

Exotic and Toxic? Plague in Early Nineteenth-Century Galata-Pera

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Abstract

It is no wonder that plague is almost always present in historical sources such as travelogues and memoirs that deal with late Byzantine and Ottoman Istanbul to differing extents; ever since the Black Death broke out in the fourteenth century, the city had to live with it. During the early nineteenth century, plague was a “faraway,” dangerous, wearisome, and unignorable affliction for the Europeans who would visit Istanbul, where epidemics had been appearing in waves. The perceived severity of this “affliction” was increased in view of the fact that plague had subsided in Western Europe nearly a century earlier. In the early nineteenth-century European accounts examined in this study, it is chiefly in Galata-Pera that the landscape of disease, consisting of the patients, “healers,” “consolers,” hospitals, the fearful, the careless, and the remedy-seekers, can be viewed. This study looks at how these elements were perceived in the context of urban life right before the “European” district of Ottoman Istanbul rose to prominence.

Keywords: Galata-Pera, plague, urban history, epidemics, history of medicine

Hem Egzotik Hem Zehirli? On Dokuzuncu Yüzyıl Galata-Pera’sında Veba

Özet

On dördüncü yüzyılda Kara Ölüm’ün ortaya çıkması ile şehirde yüzyıllarca etkili olan veba geç Bizans ve Osmanlı İstanbul’unu detaylı ya da dolaylı olarak konu edinen seyahatname ve anı türü kaynaklarda neredeyse her zaman kendine az ya da çok yer edinmiştir. On dokuzuncu yüzyılın ilk yarısına kadar İstanbul’da salgınlar halinde varlığını sürdüren veba, şehre gelen pek çok Avrupalı için artık neredeyse yüz yıldır başka bir zamana ve “başka iklime” ait, tehlikeli, rahatsızlık verici ve görmezden gelinemeyen bir belaydı. Bu çalışmada incelenen on dokuzuncu yüzyılın ilk yarısında yazılmış olan Avrupalı kaynaklarda, başlıca hastalar, “iyileştiriciler,” “teselli ediciler,” hastaneler, korkanlar, umursamazlar ve çare arayanlardan oluşan veba manzaraları önemli ölçüde Galata-Pera’ya aittir. Bu çalışma, bu unsurların, Osmanlı İstanbul’unun “Avrupalı” bölgesinin yükselişinden hemen önce şehir hayatı bağlamında nasıl algılandığını incelemektedir.

Anahtar kelimeler: Galata-Pera, veba, şehir tarihi, salgın, tıp tarihi

From 1347 to the end of the 1830s, Istanbul had been frequently struck by plague epidemics.¹ The plague season in Istanbul would usually begin in April and end in early winter.² It was in the early decades of the nineteenth century that Istanbul witnessed the last devastating experiences

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¹ Plague is an enzootic disease; therefore, it practically cannot be eradicated. Occurrences of plague that did not turn into epidemics were recorded also in later years, the last one in 1947 in Turkey. However, 1840–1841 is often considered to be “the end of plague” in the empire, hence the end of the second pandemic; see Nuran Yıldırım, *A History of Healthcare in Istanbul: Health Organizations, Epidemics, Infections and Disease Control, Preventive Health Institutions, Hospitals, Medical Education* (Istanbul: Istanbul University, 2010), 28; Nükhet Varlık, *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience 1347–1600* (New York: Cambridge University Press, 2015), 43; Mesut Ayar and Yunus Kılıç, “Osmanlı’da Vebanın Sona Erişine Dair Bir Değerlendirme,” *Türk Dünyası İncelemeleri Dergisi* 17, no. 2 (2017): 163–181; Nalan Turna, “İstanbul’un Vebayla İmtihani, 1811–1812 Veba Salgını Bağlamında Toplum ve Ekonomi,” *Studies of the Ottoman Domain* 1 (2011): 15; Dionysios Ch. Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire: A Systematic Survey of Subsistence Crises and Epidemics* (London: Routledge, 2016 [2004]), 112. Whether quarantine measures alone stopped the plague or whether environmental factors were more important remains an issue yet to be clarified; see Nükhet Varlık, “Changing Plague Ecologies in the Ottoman Empire: Rethinking the Second Pandemic (ca. 1340s–1840s),” March 5, 2019, www.youtube.com/watch?v=kjCKd29qQSo, accessed September 18, 2020; Yaron Ayalon, *Natural Disasters in the Ottoman Empire: Plague, Famine, and Other Misfortunes* (New York: Cambridge University Press, 2015), 16.

² Daniel Panzac, *La peste dans l’Empire ottoman 1700–1850* (Leuven: Peeters, 1985), 198–199, 217, 221, 223.

of plague.³ This study will analyze how the early nineteenth-century Europeans, who would often stay in Galata-Pera,⁴ viewed the district and the relations of its dwellers and frequenters with each other, and to a lesser extent, with the district when plague occurred. The “Franks in Constantinople” were, indeed, known for their “peculiar” approaches toward plague (i.e., for their “Frankish measures”) in the city.⁵ In these decades the Ottoman official discourse started to indicate that the Europeans were to be regarded as examples in matters pertaining to keeping safe in the days of epidemics. The presence of European medical professionals in increasing numbers, the education offered at the Imperial Medical College, and the establishment of the Sanitary Council, all in this district (and all representing the practical, political, and intellectual will to deal with especially the epidemic diseases systematically), started a new chapter in the history of Ottoman medicine and public health in this first part of the century.⁶ So, examining European discourses on plague as experienced in the Ottoman Empire is also of interest in this sense. However, for this paper, the value of these European accounts resides in the fact that they enable speaking of an urban landscape of disease: How did Galata-Pera’s landscape of disease—to be precise, plague—look like? Who were involved in it? What medical knowledge/belief would enable one to see and feel this landscape?⁷

Plague is a vector-borne infectious disease that can only potentially turn contagious. In its uncomplicated form it is not transmitted to other people by direct physical contact or due to having been physically close to a plague-infected patient. But if it advances and spreads to the lungs, it becomes pneumonic and contagious (i.e., it will be transmitted from human to human via the respiratory droplets, the sputum and saliva). The European physicians of the pre-bacteriology age themselves would usually refer to a link between contagion and the environmental conditions, such as the weather conditions, temperature, and circulation of air, in addition to the remarks that plague was curiously not always or strictly “contagious”; though especially those without a professional medical background would still assume—at least be fearful and suspicious of—catching the disease by mere contact or closeness to a patient.⁸ There is strong molecular archaeological evidence that “plague,” “pest,” “pestilence,”

3 The severe epidemics of 1812–1813 and 1836–1837 alone took more than 200,000 lives in the city. Nühret Varlık, “İstanbul’da Veba Salgınları,” trans. Ahmet Aydoğan, in *Antik Çağ’dan XXI. Yüzyıla Büyük İstanbul Tarihi Cilt IV (Toplum)*, ed. Coşkun Yılmaz (İstanbul: İstanbul Büyükşehir Belediyesi Kültür Yayınları, 2015), 146–151; Jürgen Osterhammel, *The Transformation of the World: A Global History of the Nineteenth Century*, trans. Patrick Camiller (Princeton: Princeton University Press, 2014), 185–186.

4 “Galata” designates the walled town across from the historical center of Istanbul at the northern side of the Golden Horn where the Genoese settled before the Ottoman conquest. “Pera” is Galata’s extra muros extension that flourished especially from the early eighteenth century along the main artery, Grande Rue de Pera, or Cadde-i Kebir, leading up to today’s Taksim Square. See Murat Gül, *The Emergence of Modern Istanbul: Transformation and Modernisation of a City* (New York: I.B. Tauris, 2012), 8, 17; Christoph K. Neumann, “Beyoğlu,” in *Encyclopaedia of Islam*, 3rd ed. (2012), ed. Kate Fleet et al., <http://referenceworks.brillonline.com>, accessed September 18, 2020; İlber Ortaylı, “Galata,” in *TDV İslâm Ansiklopedisi* (İstanbul: Türkiye Diyanet Vakfı, 1996), 13:303–307.

5 See, e.g., Sarandis Archigenis, *Hygienomie ou règles pour se conserver en bonne santé à l’usage des habitants de l’Empire ottoman* (Paris: Chez l’auteur, à l’ambassade ottomane, 1841), 230–231, <https://gallica.bnf.fr/ark:/12148/bpt6k9762825c>, accessed September 18, 2020; Marija V. Kocić and Nikola Samardžić, “Kuga u Istanbulu Sredinom XVIII Veka Prema Izveštajima Evropskih Savremenika,” *Acta historiae medicinae, stomatologiae, pharmaciae, medicinae veterinariae* 38 (2019): 30–80, esp. 34, <https://doi.org/10.5281/zenodo.3733186>.

6 Yıldırım, *A History of Healthcare*, 22–25; Yıldırım, “Le rôle des médecins turcs dans la transmission du savoir,” in *Médecins et ingénieurs ottomans à l’âge des nationalismes*, ed. Méropi Anastassiadou-Dumont (Paris: Maisonneuve & Larose, 2003), 127–128; Yıldırım, “Osmanlı Coğrafyasında Karantina Uygulamalarına İsyenlar: ‘Karantina İstemezük!’” *Toplumsal Tarih* 150 (2006): 18–27; Turna, “İstanbul’un Vebayla İmtihani,” 19–20; Gülden Saryıldız, “Karantina Mecilisi’nin Kuruluşu ve Faaliyetleri,” *Belleten* 58, no. 222 (1994): 335; Saryıldız, *Hicaz Karantina Teşkilatı* (Ankara: Türk Tarih Kurumu, 1996), 6; Birsun Bulmuş, *Plague, Quarantines and Geopolitics in the Ottoman Empire* (Edinburgh: Edinburgh University Press, 2012), 102; Yeşim Işıl Ülman, *Galatasaray Tıbbiyesi: Tıbbiye’de Modernleşmenin Başlangıcı* (İstanbul: İstanbul Bilgi Üniversitesi Yayınları, 2017); Marcel Chahrour, “A Civilizing Mission? Austrian Medicine and the Reform of Medical Structures in the Ottoman Empire, 1838–1850,” *Studies in History and Philosophy of Biological and Biomedical Sciences* 38 (2007): 687–705, <https://doi.org/10.1016/j.shpsc.2007.09.005>; Daniel Panzac, “Vingt ans au service de la médecine turque: Le Dr Fauvel à Istanbul (1847–1867),” reprinted in *Population et santé dans l’empire ottoman (XVIIIe–XXe siècles)*, ed. Daniel Panzac (İstanbul: Isis, 1996), 107–121.

7 These narratives must be completed, challenged, and read against the sources in Ottoman languages. Similar studies can also benefit from a close examination of perhaps one of the earliest publications on plague in an Ottoman city by Domenico Sestini, *Della Peste di Costantinopoli del MDCCCLXXVIII: Osservazioni sulla ‘medesima e riessioni dell’Autore* (Yverdun, 1779). The treatise bears no name, but the following authors identify him convincingly as D. Sestini. See Kocić and Samardžić, “Kuga u Istanbulu,” 66–67.

8 Plague was truly an enigmatic disease. For contemporary expressions of this, see Eusebio Valli, *Sulla peste di Costantinopoli del MDCCCIII* (Mantova: Società tipografica all’Apollo, 1805), 100–101, accessed September 18, 2020, <https://books.google.com.tr/books?id=jsNFIJugaZAC&pg=PP9#v=onepage&q&f=false>: “The disease, which we have to fight against, presents itself as ridiculously irregular and bizarre, and so multiple are its forms ...” See also *ibid.*, 156; Helmuth von Moltke, *Briefe*

Figure 1:
 “Map of Istanbul and
 the surrounding areas”
 (C. Comidas,
Descrizione, 1794).
 The Gennadius Library
 - The American School of
 Classical Studies at Athens.
 Courtesy of Aikaterini
 Laskaridis Foundation.



and “contagious disease” indeed designated bubonic plague.⁹ The three clinical manifestations of plague (bubonic, pneumonic, and septicemic forms) appeared simultaneously in the history of epidemics. Plague epidemics and pandemics are explained today by referring to and discussing the ectoparasite and pneumonic transmission routes. It was the rats carrying the fleas but also human ectoparasites, such as body lice and human fleas, that transmitted the disease and led to the spread of plague among large populations. Discovering and understanding the routes of plague transmission vis-à-vis the global demographic havoc it caused has not been an easy task, and how plague epidemics exactly came into being and eventually ended is still debated with several parameters to be considered.¹⁰ However, since the flea as

über Zustände und Begebenheiten in der Türkei aus den Jahren 1835 bis 1839 (Berlin: Ernst Siegfried Mittler, 1841), 113, accessed September 18, 2020, <https://books.google.com.tr/books?id=ulr4FmJ74lYC&pg=PR1#v=onepage&q&f=false>; “Plague is still an unsolved secret; it is the riddle of the Sphinx, which costs him, who dares to search for the solution without finding it, his life.” All translations from sources other than English are mine, except otherwise noted.

⁹ Varlık, *Plague and Empire*, 1, 22–23, 40–41; Christine M. Boeckl, *Images of Plague and Pestilence: Iconography and Iconology* (Kirkville: Truman State University Press, 2000), 1, 7, 9, 74–75, 174 (endnotes 11 and 12). See also and cf. Nühket Varlık, “From ‘Bête Noire’ to ‘le Mal de Constantinople’: Plagues, Medicine, and the Early Modern Ottoman State,” *Journal of World History* 24, no. 4 (2013): 746–747.

