Psychiatry, Space, and Time: Case of an Ottoman Asylum

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Abstract: Ottoman psychiatric institutions developed gradually over the long nineteenth century in the spaces of early modern Ottoman imperial hospitals located within charitable complexes. These imperial hospitals were altered to accommodate the increasingly "medicalized" needs of mental patients, in tandem with the emerging field of psychiatry during this time. Located at the intersection of architectural and medical history, this article discusses evolving treatments of madness by focusing on Istanbul Toptaşı Asylum that was used as the state mental hospital between 1873 and 1924. The article explores the spatial interventions carried out in the asylum as they affected the daily routines of its occupants, patients, doctors, and staff, which were considered crucial components of the "healing process" in the nineteenth century. The reorganization of the asylum's space and time, as mundane as they might seem, offers novel insights into the functioning of the asylum, and, in turn, into the theory and practice of Ottoman psychiatry.

On 8 November 1873 at midnight, almost 200 male insane patients, each wrapped in a flannel blanket, started to walk from Süleymaniye Asylum located in the Istanbul peninsula to Sirkeci Port.[1] As the male patients started their march, the women stayed behind to be transferred later. Taking steamboats across the Bosporus, both groups arrived at Toptaşı Asylum (*bimarhane*) in Üsküdar a couple of days apart. Along with its patients and staff, Süleymaniye's "state asylum" title was also transferred to Toptaşı Asylum, which acted as the sole official public asylum in the Ottoman capital between 1873 and 1924.

This move was the beginning of a new chapter in the medicalization of insanity and modernization of the psychiatric spaces in the Ottoman Empire. In the absence of purpose-built "ideal" asylums, the modernization and medicalization took place in the repurposed spaces of the imperial hospitals

1. Louis Mongeri, "Société Impériale de Médecine, Séance du 30 Octobre 1873," *Gazette médicale d'orient. XVII année (Nov. et Dec.)*, 1873, 131–32.

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(*darüşşifa*) and charitable complexes (*külliye*) now hosting them.[2] During this transitional period, Ottomans continued to use the term *bimarhane*, which had originally meant hospital-at-large in the Islamic world, but that gradually came to refer specifically to mental institutions. This is similar to the way in which *mecnun*, which encompassed a wide variability of assessment of an individual's "unusual" behavior, came to mean "mental patient." Both terms took on an increasingly medical meaning and both were transformed to accommodate changing medico-psychiatric theories and practices. In an analogous way, the buildings—Ottoman imperial hospitals—were transformed into modernized medical spaces.

Although the modernization/medicalization process had begun earlier following the *Tanzimat* (1839) and in the 1850s with Italian physician Luigi (or Louis) Mongeri's initiatives at Süleymaniye Asylum,[3] the Toptaşı Asylum was the institution that fully embodied these efforts. From the administration of the asylum to the way in which psychiatry was practiced, and from the recording of patients and illnesses to inmates' everyday experiences, many aspects of mental health care changed. The physicality of the space reflected all of these shifts. In the absence of much written evidence, I argue that it is precisely through the changing of the building that one can demonstrate the medicalization and modernization of Ottoman psychiatry.

I discuss the temporospatial transformation of Toptaşı Asylum by identifying certain important dates in order to demonstrate how the space and the organization of the asylum changed and what it meant for medicine and psychiatry. The article first explores the available sources and the methodology in re-creating the workings of Toptaşı Asylum, then focuses on the spatial analysis of the asylum and describe how these changes reflected the psychiatric approach of their times.

Although the Toptaşı (Atik Valide) Imperial Complex by Mimar Sinan is relatively well-studied, and information is available about both the "original"

2. To distinguish the two terms, I use the following translations consistently: *darüşşifa* = imperial hospital; *bimarhane* = (insane) asylum.

3. Luigi (or Louis) Mongeri was born in Milan in 1815 and studied medicine at the University of Pavia in Pavia, Lombardy, Italy. Mongeri first arrived in Istanbul in 1839; after his second visit, in 1850, he never left. He was appointed as the chief physician (*tabib-i evvel*) to Süleymaniye Asylum on 30 March 1856. A widely-cited source for biographical information on Mongeri is Nimet Taşkıran, "Türkiye Hizmetinde Büyük Bir Hekim, Süleymaniye Bimarhanesinin Son, Toptaşı'nın İlk Başhekimi Louis Mongeri," *Haseki Tıp Bülteni* 11, no. 1 (1973): 1–18. It, however, contains some factual errors, as Artvinli also points out. See Fatih Artvinli, *Delilik, Siyaset ve Toplum: Toptaşı Bimarhanesi (1873–1927)* (Istanbul: Boğaziçi Üniversitesi Yayınevi, 2013). For primary sources, especially see A. de Castro, *Biographie du docteur Louis Mongeri* (Constantinople: Imprimerie de Castro, 1882); Serafino Biffi, *Cenni necrologici del dottore Luigi Mongeri* (Milano: Stab. Rechiedei, 1882).

building and its "current" state, when and how these changes (or as they have been widely denoted, "corruptions") happened has not generally been studied; or at best has been dismissed as insignificant. I challenge this position and view the history of the complex as an asylum as worth telling, medically and architecturally. In fact, studying the architecture of the complex not only offers insight into the building itself and its history, but also into the history of Ottoman psychiatry.

Sources and Methodology

The idea that spatial organization is an important part of social, economic, and political strategies, especially as it relates to disciplinary technologies (e.g., in prisons, asylums), was famously argued by Michel Foucault.[4] His writings, although they have created continuous controversy, led to the close study of madness, its treatment, and its spaces. Art/architectural history joined this well-suited quest as the relationship between psychiatric institutions and their architecture is complex and specific, following the late eighteenth and nineteenth-century idea that asylums can be actively instrumental in the healing process of madness.[5] Many of these works focused on the design principles, formal and institutional qualities of the asylums.

Different from purpose-built structures, Ottoman asylums were neither originally designed nor constructed as asylums; accordingly, their "behavior-shaping" schemes were not immediately visible. For instance, it is not possible to identify the administrative block or the patient quarters by looking at the building's façade or the plan. However, they, too, did have these sections and the same intentions as the buildings were physically transformed and some additions were built during the nineteenth century to accommodate their new "curative" roles. Since psychiatric practices of the time were closely tied to the spaces of the asylum, all of the extensive repairs, spatial transformations, and construction of additions to the existing complex played crucial roles in the management and experience of insanity. By scrutinizing these transformations,

4. For instance, Michel Foucault, *Discipline & Punish: The Birth of the Prison*, trans. Alan Sheridan (New York: Vintage Books, 1995); idem, *History of Madness*, ed. Jean Khalfa, trans. Jonathan Murphy (New York: Routledge, 2006); idem, *The Birth of the Clinic: An Archaeology of Medical Perception* (New York: Vintage, 1994).

5. For instance, Carla Yanni, *The Architecture of Madness: Insane Asylums in the United States* (Minneapolis: University of Minnesota Press, 2007); Leslie Topp, *Freedom and the Cage: Modern Architecture and Psychiatry in Central Europe, 1890–1914* (University Park: Penn State University Press, 2017); Leslie Topp, James Moran, and Jonathan Andrews, eds., *Madness, Architecture and the Built Environment: Psychiatric Spaces in Historical Context*, reprint ed. (London: Routledge, 2011); Jeremy R.B. Taylor, *Hospital and Asylum Architecture in England 1840–1914: Building for Health Care* (London: Mansell, 1991).

the article demonstrates that non-purpose-built asylums are as telling scenes as their purpose-built counterparts. On a broader scale, it suggests a methodological approach through close reading to analyze non-purpose-built structures which are by no means uncommon.

