Medical gaze of the Turkish prohibition (1920-1924): Analysis of Mazhar Osman's *Keyf Veren Zehirler*

by

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A thesis submitted in partial fulfillment
of the requirements for the degree of
Master of Arts

Department of Middle Eastern Studies
University of Chicago
June 2025

Acknowledgements

The past two years of the Center for Middle Eastern and North African Studies (CMES) program at the University of Chicago have been the most enriching experience. It allowed me to engage in rigorous intellectual inquiry and expand the scope of my existing interests in the history of the region, particularly in Ottoman history. My time at the CMES not only in reignited my passion for academic discipline, but also encouraged me to reexamine the lens through which we examine history. I have been honored to be surrounded by a wonderful team of mentors and colleagues during this program.

I would like to extend my deepest gratitude to my advisor, Professor Holly Shissler for her inspiring classes on late Ottoman history as well as her insights and patient guidance throughout my academic journey. I am also very grateful for Dr. Paul Walker for his advice and reviewing the draft. My sincere thanks also go to my preceptor, Dr. Mustafa Kaya for his impeccable lens of precision in reviewing my thesis.

The inspiration for this thesis on Turkish anti-alcohol movement stemmed from my previous Master thesis on the *Halkevleri*("People's Houses")'s magazine, *Ülkü*. *Ülkü* offered a unique lens into how the early Kemalist regime conceptualized itself in relation to the Anatolian villages and villagers along with its own contradictory and paternalist gaze of their subjects. In that thesis, I argued that Kemalist peasantism (*köycülük)*—essentializing Anatolian villagers as authentic embodiment of the nation—as a precursor to populism that emerged in later Turkish politics, where healthcare played a crucial role in the bureaucratic mechanism of central interference.

This thesis attempts to trace the beginnings of how health became a crucial element of nationalist vision from one of the earliest state interventions of individual health and consumption: *Men-i Müskirat Kanunu* ("Prohibition Law of Alcoholic Beverages,"1920-1924). Understanding the role of the medical experts in pushing their moralist concerns, couched in the medical discourse of anti-alcoholism, opens a window into the increasing significance of health in the later visions of population management and national prosperity.

As I read various literature, I encountered familiar voices of nationalist ambitions and moralist interventions on individual health, often framed within the grandiose vision of public service and national greatness. Understanding one fiber of anxiety suspended in a particular moment in time allows us to trace the knots that bind us in the present. During this rewarding journey of discovery, I am utterly grateful for the tremendous support of my family, friends, and partner. Their unwavering support and light-hearted humor have guided me through my unwinding journey, like taillights on misty nights.

Abstract

This thesis follows the heightened activation of the Turkish temperance movement between 1920 and 1924, during the anti-alcohol ban, which was enacted shortly after the Turkish Parliament moved to Ankara and lasted until a year after the founding of the Turkish Republic. This anti-alcohol ban was highly contentious among the public but it spurred tension between medical advocacy and economic pragmatism, as Ottoman debt burdens complicated the implementation of prohibition policies.

Through analysis of medical writings, particularly those of prominent psychiatrist Mazhar Osman, and the activities of civil society organizations such as Hilal-i Ahdar ("Green Crescent Society"), this research demonstrates how medical professionals mobilized scientific discourse to position individual health behaviors as matters of national security and survival. Understanding the role of the medical experts in pushing their social concerns couched in their medical discourse of anti-alcoholism opens a window into the increasing significance of health in the later visions of population management and national prosperity.

The temperance movement in Turkey emerged from the intersection of medical professionalization and wartime anxieties. The study reveals how the Balkan Wars and Great War created crucial conditions for the temperance movement's emergence in Turkey. The perception of alcohol consumption during the wartime economy shifted from a private choice into unpatriotic consumption and even a public health hazard, as medical authorities documented its deteriorating effects on individual and generational health. Repatriated prisoners of war became subjects of intensive medical observation in the broader vision of social engineering, projecting anxieties about contamination, degeneration, and social disorder that would later inform anti-alcohol rhetoric. The post-war occupation of Istanbul intensified these concerns, as prohibitionists identified increased alcohol consumption among foreign forces and refugees as evidence of cultural contamination and moral decay.

Central to this movement was influence of European and American temperance movement along with the development of modern neuropsychiatric knowledge that merged European degenerative theories with local nationalist concerns. Medical professionals articulated arguments linking alcohol consumption to hereditary degeneration, reproductive capacity, and national vitality, positioning scientific expertise as essential for post-war recovery. This study also explores the gendered dimensions of anti-alcohol discourse, particularly how concerns about male drinking intersected with anxieties about women's reproductive roles in nation-building. While medical professionals articulated their concerns of public morality, health, and population management through their neuropsychiatric understanding of addiction influenced by European scientific theories, they simultaneously attributed these problems to foreign influence and occupation. Meanwhile, the blurring of boundaries between state and civil society during wartime created new pathways for medical influence, allowing professionals who gained authority through military service to shape public discourse on social health.

While the anti-alcohol bill was short-lived, it established enduring patterns for conceptualizing the relationship between individual behavior and national welfare. Medical professionals who shaped and facilitated the public health measures in the interest of the state in Late Ottoman Empire continued their work in the Turkish Republic, as they refashioned themselves as the "pioneers" of modern Turkish health infrastructure, distinguished from its predecessor for its "modern" and "scientific" nature. By demonstrating how medical knowledge became instrumentalized for nationalist purposes amid wartime trauma and foreign occupation, this study offers insights into the early Republican health governance and the lasting influence of medicalized approaches to social policy in modern Turkey. Overall, this study addresses a strategic expansion of the state intervention in people's daily lives through public health discourse from the end of the Ottoman Empire and into the emerging Turkish Republic.

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Chapter 1: Introduction

In the second edition of Dr. Mazhar Osman's book, *Keyf Veren Zehirler* ("Poisons that give pleasure") in 1934, a decade after the end of alcohol ban in 1924, utilizes the metaphor of *bozuk toprak* ("broken/spoiled seed") to reiterate the dangers of toxins that plague the genetic strength of the nation. Ten years after the initiative of his association, *Hilal-i Ahdar* (Green Crescent Society or Yeşilay) failed to defend the anti-alcohol law, one may ask these following questions. What prompted Dr. Osman to republish this book? What lessons did the launch and failure of this anti-alcohol initiative leave for the next generation?

By the time Osman's book was republished as a second edition in 1934, the young Turkish Republic government was launching various health reforms as part of a larger centralizing project. Existing scholarship on Turkish cultural policies in 1930s has addressed the impact of provincial reforms targeted in restructuring village infrastructure and education. Among the central nation-building projects, health education and medical aids for villagers, particularly for maternal and children's health, featured frequently in myriads of village education and aid programs organized by *Halkevleri* (People's Houses).[1] Central government's interventions in medical aids for maternal and pubescent health as well as general village sanitary education featured frequently in *Halkevleri*'s magazine, *Ülkü*. Epidemics such as syphilis and malaria epidemics also produced opportunities for central state to intervene in provincial lives with partnership with medical professionals.[2] The initial wartime experiments of epidemic control in war fronts by Ottoman military doctors during the nineteenth century was borne out of urgency in securing military labor and preserving the national security but later laid the groundwork for a much more strategic and expansive form of centralized health governance and state propaganda during the early Turkish Republic in the 1930s.[3] These central health initiatives of the 1930s often framed as "Kemalist," were not examples of a rupture from the past as they claim to be, but rather a more strategic formulation of existing resources and designs from the nineteenth century. In this atmosphere, Mazhar

[1] Alexandros Lamprou. *Nation-Building in Modern Turkey: The People's Houses, The State and The Citizens*. (I.B. Tauris, 2015)
[2] Chris Gratien. *The Unsettled Plain: An Environmental History of the Late Ottoman Frontier*. (Stanford University Press, 2022)
[3] Ertan Aydin,. "Peculiarities of Turkish Revolutionary Ideology in the 1930s: The Ülkü Version of Kemalism, 1933-1936." *Middle Eastern Studies* 40, No.5 (2004):55-82.

Osman was calling out to his like-minded concerned members of his association, *Hilal-Ahdar,* to be informed and ready to launch another public campaign against addictive toxins including alcohol.

The subject of this thesis, the anti-alcohol movement from the enactment of the anti-alcohol bill of 1920 to its demise in 1924, addresses the continuum and rupture of the political and social momentum from Post-World War I Ottoman empire to the emerging Turkish Republic. Post-WWI Turkey is often described as a tale of two cities that ends with the teleological victory of "the new emerging star", Ankara, over "the fallen star", Istanbul. While this anti-alcohol law of 1920 straddles between the end of the Ottoman empire and the emergence of a new Turkish Republic, the state impetus for health interventions in citizens' personal lives in the broader vision of national health and strength continued beyond the binary timelines of Ottoman and Turkish Republican history. As one of the first bills proposed during the first General Assembly gathering that occurred months after the shift in the political center from Istanbul to Ankara in April, the anti-alcohol ban of 1920 rendered important lessons of health and governance for later Turkish Republic.

The Turkish anti-alcohol movement in early twentieth century emerged against a backdrop of profound social disruption. The Ottoman Empire had suffered devastating losses through the Balkan Wars and the Great War, leaving the state with limited resources and a population traumatized by conflict. The occupation of Istanbul following the Armistice of Mudros in 1918 created what contemporaries described as a period of moral collapse, exacerbated by the influx of Russian refugees fleeing the Bolshevik Revolution. It was in this context that medical professionals—who had gained increasing prominence during wartime— positioned themselves as guardians of both physical and moral health.