¹⁰ See Frédérique Audoin-Rouzeau, *Les chemins de la peste: Le rat, la puce et l’homme* (Rennes: Presses universitaires de Rennes, 2003); World Health Organization, *Fact Sheet: Plague*, 2017, accessed September 18, 2020, www.who.int/news-room/fact-sheets/detail/plague; Andrew Cliff, Peter Haggett, and Matthew Smallman-Raynor, *World Atlas of Epidemic Diseases* (Boca Raton: CRC Press, 2004), 21–25; Jack D. Poland and David T. Dennis, “Plague,” in *Bacterial Infections of*

the vector of the disease was not known and antibiotics did not exist, the pneumonic form could develop as a complication of bubonic plague, and since the bacillus could be carried from person to person via the infected fleas, one's perceiving of it as contagious and speaking of "contagion" prior to the "Bacteriological Revolution" was not "wrong" in context. In the end it was a meaningful mistake as the precautions would block and/or decelerate plague's spread, for the patients would be isolated, hygienic conditions improved, and proliferation of fleas impeded. The theory of "contagion" would at least initially offer an orientation for approaching plague.¹¹ The system of undergoing quarantine and the principle of isolation as an organized institutional disease control strategy and preventive measure vis-à-vis plague¹² should be considered to have been efficient to a limited yet still important extent. Moreover, it produced social bodies to regulate isolation structures and laws, and triggered the medical and intellectual quest for understanding the mechanisms of contagion.¹³

This study will show that Galata-Pera, with the three major communities that constituted its population (i.e., non-Muslim Ottomans, Europeans, and Muslim Ottomans) was a place where three main attitudes toward this disease were displayed in the eyes of European observers. In their accounts these behaviors often appear to be distinct among themselves to such an extent that they could actually correspond to ethno-religious groups. This has also to do with the fact that the European eye was rather trained to perceive people in "the Orient" through the filter of their confessional identities and of the images long anchored in the European imagination, especially via the travel literature, and hence should be considered as a reflection of this "learned" tendency abounding with already established assumptions and prejudices.¹⁴ Nevertheless, these accounts include the places involved in the landscape of disease in Pera, occasionally also including Galata, and reveal that via hospitals, cemeteries, "plague priests," and physicians wearing waxed taffeta cloaks, plague did claim space in the district. They also reflect how influential the contemporary ideas and discussions concerning miasma and contagion were in perceiving the city.

Environmentalist theories with ancient roots were still popular in the nineteenth century, and they spoke of "miasma," which signified basically the air evaporating from decaying organic material believed to circulate poisonous, odorous emanations that would degen-

Humans: Epidemiology and Control, 3rd ed., ed. Alfred S. Evans and Philip S. Brachman (New York: Springer, 2013), 545–558; Ole Jørgen Benedictow, *What Disease was Plague?: On the Controversy over the Microbiological Identity of Plague Epidemics of the Past* (Boston: Brill, 2010); Katharine R. Dean et al., "Human Ectoparasites and the Spread of Plague in Europe during the Second Pandemic," *Proceedings of the National Academy of Sciences of the United States of America* [PNAS] 115, no. 6 (2018): 1304–1309, <https://doi.org/10.1073/pnas.1715640115>; Sang Woo Park et al., "Letter: Human Ectoparasite Transmission of the Plague during the Second Pandemic Is Only Weakly Supported by Proposed Mathematical Models," *PNAS* 115, no. 34 (2018): E7892–E7893, <https://doi.org/10.1073/pnas.1809775115>; Katharine R. Dean et al., "Letter: Reply to Park et al.: Human Ectoparasite Transmission of Plague during the Second Pandemic Is Still Possible," *PNAS* 115, no. 34 (2018): E7894–E7895, <https://doi.org/10.1073/pnas.1810221115>; Varlık, *Plague and Empire*, 7–8, 28–53.

¹¹ See and cf. Audoin-Rouzeau, *Les chemins de la peste*, 11–19. On the genealogy of the theory of contagion and on Girolamo Fracastoro, the key figure in its theoretical justification in the sixteenth century, see Vivian Nutton, "The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance," *Medical History* 27 (1983): 1–34, <https://doi.org/10.1017/S0025727300042241>. See also Daniel Panzac, *Quarantaines et lazarets: L'Europe et la peste d'Orient (XVIIe-XXe siècles)* (Aix-en-Provence: Edisud, 1986).

¹² "Historically, quarantine has been defined as the detention and segregation of subjects suspected to carry a contagious disease. More recently, the term quarantine has come to indicate a period of isolation imposed on persons, animals or things that might spread a contagious pathology. [...] The term 'isolation' must be kept separate from the term quarantine, since the former denotes the separation and confinement of subjects already known to be infected with a contagious disease to prevent them from transmitting disease to other people; the latter, essentially the same procedures but with suspected transmitters of disease." Gian Franco Gensini, Magdi H. Yacoub, and Andrea A. Conti, "The Concept of Quarantine in History: From Plague to SARS," *The Journal of Infection* 49, no. 4 (2004): 258, <https://doi.org/10.1016/j.jinf.2004.03.002>. In the sources consulted for this study, isolation and undergoing quarantine could be used interchangeably and treated as prophylactic measures.

¹³ Alex Chase-Levenson, "Early Nineteenth-Century Mediterranean Quarantine as a European System," in *Quarantine: Local and Global Histories*, ed. A. Bashford (London: Palgrave Macmillan, 2016), 35–53; Gensini et al., "The Concept of Quarantine in History"; Euginia Tognotti, "Lessons from the History of Quarantine, from Plague to Influenza A," *Emerging Infectious Diseases* 19, no. 2 (2013): 254–259, <https://doi.org/10.3201/eid1902.120312>. See also Albert Brayer, *Neuf années à Constantinople: Observations sur la topographie de cette capitale, hygiène et les moeurs de ses habitants, l'islamisme et son influence, la peste: ses causes, ses variétés, sa marche et son traitement; la non-contagion de cette maladie; les quarantaines et ses lazarets avec une carte de Constantinople et du Bosphore de Thrace*, v. 1 (Paris: Bellizard, 1836), v–vi, accessed September 18, 2020, <https://books.google.com.tr/books?id=K28OAAAAQAAJ&pg=PR1#v=onepage&q&f=false>.
¹⁴ Sonja Brentjes, *Travellers from Europe in the Ottoman and Safavid Empires, 16th–17th Centuries: Seeking, Transforming, Discarding Knowledge* (London: Routledge, 2016 [2010]), ix–xxix; Bulmuş, *Plague*, 47–48; Varlık, *Plague and Empire*, 80.

erate the four bodily humors, as the underlying reason for the occurrence of epidemics.¹⁵ The “contagionist” theories assumed that the immediate contact with the patient or their belongings, especially garments, utensils, and bed linen, caused infection and thus spread the disease via the invisible, poisonous “seeds,” which were not always differentiated from the miasmatic emanations but thought of as continuing to reproduce within the sick body and stick onto anything this body would come into contact with. They would also underline the individual’s predisposition to catching the disease, which would allow room for explaining whence the non-universality of “contagion.” These theories were eagerly debated in Europe among not only the physicians but also the political, economic, and cultural elite, the learned societies from the late eighteenth century to the 1880s. They would often be combined, as for instance, in speaking of a disease’s origin in terms of the environmentalist theories but explaining its pervasive spread with the contagionist theories.¹⁶

Although the occurrence of plague outbreaks and cases are mentioned in almost every account related to Istanbul written in a European language during the period of the second pandemic, extensive monographs have not been dedicated exclusively to plague in Istanbul so far, which is rather surprising in view of the fact that histories of plague have long been studied for the other contemporary major cities in the Mediterranean and in Europe.¹⁷ On the other hand, Nükhet Varlık’s monograph, which demonstrates how the Ottoman state had to deal with the east-west axis of plague’s trajectories in the Mediterranean and how it itself generated a north-south axis of the sort while becoming an empire, is Istanbul-centric.¹⁸ Most recently, Marija V. Kocić and Nikola Samardžić have published an extensive article on plague in eighteenth-century Istanbul according to the European sources. However, the authors do not pay much attention to plague as an actor in the urban life nor as a factor in the urban development; instead, they present succinctly the medical stances and observations made mainly by the British physicians in the city.¹⁹ A number of studies engage with or touch upon the presence of plague in the Ottoman Empire from environmentalist, medical-historical, sociopolitical, Foucauldian, and urban historical perspectives. Daniel Panzac, who wrote the first truly pioneering and comprehensive monograph dedicated to plague—and, in a smaller scope, cholera—in the Ottoman Empire, and authors of some older studies on plague in the (mainly medieval) Middle East have been criticized for basing their arguments and explaining the epidemiological divergence by relying on the existence of a strong link and correspondence between religious identity and responses to plague as asserted in the European accounts without being critical enough and without taking further factors into account, such as the socioeconomic conditions and limitations, and environmental factors.²⁰ Particularly, Nükhet Varlık demonstrates how plague would be associated with the

15 See Bonj Szczgiel and Robert Hewitt, “Nineteenth-Century Medical Landscapes: John H. Rauch, Frederick Law Olmsted, and the Search for Salubrity,” *Bulletin of the History of Medicine* 74, no. 4 (2000): 708. Ill people themselves were considered as corrupting agents, as well, as their bodies would be considered giving off unhealthy emanations and noxious physical matter; see Jeanne Susan Kisacky, “An Architecture of Light and Air: Theories of Hygiene and the Building of the New York Hospital 1771–1932,” (PhD diss., Cornell University, 2000), 35; Varlık, *Plague and Empire*, 276.

16 See Teodora Daniela Sechel, “Contagion Theories in the Habsburg Monarchy (1770–1830),” in *Medicine Within and Between the Habsburg and Ottoman Empires 18th–19th Centuries*, ed. Teodora Daniela Sechel (Bochum: Dr. Dieter Winkler), 55–77; Norman Howard Jones, “Fracastoro and Henle: A Re-Appraisal of Their Contribution to the Concept of Communicable Diseases,” *Medical History* 21 (1977): 61–68; Nutton, “The Seeds of Disease”; Erwin H. Ackerknecht, “Anticontagionism between 1821 and 1867,” *Bulletin of the History of Medicine* 22, no. 5 (1948): 562–593; Christopher Hamlin, “Predisposing Causes and Public Health in Early Nineteenth-Century Medical Thought,” *The Society for the Social History of Medicine* 5, no. 1 (1992): 47–52, <https://doi.org/10.3138/cbmh.12.1.3>; Lori Jones, “The Diseased Landscape: Medieval and Early Modern Plaguescapes,” *Landscapes* 17, no. 2 (2016): 109, 111, 113.

17 For a recent example, see John Henderson, *Florence under Siege: Surviving Plague in an Early Modern City* (New Haven: Yale University Press, 2019).

18 Varlık’s focus on Istanbul serves the goal to emphasize the “capital effect”: “According to this, large urban areas, especially capitals of empires, tend to be visited by a greater number of epidemics than smaller towns or villages. Large cities like Istanbul worked like magnets; just as they attracted goods, people, capital, and knowledge, they also attracted disease.” Varlık, *Plague and Empire*, 9. Her monograph is very important and helpful in terms of approaching the Ottoman perception and experience of this disease from a historical and natural historical point of view.

19 Kocić and Samardžić, “Kuga u Istanbulu.”

20 Nükhet Varlık, Birsen Bulmuş, Yaron Ayalon, and Sam White can be counted among the critics; see especially Nükhet Varlık, “‘Oriental Plague’ or Epidemiological Orientalism? Revisiting the Plague Episteme of the Early Modern Mediterranean,” in *Plague and Contagion in the Islamic Mediterranean*, ed. Nükhet Varlık (Kalamazoo: Arc Humanities Press, 2017), 71–72. For scientific and environmentalist explanations for the longer appearance of plague in the Ottoman lands, see Varlık, “New Science and Old Sources: Why the Ottoman Experience of Plague Matters,” in *Pandemic Disease in the Medieval World: Rethinking the Black Death*, ed. Monica H. Green (Kalamazoo: Arc Medieval Press, 2014), 216.

oriental climates and cities and was used “as the marker of spatial demarcation between Europe and the Orient”²¹ and between the “civilized West” and the “sickly East.”²² Plague continued to ravage the Ottoman, Russian, and Asian lands when it had ceased to appear in Europe almost a century earlier. This led to a crucial divergence in the epidemiological experience of it with regard to the chronology.²³ So, plague was an exotic and dangerous “foreigner,” an “old trouble” for the Europeans in Europe of the nineteenth century. It was the Egyptian Campaign of Napoleon that had revived the medical debates and publications on the nature of plague since French physicians had thus the chance to do research on site. Besides, the hygienist movements calling for state intervention and strict policies to care for the health of the respective nation in Europe in this period rendered the eye of the viewer more sensitive to the presence of diseases and the features of the environment in relation to health and disease.²⁴

The fact that Galata-Pera hosted a heterogeneous population renders the district a favorable place to study a particular phenomenon, to which communities responded differently, in order to highlight the authors’ comparisons, identifications, and along with these, their judgments, and also to examine perceptions in and of Galata-Pera, and—if was the case—changes in the social and urban topography. Indeed, plague was remarkably an urban disease. It appeared in rural areas and took lives, as well, but it affected the social behavior, impacted the collective memory, and created historical images and narratives in urban environments quite strongly,²⁵ especially in a Mediterranean commercial center with a highly busy port like Galata-Pera, where the movement of people and circulation of goods (read: circulation of plague) were constant. As far as the studied period is concerned, Pera’s Catholic population had increased significantly in the early nineteenth century with the Armenian “mass” conversion to Catholicism,²⁶ which had been taking place from the late seventeenth century.²⁷ Between the Napoleonic Wars up to 1848 and beyond, another factor that contributed to the growth of the Catholic population was the migration of qualified European workers and professionals to the district upon the invitation of Ottoman officials so that they would be engaged in the modernization process.²⁸ But due to political conflicts in their lands in the aftermath of the Napoleonic Wars, Europeans who were not qualified workers or were not invited, migrated to the empire as well. The Italian population of Pera had seen such an increase especially during and after the reign of Mahmud II (r. 1808–1839).²⁹ A new group of Greek intelligentsia and elites emerged in Pera after the Greek Revolution (1821–1830).³⁰ The Orthodox population had been constantly growing in

21 Varlık, “Oriental Plague,” 58; see also *ibid.*, 61; Varlık, “New Science and Old Sources.”

22 See Varlık, “Oriental Plague,” 59–62.

23 *Ibid.*, 61–62.