As my arguments are largely based on and supported by spatial changes, I "reconstructed" the physical set up and workings of the Toptaşı Asylum. In order to accomplish this, first, I produced two-dimensional representations based on official Ottoman documents, writings by Ottoman physicians and officials, and foreign visitors' accounts. In other words, my visual reconstructions are based on predominantly textual descriptions that were not necessarily interested in how the asylum functioned. Accordingly, an important part of the data came from scrutinizing the available documents for clues on the spatial qualities of the asylum.

Another major source consisted of visual data: drawings, photographs, and maps. As drawings in the Prime Minister's Ottoman Archives are not catalogued, and as they are separated from their original folders and not open to researchers, it is difficult to come across one. Photographs, on the other hand, were printed predominantly in journals and books on psychiatry. Not great in numbers to begin with, another challenge was that photographs were seldom identified by dates or photographers.[6] They did have captions from time to time; however, more often than not, these were broad and non-descriptive. Maps were not much different; their dates and building identifications were not always reliable. In working with contradicting documents, I cross-referenced the related material to come up either with a "factual" conclusion or "rational assumptions" (see Figure 1). Despite these uncommon issues, visual documents still acted as invaluable primary sources in constructing the narrative.

The next challenge was visualizing the findings. I had scattered information from various sources each of which provided me with a small piece of the puzzle. Moreover, a closer look at the process of change revealed that medicalization entailed not only new construction, but also reorganization of the existing asylum space and time. Similar to the shifting role of time in organizing modern life, "scheduled treatment" and parsing the hospital day based on hours of the day constituted a crucial component of curing. The "healing" of the mind was executed by moving the body of the insane, inside and outside the asylum. Doctors diagnosed the arriving patients and distributed them to the appropriate wards. After the distribution, the daily movement began: between observation rooms, airing courts, wards, and baths.

6. Even without captions, I was able to identify the photographs with which I worked by cross-referencing them or tracing certain details.

Figure 1: Partial map showing Toptaşı Asylum and Üsküdar during Sultan Abdülhamid II's reign (map not dated). Circled part of the Toptaşı Complex is the asylum section. Please note that consistent with my comments above, the asylum is marked on this map as "military barracks" (*kışla*) which was its previous use. Source: Yaşar Koçak, et al., *Sultan II. Abdülhamid Devri Harita ve Planlarında İstanbul* (Istanbul: İBB Kültür A.Ş. Yayınları, 2013).

In order to demonstrate the change in psychiatric approach and practice, I traced the transformation and reorganization of the asylum via temporospatial analysis and visualization. Bringing the dimensions of time and space together, temporospatial analysis offers an approach that is closer to our experience of the world in which time and space are inseparable. The analysis is carried out through a collaborative digital history platform, *SpatioScholar* which I have been developing with a team.[7] The platform re-creates the workings of Toptaşı Asylum using three main components: (1) through a timeline slider, it records the phases of the asylum; (2) through a simulation, it provides the viewer with the ability to experience the space, track daily life inside the complex, and observe the admission process encountered by mental patients; and (3) through a reconnection of the primary materials and the conclusions derived from them, viewers can browse the spaces of the asylum and review the relevant information, photographs, drawings, and textual primary documents that are cross-referenced with a particular "scene." It is important to note that the platform's objective is *not* to create a virtual reconstruction, but

7. The team consists of Augustus Wendell, University Lecturer and Digital Design Program Coordinator at NJIT, Ulysee "Bo" Thompson, student in the Computer Science and Information Technology at NJIT, and myself.

to highlight process and experience as opposed to portraying space as a frozen empty container.[8]

By tracing the change of the asylum space and the movements of its occupiers, it becomes possible to have a better understanding of the "medical" treatments that took place, as well as the daily routines (eating, cleaning, sleeping, etc.) of patients and staff. This setting is particularly illuminating considering that in the nineteenth-century psychiatric practice was closely engrained in the spaces of the asylum, and it was assumed that the lives and routines of patients in the asylum were crucial components of the healing process. Tracing the lives of patients and the medical staff also gives them a voice, even if in a limited fashion, in the absence of memoirs, letters, or other types of textual documentation.

Three interventions had significant effects on Toptaşı Asylum. The first, which basically laid out the organizational scheme, occurred in 1875, two years after the move. The following Asylum Regulations of 1876 was the first law in the Ottoman Empire to regulate asylums and their functioning, including patient admission and records, medical examinations, annual reports, as well as some spatial qualities.[9] The second major intervention came in 1893 and determined the final shape that the building would take until the end of its life as an asylum. The third succeeded the declaration of the Second Constitution (1908). Marked by hope and excitement rather than any concrete changes to the spaces of the building, it nevertheless had some effects on the organization of psychiatric services inside and outside of the asylum. Another set of regulations was enacted in 1913. Although these were complementary to the first regulations, they also revealed the mindset of the Second Constitution.

The changes that were made to the physical set up in Toptaşı Asylum, as well as to the organizational scheme that accompanied them, significantly alters our understanding of the history of Ottoman/Turkish psychiatry. Especially during and after the Second Constitutional period, government officials and asylum administrators wrote extensively about the improvements they made. Based on these writings, which were primarily produced by Ottoman historian Osman Nuri (Ergin) and later by psychiatrist Mazhar Osman, historians

8. Some important works with digital components that take into account process include: Diane Favro and Christopher Johanson, "Death in Motion: Funeral Processions in the Roman Forum," *Journal of the Society of Architectural Historians* 69, no. 1 (2010): 12–37, https://doi.org/10.1525/jsah.2010.69.1.12; Sheila Bonde et al., "The Virtual Monastery: Re-Presenting Time, Human Movement, and Uncertainty at Saint-Jean-des-Vignes, Soissons," *Visual Resources* 25, no. 4 (2009): 363–77, https://doi.org/10.1080/01973760903331742.

9. As either Luigi Mongeri or a team led by him produced both the regulations and the plans for Süleymaniye and Toptaşı Asylums, their aims and outlooks matched.

of psychiatry have attributed many of the changes to the post-1908 period.[10] However, a closer look shows that the most comprehensive interventions made during the building's life as an asylum were actually carried out during Abdülhamid II's reign (31 August 1876–27 April 1909), a period known for its neglect of psychiatry and psychiatric institutions due to the sultan's alleged issues with insanity. The reorganization was done under the direction of two consecutive chief physicians: Luigi Mongeri (November 1873–November 1882) and Avram(ino) de Castro (December 1882–November 1908). Among the various alterations, the most radical was the first one—the 1875 plan—since it projected not only various additions and repairs to the building, but also, and more importantly, aimed to establish an organizational scheme to guide the asylum's functioning. Although further adjustments and additions were made afterwards, the overall logic of this scheme remained in place through the end of the asylum's life.

Spatial Analysis

Toptaşı Asylum is situated in a late sixteenth-century imperial complex by the Ottoman court architect Sinan, originally called Nurbanu Sultan *Külliye* and later known as Atik Valide *Külliye,* in Üsküdar, Istanbul. The asylum appropriated the section that included the Hadith college, the school for Koran recitation, the hospital, and the hospice (comprising a pantry, a guest-house, and a double caravansary)[11] of the *külliye*; the *külliye* also included a Friday mosque, a madrasa, a dervish convent, and an elementary school (see Figure 1).[12] Despite a general curiosity about the "original" planning/construction of the complex, our knowledge about it remains limited. Scholars agree that most of the "deformation" of the original building took place over the course of the nineteenth century.[13] However, there is not much research available about

10. Here I am referring specifically to Mazhar Osman's own writings that attributed disproportionate importance to the period and his contributions, as well as later studies in the Ottoman/Turkish medical history that did not critically approach his corpus. For a discussion on the dominant presence of Mazhar Osman in the history of Turkish psychiatry and Sultan Abdülhamid II's relationship with madness, see Burçak Özlüdil Altın, "Madness and Empire: The Ottoman Asylum, 1830–1930" (PhD diss., NJIT and Rutgers University, 2017), 1–43.