Existing literature on the Turkish prohibition from 1920 to 1924 framed Turkish temperance movement as an illuminating case of social and political frictions between the Western or reform-oriented political groups epitomized by Mustafa Kemal and the opposing populist traditionalists often referred to as "İkinci Grup (Second Group)" in early Turkish Republic.[4] As one of the first topics of discussion among parliamentarians, it

[4] Emine Ö. Evered, *Prohibition in Turkey: Alcohol and the Politics of Identity*. (University of Texas Press, 2024), 126.

is argued that alcohol became a dividing line along which political orientation of actors was articulated: Western and reform-oriented group of Kemal supporters versus the religious group headed by Ali Sükrü.[5] Mustafa Kemal and his supporters were known to be against the alcohol ban and even seen drinking in public. Whereas, religiously oriented parliamentarians such as Ali Şükrü pushed for this prohibition. Outside the political arena, there was also a leading movement of anti-alcohol movement within the Islamic religious establishment, headed by Şeyhülislam, Mustafa Sabri, who utilized established Islamic Academy (Dar-ul Hikmet'ül İslamiye). [6]

While the alcohol ban of 1920 was short-lived, being abolished in 1924, it had a pervasive impact on the sociocultural environment of post-World War Turkey. Similar to the prohibition in America and other countries, ban on alcohol did not in fact reduce the production of alcohol. Despite misleading statistics that overestimated the impact of prohibition in improving public health in Anatolia, alcohol ban did not stop people from drinking. It encouraged stealthy partnership between the police and the tavern owners who wanted to continue selling alcohol by operating as restaurants or sell liquors under the name of "iced tea."[7] Meanwhile, ordinary citizens producing alcohol at home who did not pay up were operating a risky business at the risk of being criminalized. The conservative motion to prevent drinking instead activated more discontent and frustration among the public, often being the subject of ridicule and political satire in the newspapers of the time. [8]

Despite the religious and conservative connotations of the anti-alcohol bill of 1920, it should not be merely seen as a political issue that illuminated the division between the religious conservative minded group and the western liberals. As I elaborate further later on, anti-alcohol group in 1920-1924 comprised of diverse individuals ranging from religious conservatives to psychiatrists trained in Europe. European and American Christian and medical narratives of temperance movement was heavily influential in promoting Turkish

[5] Elife Biçer-Deveci, "Turkey's Prohibition in 1920: Modernising an Islamic Law," in *Alcohol in the Maghreb and the Middle East since the Nineteenth Century: Disputes, Policies, and Practices*. eds. Elife Biçer-Deveci and Philippe Bourmaud. (Palgrave Macmillan, 2023), 38.
[6] MacArthur-Seal, Daniel-Joseph. "States of drunkenness: bar-life in Istanbul between empire, occupation, and republic: 1918–1923," *Middle Eastern Studies* 58, no. 2(2022): 276.

[7] Evered, *Prohibition in Turkey,* 173-174.
[8] Evered, *Prohibition in Turkey*, 173-174.

temperance movement. Alcoholism began to be seen as a social problem with long lasting biological, moral, and social ramifications in Turkey following the Great War due to the unique political and social atmosphere of this period.

In this thesis, I contextualize various points of social concerns voiced by the doctors supporting the alcohol ban of 1920, shaped by the post-World War I atmosphere. I seek to elaborate how the medical language of the Turkish temperance movement shaped by the nineteenth century European medical literature expresses these concerns of morality and public order through a close analysis of Mazhar Osman's arguments for alcohol ban of 1920 delineated in his book, *Keyf Veren Zehirler*.

Research Questions

This thesis addresses several interconnected questions: How did medical professionals leverage their wartime authority to shape social policy in the early Republican period? How did their conceptualization of alcohol as a threat to national health reflect broader anxieties about foreign influence and population quality? In what ways did medical discourse on addiction incorporate both scientific theory and moral judgment? And finally, how did the anti-alcohol movement reflect emerging biopolitical frameworks that positioned individual health as a matter of national concern? By examining these questions, this study illuminates the complex relationship between medicine, morality, and governance during a pivotal period of Turkish state formation. It demonstrates how medical knowledge became instrumental to nationalist projects of social reform and population management, establishing patterns of state intervention into previously private domains of behavior.

Theoretical Framework and Historiographical Significance

This thesis engages with and extends several key historiographical debates at the intersection of Ottoman-Turkish studies, medical history, and nationalism. First, it challenges the conventional periodization that sharply divides Ottoman and Republican history, instead demonstrating substantial continuities in medical institutions, personnel, and discourse across this purported divide. While scholars such as Erik Jan Zürcher have

highlighted continuities in political leadership and bureaucratic structures, less attention has been paid to how medical professionals maintained and expanded their influence from late Ottoman into early Republican periods. By tracking figures like Mazhar Osman across this transition, this study reveals how wartime medical authority was leveraged into peacetime influence.

Second, this research contributes to emerging scholarship on Ottoman and Turkish biopolitics. My observations of how Ottoman soldiers' bodies became sites of medical inquiry and formulation of public health discourse respond to existing literature on veteran bodies and nationalism. Among contemporary literature, Salih Açıksöz' s discussion of the disabled Turkish veteran bodies underscores the contentious relationship between politicized bodies of militarized masculine bodies and the concepts of state, citizenship, and sovereignty in contemporary Turkey. [9] Meanwhile, scholars such as Kutluğhan Soyubol, and Yücel Yanıkdağ have explored how psychiatric knowledge shaped Turkish concepts of citizenship and national belonging, but the specific role of the anti-alcohol movement within these biopolitical projects remains underexplored. My research demonstrates how prohibition advocacy connected psychiatric theories about individual addiction to broader nationalist concerns about population quality and social discipline.

Third, this thesis engages with international scholarship on temperance movements, offering a comparative perspective that both parallels and diverges from European and American models. While Turkish prohibitionists borrowed scientific arguments and statistical evidence from Western counterparts, they adapted these within distinctly local cultural frameworks that emphasized Islamic traditions and post-war anxieties about foreign contamination. This complicates simplistic narratives about the unidirectional transfer of medical knowledge from West to East, instead revealing complex processes of adaptation and localization.

Finally, this research contributes to historiographical debates about the nature of Turkish modernization by revealing tensions between scientific rationality and moral reform. While Kemalist narratives often

[9] Salih Açıksöz, "Sacrificial Limbs of Sovereignty: Disabled Veterans, Masculinity, and Nationalist Politics in Turkey." *Medical Anthropology Quarterly* 26(2012): 4-25.

emphasized the secular, scientific foundations of Republican reforms, the anti-alcohol movement demonstrates how medical discourse incorporated moral judgments and cultural anxieties that blurred boundaries between science and ethics, medicine and morality. By examining how psychiatrists like Mazhar Osman simultaneously mobilized scientific theories of hereditary degeneration and moralistic concerns about social decay, this study offers a more nuanced understanding of how medical expertise functioned within early Republican projects of social transformation.

Methodology and Sources

This theis employs a close textual analysis of medical literature, particularly Mazhar Osman's influential work *Keyf Veren Zehirler* ("Pleasure-giving Poisons"), alongside secondary literature on *Hilal-i Ahdar* and contemporary literary representations of prohibition efforts. By reading these texts against the grain, I uncover the underlying anxieties, assumptions, and aspirations that informed medical discourse on alcohol. My methodological approach is informed by the cultural history of medicine, which examines how medical knowledge reflects and reinforces broader social and political values. Rather than treating scientific discourse as neutral or objective, I analyze how medical concepts of health, addiction, and heredity were shaped by cultural assumptions about gender, class, and national identity. This approach reveals how seemingly technical discussions of alcohol's physiological effects contained powerful normative claims about proper citizenship and social behavior. The timeframe of 1920-1924 allows for focused analysis of the prohibition movement's emergence, implementation, and ultimate repeal, while remaining attentive to the broader historical context of Ottoman wartime mobilization and early Republican state formation. This periodization captures a critical moment of transition, when medical professionals who had gained prominence during wartime continued to shape social policy during the foundation of the Turkish Republic.

Historical Context

Hilal-i Ahdar

The most active organization to promote anti-alcohol movement that propelled the alcohol ban of 1920 was *Hilal-i Ahdar* ("The Green Crescent") today known as *Yeşilay. Hilal-i Ahdar* was established by Dr Mazhar Osman and his companions in Istanbul on March 5, 1920. Under the name "Hilal-i Ahdar", the organization was originally dedicated to popularization of alcohol and drugs within the society.[10] Along with prevention of alcohol and other intoxicants, the organization was deeply concerned with deterioration of mind and spirit and attributed it to occupying forces during and after the First World War.[11] Hilal-i Ahdar sought to disseminate its anti-alcohol agenda by publishing articles *in Sıhhı Sahifeler*("Sanitary health journal") and later through its own magazine *Hilal-i Ahdar*.[12] The organization also held regular meetings to respond to the needs of its local branches and organize events to promote public awareness of the dangers of alcohol.[13] Gradually, the organization's activities have extended beyond its original focus on alcohol consumption and diversified in its struggle against various addiction. This paper primarily focuses on the initial phase of *Hilal-I Ahdar* from its establishment in 1920 to the abolishment of anti-alcohol law in 1924.

