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Insanity, belonging and citizenship: mentally ill people who went to and/or returned from Europe in the Late Ottoman Era

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Abstract

The Ottoman Empire, which encompassed a vast territory, had several facilities for the protection and treatment of the mentally ill. By the late nineteenth century, some wealthy families had begun to send their patients to mental hospitals in Europe for better treatment. During the same period, the process of repatriation of mental patients who were Ottoman subjects also began. These processes, which resulted in complex bureaucratic measures, later found a place in regulations and laws. The Ottoman Empire had an additional incentive to protect mentally-ill patients during the Second Constitutional Era, when discussions about ‘citizenship’ reappeared. This article examines the practices of sending mentally-ill people to Europe and the repatriation of mentally-ill Ottoman subjects from European countries.

Keywords

Citizenship; insanity; nineteenth century; Ottoman Empire; repatriation; Turkey

Introduction

Emin Bin İbrahim, who had been considered ‘mentally disturbed’ (*muhtellü’ uur*) and had been living in the Toptaşı Asylum during the census, returned to his home town of Thessaloniki after a while and demanded his identity card (*tezkiye-i Osmaniye*) from state officials. Since he had been in Istanbul during the census, state officials had requested his registration document from Istanbul. In reply to this request, the Ministry of Interior had stated that ‘Although Emin İbrahim was registered in a Lunatic Asylum, identity cards were not given to mentally-ill people during the population census’.¹

According to archival documents, it is unclear whether Emin Bin İbrahim received his identity card in the following years. However, one can argue that by the beginning of the late nineteenth century the Ottoman Empire had begun to deal with new and challenging problems related to its citizens and/or subjects with mental illness. Especially during the Second Constitutional Era (1908–18), mentally-ill Ottoman citizens living outside the Ottoman borders began to be repatriated on the grounds that they were subjects of the

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¹Prime Ministry Ottoman Archives (PMOA), DH.MKT.1893/131, 26 Nov. 1891.

Ottoman State. At the same time, some mentally-ill Ottoman subjects had started going to asylums in several European countries for treatment, after getting the necessary permissions. Within the scope of these international transfers, it was not only mentally-ill patients who began to circulate, but also families, diagnoses, psychiatric information and statutes.

Sending mentally-ill Ottomans to European asylums

Throughout much of the nineteenth century, the most prominent asylum in the Ottoman Empire was the Süleymaniye Asylum in Istanbul. After 1873, however, the Topta ı Asylum, also in Istanbul, took precedence (Artvinli, 2013: 32). As well as these major state asylums, psychiatry services were also active in hospitals belonging to several ethnic and religious communities in the capital city of Istanbul.² For those who believed that they could not receive the necessary care and treatment in state asylums, there were also some other alternatives, although only wealthy families could benefit from them. They included bringing private doctors to residences, hospitalizing mentally-ill patients in private psychiatry clinics, and renting private rooms in existing hospitals. Another solution was travelling to one of the asylums in European countries and seeking treatment there. The early part of the twentieth century witnessed a rising trend of wealthy families sending their mentally-ill members to several asylums in Europe.

An interesting case in 1863 provides a good example of the start of this trend. The royal dentist Jak Seim, who could not be cured at the Süleymaniye Asylum, was sent to an asylum near Naples. Dr Luigi Mongeri,³ the Chief Physician of the Süleymaniye Asylum, carried out the initial examination; later, the committee consisting of Mongeri (as the head of the committee), Dr Naum Sanziris and Dr Boussignon diagnosed *monomani* for Mr Seim. In the 12-page committee report manuscript in French (kept in the Prime Ministry Ottoman Archives, PMOA. .DH. 34758, 23 July 1863), the doctors comment and make suggestions for Mr Seim. According to his doctors, staying in the country would not help him because his wife, who suffered from the same delusions,⁴ insisted on visiting the asylum. They believed this would prevent him from recovering from his illness. Beyond this report, documents written in Ottoman suggest that doctors felt it was possible for Mr Seim to recover from *grandiose delusions* and *persecutory delusions*. The committee also stated that sending him to an asylum in Europe would cure him and would make it possible for him to resume his dental profession. Consequently, it was decided that Mr Seim would be sent to Messina Hospital near Naples and 45 francs of monthly hospital expense would be provided by the Ministry of Finance (PMOA. .DH. 34758, 23 July 1863; PMOA.MKT.MHM. 271/67, 30 July 1863).