11. The hospice kitchen never became a part of the asylum despite many requests (greyed out in Figures 2, 4, 6). The asylum had its own kitchen in the services block (F).

12. Gülru Necipoğlu, *The Age of Sinan: Architectural Culture in the Ottoman Empire* (London: Reaktion Books, 2010), 283.

13. Aptullah Kuran, *Sinan: The Grand Old Master of Ottoman Architecture* (Washington, DC: Institute of Turkish Studies, 1987); idem, "Üsküdar Atîk Valide Külliyesinin Yerleşme Düzeni ve Yapım Tarihi Üzerine," in *Suud Kemal Yetkin'e Armağan* (Ankara: Hacettepe Üniversitesi Edebiyat Fakültesi Yayınları, 1984), 231–48; Necipoğlu, *The Age of Sinan*; Baha

these alterations aside from a few sketchy and sometimes even contradicting pieces of information.[14]

First Intervention (1875)

When mental patients arrived at Toptaşı Asylum from Süleymaniye Asylum on a Wednesday in November 1873,[15] they must have encountered a building in a rather dilapidated condition, which had seen no or little maintenance in the last forty years and which had gone through a cholera outbreak in 1865. There is no indication that any serious preparation had been undertaken prior to their arrival. As late as August 1873, only three months before the big transfer, Süleymaniye Asylum itself was still being repaired, pointing to a possible last minute decision.

An 1875 document by a "Commission,"[16] written as a response to a crisis after the Asylum administration refused to admit around twenty patients and returned them to the police, confirms the condition of the building.[17] The report identified a number of problems: capacity shortfall, building's state of disrepair made it inadequate for use, and insufficient funds for day-to-day expenses, including patients and attendants' needs.[18] Based on this document and the account of John H. Davidson,[19] who visited the asylum in 1874,

Tanman, "Atik Valide Külliyesi," in *Dünden Bugüne Istanbul Ansiklopedisi* (Istanbul: Tarih Vakfı, 1995), 407–12.

14. It seems like the building underwent at least two extensive repairs throughout the nineteenth century, in 1805 and 1834–35, neither of which will be considered here. Kuran, "Üsküdar Atîk Valide Külliyesinin Yerleşme Düzeni ve Yapım Tarihi Üzerine"; Gözde Ramazanoğlu, "Osmanlı Yenileşme Hareketleri İçerisinde Selimiye Kışlası ve Yerleşim Alanı" (PhD diss., Yıldız Teknik Üniversitesi, 2003); Tanman, "Atik Valide Külliyesi."

15. For a discussion about the confusion regarding the transfer date and the reasons of the confusion, see Artvinli, *Toptaşı Bimarhanesi*, 63.

16. Başbakanlık Osmanlı Arşivi, (hereafter BOA) İ.MMS. 51/2218, 4 Z 1291/30 Kanun-i Evvel 1290 (12 Jan. 1875). The letter was signed by Luigi Mongeri, Marko Pasha (physician, who at this point was the dean/minister of the Imperial School of Medicine [Mekteb-i Tıbbiye-i Şahane]), Hüsni, and Kadri. A line in the document suggests that the commission also consisted of the same people.

17. The building was not called an asylum (*bimarhane*) yet, instead the document called it "the buildings of the military barracks used as an asylum," indicating that the building was still known to all as military barracks and there was probably no substantial change before the move. Ibid. For a discussion on naming in the late Ottoman Empire, see Özlüdil Altın, "Madness and Empire," 124–29.

18. BOA İ.MMS. 51/2218, 4 Z 1291/30 Kanun-i Evvel 1290 (12 Jan. 1875).

19. John H. Davidson, *A Visit to a Turkish Lunatic Asylum* (Lewes: G.P. Bacon, 1875 [Reprinted from *Journal of Mental Science*, Oct. 1875], http://archive.org/details/39002086345254.med.yale.edu. Dr. John Davidson, M.D., Medical Superintendent of the Cheshire Asylum, must have visited Toptaşı Asylum in Fall 1874 during his "tour through Greece, Turkey, and Asia Minor"

Sections D (originally part of the hospice), G (originally the Hadith college and the Koran school), and probably E (originally the hospital/*darüşşifa*) were being used as patient quarters right after the move. Sections D and G housed the male patients. D included the day and single rooms (which were presumably used as isolation rooms) that opened into an arcade and then to the central courtyard. Section G consisted of dormitories around a smaller courtyard that faced the mosque/madrasa section. In these dormitories, wrote Davidson, "the better class of patients sleep, and the more turbulent and excited sleep in the single rooms on the ground floor"[20] (see Figure 2). The information regarding the number of patients in the asylum at this time is contradictory. According to one source, 375 patients, of whom 198 were male and 177 were female, were transferred from Süleymaniye Asylum and constituted the patient population.[21]

In addition to pointing out the problems, the January 1875 document offered solutions to be implemented. For instance, to address the capacity issue and turn the building into "an organized asylum," the commission suggested to repair the building and to add more units (*daire*). To overcome the budget shortage, the commission proposed to charge the provincial municipalities the ten *kuruş* daily expense for each patient they send due to not having asylums in their respective provinces. This was supposed to culminate in a relatively substantial sum considering that three-quarters of the patients were from the provinces.[22]

The commission produced a budget estimate for a plan to expand and repair the asylum. The document mentions a plan (*harita*), which is unfortunately

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as he calls the time of his visit "last autumn" in this article published in October 1875. Except for the first two pages, where he actually describes Toptaşı Asylum, Davidson's account repeats the same information found in Mongeri's articles on Süleymaniye Asylum published in *Gazette médicale d'Orient*. In other words, all the other specific information is about Süleymaniye Asylum, not Toptaşı Asylum. Davidson met Mongeri, and it was through this acquaintance he was able to visit Toptaşı Asylum.

20. Davidson, *A Visit to a Turkish Lunatic Asylum*, 1–2. There is no mention of the woman's ward in Davidson's article although he talks about the existence of female patients. It is possible that he was not allowed to visit this section. Prohibiting male physicians from visiting female wards was a widespread restriction in visiting Ottoman health facilities.

21. This number is provided by Mongeri in *Gazette médicale d'Orient*, 131. Other sources note different numbers: In 1874, there were 300 male and 75 female patients as noted in Davidson, *A Visit to a Turkish Lunatic Asylum*, 2; in 1877, there were 291 male and 83 female patients as noted in BOA Y.PRK. MYD. 1/2, 29 Z 1293 (15 Jan. 1877); Besim Ömer, "Bimarhane," *Nevsâl-i Âfiyet* (1315/1899), 131 notes more than 300.

22. BOA. İ.MMS. 51/2218 1875, 4 Z 1291/30 Kanun-i Evvel 1290 (12 Jan. 1875). This problem and the suggestion are laid out in detail in the letter, including a list showing how much these provinces should be paying.