24 See, e.g., Boeckl, *Images of Plague*, 138–141, 156; Brayer, *Neuf années à Constantinople*, 2:19; Catherine Kelly, “Medicine and the Egyptian Campaign: The Development of the Military Medical Officer during the Napoleonic Wars c. 1798–1801,” *Canadian Bulletin of Medical History* 27, no. 2 (2010): 321–342, <https://doi.org/10.3138/cbmh.27.2.321>; Elsbeth A. Heaman, “The Rise and Fall of Anticontagionism in France,” *Canadian Bulletin of Medical History* 12 (1995): 3–25; Ann E. F. La Berge, “The Early Nineteenth-Century French Public Health Movement: The Disciplinary Development and Institutionalization of ‘Hygiène Publique,’” *Bulletin of the History of Medicine* 58, no. 3 (1984): 363–379; *Mission and Method: The Early 19th Century French Public Health Movement* (Cambridge: Cambridge University Press, 1992), 241–279; Jean-Pierre Goubert, *The Conquest of Water: The Advent of Health in the Industrial Age*, trans. Andrew Wilson (Princeton, NJ: Princeton University Press, 1989).

25 Varlık, *Plague and Empire*, 46, 158–159.

26 Paolo Girardelli, “Sheltering Diversity: Levantine Architecture in Late Ottoman Istanbul,” in *Multicultural Urban Fabric and Types in the South and Eastern Mediterranean*, ed. Maurice Cerasi et al. (Beirut: Orient-Institut, 2007), 121; see also Girardelli, “Minorities in the Cityscape: Armenian and Latin Catholics along the Grand Rue de Pera (Istanbul),” position paper presented at the Winter Mediterranean Seminar, San Francisco State University, 7–8 March, 2014; Girardelli, “Between Rome and Istanbul: Architecture and Material Culture of a Franciscan Convent in the Ottoman Capital,” *Mediterranean Studies* 19 (2010): 166–167, 177–178. In the early nineteenth century, many wealthy Armenian Catholics began to inhabit the prestigious houses built on the main street and in the central areas of the Grande Rue de Pera where once only the Franks lived. Franks, then, started to settle in the marginal sections of the street or in the narrow alleys, see Girardelli, “Religious Imprints along the Grand Rue: Armenians and Latin in Late-Ottoman Istanbul,” in *Christian Art under Muslim Rule: Proceedings of a Workshop Held in Istanbul on May 11/12, 2012*, ed. Maximilian Hartmuth (Leiden: Nederlands Instituut voor het Nabije Oosten, 2016), 126.

27 Girardelli, “Religious Imprints,” 117–118.

28 *Ibid.*, 123.

29 Girardelli, “Sheltering Diversity,” 119–120; Girardelli, “Italian Architects in an Ottoman Context: Perspectives and Assessments,” *Istanbul Araştırmaları Yılığ* 1 (2012): 101–122; Consuelo Emiñ Malara, “Tanzimat Reformları ve İtalyanlar (1838–1876),” (master’s thesis, Hacettepe Üniversitesi, 2018), 53, 65.

30 Mérope Anastassiadou, *Les Grecs d’Istanbul au XIXe siècle: Histoire socioculturelle de la communauté de Pera* (Leiden:

Pera from the end of the eighteenth century. The former residents of Galata constituted an important part of this population.³¹ Galata-Pera, but mainly the surrounding districts, Kasimpaşa and Tophane, were inhabited by Muslims, as well.³²

An Overview of the History of Galata and Pera with Regard to the Medical Landscape and Presence of Plague

The first plague pandemic, the Justinianic Plague, struck Constantinople in 542³³ and reappeared in different waves up until the late 740s. The return of plague with the Black Death in 1347–1348 triggered the city's suffering for centuries,³⁴ as plague networks continued to arrive directly or indirectly.³⁵

The history of Saint Antoine Church in Pera is relevant for the urban history of plague in the district.³⁶ When it was rebuilt as a masonry construction in 1763, the new sanctuary was dedicated to Saint Anthony of Padua, who was considered a protector against plague and was increasingly venerated as a second patron of the city by the Catholics.³⁷

In the meantime, the trend of leaving Galata in order to settle in Pera had already started. As a result of diplomatic and commercial relations with the European states in the sixteenth century, the increasing influence of the embassies established here, and also the wish to avoid the plague outbreaks³⁸ and fires in Galata, Pera had begun to develop as the faubourg of Galata.³⁹ As the histories of the embassies in Pera from the late sixteenth to the nineteenth centuries demonstrate, plague continued to be present and to push the ambassadors (and their entourages) and the wealthy to move even further north to the countryside until the arrival of autumn or winter. Also, the chronicles of monasteries and churches present valuable testimonies on the impact of the plague on the population of Galata. Wolfgang Müller-Wiener, for instance, noted that the chronicles of Saint Benoît abounded with remarks and reports on plague—along with the confessional debates—until 1660.⁴⁰

In Istanbul,⁴¹ which was not a very clean city in the eyes of both the Ottomans or those of

Brill, 2012), 39–45, 52.

³¹ *Ibid.*, 42–43.

³² On the Muslim population, see Kerim İlker Bulunur, *Osmanlı Galatası 1453–1600* (Istanbul: Bilge Kültür Sanat, 2014); Marc David Baer, “The Great Fire of 1660 and the Islamization of Christian and Jewish Space in Istanbul,” *International Journal of Middle East Studies* 36, no. 2 (2004): 159–181. See also Edhem Eldem, “The Ethnic Structure of Galata,” *Biannual Istanbul* 1 (1993): 28–33.

³³ For reactions to plague, see Stathakopoulos, *Famine and Pestilence*, 146–154. Fleeing the plague-stricken areas was deemed appropriate by both the religious authorities and the profane. However, many remained in the city because they tended the sick and because the “miasma-causing corpses” had to be buried. When the graves in the historic peninsula were full, the corpses were carried over to Galata to be buried there; see *ibid.*, 148–152.

³⁴ Wolfgang Müller-Wiener, *Bildlexikon zur Topographie Istanbul: Byzantion—Konstantinopolis—Istanbul bis zum Beginn des 17. Jahrhunderts* (Tübingen: Ernst Wasmuth, 1977), 26.

³⁵ Varlık, *Plague and Empire*, 4–10.

³⁶ I am inclined to think that it would be worthwhile to examine whether the curious case of the reservation of specific spaces for Armenians at Saint Antoine had anything to do with the fear of contagion; see Girardelli, “Between Rome and Istanbul,” 177–178, 185.

³⁷ *Ibid.*, 162–167.

³⁸ The fear of becoming infected with the disease was reflected also in the Venetian embassy complex in Pera. The bailo's postal couriers, therefore, lived apart in a rather neglected house in the courtyard so that they were distant enough; see Eric Dursteler, *Venetians in Constantinople: Nation, Identity, and Coexistence in the Early Modern Mediterranean* (Baltimore: Johns Hopkins University Press, 2006), 26.

³⁹ Dursteler, *Venetians in Constantinople*, 25; Girardelli, “Religious Imprints,” 122; Louis Mitler, “The Genoese in Galata: 1453–1682,” *International Journal of Middle East Studies* 10, no. 1 (1979): 71–91, esp. 75–79. See also Paolo Girardelli, “La chiesa, la comunità e la città: Galata e i SS; Pietro et Paolo nel periodo ottomano; Kilise, Cemaat ve Şehir; Osmanlı Dönemi Galata ve Sen Piyer,” in *Domenicani a Costantinopoli prima e dopo l'impero ottomano: Storie, immagini e documenti d'archivio*, ed. Claudio Monge and Silvia Pedone (Florence: Nerbini, 2017), 287–289.

⁴⁰ Müller-Wiener, *Bildlexikon*, 101.

⁴¹ The city was dominated by wooden architecture that might have played a part in spreading plague, for the cracks in timber buildings happened to be the optimal places for flea eggs to hatch; see Varlık, *Plague and Empire*, 32. Furthermore, unlike cleaning stone structures, cleaning wooden structures using vinegar and acidic liquids was perhaps more difficult. On the widespread use of vinegar as a disinfectant against plague, see Audoin-Rouzeau, *Les chemins de la peste*, 11–19; Boeckl, *Images of Plague*, 13, 16. Contemporary articulations by the Ottomans concerning wooden buildings' being prone to spread disease can be found in the secondary literature; however, I have not come across any explanation regarding this opinion; see, e.g., Ayşegül Demirhan Erdemir and Sezer Erer, “Arşiv Belgeleri Işığında Türk Tıp Tarihinde Veba Hastalığının Yayılması ve Önlenmesi Üzerine Yorumlamalar,” in *5. Balkan Tıp Tarihi ve Etiği Kongresi Özet ve Bildiri Kitabı 11–15 Ekim 2011*, ed. A. Demirhan Erdemir (Istanbul: Nobel Tıp Kitabevleri), 860–887.

their European contemporaries⁴² and where the streets were generally waterlogged, unpaved, and narrow, in the dumps of which dead cats, dogs, and rats would be frequently found,⁴³ plague would spread quickly “along the Golden Horn and Galata by travelers and mariners to hans, janissary barracks, public baths, coffeehouses, barbershops, and bachelors’ rooms, and from these places it [would infect] the rest of the city through human contact.”⁴⁴ As far as individuals are concerned, at the occasion of the onset of plague, European statesmen, embassy staff, and their families, along with some members of their households, and wealthy merchants, would reside in their country houses or summer embassies, which they would either rent or buy in the villages on the Bosphorus, in the village of Belgradcık, or on the Princes’ Islands with the awareness that they would need to reside outside of Pera and take refuge from plague (fig. 3).⁴⁵ And, not only individuals but whole institutions could participate in this “migration.” The case of Saint Benoît in 1832 can be given as an example. The monastery and the college continued their activities for some time in Yeşilköy due to plague in Galata.⁴⁶

It is possible to discern plague as a contributor to the “medicalization of space” in Pera. Concerning some stages of this process, a recent pioneering study by Koca Mehmet Kentel on Pera’s infrastructure in the second half of the nineteenth century can be consulted, as it also looks into the relation between hygiene and urbanism in Pera.⁴⁷ One of Kentel’s arguments is that hygienic concerns were among the leitmotifs to which Pera’s influential residents tailored the district in order for it to live up to the standards of a “cosmopolitan” city, as was imagined in nineteenth-century Western Europe. Kentel speaks of the “medicalization of the built environment” in the latter decades of the nineteenth century in this context.⁴⁸ Important developments that led to the medicalization of space⁴⁹ also took place in the first half of the century. The plague epidemics played a leading role in this regard.⁵⁰ In the first

42 Ayalon, *Natural Disasters*, 58; Mehmet Mazak, “Osmanlı’da Sokak ve Çevre Temizliği,” in *Orijinal Belge ve Fotoğraflar Işığında Osmanlı’da Sokak ve Çevre Temizliği*, ed. Mehmet Mazak (Istanbul: İSTAÇ, 2001), 59–63. Also cf. Miri Shefer-Mossensohn, “Health as a Social Agent in Ottoman Patronage and Authority,” *New Perspectives on Turkey* 37 (2007): 166–169, <https://doi.org/10.1017/S089663460004763>. For the issue of dirtiness and laziness with regard to the cleaning of the city in the official documents, see Mazak, “Osmanlı’da Sokak,” 65–67.

43 Mazak, “Osmanlı’da Sokak,” 63. These features counted among the miasma-generating factors, and they were repeated in the European travelogues creating or reflecting the trope of the dirty Ottoman city. For the sixteenth century, Varlık underlines that state sources indicate a heightened concern for the care of pavements at institutional levels, see Varlık, *Plague and Empire*, 276–279. However, it is difficult to assert that these policies continued to be followed and carried strictly enough into the following centuries.

44 Fariba Zarinebaf, *Crime and Punishment in Istanbul 1700–1800* (Berkeley: University of California Press, 2010), 35. Zarinebaf accounts the periodic inspection of hans and bachelors’ chambers, which would primarily serve to prevent migration into the city, and the isolation of the infected and the dead among plague-controlling measures; see *ibid.*, 36. See also, Betül Başaran, *Selim III, Social Control, and Policing in Istanbul at the End of the Eighteenth Century* (Leiden: Brill, 2014), 5. On how plague’s appearance was associated with “illegal/illegitimate sex” (*zina vü fuhşiyat*) among the migrant workers and used as a reason to demolish the so-called bachelors’ chambers in 1812, see Yıldırım, *A History of Healthcare*, 60; Turna, “İstanbul’un Vebayla İmtihani,” 27–28; Shirine Hamadeh, “Mean Streets: Space and Moral Disorder in Early Modern Istanbul,” *Turcica: Revue d’études turques* 44 (2012/13): 249–277, <https://doi.org/10.2143/TURC.44.0.2988852>; Hamadeh, “Invisible City: Istanbul’s Migrants and the Politics of Space,” *Eighteenth-Century Studies* 50, no. 2 (2017): 173–193, <https://doi.org/10.1353/ecs.2017.0002>. Varlık underlines the presence and the importance of an understanding that linked urban hygiene with “moral hygiene,” which was imagined in terms of Islamic wisdom and tradition, of denizens, and eventually with the regulation of urban life; see Varlık, *Plague and Empire*, 281–283.