The founder of the *Hilal-i Ahdar*, Mazhar Osman was a prominent figure among the emerging generation of the doctors from late second constitutional period who laid the foundation for modern medicine in Turkish Republic. Osman's career trajectory was similar to other doctors of this generation in terms of his training in both Ottoman and European medical institutions and experience as a military doctor during interwar period. After graduating from the Mekteb-I Tibbiye in 1904, Mazhar Osman became an assistant in the Department of Mental Health and Mental Health at the Gülhane Military Hospital in 1906.[14] Having passed the exam, he began working as an assistant teacher at the Mektebi Tibbiyei Sahane where he wrote his first book on mental illness titled *Tababet-I Ruhiye*("Medicine of the soul").[15] After the return of Constitutional Monarchy, he went to Germany to specialize. He worked in various health institutions until 1919, when he was appointed

[10] Serkan Erdal et al, *Meşrutiyet'ten Cumhuriyet'e Türkiye'de İöki İle Mücadele ve Hilal-i Ahdar(1908-1927)*. (Kitabevi, 2019), 44, 187.
[11] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 37-43.
[12] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 187.
[13] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 187.
[14] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 165.
[15] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 165.

Chief Physician of Toptaşi Mental Hospital in 1919. [16] Throughout his tenure as Chief Physician, he rejected outdated techniques and developed laboratories specializing in serology, neuropathology, and experimental psychology based on the latest scientific insights of his time.[17] During his second position as the Chief Physician of Toptaş Birmahane in 1922, Osman played an active role in the transformation of Toptaş Bimarhane into Bakırköy Mental and Nervous Diseases Hospital, serving as both its director and chief physician.[18] Later, he became the president of the Turkish Medical Society and *Hilal-I Ahdar* as well as one of the founders of the Turkish Neuro-Psychiatric Society. He published the magazines including Sihhi sahifeler and İstanbul Seririyatı. Some of his publish works included *Tababet-i Ruhiyye* ("Psychiatric medicine"), *Sıhhat Almanakı* ("The Almanac of Health"), *Seriri Cepheden Alkolizm* ("Alcoholism from the clinical front"), *Lepra İle Mücadele* ("Struggle with Leprosy"). [19] This paper primarily focuses on Osman's anti-alcohol arguments based on his book on intoxicants, Keyf veren zehirler.

Another important thing to note in establishing Hilal-i Ahdar is the influence of earlier Ottoman medical civil societies. The driving force behind Hilal-i Ahdar came from doctors such as Mazhar Osman who were active in the psychiatric and mental health association known as Tababet-i Akliyye ve Asabiye Cemiyeti. Tababet-i Akliyye ve Asabiye Cemiyeti was an association of doctors founded in 1914 dedicated to following the latest research of the mental and neurological diseases in the West and improving their knowledge and skills in the field of neuropsychiatry.[20] During its congress meeting of January 1920, the members decided to establish an association against alcohol, with Şeyhülislam Haydarızade Ibrahim Efendi serving as the honorary president, Mazhar Osman as the vice president, Şükrü Hazım as the general secretary, and Tahsin Bey as the treasurer.[21] The name of the association, Hilal-i Ahdar, was also coined after another significant Ottoman medical civil organization, Hilal-i Ahmar (Ottoman Red Crescent Society).[22] This Ottoman medical organization established

[16] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 165.
[17] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 166.
[18] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 166.
[19] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 166.
[20] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 44.
[21] Erdal et al, *Hilal-i Ahdar(1908-1927)*, 44-45.
[22] Daniel-Joseph MacArthur-Seal. "States of drunkenness: bar-life in Istanbul between empire, occupation, and republic: 1918–1923," Middle Eastern Studies 58, no. 2(2022): 276.

in 1868 played a pivotal role in providing medical aids during the Crimean War and Balkan War. Its close relationship with the Ottoman state exemplifies the rise in Ottoman civil societies and their participation in the political sphere during the nineteenth century.

It is important to contextualize the founding of Hilal-i Ahdar in the broader history of development of medical sciences in the second constitutional period (1908-1918). The Ottoman modernization project of the Tanzimat period beginning in the second half of the nineteenth century brought reformulation of existing educational curriculum and subjects as well as introduction of new sciences that instigated questions of citizenship and nation making. Beginning in the second constitutional period (1908-1918), there was an increasing interest in psychology and synthesizing biomedical theories of human development with national destiny. Between 1870s and 1920s, the focus of psychology shifted from metaphysics, moral science, and religious thought to biological materialist sciences.[23] Influenced by European positivist sciences of the late nineteenth and early twentieth century shaped by post-industrial revolutionary notions of materialism and physiological determinism, leading Young Turk intellectuals such as Abdullah Cevdet, Baha Tevfik, Filibeli Ahmed Hilmi, and Mustafa Şekip Tunç produced influential works on brain physiology and psychology.[24] One of the most notable figure among them was Abdullah Cevdet, a doctor of Kurdish origin and one of the founders of the Committee of Union and Progress. Their works often merged European sciences with existing Ottoman concepts of human soul, challenging the binary framework of materialism and spiritualism and laid the foundation for modern psychology.[25]

Intellectual discussions of psychology in the second constitutional period also sparked discussion of an Ottoman individual in the evolutionary conceptualization of human development. In these discussions, an individual soul became a contested site for knowledge; while Abdullah Cevdet perceived soul as a receptacle for new progressive discourses and knowledge, Ahmed Hilmi hoped that it would be a bastion against the inflow of

[23] Seyma Afacan, "Of the Soul and Emotions: Conceptualizing 'the Ottoman individual' through psychology," PhD diss., (University of Oxford, 2016), 15.
[24] Afacan, "Of the Soul and Emotions,"15.
[25] Afacan, "Of the Soul and Emotions,"15-16.

"fake progress".[26] Until the domination of medical professional in the 1930s, discussion of human soul, will, and emotions became a venue through which intellectuals debated scientific models of individual and collective development in response to the positivist ideas of national progress.[27]

Along with European understanding of brain physiology and psychology, the nineteenth century theories of defective hereditary traits were also influential. In mid nineteenth century, Ottoman doctors were exposed to concerns of defective hereditary traits raised by European medical community. In 1865, an Ottoman physician, Dr. Mustafa Hami asserted the detrimental effects of alcohol on mental faculties and hereditary vulnerability to diseases in his book titled Sıhhatnüma-yı Kebir ("Comprehensive Health Guide"). [28] While other doctors cautioned that the children of an alcoholic father are more to addiction than others, Hami took a more radical position—that these children would inherit the father's biological vulnerabilities and defective traits induced by alcoholism.[29] Besim Ömer, a pioneering figure in establishment in modern obstetrics and gynecology in Turkey and director of the forementioned Hilal-i Ahmer ("Ottoman Red Crescent society"), was also immersed in European works of heredity and degeneration. According to Ömer, alcoholism was a biological inherited trait that could cause neurological diseases and violent criminality.[30] Alcohol was a substance that would send the person on a downward spiral of degeneration, leading the most upright responsible man down the path of poverty, diseases, delirium, murder, asylum, and death.

Turkish doctors who were active in voicing their opinions against alcohol were exposed to various European literature on degenerative paradigm of the nineteenth century. Within the degenerationist literature that linked psychiatric and neurological diseases with criminality and other anti-social behaviors, alcoholism, epilepsy and general paresis were most frequently cited.[31] Unlike other mental illnesses which seemed to present no cure, doctors saw alcoholism and alcohol-related illnesses as problems that they could tackle through

[26] Afacan, "Of the Soul and Emotions,"63.
[27] Afacan, "Of the Soul and Emotions,"16.
[28] Evered, *Prohibition in Turkey*, 76.
[29] Evered, *Prohibition in Turkey*, 77
[30] Evered, *Prohibition in Turkey*, 77
[31] W.F. Bynum, "Alcoholism and Degeneration in 19th century European Medicine and Psychiatry," *British Journal of Addiction,* 79 (1984):61.

abstinence and other strict methods of health management. Benedict Augustine Morel, one of the most frequently mentioned psychiatrists in both European and Turkish degenerationist literature, had a materialist outlook on the causes of hereditary degeneration. Morel's concept of hereditism described a cumulative downward spiral in which inherited defective traits progressively worsen across generations, ultimately leading to extinction. Hereditary degeneration, therefore, was perceived as a pathological temperament or acquired damage caused by intoxicants including alcohol.[32] His work was deeply influential in Germany and Austria and to some extent in Britian and the United States and particularly helpful in providing a framework to support the existing assumptions of inherited alcoholism by those who supported temperance.[33] The influence of Morel and other European physicians influenced by his work in shaping Turkish psychiatry is evident in Mazhar Osman's writing, as I demonstrate further in later chapters. Morel and other psychiatrists influenced by his work were mentioned in the reference page of Mazhar Osman's book, *Keyf Veren Zehirler.* Several scholars whom he mentioned, such as Emile Kraepelin, August Forel, and Paul-Maurice Legrain were avid supporters of temperance movement.

The medical arguments promoting anti-alcohol based on the degeneration model in Europe were responding the existing social concerns of physical and psychological deterioration and their lingering effects in national strength. The initial temperance movement of the 1800s was colored by religious rhetoric where in which female Christian unions played a crucial part. The nineteenth century temperance movement gained significant momentum in Europe and the United States following the World War I. Within the wartime economy, indulging in alcohol was seen as an unpatriotic consumption with moral repercussions. The unique context of the war shifted public opinion towards prohibition eventually leading to the legislation of the prohibition in many parts of Europe and the United States. Existing social concerns linking alcohol consumption to social problems such as poverty, domestic violence, and crime gained scientific credibility through the works of pro-temperance doctors such as August Forel and Paul-Maurice Legrain. The pro-

[32] Bynum, "Alcoholism and Degeneration in 19th century European Medicine and Psychiatry," 61.
[33] Bynum, "Alcoholism and Degeneration in 19th century European Medicine and Psychiatry," 61.

temperance doctors such as Forel and Legrain as well as temperance society activists featured prominently in shaping the Turkish anti-alcohol movement. A prominent American temperance activist and later a member of the Anti-Saloon League, William E. Johnson (nicknamed as "Pussyfoot"), was particularly actively engaged in promoting prohibition in Turkey. Mazhar Osman also discusses his speech at various temperance conferences in Turkey in extensive length in his book *Keyf Veren Zehirler*("pleasure giving poisons").