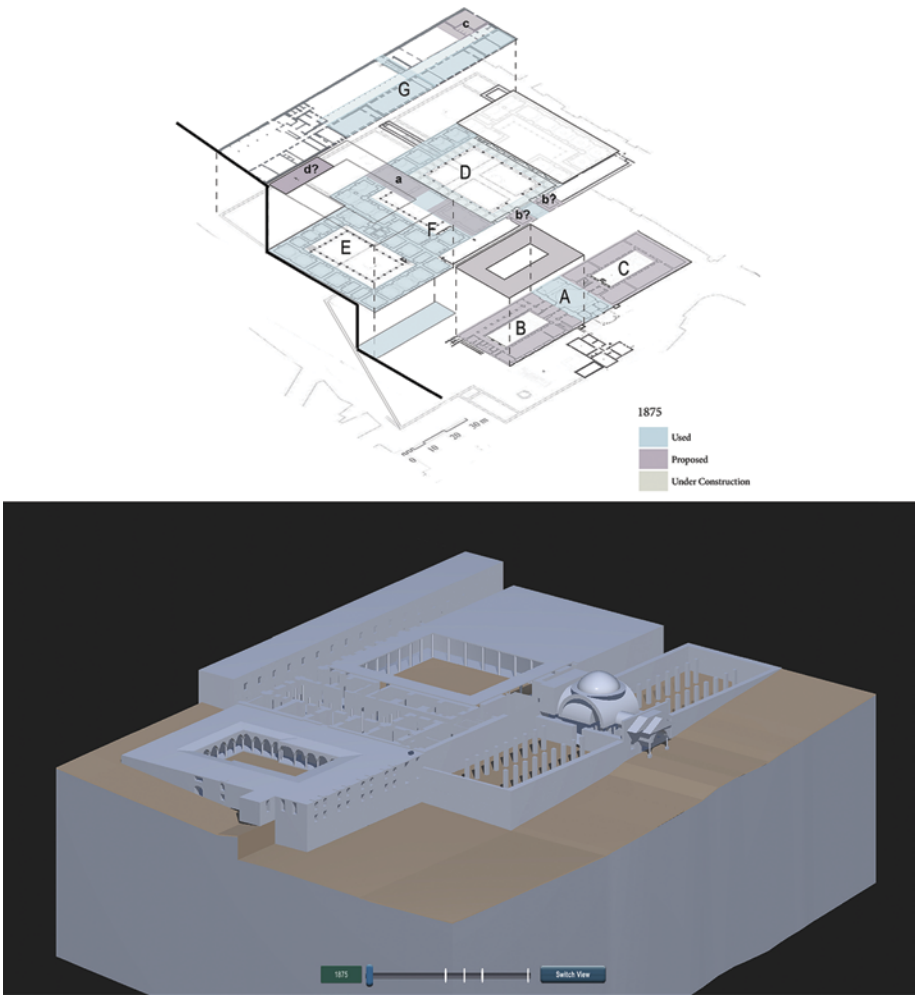

Figure 2: Toptaşı Asylum in 1875. Top: Parts shaded in blue are the spaces that were used at the time: (A) Entrance, (D, G) Male section, (E) Female Section, (F) Services? Parts shaded in purple are proposed additions: (B, C) two new wings, (a) dining hall for men, (b?) four masonry wards, (c) restrooms for men, (d?) wards for female caretakers/janitors on the second floor of section E, (Location unknown) a mosque, a water tank. Source: Drawing by the author. Bottom: Reconstruction of Toptaşı Asylum in 1875. Source: Created in SpatioScholar, © Özlüdil Altın, Wendell, Thompson.

missing from the folder. The project envisioned building two new wings on both sides of the entrance: to the left, a two-story wing, and to the right, a one-story wing that would include a storage room, a pharmacy, and a room to wash the dead bodies (*gasilhane*). In addition, the plan included (a) the building of a dining hall for men; a mosque; a water tank; (b?) four masonry

wards in the central courtyard for men; (c) restrooms (in the courtyard of section G); and (d?) wards for female caretakers/janitors on the second floor of section E[23] (see Figure 2).

We do not know whether or not all of these additions and repairs were done. However, we do know that that the New Police Ministry (Zabtiye Nezareti Celilesi) formed an asylum construction commission. By August 1875, two new units (*daire*) were already built (must be B and/or C),[24] presumably in response to the pressing capacity problem. One of the first actions of the commission was to repair all the windows and doors of the asylum and to provide all the doors with locks and hinges.[25] The priority was to be given to the "new units." This also tells us that between 1873 and at least 1875, the patients stayed in buildings with missing and/or damaged windows and doors.

In 1881, Mongeri revived the unfinished 1875 plan, and once again, project funding became the agenda. Mongeri wrote that because of the budget deficit, "most of the construction specified in the report" was not yet complete. For instance, baths and showers for the women's section and other spaces for patient use had not been built, causing "serious harm and accidents." Mongeri warned that the circumstances could lead to the potential closing down of the asylum. He reminded the Ministry of Finance responsible for the deficit that it was the government's duty to take care of the insane, enlisting the Ottoman government's own will to protect and manage its citizens' health and well-being. Mongeri finished his letter with the promise that he would prepare a "report for the perfect reclamation of the Istanbul Asylum."[26]

Mongeri died on 25 November 1882, in the middle of these correspondences. But the process prevailed. The documents sent to the Council of State (Şura-yı Devlet) revealed that the funding of the state asylum was not clear to the government either. Inquiries about the Asylum budget between 1874 and 1879 show that in 1877 the New Treasury (Hazine-i Celile) provided the funds temporarily, the Ministry of Education in 1878 and, again, the New Treasury in 1879. In the meantime, the Ottoman Empire lost some of the provinces

23. Ibid. Question marks indicate that the exact location is not clear in the document.

24. BOA ZB. 9/17, 6 A 1291 (R) (18 Aug. 1875). There are no details whether these units were built according to the plan or how many floors there were. This section was originally built as a caravansary. According to Abdullah Kuran's hypotheses, the walls of these parts were raised, and they were transformed into wings with courtyards in 1834–35, when the building began to be used as military barracks. Kuran, "Üsküdar Atîk Valide Külliyesinin Yerleşme Düzeni ve Yapım Tarihi Üzerine." However, the choice of words in the 1875 Plan—"constructing a two-story masonry unit"—suggests that this transformation was carried out after the 1875 plan. In addition, there is no mention of these sections in Davidson's 1874 account. However, it is difficult to know exactly what happened without further research on the 1834–35 intervention.

25. BOA ZB. 9/17, 6 A 1291 (R) (18 Aug. 1875).

26. BOA ŞD. 700/34, 17 Ş 1298 (12 Sept. 1881).

originally asked to pay asylum expenses, such as Danube, Bosnia, Cyprus, and Eastern Thrace (Rumeli-i Şarkî), decreasing the total income from 505,000 to 382,500 *kuruş*.[27] However, now it was not only the 1875 project that needed funding. With the number of patients increasing to 450, the asylum needed "another floor above the asylum and a new unit for male patients" with an estimated cost of 15,000 gold.[28] In order to prevent any disruption in the functioning of the asylum, officials decided to force provinces to pay their dues, which would then go to the Emanet Veznesi to be forwarded to the asylum. This did not happen as planned and the convoluted administrative and financial structure continued for the foreseeable future.[29]

The intricacy did not stop the Asylum administration from developing further plans. Avram de Castro, who had been working with Mongeri since 1864, now ran Toptaşı as the chief physician. In 1887, the administration proposed some repair work in the women's section, in addition to paving the dirt floor of the same section; this was contracted for 16,800 *kuruş*.[30] In December 1890, construction of a *gasilhane*[31] and a *kafes* ("cage," presumably to dry the laundry in the cold weather) was contracted for 28,000 *kuruş*.[32] Although the location is not specified in this document, I hypothesize that these spaces were to be built in the garden (marked as J) and very likely as block I (see Figure 4).