²In Istanbul, during the period when the Topta ı Asylum was in service, patients of the Empire's various minority communities were treated in the following facilities: Greeks in Balıklı Rum Hospital, Armenians in Surp Pırgıç Hospital, Catholic Armenians in Surp Agop Hospital, and Jews in Or-Ahayim Hospital. Besides these, La Paix Hospital, which belonged to French nuns, was an important centre where patients of all ethnic groups were accepted for a fee.

³Luigi Mongeri (1815–82) was originally an Italian physician/alienist, and was the pioneer of modern psychiatry in Turkey. Because of his reforms in the Süleymaniye and Topta ı Asylums, Mongeri was called the 'Pinel of Istanbul' (Erkoç and Artvinli, 2011).

⁴The doctors thought that Mr Seim's wife had 'shared psychosis' (*folie à deux*), a psychiatric syndrome in which the symptoms of a delusional belief are transmitted from one individual to another.

As the royal dentist Jak Seim belonged to the upper bureaucracy, his case might be seen as an exception. However, in the mid- to late-nineteenth century it was possible for some wealthy people to go to Europe, either with or without their families, for treatment at the university clinics and at hospitals located outside the cities. Especially in the early twentieth century, the number of people going to Europe for this purpose increased. The main reason was the lack of private psychiatric hospitals and university clinics at home; the asylums and hospitals belonging to Muslims and non-Muslims in the capital city, Istanbul, and even La Paix,⁵ which had been in service as a private psychiatry centre, had limited options and available beds.

In a 1910 article, Mazhar Osman Uzman⁶ points out the demand for European asylums and emphasizes the economic dimension of this demand:

Although it is a private hospital, how many available beds does the French Asylum [La Paix] in İstanbul have? Since no room is available in the hospital, they frequently refrain from admitting patients. An asylum built by Germany on a mount near Beirut is always at full capacity. The popularity of German and French asylums is due to the fact that there are no such other institutions in the country. ... Apart from these, many patients are kept at home since these patients are not happy with our asylums. A major part of the revenue that would flow into the municipal government goes to the foreign countries' asylums. Most of the time we send our wealthy patients to Switzerland, Germany or Austria. Considering the cleanliness and perfectness, we even recognize this demand. However, if there were a better asylum in Istanbul, there would be no need to send those patients to foreign countries and their hospitals. (Osman, 1910: 186–7)

Mazhar Osman states that members of wealthy families were sent to European countries because of the inadequacy of the asylums and hospitals in Turkey. Of interest is an article included in the 'Regulation of Insane Asylums' of 1876⁷ for foreigners with mental illness residing in the Ottoman Empire. According to the fourth article of the Regulation:

If the mentally-ill person is a foreigner, his/her passport or any official document must be submitted. An official paper including the type of the admission to an insane asylum must be prepared and must be sent with his/her medical report to the patient's embassy in Istanbul or consulate if the patient is in country. (Ergin, 1995: 3374)

Other European countries' regulations most probably included articles like this, which regulated the status of mentally-ill foreign people in the Ottoman Empire. Today, there is a similar procedure for mentally-ill people who are admitted to the hospitals when they are in a foreign country. In such cases the nationality of the person is first confirmed and then legal representatives or consulates of that country are informed about the situation.

⁵La Paix was originally established in the form of tents by French nuns, known as the *Filles de la Charité*, who were invited to the Empire during the Crimean War (1853–56) to treat French and Ottoman soldiers. After the 1870s, La Paix Hospital was gradually transformed into a mental hospital (see Marmara, 2009).

⁶Mazhar Osman Uzman (1884–1951) was a leading figure in psychiatry in Turkey. He was a student of Emil Kraepelin for a year in 1909–10, and he became the head physician of the Toptaşı Asylum. Osman transferred this asylum to Bakırköy in 1924, and it remains Turkey's largest psychiatric hospital today.

⁷'Regulation of Insane Asylums' (or '1876 Mental Asylum Regulation') is a rough translation of the French Law of 30 June 1838.

It is unclear whether there were people coming from Europe to Istanbul for treatment during the same period, but no case has been found so far in archival documents.

