided that a general directorate was necessary for the affairs to be carried out in an orderly manner, as in the case of the other

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[322] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [5]," *Yaşamak Yolu*, no. 409-411 (1970): 24.

[323] *Verem Savaşı Hakkında Kanun*, 7183, (15.04.1949).

[324] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 25.

[325] An ambulent x-ray vehicle was bought in 1948. Pektaş, *Sosyal Hizmetler ve Genel Prensipleri*, 28.

[326] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [8]," 43.

diseases like malaria or trachoma. They depicted this necessity not only in local congresses, but also in their applications to the Ministry. Thus, in 1960, the services offered under the Ministry General Directorate of Health Affairs (*Bakanlık Sağlık İşleri Genel Müdürlüğü,*) began to be organized, by Law No. 5439**,** under a general directorate on 14 June 1960. Then, the General Directorate of War against Tuberculosis (*Verem Savaşı Genel Müdürlüğü*) was founded, the director being Dr. Hamdi Açan, in 25 April 1963 by the Law No. 225.[327]

Another important part of the struggle was the openings of sanitary institutions such as dispensaries, sanatoria, tuberculosis hospitals and centers. A speaker at the Conference of Tuberculosis that gathered in 1948 mentioned that the İzmir Society for the Struggle against Tuberculosis had a dispensary that had been working for a long time; it also had opened a sanatorium of 30 beds in 1944 in Buca for the middle class patients. The number of beds of this sanatorium had been increased to 60 by the year 1948. It also had a summer residence called Yamanlar Camp that had cured 70, 80 people.[328] This speaker also summarized the activities of the İstanbul Society for the Struggle against Tuberculosis of 21 years, that is, until 1948. The society had ten dispensaries, an ambulant x-ray vehicle, a sanatorium of 200 beds, a school of nursing and a journal. The yearly budget was, except for the sanatorium, 358,000 liras.[329]

The Eyüp dispensary began to work in two rooms allocated by the Municipality in that district. In 1956, there were 18 dispensaries. In addition, the İstanbul Society for the Struggle against Tuberculosis maintained one x-ray car, one nursing school, one aerium, and one sanatorium. Besides, the societies had 42,

[327] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 25.

[328] In addition, this society published this journal called *Cidal* that prepared pamplets. Its yearly budget was, except for the sanatorium, 65 thousand liras. Ibid.: 24.

[329] Ibid.

the Ministry had 43 dispensaries.[330] In 1965, the İstanbul Society had 20 dispensaries, a sanatorium with 230 beds, Naile Sağlam Research Institute that was founded in 1950, four ambulent x-ray machines and an x-ray vehicle, a rehabilitation center for the female survivors of the disease which was founded in 1955, a social nursing school in Erenköy that raises visiting nurses, the Erenköy Aerium, 13 Committees of Social Assistance founded by women in İstanbul and which target to gather income through bazaar, picnic and ball.[331]

By 1971, there were 206 tuberculosis dispensaries in Turkey, 162 of which belonged to the Ministry. Forty-two of these had been founded by societies and then transferred to the Ministry. The number of local societies was 44. There was 14,162 beds for tuberculosis patients in the country in 1971; 10,085 of which belonged to the Ministry. 1,720 beds of the Ministry came from sanatoria; 5,415 from the Hospital of Chest Diseases; 1,615 from the pavilion in state hospitals; 1,175 from the Bone Tuberculosis Hospital, 160 from the Chest Surgery Center. The other 4,077 beds belonged to other ministries, voluntary and private organizations, and faculties of medicine. Among these, the ones that belonged to societies of struggle against tuberculosis were 551. Nevertheless, Tevfik İsmail Gökçe affirms that the beds were still insufficient.[332]

Baltalimanı Kemik ve Mafsal Veremi Hastanesi (the Baltalimanı Bone and Joint Tuberculosis Hospital), which was founded in 19 Haziran 1944, is one the four state bone diseases hospitals. The other ones were in Eğridir, Urla and

[330] Gökçe, *Verem Mücadelesinde Verem Dispanserlerinin Rolü*, 7-8.

[331] Berktin, "Memleketimizde Verem Savaşının Dünkü ve Bugünkü Durumu," 65. The İstanbul Society founded the Erenköy Sanatorium in an area of 53,000square kilometer with several pavillions and 36 beds. In 1938, with the help of the Red Crescent, another pavillion with 40 beds were put into comission. Then, the sanatorium developed. Pektaş, *Sosyal Hizmetler ve Genel Prensipleri*, 28.

[332] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 47.

Trabzon.[333] The Yedikule Tuberculosis Hospital was opened in 1950 by the Ministry of Health.[334] The Koşuyolu Tuberculosis Hospital was opened in 1950, the Beykoz Child Tuberculosis Hospital in 1953.[335] Besides these hospitals and sanatoriums, there existed some private medical centers such as the Büyükada Park Sanatorium, the Çamlıköşk Prevantorium, the Erenköy Marmara Prevantorium, the Private Çamlıca Sanatorium, and the Tarabya Sanatorium.[336]

Tuberculosis institutions that belonged to the Ministry of Health and Social Assistance and the number of beds, in 1946-1955, were as follows: 4 institutions, 545 beds in 1946, four institutions and 830 beds in 1947, 18 institutions and 2,107 beds in 1950, 66 institutions and 7,277 beds in 1955.[337] From these numbers, we may follow the increase in the number of state institutions due to the increase in the allocation from the budget of the ministry.

The rehabilitation centers had a special characteristic in the belief that they could be used as centers of professional adaptation. Zülfü Sami Özgen says that for a metal worker who has lost his lung, making socks, stenography, typing can be considered as professional readaptation.[338] In England, Papwoth Village Establishments were composed of three hospitals, 270 village houses, church, grocery store, theater, and five factories. The patients were occupied with professions like carpentry, cabinetry, constructing portable houses, chicken farming or printing affairs. The patients were working from three to seven hours a day, according to their condition. Heybeliada was compared to that establishment.

[333] Kahya and Erdemir, *Bilimin Işığında Osmanlıdan Cumhuriyete Tıp ve Sağlık Kurumları*, 324.

[334] Ibid.

[335] Ibid., 325.

[336] Ibid., 326.

[337] Yusuf Tunca, ed., *Sıhhat ve İctimai Muavenet Vekaleti Tıbbi İstatistik Yıllığı 1945-1955* (Ankara: Gürsoy Basımevi, 1958), 73.

[338] Özyeğin, "Memleketimizde Verem Savaşının Gelişimi Bugünkü Durumu ve Geleceği," 99.

In Heybeliada, daily working hours were two to six, but village establishments were missing here. The patients were involved in photography, stenography, tannery, or making socks. All patients in Heybeliada were male. To this establishment 439 people entered and 291 were graduated.[339] A similar situation was in Ankara Atatürk Sanatorium presided over by the head doctor Enver Bozyakalı. The patients were producing valuable items with Hacı Bektaş stone and they were dealing with carpentry. The Darülaceze in İstanbul presents a similar example: male patients were involved in carpentry, varnishing, painting, souvenir production, miniature production and sculpture production. Female patients were occupied with knitting, tricot and bag production. In the Şişli Rehabilitation Center, patients were working as stenographers or tailors. In the Yedikule Lung Diseases Hospitals patients were occupied with winding, turnery, electricity, radio, stenography, carpentry, publishing, horticulture and sewing.[340]

It has already been mentioned that propaganda constituted an important part of the struggle. Besides propaganda, the education of the health professionals was one of the most important matters of the Turkish modernization in the sanitary field from the late Ottoman period. Already the İzmir Society for the Struggle against Tuberculosis supported the activities of propaganda and education through establishing a dispensary, sanatorium and institutions alike. Partly as a result of these deeds, the Ministry of Health accepted tuberculosis as a national issue, which opened a new era in the struggle.[341]

The issue of the education of qualified staff for the war against tuberculosis was taken also consideration. The first one was the International Center for the

[339] Ibid., 100.

[340] Ibid., 102.

[341] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 23.

Presentation and Promotion of Knowledge on the War against Tuberculosis (*Milletlerarası Verem Savaşı Olgunlaşma ve Gösteri Merkezi.)* It was founded in 1950, in accordance with an agreement between the World Health Organization and the Ministry of Health, with the cooperation of the İstanbul Society for the War against Tuberculosis. Its name was altered to the İstanbul Tevfik Sağlam International Center for the Presentation and Promotion of Knowledge on the War against Tuberculosis. (*İstanbul Tevfik Sağlam Milletlerarası Verem Savaşı Olgunlaşma ve Gösteri Merkezi.)* [342]

Education about tuberculosis in the Faculties of Medicine started in 1950-51 Academic Year at the İstanbul Faculty of Medicine, through lectures given by Tevfik Sağlam and at the Ankara Phytisiology Chair with Nusret Karasu. İhsan Rifat Sabar explains that when tuberculosis caused serious harm in the country, both the number of tuberculosis beds in clinics and research and publications on tuberculosis increased.[343]

The World Health Organization sent a team composed of a health professional, an assistant doctor, an x-ray technician and a social head nurse. The center gave lectures for two years under the directorship of Dr. Etienne Bertet, who was a health professional of the World Health Organization. After two years, he ceded this office to a Turkish commission under the leadership of Tevfik Sağlam. He continued this job until his death in July 1963. Later, Tevfik İsmail Gökçe took his place.[344]

The activities consisted of these lectures for the doctors, that in the beginning were only twice a year for a period of two months. From the Fall of

[342] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [3]," *Yaşamak Yolu*, no. 400-402 (1970): 26.

[343] Sabar, *Tüberküloz Tarihçesi* 53.

[344] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [3]," 26.

1952, foreign doctors were sent by the World Health Organization to these lectures, as well. In addition to the lectures for the doctors, lectures for nurses began in 1954. Between 1950 and 1968, 39 lectures were organized for the doctors, with the attendance of 669 people, 99 of them foreigners. Furthermore, 30 lectures were organized for nurses, which 432 nurses attended, 48 of whom were foreigners. Moreover, from 1964, lectures for x-ray and laboratory technicians were held for two months and three months, respectively. The number of lectures to the end of the year 1968 for x-ray technicians was nine, which 174 people attended; that of the laboratory technicians was 20, which 100 people attended. The total number of the people who benefited from these lectures was 1,375.[345] Besides these long-term lectures, small lectures and conferences were organized for the students of the nursing school, those of the college of health, ecclesiastics, and such. The total number of individuals who benefited from this service was 1,432. There was also a research section,[346] and a consulting council that was charged with investigating the reports of this section. A consulting council was charged with investigating the reports of the section.[347]

An additional institution related to the struggle against tuberculosis was the Ministry of Health School of Hygiene Department of Tuberculosis-Chest Diseases Education and Research (*Sağlık ve Sosyal Yardım Bakanlığı Hıfzıssıhha Okulu Tüberküloz- Göğüs Hastalıkları Eğitim ve Araştırma Şubesi)*. In 1959, the Ministry of Health and Social Assistance, with the cooperation of the World Health Organization and UNICEF, decided to study the social appearance of

[345] Ibid.

[346] That section was under the directorship of Dr. Tarık Atlamaz, Ass.Dr. Seyhan Çelikoğlu, Dr. Haşmet Deren and Dr. Ziya Zeybeker. Ibid.

[347] This council was composed of Ass. Prof. Dr. Haydar Aksüğür, Dr. Bülent Çintan, Dr. Abit Köymen, Dr. Nurettin Onur, Dr. Zülfü Özgen, Prof. Dr. Rauf Saygın, Dr. Semih Tunçman. Ibid.: 27.

tuberculosis and the methods of struggling with it in the conditions of Turkey. Thus, within the School of Hygiene, the Department of Tuberculosis Epidemiology was founded. The primary duty of this department was to advise on the issues related to public health and to train professionals of public health. It was supported by the Ministry of Health and Social Assistance.[348]

The regime, when dealing with sanitary problems, appealed to attending and organizing several congresses, both national and international.[349] It is important that both the yearly congresses of the Turkish National Society for the War against Tuberculosis and those that were gathered every two years emerged after 1945. The Turkish National Society for the War against Tuberculosis decided on the organization of a national congress of tuberculosis in Turkey for the first time in 1952. It gave the mission to organize the congress to the society and supervised it with money from its own budget that was provided by the Ministry and four societies, which had relatively larger budget: İstanbul, Ankara, İzmir and Bursa.[350]

The second tuberculosis congress, assembled in 1955 in Ankara focused on not only medical issues but also on medico-social ones. The number of congresses of the Turkish Congress of Tuberculosis until 1967 was eight. That was assembling by an interval of two years, in the same city in which the Turkish National Society for the War against Tuberculosis General Committee Meeting was made, at a time following the second congress. The reports of these congresses and the papers were being published and distributed by its cost value.

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[348] Tevfik İsmail Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [4]," *Yaşamak Yolu*, no. 406-408 (1970): 37.

[349] The Turkish Tuberculosis Congresses were published as an indexe in 1967: *Türk Tüberküloz Kongreleri Toplu İndeksi 1-6*, (Ankara: Gürsoy Basımevi, 1967).

[350] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 42.

Table 6. The Congresses of the Turkish National Society for the War against Tuberculosis

Congress number	Congress name	Congress date	Congress place
1	Founding Congress	03.01.1948	İstanbul
2	Congress of 1948	11.02.1949	İstanbul
3	Congress of 1949	10.02.1950	İstanbul
4	Congress of 1950	26.02.1951	Ankara
5	Congress of 1951	26.02.1952	İzmir
6	Congress of 1952	24.02.1953	İstanbul
7	Congress of 1953	23.03.1954	Bursa
8	Congress of 1954	12.01.1955	Ankara
9	Congress of 1955	15.04.1956	Eskişehir
10	Congress of 1956	16.02.1957	İstanbul
11	Congress of 1957	07.04.1958	Balıkesir
12	Congress of 1958	14.02.1959	Ankara
13	Congress of 1959	21.05.1960	Sivas
14	Congress of 1960	13.05.1961	Konya
15	Congress of 1961	13.04.1962	Adana
16	Congress of 1962	21.04.1963	Bursa
17	Congress of 1963	22.05.1964	?
18	Congress of 1964	15.05.1965	İzmir
19	Congress of 1965	10.06.1966	Kayseri
20	Congress of 1966	12.05.1967	Diyarbakır
21	Congress of 1967	27.06.1968	Erzurum

Source: Gökçe, Tevfik İsmail, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]." *Yaşamak Yolu*, no. 319-321 (1971): 42-47.

Table 7. Turkish Congresses of Tuberculosis

	Date	Place
1	25-27 February 1953	İstanbul
2	14-17 February 1955	Ankara
3	17-20 February 1957	İstanbul
4	15-18 February 1959	Ankara
5	23-27 February 1961	Konya
6	23-27 April 1963	Bursa
7	17-21 May 1965	İzmir
8	15-18 May 1967	Diyarbakır

Source: Gökçe, Tevfik İsmail, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]." *Yaşamak Yolu*, no. 319-321 (1971): 42-47.

Every kind of statistics is the leading force of a disciplinary authority in its nature allowing the classification of the social body, as explained by Foucault. In Turkey, since the foundation of the Republic, censuses, and quantitative research have been considered beneficial for the whole of society. For public health, such quantitative data is indispensable. In line with the modernization of medicine, the efforts of the societies and the General Directorate in terms of tuberculosis include

that kind of data. Thus, it is predictable that an additional activity of the struggle would be the foundation of a Central Department of Statistics.

The opening of the Central Department of Statistics was decided in 1958 on the initiative of Dr. Tevfik Sağlam. Dr. Alice Lotte, who was sent from the *Institut Nationale d'Hygiene* in France, by the World Health Organization stayed in İstanbul for three months and prepared the framework of the program. In February 1959, Gülten Gökçe, the incumbent of the Central Library, was sent to France for four months' training. On her return, she began to work in this department. Then, in June 1959, Dr. Tarık Atlamaz was sent to England for five months, and to France for seven months on a scholarship from the World Health Organization. From that time, the department fulfilled these duties: gathering and evaluating documents belonging to the İstanbul Dispensaries of War against Tuberculosis, gathering patient tracking cards, which indicate the reports of the dispensaries because since 1960 the dispensaries have been responsible for reporting on tubercular patients to the center, and the regional examinations.[351]

In addition to these surveys, the Turkish National Society for the War against Tuberculosis also made efforts at standardization. These have been exemplary bylaws for the societies, plans for dispensaries for tuberculosis, a pamphlet for the societies and dispensaries of tuberculosis, and bylaws for the activities of the dispensaries.[352]

The program of the national struggle against tuberculosis involves mainly research and tests. The preliminary studies within and outside the country began in 1960. These were supported by the Ministry of Health and Social Assistance, the World Health Organization and UNICEF. The responsibility of these projects were

[351] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [4]," 36.