From the end of nineteenth century to the early twentieth century, doctors immersed in their contemporary European medical theories of hereditism instigated biomedical discussion of habits and hereditary traits. A salient wave of anti-alcoholism that swept across Turkey in early twentieth century was a product of existing discussions among European and Turkish doctors regarding alcohol and its effect on maternal and children's health. These doctors projected their moral concerns onto the medical discussion of individual and generational health as they identified certain unhealthy individual habits as biological toxicants that could compromise the gene pool of their society. In the backdrop of Allied occupation of Istanbul following the Great War, inflow of displaced Russian immigrants, as well as economic hardship, the atmosphere of loosened social regulation triggered anxieties about public morality. Public display of intoxication and extramarital sexual proclivities became targets of moral censure from various groups of concerned individuals ranging from religious conservatives to doctors entrenched in their contemporary medical discourses of biomedical determinism.

Debating economic pragmatism in alcohol ban in 1920 : Alcohol tax and Ottoman debt

Understanding the development of anti-alcohol laws is important for contextualizing the arguments of those who supported and challenged the anti-alcohol bill of 1920. The contentious process of legalizing alcohol ban reveals a critical insight into the debate of alcohol ban between economic pragmatism and cultural conservatism coated in religious-medical discourse. This contention between economic pragmatism and religious-

medical discourse continue to be the central theme in Osman's elaboration of the debate on alcohol ban in his book *Keyf veren Zehirler.*

The legal motion to ban alcohol was first presented to the Parliament by Trabzone Deputy Ali Şükrü (1884–1923) on April 28, 1920. Ali Şükrü was known as one of the fiercest critics of Mustafa Kemal during the first term of the General National Assembly, known for his more conservative and religious views that went against the grain of the Committee of Union and Progress (CUP).[34] Following his naval career during the Great War, Ali Sükrü Bey (1884–1923) actively engaged in publishing newspapers and translating European sociological works and began attending meetings of the *Milli Kongre Cemiyeti* (National Congress Society) in 1918.[35] At the time *Milli Kongre Cemiyeti* supported writing articles in US newspapers to solicit American support for Turkey to resist Allied occupying forces.[36] Through his involvement at the MKC, Sükrü also came across Ahmed Emin, the journalist who first proposed American approach of prohibition in his newspaper in 1919. [37] As Sükrü proposed the bill in 1920 and staunchly supported it, he marked his position as one of the key figures in the opposition group until his untimely death in 1923.

In his proposal, Sükrü drew attention to the fact that alcohol, which is clearly forbidden by religion, is spreading among the people. [38] He stated that the negative effects of alcohol on social life are increasing and gave the example of the prohibition of alcohol in America. [39] He said that although Christianity did not ban it, the American government banned alcohol by considering it "the greatest calamity." [40] Ali who appreciated the American Government's acceptance of the prohibition of alcohol presented the draft that included the following articles in order to protect the country from "this great trouble and disasters."[41]

1) The production, import, sale and use of all kinds of alcohol is prohibited in the Ottoman Empire.

[34] Evered, *Prohibition in Turkey*, 254-255.
[35] Evered, *Prohibition in Turkey*, 254-255.
[36] Evered, *Prohibition in Turkey*, 255.
[37] Evered, *Prohibition in Turkey*, 255.
[38] Uğur Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi: Men-i Müskirat (İçki Yasağı) Kanunu ve Toplumsal Hayata Yansımaları*. (Çizgi Kitabevi, 2012), 23.
[39] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 23.
[40] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 23.
[41] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 23.

2) When those who produce, import, or sell alcoholic products are caught, their drinks are confiscated and they are fined fifty lira per kilo
3) Those who drink alcohol are sentenced to a heavy penalty or a fine between fifty lira and two hundred and fifty lira.
4) With the entry into force of the Law, existing alcoholic drinks will be confiscated and destroyed
5) The law shall enter into force upon its publication
6) All civil servants, courts of justice and nizamiye courts are responsible for the execution of the law. [42]

Ali's proposal was discussed in the Judiciary, Health, Finance and Sharia Councils and the prepared minutes were presented to the TBMM and read on April 28, 1920. [43]

The Councils expressed various degree of reactions to this proposal. The Judiciary Council accepted the proposal but added that considering the extraordinary conditions of the country, the proposal should be discussed further when life returned to normal.[44] The Health Council fully supported the proposal and even suggested the penalties to be increased.[45] Their avid support of the proposal grounded on their concerns regarding the effect of alcohol on health and social unrest, as well as the amount of money being spent in purchasing imported alcohol. [46] The Sharia Council found the proposal appropriate. Meanwhile, the Finance Council rejected the proposal. While agreeing that alcohol harms morality and increases social unrest, the Finance Council argued that the ban on alcohol would put the country in financial difficulty due to the significant amount tax collected on alcohol.[47] As the state is dire need of money during such extraordinary time of war, the Council asserted that the prohibition is at odds of the interest of the state. It even suggested to lower the penalty. [48]

While specific parameters and exceptions continued to be negotiated after the bill was first issued, similar points were repeatedly raised regarding the feasibility of the law. As seen in the initial opposition of the bill, significant basis of the opposition to prohibition came from financial concerns. Throughout the negotiations of each clause, Ali Şükrü often went head-to-head with the Ministry of Finance, arguing the extent to which the bill would be detrimental to accruing internal revenues and paying off Ottoman debt. The question was whether

[42] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 23-24.
[43] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.
[44] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.
[45] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.
[46] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.
[47] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.
[48] Üçüncü, *Milli Mücadele Yıllarında Bir Yasak Denemesi*, 24.

increasing tax on other substances such as coffee would be enough to outweigh the loss of revenue from alcohol tax. This rhetoric continued to be the persistent argument against the alcohol ban that prohibitionists continue to challenge against as we see in the narrative of Ali Şükrü and Mazhar Osman. Another financial concern was that the bill would be counteractive and encourage smuggling and illegal market of alcohol. Smuggling was in fact one of the ways in which local community reacted against central measures of taxation.

The persistent conflict between the government bodies in support of anti-alcohol law and the Ministry of Finance during the process of legislating alcohol ban of 1920 must be contextualized based on the particular relationship between the ministry of Finance and Ottoman Public Debt Administration. In response to the European pressure for debt settlement following the Ottoman bankruptcy in 1875, Sultan Abdülhamid II established the Ottoman Public Debt Administration (OPDA) to avoid placing the Turkish finances directly into the hands of foreign powers, as some European states already suggested during the Berlin Congress of 1878.[49] As spirits tax revenue was turned over to the OPDA in 1881, the proposed bill that bans the sale and production of alcohol placed the Ottoman Ministry of Finance in a difficult position with the OPDA.[50] The regulation of alcohol consumption in Turkey carried significant economic implications, as taverns and alcohol sales generated substantial tax revenue for the state.[51]

Chapter overview

Chapter 1 sets the stage for the rise of temperance movement amidst the political and social circumstances of late nineteenth to early twentieth century Turkey. This chapter highlights the pivotal role of nonstate actors, mainly the doctors and their association, such as *Hilal-i Ahdar* and *Tababet-i Akliyye ve Asabiye Cemiyeti,* in producing medical rhetoric of anti-alcoholism and disseminating their propaganda to the public. It

[49] Murat Birdal, *The Political Economy of Ottoman Public Debt: Insolvency and European Financial Control in the Late Nineteenth Century*, (I.B. Tauris Publishers, 2010), 6.
[50] Birdal, *The Political Economy of Ottoman Public Debt*, 121.
[51] Biçer-Deveci, "Turkey's Prohibition in 1920," 38.

also introduces the contention between different government bodies in legislation of the anti-alcohol law in 1920, addressing the significant burden of Ottoman debt that often questioned the efficacy of anti-alcohol law. The argument for economic pragmatism continued to feature in the argument against alcohol ban, as also indicated in Mazhar Osman's discussion of the arguments for and against the alcohol ban in his book, *Keyf Veren Zehirler*.

Chapter 2 analyzes the rise of civil societies during the early twentieth century Ottoman society and the increasing role of medical experts in shaping social policy and public discourse. It examines how charitable organizations that emerged during the Balkan Wars and Great War blurred the boundaries between state and civil society, creating new pathways for professional influence. The chapter pays particular attention to how repatriated soldiers became subjects of medical observation and social anxiety, perceived as carriers of both physical diseases and mental trauma. Through the case of Mazhar Osman and other prominent psychiatrists, this chapter demonstrates how medical concerns about individual health became intertwined with broader nationalist visions of social reform and population management.

Chapter Three provides an in-depth analysis of Mazhar Osman's medical theories and prohibitionist advocacy as articulated in his influential text *Keyf Veren Zehirler*. This chapter examines Osman's neuropsychiatric understanding of addiction, his classification of "poisons that give pleasure," and the ways in which he integrated European medical theories with local cultural concepts. It pays particular attention to how Osman's arguments against alcohol consumption merged scientific claims about hereditary degeneration with moral judgments about proper social behavior. The chapter also analyzes how anxieties about foreign influence—particularly regarding Russian refugees and European occupation —informed medical discourse on alcohol and other intoxicants. Finally, it examines the gendered dimensions of prohibitionist rhetoric, noting how concerns about male drinking intersected with broader anxieties about women's reproductive roles in building a healthy nation.