Mental illness and citizenship in the Late Ottoman Era

Apart from the Ottoman citizens who sought a cure in foreign countries, others who were already in hospitals abroad were also being repatriated during this period. Especially during the Second Constitutional Era, there were many reasons for the repatriation of mentally-ill Ottoman citizens from European countries to Istanbul. First, the proclamation of the Second Ottoman Constitution on 24 July 1908 paved the way for a new understanding of political-public space, which can be described as transition from mechanical cooperation to organic cooperation. One of the most important consequences of this new understanding was the introduction of the concept of ‘citizenship’ to Ottoman politics (Üstel, 2004: 27).

The first legal regulation on Ottoman citizenship dates back to the 23 January 1869: *Tabiiyet-i Osmaniyye Kanunu* – Ottoman Nationality Law (Aybay, 2004: 65). It was the first legislation to describe subjects in a way that was separate from their religious affiliation (İnönü and Aybay, 2005: 70). The law tried to create a new identity based on universal equality and it also gave equal rights to Muslim and non-Muslim subjects. The first Ottoman Constitution, issued in 1876, described citizenship as follows: ‘whatever religion or sect they are from, all individuals subject to the Ottoman State, without exception, shall be called Ottomans’ (Kiliç and Gözübüyük, 2000: 44). After the revolution of 1908 and the re-establishment of a constitutional order, discussions on ‘citizenship’ and ‘Ottomanism’ began again. The first attempt to search for a Turkish identity for the citizens of the Empire in light of the modern nationalist ideals was made during the government of the Committee of Union and Progress, from 1908 to 1918. The Young Turks tried to transform the Empire into the model of a homogeneous state based on the premise of one state, one nation (Çelikkaya et al., 1999: 193). During the Second Constitutional Era, the motherland began to be conceived of as a common house, and citizens were considered the children of that home or members of that family. Without any doubt, the notion of equal citizenship in terms of both duties and rights had a great impact on the understanding of ‘citizenship’ among Ottoman administrators and bureaucrats.

One dimension of the repatriation of mentally-ill Ottoman citizens from European countries concerned the issue of ‘citizenship’, which had returned to the agenda with the Second Constitutional Era. Another dimension was the shift in the Ottoman Empire’s relations with European countries. By the end of the nineteenth century, the Empire’s diplomatic relations with Germany had become warmer than with France and the UK. In addition to these political factors, advances in communication between states and the increasing costs of housing the mentally ill also had an impact on the repatriation process. The issue of costs even affected the procedures for regional admissions and treatment of patients. In the Topkapı Asylum, for example, those who had come to Istanbul from elsewhere in the Empire were told that the asylum was only responsible for Istanbul, and they would have to return to their local provinces or townships for treatment (Artvinli, 2013: 278–9).

During the late nineteenth and early twentieth centuries, many countries deported foreign, destitute or migrant mentally-ill people, for a variety of reasons. For instance, the USA had begun to deport foreigners and migrants who were mentally ill by the beginning of the 1890s. According to the US Immigration Act of 1882, lunatics or idiots were forbidden from entering the country. Another US law that came into force in 1903 maintained ‘the exclusion of lunatics’ and expanded it. For instance, persons who had been insane within the previous five years or who had had two or more attacks of insanity at any time previously were subject to deportation (Shin, 2012: 3). A similar law was also in force in Canada: insane immigrants could be deported at any time, if they had been insane within the five-year period before entering Canada (Roberts, 1988: 64).

In the state of California, a commission was established specifically to repatriate Chinese and Japanese mentally-ill people to their own countries and, in May 1899, 85 of them who had been in prisons were deported ‘in accordance with the articles of the last pact signed with Eastern countries’ (Shin, 2012: 9). Likewise, in Western Australia, according to the official figures, more than 100 mentally-ill migrants were repatriated to their home countries between 1929 and 1934 (Martyr, 2011: 171).

In the rest of the world, however, different groups in different countries were repatriated more often or more systematically than others. The situation was more complex in the colonial context due to matters of migration and social control. Focusing on the repatriation of mentally-ill Nigerian migrants during the colonial era, in the context of migration and colonial psychiatry, Heaton (2014) argues that migrant Nigerian ‘lunatics’ faced different circumstances depending on what type of migrant they were and where they fell ill. Those in the UK tended to be repatriated for medical reasons, while those within the West African region rarely returned home because of financial considerations.