[352] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 42.

given to the School of Hygiene's Department for Education and Research on Tuberculosis *(Hıfzıssıhha Okulu Tüberküloz Eğitim ve Araştırma Şubesi*). In addition to these projects that had an international character, some studies were undertaken in İstanbul and Ankara, still under the provision of the Ministry of Health and Social Assistance. For instance in İstanbul, with the İstanbul Society for the War against Tuberculosis, a study was made in Zeytinburnu in 1961. For this research, the whole population, that is, 77,276 people, was used. 1,536 of them were found to be infected.[353]

In 1949, the Turkish National Society for the War against Tuberculosis became a member of *L'Union Interationale Contre la Tuberculose* with two deputies. These deputies were Tevfik Sağlam, the president of the society, and Tevfik İsmail Gökçe, the general secretary. But later, it was decided that the number of deputies should be suitable to the population; hence, it rose from two to five. These were Nusret Karasu, Tevfik İsmail Gökçe, Zülfü Sami Özgen, Selahattin Akkaynak, and Neşati Üster. In 1950, 1952 and 1954, the Turkish committee attended congresses in Copenhag, Rio de Janerio and Madrid. Furthermore, it increased the number of the deputies to ten. At the congress that gathered in Madrid, Tevfik Sağlam was chosen to the administrative council. He also visited Syria, Lebanon, Jordan, Iraq and Iran for investigations in order to report to the Union for the formation of a regional committee in the Near East. Relying on his positive report, on 27 September 1955, a meeting was organized at the center of İstanbul Society for the War against Tuberculosis, under the presidency of Etienne Bernard, the general secretary of the Union. At this meeting, the plan of the foundation of the regional committee was approved, its status was

[353] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [5]," 23.

fixed, Beirut was chosen as its center, and Tevfik Sağlam was appointed president of the administrative council.[354]

The Union Internationale Contre la Tuberculose held its 15th congress in İstanbul. Nearly 1,200 foreigners attended. After this congress, the Turkish National Society for the War against Tuberculosis attended other congresses with a team that was growing. The activities were the presidency and membership on the administrative board, membership on and presidency of the panel, membership on the technical commissions, distributing pamphlets in English and French, and attending exhibitions. Furthermore, the deputies of the Turkish National Society for the War against Tuberculosis attended the yearly administrative and technical meetings of the *Union Internationale Contre la Tuberculose* of the years in which there was no congress. These meetings were held generally in Paris.[355]

Since the prevention of disease had an essential place in the struggle, the campaign of vaccination of B.C.G. was not unexpected. Through the vaccination campaign, 1953 became a year in which the activities of the struggle intensified. The Ministry of Health ordered the opening of a laboratory for the preparation of the vaccine. This laboratory became able to prepare under skin vaccines only in the year 1948. Without a specific plan, until 1953, 1,192,985 people were tested and 448,561 people were vaccinated.[356]

For the struggle against tuberculosis, vaccination is of primary importance. That is why, as everywhere in Europe, Turkey undertook vaccination campaigns. The İstanbul Society for the War against Tuberculosis started a campaign of

[354] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 43.

[355] Ibid.: 44.

[356] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [5]," 22.

vaccination that reached 20 million people by 1969.[357] Indeed the campaign had started with the accompaniment of World Health Organization in 1953.[358] The society took the name of İstanbul Society for the War against Tuberculosis *(İstanbul Verem Savaş Derneği)* in 1954.[359] Between the years 1948 and 1967, 52,504,575 tests were made and 21,433,675 people were vaccinated. Meanwhile, the B.C.G. laboratory prepared 1,357 liters of tuberculin and 9,303 liters of B.C.G. vaccine.[360]

In 1950, the B.C.G. laboratories were inspected by the experts of the World Health Organization and, according to the report; the laboratories were recorded among the International B.C.G. laboratories. Thus, the basis of an international vaccination program was prepared. That was the campaign that started in the January 1953 and that circulated throughout the whole country, including the villages. Between 1953 and 1959; 20,229,018 people were tested and 7,722,620 of them were vaccinated. Between 1959-1964; 23,53,556[361] tests and 7,209,474 vaccine were administered. Between 1965-1967, 3,954,701 children between 0-6 years old were vaccinated without any tests. In addition, in that period, 7,829,015 adults were tested out of which 2,098,329 were vaccinated. Thus, the total number of people vaccinated before 1967 was 6,053,030.[362]

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[357] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 23.

[358] Ege, *Türkiye'nin Sağlık Hizmetleri ve İsmet Paşa*, 29.

[359] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [2]," 23. In the years around the World War II, a transition in the terms towards more militarized versions was in the agenda. This transition in the name of the societies from societies of struggle to the societies of war might be related to this militarisation of the terms. For a related article about this transition, see Sheila Fitzpatrick, "The Legacy of Civil War," in *Party, State, and Society in the Russian Civil War: Explorations in Social History*, ed. Diane P Koenker, William G Rosenberg, and Ronald Grigor Suny (Indiana University Press, 1989).

[360] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 47.

[361] The exact number present on the journal is given. There must a printing mistake.

[362] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [5]," 22.

The B.C.G. laboratory, before the campaign, that is between 1948-1957, prepared 125.5 liters of tuberculin and 406.4 liters of vaccine. During the campaign, that is, between 1953-1967, the laboratory prepared 1232.26 liters of tuberculin and 8897.59 liters of vaccine. Hence, the total amount of tuberculin test was 1357.31 liters and the amount of vaccine was 9303.9 liters. In 1968, 665 liters of tuberculin and 796 liters of vaccine were prepared.[363]

Tevfik İsmail Gökçe informs us about the regional laboratories, the number of which was 20 in 1971. These were in Ankara, Bursa, İzmir, Adana, Diyarbakır, Samsun, Trabzon, Erzurum, İstanbul, Konya, Kastamonu, Zonguldak, Sivas, Elazığ, Eskişehir, Van, Kocaeli, Antalya, Yedikule and Heybeliada. The B.C.G. laboratory was a part of the Institute of Hygiene in Ankara. The education centers were the İstanbul International Center for the Presentation and Promotion of Knowledge on the War against Tuberculosis (*İstanbul Milletlerarası Tevfik Sağlam Verem Savaşı Olgunlaşma ve Gösteri Merkezi)* and the Ministry of Health School of Hygiene's Center for Education and Research on Tuberculosis (*Sağlık Bakanlığı Hıfzıssıhha Okulu Tüberküloz Eğitim ve Araştırma Merkezi*).[364]

Table 8. Deaths from Tuberculosis in Turkey

Year	Population	Number of death	Mortality (per hundred thousand)
1945	2,084,000	5,462	262
1950	3,106,000	5,338	204

[363] Ibid.: 23.

[364] Gökçe, "Verem Savaşı'nda 50 Yıl: 1918-1968 [7]," 47.

1960	9,772,000	4,855	55
1970	13,711,000	2,770	20
1980	19,517,000	1,721	8.8
1982	20,340,000	1,672	8.2

Source: Nurten Budak, "Tüberkülozlu Hastalarda Sosyoekonomik ve Beslenme Durumunun İyileşme Üzerine Etkisi" (Beslenme ve Diyetetik Programı Bilim Uzmanlığı Tezi, Hacettepe Üniversitesi, 1987), 11.

The voluntary societies, in this process of the nationalization of the struggle, were pushed into a subsidiary position. The local societies of struggle against tuberculosis were ones that had been founded with respect to the Association Law. Although the local societies were members of the Turkish National Society for the War against Tuberculosis, they were independent administratively and economically. "They were the ones that took the real burden of the struggle against tuberculosis," Tevfik İsmail Gökçe explains.[365] They were shouldering the actual fight on a local basis. By 1971, there were 197 local societies of tuberculosis. The Turkish National Society for the War against Tuberculosis dealt with these local societies and gathered information about them. The gathered information was written up in books, and published in 1960, 1964 and 1968. The total yearly income of these societies was 20,545,320 liras by 1968.[366]

Tevfik İsmail Gökçe explains that the support of the official and voluntary institutions was the greatest agent of the struggle. "The cooperation of these

[365] Ibid.: 46.

[366] Ibid.

institutions," he emphasizes, "contributed to the cooperation of the people."[367] In accordance with the law, the Ministry subsidized these voluntary societies with staff and in economic terms. In return, the societies helped the Ministry. For instance, six mobile microfilm machines were purchased by the Ministry with the help of the Turkish National Society for the War against Tuberculosis. Another example is the construction of ten dispensaries in Thrace with the financial support of the Ministry given to the societies. A third important issue of the struggle is the compensation for the overtime to the staff that traveled continuously. That compensation was given by the Turkish National Society for the War against Tuberculosis. A fourth example was the mobile microfilm machines, the half of which was paid for by the General Directorate of War against Tuberculosis. This cooperation was possible since the General Director of War against Tuberculosis was a member of the Turkish National Society for the War against Tuberculosis. He and his experts were also members of the technical commissions of the society. Both organizations controlled the local societies. In addition, there was a joint dispensary team. These two organized piloted projects in several parts of Turkey.[368]

Conclusion

The lasting change of population in the late nineteenth and the early twentieth centuries led to a development in the understanding of public health in

[367] Ibid.

[368] Ibid.

the late Ottoman Empire and the early Turkish Republic. The politics of the state was to create disciplinary authority through modern methods. In terms of medicine, this came to mean as understanding of public health that would both control the population and guarantee its health. Hence, that was a time in which modern medicine was founded in Turkish lands. In this process, tuberculosis, the most destructive disease after malaria and typhus, needed to be prevented.

The story of the prevention of tuberculosis occurred in two distinct manners in Turkey. Chronologically, these were the dispersed activities of voluntary societies – still dependent on state authority - and the organized war against the disease under state provision. After the preliminary deeds in the Ottoman Empire, local voluntary societies began to be opened after 1918.

The first part of this chapter summarized the efforts of these societies, which would be nationalized in the late 1940s. These societies tried first of all to create a public understanding of the disease and to inform people about hygiene rules. These societies were founded by physicians who had war-experiences and supported the regime. They were close followers of the developments in European countries in their profession and were trying to transport them to Turkey, which they stressed on every occasion.

During this first period of the struggle we see the foundation of sanitary institutions, public hygienic education through radio, press media and schools, and the education of the qualified staff. However, these are generally voluntary and unorganized works, insufficiently supported by state. The result has been an accent given to the individual, who needed to preserve his/her health against the bacillus of tuberculosis.

The actual struggle against this disease was made under the organized and determined body of the state. With the pervading medical institutions like tuberculosis hospitals, and dispensaries, the medical staff that was increasing in number, the vaccination and stamp campaigns, propaganda activities, the congresses, and the detailed laws, tuberculosis was brought under control and stabilized finally in the 1970s.

From this perspective, the second part of the chapter mentions the struggle as a nationalized struggle, strengthened by state revenues. State revenues were oriented to either state hospitals or to voluntary societies through enacting several laws, which are still forming the basis of the combat against tuberculosis. Public education was still one of the most important instruments of the combat, but this time it was more elaborated. The education materials were more diversified, and as a result, reached to a wider crowd of people. Institutions about tuberculosis became more varied, as well. In addition to sanatoriums, tuberculosis hospitals and preventoriums, research centers, laboratories were formed, which were bolstered by vaccine and stamp campaigns.

This period shows first the nationalization and the internationalization of the struggle, through arranging national congresses and joining international organizations. This chapter explained this process in a chronological manner, ending with the struggle of the early 1970s. The intense struggle came to end in that period due to the mistaken belief that a victory over tuberculosis had been achieved. However, the 1990s showed that the disease had only fallen asleep.

CHAPTER FOUR

A SANITARY JOURNAL FOR ALL: *YAŞAMAK YOLU* (1929-1972)

As mentioned in Chapter Three, the İstanbul Society for Struggle against Tuberculosis was an organization founded in 1927 that aimed to prevent the spread of tuberculosis throughout the country. The society started to publish a journal called *Yaşamak Yolu* (Way of Living) for this purpose in January 1929 with Tevfik İsmail as its editor. The writers in this journal were well-known physicians over the years, such as Dr. Tevfik İsmail, Dr. Tevfik Sağlam, Dr. Fazıl Şerefeddin, Dr. Refet Raif, and Dr. Zühtü Tevfik.

Yaşamak Yolu was a monthly sanitary journal, which kept on being published between 1929-1972 without any interruption. Its target was the common people rather than a medical environment. When it began to be published in 1929, its circulation was 3000. 500 copies were given to the Ministry of Education; another 500 were given to the General Stuff. All these 1000 copies were taken by the ministries in order to distribute to several places. In addition, the society sent the journal to its members in return for the membership fee, which was one lira.

Additionally, the journal was sent to several institutions and people gratuitously. The writers of the journal did not take any payment.[369]

This chapter presents the general aspect of the journal, concentrating on the period between 1929-1940. The journal can be considered rich for anyone who is interested in not only the public health policies of the Republican regime, but also the physicians who acquired a special status within the regime. The reason for the choice of the period can be related to this dual richness of the journal: The journal shows a visible variation since the 1940s in terms of both its outlook and its content. First, the earlier period of the journal shows the characteristics of a simple and illustrated booklet reminiscent of a collection of small hand-outs and articles about some health problems. This may be related to the literacy level of the population, not forgetting that the journal began to be published one year after the transition from Arabic letters to the Latin ones. However, from the 1940s, the journal became more technical in terms of language. The number of the articles that are unrelated to medicine also increased, and the content of the medical ones became related to other diseases than tuberculosis. For instance, news and articles about cancer replaced those of the tuberculosis after a general idea that tuberculosis has been defeated is declared. The idea that the need of informing people about preventing tuberculosis has vanished due to the disappearance of the disease might be related to the closing of the journal in 1972. Also, the journals emphasis was centered on the idea that the prevention of health is not only the responsibility of the state, but also a personal responsibility. Not only the creation of the modern, sane individual was stipulated, but also an effort to diminishing the burden of the state by defining the health rules that every citizen should obey.

[369] Tevfik Salim, "Son Posta Gazetesi Müdüriyetine," *Yaşamak Yolu*, no. 22 (1930): 2.

The second reason for the limitation of the journal to the 1930s is related to the mentality of the physicians who wrote in the journal. The generation that wrote in these years were the medical professionals who had experienced several years of war and the application of medicine on the fronts. They had witnessed the dissolution of the Empire and the formation of the Republic. They carried nationalist feelings, like most of the Turkish intelligentsia. The physicians of this period aimed to support the formation of the new state with new citizens through their own specialization. With the coming of the 1940s, a younger generation took on the pages of the journal. This generation no longer considered itself the forerunner of the modern Turkish nation. The writings of the journal reflected more the state bureaucracy than a voluntary association supported indirectly by the state. The discussions in the journal were oriented towards social rights on health, defining it as a state responsibility. In brief, when the two periods are compared, the change of trend is from a journal composed of individual-based enthusiastic and energetic articles written by the first generation of medical professionals carrying the soul of the formation of the Republic to another one composed of state-based routine articles written by a later generation which had lost that enthusiasm of being a part of the formation of the Republic.

In this following chapter, first, the population problem and the discourse based on the necessity to overcome this problem used by the physicians will be discussed. The demographic problem defined, as explained in Chapter Three, the population policies. The loss of lives after the wars and the harmful effects of the contagious diseases to death rates initiated a general war against these, including tuberculosis. In this sense, this chapter can be considered as an example of the

application of population policies. The journal includes several articles about the population problem and suggestions to solve it.

Second, the nationalist propaganda that permeated the journal will be described. As already expressed, the period in question shows the dominance of nationalism as the unifying idea shared by almost all intellectuals from several professions. The writers of this journal were no exception. The admonitions of the proper behavior of Turkish citizens are described in the journal. The obedience to hygienic rules is described as a responsibility of the modern Turkish citizen. The journal also contains articles reflecting the policies of the regime, legitimizing it in contrast to the Ottoman rule.

Third, the process in which the physicians gained status will be explained. While supporting the regime, the physicians put themselves in a privileged position within the society. Defining the appropriate hygienic rules meant in a way defining the daily behavior of the population. This definition was possible by the medical knowledge of the physicians, which gave them a special status, separate from the common people.

Finally, how the sanitary propaganda for children and adults was carried out will be discussed. The hygienic rules, as already mentioned, were defined in a detailed way, including the nourishment or behavior at home and in the street. This section of the chapter will be composed of illustrations and examples of these hygienic definitions.

Demographic Problem: Increasing the Population

The leading physicians of the 1930s began to publish the journal with the belief, parallel to that of the regime, that population occupied an important place for a country, especially for Turkey, which had suffered great human losses in the Balkan Wars, World War I and the National Struggle. They believed that tuberculosis was an important negative effect on the rise of the population. That is why, in this journal aiming to prevent the spread of tuberculosis through education, many pages were dedicated to clarifying the importance of a dense population.

In the first issue of the journal, Tevfik Sağlam wrote an opening article about its *raison d'être*. He first explained that the most important capital of a country was human capital, and that the most sacred possession of the human was its health. He added that Turkish land needed not only a more dense population, but also more healthy and strong children. Compared to size of the land, the Turkish population was small in number and the land could feed ten times as much of that population. To work on this problem was the duty of every citizen.[370]

After giving such an explanation, he started to calculate "the worth of a man." He argued that man was the main capital of a country and needed to be protected. The loss of men in a country meant the loss of capital. Hence, the government gave great importance to the issue of human capital. Tuberculosis

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370 "*Nüfusumuzu arttırmak için çok Türk çocuğu dünyaya gelmeli, doğanların da az ölmesi temin olunmalıdır. Memleketimizde doğum istediğimiz kadar olmamakla beraber pek az da değildir. Asıl mesele ölümün az olmasıdır. Ölenlerden çoğunu kurtarmak elimizdedir. Kendimizi daha kuvvetli, daha sıhhatli yapmak, daha iyi çalışabilir, hayattan daha ziyade zevk alır, memlekete daha çok iş görür hale koymak, az hasta olmak, çabuk iyi olmak, ömrümüzü uzatmak gene kendi elimizdedir."*
"Bütün bunlara muvaffak olmak için evvela yaşamanın yolunu bilmek lazımdır. İşte "İstanbul Veremle Mücadele Cemiyeti"nin bu gazeteyi çıkarmaktan gayesi kendi vasaiti nispetinde halka yaşamak, tam manasile yaşamak yolunu göstermek, sıhhat bilgilerini öğretmektir." Tevfik Sağlam, "Yaşamak Yolu," Yaşamak Yolu, no. 1 (1929): 2-3.

posed real damage to people between the ages of fifteen and forty, which was the age when people were generally forming families. He calculated that İstanbul lost fifteen million liras per year because of tuberculosis. He presented all these calculations as the cause of the need to struggle against the disease.[371]

Sağlam then calculated the "cost" of tuberculosis for the country. He explained that every year in Turkey, 37,000 people died of the disease. In other countries, the material value of a man was calculated as 4-5,000 liras. If we considered ourselves to be worth 1,000 liras, the national wealth lost because of deaths from tuberculosis for one year added up to 37,000,000 liras. There were about 280,000 tuberculosis cases in Turkey. If they considered that one-fourth of these, which made 70,000, were unable to work, the damage of them to the country was one lira per day, this added up to 22,000,000 liras. If half of the remaining 210,000 people with tuberculosis had lost their ability to work and the average earning was 1 lira per day, it made 31,000,000 liras. The total cost of tuberculosis to the country equaled, in the end, 90,000,000 liras. He summed up his article by emphasizing that the country would gain at least 45,000,000 liras if they would be able to save half of the people with tuberculosis.[372]

An important emphasis of the journal is on the issue of population, as mentioned before. An article by Besim Ömer Paşa, which was excerpted from his book, indicates the importance given by physicians to this problem. It was about the need for the survival of children. The project of the physician can be seen from the name of the article: "Memlekete Çok Çocuk ve Sağlam Çocuk Lazımdır" (The Country Needs Lots of Healthy Children). The note at the top of the article said

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[371] Tevfik İsmail Gökçe, "Heybeli Sanatoryomu Müdür ve Baştabibi Dr. Tevfik İsmail Beyefendi Tarafından Radyoda Verilen Konferans," *Yaşamak Yolu*, no. 51-52 (1933): 3.