The conclusion synthesizes these analyses to argue that the anti-alcohol movement, though short-lived in its prohibitionist policy outcomes, established enduring patterns for conceptualizing the relationship between individual health behaviors and national welfare. By demonstrating how medical knowledge became instrumentalized for nationalist purposes, I suggest that the prohibition movement offers important insights into the foundations of early Republican health governance more broadly. The conclusion also reflects on the legacy of Hilal-i Ahdar and how its founding initiatives continued to influence Turkish public health approaches throughout the twentieth century.

CHAPTER TWO

The Rise of civil societies during early twentieth century Ottoman society

In order to grasp the social and political factors that drove the anti-alcohol movement from 1920 to 1924, it is important to understand the unique political and social context of nineteenth century Ottoman empire molded by the a continuous series of wars from mid-nineteenth century to early twentieth century. Existing literature on Ottoman soldiers during World War I demonstrated the totalizing and transformative nature of the Great War. The diary of an ordinary Ottman soldier Ihsan Salih Turjman in *Year of the Locust* elaborated how the war molded soldiers' work and living habits as well as the daily lives of the civilians, generating an atmosphere of panic and uncertainty. [52] *Healing the Nation* revealed the physical and psychological challenges faced by Ottoman prisoners of war held in Russia and British camps in Egypt during the Great War. Various accounts of the Ottoman soldiers during the war substantiate not only the scale of devastation and disruption of normality created by war, but also the untenability of multiethnic and multinational state by the end of the World War I.

In this atmosphere of devastation by a series of wars, the needs of the war was met with the rise of civil societies and medical experts. Scholarship on charitable organizations from constitutional period and onwards have addressed the psycho-cultural and economic cost of Balkan and Great Wars where the civil societies began to partner with the state to provide aids and raise morale as the Ottoman state struggled with its limited resources. After the Great War ended, repatriated soldiers became subject of social anxiety in the eyes of medical experts as they were seen as carriers of visible and latent diseases returning to the homeland. The medical observations and discourses surrounding the soldiers with illness contributed to the broader medical discussion of individual mental health and social morality, fueling discourse of pronatalism and national strength that colored the vision of modern Turkish nationalism.

By reviewing the existing literature on civil societies during the Balkan and Great War and the increasing presence of medical experts in modern Turkish nation-building project, this chapter provides the

[52] Salim Tamari, *Year of the Locust: A Soldier's Diary and the Erasure of Palestine's Ottoman Past.* (University of California Press, 2011),6.

backdrop of how modern Turkish psychiatrists began to contribute to the medical discourse of "healthy nation." This chapter lays out the increasing importance of civil society organizations and medical professionals prior to and during the Great War, as well as the medical gaze of soldiers' bodies as sites of knowledge and public health initiatives.

The increasing role of charitable organizations and medicine prior to the Great War

By the end of Balkan War, the Late Ottoman society witnessed both disintegration of the idea of Ottomanism and an increasing partnership between civil societies and the state. In dire need of resources and manpower, the state encouraged civil actors to offer their philanthropic contributions. The rise of charitable organizations starting from late nineteenth century blurred the line between civilians and the state, expanding the boundary of the political public space.

Young Turk elites expanded their political influence through philanthropic activity following the example of the Ottoman Red Crescent Society.[53] Prior to the Balkan Wars, the political public space was gradually expanding as Young Turks utilized their semi-official aid organizations to encourage patriotism through charity works.[54] A series of wars in the Second Constitutional Period, starting from the 1911 war with Italy, the Balkan Wars, and later, the Great War, allowed the Young Turks to utilize their existing network of philanthropic organizations to strengthen their political influence with their patriotic discourse.[55] While Ottoman Red Crescent Society was first established in Istanbul in 1868, it was recreated by the Congress in April 1911, consolidating its position as a major relief agency during the Balkan and Great War.[56] The newly reestablished Red Crescent society, distinct from its earlier days as a humanitarian civil organization, was deeply intertwined with the militarist and nationalist disposition of the state. The participation of elite politicians as members and the Ottoman Prince as its honorary president, the composition of the Red Crescent

[53] Nadir Özbek, "Defining the Public Sphere during the Late Ottoman Empire: War, Mass Mobilization and the Young Turk Regime (1908-18)," *Middle Eastern Studies*, 43, no. 5 (2007): 796.
[54] Özbek, "Defining the Public Sphere during the Late Ottoman Empire," 796.
[55] Özbek, "Defining the Public Sphere during the Late Ottoman Empire," 797.
[56] Özbek, "Defining the Public Sphere during the Late Ottoman Empire," 800.

Society signified a deep connection to the political elites.[57] According to the membership records in year 1911 and 1912, the Red Crescent society also opened opportunities for mass mobilization of civilian and military medical experts, allowing them to make their contributions to their fatherland (Özbek, 805).[58]

As the war demanded urgent need for multiple positions in military, charitable organizations such as Red Crescent also hired women to offer services for the soldiers as seamstress, cooks, and nurses.[59] Female voluntary nurses, in particular, were highly esteemed nationally for their service during the Balkan Wars and the Great War, so much so that their images were even displayed on Ottoman Red Crescent postcards, plaques, rosettes, and medallions.[60] One of the most well-known nurses from the war times was Safiye Huseyin Elbi, a chief nurse on the Red Crescent hospital and later the first female president of the Hilal-I Ahdar (Yesilay).[61]

As the Ottoman Red Crescent's branches multiplied and activities expanded to carry out the state health initiatives under the approval of the central and local administrators, the role of Ottoman Red Crescent society extended beyond the confines of civilian auxiliary. Heightened importance of medical experts and medical aid organizations during the Balkan War would continue to intensify in the following Great War, as medical experts began to take a central role in shaping the policy and the nationalist discourse of the state.

The Great War and the rise in civil society organizations

Compared to the Balkan War, Great War required an incomparably unprecedented extent of mobilization of human and material resources. The extensive and pervasive nature of the wartime policies including displacement, conscription, and exploitation of resources further jeopardized the unity of the Ottoman society and pushed towards the brink of disintegration. The wartime necessities also further accentuated the role of

[57] Özbek, "Defining the Public Sphere during the Late Ottoman Empire," 802.
[58] Özbek, "Defining the Public Sphere during the Late Ottoman Empire," 805.
[59] Ronen Segev, "The late Ottoman era and its legacy for nursing in Turkey", *Turkish Studies* 25, no.2 (2024): 355.
[60] Segev, "The late Ottoman era and its legacy for nursing in Turkey", 357.
[61] Segev, "The late Ottoman era and its legacy for nursing in Turkey", 360

charitable civil societies aiding to mobilize resources and sustain the families of those impacted by the Great War.[62]

The increasing influence of civil society organizations in late Ottoman society is particularly crucial in understanding the evolving relationship between the state and medical organizations in the early twentieth century. During the Great War, civil society organizations, which generally acted in cooperation with the CUP government, made great efforts to mobilize popular opinion in favor of soldiers' families.[63] Some of the philanthropic organizations formed during the war provided material support for the soldiers' families. Akin notes the role of women in many of these civil society organizations during the wartime. For instance, one of the most active new organizations during the war was The Ladies' Aid Society for Soldiers' Families (*Asker Ailelerine Yardımcı Hanımlar Cemiyeti*), which was founded by the wives and daughters of high- ranking Ottoman and German officials in early 1915.[64] The extent of the charitable organizations was not only limited to Istanbul, but also in other provinces such as Izmir, where female members of soldiers were employed by charitable organizations to work in soup kitchens and sewing workshops.[65]

Increasing important of medical experts during wars from mid 1800s to 1920s

During the Balkan and Great War, emergence of medical civil organizations and the increasing infiltration of medical professionals in politics began to shape the medical discourse that linked certain social behaviors with health. Physicians were crucial in building and disseminating the medical discourse that prescribed direct biological and social implications of individual behaviors such as sexual debauchery or addiction to substances. This medical discourse extended beyond the circle of medical professionals and entrenched in wartime Istanbul. It shaped social perspectives on sanctioning individual behaviors and morality, as it touched on the existing social anxiety about contact with foreigners and lack of social order. Mazhar

[62] Yiğit Akın, *When the war came home: The ottomans' great war and the devastation of an Empire*. (Stanford University Press, 2020), 3.
[63] Akın, *When the war came home*, 156.
[64] Akın, *When the war came home*, 156.
[65] Akın, *When the war came home*, 156.

Osman exemplifies how medical experts galvanized discourse on national health and their agendas influenced the state-building projects in the early Turkish Republic. In the case of Osman, his background as a military doctor and medical training from both Ottoman and German schools allowed him to position himself as a reliable expert in shaping the medical discourse on health, upbringing, and national growth.