45 Mentions of this can be found in almost every European account. For instance, Eduard Dellenbusch specified these families as “the richer Franks” in Eduard Dellenbusch, *Mercantil-Memoiren aus der Türkei: Geschrieben mit besonderer Beziehung für Deutschland* (Düsseldorf: Schreiner, 1841) 24, accessed September 18, 2020, <https://books.google.com.tr/books?id=A5c7AAAACAAJ&pg=PA1#v=onepage&q&f=false>. See and cf. also Marloes Cornelissen, “The World of Ambassador Jacobus Colyer: Material Culture of the Dutch ‘Nation’ in Istanbul during the First Half of the 18th Century,” (PhD diss., Sabancı University, 2015), 142, 148, 182–183, 314–315; Brayer, *Neuf années à Constantinople*, 1:30.

46 Stafford Poole, “Eugène Boré and the Vincentian Missions in the Near East,” *Vincentian Heritage Journal* 5, no. 1 (1984): 73. In a passage that described the education of the Perote or Levantine children (he usually used these terms interchangeably and even occasionally used “Frank” for the same population, but Perotes were from Pera, while Levantines did not have to be), Brayer wrote that education was suspended during the plague epidemics both at the convent of Saint Benoît and in homes; see Brayer, *Neuf années à Constantinople*, 1:404.

47 Koca Mehmet Kentel, “Assembling ‘Cosmopolitan’ Pera: An Infrastructural History of Late Ottoman Istanbul” (PhD diss., University of Washington, 2018).

48 *Ibid.*, 194.

49 In this present study, “medicalization” refers to the increasing use of systematic and professional medical services among others at hospitals and employment of professional medical principles in perceiving and building the environment; see Matthew Ramsey, *Professional and Popular Medicine in France 1770–1830*, 2nd ed. (Cambridge: Cambridge University Press, 2002), 299. Also cf. the term “healthscaping” in Guy Geltner, “Healthscaping a Medieval City: Lucca’s Curia Viarum and the Future of Public Health History,” *Urban History* 40, no. 3 (2013): 396.

50 Shefer-Mossensohn, “Health as a Social Agent,” 169–170. See also, Gülhan Balsoy, *The Politics of Reproduction in Ottoman Society, 1838–1900* (London: Routledge, 2013), 1–8. Varlık shows that plague played a similar role in the early modern period in Varlık, *Plague and Empire*, “Empire of Plague,” 207–291.

Figure 2: “View of Istanbul from the Gardens of the French Palace [Embassy]” (G. de Choiseul-Gouffier, *Voyage pittoresque*, 1822). Aikaterini Laskaridis Foundation Library. Courtesy of Aikaterini Laskaridis Foundation.



Figure 3: “View of Constantinople from Büyükdere, on the European shores of the Bosphorus” (A. I. Melling, *Voyage pittoresque*, 1819). Aikaterini Laskaridis Foundation Library. Courtesy of Aikaterini Laskaridis Foundation.



place it was the cemeteries and gradually the Christian community hospitals that added a medical layer to the district's landscape via their strong connotation with plague, which should be acknowledged and approached as a process that had expanded basically over about a millennium. In this section, the relevant places in the early nineteenth-century Galata-Pera are listed for an orientation and to highlight the district's special place in Istanbul.

In Galata and Pera, medical services were offered at homes, physicians' offices, apothecaries, *millet* and European hospitals (which were not numerous in the studied period), dispensaries attached to religious buildings, and on ships.⁵¹ The majority of physicians, surgeons,

⁵¹ According to Brayer, for the treatment of neurotic diseases mainly, help would be usually sought at religious institutions, from people considered as holy, in prayers, talismans, and practices of magic, and in “having oneself read.” Brayer referred to the Muslims, Greeks, and Armenians as believers in this sort of “medicine” in the first place, but he also referred to some Franks in this regard; see Brayer, *Neuf années à Constantinople*, 1:351–361, 1:415–416. See also A. H. De Groot, *The Ottoman Empire and the Dutch Republic: A History of the Earliest Diplomatic Relations 1610–1630* (Leiden: Nederlands Historisch-Archaeologisch Instituut, 1978), 219–220. Two Genoese churches with hospitals, Sant'Antonio

16 pharmacists, and dentists were Jews, Armenians, Europeans, and Greeks.⁵² There were also Persians who treated fractures and luxations in Istanbul. They would be sent for also by the Perotes⁵³ who would normally prefer Frank physicians.⁵⁴ The fact that a group of pharmacists petitioned for the restriction of the number of pharmacies after the Great Fire of 1831 shows that there were many pharmacies already in the early nineteenth century. The number of pharmacies were then fixed at twenty-five in Galata and Pera. All of these were owned by non-Muslims.⁵⁵ Although the majority of the community hospitals were established in the nineteenth century, some very important ones were created in the earlier centuries and took care of the plague-stricken people.⁵⁶

The beginning of the history of the French plague hospital at Pera, known also as the Hôpital Saint-Louis or the Hôpital Civil, dated back to the seventeenth century.⁵⁷ Another hospital was the Hôpital Saint-Jean (des Peyrotes), also known as the Hôpital des Latins.⁵⁸ It was a general hospital for the Italians and Austrians that was found again near the Grands Champs des Morts, next to the French hospital.⁵⁹ Valli would speak of this hospital as the Italian hospital in Pera while he recounted the case of a certain Antonio Nicoleccia, a brandy seller at Galata, who came to this hospital because apparently he had the suspicion of having caught plague after seeing a pestiferous cadaver.⁶⁰ In 1862, the French government bought back the terrain sold to Saint Jean (San Giovanni), which moved to Pera from Galata around 1669 after the fire in 1660, in 1767, and took over the hospital, as well.⁶¹

and San Giovanni Battista, continued to be active until the 1600s; see H. Sercan Sağlam, "Urban Palimpsest at Galata & An Architectural Inventory Study for the Genoese Colonial Territories in Asia Minor" (PhD diss., Politecnico di Milano, 2018), 157–160.

52 Nuran Yıldırım, "İstanbul'da Sağlık Hayatı," in Yılmaz, *Büyük İstanbul Tarihi*, 4:105. Also cf. Brayer, *Neuf années à Constantinople*, 1:341, 399. This "cosmopolite" composition continued well into the beginning of the twentieth century; see, e.g., Şeref Etker, *İkinci Meşrutiyetin Tabip Örgütleri* (Istanbul: Libra, 2017).

53 I use the term "Perote" here to denote the general population of the district; but when the contemporary French primary sources are cited or paraphrased, Perote can stand for a Levantine, a Catholic with or without a Western European background, or often a Frank, but sometimes also unspecified, such as a Christian dweller of the district. The context often helps to understand but does not usually point to a single identity exactly. "Franks" and "Levantines" could be used interchangeably. In fact, it is not really possible to determine what differences exactly were indicated to exist between the following terms, and whom the authors always meant by them: "Levantine," "Perote," "Frank," "Latin," and "Catholic"; see Oliver Jens Schmitt, *Levantiner: Lebenswelten und Identitäten einer ethnokonfessionellen Gruppe im osmanischen Reich im 19. Jahrhundert* (Munich: Oldenbourg, 2005), 53. "Perote" in modern scholarship can refer to the district, as well; cf. the use of the term in Anastasiadou, *Les Grecs*. She refers to the Greek residents of Pera as "Perotes." The designation "Levantine" originally and juridically meant the Catholic Europeans living in the Levant; see Rinaldo Marmara, *La communauté levantine de Constantinople: De l'empire byzantin à la République turque* (Istanbul: Isis, 2012), 17–23; Schmitt, *Levantiner*, 15–17. Despite this, the term was and is also used to signify "raya" Christians, as well; see Marmara, *La communauté*, 21–22. The designation "Levantino/i" in Venetian usage originally meant the merchant Ottoman Jews on the Italian peninsula; it gradually widened its meaning to become a superordinate category and include all non-Muslims in the eastern Mediterranean; see E. Natalie Rothman, *Brokering Empire: Trans-Imperial Subjects between Venice and Istanbul*, 2nd ed. (Ithaca: Cornell University Press, 2014), chap. 7. "Perote" was used to denote the Frankish and Catholic populations with mainly Italian roots as in its original ethno-religious sense. On the connotation of Perote and Perote identity in earlier centuries, see, e.g., Eric Dursteler, "Education and Identity in Constantinople's Latin Rite Community c. 1600," *Renaissance Studies* 18, no. 2 (2004): 287–303.

54 Brayer, *Neuf années à Constantinople*, 1:347.

55 Yeşim Işıl Ülman, "Muallim Antoine Calleja ve Eczanesi," in *İstanbul'daki İtalyan İzi/ Presenze italiane a Istanbul*, ed. Burçak Evren (Istanbul: Lea, 2008), 217.

56 Leyla Çapan, "19. Yüzyıl Sonunda İstanbul'da Yabancı Misyonlar Tarafından Yapılmış Hastahane Binaları" (master's thesis, İstanbul Teknik Üniversitesi, 2002), 23.

57 It was the old, then wooden building that stood on the site of the French Institute and Consulate. The stone building that exists today was built in 1898; see Sero Dadyan, "Şehrin En Büyük Mezarlığından, En Önemli Merkezine: Salgın Hastalıkların İzinde Taksim ve Çevresi," in *Osmanlı'dan Cumhuriyet'e Salgın Hastalıklar ve Kamu Sağlığı*, ed. Burcu Kurt and İsmail Yaşayanlar (Istanbul: Tarih Vakfı Yurt Yayınları, 2006), 87.

58 Marmara, *La communauté*, 159–160; Marmara, "İstanbul'da Veba Salgını," trans. Güneş Çelikkol, *Tarih ve Toplum* 38, no. 228 (2002): 36. It could be called also "ospedale dei pestiferati" or "di San Giovanni, vicino al campo degli morto"; see François Alphonse Belin, *Histoire de l'Église latine de Constantinople* (Paris: Challamel, 1872), 145.

59 Brayer, *Neuf années à Constantinople*, 1:30; 2:65. Brayer mentioned the hospitals that treated the plague victims exclusively as belonging to the "national" and/or religious communities (i.e., the French, the Catholic, the Armenian, and the Greek). Except for the Greek hospitals, which had their own *papas*, all of them would be run by Catholic Armenian priests who were known as "the priests of the plague"; see Brayer, *Neuf années à Constantinople*, 2:470. Brayer did not specify whether the Gregorian Armenians' hospital was run by a Catholic Armenian or a Gregorian Armenian priest.

60 Valli, *Sulla peste di Costantinopoli*, 168–169.

61 Belin, *Histoire*, 83, 141.

The Greek Plague Hospital of Yedikule/Balıkli was founded in 1753⁶² and rebuilt in 1793 and in 1836–1838.⁶³ There was another Greek hospital in Galata that could be related to an old hospital that was created perhaps during the Genoese period, or right after the Ottoman conquest.⁶⁴ The Greek hospital, known as the Sailor's Hospital, in Galata was built in 1762 on Kemeralı Caddesi where the Büyük Balıklı Han/Büyük Millet Han, built in 1875, stands today. The majority of the patients would come from the Aegean islands. The hospital burned down, was repaired in the years 1814 and 1823, and continued to serve especially the Orthodox patients until 1839. Later, it was used as a depot and a manufactory until 1873 when it was demolished.⁶⁵ There was a small Greek Orthodox plague hospital, called Stavrodromi, built in 1779–1780 near the Greek cemetery at the end of Pera, located on Rum Kabristan Sokağı, opposite the French Plague Hospital.⁶⁶

An Armenian plague hospital was also present in Pera, built of timber in 1722.⁶⁷ This hospital belonged to Saint Harutyun Church.⁶⁸ A Catholic Armenian plague house existed already prior to their recognition as a *millet* in the beginning of the 1800s on the slope of Dolmabahçe, on the site where the Gümüşsuyu Military Hospital was established in 1846.⁶⁹ It was demolished in 1822, and the Catholic Armenian patients were then received at the French Plague Hospital.⁷⁰ There was also an Armenian plague hospital in Yedikule that was demolished at some point, and a small church was built on the area.⁷¹ This one was called Narlıkapı Hospital built between 1743–1751.⁷² When the Armenian Hospital in Yedikule, the Surp Pırgıç Hospital, not exclusive to plague-stricken patients, was built in 1834 next to the Balıklı Hospital,⁷³ patients in Narlıkapı and Pera were transferred here.⁷⁴ Due to an outbreak of plague, the community decided to construct a separate hospital exclusively for the plague-stricken. Shortly afterward, a plague house, named after Surp Agop, was built a five-minute walking distance from the Surp Pırgıç.⁷⁵ Likewise, the Armenian community considered their location near the Greek Plague Hospital a danger and demanded that it be transferred to a more secluded place. The request was accepted, and the Greek Plague Hospital was demolished in 1839 to be rebuilt as the Panoliko, two hundred meters off the main road.⁷⁶ As had been the case with the Armenian hospitals, the patients at the Greek hospitals in Galata and Pera were transferred to this new hospital in Yedikule.⁷⁷ Yedikule or Elmadağ/Pangaltı were chosen for the new hospitals, not least because the air was deemed healthier in these districts and these areas allowed for some space between the hospitals and the crowded, dirty city center.⁷⁸

62 According to Yıldırım, the hospital was built here not because it was in a region far enough from the city, but because it was believed that the local water had healing effects; see Yıldırım, *A History of Healthcare*, 178.

63 Aleksandros Paspatis, *Balıklı Rum Hastanesi Kayıtlarına Göre İstanbul'un Ortodoks Esnafı 1833–1860*, trans. Marianna Yerasimos (Istanbul: Kitap, 2014), 14, 16.