[372] Sağlam, "Yaşamak Yolu," 2.

that a child was a kind of national capital, a universe by itself, in a word, everything. The issue of population and health, to increase the birth rate and to decrease the death rate was a fundamental desire of the Republican government.[373] Many children should be born, and those who were born should survive so that the population would increase. Newborns should be strong so that the nation would be strengthened and economic life would progress. The population of the country relative to that of neighboring countries was as important as the ratio of the population to the land.[374] In the book, Besim Ömer Paşa declared that of every

[373] There were several publications about keeping the body healthy through sports. An example of these articles is Zeki Ragıp Yalım, "Spor- Sağlık- Kültür," in *C.H.P. Konferanslar Serisi Seri1 Kitap 8* (Ankara: 1938). For the policies towards sports and physicial education in relation to health policies in the early republican era, see Akın, "Not Just a Game: Sports and Physical Education in the Early Republican Turkey (1923-1951)"., and Palaz, "State and Body: The Treatment of Physical Education During the Single-Party Period as a Case Study in Political Socialization".

[374] "*Memlekete çok çocuk ve sağlam çocuk lazımdır. . . (Çocuk milli bir sermayedir, başlı başına bir alemdir. Kısacası her şeydir.). . . "Nüfus ve sıhhat meselesi, doğumu artırmak, ölümü azaltmak cumhur hükümetimizin esaslı bir dileği, bir umdesidir. Memlekette çok çocuk doğmalı, doğanlardan çoğu kalmalı ki nüfus çoğalsın; sağlam olmalı ki milli kuvvet bulsun, adelî pazılarla iktisadi hayat ileri gitsin. Memlekette nüfusun toprağa, araziye nisbeti ne kadar mühimse komşu memleketlerdeki ahaliye göre adedi de o derece ehemdir. Bir memlekette ölümün sayısı doğumunkini asla geçmemelidir; geçen memleket kendi kendine ölüyor, bitiyor, intihar ediyor demektir. Böyle bir halde doğumu daha çok komşu milletler, nüfusu azalan, gittikçe boşalan memleketteki yerlere yerleşmeye çalışacak, metruk eraziyi işletmeğe başlayacak, kalan boşluğu dolduracaklardır. Bu hal fizikte okuduğumuz "halâ-boşluk" meselesine benzer. Tabiat boşluğu daima işgale, doldurmağa çalışır . . .Bir millet fazla arttığı ve onunla dirsek dirseğe yaşayan komşu başka bir millet bu sebepten bugün Fransada nüfus meselesi ile çok uğraşılıyor; her sene başka bir yerde olmak üzere doğum kongreleri toplanıyor; üç ve üçten fazla çocuğu olan ailelere şahsi, ictimai, beledi, resmi muavenette bulunuluyor. . .Bir millet, bir ırk için yalnız çocukların sayısı değil, sağlığı, sağlamlığı da seyrekleştiği zaman ondan buna doğru bir cereyan başlar. Bu cereyanın halk dilindeki adı istiladır. İstilanın en fenası sulh içinde "sulhperverane!" olandır. . .İşte çok mühimdir. Bu yaşama çarpışması devrinde sağlık en büyük bir amildir; bu günki çocuk yarınki adam atıl kalamaz; o, milletin, harsın mümessilidir. . . İstikbal çocuğu, cumhuriyet evladı eğri bacaklı, çıkık karınlı, soluk benizli, boş kafalı olamaz; böyle bir çocuk yarın için bize çok şey vad edemez. . . Son nüfus tadadında memleketimize 13.649.945 vatandaşımız yaşadığı anlaşılmıştır ki bunun 730 bin kilometro mesahayı sathiyede olan arazimize nisbeti halinde beher kilometroya takribi 18-19 kişi isbat etmektedir ki bu nisbet sair memleketlere göre pek azdır. Zaten bir millet iki temele: toprak ve halka (nüfusa) dayanır. Bu halde nüfusumuzu toprağımıza nazaran mütekasif, toplu bir hale getirmek için çok çocuğa, yalnız bu da değil, sağlam çocuğa muhtacız. . . Memlekette çok çocuk olması yalnız çok doğmasına değil, belki doğanlardan çoğunun hayatta kalmasına mütevakkıftır. Bu halde esasen ihtiyari ve iradi olan doğumda çokluğu teminden ziyade çocuklarda ölümü azaltmak lazımdır; filhakika henüz doğan bir çocuk ilk yaşta ölüme çok maruz kalıyor: yalnız memleketimizde değil, sıhhatin çok ileri gittiği ve sıhhi müesseselerin çok bulunduğu memleketlerde bile çocuklarda ölüm, bahusus ilk yaşlarda pek ziyadedir; zaten "çocuk ölmiyor, öldürülüyor. Çocuğun sıhhatini korumak ve kendisini kavi ve sıhhatli bir hale getirmek için 'çocuk hıfzısıhhatinin' tamim ve efradı ahaliye, halka telkininde ne derece faide olduğunu bugün Avrupada çocuk vefiyatında görülegelen mühim tenakuslar isbat eylemektedir. Çocuğun hıfzıssıhhati doğduktan sonra değil, ondan çok evvel nazarı dikkate alınmağa başlanmalıdır. . . Doğumu artırmak bir taraftan evlenmeğe, diğer cihetten çok çocuk yetiştirmeğe*

thousand babies that died at an early age, 385 died because of gastric and intestinal defects, 147 of them died of pulmonary diseases, 176 of debility, 49 of contagious diseases, 24 of tuberculosis, and the rest of unknown reasons.[375]

In a country, the number of deaths should never exceed the number of births; otherwise, that country would case to exist. In that case, countries that had more births than deaths would try to settle in the lands of the countries that had declining populations and that were growing emptier and emptier. They would start to operate in the deserted lands and try to fill the gap. He then explained that when one nation increased in number and another one decreased, there appeared a flow from one to the other. Besim Ömer Paşa called this an invasion. He continued his words by saying that this was the reason why France was dealing with this issue of population. Every year, they held congresses about birth, and gave social assistance to those who had three or more children. For a nation and a race, not only was the number of children important, but also their health. In this battle of life, health was the biggest motive. Today's child, tomorrow's man could not be inactive: he was the representative of the nation and culture. The child of the future and of the Republic could not be with torturous legs, protruding belly, pale face, and empty head. Such a child could not promise many things for the future.[376]

He then expressed that in the last population census, it had been understood that 13,649,945 citizens lived in Turkey, which meant about eighteen-nineteen

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sevkü teşvik eylemektir ki bunun en iyi ve tesirli yolu kanun yoludur; bunun haricinde her teşebbüs boş ve neticesizdir. Her memur, her devlet adamı, evlenmiş ve kırk yaşında en az üç çocuk sahibi olmuş olmalıdır. . . Böyle bir kanunun ehemmiyetini kabulle beraber herhalde evlenen, hususile çok çocuk yetiştiren ve ilerde lüzumunda can ve mal fedakarlığında bulunacak olanların geçinmelerini kolaylaştırmak lazımdır." Besim Ömer Akalın, "Memlekete Çok Çocuk ve Sağlam Çocuk Lazımdır," Yaşamak Yolu, no. 15 (1930): 2-5.

[375] Besim Ömer Akalın, *Türk Çocuğu Yaşamalıdır: Küçük Çocuklara Bakım ve Sosyal Yardım* (İstanbul: Ahmed İhsan Basımevi, 1936), 42.

[376] Akalın, "Memlekete Çok Çocuk ve Sağlam Çocuk Lazımdır," 2-5.

people per kilometer. This number was very low compared to the other countries. Indeed, a nation was leaning on two bases: land and population. So, the Turkish people were in need of many healthy children in order to have a denser population.[377]

Besim Ömer Paşa also emphasized that the number of children of the country depended on the survival of new-born children. He claimed that not only in Turkey but even in the countries in which sanitary improvements were the most prevalent and the sanitary institutions existed mostly, a born child was subjected to death within his first year. He saw that kind of death not as a natural one, but as murder. The decrease in the number of the child deaths in Europe proved the importance of child health, which aimed not only to protect the health of the child, but also to make him strong and healthy. Child health needed to be taken into consideration not after but before the birth. He said that the struggle against child death should be considered as a national issue.[378]

Another important suggestion of Besim Ömer Paşa was that the best way to encourage people to marry and to have more children could be done by legal means. Any other method was in vain. He said that every functionary, every state employee, should be married and by the age of forty have at least three children. He also talked about medical examinations and health certificates that needed to be taken before marriage. The livings of those who raised many children needed to be made easier. To prove this idea, he described the inconveniences realized in Europe. He wrote that for the population to increase there was the necessity of sanitary and social institutions.[379]

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[377] Ibid.

[378] Ibid.

[379] Ibid.

A similar article was written by M. Talat Özkan under the title of "Bizde Çocuk Düşürme"[380] (Abortion in Our Country). He wrote that abortion had become widespread recently. He argued that children did not belong to those who raised them, but to the whole country. The reason for the existence of women was to raise children.[381] Furthermore, he added that the most important problem of the country was population. He said that he did not understand why people neglected their mission to marry, have children and proliferate. Every girl should accept the duty to be a mother and every boy, the duty to be a father, and they should know that this was the biggest national and human obligation.[382]

In Turkey, the enduring wars had altered not only the quantity, but also the quality of the population. The population had fallen from 18 to 13 million. That population was deprived of an active character. The young male population had been destroyed on fronts; the percentage of literate people was very low. In those circumstances, the mission to train the next generation which would form the

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[380] M. Talat Özkan, "Bizde Çocuk Düşürme," *Yaşamak Yolu*, no. 73-75 (1935): 18-19.

[381] Feyza Saygılıgil examines the journal called *Yedigün*, a journal that was published between 1933-1950 by Sedat Simavi, which was a widely read magazine journal. It shows the ideal typology of Turkish citizen, and Turkish woman: a female hero who bears the titles of the basis of her family and a good worker. She is a good wife and mother. The journal exalts the institution of family. Feyza Saygılıgil, "Yedigün Dergisinde İdeal Eş ve Anne Olarak Kadın," *Toplumsal Tarih* 87, no. 2001-03 (2001).

[382] As put forward in Chapter Three, in several journals and newspapers of the period, we encounter similar articles about abortion. An example of them, which shows parallelism in the idea that since the child, even if unborn, belongs to the country, abortion does not differ from murder, can be seen in the article of Necib Ali Küçüka in the journal *Ülkü*: Abortion without reason is no different than killing a living child. Acting in this way in Turkey, a country that needs many children in a limited time, is an open betrayal to the Turkish world. Necib Ali Küçüka, "Çocuk Düşürme," *Ülkü* 7, no. 37 (1936): 26. Abortion was perceived as harmful to the country not only in Turkey. In 1920, the Soviet Union has been the first country that legally allowed abortion. But in 1936 abortion became again a criminal offense. After the World War II began, abortion became strictly prohibited in Germany. France also showed restrictiveness toward abortion right before the World War II. In 1939 the *Code de la Famille* (Family Code) was enacted, with imprisonment and heavy fines for abortionist. Henry P David, "Abortion in Europe, 1920-91: A Public Health Perspective," *Studies in Family Planning* 23, no. 1 (1992): 4. Before that, in 1920, right after WWI, the National Assembly of France enacted very oppressive laws against abortion and contraception. That was a response to the depopulation, which France suffered already since the 1870s. Jean Elisabeth Pedersen, "Regulating Abortion and Birth Control: Gender, Medicine, and Republican Politics in France, 1870-1920," *French Historical Studies* 19, no. 3 (1996): 675.

backbone of the republic was accorded to women. Accordingly, the pro-natalist policies highlighted the biological activity of the woman. However, Toprak explains that woman already had received the temptation during the Armistice period: The Republic, while brought equality of gender into agenda, accentuated the biological mission of the woman, as well.[383] The training of women as modern, well-educated citizens was seen as the prerequisite of the modernization of society. In line with this vision, education in school based on gender, which oriented girls to being fertile housewives and mothers began to be given.[384] The request that women raise many children was a national strategy in order to overcome a national disaster.[385]

Tevfik Sağlam, in an article entitled "Yaşamak Yolu" (Way of Living) explained that in order to increase the population, more Turkish children had to be born and fewer of these should die. Although the birth rate was not high, it could not be considered a small amount either. Indeed, it was possible to save most of those who died. The way to achieve these goals, he continued, was to know how to live, which also was the inspiration of the name of the journal. These words designated the aim of educating the society in the proper ways of living.[386]

In the journal, we also see articles about charity. Refet Raif wrote in "Midesi Boş Çocuklar" (Hungry Children) that in İstanbul 7,000 primary school students lived in difficult circumstances. He argued that taking care of these

[383] Zafer Toprak, "Genç Kız ve Kadın İntiharları II: Cumhuriyet Erkeğinin Kadın İmgesi," *Toplumsal Tarih* 99, no. 2002-03 (2002): 18.

[384] Ayşe Saktanber, "Kemalist Kadın Hakları Söylemi," in *Modern Türkiye'de Siyasi Düşünce: Kemalizm, Cilt 2*, ed. Ahmet İnsel (İstanbul: İletişim, 2001), 329.

[385] For instance, post- revolution Russian birth-advocating policies were a response to the exhausting of the population. Nira Yuval-Davis, *Cinsiyet ve Millet*, trans. Ayşin Bektaş (İletişim, 2003), 69.

[386] Sağlam, "Yaşamak Yolu," 2-3.

children should be a national duty.[387] In the same issue, the chief of staff of the Tuberculosis Dispensary wrote in "Kış… Ve Zavallı Fakir Veremliler" (Winter...And the Miserable Poor Tuberculosis Patients) that the situation in winter differed for rich and poor people and that the well-off people in a neighborhood should pay for the vital needs of their poorer neighbors. For this, he wrote that the provincial dispensaries of tuberculosis in Sultanahmet were available.[388] These examples show that taking care of the poor was shown as a matter of charity. As seen in the Third Chapter, health was seen as an important duty of social policy, but due to the lack of state resources, it was carried out through voluntary associations. These voluntary associations, we see, presented rich people as moral responsible for the poor.

As seen from these examples, population was the main concern of the journal, as it was for other publications of the period. Keeping people healthy and increasing birth rates was the main method for solving the population problem of Turkey, which led to problems of national security and national economy. Tuberculosis showed only one facet of the problem, as a part of the diseases like malaria or trachoma from which a great number of people suffered.

Nationalist Propaganda: Westernization and Reinforcement of the Regime

In the background of the articles, slogans and advice, even small stories there exists a legitimization of the regime, which is realized by refuting the Ottoman past, and by giving proofs that the existing modern state formation

[387] Refet Raif Yılmaz, "Midesi Boş Çocuklar," *Yaşamak Yolu*, no. 70-72 (1934): 6-7.

[388] M. Talat Özkan, "Kış...ve Zavallı Fakir Veremliler," *Yaşamak Yolu*, no. 70-72 (1934): 12-14.

pattern, fed by Westernization, was the appropriate one. In doing this, the ideal Turkish citizen's way of life is described as an expression of love and loyalty of the citizen to the country. Speeches given by the physicians are published in the journal, examples of the Western sanitary institutions are presented to the readers, and the writings of European physicians are translated into Turkish.

The journal reported news about tuberculosis from abroad and how the other countries dealt with the disease. They were presented as the ideals to follow, the western modernized medicine techniques of the struggle against epidemics. Of course, the journal gave news about the medical developments in Turkey, too. For example, in 1935, the journal reported on the opening of the biggest hospital of tuberculosis in the world by the Fascist National Institute in Italy, with 1,400 beds. It was called the *Institut Benito Musolini* and the opening had been realized, it was informed, with the accompaniment of great festivals and propaganda for fascism.[389]

An interview by Refet Raif Öktem with Zühdi Tevfik, a specialist physician of the Heybeliada Sanatorium, about his trip to Europe was published. The physician described how the superfluity of the European health institutions was centered on the last fifty-sixty years. The reason for the lack of a similar "development" in Turkish lands was, for him, the Ottoman sultanate. But he believed that the Republic would fill the "gap." In Germany, he said, there were no free sanatoria. The patients, even if small, paid a certain fee. Furthermore, the comforts of the rooms varied according to the money paid. The Heybeliada Sanatorium, which was a state institution, was no less successful, even more modern, than the German public sanatoria. He also objected to the idea that the

[389] Dr. O. Ş. U., "Acunun En Büyük Verem Hastahanesi," *Yaşamak Yolu*, no. 73-75 (1935): 10.

best treatment could be given in Switzerland because of its climate. Finally, he expressed his disappointment with French sanatoria.[390]

One of the most important aims of *Yaşamak Yolu* was to show how the Republican state gave importance to sanitary affairs. In the Ottoman state, the whole health budget had been 280,000 liras. In contrast, in the Republic that amount had increased to 3,957,000 liras. Furthermore, to the health issues, private administrations gave 18,446,293 liras and municipalities gave 21,792,102 liras. So, the total number in the first ten years of the Republic separated to the sanitary affairs was about 6,824,239 liras.[391]

Another part of the journal consisted of translations of the writings of physicians, especially from *la Vie Saine* (Healthy Life) or *l'Esprit Médicale* (The Medical Spirit). From *l'Esprit Médicale*, M. Talat Özkan translated an article called *Hygiène et Erreurs Alimentaires* (Hygiene and Nourishment Errors). The article emphasized that every person had his/her own diet and that an absolute alimentary prescription did not exist.[392] Talat Özkan also, from *Chronique Scientifique* (Scientific Chronicle), translated an explanation on the hygiene of milk. The article characterized the necessary sanitary qualities of milk sales. That included the examination of the animals by the veterinary surgeon, the impediment of the retail sale, the provision of a joint-stock company that would function under municipality hygiene.[393]

Nazan Sabur translated an article of Kleinschmidt, the Director of the New York Society for Health Education and National Struggle against Tuberculosis.