As of 1886, there were four wards (three for men and one for women), two with 160 beds each.[33] Two new wards were under construction. Yet the asylum was still over capacity. Castro explained that there were 600 patients at that time and that the current congestion came from the overflow of the patients from Greek and Armenian asylums into Toptaşı. "We must add," he said, "Constantinople has no asylums for the incurably insane,

27. The difference was covered by the New Treasury only one year and the rest was left to the Municipality.

28. BOA ŞD. 700/34, 17 Ş 1298 (12 Sept. 1881). It is likely that the former is another floor added to G Block and the latter might be the ward marked as L. The additional floor which added 100 beds was still under construction in 1899. Besim Ömer, "Bimarhane," 132.

29. The story goes on as the provinces respond about the ambiguity of the process. For more details, see Artvinli, *Toptaşı Bimarhanesi*, 70–72.

30. BOA İ.ŞD. 8586/5104, 18 Ş 1304 (12 May 1887); BOA İ.ŞD. 84/4993, 2 Ca 1304 (27 Jan. 1887).

31. In the 1875 plan, *gasilhane* was envisioned in block C. It was either not executed or they decided to move it elsewhere. BOA. İ.MMS. 51/2218 1875, 4 Z 1291/30 Kanun-i Evvel 1290 (12 Jan. 1875).

32. BOA DK.MKT. 1790/127, 27 R 1308 (10 Dec. 1890).

33. Avram de Castro, "Les aliénés dans les hôpitaux de Constantinople: Rectification," *Annales médico psychologiques*, no. Séance du 28 Juin 1886 (1886): 267.

epileptics, and the criminally insane and all are gathered in Toptaşı."[34] In response, yet another expansion project was proposed. The first step was to find a location for the expansion. The work and a chain of correspondence began in 1891. The plan was to purchase a certain Kemal Bey's house and garden situated next to the G block. A commission was formed in May 1891,[35] and the permission for the purchase for 35,083 *kuruş* was issued in November 1891.[36] In 1892, the debate was on reorganizing the existing spaces: adding an "airing court" (*teneffüshane*) and building a new storage room and pantry in the male section; transforming the dining hall and the restrooms into a storage room and a dining hall respectively; and building new restrooms in a "proper" place in the female section (the estimated cost was 55,000 *kuruş*). The projection was to temporarily relieve congestion as some areas housed twice their capacity, and some patients slept outdoors on benches.[37] By the end of 1892, the decision was to build an additional unit on the recently purchased lot,[38] and once again the funding of the construction took center stage.[39]

Second Intervention (1893)

The actual expansion project was formalized in June 1893: plans for the expansion were prepared and the payment was sent.[40] In the 1893 plan, the emphasis was solely on building new wards: a two-story masonry unit for the males and a floor addition to the existing E block for the female patients (see Figure 3). The drawing did not indicate the locations of these new wards. The female section is straightforward. It was built as the second floor of the existing women's quarters (E) and consisted of four wards along the corridor that overlooked the courtyard. The new wards added 150 beds for women. The plan for the female section only depicts half of the addition. The actual

34. Castro wrote a letter to *Annales médico psychologiques* to rectify an article published in that journal in May 1886. The article was originally published in *Journal des débats* on 27 Dec. 1885, and was very critical of Ottoman hospitals and Toptaşı Asylum, from patient care and medical attendance to food and clothing.

35. BOA DK.MKT. 1834/109, 11 L 1308 (20 May 1891).

36. BOA DK.MKT. 1880/8, 15 Ra 1309 (13 Nov. 1891).

37. BOA İ.ŞE. 1310/S 28-19, 28 S 1310 (21 Sept. 1892).

38. BOA DH.MKT. 2037/22, 11 C 1310 (31 Dec. 1892).

39. Of the 619,300 *kuruş* owed to the asylum in 1892, 505,000 *kuruş* was to be paid by the end of December 1892, and the rest was going to be paid in weekly installments of 10,000 *kuruş* each. BOA DH.MKT. 2051/31, 24 B 1310 (11 Feb. 1893).

40. The estimated cost was 533,000 *kuruş*. BOA DH.MKT. 19/37, 06 Z 1310 (21 June 1893).

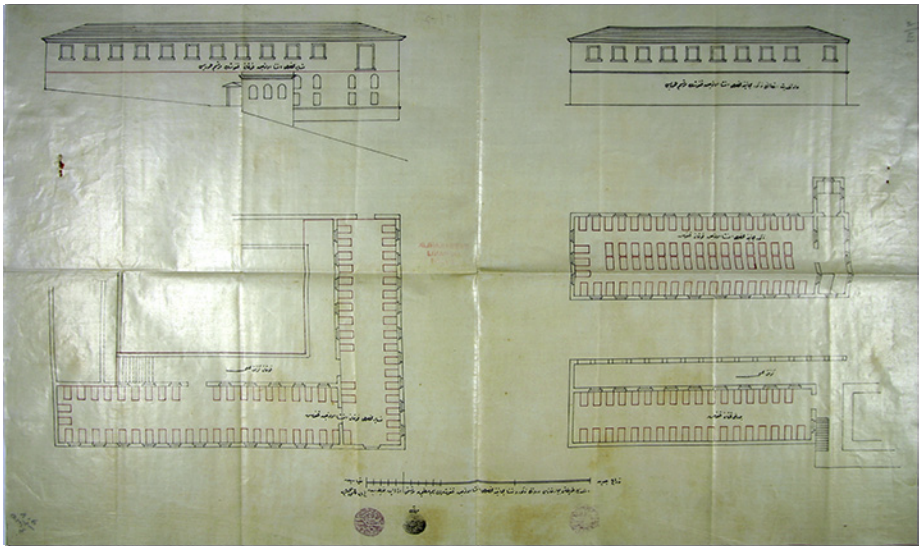

Figure 3: 1893 Expansion Project. Drawing showing: Top left: Elevation of the female section (E), Bottom left: Plan of the second-floor addition of the female section (E), Top right: Elevation of a new male section (L), Bottom right: First and second floor plans of a new male section (L). Source: BOA DH.MKT. 19/37, 06 Z 1310 (21 June 1893).

construction included a symmetrical duplicate of what is shown.[41] (There are seventy-two beds in the drawing, which is further evidence that the other two wards were not shown here.)

It is more difficult to determine where the addition to the men's section was to be built. Based on clues found in different accounts and by analyzing the drawing itself, I believe that it was to be located next to Block G, marked as L (see Figure 4). The addition to the men's section called for a two-floor building that had one ward on each floor and restrooms at one end. The addition was to add 105 beds for men.[42]

Just two months after the development of the expansion project, cholera hit Toptaşı Asylum. The first case was seen in the asylum on 29 August 1893, followed by two sudden deaths on 31 August. On 3 September, the institution was put under quarantine,[43] disrupting many functions along with construction

41. Not including the whole plan/elevation is historically standard for Ottoman architectural drawings. See Gülru Necipoğlu-Kafadar, "Plans and Models in 15th- and 16th-Century Ottoman Architectural Practice," *Journal of the Society of Architectural Historians* 45, no. 3 (1986): 224–43.

42. Osman Nuri Ergin, *Müessesat-ı Hayriye-yi Sıhhiye Müdiriyeti (Direction Generale de l'Assistance Publique de Costantinople)* (Istanbul: Matbaa-yı Arşak Garoyan, 1911), 44.