64 It was very likely that this was the hospital of which De Kay spoke: “We walked one morning through the Greek hospital, accompanied by the chief physician, Dr. Giovanni. It is a substantial stone building, two stories in height, situated in one of the filthiest spots of filthy Galata. It contains thirty wards, ten feet by twelve, and each holding three beds. Five of these wards are appropriated to female patients, but they were entirely empty. Two other wards are assigned to what are called suspicious cases, that is to say, for such as are suspected of being cases of plague. Here they are kept until the characteristic symptoms of the disease have had sufficient time to show themselves, when they are either removed to other wards or sent to the plague hospital.” James Ellsworth De Kay, *Sketches of Turkey in 1831 and 1832 by an American* (New York: J & J Harper, 1833) 366–367, accessed September 18, 2020, https://books.google.com.tr/books?id=j_NoXo421-cC&pg=PR1#v=onepage&q&f=false.

65 Orhan Türker, *Galata'dan Karaköy'e: Bir Liman Hikayesi*, 2nd ed. (Istanbul: Sel, 2007), 51–52; see note 15 added by the translator, M. Yerasimos, in Paspatis, *Balıklı*, 16.

66 Paspatis, *Balıklı*, 13; Yıldırım, *A History of Healthcare*, 178; Anastassiadou, *Les Grecs*, 218; Brayer, *Neuf années à Constantinople*, 1:30.

67 Dadyan, “Şehrin,” 87. Esayan Armenian High School was built in 1895 and stands on the site today.

68 Arsen Yarman, *Osmanlı Sağlık Hizmetlerinde Ermeniler ve Surp Pırgıç Ermeni Hastanesi Tarihi* (Istanbul: Surp Pırgıç Ermeni Hastanesi Vakfı, 2001), 450.

69 *Ibid.*, 375. The author references Albert Brayer only. Apart from these notes, no documents or accounts concerning or mentioning this hospital are known to me.

70 Brayer, *Neuf années à Constantinople*, 2:62.

71 See note 14 added by the translator M. Yerasimos in Paspatis, *Balıklı*, 15.

72 Yarman, *Osmanlı Sağlık*, 450.

73 See note 14 added by the translator M. Yerasimos in Paspatis, *Balıklı*, 15.

74 Yarman, *Osmanlı Sağlık*, 456.

75 *Ibid.*, 456, 461; Yıldırım, *A History of Healthcare*, 64, 179.

76 Yıldırım, *A History of Healthcare*, 178.

77 Anastassiadou, *Les Grecs*, 220.

78 Yarman, *Osmanlı Sağlık*, 452.

18 Although their histories have not been fully researched, we know that an Italian hospital started serving Italian seamen in Galata sometime around 1838 or perhaps earlier;⁷⁹ and an Austrian hospital started serving in about the 1830s in Azapkapı.⁸⁰ After the official implementation of the practices of quarantine, it was decided and ordered that every religious community was to establish a hospital because it was necessitated by the principles of quarantine.⁸¹

In fact, communities cared a lot about having their own institutions. They clearly wished to react to epidemics by ensuring that the infected people would find shelter somewhere. Hospitals usually admitted those who could not afford private medical assistance, or who were destitute. These hospitals, being charitable institutions, belonged to and were either administered by religious communities, were extensions of some churches, or were administered by the embassies.⁸²

Except for the aforementioned plague hospital, the other major—and better—documentable step of the Armenian Catholics in their fight against plague was the conception of a hospital in addition to the new church that was yet to be built. However, the epidemics in 1831 reminded them that choosing a remote place would be better to keep people safe from infection.⁸³ The origins of the Surp Agop Hospital in Pangaltı, Pera's northern extension, began with the erection of tents for the plague-stricken in Elmadağ in 1833; and the hospital was built between 1836–1838.⁸⁴ Therefore, in the early decades of the nineteenth century, Galata-Pera was still the district where plague-stricken patients—alive or dead—were perhaps most visible and where the urban development and urban connotations were influenced by their presence the most.

The composition of Galata-Pera's population and its medical landscape made up of notorious and visible plague hospitals must have been among the major reasons for how practical and emotional reactions to plague could be observed and vividly reflected in the majority of the contemporary European sources. They allowed for experiencing the city in a way that was not risk free, that is to say, anyone could shock, irritate, or inspire the other because they acted differently; they also enabled European physicians who wanted to experiment with the idea of non-contagion of plague, which would not have been possible in their homelands.

79 Cf. Yıldırım, *A History of Healthcare*, 245.

80 Elmar Samsinger, "Von nicht zu unterschätzender Bedeutung für das Ansehen im Oriente ist das Spital' Von Segensreichen Krankenhäusern und der liederlichen Posse eines k. u. k. Regimentsarztes," in *Österreich in Istanbul Vol. III K. (u.) K. Präsenz im Osmanischen Reich*, ed. Elmar Samsinger (Vienna: LIT, 2018), 305. The successors of these hospitals are namely the Saint Georg Austrian Hospital, which has been located on Kartçınar Sokak in Galata since 1872, and the Italian Hospital in Firuzzağa, between Tophane and Cihangir, since 1876. Yıldırım, "Dersaadet İtalyan Hastanesi/L'Ospedale Italiano," in Evren, *İstanbul'daki İtalyan İzi*, 234–243; Yıldırım, *A History of Healthcare*, 179–180, 239, 245–247.

81 Building a hospital in Hasköy for the Jewish and Karaite *millets* was considered in this context in 1839. BOA, HAT. 523/25538 (29 Zilhicce 1254 [March 15, 1839]); BOA, C.SH. 14/668 (29 Şaban 1255 [November 7, 1839]); Yıldırım, *A History of Healthcare*, 182.

82 For instance, the church SS Pierre et Paul was involved in this landscape of plague as evidenced by the "Documents concernant l'administration spirituelle de l'hôpital Saint Louis pour les pestiférés" from 1759, 1761, and 1781, found at the archives of the church; SALT Research, Monastery Collection: SPC0370701001; SPC0370701001A1001 (April 20, 1759). The letter of the French ambassador, Charles de Vergennes, to the priests of the convent lists the regulations addressing some points to be considered in taking care of the patients and some of the administrative matters of the French Plague Hospital. Although the nuns arrived in 1839, so as to inform on the later decades than those treated in this study, the annals of the Soeurs de la Charité, whose sisters were also known as the nuns of Saint Vincent de Paul, constitute perhaps one of the best primary sources that abound with descriptions of the medical care the sisters provided. The annals can be accessed online at <https://via.library.depaul.edu/annales/>. For the sisters' medical services in Bebek and at the complex of Saint Benoît, which had a hospital also named after Saint Louis, in Galata, see Ceren İlikan Rasimoğlu, "Tanzimat, Hayırseverlik ve Kadın: Filles De La Charité Rahibelerinin Osmanlı İmparatorluğu Topraklarına Gelişi ve İstanbul'daki İlk Yılları," *Dokuz Eylül Üniversitesi Sosyal Bilimler Enstitüsü Dergisi* 20, no. 4 (2018): 603–619, <https://doi.org/10.16953/deusosbil.307465>; Emile Gilbrin, "Les médecins français et les filles de la charité dans les hôpitaux de Constantinople: Communication de la société française de l'histoire de la médecine," *Histoire des Sciences Médicales* 11, no. 3 (1977): 141–151; Poole, "Eugène Boré," 231; Belin, *Histoire*, 105.

83 Yarman, *Osmanlı Sağlık*, 376.

84 On the Vosgeperan Church, its hospice and hospital built later separately, see *ibid.*, 375–376; Yıldırım, *A History of Healthcare*, 181.

Smells of Miasma, Touches of Contagion

A French physician, Albert Brayer (1775–1848), resided in Istanbul for nine years between 1815 and 1827 to do research on plague.⁸⁵ Based on his observations, he eventually argued for its non-contagion.⁸⁶ Although according to the “established” French medical knowledge that plague was contagious,⁸⁷ a “non-contagionist” trend had emerged at the beginning of the nineteenth century but had not yet fully developed. Brayer was one of the contemporary physicians who questioned contagionist explanations and measures in a detailed publication.⁸⁸ It is actually surprising that Brayer himself was surprised when he first arrived in Istanbul, for, in Europe, the belief that the Ottoman Muslims would not do anything to avoid contagion had become rather canonical some centuries earlier.⁸⁹ Nonetheless, he found it strange to see that no one would take the necessary measures against a disease that was famous for being contagious. Initially, he would wear his waxed, taffeta cloak when walking in the various districts of Istanbul, yet he soon took it off for he did not want to be laughed at.⁹⁰ The news that a European physician had arrived in the city spread quickly, so Brayer soon had many clients and colleagues who were contagionists but, according to Brayer, were not too afraid of contagion or at least were not too strict in regards to taking measures.⁹¹ For the dwellers and frequenters of Galata-Pera, Brayer was definitely not exceptional for going after solving the enigma named plague, identifying where miasma was found and contagion was most likely. Helmuth von Moltke was perhaps not wrong in writing in the 1830s that European physicians were numerous enough in Galata and Pera to make the Perotes hold every man with a hat to be either a captain or a physician.⁹² A German reviewer of Brayer’s book, who praised the social observations in the first volume but criticized the second for missing proper evaluations of his medical observations, wrote that Brayer must have hoped to find his luck, which he must have lost in France, in the Orient, like “some other restless and dissatisfied souls from the south European lands” who would set off for the Ottoman capital.⁹³ Drawing from Brayer’s accounts, the reviewer stated that medical bunglers and adventurers could abound there, for the “Turks” would obviously not ascribe physicians any power or capacity to induce their recovery or their death.⁹⁴ Varlık writes that since the middle of the eighteenth century, observing plague in the “Ottoman laboratory” and publishing on it would have made a physician popular in his home country.⁹⁵ The letters and diaries of the Italian physician Eusebio Valli

85 Perhaps he spent some years elsewhere in between, for some of his observations were dated to 1825, 1826, or 1827. Brayer reported that plague appeared every year during his stay in Istanbul, and he noted that in the year 1819 it was more severe; see Brayer, *Neuf années à Constantinople*, 2:108, 2:230. Like many other Europeans, he left Istanbul when Russia, Britain, and France intervened in the War of Greek Independence in 1827 because he did not feel safe in Istanbul; Brayer, *Neuf années à Constantinople*, 2:373.

86 Brayer, *Neuf années à Constantinople*, 2:340–341.

87 Panzac, *Quarantaines et lazaret*, 13–14.

88 For his account on the contemporary opinions about plague since the Egyptian campaign (e.g., that it was endemic in Egypt and along the Syrian coast and that it was contagious only under certain circumstances), see Brayer, *Neuf années à Constantinople*, 2:20–60.

89 Varlık, *Plague and Empire*, 72–88.

90 Brayer, *Neuf années à Constantinople*, 1:xi. In fact, he thought that plague, if contagious, had to be always devastating each time it occurred. Istanbul, a crowded city where people constantly moved about, where ships were not quarantined, and where the majority of the population did not take measures against contagion, was for him the proof that plague was not contagious; see Brayer, *Neuf années à Constantinople*, 2:77.

91 Brayer, *Neuf années à Constantinople*, 1:xii–xiii.

92 Moltke, *Briefe*, 20. Brayer, too, once wanted to refuse helping a woman by pretending to be a captain; see Brayer, *Neuf années à Constantinople*, 1:135. Offering medical treatment and assistance was indeed among the possibilities of creating an income for the Europeans in Istanbul. See and cf. Brayer’s account concerning the story of a “fake” physician in Pera, in *Neuf années à Constantinople*, 2:188–191. Moltke, who was a military man, composed a letter about the plague in Pera dated February 1837 in a remarkably beautiful style; see Moltke, *Briefe*, 111–119.

93 *Göttingische gelehrte Anzeigen: Unter der Aufsicht der königlichen Gesellschaft der Wissenschaften*, vol. 2 (Göttingen: Friedrich Ernst Huth, 1836), 1751–1752, accessed September 29, 2020, [https://gdz.sub.uni-goettingen.de/id/PPN385030444_1836_2?tidy={%22pages%22:\[729\],%22view%22:%22toc%22}](https://gdz.sub.uni-goettingen.de/id/PPN385030444_1836_2?tidy={%22pages%22:[729],%22view%22:%22toc%22}).

94 *Göttingische gelehrte Anzeigen*, 1757. With this, the reviewer may have implied that Brayer had been such one adventurer or a bungler because he found it strange that a physician had been trying to argue against contagionism, which was an almost universally accepted principle; this would explain why Brayer thought what he thought and was wrong: because, among others, he had a friendly and sympathetic attitude toward the “Turks” and their opinions and he was not following the scholarly literature well enough. “Contagion” depended on “individual receptivity” and on certain circumstances; anyone could think that “the Orient” would be totally depopulated had it not been so; see *ibid.*, 1758–1760.