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[390] Refet Raif Öktem, "Hep Beraber Övünelim," *Yaşamak Yolu*, no. 77 (1935): 8-11.

[391] "Sıhhat İşleri," *Yaşamak Yolu*, no. 57-59 (1933): 6.

[392] M. Talat Özkan, "Hygiène ve Gıdaî Hatalar: Rejimlere Dair Umumî Mülâhazat [1]," *Yaşamak Yolu*, no. 78 (1935): 4-5.

[393] M. Talat Özkan, "Sütün Ta'kimi ve Onun Ehemmiyeti," *Yaşamak Yolu*, no. 79-81 (1935): 16-17.

The article gives the history of tuberculosis, beginning with a description of tuberculosis as *phthisis*. Then, several experiences on animals, understanding that tuberculosis is a contagious disease and the discovery of bacillus, the works of Pasteur and Koch, the openings of sanatoria and dispensaries, the tuberculosis stamps and the opening of the Society are told in a detailed way, with small illustrations.[394]

The journal contained the propaganda of the nationalist program. There existed, for instance, an article called "On Birinci Yılı Bitirirken" (Finishing the 11th Year) written by Refet Raif, which explained the Turkish Republican policies as a tool to alter the world politics. The article explained the rise of the First World War as a failure of Ottoman policies. By this time, he said, a *sun* that warmed 17 million people had arisen. As a reaction to that, the sultan had escaped. Then, the article addressed the Turkish youth: "We are telling you this story so that you be aware of the fact that we built this country in so many difficulties."[395] Refet Raif Öktem wrote his impressions of his visit to the sanatorium of Heybeliada. He explained the beneficiary effects of the sanatorium to the tuberculosis patients and he thanked to the state for this situation while returning home.[396]

A special issue was published for the tenth anniversary of the foundation of the Republic, which was the most explicit support to the regime. While all the cover pages of the issues are related to the disease, on the cover page of that issue, we see the title *29 Birinciteşrin 1933 Cumhuriyetimizin Onuncu Yıl Dönümü* (29 October 1933 The Tenth Anniversary of Our Republic) with a picture of Mustafa Kemal. Beneath, there exists another motto: *Türk İnkılabı Dinmeyen Bir İrade,*

[394] H. E. Kleinschmidt, "Terakkinin İzleri," *Yaşamak Yolu*, no. 53-54 (1933): 10-15.

[395] Refet Raif Öktem, "On Birinci Yılı Bitirirken," *Yaşamak Yolu*, no. 70-72 (1934): 2.

[396] Refet Raif Öktem, "Heybeliada Sanatoryomunda Neler Gördüm?," *Yaşamak Yolu*, no. 73-75 (1935): 19-21.

Zabt Edilmeyen Bir Heyecan, Yetişilmeyen Bir Sür'attir (The Turkish Revolution Is an Unceasing Will, An Uncontrollable Excitement, and An Unreachable Speed). The second page includes an anonymous piece of writing addressed to Mustafa Kemal, praising him. The next page addresses to the youth, reminding them that the Turkish lands were entrusted to them. The fourth page is composed of a map of Turkey according to the agreements of Sèvres and Lausanne. The fifth one included again an anonymous writing asserting that the actual struggle against tuberculosis was the success of the Republic, which could be possible with the support of the National Assembly.[397] Additionally, the issue contained the chronology of the National Struggle and Turkish Revolution.[398]

These articles and translated works showed the support of the journal to the regime. Therefore, all the advice of the physicians about being a modern citizen reflected the desire to create the ideal Turkish citizen. The physicians could take part in this creation through their medical knowledge, and they did so. This knowledge located them in a privileged position within society.

Mission of the Physicians: Status Acquisition Through Medical Knowledge

The content of the journal contained more than only articles about tuberculosis. The main focus of the journal was to teach people how to avoid tuberculosis. The physicians wrote two types of articles: simplified versions of the diagnosis of the symptoms of the disease; and a set of more technical articles which explained the functioning of tuberculosis. Through giving people both

[397] *Yaşamak Yolu*, no. 57-59 (1933): 1-5

[398] "Türk İstiklal ve İnkılabı Savaşının Kronolojisi," *Yaşamak Yolu*, no. 57-59 (1933): 8-10.

sanitary and national education, the physicians were locating themselves in a special place.

Physicians of the early Republican period had been trained during the long years of wars. They had experienced harsh conditions when practicing their profession. They felt the necessity to serve the country not politically, but also professionally. In the conferences given by members of the RPP in 1940, Süheyl Ünver, who was the director of the Institute of Medical History, said that the country had trained them; in return, they would train the country.[399]

In one of his articles, Fazıl Şerefeddin explained that school doctors had in a special importance for the struggle against tuberculosis because school children were more susceptible to acquire the bacillus. For school doctors, he mission was twofold: First, they should be careful about the health of children: they should not consider coughing or small pains as unimportant and they should advise children to come to them in such cases. Also, they should organize conferences on sanitary issues every two weeks. Second, they should take the complaints of the children into consideration and examine them. However, both of these duties were neglected in Turkey. He concluded that what was important was not to fill schools with children, but to protect their health by forming school medicine as a profession.[400]

The journal contains the translated deciphered texts of speeches of physicians to the public. The first one was given in 1933 by Tevfik İsmail, who was the director and chief of staff of the Heybeliada Sanatorium. He explained the

[399] A. Süheyl Ünver, "Biz Bu Vatana Neler Borçluyuz?," in *C.H.P. Konferanslar Serisi No 13* (Ankara: 1940). Dr. Abdülrek Bey writes in Sıhhat Almanakı conveys that the physician had two duties: maintenance of health, and treatment of patients. He also asserts that preventive medicine was the responsibility of state. Dr. Albukrek Bey, "Hekimin Hakiki Vazifesi," in *Sıhhat Almanakı*, ed. Mazhar Osman (İstanbul: Kader Matbaası, 1933).

[400] Fazıl Şerefeddin, "Verem Mücadelesinde Mektep Hekiminin Mühim Vazifesi," *Yaşamak Yolu*, no. 21 (1930): 2-3.

reason for organizing such speeches: To spread society's goals to a larger number of people. In that speech, he gave attention to the idea that tuberculosis was a social and a national problem. He gave statistics about the cases that ended up in death in Europe. He also mentioned the damage of the disease, except for death: people with tuberculosis spread the disease because of the nature of tuberculosis: unlike other epidemics, it did not end up in a certain period of time.

He compared Turkey with other countries and said that it was not better than the others. The number of death caused by tuberculosis in İstanbul was about 2,500 per year. Compared to the entire population, the rate was 30 per 10,000. He argued that this proportion was much higher than that in European countries. Then, he emphasized that tuberculosis was not only a social trouble, but also an economic one. Everything depended on money, which was indispensable for the struggle. Thus, in order to find the necessary money, they needed first to calculate the losses caused by tuberculosis. In the twentieth century, it was useless to invest in a non-profitable business. That is why they needed to calculate their affairs.[401]

Several other articles existed in *Yaşamak Yolu,* that either directly or indirectly mentioning child death rates and the economic effects of the disease. For instance Refet Raif Öktem writes that tuberculosis had harmful effect both in demographic, economic and cultural terms. The disease caused damage to the family budget with its loss of manpower within the family and the treatment expenditures.[402]

Tevfik İsmail Gökçe gave another conference in 1934 with the title of "Verem Mes'elesi" (The Tuberculosis Issue). He explained how tuberculosis

[401] Gökçe, "Heybeli Sanatoryomu Müdür ve Baştabibi Dr. Tevfik İsmail Beyefendi Tarafından Radyoda Verilen Konferans," 2-9.

[402] Refet Raif Öktem, "Bir Kongre Münasebetile," *Yaşamak Yolu*, no. 73-75 (1935): 7.

spread through the air and emphasized the necessity of diagnosing infected people as earlier as possible. Contrary to the common belief, tuberculosis was a disease which was eager to be cured. The conference was centered on the idea that the disease was curable, that people should be aware of the fact that it also spread easily – and it is not a hereditary disease-, and that is why it was the responsibility of the people to prevent the disease through implementing hygienic rules and applying to dispensaries if necessary.[403]

Another speech was given on Ankara Radio in 1935 by Tevfik İsmail Gökçe. The title of the speech was "Verem İyi Olur Bir Hastalıktır" (Tuberculosis Is a Curable Disease). He explained that the curability of tuberculosis was related to the discovery of the bacillus of tuberculosis and to the use of x-rays in the diagnosis of the disease; it was necessary for the patients to apply to a physician on time. He also warned people about the claims to find a medicine that could put an absolute end to tuberculosis since such a thing did not exist. In addition, he explained the importance of sanatorium treatment, adding that not every patient could have the opportunity to benefit from that kind of treatment and thus, many of them needed to have their relaxation time outside treatment buildings. He clarified the proper treatment at home in terms of light and nourishment. In order to illustrate his advice, he cited the daily program of a tuberculosis patient in the sanatorium as an example for the other patients. He presented the sanatorium as a guesthouse rather than a hospital.[404]

Gökçe also gave a conference about sanatoriums at the sanatorium. He explained that sanatoriums were not only places of medical therapy for chest diseases, but places to make people fit into the life outside the sanatorium and for

[403] Tevfik İsmail, "Verem Mes'elesi," *Yaşamak Yolu*, no. 63-64 (1934): 2-6.

[404] Tevfik İsmail Gökçe, "Verem İyi Olur Bir Hastalıktır," *Yaşamak Yolu*, no. 76 (1935): 1-6.

the treatment of these people so that they would not be harmful to other people. He added that the system they had formed was very appropriate when compared to European institutions.[405]

Zühtü T. Erman gave a speech on İstanbul Radio about the relationship between marriage and tuberculosis. He emphasized his aim in giving that speech: to clarify the social aspect of tuberculosis. He objected to the claim that tuberculosis was a hereditary disease, explaining that the reason for this misbelieves was the fact that the children of tuberculosis patients were generally victims of the same disease. He clarified the real reason for this situation, which was about the existence of the microbes in their environment. He specified the phases of several types of tuberculosis and explained that the carriers of the mild phase of the disease could marry but those with the heavy phase should be patient. He added that biologically, women were more convenient for the microbes of tuberculosis to settle in the body.[406]

Another important speech was given not by a physician, but by General Galip Pasiner, who address in the Tuberculosis Congress of 1937. He emphasized those organizations such as the İstanbul Society for Struggle against Tuberculosis were charitable organizations and that the people should be aware of the fact that they were to be active and not be waiting for the state to intervene in the affair economically. He added that although he was not a doctor, he was suffering from this problem of tuberculosis because of its spread to the army. He underlined the importance of the population for the army, as well as for the whole nation. The army, he said, even a mechanized one, needed human force. Nevertheless, he said,

[405] Tevfik İsmail Gökçe, "Sanatoryom Hakkında Sanatoryomda Verilmiş Bir Konferans," *Yaşamak Yolu*, no. 79-81 (1935): 2-4.

[406] Zühtü T. Erman, "Verem ve Evlenmek," *Yaşamak Yolu*, no. 82-84 (1935): 1-5.

according to the reports of the physicians, in İstanbul, there were more than 20,000 people with tuberculosis, ninety percent of whom were at the age of being members of the army. He mentioned the deaths of 2,000 young people a year as an obstacle to the fiscal, economic and industrial conditions of the country. He explained after having done these calculations, the civilized countries had 50-60 years earlier started to combat such diseases. He described the propaganda activities of the journals *Tan* and *Cumhuriyet*. He finally demanded each member to expand the membership to other people and enumerated the number of dispensaries in France: 804 dispensaries for tuberculosis, 62 sanatoria and preventoria. Their total capacity was 6,000. Nevertheless, although Turkey had a population of 18 million, which was half of that of France; İstanbul had four or five private and official sanatoria, that had a capacity of 500 patients, and only three dispensaries for tuberculosis.[407]

The journal also contains the reports of the yearly congresses of the Society. The report of the congress of 1934 is published in the issue dated January-March 1935. First, they gave a report of the activities in the dispensary of Eyüp and that of Erenköy. Then they explained the situation of visiting nurses, and the treatment of the patients. The report also contains detailed tables of the types of treatments. Additionally, the reports give information about the activities of the journal under the title of "Propaganda İşi" (The Issue of Propaganda). They also talks about pamphlets, daily newspapers, and conferences in radio. Then, the report passes on, explaining the situation of number of members, on various other

[407] Galib Pasiner, "Verem Mücadele Cemiyetinin 1937 Yılı Kongresinde General Galib Pasiner Tarafından Okunan Rapor," *Yaşamak Yolu*, no. 86 (1937): 10-12.

issues and on income issues.[408] The other reports of activity are on the same basis: summaries of activities, future plans and financial declaration. For instance, the report of the year 1935 is written in the year 1937.[409] In the 1940s, the journal started to give retrospective data about the organization of the struggle. For instance, there appeared a serial called "Veremle Mücadelede 50 Yıl" (50 Years in the Struggle against Tuberculosis). Gökçe described the first 50 years of the struggle against this disease in Turkey, which was described in detailed in Chapter Three.

From these examples, we see that the physicians took upon themselves the duty to educate people not only through journals, but also through radio, in brief, in any occasion. They tended to give advices not only on tuberculosis, but also in every sanitary issue. Through their medical knowledge, which was urgently needed at the period, they formed an important professional group. By giving themselves the mission to save people's lives massively, they also became entitled as the saviors of the whole nation in peace years after the National Struggle.

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Sanitary Training: Defining Everyday Practices of the Population

If one type of propaganda of the journal was national, the other type was sanitary propaganda. This propaganda defined both the limits of a Turkish citizen, and of a modern Western citizen. Sanitary propaganda was made in a different

[408] "İstanbul Verem Mücadele Cemiyeti 1934 Senesi Merkez Hey'eti Raporu," *Yaşamak Yolu*, no. 73-75 (1935): 2-6.

[409] "İstanbul Verem Mücadele Cemiyeti 1935 Senesi Merkez Hey'eti Raporu," *Yaşamak Yolu*, no. 85 (1937): 9-12.

way for children and for adults. For children, separate pages were reserved. Every issue of the journal contains four pages devoted to children called *Çocuk Sahifeleri* (Pages for Children). These pages were not different from the other parts of the journal, they aimed to educate children about hygiene and more specifically, tuberculosis, but they featured of simple images and illustrations, and small didactic stories. Some stories were translations, such as *Bir Sıhhat Dersi* (A Health Lesson), transferred by Tevfik İsmail. In this article, the cousin of a little girl who feels unenergetic explains the simple health rules: get fresh air, go to bed early, eat healthy food, do sports, chew your food, etc. He finally recommends her to read *Yaşamak Yolu.*[410]

Another translated story is about the stamps of the Struggle against Tuberculosis. The story tells about a boy who becomes ill because of tuberculosis. His family cannot afford a private sanatorium, and there was no place in the sanatorium of the state. But, he finally was able to get treatment in the Heybeliada Sanatorium thanks to another boy, who sold tuberculosis stamps. With the income gathered from these stamps, three beds were added to the Heybeliada Sanatorium.[411]

As mentioned in Chapter Three, the formation of a new family was an important move of the social revolution of the regime. In *Yeni Türk*, Agah Sırrı Levend emphasized that for the education of a child, family was essential, since that is the place where s/he received the primordial education. Hence, parents needed to provide an appropriate environment for the child, with the concepts of respect and discipline. Behind the importance given to the education of the child

[410] Leon Sambry, "Bir Sıhhat Dersi," *Yaşamak Yolu*, no. 19 (1930): 1-4.

[411] Leon Lambry, "İyi Bir İş," *Yaşamak Yolu*, no. 20 (1930): 1-4.

lay the understanding that the child belonged to the country, not to his family.[412] When this viewpoint is taken into consideration, the importance of the pages for children becomes easier to understand.

For adults, the journal had several articles. Besides these articles, there were small boxes containing slogans and advice. The examples are: "The sole solution to protect the people from tuberculosis in a country that is to open sanatoriums and dispensaries of tuberculosis," "Eyüp Dispansery of Tuberculosis: İstanbul Society of Struggle against Tuberculosis has opened its first dispensary. The tuberculosis dispensaries are centers of struggle against tuberculosis. To work for their appearance is the duty of every Turk. Try to assure this by registering at the Society against Tuberculosis."[413] Another one was "Do not kiss or let people kiss your children. Kissing might transfer many diseases: rubella, whooping cough, diphtheria, influenza, tuberculosis and syphilis."[414] A third example is: "Do not spit on the hands of your friends. It is not appropriate either to put the right hand next to the mouth. Because when, at the sight of a friend, you shake hands, you can give the microbes of influenza, pneumonia, scarlet fever, tuberculosis. So, while coughing, put your handkerchief near your mouth."[415] Another one was: "In order to protect children from tuberculosis and other diseases, never kiss children on the mouth. Never spit on the floor."[416] Besides all these types of articles and slogans, there were also some literary works in the journal. These included poems of patients, shorts stories about the patients and

[412] Agah Sırrı Levend, "Aile," *Yeni Türk* 4, no. 39 (1936): 99.

[413] "Eyüp Verem Dispanseri," *Yaşamak Yolu*, no. 1 (1929): 8.

[414] "Çocuklarınızı Öpmeyiniz ve Öptürmeyiniz," *Yaşamak Yolu*, no. 1 (1929): 4.

[415] "Dostlarınızın Ellerine Tükürmeyiniz," *Yaşamak Yolu*, no. 1 (1929): 5.

[416] "Çocukları Verem ve Diğer Hastalıklardan Muhafaza İçin," *Yaşamak Yolu*, no. 15 (1930): 5.

plays about the disease. The journal organized competitions of poems or stories for both children and adults, and published the works of the winners.