On the other hand, the connection made between mental illness and citizenship continued to exist in Turkish law. For instance, according to Turkish Passport Law, except for those coming for medical treatment, mentally-ill people are forbidden to enter the country:

Article 8: Persons who are forbidden to enter Turkey.

1. Tramps and beggars.
2. The persons who are insane and who suffer from contagious diseases. (Of these persons exceptions may be applied to the ones who come for the purpose of treatment or change of air by their means of transport or under the financial protection of their legal guardian and their health is not hazardous for the public health and peace) ...⁸

This law, enacted in 1950 and still in force, includes seven provisions about persons who are forbidden from entering Turkey; one of these groups is mentally-ill people. According to this law, its approach to the mentally ill is based on ‘public security’. Other persons who are forbidden from entering the country include prostitutes, those who incite women to

⁸Passport Law no. 5682 was enacted in 15 July 1950 and was published in the *Official Gazette* on 24 July 1950.

prostitution, and those who are accused or condemned of serious crimes subject to international extradition agreements. Despite the relatively narrow exceptions provided for the mentally ill who come for treatment, it could be concluded that, in practice, the Turkish state overtly announces that it will not allow the mentally ill of other countries to enter Turkey and will also immediately repatriate those who somehow manage to enter the country.

In the nineteenth and twentieth centuries, the relationship between institutional psychiatry and citizenship was 'negative' or 'exclusive' in the sense that hospitalization in an asylum generally implied legal certification and therefore the potentially serious infringement of basic civil rights. Later, especially during the second half of the twentieth century, a more 'positive' or 'inclusive' connection between psychiatry and liberal-democratic citizenship was established (Gijswijt-Hofstra and Oosterhuis, 2005: 16–17). Today, depending on the countries involved, there are different types of hospitalization or admission of foreign psychiatric patients. Since the repatriation process entails a number of administrative, legal, financial, clinical and ethical issues, some psychiatrists emphasize the need for clarification of this process (Hooper and Hughes, 1991) while others offer a kind of guideline that defines the steps to be taken during repatriation (Green and Nayani, 2000).

Repatriation of mentally-ill Ottomans from Europe

For a better understanding of the bureaucratic operations related to the repatriation and re-admission of mentally-ill Ottoman citizens who were living in European countries, the case of sak (Isaac) Tragano provides a good example. He was living in Breslau, Germany, and his repatriation to Istanbul was completed only after a very complex bureaucratic procedure. According to a letter from the German Embassy in Istanbul to the Ottoman Ministry of Interior, Tragano was a mentally-ill person in need of assistance. Since he was an Ottoman subject, the Embassy wanted to send him to Istanbul. The letter asks whether Tragano has any relatives in Istanbul and, if so, whether it would be possible for them to pick him up; his passport information is also given (PMOA.DH. D. 142/5, 16 Jan. 1912).

The Istanbul Police secretariat first investigated whether Tragano had any relatives. Using the information on his passport, the secretariat learned that Tragano had previously lived in the Hacı İlyas neighbourhood. The police found his three brothers and his father-in-law, and explained the situation, but all four replied that they could not help their ill relative. However, they did tell the police that Tragano's wife, Viktorya, had 60 liras in the Dersaadet Thessaloniki Bank, so the police informed her of the situation, but she also said that she was unable to cover Tragano's expenses. The Ottoman Consulate in Breslau informed Istanbul that the Municipal Council of Breslau had decided to send the patient to Sirkeci train station in Istanbul with two nurses, if the Ottoman side agreed to cover the cost of repatriation (PMOA.DH. D. 142/5 Lef 6, 3 Apr. 1912).

In the following days, the Consulate was unable to find any nurses to accompany Tragano and therefore asked for two nurses to be sent from Istanbul. After correspondence with the Breslau City Council, the Ottoman Consulate was notified that, in addition to speaking Turkish, the nurses should also be competent in German or French. However, since

Tragano's relatives were poor, it appeared unlikely that the nurses could be sent to Breslau (PMOA.DH. D. 142/5 Lef 8, 11–15 Apr. 1912).