95 Varlık, “New Science,” 203. See also Kocić and Samardžić, “Kuga u Istanbulu,” 44–46.

20 are a case in point. Valli is known for his studies with Antonio Pezzoni in Anatolia and at the Greek plague hospitals in Pera and Galata as well as for his attempts to create a vaccination by combining, along with some other ingredients, the pus from the buboes of plague-ridden patients with the pus of patients with smallpox.⁹⁶ An example can also be found in Moltke's letters. Moltke mentions a German physician who wanted to examine the disease in Istanbul. He had basically been using his own body as a subject of experiment for thirty days when he eventually came into contact with a sick person at a Turkish bath. The German physician lost his life within twenty-four hours after his contact.⁹⁷ Indeed, baths were considered as hearths of contagion; Brayer, too, hesitated at first going to the bath behind Galata Sarayı (the Franks actually tried to deter him from doing so) but did so anyway despite the recent outbreak in the city.⁹⁸

Being sensitive toward the demonstrative elements of a city's hygienic condition,⁹⁹ Brayer observed that water was pure in Pera and that food was abundant and of good quality. There were no marshes around that would be the hearths of infection; the climate was salubrious.¹⁰⁰ In Pera, especially on the Grande Rue, he daily encountered Franks or Europeans,¹⁰¹ Greeks, Armenians, Catholic monks, Greek priests, Greek *papas*, Jews, janissaries, and sometimes African eunuchs.¹⁰² Captains, supercargoes, crew members, artisans, workers, shopkeepers, clerks, brokers, and merchants of Galata would become especially visible on Sundays and on the festival days to attend mass at Saint Antoine. The latter would also come to Pera to leave their humid shops and dark houses to breathe the purer air of Pera. A crowd would be present before Saint Antoine whenever a religious mass would take place. According to Brayer, this crowd would be interested in seeing the Greek Catholic, Catholic Armenian, Perote, and Frankish ladies.¹⁰³ Although it was a "center of active diplomacy," Brayer found it surprising that the Grande Rue was actually not that grand; in fact, it was rather narrow, rarely cleaned, and not orderly paved with stone but with a mixed and flapping construction of timber and some stones, partially waterlogged where water and filth would remain until it would eventually evaporate. The alleys around the Petits Champs des Morts were especially dirty, dark, and repugnant (fig. 4).¹⁰⁴ Dogs would wait before the fish market, butchery, and fruit and vegetable sellers.¹⁰⁵ The cafés were small, dark, dirty, and constituted the habitual refuge of "the middle class," all "the unproductive people," and "adventurers" who filled Pera.¹⁰⁶ So, the two elements, a miasma-generating environment and regularly gathering crowds—the potential carriers of contagion—were visible in Galata-Pera, making it possible to discuss plague's pathology.

Fear and Mercy, Quarantine and Hospitals

The news of plague would be shared at coffeehouses in the city, priests at the plague hospitals would report back to the embassies, and the increased frequency of the funerary processions would reveal plague's presence.¹⁰⁷ Actually, already prior to its institutionalization, quarantine would be imposed by the state occasionally as an ad hoc intervention

96 Audoin-Rouzeau, *Les chemins de la peste*, 30. There are several references to his endeavors in Valli, *Sulla peste di Costantinopoli*, e.g., 34–35; Yıldırım, *A History of Healthcare*, 59.

97 Moltke, *Briefe*, 113.

98 Brayer, *Neuf années à Constantinople*, 1:166.

99 The structure and content of his report show the typical contemporary way of discussing diseases. It reflected, namely, the understanding, which regarded people, their state of health, and the environment they lived in an interconnected way; see Kisacky, "An Architecture of Light and Air," 12–14.

100 Brayer, *Neuf années à Constantinople*, 1:4.

101 He used these terms interchangeably.

102 Brayer, *Neuf années à Constantinople*, 1:8–9.

103 *Ibid.*, 1:10–11.

104 *Ibid.*, 1:11–12. In general, he noted that the streets of Istanbul were populated by dogs whose excrement and corpses would never be removed; *ibid.*, 1:338. Furthermore, observing that many Franks, Perotes, and Armenians resided in houses built very close to the cemetery, Brayer deduced that the miasmas resulting from the decomposition of the corpses did not lead to plague in Istanbul; *ibid.*, 1:160.

105 *Ibid.*, 1:12–13.

106 *Ibid.*, 1:11–13, 1:30. Varlık underlines that the dumps, slaughterhouses, grain and weaving workshops, houses built next to each other, and the narrow, unpaved, and dirty streets in cities constituted the optimal places for rats to live; see Varlık, *Plague and Empire*, 24.

107 Brayer, *Neuf années à Constantinople*, 2:63, 2:86.



Figure 4: “The Petit Champ-Des-Morts, Pera” (J. Pardoe, *The Beauties*, 1838). SVIKV, Istanbul Research Institute Library.

in Istanbul.¹⁰⁸ However, the absence of a general, official quarantine system and the rarity of the practice of isolation kept attracting the authors’ attention.

In the second volume of his work, Brayer gave detailed descriptions of plague, not exclusively but mainly in the Perote urban context. He recounted what the European physicians and Perote, and non-Muslim Ottoman physicians, who were educated at European universities and who had a contagionist point of view,¹⁰⁹ did when the plague season began: remaining isolated at home and avoiding contact with people and objects from outside as much as possible. The European embassies would shut down: no one outside would be let in without having informed about their visit beforehand, and no one would be advised to step beyond the embassies’ walls, and no handshaking would take place. Textiles and objects with parts made of or covered with textiles would be moved elsewhere, and only wooden objects would be used.¹¹⁰ The doctors educated in Europe, while avoiding any contact with people on the streets, would still visit people who demanded their help, and when the doctors would return from those visits, they would burn a herbal substance and expose themselves with their clothes on to the fume for some minutes. Then, they would open the windows so that the air and the humidity would carry the miasmas away.¹¹¹ Yet, Brayer thought all this effort was in vain because many Perotes, the dragomans especially, would eventually have to visit

108 On the issue, see, e.g., Saryıldız, “Karantina Mecilisi’nin Kuruluşu”; Yıldırım, “Osmanlı Coğrafyasında”; Bulmuş, *Plague*; Turna, “İstanbul’un Vebayla İmtihani,” 11; De Kay, *Sketches of Turkey*, 173–174; Francis Hervé, *A Residence in Greece and Turkey with Notes on the Journey through Bulgaria, Servia, Hungary and the Balkan*, vol. II (London: Whittaker, 1837), 182, accessed September 18, 2020, <https://books.google.com.tr/books?id=JVLcJttaj5EC&pg=PR7#v=onepage&q&f=false>. For instance, in 1831, Maiden’s Tower served as a lazaretto for soldiers infected with plague; see Yıldırım, *A History of Healthcare*, 64.

109 Brayer, *Neuf années à Constantinople*, 2:65.

110 According to some contagionist theories, the “leaven” of plague was found in the blood of the diseased and was transmitted via their breath and the objects and especially textiles that they touched; see Panzac, *Quarantaines et lazarets*, 14, 18; Tognotti, “Lessons from the History,” 255–256.

111 Brayer, *Neuf années à Constantinople*, 2:86–88.

22 “Stamboul,”¹¹² or people, mainly Armenians from Samatya or Yenikapı would visit Pera for mass and for unions with their relatives and friends; therefore, there was a constant flow of people whose actions could not be controlled or checked.¹¹³ Churches would not be closed even at the times of epidemics, and they would indeed be crowded by the Perotes, Catholic Armenians, and Catholic Greeks.¹¹⁴ Moreover, the priests of the plague hospitals themselves would visit patients at their homes whenever they were sent for to identify the disease, walking through the most crowded streets, which meant there was no way for them to avoid contact.¹¹⁵ In Brayer’s eyes, it was clearly not the mediate contact (e.g., by touching the same paper, bank-note, coin, etc. that someone else had touched before¹¹⁶) nor immediate skin-to-skin contact, which often could not be avoided in spite of all efforts, that caused the infection. Rather, according to Brayer, the problem would be breathing the same deleterious air as this either constantly moving or—in poorly ventilated, closed spaces—liberally gathering population that would continue allowing the disease to transmit and become the “vehicles of infection.”¹¹⁷

Actually, Brayer stated that the Frank physicians would not stick to the strict isolation rules for long even after they consulted patients around Istanbul, and they would find their relief in the divine Providence, like the Muslims who would cry “God is merciful” (“*Allah kerim*”), and continue frequenting the restaurants and cafés where merchants, chefs, bachelors, voyagers, seamen,¹¹⁸ etc., would spend time.¹¹⁹ Brayer found it curious that the Europeans and the Perotes would not find it astonishing that the cases with plague would not result from the balls held so often in Pera.¹²⁰ That the same pipe would be served at the *kahvehanes* on the Grands Champs des Morts, at the barbershops, at pharmacies where the Franks and the raya would continue to meet even during the regular season of plague was also among his observations which resembled, so to speak, a guilty-pleasures list of the contagionists.¹²¹ However, there must have been times when total isolation was deemed necessary by the inhabitants, and the crowds on the streets decreased considerably:¹²²

Often, in passing through the street, I have seen a basket attached to a cord traveling up to a window, laden with some description of provisions, as at those periods many persons will not suffer their servants to go out, during the prevalence of the disease, as they could not count on their caution in evading the infection.¹²³

As mentioned at the beginning of this study, recent scholarship has denied the existence of monolithic communal responses to plague based on religion and ethnicity, which, at the very least, carry orientalist hues, and it has rather recognized diversity. However, the authors who lived in the period were convinced of the existence of—what can be called—a tripartite perception and understanding of plague. It was based on this division that they perceived, read, and interpreted what they saw in Istanbul. Brayer’s observation attests to this on the whole, as he informs about every community one after another in regard to whether they feared plague or not,¹²⁴ but his account also demonstrates that there were no clear-cut boundaries

112 Ibid., 2:90. “Stamboul” refers to Istanbul proper, the walled city of the Ottoman capital, today’s Historic Peninsula.

113 Brayer basically observed many Catholic Armenians coming to Pera for the Latin mass. On the Catholic Armenians in Pera, see Girardelli, “Religious Imprints,” 122–123.

114 Brayer, *Neuf années à Constantinople*, 2:91. On the same page, Brayer noted that the French, who firmly believed in contagion, would not attend mass in times of epidemics.

115 Ibid., 2:91–92.

116 Ibid., 2:87–89. Hervé made a similar observation: “All money that is given to you in change is brought in a plate under water, a letter is never delivered to you without first being perfumed.” Hervé, *A Residence in Greece and Turkey*, 2:180–181.

117 Brayer, *Neuf années à Constantinople*, 2:89–94. However, his conclusion was that plague was a result of the city’s climate and the winds it was exposed to; see *ibid.*, 2:411–416. Apparently, miasmata and atmospheric changes were not synonymous for him.

118 For an example concerning the seamen in this context, see Valli, *Sulla peste di Costantinopoli*, 156–157; Valli mentions a sailor who fell dead to the ground during a ball and was suspected of having the disease. For an Ottoman remark on seamen as the carriers of plague in 1812, see, e.g., Turna, “İstanbul’un Vebayla İmtihani,” 22–23. See also and cf. Brayer, *Neuf années à Constantinople*, 2:100.

119 Brayer, *Neuf années à Constantinople*, 2:94–100, 2:188; see also *ibid.*, 1:13. For the emergence of the topos of the “fatalistic Turk” in the early modern era as a rhetorical figure, but not necessarily always reflecting reality, see Varlık, *Plague and Empire*, 72–88.

120 Brayer, *Neuf années à Constantinople*, 2:97.

121 Ibid., 2:98.

122 See *ibid.*, 2:69.

123 Hervé, *A Residence in Greece and Turkey*, 2:181.

124 Brayer, *Neuf années à Constantinople*, 2:61–67.

so that these responses could actually be mutually influential, be merged, combined, adopted, and/or adapted by the city dwellers.¹²⁵ In fact, Brayer stated that the Catholic Armenians learned to fear the plague when they began to communicate and interact more and more with Franks.¹²⁶ The Gregorian Armenians, on the other hand, would take no extraordinary precautions against contagion but pay attention to cleanliness, good and simple nutrition, and accept the Providence. They would not abandon their patients, and would give them the most diligent care. Nevertheless, they, too, had a small hospital which overlooked the Greek cemetery at the end of Pera. Some of their plague-stricken patients would be sent there.¹²⁷

Examples demonstrating the perception of this “division” in Pera can be found in Moltke’s letters, as well. Moltke spoke of a battery where a “hospital” for the plague-stricken was set up. He observed more than once that the soldiers would carry the pall of the recently deceased plague-stricken fellow soldier over their shoulders and distribute the belongings of the deceased amongst each other. This, Moltke thought, must have brought death to them within three days. When the *binbaşı* (major) of the battalion, who was influenced by the Franks, introduced preventive measures into the battery, the soldiers did not welcome these, finding it sufficient to hang a verse from the Qur’an on the door of the caserne. Soldiers would not regard the malady as a divine punishment but as a particular favor from God that could bestow martyrdom upon them. So, fearing it and taking measures against it was for them not only unnecessary but also sinful.¹²⁸ The porters had no problem carrying patients on their backs to the hospitals nor the deceased to their graves.¹²⁹ And, the Turks knew that the Europeans feared the plague. Moltke recounted that when he was accompanied by a Turk, he—with all sincerity and a little pity—would say to a person (likely someone who would have been infected or who would be carrying a plague-stricken patient to the hospital or to the grave) that he should not come near him [Moltke] and would explain that he [Moltke] was afraid.¹³⁰

The maxim “*Allah kerim*” was noticed by the studied authors. Moltke, for instance, was rather surprised how the Turks actually witnessed daily so many deaths and proofs of contagion, but would still not moderate their attachment to it and submission to “*kismet*.”¹³¹ On the other hand, he considered that this attitude granted them psychological strength. Nevertheless, Moltke wrote that due to the visible suffering of the Franks, Pera presented a gloomy picture to the Turks.¹³² Moltke had probably not heard a Turk actually say what he would feel in Pera. Nevertheless, these expressions tell us what Moltke would perhaps have thought at the sight of Pera vis-à-vis plague had he himself been a Turk as he imagined one to be. In any case, his witnessing the mentioned tripartite spectrum that stretched from the extremes of fearful isolation to the extremes of leaving it to the Providence, with regard to perceiving and managing disease in Pera, and Istanbul in general, must have enabled him to articulate dreary atmosphere: stepping into Pera meant finding themselves surrounded by mountains of miserable, swishing huts and tents, and amongst ragged figures, sick faces, and loudly crying kids. These would be the Frankish families that had recently lost a member to the disease, putting themselves into quarantine while their possessions were being cleaned. The Greeks would also perform quarantine; however, they would often skip the cleaning part, so says Moltke, and would hope that if they exposed themselves to the misery at the tents during the rough season, Panagia (one of the titles of the Mother of God) would eventually intervene, protecting them and caring for their welfare.¹³³ He recounted further that the Franks would

125 See also and cf. Panzac, *La peste*, chap. 11 “Les sujets ottomans et la peste” and chap. 12 “Les Francs et la peste: Attitude et influence,” 278–311, 312–338.