43. Mesut Ayar, *Osmanlı Devletinde Kolera: İstanbul Örneği (1892–1895)* (Istanbul: Kitabevi, 2007), 171–74. In Istanbul at large, the outbreak started on 24 August 1893 (12 A

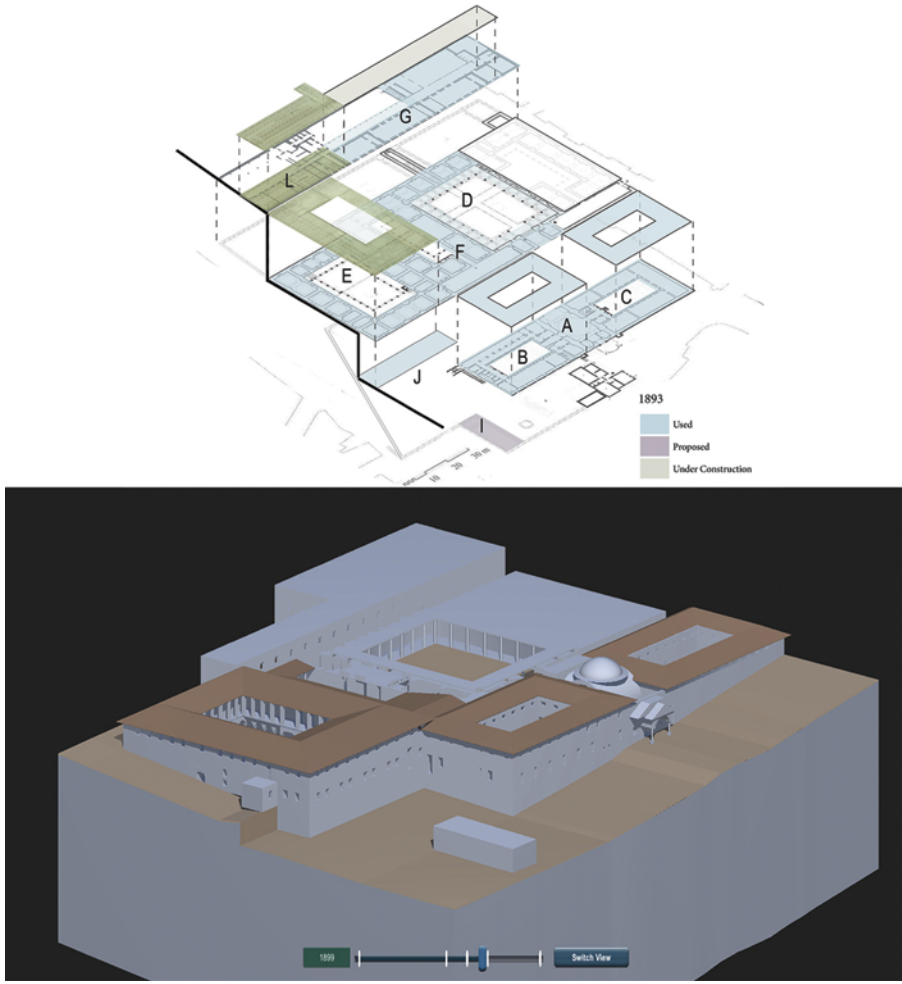

Figure 4: Toptaşı Asylum in 1893 and 1899. Top: 1893 Expansion Project transposed on the plan. The new sections proposed are shown in green: second floor of Section E and two floors of Section L. Source: Drawing by the author incorporating BOA DH.MKT. 19/37, 06 Z 1310 (21 June 1893). Bottom: Reconstruction of Toptaşı Asylum in 1899. Source: Created in SpatioScholar, © Özlüdil Altın, Wendell, Thompson.

projects. Among them was the women's section addition, which already had started. Although the regular construction activity was put on hold, an ordinance dated 5 September 1893 regarding the precautions to be taken during the cholera outbreak, had numerous spatial implications, including

1309) and ended on 26 April 1894, with 2,683 cases; 1,537 of which ended in death and 1,146 cured. Ibid., 188.

Figure 5: Female section, showing the additional second floor and patients. Date of the photograph unknown, possibly 1910s. Source: Mazhar Osman, ed., *Sıhhat Almanakı* (Istanbul: Kader Matbaası, 1933), 176.

building isolation rooms for the sick, using "restroom cars," a new *gasilhane*, and applying zinc finishing to the walls.[44]

While the new women's section opened in 1895 despite the epidemic,[45] the fate of the men's section is unclear. According to Ergin, construction started in 1893 and even the (iron-) beams [*putrel*] were put in place, but were suspended at some point until at least 1911 (see Figure 5).[46] However, it is difficult to know whether or not this referred to the planned (L) addition.

Based on the account of Besim Ömer, an Ottoman physician, who visited Toptaşı Asylum in 1899, we do know that by then, most of the proposed additions in the 1875 plan were completed, albeit with relatively minor changes in their locations.[47] B and C blocks (referred to as "the new male section" in Besim Ömer), both two-stories, and the second floor of the female section (E) were in full use. Another floor to the "old male section" was under construction (G). Services were functioning in Block F. As planned during the cholera outbreak, a new *gasilhane* and a disinfection station (*tebhirhane*) were built in the garden, along with a "cage" to dry the laundry (I, J)[48] (see Figure 4).

44. Ibid., 177–78. Osman Nuri Ergin also writes about the construction of isolation rooms for men and women. See Ergin, *Müessesat-ı Hayriye*, 45.

45. BOA DH.MKT., 332/16, 16/B/1312 (13 Jan. 1895)

46. Ergin, *Müessesat-ı Hayriye*, 45.

47. Besim Ömer, "Bimarhane," 131–33.

48. Ibid.

At this point Toptaşı Asylum pretty much took the shape that it was going to have almost until the end of its life as an asylum. With all these additions and reorganization of existing space, the overall logic of the asylum's functioning primarily followed the plan put in place by Mongeri in 1875. The admission process and the daily routines in Toptaşı's early years essentially bore the characteristics of moral treatment, echoing the practices in Süleymaniye Asylum.[49] Mongeri was keen about "moral discipline" and wanted to ensure that patients "understood" their disease and any "wrongdoings" which they were not aware of.[50] These were among the theoretical underpinnings of moral treatment as outlined by Philippe Pinel, William Tuke, and their followers. He was a believer in the benefits of enforcing a daily routine and staging public medical visits done in the presence of all patients (except the bed-ridden) and the staff. It was intentionally a spectacle that aimed to establish discipline and instill management of the asylum in all patients. There is no indication that Castro made significant changes after Mongeri's death.

Third Intervention (1908)

In July 1908, under the banner of "Liberty, Equality, Fraternity and Justice," the Young Turk Revolution overthrew the Hamidian regime. Promising a constitutional monarchy founded upon the rule of law, free press, and unlimited individual liberties, the 1908 Revolution, led by the Committee of Union and Progress, envisioned a parliamentary democracy headed by a responsible government and administered by a meritocratic bureaucracy. On the one hand, the initial revolutionary freedom after 1908 created excitement, hope, and relief from the Hamidian censors. On the other hand, although it is commonly assumed that the Young Turk Revolution produced drastic changes in Ottoman domestic and foreign policy, there was significant continuity with Hamidian patterns.[51]

In terms of the state of the mental institution and the "science" practiced in it, the situation was not different from other fields: more freedom, but not

49. The first part of the nineteenth century was characterized by the rise of moral treatment, which was believed to reverse the individual misbehavior or environmental factors of disease. Initiated by Philippe Pinel of France and William Tuke of England, moral treatment became the dominant tendency in Western Europe and the United States. Its versions traveled to other parts of the world as exemplified in the Ottoman case.

50. Louis Mongeri, "Etudes sur l'aliénation mentale en orient," *Gazette médicale d'orient. 3e-4e année (1859/1860–1860/1861)* 4 (1860). Moral treatment connotes one major shift in the understanding of madness in Foucault's narrative: what Foucault calls "Great Confinement" was replaced by asylums in the nineteenth century, in which the "madman" became the moral outcast and the subject of moral treatment. Foucault, *History of Madness*.