Mazhar Osman's experience as a military psychiatrist during the Great War and his post-war career as a chief doctor in new Bakırköy mental institution in 1928 exposed him to a variety of mental trauma the repatriated Ottoman soldiers suffered. The repatriation extended from 1914 to the early 1920s due to a variety of diplomatic, logistical, and political factors. During this period, a majority of Ottoman prisoners were not released or repatriated from captivity in Egypt and Russia until and up to three to four years after the Great War ended.[66]

The conditions that Ottoman prisoners experienced at the camps were generally grim. While some notable Ottoman survivors, such as Cemal Gürsel and Cevdet Sunay, would occupy prominent positions in Turkish politics later on, most captives did not live to see their lives in veteran glory. During their state of captivity, Ottoman soldiers were exposed to various harsh conditions. As a result of overcrowding and insanitary conditions in the camps, significant number of Ottoman prisoners perished from their exposure to fatal epidemics such as typus, typhoid fever and cholera.[67] Observing the repatriated Ottoman soldiers, Osman commented, "whether returning from Siberia, Egypt or India, among our prisoner-soldiers, after those afflicted with pellagra and blinded with trachoma, [the number of] those who had dementia praecox were horrifyingly high'.[68] 'Dementia praecox', meaning "premature dementia," was developed by Emil Kraepelin and a widely used term during the late 19th and early 20th century, referring to conditions of rapid cognitive decline and psychotic symptoms now understood as a variant of schizophrenia. Dr Mazhar Osman observed that those patients afflicted with dementia praecox looked like 'the living dead' as they returned to their families.[69] As a

[66] Yucel Yanikdağ, *Healing the Nation: Prisoners of War, Medicine and Nationalism in Turkey, 1914-1939*. (Edinburgh University Press, 2013), 3
[67] Yucel Yanikdağ, "Ottoman Prisoners of War in Russia, 1914-22," *Journal of Contemporary History* 34, no. 1(1999):73.
[68] Yanikdağ, *Healing the Nation*, 2
[69] Yanikdağ, *Healing the Nation*, 2

psychiatrist, Osman focused more on the psychological symptoms of repatriated soldiers than other more prevalent diseases such as trachoma and pellagra and his insights would formulate his later theories on individuals' innate vulnerabilities to mental illness.

The perception of returning soldiers as disease carriers

Mazhar Osman was not alone in associating the repatriated soldiers as disease-carriers. Neuro-psychiatrist Dr Nazım Şakir linked repatriated soldiers to the appearance of lethargic encephalitis, a fatal brain disease that led to substantial deaths in Istanbul and beyond.[70] Other than psychological trauma from the war, Ottoman prisoners of war were infected by fatal diseases such as trachoma, dysentery, tuberculosis, and malaria. Due to the significant number of these soldiers and the duration of their contact with foreign populations, prisoned soldiers from the war were often singled out as 'disease carriers', bringing back diseases of whichever form and pervasiveness that they acquired from prisons in Russia, Egypt, India, and Burma.[71]

As they returned, they became carriers of disease, posing dangers of epidemics in a state that was already suffering with thinned out resources and dwindling manpower after war. For instance, in late 1920s, the rates of trachoma infection increased so high that the Turkish regime declared a war against trachoma, a blinding disease that posed threat to civilian health and the task of procuring productive labor force.[72] Soldiers with sexually transmitted diseases returning to their wives also instigated fears of infertility or producing unhealthy babies. Ottoman physicians made concerted efforts to prevent and regulate syphilis epidemic in Anatolian provinces from 1860s to early twentieth century including medical campaigns, establishment of syphilis hospital, and health regulations.[73]

Following the end of Great War, repatriation of Ottoman soldiers raised another concern for the Turkish medical experts. These experts began to worry that a woman living in an under-populated postwar environment,

[70] Yanikdağ, *Healing the Nation*, 119
[71] Yanikdağ, *Healing the Nation*, 119
[72] Yanikdağ, *Healing the Nation*, 3
[73] Seçil Yılmaz, "Threats to Public Order and Health: Mobile Men as Syphilis Vectors in Late Ottoman Medical Discourse and Practice," *Journal of Middle East Women's Studies*,13(2017): 224.

would settle for a man who is seemingly normal to an undiscriminating eye, but in reality, have physical or mental deficits under scrutiny.[74] In this way, they perceived the danger of undiscriminating women marrying unfit men and producing offsprings with the degenerative qualities of their fathers. Since the Turkish doctors believed that human failings such as insanity, criminality, alcoholism and schizophrenia, among others, to be hereditary defects, they predicted that procreation between a healthy person and an unfit person would result in offsprings with inferior traits.

According to the degenerationalist theory, if both parents had such tendencies, the offspring would be worse off than the parents themselves. Such possibilities further convinced the neuro-psychiatrists that more direct measures must be taken for the good of the nation.[75] Ultimately, the anxiety over the procreation between the healthy and unfit bodies fueled the legislative measures to prevent it. The Marriage Hygiene Law of 1930 required a pre-nuptial medical examination, and prevented people with certain physical and mental diseases from obtaining a marriage license.[76] People with syphilis and tuberculosis were many among those who could not marry until they had been treated. The looming society anxiety over the unfit body and mind, fostered by medical experts and post-war pronatalism, propelled the state to insert itself in the lives of civilians through policies of health.

The naturally vulnerable: diagnosis of mental illness by Mazhar Osman

According to Turkish neuropsychiatrists including Mazhar Osman, heredity was the most important factor in degeneration. As a result, preventing those who exhibit degenerative behaviors from passing their traits to the future generation and barring environmental factors that could turn people or their offsprings into degenerates were the biggest priorities in caring for the health of their underpopulated nation. [77] Drinking was seen as one of the environment factors that corrupt people's minds and their offsprings.

[74] Yanikdağ, *Healing the Nation*, 233
[75] Yanikdağ, *Healing the Nation*, 228.
[76] Yanikdağ, *Healing the Nation*, 233
[77] Yanikdağ, *Healing the Nation*, 235

Turkish neuro-psychiatrists were influenced by European scientists interested in intersection of hygiene, psychiatry, criminology and eugenics such as Alfred Grotjahn and Caesar Lombroso. The crux of their national concern lied in deciphering the social, psychological, and biological factors that influence the disposition of the mothers, who would shape the disposition of their offsprings. Regulating these important determinants prior to birth would ultimately lead to healthy offsprings and the good of the nation. For instance, these doctors believed that birthing during war times could lead to extremely neuropathic children.[78] Positive eugenic measures such as legislation of prohibition laws and censorship were encouraged.

As alcohol was seen as one of the environmental toxins that led to degeneracy among healthy populations, Mahar Osman and other Turkish doctors sought to educate the public and the government about the dangers of drinking in various fronts. In 1919, doctors Mazhar Osman and Fahrettin Kerim founded the Hilal-I Ahdar (Green Crescent Society, Yesilay) in order to discourage alcohol consumption. They fully supported the nationalist government's prohibition of alcohol in 1920 as an enlightened and necessary reform. Both doctors sought to promote hygiene reform and encourage more discussions on issues of health and hygiene by educating the public and the professionals. Fahrettin Kerim facilitated conversations on matters of national health in *Tıp Dünyası* to appear to both public and professionals.[79] Mazhar Osman regularly published in *Sıhhi Sahifeler* to circulate his thoughts on health and hygiene to the literate and general public as well as in İstanbul Seririyati for medical professionals.[80] In addition to their efforts to inform and circulate ideas of health and national strength through publications, Osman and Kerim's close relationship with the head of the Ministry of Health, Dr. Refik Saydam, allowed their ideas to influence the early Turkish republican policies of health.[81]

Unlike pellagra, trachoma and other infectious diseases which symptoms were visible, the seemingly latent yet prevalent epidemic of mental illness caused a different kind of threat. The Turkish medical professionals, while assuming that mental illness is a disposition that can be cured, worried that such disposition

[78] Yanikdağ, *Healing the Nation*, 235
[79] Yanikdağ, *Healing the Nation*, 236
[80] Yanikdağ, *Healing the Nation*, 236
[81] Yanikdağ, *Healing the Nation*, 236

could be inherited by future generations.[82] Rather than focusing on treating the mentally ill patients, doctors urged more should be done to prevent mental illnesses from being passed down and undermine the nation's future. Their efforts and expertise served to mobilize the pronatalist and nationalist rhetoric behind public policies of early Turkish republic.

Physician observations of veteran trauma and psychology through Mazhar Osman

While there is little to glean about the background of patients suffering with substance addiction in Osman's book, *Keyif Veren Zehirler* ("poisons that give pleasure"), there are few examples of patients who came back from war. In the chapter titled "Hekim müşahedelerinden: İçki kurbanları (From physician's notes: Victims of drinking alcoholic patient," the examples of the patients serve to substantiate Osman's argument regarding the dangers of alcoholism, rather than to examine how particular conditions of life geared the patients toward addiction.

Osman mentions two patients who came back from war. One of them is Osman's high school friend who began to show signs of alcohol addiction when Osman encountered him in the barracks for physical examination. In the example of his high school friend, Osman demonstrates the destructive nature of alcoholism that could even steer individuals from good upbringing. This friend was intelligent, well-mannered, and raised in a "solid religious upbringing" and living a life of a sharp intelligence and wealth as a lawyer.[83] Yet, when Osman encountered him during the Great War ("Umumi harp") as a military doctor, he complained of alcohol addiction and failed to overcome it.[84] In the story, Osman does not elaborate how his friend became addicted. Osman instead focuses on the extent of his shock at seeing his friend in utter wretchedness. As the lawyer friend's alcoholism worsens, it is accompanied by severe delusions of armed soldiers and scorpions.[85]

[82] Yanidağ, *Healing the Nation*, 3.
[83] Osman, *Keyif Veren Zehirler,* 92.
[84] Osman, *Keyif Veren Zehirler*, 92-94.
[85] Osman, *Keyif Veren Zehirler,* 94.