126 Brayer, *Neuf années à Constantinople*, 2:62. Valli noted that if fear alone had the capacity to produce plague, then it would have long been impossible to see any Greeks in Pera or Jews in “Stamboul”; see Valli, *Sulla peste di Costantinopoli*, 183.

127 Brayer, *Neuf années à Constantinople*, 2:63.

128 Moltke, *Briefe*, 115–116.

129 *Ibid.*, 116.

130 *Ibid.*

131 Moltke, *Briefe*, 115–116.

132 *Ibid.*, 117–118.

133 De Kay, too, wrote that the Greeks would pray to the Virgin Mary for protection; see De Kay, *Sketches*, 173.

And here one should perhaps also note that the first Orthodox church in Pera was built in 1804 and dedicated to the Panagia (Panayia de Péra); see Anastasiadou, *Les Grecs*, 9, 33. It is highly probable that the Catholics in Istanbul also venerated Saint Roch for protection from plague. A thorough research through the archives of the Catholic churches and convents of Istanbul perhaps can provide with textual evidence. The fact that the Church of Saint-François in

24 move stealthily in the alleys with their black cloaks while at the same time fearfully trying to keep away from each other; however, since the streets were so narrow, they would not be very successful at the latter point.¹³⁴ Likewise, Hervé recounted that people would draw the skirts of their coats closely about themselves, so that they would not brush up against someone else's clothes. One day as Hervé was walking with a little girl who was holding his hand, his coat happened to touch the robe of an Armenian passerby. Upon seeing this, the little girl let go of his hand and distanced herself immediately, deeming him infected and in urgent need of purification.¹³⁵

In Pera, it was possible to come across a funeral procession all of a sudden at any corner. If the deceased person was a Frank, no relative or friend would join the procession, which would be led by a priest holding a long, black stick he used to warn the people around him. If they were a Muslim, any men would try to join the procession to do the deceased a favor, for the steps accompanying the deceased helped advance them toward paradise; such was the Muslim belief, as Moltke noted. Every house was locked up like a fortress, and every visit put families in fear. If one were let in, they would be first taken into a fumigation booth and only then be received in a large room with no sofa, carpets, nor curtains—only cane chairs and small wooden tables covered with sheets of waxed linen were used.¹³⁶ If the visitor carried a letter of recommendation, the resident would take it with a pair of tongs, carefully fumigate it, and finally open it with distrust. The fear of plague hindered social life, and Moltke complained about it: plague would succeed in being *the* concluding theme of conversations; no one would shake hands willingly; no one would play the card game whist, since the cards traveled from one hand to the next; one would do a terrible deed if he were to pick a lady's handkerchief up from the floor for her because she would need to have it washed before she could even touch it again; no social gatherings would take place at theaters, balls, clubs, reading circles,

Galata, which was converted into the mosque Yeni Camii in 1697, had a chapel dedicated to Saint Roch is at least an indication and a strong reason to consider this possibility; see Eugène D. d'Alessio, "Recherches sur l'histoire de la latinité de Constantinople (suite)," *Échos d'Orient* 25, no. 141 (1926): 28–30, <https://doi.org/10.3406/rebyz.1926.4541>. See also and cf. Joseph Ract, *Lieux chrétiens d'Istanbul*, ed. Rinaldo Marmara (Istanbul: Isis, 2006), 145. Saint Antoine had an altar dedicated to Saint Roch; the altar of the Saint Anne Chapel at Saint Benoît had an image of Saint Roch; see Belin, *Histoire*, 59, 121. Some other important churches in the area had also altars of the Saint, as well; see Sezim Sezer Darnault, *Latin Catholic Buildings in Istanbul A Historical Perspective 1839–1923*, trans. Çelen Birkan (Istanbul: Isis, 2004), esp. chapters 7 and 8; Sağlam, "Urban Palimpsest," 133, 158, 162. The Orthodox would probably also venerate Saint Roch, but more evidence is needed. Kalliopi-Phaidra Kalaphati discusses an icon of votive character for the veneration of Saint Roch that portrays him with a bubo on his right thigh. The icon was created in 1743 and is found at the Byzantine and Christian Museum in Athens. Icons of him from the fourteenth century also exist; see Kalliopi-Phaidra Kalaphati, "Αμφιπρόσωπη εικόνα του αγίου Ρόκκου στο Βυζαντινό και Χριστιανικό Μουσείο," *Δελτίον της Χριστιανικής Αρχαιολογικής Εταιρείας* 24 (2011): 309–316, <https://doi.org/10.12681/dchae.390>. Ubcini identified Hagios Charalambos as Saint Roch to whom the Orthodox prayed to be saved from plague; see Abdolonyme Ubcini, *La Turquie actuelle* (Paris: Librairie de L. Hachette et Cie., 1855), 100. However, they were actually not the same person. Hagios Charalambos lived perhaps in Asia Minor in the third century and was believed to have been saved from plague via his prayers and devotion; see Andrew Roberts, "Nowhere to Run to, Nowhere to Hide? Society, State, and Epidemic Diseases in the Early Nineteenth-Century Ottoman Balkans," in *Plague and Contagion in the Islamic Mediterranean*, ed. Nükhet Varlık (Kalamazoo: Arc Humanities Press, 2017), 229, n. 38. Hagios Charalambos was also venerated especially in times of plague by the Bulgarian Orthodox; see Roberts, "Nowhere to Run to, Nowhere to Hide?," 228–229. Also, Balıklı Hospital had a church dedicated to Hagios Charalambos; see Anastasiadou, *Les Grecs*, 220. There was/is an Orthodox chapel dedicated to Hagios Charalambos in Tatavla/Kurtuluş and a church in Bebek. See also and cf. the veneration of Saint Roch among the oriental Orthodox in Marie-Laure Derat, "Du lexique aux talismans: Occurrences de la peste dans la Corne de l'Afrique du XIIIe au XVe siècle," *Afriques* 9 (2018), <https://doi.org/10.4000/afriques.2090>. The Ottoman sources speak of Muslims' reciting certain verses from the Qur'an and prayers for divine protection from plague; see Turna, "İstanbul'un Vebayla İmtihani," 25–26.

¹³⁴ Moltke, *Briefe*, 118.

¹³⁵ Hervé, *A Residence in Greece and Turkey*, 2:179. See also Anton Prokesch von Osten, *Denkwürdigkeiten und Erinnerungen aus dem Orient*, vol. I (Stuttgart: Hallberger'sche Verlagshandlung, 1836), 482–488, accessed September 18, 2020, https://books.google.com.tr/books?id=HtQ_AAAAYAAJ&pg=PR3#v=onepage&q&f=false. A similar observation was made by De Kay, as well, but he was quite judgmental. For him, the Franks in Pera with their "childish terrors" and "absurd precautions" did not represent "the collective wisdom of Europe." "The Turk" constituted an "amusing contrast to this" with his "elbowing his way through the crowd." He added, "[b]ut then, on the other hand everybody knows that Osman is an infidel, and of course not a civilized being, consequently he has not intellect enough to comprehend when he is in danger, and when he is safe." De Kay, *Sketches of Turkey*, 131. So he repeated the trope of the "ignorant, superstitious, and fatalistic Turk" to imply that there was a normal and rational way to approach and deal with plague, which, for him, was lacking in Pera. Here shall be noted that the Levantines had a rather notorious image in Western discourses. European diplomats and authors ascribed to them all the negative qualities of the West and the East, considering them without a motherland, questioning their morals, and calling them intriguants. Moreover, they thought they were "bigot" and "fanatic" Catholics; see Schmitt, *Levantiner*, 13.

¹³⁶ Moltke, *Briefe*, 118.

etc.¹³⁷ Having experienced similar things and feeling similar emotions, Hervé called plague “a most anti-social malady.”¹³⁸ In fact, the “natural” and “perpetual” presence of plague, or maybe better to include also the “natural” and “perpetual” “phantom of plague,”¹³⁹ did affect the social habits in Pera. Dellenbusch needed to clarify why the Franks would not shake hands here, which they would normally be expected to do. Plague was the reason. Everyone was held under suspicion of having visited a place in either Pera or “Stamboul” where plague existed, so one had to be cautious and sacrifice a friendly handshake.¹⁴⁰ Dellenbusch also considered plague among the reasons that kept some Frankish families of Pera from establishing close and friendly relations in general.¹⁴¹

Like many Europeans, Eduard Dellenbusch thought that the rayas resembled the Turks, at least partially, in regard to the belief in predestination. According to him, this actually helped the Franks a lot in their business when they would avoid all contact with the people and things around them. Namely, the raya would be the first ones to receive letters and packages and handle them at the counter after being fumigated. They would go to “Stamboul” to buy and sell the wares and take care of the receipts. They would also wear a tarred coat and mingle with the crowd. Eventually, when one of them would die, another would be found to replace him.¹⁴² Brayer reported the same, adding that the Frank¹⁴³ merchants would leave for their houses in the countryside and come back to the city only once a week.¹⁴⁴

In Valli’s remarks, one reads that there were people who would go to a plague hospital themselves once they would start to suspect having caught plague.¹⁴⁵ According to the account of Brayer, the Franks and the rayas under suspicion of having been infected would send for a priest from their respective community. He would check the person’s pulse, make them walk, show their tongue, etc., after which he would prescribe a medicament and visit them regularly. If he would diagnose the case as plague, he would announce the dangers and perhaps the number of hours left for the patient. If the family was wealthy, the sick person would be left with the household servants at home, while the other members would leave immediately for their homes in the countryside along the Bosphorus.¹⁴⁶ A messenger would communicate between them and would not be allowed into the house in the countryside. If the person diagnosed with plague would die, they would be immediately buried. If they would survive and recover from plague, they would undergo their quarantine usually in Kağthane,¹⁴⁷ while the other members would ventilate and clean the house and belongings. If the patient had no one and was poor—perhaps a Greek or an Armenian clerk, servant, apprentice, worker from the Aegean islands or Anatolia, or a Frank searching for his luck in Pera—they would be taken to a hospital run by the religious communities.¹⁴⁸ During the burial of the dead body, no measures would be taken. The undertaker would place the almost naked body to the grave in his own arms. If the deceased had no one and had been in hospital, the director (priest) would take the belongings which he liked and would give the rest to the subalterns; or the belongings would be sold to Jews who would sell them to Frankish seamen, as per Brayer.¹⁴⁹ Such remarks are, of course, to be approached carefully and not to be taken at face value, as they may bear indications of anti-semitic prejudices and/

137 Ibid., 119.

138 Hervé, *A Residence in Greece and Turkey*, 2:181.

139 I borrow the expression from Brayer who wrote that plague appeared to him like a “scary phantom” during the first months he spent in Istanbul; see Brayer, *Neuf années à Constantinople*, 1:xii. Further, an old image of plague as a black woman grabbing her victims at night was not unpopular among the people of all the religions and confessions mentioned in this study; see Brayer, *Neuf années à Constantinople*, 2:63–64. See also and cf. Varlık, “From ‘Bête Noire.’”

140 Dellenbusch, *Mercantil-Memoiren*, 23.

141 Ibid., 24.

142 Ibid., 23.

143 Perhaps including Levantine merchants, as well, because he did define Levantines and Perotes as Franks elsewhere and referred to them as Franks; see Brayer, *Neuf années à Constantinople*, 2:63, 2:86.

144 Ibid., 2:88.

145 Valli, *Sulla peste di Costantinopoli*, e.g., 171.

146 They could depart from Tophane on boats; see Brayer, *Neuf années à Constantinople*, 1:99.

147 Ibid., 1:26; See also 2:104–105.

148 Ibid., 2:103–107. Brayer observed that the Greek plague hospitals were filled with servants and people who were not wealthy, even at times when the hospitals of the other nations were almost empty. He stated that the Frank and Perote landlords would usually think that the Greek servants would spread the plague; see *ibid.*, 2:62, 100, 329.

149 Ibid., 2:107. A similar note is also made by Moltke; see Moltke, *Briefe*, 114.

26 or tropes.¹⁵⁰ However, the plague-stricken victims' belongings most likely continued to be circulated, and it was obviously not only the Jewish people who would be involved in such trade. In a city where the doctrine of contagion was not extensively established, goods could travel without being subject to quarantine, and this would not be questioned nor judged by the majority of the non-European locals.¹⁵¹

The Armenian priests would not only speak Armenian and Turkish but also Italian, and they would be accompanied by male nurses and a student or two.¹⁵² If required, they would take the sick to the hospital to treat them. Here they would give everyone the same medicaments (regardless of the etiological conditions), bury the dead, inform their secretaries on the phases of the disease, and communicate the information they received on the numbers of the sick and dead in Galata, Pera, and other parts of Istanbul.¹⁵³ Albert Brayer had the chance to visit the French hospital and wanted to observe the patients. The priest of the hospital, Don Courban, was surprised at his request and asked whether he had any fear of contagion. When Brayer replied why he would need to have fear while the priest himself had been preserved from contagion for decades, the priest told him that it was a particular favor God bestowed upon him.¹⁵⁴ Moltke, too, recounted a similar encounter: it could be a certain Don Giacomo of whom Moltke spoke in his letter on plague as the Catholic priest of the plague hospital of the Franks, who had been not only assisting the patients spiritually but also taking care of their bodies, alive or dead. He was impressed by his religious devotion and wrote that the priest believed that he had contracted plague as a child and survived it.¹⁵⁵ Only a few times Brayer mentioned Don Giacomo in similar contexts to Don Courban and talked of Don Giacomo as the priest of the hospital of the Latins.¹⁵⁶ The contemporary contagionist views were based on Italian and French medical knowledge and precautions prescribed by these. That they were also accepted by the Armenian Catholics is not surprising, mainly because many were educated in Italy, knew Latin and Italian, and were knowledgeable in the literatures of these languages. Moreover, with their universities and publications, printing houses, which were accessible to Armenians and Greeks from across the Ottoman Empire, Rome, Venice, as well as Padua and other Italian cities with universities, occupied a special place in the cultural (and religious) life of the Armenians and Greeks in the Ottoman Empire, especially from the seventeenth century onwards.¹⁵⁷

Brayer also mentioned that priests would be accused by some of not really believing in contagion, not having medical knowledge, and not having contributed to science despite the fact that they had been running these plague hospitals.¹⁵⁸ He himself also thought it a pity that although they held a favorable position to make observations, they had not written and published anything on this disease, making no contributions to "the progress of the medical art."¹⁵⁹ He also expressed his wish that these hospitals be run by professional physicians and friends of humanity so that they would share with the world what to think of contagionist and non-contagionist explanations.¹⁶⁰ This disappointment may well have been a learned trope of the "ignorant oriental," as well.¹⁶¹ Yet, being active and involved in research and publication in the name of "contributing to the development of scientific knowledge for

150 Indeed, especially in the sixteenth and seventeenth centuries, some Jewish traders in Venice would be marginalised among others due to their involvement in the buying and selling of secondhand clothes; see Rothman, *Brokering Empire*, 218.