Meanwhile, Nisim Tragano, a publican who was one of sak's three brothers, had decided to pick sak up, and the police had agreed to hand him over at the station. The police tried to make sure that sak's relatives would cover the Ottoman government's expenses, but this did not happen. The police asked Nisim for the nurses' travel expenses, but he responded that he did not have enough money for those expenses and the only thing he could do was wait for his brother at Sirkeci Station (PMOA.DH. D. 142/5 Lef 11, 7 May 1912).

As a result of this situation, the police considered using money from sak's Thessaloniki Bank account to cover the nurses' travel expenses, but after a short investigation concluded that, 'the government is not allowed to extract the money of an insane person from the Bank' (PMOA. DH. D. 142/5 Lef 15–16, 5 June 1912). The police had, in any case, learned that the money belonged not to sak but to his wife Viktorya. She had ended her relationship with sak just after the onset of his mental illness, had found a job in Thessaloniki and refused to return to Istanbul. As a result, the police decided that it was not reasonable to expect Viktorya to cover sak's expenses (PMOA.DH. D. 142/5 Lef 17, 15 June 1912).

In the end, it was decided that the Ottoman government would pay the total expenditure of 619.35 Marks from the consular budget. Eventually, sak was delivered to Eminönü Police Station in the company of German police officers Richard Johann and Karl Jula. A 26-page inventory was prepared by the Breslau Police Directorship showing all travel expenses for Isak Tragano, including train tickets, coffee and a shave on the train (PMOA.DH. D. 142/5 Lef 18/9, 9 May 1912).

sak's complex repatriation took approximately six months. Naturally, there was a different repatriation process for each case. For instance, an Ottoman citizen from Damascus named brahim Selim, who was at Capodichino Mental Hospital in Naples in 1910, was repatriated to Izmir on a ship named 'Entella' (PMOA.DH. D. 55/21; correspondence Oct. 1910 to Apr. 1911). In 1909 another Ottoman citizen, brahim eyima who was at Bayern Hospital, was sent with a guard to the Ottoman border city of San Giovanni di Medua (enkin). The Governor of kodra was informed by Istanbul about this transfer, and some officials picked up the patient at the border (PMOA. DH.MKT.2845/8, 15 June 1909). Yafak Mosolvini, whose treatment at the Herzberg Mental Hospital had been completed, was sent to Sirkeci train station. The cost of his repatriation was met by the Berlin Charity Institution (PMOA. .DH. 165/43, 26 Aug. 1915).

Another group of mentally-ill people who foreign countries seemed willing to repatriate to the Ottoman Empire were imprisoned Ottoman soldiers who had become insane. For instance, two captive soldiers who had been staying at Saint Pierre Hospital in France were sent back to Istanbul (PMOA. HR.SYS. 2212/45, 23 May 1921). It is likely that many other imprisoned soldiers suffering from war psychosis and war neurosis were repatriated to their homelands during and after World War I. It should be noted that the cases mentioned in this article are only those recorded in the Foreign Ministry's documents, and it is quite possible that more mentally-ill people were repatriated in the Late Ottoman Era.

Treaty on mentally-ill people

A rapprochement between the Ottoman Empire and Germany had begun during Abdülhamid II's reign and continued after the Second Constitutional Era. It is unclear whether this had any impact during this period, but more mentally-ill Ottoman subjects were sent to the Ottoman Empire from Germany than from other countries. There is no evidence of a treaty signed between these two states concerning the transfer of mentally-ill people. However, records reveal a treaty called the *Mecanin tilafnamesi* (Treaty on Mentally-Ill People), signed between the Ottoman Empire and Sweden in 1922 (PMOA.HR.HM . O. 137/10, 18 Feb. 1922).

This Treaty (see Figure 1), which was officially entitled the 'Treaty on the admission of Swedish mentally-ill people in the Ottoman State and Ottoman mentally-ill people in Sweden to mental hospitals', was offered by the Swedish government. In response, the Ottoman government requested more detailed articles about the cost of repatriation processes. Consequently, a treaty consisting of four articles was signed, and both the Ministry of Health and the Ottoman Council of Ministers (*Meclisi-i Vükela*) approved the treaty (PMOA.MV.224/81, 27 Aug. 1922).