In another example of veteran suffering from addiction, a young man suffers from alcoholism after being released from captivity by the British in Egypt. After returning from the war, the young man returns home a changed man. His mother remarks that the son she once knew was buried in Egypt. Alcoholism drives the young man to engage in various acts of aggression and sexual deviances, even leading him to hit his wife, stab his pleading mother, and kill his own father who tried to protect his debauchery. This dramatic recourse of an alcoholic patient tells a cautionary tale of how alcohol is a persistently dangerous toxin that could easily alter a healthy man into a social threat.

In both stories, Osman does not discuss the psychological factors that may have driven these young soldiers into addiction. Instead of examining the potential psychological impact of imprisonment and war that could have driven these men into alcoholism, he only addresses how addiction becomes a rapid and pernicious path of destruction ultimately leading to individual and social tragedy. The lack of attention to the particularities of psychological trauma experienced by the former war prisoners places accountability on the individual for falling into traps of addiction and stresses on danger of alcohol as a potent catalyst of irreversible degeneration.

Conclusion

The trajectory of medical influence that began in wartime Ottoman society extended far beyond the corridors of military hospitals. Existing literature on the rise of civil organizations like the Ottoman Red Crescent Society and the careers of influential psychiatrists like Mazhar Osman reveals how wartime necessities during the Balkan and Great War blurred the boundaries between civil and political spheres. Some of the military doctors such as Mazhar Osman continued to reshape social attitudes and influence policies of social engineering after Great War through their close relationship with government officials or became the politicians themselves.

The anxieties surrounding repatriated soldiers—carrying diseases from trachoma to ‘dementia praecox’—crystallized broader concerns about national degeneration that would dominate medical discourse in

the early Turkish Republic. These fears manifested concretely in initiatives like the *Hilal-i Ahdar* (Green Crescent Society) and culminated in legislative interventions such as the Marriage Hygiene Law of 1930, which institutionalized medical authority over marriage and reproduction. The perceived threat of "unfit" bodies passing hereditary defects to future generations served as powerful justification for expanding state oversight into previously private domains.

Beyond just prohibition efforts, this medicalized nationalism created an entirely new framework for conceptualizing citizenship—one where individual health became inseparable from national vitality. Notable example of this medicalized framework of citizenship was the Marriage Hygiene Law of 1930, which intention was to prevent healthy women from having children with men with ailments. By tracing the increasing influence of medical professionals and non-state organizations from the Balkan Wars through the early Republic, we see how temporary wartime partnerships between medical experts and the state evolved into an enduring paradigm where medical knowledge became instrumental to governance. What began as pragmatic cooperation during crisis ultimately reorganized the relationship between citizens and the state, with doctors serving as mediators of a new nationalist vision predicated on the pursuit of collective health and social reform.

CHAPTER 3: Medical rhetoric of Turkish temperance through , *Keyf Veren Zehirler*

Introduction

Following the end of World War I, medical discourse expanded beyond the confines of wartime necessities to address broader concerns about national morality and public health. At the center of this evolving medical landscape stood Mazhar Osman, widely regarded as the father of modern Turkish psychiatry and founder of the Hilal-ı Ahdar (*Green Crescent*, Yeşilay). Through his extensive publications, public lectures, and organizational work, Osman articulated a vision of national health that merged neuropsychiatric expertise with moral imperatives. His influential text, *Keyf Veren Zehirler* ("Pleasure-giving Poisons"), provides a window into how medical professionals conceptualized addiction not merely as an individual pathology but as a social disease threatening the vitality of the emerging Turkish nation.

A detailed analysis of Mazhar Osman's *Keyf Veren Zehirler* ("poisons that give pleasure") is instrumental for several reasons. First, Osman lays out various arguments for banning alcohol and contextualizes the position of Hilal-i Ahdar, the most vocal proponents of anti-alcohol laws. As an influential neuro-psychiatrist of his time, Osman's grounds for pushing anti-alcohol laws reveal the particular concerns and motivations of the contemporary Turkish doctors as they observed the state of their country following the Great War and Armistice of Mudros. Reiterating narratives of blame onto European occupation in Istanbul, Russian refugees in tavern houses, and opportunistic non-Muslim capitalists reflect increasing anxiety over foreign and non-Muslim population in Istanbul. While wary of the foreign influence on public morality, the scientific grounds for Osman's position on alcohol heavily relied on the anti-alcohol rhetoric of European and American doctors and activists, often regurgitating their moralist and medicalized view of addicts as degenerates polluting their society. Referring to the European and American works could be interpreted not only as an attempt for Mazhar Osman to substantiate his claim, but also to buttress his professional standing as a leading Turkish psychiatrist.

This chapter examines Osman's medical theories on intoxication, his classificatory systems of addiction, and the underlying pronatalist discourse that shaped his prohibitionist stance. By analyzing his definitions of

pleasure, intoxication, and vulnerability to addiction, I demonstrate how Osman's psychiatric framework simultaneously medicalized traditional cultural concepts and reinforced the biopolitical objectives of the emerging Turkish Republic. His arguments against alcohol—drawing on international statistics, moralistic reasoning, and economic justifications—reveal the complex interplay between medical expertise, social engineering, and nation-building that characterized this pivotal period in Turkish history.

Osman's written works and his position as a public intellectual

Mazhar Osman, the founder of Hilal-ı Ahdar, often referred as the father of modern Turkish psychiatry, occupied a central role in shaping the modern Turkish vision of psychiatric institutions. Following his graduation from the Mekteb-I Tibb'ye in 1904, he became an assistant in the Department of Mental Health at the Gülhane Military hospital. Other than his experience in various health institutions including his appointment as a Chief Physician of Toptaşi Mental Hospital in 1919, Mazhar Osman is also known for his efforts to disseminate the knowledge of neurology and mental illness through public lectures, civil organization work, and his publications.

Osman's first work on mental illness, *Tababet-i Ruhiye* ("Psychiatric Medicine"), has drawn attention among recent scholarship regarding his usage of an originally Arab-Turkish cultural concept of *ruh* (spirituality) in a medical context. Some scholars have examined how Osman sought to secularize the culturally existent concept of *ruh* in Ottoman society by linking it with biological and neurological understanding of psyche and brain in his discussion of *ruh* in works such as *Tababet-i Ruhiye*.[86] Through this attempt at reconceptualization of *ruh*, Osman defined concepts of sanity and insanity and other key principles of modern Turkish psychiatry that echoed the biopolitical rhetoric of Kemalist modern state building projects.[87] Osman's book, *Tababet-i Ruhiye*, was written before his move to Germany to study neurology. His later works, such as the work that I focus on this chapter, *Keyf Veren Zehirler*, build on his previous medicalized concepts of 'ruh.' Galvanized by

[86] Kutluğhan Soyubol, "Finding ruh in the forebrain: Mazhar Osman and the emerging Turkish psychiatric discourse," *Medical History* 66, no.3 (2022): 226.
[87] Soyubal, "Finding ruh in the forebrain," 226.

the pride of his profession as a doctor, Osman's observations of human spirit would direct his calling as a socially minded scientist, concentrating his efforts to warn against the intoxicants that endanger not only individuals, but the fate of his nation.

The extent of Mazhar Osman's social engagement and public reception

The extent of Mazhar Osman's engagement with the public and his influence in the cultural discourse can be gleaned from literary reference as well. Hüseyin Rahmi, a well-known politician and a prolific writer known for his sketches of everyday life in Istanbul, presents a window into the general public reception of anti-alcohol laws and Osman's part in it. Rahmi's satirical novella from 1924, 'Women in a Turkish Tavern,' features two couples in a tavern, Şehri and Ferdi and their wives Bahriye and Adalet, who poke fun of the government prohibition on alcohol. Bahriye remarks that the prohibition measure did not deter drinking but rather encouraged everyone to drink while exponentially increasing the cost of spirits after the prohibition. [88] The drunkard calls out Mazhar Osman's name as he asks, "what is that imposed this useless ban?".[89] He continues to add that the prohibition failed and even encouraged women to drink. Bahriye also taunts the meaninglessness of moralist government measures such as prohibition. Stating that "good behavior is a fake gilt that a con civilisatrice ("civilizing moron") tries to paint our faith with," she argues that despite our civilized outlook, we are slaves of our never-changing temperaments.[90] Through the words of Bahriye, Rahmi challenges the futility of moralist attempts of the government to reform the behaviors of citizens. Rahmi's satirical and acute insights regarding human desires and our untamable temperaments addresses the absurdity of moralist compulsion behind prohibition. His observations also pose important questions regarding how people may be governed despite their natural temperaments and whether the government can truly curb social behaviors through legislation. Rahmi's discussion of human temperaments also raises an interesting point to Mazhar Osman's

[88] Emran Sahin and Janna Tamargo, "Women in a Turkish Tavern," *Delos A Journal of Translation and World Literature* 36, no.1(2021): 77.
[89] Emran Sahin and Janna Tamargo, "Women in a Turkish Tavern," 77.
[90] Emran Sahin and Janna Tamargo, "Women in a Turkish Tavern," 77.

notion on why people are drawn to poisonous substance as we explore his book, *Keyf veren zehirler ("poisons that give pleasure")*.

Introduction to *Keyf Veren Zehirler*

Among several books Mazhar Osman wrote on addiction and psychology, *Keyf veren zehirler* focused on providing a general overview of the intoxicants that "give pleasure" and poison the minds. We do not know much about the first edition, however, the preface to the second edition from 1934 shows that the book followed the general structure of the first edition without much updates except the addition of more new content on heroin. In the preface, Osman stresses the importance of this particular topic, due to the increasing visibility of heroin addiction in Turkish society at the time.[91] The second edition of the book, which came a decade after the abolishment of anti-alcohol law in 1924, elaborated on the symptoms and impact of alcoholism and Hilal-i Ahdar (Yeşilay)society's arguments against the opponents of anti-alcohol laws. Along with the chapters dedicated towards censuring drinking, it included discussion of other intoxicants cocaine, morphine, marijuana, tobacco, and heroin. Along with the physiological and psychological effects of addiction in individual lives, Osman linked substance abuse with other acts of social deviance and debauchery. Through a close analysis of *Keyf veren zehirler*, I argue the underlying discourse of medical and moral imperative behind Mazhar's argument for prohibition as well as the pronatalist drive behind these prohibitionist campaigns.