151 Cf. Cornelissen, "The World of Ambassador," 439; Kocić and Samardžić, "Kuga u Istanbulu," 68. See also Varlık, *Plague and Empire*, 33–34, where Varlık remarks on the numerous flea-markets in Istanbul which deserved such a name. For how the flea-markets of Istanbul emerged as a trope as sites where contagion was believed to be lying in wait in European travelogues from the seventeenth century, see *ibid.*, 79.

152 Brayer, *Neuf années à Constantinople*, 2:470.

153 *Ibid.*, 2:470–471.

154 *Ibid.*, 2:471.

155 Moltke, *Briefe*, 114.

156 Brayer, *Neuf années à Constantinople*, 2:327.

157 Girardelli, "Between Rome and Istanbul," 165–166; Suraiya Faroqhi, "Giriş, Venedik, Akdeniz ve Osmanlı İmparatorluğu," in *Venezia e Istanbul in epoca ottomana/Osmanlı döneminde Venedik ve İstanbul* (Istanbul: Sabancı University, 2010), 43; Faroqhi, *Subjects of the Sultan: Culture and Daily Life in the Ottoman Empire* (London: I. B. Tauris, 2005), 8; Kocić and Samardžić, "Kuga u Istanbulu" 47, 60, 70; Brayer, *Neuf années à Constantinople*, 1:381.

158 Brayer, *Neuf années à Constantinople*, 2:471–472.

159 *Ibid.*, 2:472.

160 *Ibid.*

161 Cf., e.g., Brentjes, *Travellers from Europe*, ix–xxix.

the good of humanity” was a form of philanthropy and indeed an expectation of scholars, one which had been formulated from the eighteenth century strongly in relation especially to the reforms concerning the European universities and their flourishing.¹⁶² Therefore, it is no surprise that the examined authors, especially the physicians, would look for some equivalent matches with respect to scholarly motivations and endeavors in the Ottoman Empire, as well, and that their “disappointment” in this regard can be found as a recurrent theme in their writings.¹⁶³

The Phantom of Plague, the Phantom of Death

The Grands Champs des Morts was not only a burial ground for Christians and Muslims who mostly resided in Pera or Galata or in the neighboring districts but also a promenade for local residents (fig. 5).¹⁶⁴ Rather than around or inside the churches, Latin victims of epidemics would usually be buried here. In fact, until the beginning of the seventeenth century, the Grands Champs des Morts was used by Catholics only for the interments of the victims of epidemics, of which most were plague. It later became their main burial ground.¹⁶⁵ The cemeteries were very close to the French Plague Hospital and its next-door neighbor, the Hospital of the Latins. The Austrian diplomat in Athens and in Istanbul, Anton Prokesch von Osten, noted that every path one would take would pass by the windows of this hospital, and would make one feel the fear of plague with every step.¹⁶⁶ De Kay spoke of it as a place of melancholy and added that he was told “with a superstitious air” that the Great Fire of 1831 was arrested “precisely under the walls of this hospital.”¹⁶⁷ So, this place was perhaps mysterious for the locals, as well, if not eerie. The hospitals and the cemeteries constituted together the place where the “phantom of plague” resided. One did not need to be told that the Grands Champs

Figure 5: “View of the Champs-des-Morts, near Pera” (A. I. Melling, *Voyage pittoresque*, 1819). Aikaterini Laskaridis Foundation Library. Courtesy of Aikaterini Laskaridis Foundation.



162 For the contemporary scholarly publications and their relevance for the reforms concerning the continental European universities, see, e.g., Hans-Ulrich Wehler, *Deutsche Gesellschaftsgeschichte. Erster Band: Vom Feudalismus des Alten Reiches bis zur Defensiven Modernisierung der Reformära 1700–1815*, 5th ed. (Munich: C. H. Beck, 2008), 292–303.

163 See and cf. Dr. Burghardt, “Nachricht über die Behandlungsweise der Pestkranken in den Pestspitälern zu Konstantinopel,” in *Medizinische Jahrbücher des kaiserlichen königlichen österreichischen Staates* 4, no. 1 (1817): 109–114, accessed September 29, 2020, <https://books.google.com.tr/books?id=XhEUAAAAQAAJ&hl=tr&pg=PA1#v=onepage&q&f=false>; Letter of the Prince Mouroussi to Valli, in Valli, *Sulla peste di Costantinopoli*, 35f; letter of the same to Pezzoni, in *ibid.*, 85–86. See also Kocić and Samardžić, “Kuga u Istanbulu,” 61–63.

164 Fatma Selva Suman, “The Silent City: Reading Tomb Structures at the Latin Catholic Cemetery in Feriköy Istanbul” (PhD diss., Istanbul Technical University, 2019), 71–75; Ract, *Lieux chrétiens*, 222. The Greeks had usually been buried in Petits Champs des Morts until the end of the eighteenth century; many would later also be buried here; see Anastasiadou, *Les Grecs*, 53. For a brief overview of the Christian and Jewish cemeteries in Istanbul, see Brian Johnson, “1453’ten Günümüze İstanbul’un Hristiyan ve Yahudi Mezarlıkları,” in Yılmaz, *Büyük İstanbul Tarihi*, 5:418–427.

165 Suman, “The Silent City,” 76.

166 He wrote “des Pestspitals” (of the plague hospital) with which he may have referred to both as one entity as they were not separate from each other; see Prokesch von Osten, *Denkwürdigkeiten*, 1:483.

167 De Kay, *Sketches*, 162.

28 des Morts sheltered many people who died of plague. There were enough tombstones inscribed with the words *mort de peste*, *peste corrept[us/a]*, *obiit peste*, *peste oppressus*, *pestilenti morb[us] corrept[us/a]*, *pestilentia ictus*, *morto di peste*, *colpita del male contagioso*, or a *peste consumpta*.¹⁶⁸

To argue for non-contagion, Brayer gave an account of his encounter with a Muslim who had recently lost his wife, son, and a slave to plague.¹⁶⁹ Brayer survived this encounter, but death came frequently through plague, and Hervé talked about it in a satirical way as typical a death as through accidents for which the city was the perfect place:

If a man be tired of his life, I know no better place for him to get rid of it than Constantinople, without being put to the trouble of suicide. In the first place, there is the plague; secondly, the fires, which everyone is constantly liable to; thirdly, the risk of being drowned ... I scarcely knew any individual at Constantinople, who had not been upset in a boat, and in many instances loss of life occurs from such accidents; fourthly, the chance of falling into their wells at night; and fifthly, the having a house fall upon you, of which I had the narrowest escape, but sustained no other injury than being covered with the dust.¹⁷⁰

Brayer dedicated a chapter to his patient observations to argue that many other diseases were mistakenly taken for plague—actually due to ignorance and the overwhelmingly fearful expectation for the worst.¹⁷¹ His short section called “Empoisonnements criminels” is quite interesting, as well, even though it repeats the image of the “oriental intriguers,” including the Levantines and rayas.¹⁷² It reminds that perceptions of and reactions to diseases, as well as the diseases themselves, could have consequences affecting human relations and freedom, in this case by providing a perfect disguise for premeditated killing. It was at least possible to imagine that they could have such an effect:

In a country declared by the Franks themselves as the sewer of Europe; in a country where the Turkish police have no means to subdue the Franks, where the *raya* can buy an arrangement with the employees of one of the many European chancelleries to easily enjoy the same privileges; in a capital where there is no public physician [appointed] to verify the cause of deaths, where dissection of corpses is regarded as an abomination, it must often happen that the disgust of an ill-matched union, the desire to get rich quickly, jealousy, hatred, and revenge bring some miserable people to attempt the lives of their peers, especially when the death of the person can be blamed on plague, seen as protean. The presence of this disease does not frighten everyone, and it is sometimes said that plague has brought back tranquility to the neighborhood he lived in by removing one of the spouses from a household whose quarrels had long been the scandal of the neighborhood.¹⁷³

168 For parts of the inscriptions on tombstones here, see François Alphonse Belin, *La latinité de Constantinople: Champs du repos, rites funéraires d'après les Comptes-rendus du Cimetière latin, textes choisis et présentés par Rinaldo Marmara*, ed. by Rinaldo Marmara (Montpellier: Université Paul Valéry, Université Montpellier III, 2004), 37–43. Latin extensions in brackets are added by me. The number of Christian funerary monuments must have indeed been significant; see Brayer, *Neuf années à Constantinople*, 1:35–37. That a Muslim person died of plague would be seen on only some tombstones in Muslim cemeteries in the city. Hans-Peter Laqueur has suggested this had to do with the fact that the Ottoman Muslims rather wanted to avoid uttering the name of the disease; see Hans-Peter Laqueur, *Hüve'l-Baki, İstanbul'da Osmanlı Mezarlıkları ve Mezar Taşları*, 5th ed., trans. Selahattin Dilidüzgün (Istanbul: Tarih Vakfı Yurt Yayınları, 2014), 98–99. See also “Veba Kurbanı: Salih Beşe (1813) and the Epitaph: “Hüve'l-Bâkî Dar-ı Dünyada civan iken gezerdim bir zaman / Nagehan geldi veba etti Yerim bağ-ı cinan / Fani dünyada murad almadan terk eyledim / Valideyim eylesinler bir zaman âh ü fiğan Uzunçarşı'da içici Küçük Pazarlı merhum Salih Beşe ruhuna Fatıha Sene 1228” in Edhem Eldem, *İstanbul'da Ölüm: Osmanlı-İslam Kültüründe Ölüm ve Ritüelleri* (Istanbul: Osmanlı Bankası Arşiv ve Araştırma Merkezi, 2005), 200–201. The English translation is found in Eldem, *Death in Istanbul: Death and Its Rituals in Ottoman-Islamic Culture* (Istanbul: Ottoman Bank and Archives and Research Centre, 2005), 200: “He is the Eternal One I once roamed this world as a youth, suddenly the plague came and made paradise my abode / My desires unfulfilled in this world, I left / May both my parents sigh and cry for some time. A prayer for the soul of the late Salih Beşe from Küçük Pazar needle maker at Uzunçarşı The year 1228.”

169 Brayer, *Neuf années à Constantinople*, 2:102–103.

170 Hervé, *A Residence in Greece and Turkey*, 2:157–158.

171 Brayer, *Neuf années à Constantinople*, 2:108–194.

172 Cf. Schmitt, *Levantiner*, 13.

173 Brayer, *Neuf années à Constantinople*, 2:122. See also *ibid.*, 2:123–128.

So, this perhaps desired and prolonged non-disenchantment had to do with the city's "essence" as Brayer perceived it. And this perception differed from other views that would ascribe the "ignorance" to the apathy of the orientals and consider it a result. For Brayer, namely, his not knowing about the disease and his not attempting to discover facts about it were not such a result but a deliberate choice wickedly made. Interestingly, Varlık also cites sources indicating that naming plague as someone's cause of death in order to disguise a deliberate murder sometimes could have indeed been the case.¹⁷⁴

Conclusion

This article offers a look into the details pertaining to urban life in the days of plague found in early nineteenth-century European accounts, and it treats plague as a severe and mighty presence in the city. It underlines that the authors of these accounts saw a medical topography—both in terms of contagion and miasmata—in Galata and especially Pera, providing them with a guideline for orientation in the city. They considered this view in its totality undisclosed to or undecipherable for the Ottomans—decisively so for the Muslim Ottomans, but not excluding the non-Muslim Ottomans—consequently, implying or explicitly stating that their movements and actions were arbitrary in a dangerous sense. Consequently, the studied accounts reveal an experience of Galata-Pera that was based on knowledge and an awareness that had no matching counterpart in the district (nor in the whole empire for that matter), which was, at the end of the day, part of the Levant.

The beginning of the process of medicalization of space in Galata-Pera should be related to plague's arrival in Istanbul, as it immediately led to the creation of reserved spaces: first in the form of burial grounds and second in the form of hospitals. This landscape can be further studied with a broader scale of comparison both timewise and spacewise, for instance, to highlight and map out what sort of role epidemics and contemporary medical beliefs and practices played in the urban development and social practices, sometimes directly via the infrastructural changes necessiated by them and sometimes subtly via the influence of the emotions triggered by them, and to trace the history of the ranking of Istanbul's districts in regard to which offered a more salubrious and safe area to live.

¹⁷⁴ Varlık, *Plague and Empire*, 264, 288–289.

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