51. Şükrü Hanioğlu, "The Second Constitutional Period, 1908–1918," in *The Cambridge History of Turkey*, vol. 4, ed. Reşat Kasaba (Cambridge, UK: Cambridge University Press, 2008), 67, 99, 108.

many drastic changes. With the lift of the ban on the use of words related to madness, books on insanity started to be printed.[52] The freedom of the press enabled newspapers to publish articles about Toptaşı Asylum, which until then was thought to have been used as a prison for political opposition (no political prisoner was found in the asylum, nor anything confirming the claims was published).[53] The chief physician Castro was replaced by his colleague Avni Bey who had been working with him in Toptaşı Asylum since 1888. The choice of a Muslim Turk (Avni Bey) over a non-Muslim (Castro) can be seen as a manifestation of the growing nationalist tendencies in the empire. Indeed Turkish-Muslim physicians were to dominate the field from then on. Despite these changes, the actual functioning of the asylum seems to have followed the system of the previous period.

This does not mean that there was no change: the newly established Secretariat of the [Public] Health Institutions (Müessesat-ı Hayriye-i Sıhhiye Müdüriyeti) oversaw the administration of medical units and social welfare foundations, including mental health facilities, between 1909 and 1912. In 1911, the secretariat published an extensive survey of medical establishments, authored by Osman Nuri (Ergin), providing information on the institutions, as well as revealing the new government's position on health and mental health matters. The book was written in a celebratory voice, conveying pride and hope stemming from the newly established Second Constitution and the atmosphere it generated.

One of the longer sections in this book was on Toptaşı Asylum. Osman Nuri argued that Toptaşı Asylum was doing better than many of the "most medical (*sıhhi*) and most perfect European asylums," as witnessed by comparable death rates (with a death rate of 5.75 percent in Toptaşı Asylum in 1910 vs. 10–11 percent in European asylums). This was thanks to improvements accomplished, namely appropriate clothing and shoes for patients, heating, better food, and reforms in the treatment of patients.[54] Despite the rather roseate tone of the book by the secretariat, not many major physical changes to the building were carried out, except repairing the floorings, ceilings, and windows along with "some other spaces" that were not listed in the text (see Figure 6).[55]

A second extensive account, by Dr. Lucien Libert, gives us a different perspective on the asylum during exactly the same time. A French psychiatrist

52. A well-known example is *Tababet-i Ruhiye* [Psychiatry] by Mazhar Osman published in 1909.

53. For instance, Ali Seydi, "Tımarhaneyi Ziyaret," *Tanin* 1, no. 12 15 Receb 1326/30 Tem. 1334 (12 Aug. 1908): 46–49.

54. Ergin, *Müessesat-ı Hayriye*, 47. This is a typical list. Any new administration (before and after) claimed to have improved these or similar items.

55. Ibid., 44–45.

from La Seine Asylum, Libert visited Toptaşı Asylum in 1911, during his "trip of scientific studies" of the "insane of the Orient."[56] Although both texts based their views on "objective" (and shared) data (such as photographs and statistics) and used very similar outlines, their views differed. Many things Osman Nuri listed as improvements, Libert seemed to have not taken seriously. "Turks insist particularly on the improvements they have made in recent years," he wrote unconvinced.[57] Buying scales, giving out more cigarettes, or buying a gramophone were not significant enough for Libert. Nevertheless, Libert seemed generally—and silently—in approval with many of the medical practices that he saw in the asylum. Those he approved were not pronounced, those he did not were subtly acknowledged.[58]

The interventions in the asylum were not limited to repairs. In 1909, right after the formation of the secretariat, the capacity problem in Toptaşı Asylum was once more acknowledged, and the construction of the addition to the men's section was revisited. The Secretariat's Medical Commission (Heyet-i Sıhhiye) together with the Municipal Science Commission (Şehremaneti Heyet-i Fenniyesi) prepared new plans for the repair of and an addition to the men's section that was "appropriate for the state of science and requirements of medicine" with an estimated budget of around 3,600 *lira*s. It was decided "for sure to start the construction as soon as the construction season begins."[59] However, even before the publication of the book, it was postponed.[60]

The Asylum administration also took steps and made plans in further medicalization of the space such as establishing a small laboratory, purchasing patient examination tables and "franbiometre?" devices, scales to weigh the patients, control watches for night attendants, a camera, and a gramophone. The further immediate plans included additional showers and tubs for the hydrotherapy room, an amphitheater, an autopsy room, isolation cells, an operation room, a proper place for the disinfector, an outpatient clinic, establishing

56. Libert left Marseille on 13 October 1911 and was back where he started on 13 March 1912. In these five months, he visited eighteen cities: Athens, Corfu, Istanbul, Edirne, Bursa, Izmir, Manisa, Ephesus, Rhodes, Beirut, Baalbek, Damascus, Aleppo, Jaffa, Jerusalem, Port-Saïd, Alexandria, and Cairo. Lucien Libert, "Les Aliénés en Orient," *L'Informateur des aliénistes et des neurologistes* 7, no. Septembre (1912): 283–84. His observations appeared serially in the same journal in 1912 and 1913 with the title "Les Aliénés en Orient (Gréce, Empire Ottoman, Égypte)."

57. Lucien Libert, "Les Aliénés en Orient," *L'Informateur des aliénistes et des neurologistes* 8, no. Janvier (1913): 37.

58. Libert's tone was quite different from those who visited Ottoman asylums in the nineteenth century. See Özlüdil Altın, "Madness and Empire," 121–211.

59. Ergin, *Müessesat-ı Hayriye*, 45.

60. Noted in a footnote dated to Aug. 1911. Ibid., 45.

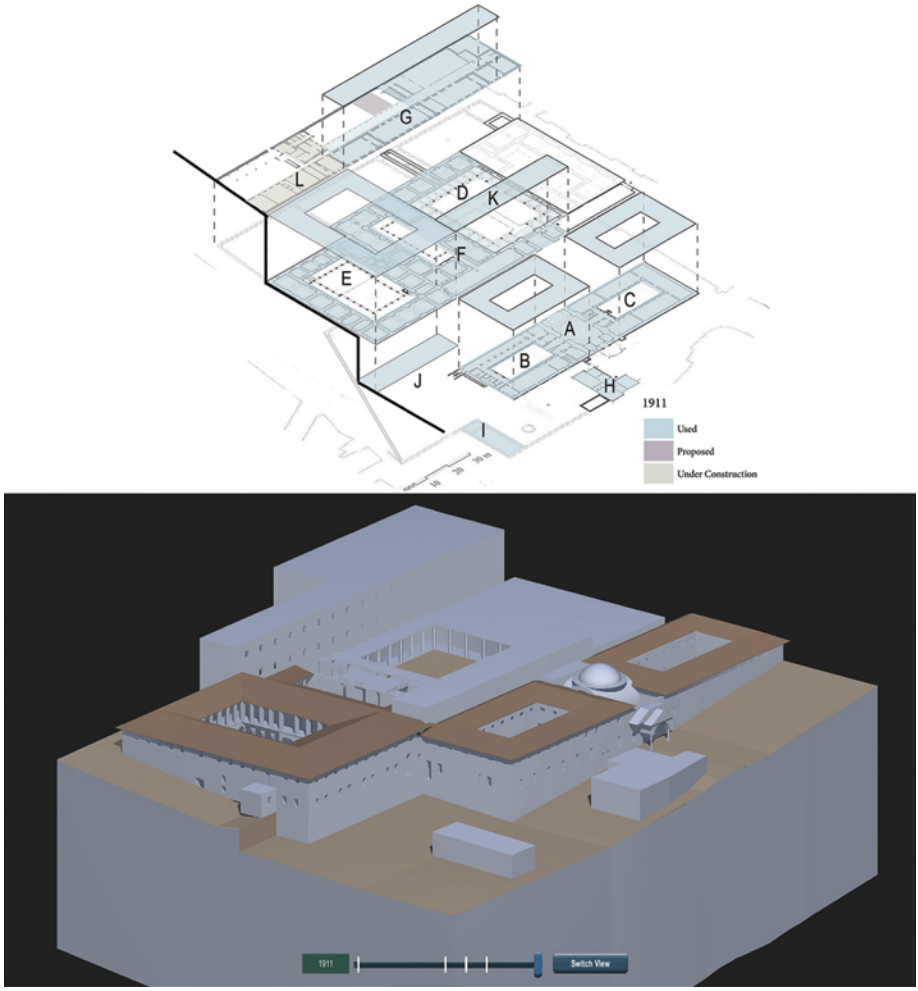

Figure 6: Toptaşı Asylum in 1911. Top: Drawing showing the spaces in use. (K) and the second floor of (G) are built. Aşçıbaşı Mansion (H) is housing the administrative functions. (L) is probably under construction. Source: Drawing by the author. Bottom: Reconstruction of Toptaşı Asylum in 1911. Source: Created in SpatioScholar, © Özlüdil Altın, Wendell, Thompson.