The journal consigned an important part to general information specifically on tuberculosis, and used a simple language that every reader could understand. An article explained the importance of avoiding the spread of the disease and enumerated the people who needed to get x-ray tests regularly. These were people who shared the house of a patient, physicians and nurses, maidservants of the patients, their colleagues, friends and fiancés, teachers, people who took care of babies and children, people who accepted children into their house to bring them up, and children who were sent to care centers (*bakım yurtları*) for any disease. Additionally, it is recommended that the following people also be examined: people being treated in a hospital for any disease, people with tubercular parents, all the diabetics, recruits for military service, and finally, university students.[417]

The journal gives general information about the spread, the characteristics and the ways of recovery of tuberculosis, and information about B.C.G. vaccine was part of this education. Dr. Zühtü Tevfik wrote about the importance of the vaccine for the struggle. He argued that since to expel the bacillus entirely from the country, to isolate a tuberculosis patient from his family, or to accommodate all the patients to tuberculosis' beds, which were very insufficient compared to the number of the infected people, were not feasible most of the time; the vaccination activities needed to be accelerated.[418]

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[417] "Verem, Ağır Bir Şekil Almadan Teşhis Edilmelidir," *Yaşamak Yolu*, no. 79-81 (1935): 14-16.

[418] Zühtü Tevfik, "Verem Mücadelesinde B.C.G. Aşısının Ehemmiyeti," Yaşamak Yolu, no. 49-50 (1933): 3. Other articles were written about B.C.G. vaccin after the death of Prof. Calmette in 1933 in a special issue of the journal., published in December 1933. The articles are İhsan Rıfat, "Albert Louis Charles Calmette ve Hayatı," *Yaşamak Yolu*, no. 60 (1933): 2-5., Fazıl Şerefeddin, "B.C.G. Aşısının Çocuk Ölümü ile Mücadelesindeki Ehemmiyeti," *Yaşamak Yolu*, no. 37 (1932): 3-5. İhsan Rıfat, "B.C.G., Calmette, Verem Aşısı," *Yaşamak Yolu*, no. 60 (1933): 5-6. A special issue about Friedmann vaccin, which was claimed to be the ultimate cure for tuberculosis and refuted by the government.

Tevfik İsmail Gökçe explained that other nations had already understood the importance of the struggle against tuberculosis. For instance, in 1924 in Lausanne an international congress of tuberculosis had been held. In Scotland because of tuberculosis, the death rate was 381 per 100,000 in 1871, but this proportion had declined to 122 in 1922. In America, the death rate caused by tuberculosis had been 195 per 100,000 in 1,900 but it had declined to 112 in 1922. In Denmark, it had been 313 per 100,000 in 1890, but had declined to 95 in 1922. In Germany, it had been 247 per 100,000 in 1895 and 154 in 1927. This test had been done by the New York Metropolitan Assurance Company. They had composed an organization of visiting nurses that opened dispensaries, sanatoria, and hospitals in order to allow their clients to live long time.[419]

Tevfik İsmail explained that the success of the struggle depended on the money invested in it. This was based upon three characteristics: to find the infection origins, to make them harmless to their environment and to give the people information about the disease and prevent its spread. The dispensaries and the sanatoria were necessary for this purpose. To educate people depended on propaganda. It was done, in other countries, by private organizations. The governments gave allotments and enacted laws. But, it was indispensable that the

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That special issue was dated July-August 1933. Some articles within the issue were "Friedmann Aşısını Hükümet Mennediyor," *Yaşamak Yolu*, no. 55-56 (1933): 1-2., Tevfik İsmail, "Niçin Friedmann Aşısının Memleketimizde Tatbikine Muarızız," *Yaşamak Yolu*, no. 55-56 (1933): 2-5., L. Rickmann and O. S. Ziegelhous, "Bir Friedmann Faciası," *Yaşamak Yolu*, no. 55-56 (1933): 5-7. In 1931 also, articles about the Friedmann vaccin are written. The İstanbul Society made a declaration for denying this vaccin, which occupied place in the journals. The issue also includes the declaration of the French National Society for the Struggle Against Tuberculosis. ""Friedmann"ın Verem Aşısı Hakkında!," *Yaşamak Yolu*, no. 25 (1931): 1. Fazıl Şerefeddin equates this vaccin with quackery in his article. The casual treatment of the tuberculosis, he says, may lead to death. That kind of quackery, which is made on purpose, he says, is no different than assault on life. Fazıl Şerefeddin, "Verem Tedavisi ve Şarlatanlık," *Yaşamak Yolu*, no. 25 (1931): 4-5.

[419] Gökçe, "Heybeli Sanatoryomu Müdür ve Baştabibi Dr. Tevfik İsmail Beyefendi Tarafından Radyoda Verilen Konferans," 4.

government controlled these organizations.[420] He then cited the developments in Turkey: These were the journal *Yaşamak Yolu*, the Sanatorium of Erenköy, Dispensary of Eyüp Sultan. He finally reported that the society had 2,000 members, and it should be increased, and asked that people register in the society. He aimed to have 100,000 members, who would give 100,000 lira in total per year.[421]

Tevfik Salim kept on explaining that tuberculosis was not a hereditary disease, but a contagious one, and that hygienic measures needed to be taken in order to prevent the disease. An infected person did not necessarily develop the disease, but could remain healthy and still spreading the disease. Therefore, what should be done was to protect oneself from being infected. [422] Tevfik İsmail Gökçe explained the importance of x-ray in the diagnosis of tuberculosis in order to show that tuberculosis does not necessarily kill, but it is a curable disease.[423] He also gave information to the tuberculosis patients: the treatments of rest, nourishment and fresh air were used for pulmonary tuberculosis. The casual use of medicine should be avoided. Furthermore, the physician should decide on the amount and duration of these three kinds of treatment.[424]

The most important issue for the physicians writing in the journal was to form a public consciousness about the necessity of the dispensaries and the sanatoria. Not only had the mottos, slogans at the separate parts of the journal, but

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[420] Ibid.

[421] Ibid.

[422] Tevfik Salim, "Verem Olmamak İçin," *Yaşamak Yolu*, no. 20 (1930): 3-4. Tevfik Salim concludes his articles with affirming that for a person, the most important wealth is healh, and for a country the most important capital is human capital. The one who waste it is either illeterate or foolish. "*Bir insan için en kıymetli mal sıhhat, bir millet için en kıymetli sermaye insan sermayesidir. Bunu israf eden ya cahildir veyahut akılsızdır." , p.4.*

[423] Tevfik İsmail, "Akciğer Vereminin Erken Teşhisinde Röntgen ile Göğüsün Resminin Çıkarılmasının Ehemmiyeti," *Yaşamak Yolu*, no. 23 (1930): 1-2.

[424] Tevfik İsmail, "Akciğer Veremlilerine Öğütler," *Yaşamak Yolu*, no. 29 (1931): 1-3.

also many articles within it proved this desire. For instance, "The sanatoria not only cure tuberculosis, but also teach the way of living of a tubercular. . . The dispensaries search and find tuberculosis among society at the beginning. They stop the spread. It can virtually be said that the damage of tuberculosis becomes lesser when a city's number of sanatoria and dispensaries becomes more."[425]

Dr. İhsan Rıfat described the condition of living of a tuberculosis patient in a sanatorium with these words:

> In the sanatorium environment the air is pure and clean, stronger and fortifier. The panorama, the green environment, the mountains, the fertile land and the paysage at snowy times caresses the spirits and the taste of the patients extremely. Especially the filling of the blood with enough oxygen in sanatoriums in high places has an influence on the cleaning of the blood.[426]

The May-June 1933 issues celebrated the first year of the opening of the Erenköy Sanatorium, with 40 beds. An article about public sanatoria explained that in İstanbul, there were only 250 beds, compared to 27,000 in France.[427] Tevfik Salim wrote that there was the need to separate people in three: the more well-to-do people who had access to sanatoria and tuberculosis hospitals, the gratuitous hospitals that would be built for the poor (the municipalities should give importance to these), and good care with a small amount of money for middle class people. Such hospitals could be done by voluntary societies. He added that the public sanatoria needed the assistance of those voluntary societies.

The articles that were not directly related to tuberculosis were centered mainly on the consumption of alcohol, on hygiene, and on nourishment. For

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[425] *Yaşamak Yolu*, no. 100 (1942): 13.

[426] "*Sanatorium muhitinde hava saf ve kurudur, daha sağlam ve kuvvetlendiricidir. Etrafındaki manzaralar, yeşillik, dağlık, münbit arazi ve karlı zamanlardaki peyzaje, hastaların ahvali ruhiyesini ve zevkini fevkalade okşar. Bilhassa mürtefi mahallerdeki sanatoriumlarda kanın kafi miktarda müvellidülhumuza ile işbaı, kanın tasfiye edilmesinde müessir olur*." My translation. İhsan Rıfat, "Sanatoriumlar," *Yaşamak Yolu*, no. 37 (1932): 10-13.

[427] Tevfik Salim, "Halk Sanatoryumları," *Yaşamak Yolu*, no. 53-54 (1933): 2-4.

instance, the articles mention harmful substances in the air, the importance of open air and the sun, the issue of cleanliness, the importance of the consumption of milk and fruit. The first issue of the journal concentrated on the hygiene of milk by an article by Dr. Fazıl Şerefeddin under the title of "Temiz Süt Hayat, Kirli Süt Ölüm Demektir" (Clean Milk Means Life, Dirty Milk Means Death) and it explained the hygienic way of consuming milk, explaining that it was vital for the survival of children.[428] We also encounter the explanations of the usefulness of the fruits.[429]

Refet Raif Öktem attracted the attention of people to the issue of milk. He wrote that news about health was the most important ones for them, and milk was essential for health. The news that he was talking about was the order of the municipality that milk was to be sold in closed, hygienic bottles. Using this opportunity, he also mentioned about vendors that caused further increase in the spreading of contagious diseases. He saw two detrimental aspects in the existence of these vendors. If one was the danger of illness, the other was unpleasant stories that the foreigners living in Turkey could tell to their countrymen.[430]

On the occasion of an interview that Refet Raif made with Mustafa Talat (chief of staff of the Tuberculosis Dispensary), the latter emphasized the importance of avoiding alcohol, tobacco, spitting on the ground and kissing people who were suspected of being tubercular. He underlined that the consumption of alcohol was common among the Turkish youth, whom he accused of being imitators. Furthermore, he warned about the dangers of the vendors and proposed the construction of a common place for the sale of vegetables and fruits (*hal*).[431]

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[428] Fazıl Şerefeddin, "Temiz Süt Hayat, Kirli Süt Ölüm Demektir," *Yaşamak Yolu*, no. 1 (1929): 5-7.

[429] Dr. Kudsi, "Bebekler ve Meyveler," *Yaşamak Yolu*, no. 49-50 (1933): 10-11.

[430] Refet Raif Öktem, "Yerinde Bir Karar," *Yaşamak Yolu*, no. 76 (1935): 6-7.

[431] Refet Raif, "Sıhhi Anketler," *Yaşamak Yolu*, no. 70-72 (1934): 14-16.

The physicians wrote simple articles in which they used daily language in order to educate people. For instance, Burhan Berk wrote about the things that someone with tuberculosis needed to know. He emphasized that the primary precaution was to avoid spreading the disease to others. For this aim, the patient needed to apply to a sanatorium or a health center. He gave detailed information about what to eat and how to cough. The most important emphasis was on the separation of the materials and bed of the patient from the belongings of the healthy people.[432]

There are several articles which can be considered as more technical then those mentioned before. These articles give information about tuberculosis or other diseases with a mix of a simplified language with a more professional one. For instance Dr. İhsan Rifat writes about syphilis and gonorrhea, with the diagrams of death statistics and displays of microscopic views of the microbes.[433] Other types of articles are about teeth,[434] skin,[435] malaria,[436] rachitisme,[437] mental hygiene.[438]

The journal also contains general advice to the patients written by physicians. Dr. Asım explained in an article the proper way of passing the winter for patients. He advised that all patients have a doctor. He mentioned the

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[432] Burhan Berk, "Tüberkülozluların Bilmesi İcap Eden Bazı Bilgiler," *Yaşamak Yolu*, no. 90 (1940): 4-5. Sanatorium was given special care as center of recovery from the disease. The journal accomodated many pages for the visits of the physicians to several sanatoriums and their observations about them, or articles giving information about these sanatoriums. For instance, see Salim, "Halk Sanatoryumları," 2-4. This article was written with the occasion of the aniversary of Erenköy Sanatorium's opening. Tevfik Sağlam explains that tuberculosis beds were insufficient in sanatoriums. He suggested that gratouitous centers be constructed for poor patients.

[433] İhsan Rıfat, "Efrenci Hastalıkların İntişarı," *Yaşamak Yolu*, no. 51-52 (1933): 13-15.

[434] "Diş Çürüğü Nedir? Diş Nasıl Çürürler?," *Yaşamak Yolu*, no. 51-52 (1933): 16. , "Diş Çürüme Sebepleri," *Yaşamak Yolu*, no. 51-52 (1933): 16-21.

[435] "Su ve Cilt," *Yaşamak Yolu*, no. 29 (1931): 4-5.

[436] Pitti Ferrandi, "Sıtma ve Sıtmadan Korunma," *Yaşamak Yolu*, no. 29 (1931): 7-8.

[437] Mustafa Talat, "Rahitisme: (Kısa)," *Yaşamak Yolu*, no. 33 (1931): 2-3.

[438] Fahrettin Kerim, "(Hygiène Mentale) Akıl Hıfzıssıhhası Nedir?," *Yaşamak Yolu*, no. 38 (1932): 10-14.

importance of climate for tuberculosis patients. For Istanbul, he said, Heybeliada was best for them since winter was warm and summer was cool; the plant cover contained lots of pine tree and humidity was low. But, a tubercular could still live in his house and environment if he were careful to follow certain basic rules: The house needed to be away from hard winds, the air needed to be free of dust, the rooms needed to have plenty of sun, the house needed to be about 80 meters near to trees. The patients needed to be dressed not too much or too little. He then specifically explained the necessity of opening one window while sleeping and the heat of the room. He finally emphasized the importance of air cure.[439]

Dr Kudsi Halkacı had the main point in his article called "Bilgisizlikle Savaş" (War against Ignorance). He argued that the lack of health knowledge, especially of mothers, resulted in the deaths of their children. He also stressed the idea that to decrease childhood deaths and increase the population was a national duty. He said that this ignorance was one of the biggest social problems. He saw ignorance as *social immorality*. For him, every sanitary advice was a moral rule. He argued that, what he called "mobilization of sanitary propaganda" (*sağlık propagandası seferberliği*) could be achieved by combating individualism. The propaganda should include the following training: the future mothers against child deaths; the people against infertility; the people for the health of children; the youth; the people against alcoholism, venereal diseases, contagious diseases, cancer, tuberculosis; marriage and racial health; the people against quackery; the people against the lack of sports, air and sun; the people against social diseases like trachoma, malaria.[440]

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[439] Dr. Asım, "Veremliler Kışı Nasıl Geçirmelidir," *Yaşamak Yolu*, no. 70-72 (1934): 3-6.

[440] Kudsi Halkacı, "Bilgisizlikle Savaş," *Yaşamak Yolu*, no. 78 (1935): 3-4. For a similar critics about child deaths, see Naci Sait, "Çocuk Ölümü," *Ülkü* 3, no. 14 (1934).

An article called “Daima Zinde ve Sıhhatte Yaşamanın Yolu” (Way of Always Living Healthy) gave the prescription of living healthy through a program composed of five sections: self-care before the meal, after the meal, every day, every week and every three months. For the meals, the necessary nutriments and drinking water were advised. The rules of good manners at the table in terms of health, the care of teeth, and so on, were added.[441]

Dr. Süleyman Etem tried to create public consciousness by writing an article about hygiene of the hands by creating a disease called “dirty hands’ disease.” He quickly admitted that such a disease did not exist, but it illustrated what he was trying to say. He explained that microbes spread through several ways, the most important being through the hands. He concluded that only through water and soap, could many diseases be prevented.[442]

Mustafa Talat Özkan wrote about expectoration and the spread of tuberculosis. He explained that every *civilized* man should use a handkerchief, or better, a spittoon. He emphasized that tuberculosis was a contagious disease, not a hereditary one, and that is why people should be careful of hygiene.[443] The second part of the article was about hygienic principles. It explained the way to chew food and the amounts of food that needed to be eaten.[444]

Dr. Kudsi wrote that cities and villages were far from being clean and healthy and these dwellings are the sources of many diseases, primarily of tuberculosis. He argued that poverty was not an obstacle to cleanness. What

[441] Feyzullah Rasih, "Daima Zinde ve Sıhhatte Yaşamanın Yolu," *Yaşamak Yolu*, no. 53-54 (1933): 18-19.

[442] Süleyman Etem, "Pis Eller Hastalığı," *Yaşamak Yolu*, no. 19 (1930): 4.

[443] M. Talat Özkan, "Balgam- Kundak...Veremin Sirayeti," *Yaşamak Yolu*, no. 76 (1935): 13-14.

[444] Mustafa Talat Özkan, "Hygiène ve Gıdaî Hatalar: Rejimlere Dair Umumî Mülâhazat [2]," *Yaşamak Yolu*, no. 79-81 (1935): 5. A similar article is "Gıdalarımızı Nasıl Seçmeliyiz," *Yaşamak Yolu*, no. 62 (1934): 5-6.

mattered was the woman of the family's accordance with hygienic rules. That accordance could be realized through the propaganda activities of the health officers, which were missionaries of hygiene, especially among women.[445]

Dr. İhsan Rıfat explained personal hygiene in protection from tuberculosis. Tuberculosis was a threat for the ones who spend most of their time in airless and crowded places, like coffeehouses, casinos or worker's places; for the people who were not properly fed and who are exhausted most of the time; and for people who frequently visited places like bars - and consuming alcohol,- cinemas, and theaters. The bodies of these people lose their resistance and become easily ill.[446] That is why; he insinuated that it was a personal duty to maintained one's health.

Conclusion

The journal *Yaşamak Yolu* was a tool for sanitary propaganda between 1929-1972. It experienced several transformations over these 43 years, partly due to changing governments, and partly due to the necessities of the struggle against tuberculosis. But in the 1930s, the journal had a stable pattern, which constituted the topic of this chapter. This pattern was that the journal was making two kinds of propaganda: sanitary and national, both were feeding from westernization.

The aim of this chapter was to present the journal as an important publication about tuberculosis, which continued to be published until 1972. The journal can be considered an important example of a publication of not only the 1930s, but also it reflects many aspects of the struggle against tuberculosis in

[445] Dr. Kudsi, "Temizlik Propagandası," *Yaşamak Yolu*, no. 51-52 (1933): 15.