According to the first article of the treaty, if a mentally-ill citizen of either country is hospitalized within the boundaries of the other country, the representatives of that country will be informed about the situation. According to the second article, in addition to stating the name and the location of the hospital where the patient is, the following personal details of the patient should also be included, if possible:

- a) Name and nickname.
- b) Place and date of birth.
- c) His/her profession or occupation.
- d) Place of residence before his/her admission to asylum.
- e) The last address or place where he/she has been residing in his/her country of origin.
- f) The names, nicknames, occupations and places of residence of the family members and relatives.
- g) If married, the name and place of residence of the male patient's wife.
- h) The date of admission of patient to hospital or his/her date of death.
- i) If the patient was admitted to the hospital by the application of another person, the name of that person.
- j) If the patient was admitted to the hospital by a medical report, the date of this report and the name and place of residence of the doctor responsible for the patient.

- k) If his/her doctor allows the patient to return to his/her own country, the mental state of the patient and the number of safeguards needed for the transfer of the patient should be reported.

According to the third article, the government that requests the return or repatriation should pay all the expenses. According to the fourth article, if the patient in the asylum is going to be repatriated, the medical report and the file containing the patient's personal information should also be sent to the relevant country's representative (PMOA.MV.224/81, 27 Aug. 1922).

Other than this treaty with Sweden, there is no evidence of any other detailed treaty being signed during the Republican era, but it is reasonable to suggest that practices were similar to those established by this treaty. The Turkish Embassies, Consulates in Europe and Consulates of European countries in Turkey continued to send these kinds of requests to each other. For instance, the British Consulate in Istanbul sent a short report about Mustafa Hüsni, who was admitted to Colney Hatch Hospital in 1923 (PMOA.HR. M.66/37, 24 Jan. 1923). After the foundation of the Turkish Republic in 1923, some European countries sent repatriation lists of mentally-ill Ottoman citizens. For instance, a repatriation list sent by the French Government in 1925 included the names of the patients who had previously been Ottoman subjects (PMOA.HR. M. 131/37, 3 Feb. 1925).

Throughout the world, bilateral agreements on the status of the mentally ill (like the Treaty between the Ottoman Empire and Sweden) were often signed between neighbouring countries. For instance, Belgium signed a specific agreement with Bavaria in 1868 to repatriate the mentally ill, and made an agreement with Prussia in 1868 for repatriation of both the mentally ill and orphans (Caestecker, 2001: 38). A convention between France and the Netherlands was agreed upon for the repatriation of mental patients in 1911 (Parry, 1969: 255). Apart from treaties that included the repatriation of psychiatric patients, some governments signed agreements with insurance companies, and in some cases insurance companies tried to make agreements with individuals who were subject to repatriation.

Conclusion

In comparison with previous centuries, the nineteenth century was a period when the international dimensions of medicine and health expanded. The development of new technologies in communication and transport led to a rapid increase in the availability of medical knowledge and international travel of physicians, concepts, practices and material objects. This process also led to the increased internationalization of some medical practices, including those in the field of psychiatry.

At the start of the twentieth century, when different diagnoses were acknowledged by different countries, repatriation of the mentally ill and the sending of a country's own mentally ill to foreign countries became a trend. In addition to people who wished to receive treatment in foreign countries' asylums at their own expense, with the permission of the relevant states, there were also mentally-ill people who were voluntarily or reluctantly repatriated to their home after living in a foreign land. During this process, medical, military,

economic, cultural and political factors determined the framework of the international transfer and circulation of mentally-ill people.

In recent decades, however, there has been increased attention on the citizenship status and human rights of persons with mental illness. Both globalization and the increasing internal diversity of contemporary liberal democracies are now forcing a redefinition of the concept of citizenship (Rowe and Pelletier, 2012). As the economic dimension of globalization in the medical field widens, we are witnessing a time when countries are inviting mentally-ill people for ‘medical tourism’, just as they invite other patient groups. Consequently, it is reasonable to conclude that the number of mentally-ill foreigners and migrants is likely to increase, especially in European countries known for the treatment of such illnesses. Without a doubt, this will bring the concept of citizenship and its content up for discussion, and the concepts of both citizenship and mental illness will be questioned further with reference to categories of class and social rights.

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Figure 1.
Mecanin tilafnamesi (Treaty on Mentally-Ill People), signed between the Ottoman Empire and Sweden in 1922 (source: PMOA.MV. 224/81, 27 Aug. 1922).