night classes for the attendants (to teach them to read and write as well as patient care), and building a lecture hall to hold psychiatry lectures.[61]

Some of these were not new ideas; they were on the list of things to do and to acquire ever since the move to Toptaşı. In some ways, then, there was no real change in the daily workings of the asylum. But in terms of medical approach, there was an important shift towards turning this sixteenth-century building

61. Ibid., 47.

into a facility that supported new norms of psychiatry. By the end of the nineteenth century it was already apparent that in the following decades psychiatry would try to identify itself with science and technology rather than with vague metaphysical speculations and moral implications. More and more studies were undertaken in Western Europe (particularly Germany) and America in neurology on the physical understanding of mental illness.[62] In addition to this research-oriented approach, asylums also became sites for psychiatry education. The laboratory, the amphitheater, and the operation room planned for Toptaşı Asylum were all indicators of this change toward using the asylum as an institution for research and teaching.

Of the purchases, the camera deserves more attention. Ergin does not note when the camera was purchased; the existence of a dark room in the facility might be read as an indication of its frequent use. Rare photographs from earlier periods of the asylum also suggest that they might have had one for some years. According to Ergin, the camera was to "assist examinations from the point of view of medical sciences and to give treatments accordingly as photographs of the insane were necessary to show various stages of insanity."[63] We can assume that many photographs printed in the psychiatry books of the period were taken with the asylum's camera.

At this time, Toptaşı Asylum had five sections for male patients (in Blocks B, C, D, G, and K), four for female patients (in Block E), in addition to an infirmary for each sex. General services were distributed between Blocks A, B, F, H, and I. One of the major differences was moving the administrative functions from Block B to the Aşçıbaşı Mansion (marked as H) outside of the complex. These functions stayed here until the end. The pharmacy was moved to the mansion in the late 1910s.

The repaired and newly built wards looked like any Ottoman hospital of the period: clean, orderly, with access to fresh air and heating. Heaters and air-vents were installed in the wards that lacked them before (see Figure 7, right); the benches in the dining halls and "airing courts" were covered with felt.[64] All of these improvements probably did not change the overall setting of the asylum and/or were taken for granted by a visitor like Libert, but they must have had a difference in the daily experience of its inhabitants, patients, and staff alike.

62. Ottoman physicians followed this trend as well. Raşit Tahsin, a graduate of the Ottoman Imperial School of Medicine who had begun working at the Haydarpaşa Military Hospital, was sent to Germany in 1893 to study psychiatry and neurology with Kraepelin in Heidelberg, Prof. Jolly in Berlin, Prof. Grashey in Munich, Prof. Binswanger in Jena, and Prof. Flechig in Leipzig. Fatih Artvinli, *Delilik, Siyaset ve Toplum: Toptaşı Bimarhanesi (1873–1927)* (Istanbul: Boğaziçi Üniversitesi Yayınevi, 2013), 163–64.

63. Ergin, *Müessesat-ı Hayriye*, 46.

64. Ibid., 45.

Figure 7: Left: Inside a ward in Toptaşı Asylum in 1908–10, showing patients, beds, and the head plates (*tabela*) where the patient information was recorded. Right: A new ward in Toptaşı Asylum, possibly in block (L). The photographs are not from the same ward, notice the different bed frames (although they are both iron). Source: Left: Mazhar Osman, *Tababeti Ruhiye*, vol. 1, 3rd ed. (Istanbul: Istanbul Kader Basımevi, 1941), 380. Right: Ergin, *Müessesat-ı Hayriye-yi Sıhhiye Müdiriyeti*.

By the 1910s, the medical routine had changed. The importance of physical indicators of mental illness in alignment with the abovementioned new approach in psychiatry affected the daily visits in Toptaşı Asylum. This system was significantly different from the one applied in Süleymaniye Asylum and during the earlier years at Toptaşı Asylum. For instance, the daily medical visits were no longer public. What replaced them were more individualistic; they were done at the patient's bedside. The responses of the patient were no longer the primary means of diagnosis; physical indicators and other factors replaced them. Everything was "objectively" recorded, and hung on the patient's head plate (see Figure 7). The medical staff worked independently, but hierarchically, reporting within a complex but regulated organizational chart. Assistant physicians prepared the patients for the physicians, a practice that prevailed for many decades to come, particularly in university hospitals. There was also a pharmacist assigned to each section, who would be present at the time of the visit, record the prescription in a notebook, and have the physician approve the medication.

Conclusion

The close reading of Toptaşı Asylum paves the way to a range of conclusions at different scales: first, in the building scale, we see that major changes to this significant imperial structure that brought it to its final stage (before the recent "restoration"[65]) were actually made during its time as an asylum. Not only that,

65. This part of the complex now houses the Fatih Sultan Mehmet Vakıf University Faculty of Literature.

but focusing on this previously ignored phase also sheds light on the original complex, about which we know little except the mosque section.

On a second layer, we start to understand more about the theory and practice of Ottoman psychiatry as well as the aspirations of Ottomans. Although Toptaşı Asylum was reorganized to respond to medical standards of its era, it seemed to have satisfied neither the physicians nor the central government throughout its life as an asylum. "Improvement" discourses were centered around the asylum and the physical interventions it went through, but they kept dreaming about an "ideal" asylum; an asylum on spacious lands with clean air and abundant water, in which pavilions with good light, cross ventilation, and a layout that enabled the categorization of patients would be located.

This brings up an interesting question: What does it take to be convinced that a medical enterprise is caught up with its time, that it is "modern"? It is a more complicated question than it seems at first sight—particularly if the issue is scientific/medical—as in the case of the treatment of insanity. Going after the never-actualizing dream of a new asylum, the physicians failed to see that change was already happening within the old walls of Toptaşı, ranging from practices that supported moral treatment in the early years to a more neurologically-inclined teaching/research setting. It took the founding of the Republic and move to the Bakırköy Mental Hospital to produce that discourse. Bakırköy was to be declared the first modern mental hospital that "this land had seen," although it also used a repurposed building (military barracks) and initially had less medical facilities. Reconstructing the life *of* and life *in* the "old spaces" of Toptaşı Asylum complicates this discourse by dating the gradual modernization and medicalization of psychiatry to an earlier period.

Finally, this is a story of Ottoman modernization. The perceptions of physicians and the government about this particular subject are—not surprisingly—a continuation of their perceptions in other fields. The search for pre-conceived notions of modernity and its pre-defined spaces/practices was a thread that is often encountered during this period. The history of Ottoman mental institutions provides an unlikely lens to think about the intricacies of Ottoman modernization and self-identification.

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