[446] İhsan Rıfat, "Veremden Korunmada Şahsi Hıfzıssıhha," *Yaşamak Yolu*, no. 53-54 (1933): 5-10.

Turkey. As the most consistent and long-lived publication of the voluntary societies to struggle against tuberculosis, *Yaşamak Yolu* constitutes an important source for anyone who is interested in the history of tuberculosis in Turkey. It also constitutes an important source as a publication reflecting the sanitary policies of the regime. Furthermore, it also constitutes an important source for the one who is interested in the relationship of the physicians and politics, which has important place in Turkish political history.

This chapter concentrated only on the period between 1929-1940. The reason for this limitation lies in the variation of the journal from the beginning of the 1940s. The content of the journal is composed in the first period of articles that are very easy to read and understand, obviously written for common people to learn. But with the beginning of the 1940s, it becomes a more technical journal. Also, the articles are no more related especially to tuberculosis, but to other diseases. Another variation is about the general atmosphere of the journal. In the first period, the journal was published by physicians who saw the dissolution of the Ottoman Empire and foundation of the Republic. They had learned their profession during wars and they considered themselves part of the intelligentsia taking part of the creation of the new, modern, civilized nation. They worked on performing their mission to train people – teach how to be modern, to be a faithful citizen of the Republic, and to be healthy. The following generation that we encounter in the 1940s does not have this enthusiasm. That change is reflected in the journal in the more technical articles.

This chapter was composed of four main sections. The first section was based on the demographic situation of the 1930s' Turkey and its definition as a problem. As mentioned in previous chapters, managing the population was the

concern of the modern state. World War I, in all of the countries that took part in it, initiated great numbers of deaths; hence, it caused an insufficiency in the populations of the countries. Turkey, whose World War lasted between 1912-1923, suffered this problem in a very harsh way. In the journals and newspapers of the 1930s, many articles were written on this population problem. *Yaşamak Yolu*, although a journal that claims to be a journal which aims to teach people the way to prevent the spread of tuberculosis, includes an important number of article about this issue, as well. This section showed the importance given to the population issue. Indeed, all efforts to prevent the disease, besides humanitarian motives, were related to this demographic problem.

The second part of the chapter focused on the nationalist propaganda that formed the basis of the journal. The suggestions to solve the demographic problem were centered of the nationalist mottos and articles. The physicians suggested that a person who applies hygienic rules and who enlarges his family is a faithful citizen of the Republic. The journal contained several articles glorifying the coming of the Republic after the Ottoman period.

The third part of the journal emphasized the position of the physicians at the period. It seems that they sincerely believed in the regime and in the modernization. The policies of the regime also were suitable for the physicians to acquire a privileged position. In a period in which increasing the population became a special policy, the gaining importance of medical knowledge would not be inexpectable. Indeed, the physicians of the early Republican period could position themselves in an elevated position.

The final part of the chapter exhibited the way of the physicians status acquiring and forming citizenship through sanitary training. This part is composed

of examples of the hygienic advice of the physicians to the common people. It showed that the journal was not solely a journal of tuberculosis, but a journal that was taught “how to live.” Hygienic rules were explained in tiny details, the spread of diseases was explained, the general idea that many diseases including tuberculosis are hereditary was tried to be broken. In brief, through teaching a healthy daily life, efforts were made to ensure the prevention of the spread of diseases, mainly of tuberculosis.

CONCLUSION

With the emergence of microbiology in the nineteenth century, man began to pretend he could control nature. This belief best fit the progressivism of the Enlightenment. Modern medicine dictated one single truth. It also coincided with the emergence of modern governmental practices entailed upon the singularity of practices. Hence, it has been able to intervene in the daily practices of people.

However, the twentieth century has been the era of pandemics, more harmful than ever. The emergence of diseases caused by mutated microbes in the late twentieth and early twenty first centuries around the world like SARS, avian flu, and especially AIDS, and health crises appearing because of the uneven distribution of health services initiated public interest in health issues.

Not only the press media or medical milieu, but also scholars are dealing with the health conditions of the population. This interest is related to the vision that health and disease are not an essential part of the body, but they are in the realm of the social. The social history of medicine envisions disease and health within the context of the social body, objectified by the mechanisms of power. Disease is hence reconsidered as a display of social disparities and social control.

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With the idea of *biopolitics* of Michel Foucault, this thesis explores health policies in the 1930s. The 1930s was the recovery period of Turkey after the wars that began in 1912 and ended with the foundation of the Republic in 1923. Health policies in this period were defined by the population problem, which designated the harmful effects of the wars to the quality and quantity of the population.

The period in question was the time in which a new regime was being settled. The leaders and elites of this regime were the pioneers of the creation of the new Republican generation, whose male population had almost disappeared, and female population was located in a central position for the birth and education of new children to compensate those dying in great numbers. This new generation would form the loyal citizens of the Republic, the manpower for the economy, and soldiers for the army. For this, a sanitary reform was needed.

Within this context, the thesis examined the case of tuberculosis as an important part of the struggle against contagious diseases, which was on the agenda of the sanitary reform of the regime. Tuberculosis, malaria and trachoma were the most destructive diseases of the post- World War I period in Turkey. In addition to these, the increased rate of child deaths due to malnutrition and the insufficient number of sanitary institutions and staff had detrimental effects on the demographics of the period.

The sanitary reform of the 1930s, expressed as the period of Refik Saydam, aimed to overcome the population problem and improve the sanitary conditions of the population. However, this target was not easy to reach due to financial shortcomings. Thus, sanitary reforms were realized by the direct and indirect intervention of the state. The state formed sanitary institutions like hospitals, and

trained health professionals. For public education about hygiene, nutrition and daily habits, and for the prevention of epidemics, the regime profited from voluntary associations, as well as its own resources. The coexistence of state institutions and sanitary institutions went on until the transition to the multi-party regime.

Because sanitary issues gained such an immense importance, so did physicians, the professional class concerning health. The early Republican period was very susceptible to the acquisition of special status for some social groups, since a new regime was being formed. Physicians were one of these. Through their medical knowledge, they were able to position themselves in a higher position. They made themselves the teachers of the ordinary people via such means as conferences, journals, books, and pamphlets.

From the articles, written by physicians, examined in this thesis, it was seen that they identified themselves with the ideology of the regime, and were in a position to spread this ideology to the people. While performing propaganda – a term used by the physicians in a positive sense, with the idea that propaganda was a synonym for public education, not only in medical field, but also in ideological one,- they were not only positioning themselves within the regime. From their experiences and their writings, it seems that they themselves believed in the prevalent ideology.

To increase the population meant to redefine family, and the role of woman within the family. Family was defined as the nucleus of the population, where basic roles were acquired. It belonged to the society, so did its children. Women were encouraged to marry and have children, bachelorhood was strongly discouraged, and dissolving a marriage was almost condemned. Forming a family and expanding it were presented as national duties.

In the case of tuberculosis, as well, family and the survival of children were given priority in the struggle. Public education was given first of all in schools, believing that children would transfer the information given in schools to their families. In addition, women were taught to obey hygienic rules, to have as many children as possible, and to avoid abortion. The communicable character of tuberculosis was stressed, and creating a healthy environment, with fresh air and sun, was recommended, sanatorium treatment was given primary importance. Measures like medical examination before marriage targeted the prevention of the spread of tuberculosis.

However, as seen from both the institutional struggle against tuberculosis, and the public education about the disease via sanitary journals, it is observed that during the 1930s, the responsibility was given to the individual. The articles of the journals and speeches on the radio emphasized that obeying to hygienic rules was also a national duty. Through hygienic suggestions, an ideal modern man was to be created. This man was to obey sanitary rules; he was physically fit, and mentally healthy. By giving the responsibility to the individuals, the regime sought to diminish the financial burden of the struggle. The physicians were trying to create a public awareness about the personal prevention of the disease. Voluntary societies were cooperating with state institutions; being even more active sometimes.

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The thesis was formed of four chapters, which can be considered as beginning with defining the theoretical framework of the study inspired by the new social history of medicine, then framing the general picture of the era in question, which means the health policies of the 1930s, focusing on the specific case of tuberculosis

as an institutional history, and finally studying the specific case through a related publication. The first chapter discussed the transition from the conventional history writing to the new social history of medicine which developed after the writings of Michel Foucault. The chapter focused on body politics and medicine as part of the domain of the social. The second chapter focused on the population problem created after the period between the Balkan Wars and the formation of the Republic. The chapter also explored the social policy based on the demographics, embracing population policies and nationalist- modernizing ideology.

The third chapter gave an institutional history of the struggle against tuberculosis in two phases, separating from each other by the periods of the inter-war period and the post-World War II period, which finished in the 1970s, simultaneously with the ending of the national struggle under the idea that tuberculosis, was defeated. The first period marked the efforts of semi-official voluntary societies. The second one was the period in which the struggle was carried out through the state, with its institutions and regulations, as a complete national combat.

The fourth chapter discussed *Yaşamak Yolu*, published by the İstanbul Society for the Struggle against Tuberculosis, focusing on the 1930s. The chapter stressed that public education was given special care within the sanitary reform of the regime, not only to create a model of a healthy people, but also a modern, loyal citizen of the Republic. The chapter also underlined the identity formation aspect of medicine, which located women, children and physicians to special places for the formation of the next generation.

APPENDIX

TÜBERKÜLOZUN KONTROLÜ İLE İLGİLİ BUGÜNKÜ YASALAR

UMUMİ HIFZISIHHA KANUNU
Kanun No: 1593
Kabul Tarihi : 24.4.1930
Yayım tarihi : 6.5.1930
Resmi Gazete No: 1489

ALTINCI FASIL ALTINCI BÖLÜM

madde 113 - Akciğer ve larenks vereminin her bulaşıcı şekline yakalananlarla veremin herhangi bir klinik şekline tutulmuş olarak ölenlerin isim ve adresleri ile ihbarı zorunludur. Hastalığa yakalananlar, sekiz gün ve ölenler yirmidört saat içinde hastalığı yada ölümü teşhis ve tesbit eden her tabib tarafından en yakın sağlık kurumuna sözle yada yazılı olarak bildirilir.

madde l l 4 - Veremli hastanın oturduğu yeri değiştirmesi halinde nakilden haberi olan tabib hemen durumu ve nakledilecek yeri evvelce hastayı haber verdiği sağlık kurumuna bildirmeye mecburdur.

madde 115 - Hastanelerde, doğum evlerinde, hapishanelerde, diğer resmi veya özel sağlık ve yardım kuruluşlarındaki bütün veremli hastalarla buralarda meydana gelen verem ölümleri yirmi dört saat içinde o kurumun müdürü tarafından bildirilir. Askeri birlikler ve kuruluşlarda tedavi edilen veya ölen veremliler buralardaki askeri tabiblar tarafından bağlı oldukları komutanlıklar aracılığıyla ilgili sağlık makamlarına bildirilir.

madde 116 - Sağlık ve Sosyal yardım Bakanlığınca açılan verem dispanserlerinin bulunduğu yerlerde vereme yakalananları doğrudan doğruya dispanser tabibliğine bildirilmesi bakanlıkça yayımlanıp ilan edilir.

madde l17 - Resmi bakteriyoloji laboratuarları veremlilere ait olup tabibler tarafından gönderilen maddeleri ücretsiz muayene ederler ve sonucunu gönderen tabiblere yazılı bildirirler.

madde 118 – Hükümet veya belediye tabiblerinin yada hastaya bakan hekimlerin talebi üzerine veremlilerin ikametgahları ve eşyaları ücretsiz temizlenir ve dezenfekte edilir.

madde 119 - Bulaşıcı şekilde verem hastalığına yakalandığı kesinleşen ve etrafında bulunan kimseleri enfekte edeceğinden şüphe olunan hastaları hastane yada diğer bir

kurumda tecrit veya tedaviye yada meslek ve sanatları dolayısıyle küçük çocukları verem basiliyle enfekte edecekleri kesinleşenlerin meslek ve sanatlarını yürütmelerini yasaklamaya Sağlık ve Sosyal Yardım Bakanlığı yetkilidir.

madde 120 - Sağlık ve Sosyal Yardım Bakanlığı , bilimsel olarak lüzum göreceği kişilere,veremden korumaya yönelik tedbirleri uygulamaya yetkilidir.

madde 121 - Veremle mücadele cemiyetlerine ait kurumlarla bu kuruluşlar tarafından uygulanan mücadele tedbirleri sağlık ve sosyal yardım Bakanlığınca denetlenir.

YEDİNCİ FASIL YEDİNCİ BÖLÜM

madde 122 - Evlenecek erkek ve kadınlar evlenmeden evvel tıbbi muayeneye tabidir. Bu muayenenin yapılma şekli ve ayrıntıları hakkında Sağlık ve Sosyal Yardım Bakanlığınca bir tüzük yayımlanır.

madde 124 - İlerlemiş bulaşıcı vereme yakalanmış olanların nikahı altı ay ertelenir. Bu süre içinde düzelme belirtisi görülmezse bu süre altı ay daha uzatılır. Bu sürenin bitiminde ilgili tabibler her iki tarafa bu hastalığın tehlikesini ve evlenmenin zararlarını bildirmeye mecburdur.

madde 125 - Süt annelik yapacak kadınlar zührevi hastalıklarla bulaşıcı vereme ve cüzzama yakalanmadıklarını bildiren tabib raporları alırlar. Raporlar her altı ayda bir yenilenir. Bu raporu olmayan kadınların süt annelik yapması ve rapor talep etmeden herhangi bir kadının süt anneliğe kabul edilmesi yasaktır. Resmi tabibler süt annelik yapacak kadınları ücretsiz muayene eder ve raporlarını verirler.

madde 126 - Yenilecek ve içilecek şeyler satan yada veren yada temizlik ve güzellikle ilgili sanatlar yapanlar her üç ayda bir kendilerini muayene ettirerek bir sağlık raporu almağa mecburdurlar. Bunlardan bulaşıcı döneminde frengi ve bulaşıcı verem ve cüzzama tutulmuş olanlarla halkın tiksinmesini ve nefretini gerektiren bir cilt hastalığına yakalananların sanatlarını yürütmeleri yasaklanır.

madde 127 - 126.ncı maddede sözü edilen muayene ücretsiz olarak belediye tabibleri tarafından yapılır. Belediye tabibleri bulunmayan yerlerde bu görev hükümet tabibleri tarafından yürütülür. Yerel belediyelerince hangi meslek ve sanat sahiplerinin muayene zorunda olduğu 266.ncı maddede sözü edilen tüzükte belirtilir.

ONDÖRDÜNCÜ KONU

madde 282 - 24,9.l983 gün ve 2890 sayılı kanunun 2. Maddesiyle değişik... “ bu kanunda yazılı olan yasaklara aykırı hareket edenler veya zorunluluklara uymayanlar hakkında; Kanunda ayrıca bir ceza hükmü gösterilmediği ve yaptıkları Türk Ceza Kanununda daha ağır bir cezayı gerektirmediği takdirde, üç aydan altı aya kadar hafif hapis cezası ve beş bin liradan 30.000 liraya kadar hafif para cezası verilir. Ayrıca, yapılanın yapılış şekli ve niteliğine göre yapanın suça vasıta kıldığı meslek ve sanatın yedi günden üç aya kadar tatiline ve aynı süre kadar işyerinin kapatılmasına da hükmedilebilir.

madde 283 - Bu kanunda yazılı belediye görevleri ile ilgili olup 266'ncı maddede gösterilen sağlık zabıta tüzüğünde sözü edilen yasaklara karşı hareket edenlerle zorunluluklara uymayanlar, 16 Nisan 1340 tarih ve 486 numaralı kanun gereğince cezalandırılır.

madde 284 - 66-ve 67. Maddelerde belirtildiği üzere bulaşıcı hastalıklar hakkında incelemede bulunmaya yetkili memurlara muhalefet eden kimseler Ceza Kanunun 263'ncü maddesi gereğince cezalandırılır.

ONBEŞİNCİ KONU
genel hükümler :

madde 303 - Bu kanunda sözü edilen sıhhat memurları, Devlet, belediye ve özel idare işlerinde kullanılan tabibler ve sağlık ve sosyal yardım bakanlığının gerekli göreceği ve izin vereceği konularda tabiblerin yanında bulunan küçük sıhhat memurlarıdır.

madde 304 - Bu kanunda sözü edilen tüzük, yönetmelik ve diğerleri kanunun yürürlüğe giriş tarihinden itibaren bir sene içinde zarfında hazırlanıp tamamlanır. kanunun yürürlüğe giriş tarihinde mevcut olan ve aynı işlerle ilgili tüzük ve yönetmelik hükümleri bu kanun hükümlerine aykırılık göstermedikçe yenileri yayımlanıncaya kadar geçerlidir.

madde 305 - B kanunda yazılı resmi görevleri ve işlemleri yapacak olan Hükümet ve belediye hekimleri ile küçük sihhiye memurları veya bunların yerine görevlendirilecek olan diğer memurlar bu yaptıklarından dolayı hiçbir sebep ile ilgililerden ücret alamazlar.

madde 308 - Bu kanun yayın tarihinden itibaren altı ay sonra geçerlidir.

madde 309 - Bu kanunun hükümlerinin yürütülmesinde Bakanlar Kurulu yetkilidir. ek madde l , (EK, 14.11.1972- 1627 - 2 madde) bu kanunda yazılı suçları işleyenler hakkında 303.üncü maddede yazılı kimseler tarafından düzenlenen tutanaklar aksi sabit oluncaya kadar geçerlidir.

VEREM SAVAŞI HAKKINDA KANUN
Kanun no : 5368
Kabul tarihi : 11.4.1949
Yayın tarihi : 15.4.1949
Resmi gazete n: 7183

madde 1 - Sağlık ve Sosyal Yardım Bakanlığınca gerekli görülecek yerlerde verem savaşı teşkilatı kurulur. Bakanlık bu maksatla gerekli verem sanatoryumlarını, hastanelerini ,prevantoryumlarını ve dispanserlerini veya bu bölgelerde mevcut hastanelere ek olarak verem pavyonlarını yaptırmak, kiralamak, kamulaştırmak veya satın almak suretiyle tesis ve techiz ederek faaliyete geçirir ve bunlar için her türlü taşıt araçlarıyla seyyar ve sabit röntgen cihazlarını satın alır.

madde 2 - Sağlık ve Sosyal Yardım Bakanlığı özel idareler, Belediyeler ve Verem Savaşı Derneklerince kurulmuş verem sanatoryum, prevantoryum, hastane ve dispanserlerine faaliyetlerinin devamı için gerekli gördüğü hususlarda her çeşit para ve ayni yardımı yapmaya ve bu kurumlarda, kanunlarla kazanılmış memurluk ve özlük hakları saklı kalmak kaydıyla, bakanlık kuruluşundan tabib ve hemşire, eczacı ve laborant çalıştırmaya, özel tüzel kişiliklerine ilişkin sağlık kurumlarında veremli hastaları, ücreti Bakanlık verem ödeneğinden ödenmek üzere, tedavi ettirmeye yetkilidir.

madde 3 - Veremle savaş genel ödemeleri için lüzumlu ödenek her yıl Bütçe Kanununa bağlı (A) işaretli cetvellerinin Sağlık ve Sosyal Yardım Bakanlığı kısımlarında açılacak özel bölümden ödenir.

madde 4 - 17.6.1957 gün ve 7020 sayılı yasayla yürürlükten kaldırılmıştır.

madde 5 - 3l.7.1970 gün ve 1322 sayılı Genel Kadro Kanunun karşısında bu maddenin hükmü kalmamıştır.

madde 6 - Bu kanun yayımı tarihinde yürürlüğe girer.

madde 7 - B kanunun Maliye, Bayındırlık ve Sağlık ve Sosyal Yardım Bakanları yürütür.

Chronology of the Struggle against Tuberculosis

20.04. 1918	Ottoman Society for the Struggle against Tuberculosis is founded
18.02.1923	İzmir Society for the Struggle against Tuberculosis is founded.
02.09.1923	Balıkesir Society for the Struggle against Tuberculosis is founded.
1924	İzmir Society for the Struggle against Tuberculosis begins to publish a review called *Cidal.*
18.02.1926	The Manisa Office of İzmir Society for the Struggle against Tuberculosis is founded.
1927	İstanbul Society for the Struggle against Tuberculosis is founded.
1929	İstanbul Society for the Struggle against Tuberculosis opens its first dispensary.
1930	İstanbul Society for the Struggle against Tuberculosis began to publish the monthly journal *Sıhhi Propaganda* (Sanitary Propaganda).
1931	İzmir Society for the Struggle against Tuberculosis opens dispensary.
1931	In Refik Saydam Institute of Hygiene,

	private B.C.G. vaccination laboratory is founded.
1932	İstanbul Society for the Struggle against Tuberculosis opens its first sanatorium in Erenköy.
1938	İzmir Society for the Struggle against Tuberculosis takes the name "*İzmir Veremle Savaş Derneği."* (İzmir Society for the War against Tuberculosis)
1944	İzmir Society for the War against Tuberculosis opens the Burca Sanatorium.
1944	Samsun and Denizli Societies of Struggle against Tuberculosis are founded.
1945	The attendance of the Ministry of Health and Social Assistance in the struggle against tuberculosis and the gathering of the Commission of Tuberculosis.
1946	Ankara Society for the War against Tuberculosis is founded.
1947	Tuberculosis Propaganda Week is organized.
19.01.1947	The reorganization of the Balıkesir Society for the Struggle against

	Tuberculosis under the name of "The Balıkesir Society for the War against Tuberculosis. (*Balıkesir Verem Savaşı Derneği.*)"
1948	Tuberculosis Conference is convened..
1948	Turkish National Society for the War against Tuberculosis is founded.
1948	Acceptance of Law No. 4237, which stipulates that municipal amusement places are to give ten percent of their income to the Societies of Struggle against Tuberculosis.
1949	Acceptance of the Tuberculosis Budgetary Allocation Law.
1949	Tuberculosis Consultation Commission gathers under the body of the Ministry of Health.
1950	Foundation of the İstanbul International Center for the Presentation and Promotion of Knowledge on the War against Tuberculosis.
1950	Registration of the B.C.G. laboratory by D.S.T.
1952	Organization of the Turkey B.C.G. Campaign.

1953-1959	First period B.C.G. application.
1954	İstanbul Society for the Struggle against Tuberculosis changes its name to the İstanbul Society for the War against Tuberculosis.
1959-1965	Second Period B.C.G. application
01.06.1960	General Directorate of War against Tuberculosis is founded.
1961	School of Hygiene's Department for Education and Research on Tuberculosis is founded.
1961	Systematic tuberculosis program of urban type pilot project at Zeytinburnu.
1961	Yozgat tuberculosis prevalency study.
1962	Systematic tuberculosis program of urban type pilot project at Yalova.
1963	Tuberculosis Crosshatching by mobile x-ray machine in Kartal and Silivri.
1963	Diagnosis and Mobile Treatment Project in Yozgat and 41 central villages.
1963	24 Cadastral Crosshatchings of villages in Kazan.
25.04.1963	The acceptance of Law No. 225 on the foundation of the General Directorate of War against Tuberculosis.

1964	The application of the national program of tuberculosis in İstanbul.
1965-1967	Third period B.C.G. application.
1965	Education and Research of B.C.G. practice to the age group 0-6.
1966	Regional practice of the program of national war against tuberculosis
1967	Practice of the program of national war on in the regions of Marmara and Aegea.
1968	Fourth period B.C.G. application.

∗ "Verem Savaşı'nda 50 Yıl: 1918-1968 [1]." *Yaşamak Yolu*, no. 394-396 (1969): 16-19.

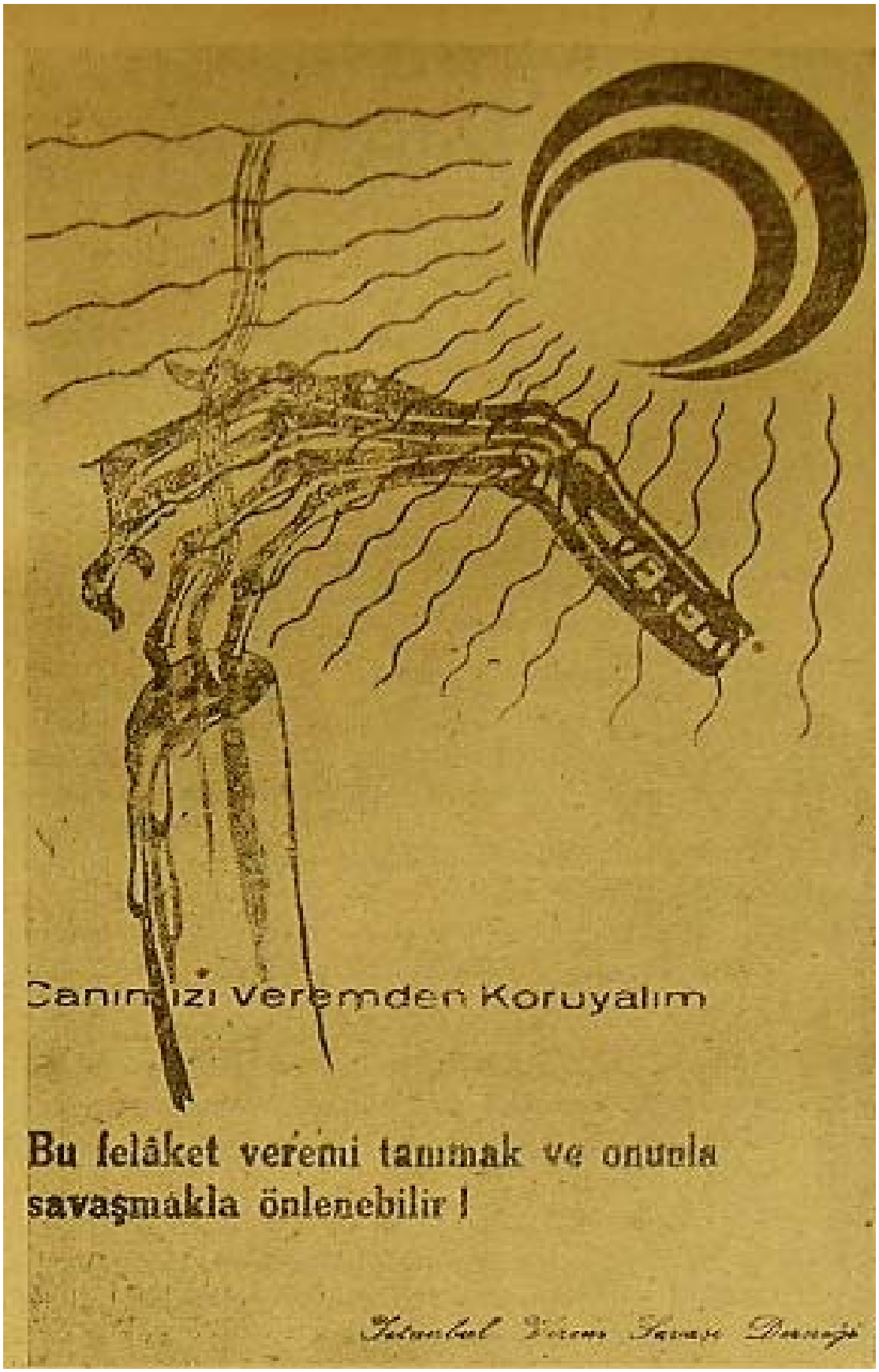
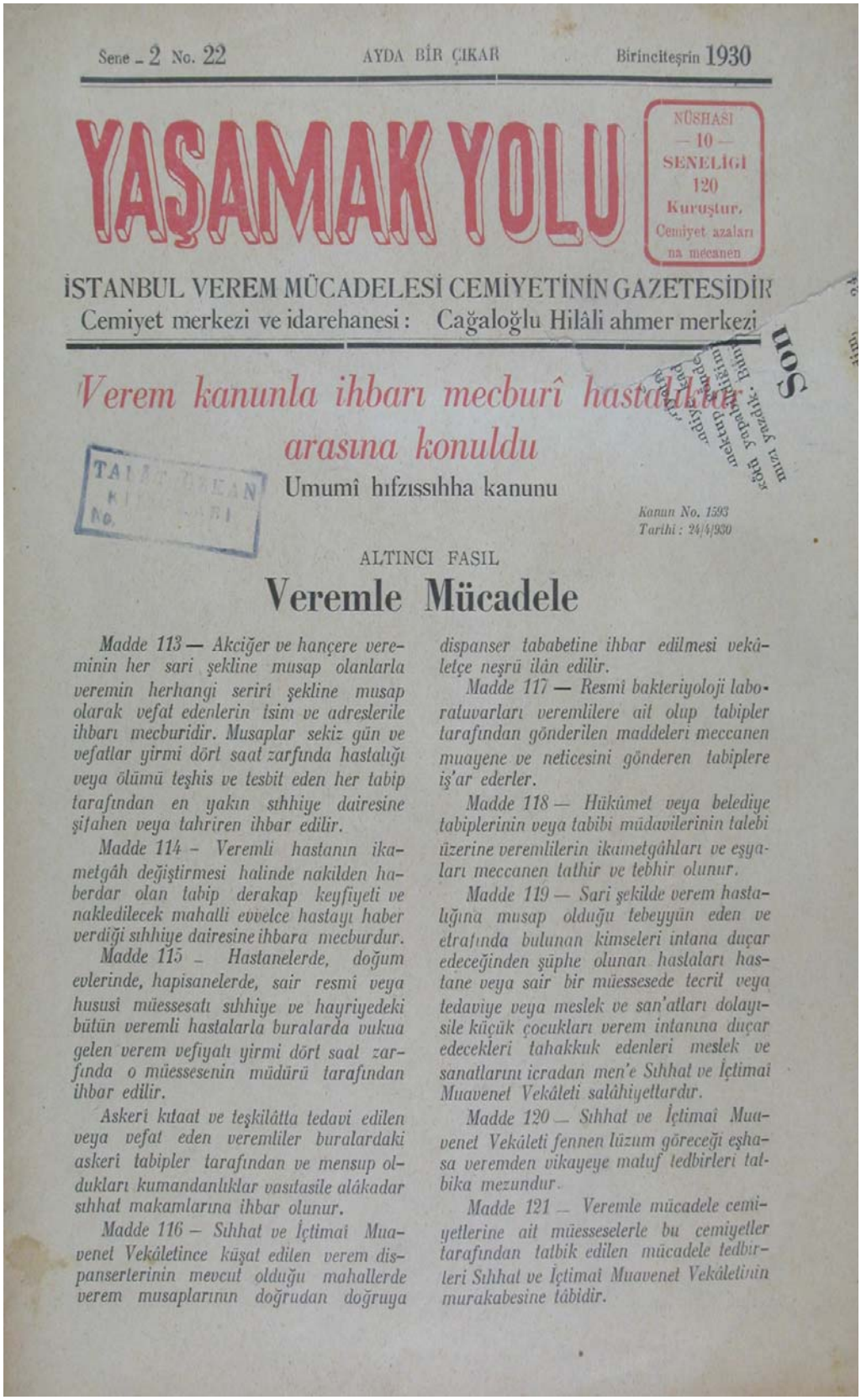


Fig.1. A small illustration warning people about the danger of tuberculosis, Yaşamak Yolu, no. 157, 1949.



Fig. 2. A cover page summarizing the symptoms of tuberculosis, Yaşamak Yolu, no. 51-52, 1933.



Sene - 2 No. 22 AYDA BİR ÇIKAR Birinciteşrin 1930

YAŞAMAK YOLU

NÜSHASI — 10 — SENELİĞİ 120 Kuruştur. Cemiyet azaları na mecanen

İSTANBUL VEREM MÜCADELESİ CEMİYETİNİN GAZETESİDİR
Cemiyet merkezi ve idarehanesi : Cağaloğlu Hilâli ahmer merkezi

Verem kanunla ihbarı mecburî hastalıklar arasına konuldu

Umumî hıfzıssıhha kanunu

Kanun No. 1593
Tarihi : 24/4/930

ALTINCI FASIL

Veremle Mücadele

Madde 113 — Akciğer ve hançere vereminin her sari şekline musap olanlarla veremin herhangi seriri şekline musap olarak vefat edenlerin isim ve adreslerile ihbarı mecburidir. Musaplar sekiz gün ve vefatlar yirmi dört saat zarfında hastalığı veya ölümü teşhis ve tesbit eden her tabip tarafından en yakın sıhhiye dairesine şifahen veya tahriren ihbar edilir.

Madde 114 – Veremli hastanın ikametgâh değiştirmesi halinde nakilden haberdar olan tabip derakap keyfiyeti ve nakledilecek mahalli evvelce hastayı haber verdiği sıhhiye dairesine ihbara mecburdur.

Madde 115 – Hastanelerde, doğum evlerinde, hapisanelerde, sair resmi veya hususi müessesatı sıhhiye ve hayriyedeki bütün veremli hastalarla buralarda vukua gelen verem vefiyatı yirmi dört saat zarfında o müessesenin müdürü tarafından ihbar edilir.

Askeri kıtaat ve teşkilâtta tedavi edilen veya vefat eden veremliler buralardaki askeri tabipler tarafından ve mensup oldukları kumandanlıklar vasıtasile alâkadar sıhhat makamlarına ihbar olunur.

Madde 116 – Sıhhat ve İçtimai Muavenet Vekâletince küşat edilen verem dispanserlerinin mevcut olduğu mahallerde verem musaplarının doğrudan doğruya dispanser tababetine ihbar edilmesi vekâletçe neşrü ilân edilir.

Madde 117 — Resmî bakteriyoloji laboratuvarları veremlilere ait olup tabipler tarafından gönderilen maddeleri meccanen muayene ve neticesini gönderen tabiplere iş'ar ederler.

Madde 118 — Hükümet veya belediye tabiplerinin veya tabibi müdavilerinin talebi üzerine veremlilerin ikametgâhları ve eşyaları meccanen tathir ve tebhir olunur.

Madde 119 — Sari şekilde verem hastalığına musap olduğu tebeyyün eden ve etrafında bulunan kimseleri intana duçar edeceğinden şüphe olunan hastaları hastane veya sair bir müessesede tecrit veya tedaviye veya meslek ve san'atları dolayısile küçük çocukları verem intanına duçar edecekleri tahakkuk edenleri meslek ve sanatlarını icradan men'e Sıhhat ve İçtimai Muavenet Vekâleti salâhiyettardır.

Madde 120 – Sıhhat ve İçtimaî Muavenet Vekâleti fennen lüzum göreceği eşhasa veremden vikayeye matuf tedbirleri tatbika mezundur.

Madde 121 – Veremle mücadele cemiyetlerine ait müesseselerle bu cemiyetler tarafından tatbik edilen mücadele tedbirleri Sıhhat ve İçtimai Muavenet Vekâletinin murakabesine tâbidir.

Fig. 3. A cover page annoncing the acceptance of tuberculosis among diseases whose denunciation is obligatory, Yaşamak Yolu, no.22, 1930



Fig. 4. An illustration from *Çocuk Sahifeleri*, with the explanation of the spread of tuberculosis, Yaşamak Yolu, no. 70-72, 1934.

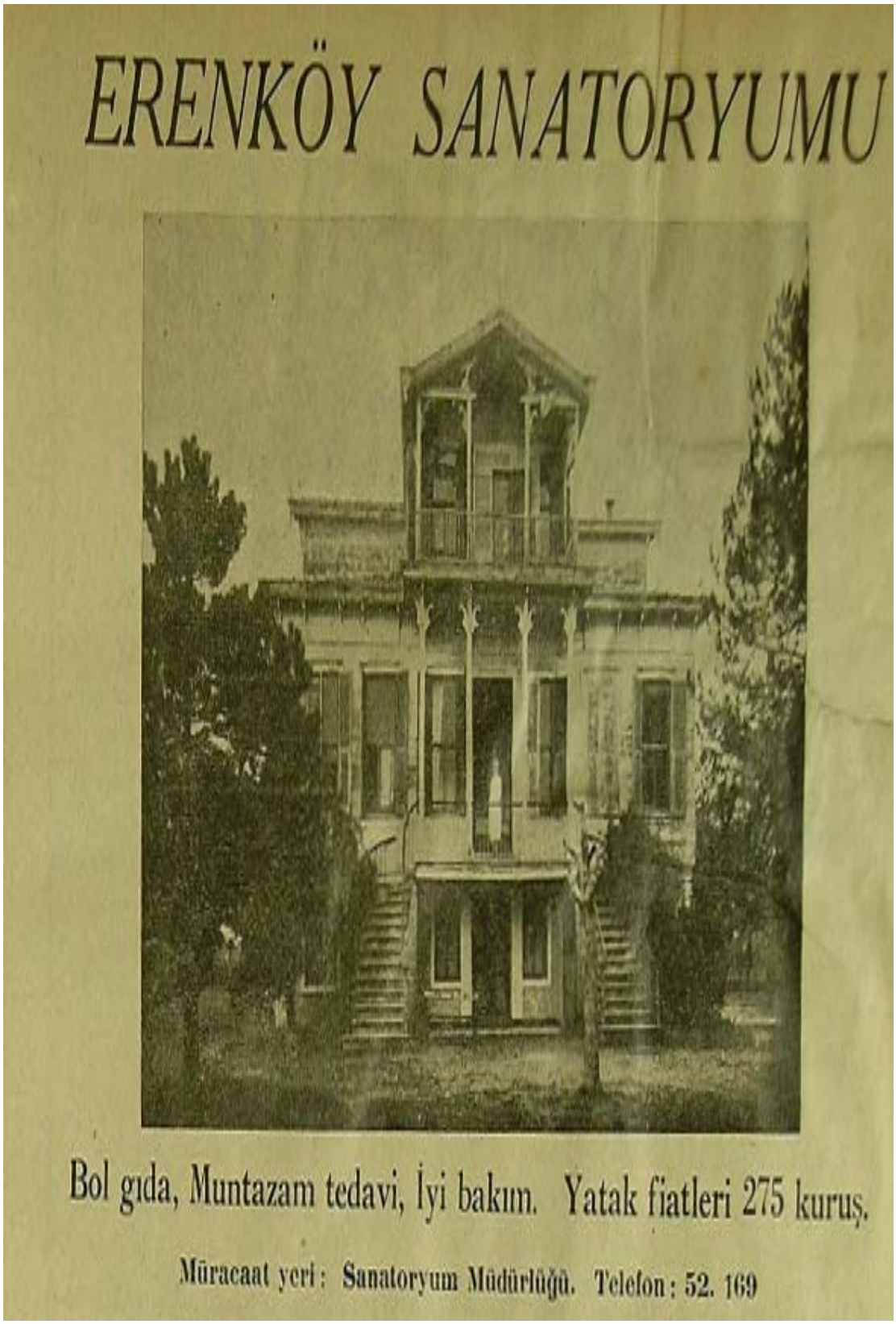


Fig. 5. An advertisement of the Erenköy Sanatorium, no.86, 1937.

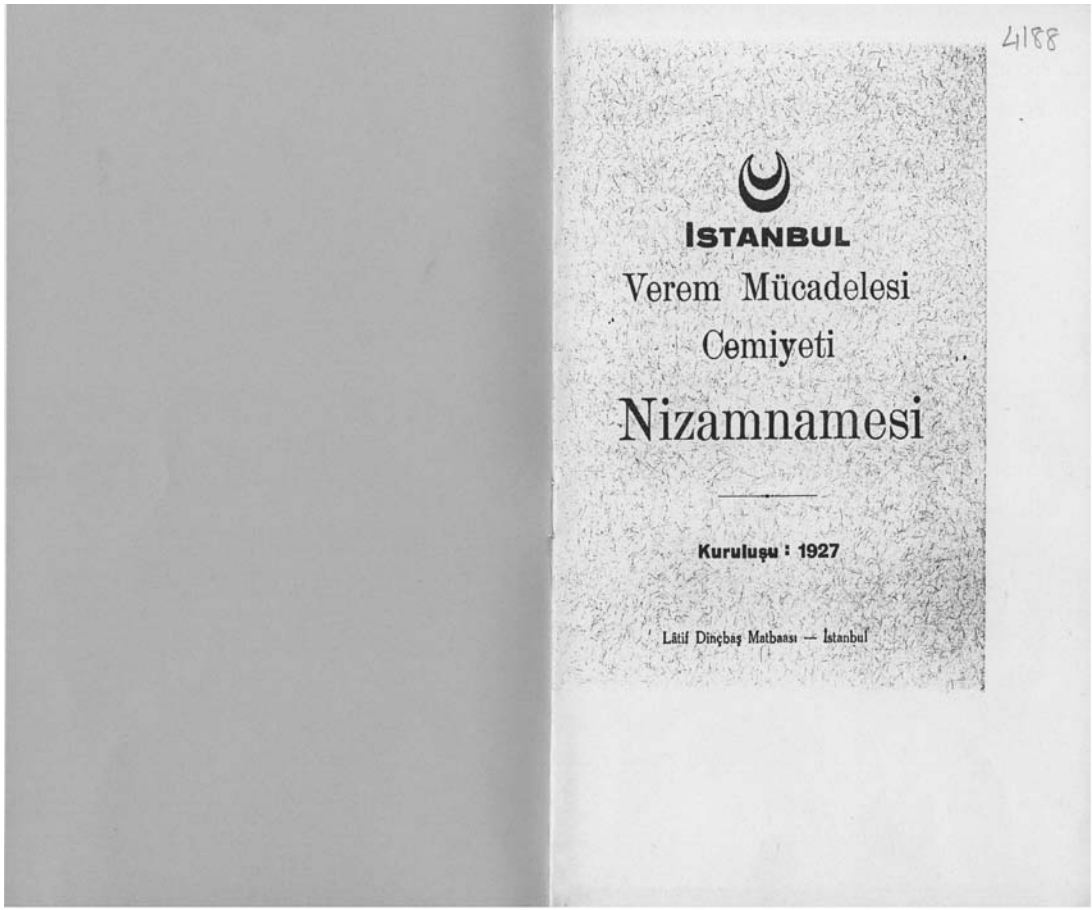


Fig. 6. The bylaws of the İstanbul Society for the Struggle against Tuberculosis, Latif Dinçbaş Matbaası, İstanbul, 1927.

İstanbul Verem Mücadelesi Cemiyetinin Ana Nizamnamesi

Madde 1 — İstanbul Verem mücadelesi Cemiyeti 927 tarihinde adları aşağıda yazılı bulunanlar tarafından teşkil edilmiştir.

Doktor Ethem Âkif
» Amiral Hakkı Şinasi
» Emin
» Bahri İsmet
» Burhanettin
Müderris General Besim Ömer
Doktor General Tevfik Sağlam
» Cevat
» Reşad Rıza
Refik Münür
Doktor Safiye Ali
» Abdülkadir Lütfi
» Ali Şükrü
» Ömer Lütfi
» Operatör M. Kemal
» » Murad
» Mustafa Talât
» Nazım Hamdi
» Neş'et Usman
» Müderris General Asaf
» Süleyman Ethem

» Müderris General Ziya Nuri
» General Ali
» Muhittin Hekim başı zade
» Musa Kâzım

Madde 2 — Cemiyetin mevzu ve gayesi, Veremle mücadele esasını kurmak, Veremin ferdi ve içtimaî tehlikelerine karşı halkı ve belediyeleri ikaz ve Verem Hastanesi, Sanatoryum ve Dispanser ve benzerlerini tesis etmek ve bu tesisat için Hükûmet, Belediye ve Hayır Cemiyetleri nezdlerinde teşebbüsatta bulunmak, maddî vasıtalar ve ilmî öğütlerle Verem mücadelesine kuvvet ve vüs'at vermektir.

Madde 3 — Medenî haklara sahip ve 18 yaşını bitirmiş her Türk tebası Cemiyete dahil olabilir ve istifa suretile Cemiyetten çıkar. Senelik aidatın müteakip iki sene verilmemesi âzalık hakkını iskat eder.

Madde 4 — Cemiyetin iki kısım Âzası vardır.
A — Âza
B — Fâhir Âza

Madde 5 — Her sene muntazaman Yüz kuruş aidat verenler Cemiyete dahil ve âza olabilir.

Madde 6 — Cemiyete maddî ve manevî büyük hizmetlerde bulunanlar fâhir âzadır.

Madde 7 — Cemiyet şahsiyeti hükmiyeyi haiz olup İcra Vekilleri Hey'etinin 18-12-1929 tarihli içtimaında menafii umumiyeye hâdim cemiyetler meyanına

idhalinin kararlaştırıldığı Baş Vekâletten bildirildiği Sıhhat ve İçtimaî Muavenet Vekâletinin 13-1-1930 tarihli ve 71257 numaralı mektubu ile bildirilmiştir. Alâmeti mahsusası açıklığı yukarı doğru çifte Kızılaydır.

Madde 8 — Cemiyet lüzum gördüğü takdirde münasip mahallerde şube açılabilir.

Madde 9 — Cemiyetin varidat menbaları:
A — Senevî 120 yüz yirmi lirayı geçmemek üzere âzalık aidatı.
B — Hastane ve Sanatoryum varidatı.
C — Bankalardaki mevduatın faizleri.
D — Hükûmet, Belediye ve hususî muhasebeden yapılacak yardımlar.
E — İaneler.
F — Aynî teberrüler, vasıyyetler.
G — Rozet hasılatı
H — Balo, Müsamere ve tenezzüh hasılatı.
İ — Cemiyetin alâmeti mahsusasını havi muhtelif kıymette pullar hasılatı.
J — Maksad ve gayenin teminine muktezi gayri menkuller haricinde kalan gayri menkuller Hükûmetin tayin edeceği müddet içinde paraya çevrilerek alınacak paralar.

Madde 10 — Cemiyetin nukud ve eshamı milli Bankalarda nemalandırılır.

Umumî Hey'et

Madde 11 — Verem mücadelesi Cemiyetinin umumî hey'eti, kaydedilmiş âzalardan mürekkep olup idare heyeti tarafından muayyen günden en az üç gün evvel âzalarına tezkere yazmak ve en az iki gazete ile ilân etmek suretile toplanır. Toplantının gün, saat ve mahalli en büyük mülkiye âmirine yazı ile bildirilir. Ruznamei müzakerat âzalara gönderilen davetiyelere yazılır. Kanunen muayyen hallerde fevkalâde olarak içtimaa davet olunur.

Madde 12 — Umumî hey'et. idare hey'eti birinci Reisi veya Reis vekili tarafından açılır. Nisabı anlaşılmak üzere yoklama yapıldıktan sonra âza arasından bir Reis ile iki Reis vekili iki kâtip seçilir. Müzakere işbu Reis veya Reis vekili tarafından idare, zabıt ve yazı işleri de kâtipler tarafından ifa olunur. Zabitlar ve kararlar Reis ve Reis vekilleri ile kâtipler tarafından imza edilir ve saklanır.

Kararlar açık rey ile ve çoklukla alınır. Yalnız idare Hey'eti gizli rey ile seçilir. Bu seçimde reyler müsavi gelirse mesele kura ile hal olunur.

Madde 13 — Umumî hey'et içtimaında nisap en az yirmi kişidir. İşbu içtima nisabı tamam olmazsa bir defaya mahsus olmak üzere toplantı en çok onbeş gün sonraya tehir ve aynı veçhile en az içtimadan

üç gün evvel âza yeniden davet ve geriye bırakılma sebepleri ve yeni içtimaın tarihi ve mahalli ve ruznameye ve bunların ilânını havi iki kıta gazete ile birlikte Hükûmete bildirilir. Bu ikinci toplantıda âza adedi ne olursa olsun umumî hey'et teşekkül etmiş olur. Her âzanın yalnız bir reyi vardır. Vekâlet ve temsil kabul olunmaz. Cemiyete âza olmayanlar dahi umumî toplantılara iştirâk edebilirse de rey vermek hakkını haiz olmazlar. Umumî hey'ette yalnız ruznameye konulan maddeler müzakere olunur. Ancak mevcut âzanın en az yirmide biri tarafından müzakeresi istenilen maddelerin ruznameye konması mecburidir. Kararlar mevcut âzanın ekseriyetile verilir.

Madde 14 — Umumî hey'etin vazife ve salâhiyetleri:

A — İki sene için idare hey'eti seçmek.

B — İdare hey'eti tarafından umumî hey'ete arz olunan hesapları, bütçeyi ve mürakiplerin raporlarını tetkik ve tasdik ve onları ibra etmek.

C — Gerek idare hey'eti, gerek âza tarafından mücadelenin terakki ve tekâmülüne medar olacak teklifleri tedkik ve bir karara raptetmek.

D — İdare ve hesap işlerini ve sıhhî faaliyeti umumî hey'et namına tetkik ve takip ederek gelecek sene toplantısında rapor verecek olan iki mürakibi seçmek.

E — Teklif edilecek fâhir âzayı tasdik etmek.

F — Lüzum görüldüğü takdirde şubeler açmak.

G — Cemiyetin feshi icab ederse karar vermek.

H — Ana nizamnamenin teklif olunan değişikliğini tetkik ve tasdik etmek.

Madde 15 — Umumî Hey'et bu işlerini âzamî beş günde bitirir. Umumî hey'ete iştirâk için senelik aidatın tediyesi meşruttur. Umumî hey'et kararları âzaya ve başkalarına Cemiyet binasında bir hafta ilân edilmek suretile tebliğ olunur.

Madde 16 — İdare hey'eti vazife ve salâhiyetleri: İdare hey'eti on iki âzadan mürekkep olup bunlardan rey sırasiyle sekizi aslî, dördü yedek olmak üzere umumî hey'et tarafından seçilir. Aslî âzalar kendi aralarında gizli rey ile bir reis ve reis vekili ile umumî kâtip, bir idare ve hesap müfettişi ve bir sıhhî müfettiş ile bir vezne mürakibi ve iki de âza intihap ederler. Reisin bulunmadığı zaman reis vekili müzakereleri idare eder. Kararlar çoklukla olur. Reyle de müsavat olursa reisin bulunduğu taraf çokluk sayılır.

Madde 17 — İdare hey'eti âlelâde onbeş günde bir kere toplanır.

Fevkalâde ahvalde (Umumî kâtibin daveti üzerine) toplantıya davet olunur. Davetnameye gün, vakit, mahal, ruzname yazılır. İdare Heyetinin alelâde veya fevkalâde içtimalarında kendisini teşkil eden âzaların nısfından bir fazlasının huzurları şarttır. Her hangi bir sebeple ayrılan âzanın yerine yedek âzadan en çok rey kazanmış olan getirilir. Mazeretsiz olarak üç defa arka arkaya idare heyeti toplantılarına gelmeyenler

müstafi addolunur. Yerlerine yedek âzadan ve bunların yerlerine de geçen seçimde rey sırasile ileri olanlar davet olunur.

Madde 18 — İdare hey'eti umumî heyetin icra vasıtasıdır. Bu itibarla:

A — Cemiyetin muamelâtını idare eder ve kanunî yollardan hukukunu korur. Cemiyeti reis veya reis vekili ile bunların gaybubeti Halinde umumî kâtip ile birlikte idare hey'eti âzasından vezne mürakibi temsil ve bunlar icabında âharı tevkil eder.

B — Maksad ve gayenin temini için mevcut menkul ve gayri menkul cemiyet emvali üzerinde cemiyetin hükmî şahsiyyetinin haiz olduğu bilcümle tasarruf muamelât hak ve selâhiyetlerini ifa ve istimal ve cemiyetin gayeleri için zarurî menkul ve gayri menkul iştira ve teferruğ ve bunlar üzerinde veçhi tasarrufun küllisini ifa eder.

C — Cemiyetin ana nizamnamesinde lüzumü görülecek değişikliklerin esaslarını hazırlar ve umumî hey'ete arz eder.

D — Cemiyetin mevzu ve gayesi emrinde çalışmasını tanzim için müessesenin idaresine de şamil dahilî talimatnameler yapar.

E — Kefaletli muhasip ile icap eden diğer memurları tayin ve bunların maaşlarını tesbit eder ve ya her hangi bir sebeple memuriyetlerine nihayet verir.

F — Âza adedini ve cemiyetin varidatını çoğaltmak için her türlü teşvik vasıtalarına müracaat ve ezcümle senenin muayyen günlerinde kanun dairesinde müsaadesi alınarak Posta ve telgraf muhaberatile pul sarf edilen devlet muamelâtına ait evrakın asıllarına ve tüccar fatura ve beyannamelerine ilsak edilmek üzre münasip şekilde ve muhtelif kıymetlerde pul bastırılır.

G — Cemiyete girenlerin hüviyetlerini girim tarihini, aylık ve yıllık para teahhüdlerini ve idare heyetini teşkil edenlerin mufassal hüviyetlerini ve ikametgâhlarını kaydeder.

H — Gelen ve gönderilen evrakın dosyalarından başka kayıtlarını tutar.

I — Alınan kararların imzalanmış asıllarını saklar.

J — Her nevi varidat ve sarfiyat paralarının nereden gelüp nerelere sarf edildiklerini günü gününe sarih olarak gösterir defterler ile pilançolar ve hesabı katî defterleri tutulur.

K — Varidat dip koçanlı makbuz ile alınır, ve sarfiyat ta müsbit evrak ile yapılır. İşbu dip koçanları ve müsbit evrak ayrıca hıfzolunur.

L — İdare heyeti cemiyetin gayesine varmak hususunda hükumet ile Cemiyetler ve mali müesseseler nezdinde teşebbüsatta bulunur. ve halkın işbu Verem âfetile mücadele ve mücadeleye imkân dairesinde iştirak eylemesini temin için çalışır.

M — Cemiyete maddi ve manevî büyük hizmetler gösterenlere fâhir azalık ünvanının verilmesini umumî heyete teklif eder.

Madde 19 — İdare heyeti biri hesap müfettişi diğeri sıhhı müfettiş olmak üzre kendi arasından seçeceği dört kişiden mürekkep bir heyet marifatile merkez ve müessesatın hesap ve muamelâtını tetkik ettirir. Bu heyet ilk toplantıda tayin olunur. Zamanla mukayyet değildir. Kendilerinin göreceği lüzum veya reis ile idare heyetince ittihaz edilecek karar üzerine bu vazifeyi ifa ve neticesini idare heyetine raporla bildirirler.

Madde 20 — Cemiyetin feshi veya infisahı halinde bilcümle envali menkule ve gayri menkulesi Türkiye Kızılay Cemiyetine intikal eder.

— Basım tarihi 1939 —

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