"Keyf nedir?(what is pleasure?)": neurological and psychological explanation of intoxication

To address the "poisons that give pleasure," as the title of book suggests, Mazhar Osman first briefly discusses the definition of "pleasure" and how it is achieved. In the first chapter, Mazhar Osman elaborates the physiological process of how each substance produces intoxication, referring to these temporary effects as "sun'i

[91] *"İkinci tab'ına bazı şeyler ilave ettim, kitabı zamana göre tadıl etmedim İçki mücadelesinde çesit çesit safhalarını gösterdikten sonra son zamanlarda revaç bulan bir zehiride birkaç sahifeye sıkıştırdım. O zehir ki Heroin dir; İçtimaı hayatımıda büyük bir sarsıntı yaptığı için bu sırada basılan böyle bir kitapta yer bulması lazımdı; kitabın ikinci basılışına sebep olmadı da diyemem. Umarım, ki kitabın üçüncü tab'ında bu uğursuzun ismi tarihe karışsın, memlekette yeniden öğrenenimiz olmasın, öğretmeğede lüzum kalmasın."* (Osman, *Keyf Veren Zehirler*, 6.)

keyf (artificial pleasure)."[92] Osman claims that pleasure is a forced madness and intoxication a repetition of madness. People utilize drugs for the first stage of substance use, a brief initial state of euphoria, and eventually exceed the limit.

Osman notes the brain cells as the "headquarters of our intelligence(zeka), morality (ahlak), and emotions (duygular)," which compositions are doomed to be disrupted and degenerate by substance abuse.[93] Using the metaphor of a poisoned seed giving its defects in the spring, Osman notes of the long-term effects of substance abuse in corrupting the generation. [94] Osman claims that, at the core of addiction lies in the natural human propensity to fall for deceptions of life. Osman remarks that a man is captive to every moral beauty, but also desperate to taste the false heavens of life such as love, loyalty, hope, and wealth which are all mirages.[95] Our human desperation also makes us more vulnerable towards the false and effervescent feeling of joy and vitality provided by substances such as alcohol.

In conclusion, Osman defines *daülküul* ("alcoholism") is the form when the poison shows its prevailing symptoms in terms of all nervousness.[96] Here in this paragraph, he mentions 'ruh' again to address how alcoholism is an extremely important subject medicine and spirituality.[97] He claims that those who are nervous and spiritually weak can be caught by *daülküul* even if they drink very little. The inability to handle the liquor and getting easily upset are seen as important signs of one's nervousness/weak temperament.

The introductory chapter, "Keyf nedir," lays the ground for Osman's perspective of substance addiction based on his theory of pleasure, addiction, and temperaments. His neuropsychiatric understanding of substance addiction merges the familiar cultural concept of *ruh* ("spirituality") with western medicine. Discussion of addiction and immorality through the metaphor of a poisoned seed defecting the forest emanates the underlying social anxiety over public morality and security disguised in the language of degenerative medical literature as I

[92] Osman, *Keyf veren zehirler*, 9.
[93] Osman, *Keyf veren zehirler*, 9.
[94] "Hele zehirlerle alude bir tohum kisbi kusurlarinda nevzada verir." (Osman, *Keyf Veren Zehirler*, 9.)
[95] Osman, *Keyf veren zehirler*, 9.
[96] "Daülküul : zehir galip arazını cümlei asabiye cihetince gösterdiği vakitki şeklidir. Bu tababeti ruhiyenin fevkalade mühim ve vasi bir bahsidir. Asabı ve ruhen zaif yaradılanlar pek az içki kullandığı halde bile daülkuule yakalanabilirler. Yaradılışta sinirliliğin en mühim alametlerinden biri içkiye dayanamamak çabuk sinirleri bozulmaktır." (Osman, *Keyf veren zehirler*, 14.)
[97] Osman, *Keyf veren zehirler*, 14.

elaborate later in Osman's discussion of a "spoiled seed." His usage of a seed metaphor is embedded in existing medical literature of degeneration and hereditism, where in which an individual's lifestyle choices hold the key in passing down the biological traits that determine the health of the future generation.

Usage of foreign research and statistics

Osman's work responded to the existing nineteenth century European medical literature with keen attention to the relationship between alcoholism and inherited degeneration. Several of the doctors mentioned in the reference page of *Keyf Veren Zehirler*, were renowned proponents of temperance movement or responded to the concern of substance abuse on mental health over generations. Among them, Emile Kraepelin, August Forel, and Paul-Maurice Legrain were avid supporters of temperance movement. Legrain was a leading expert in France for treating alcoholics and establishing the first public facility for the treatment of alcoholics. Forel advocated for social reforms to prevent alcoholism and syphilis, which he identified as contributing factors to mental illness.[98] During his stay in Munich, Osman was deeply influenced by Emil Kraepelin and his commitment to anti-alcoholism. [99]

Other than the medical theories of hereditism and alcoholism which I will elaborate further in later part of this chapter, statistics from Europe and United States were widely introduced throughout the book to substantiate the argument for banning alcohol. Osman presents examples of how alcohol consumption is directly linked to high crime and safety through international examples. He quotes a European insurance statistics that show that 41-46 out of 1000 customers a year have an accident due to drinking and that 32 out of 124 people who attempted suicide in Munich were seriously ill with alcohol.[100]

Along with frequent insertion of statistical data drawn from German language studies and anti-alcohol posters throughout the book, Osman also seek to stress on the direct link between alcohol and social ills through

[98] P E. Prestwich, "Paul-Maurice Legrain (1860-1939)." *Addiction* 92, no.10(1997):1259.
[99] Elife Biçer-Deveci. "Medicalizing the 'Alcohol Problem' in the Ottoman Empire: Expert Networks and Exchanges between Istanbul, Munich, and Zurich." *Comparative Journal for Global History and Comparative Social Research* (2022): 382.
[100] Osman, *Keyf veren zehirler,* 13

various European and American statistics. While Osman often omitted the source of the statistics that support his argument regarding the direct link between alcohol consumption and mental health and crime, one American statistics from Boston noted the significant drop in parent abuse, alcohol abuse, death by tuberculosis, sexually transmitted diseases, and mentally ill patients. [101]

	Evvelden	Şimdi	Fark yüzdesi
Ebeveyinden sui muamele ve terbiye gören çocuklar ("Children who are subjected to abuse and discipline by their parents")	2331	1611	31
Daülküul ("alcoholism")	131	54	62
Verem vefiyati ("death by tuberculousis")	1274	916	28
Umumı vefiyat ("general death toll")	12137	10909	10
Süt sarfiyatı ("milk consumption")	271403	347735	
Belsoğukluğu ve frengi ("gonorrhea and syphilis")	13562	8060	
Mecnunlar ("crazy ones"/mentally ill)	3287	2662	

Figure 1. [102]

Examples of various European and American temperance movement and their process towards legislation of anti-alcohol laws also served to draw the lessons of shortcomings and achievements of temperance activism. Tavern keepers, capitalists and alcohol companies are often faulted for thwarting the efforts of various temperance activism in Europe and America, while Islamic, Christian, and even communist groups are singled out as those who contributed to legislation of anti-alcohol laws.

By presenting statistical data of other countries experiencing social problems arising from alcohol, Osman seeks to present alcohol consumption as the common vice that leads to various social evils on a universal front. In reviewing failed endeavors of temperance movement in domestic and international contexts, one of the common lessons Osman seeks to inform his readers of the common obstacles to their moral crusade: namely, tavern goers, tavernkeepers, and capitalists invested in alcohol trade. Through various foreign examples of

[101] Osman, *Keyf veren zehirler*, 39
[102] Osman, *Keyf veren zehirler*, 39

temperance movement, Osman sought to galvanize his fellow activists to learn from their mistakes and revitalize the movement. His extensive knowledge of statistical data and eminent works by European psychiatrists also purported Osman's professional standing as a leading Turkish psychiatrist.

Osman's association of alcoholic tendencies with class

So who is addicted to the deceptive feeling of intoxication? Do one's particular social circumstances drive one to addiction, or is there an inherent trait that makes one particularly vulnerable? Why doesn't alcohol affect everyone the same way? To this question, Mazhar Osman attributes one's disposition (istidat).[103] Osman claims that even "some drunkards with swollen livers and veins so damaged that they look for an excuse to burst" have no fault in their nerves, or that their drinking has very little to with nerves.[104]

Some of the causes that Osman identifies to reduce one's resistance to addiction include nervousness, mental weakness, delusions, physical illness, poverty, numbness and fatigue. People who are subject these conditions are identified to show symptoms of alcoholism quickly even when they consume little alcohol. While Osman remarks that everyone develops a different degree of dependency towards alcohol, his observations also stress the prevalence of alcohol abuse among certain professions and categories of economic class. The increased percentage of drinking among those in poverty for instance is one example. Osman also the habit of drinking with specific professions such as tavern keeping, seamanship, and firefighting.[105]

The relationship between taverns and drinking is also a consistent argument in Mazhar Osman's moralist argument against drinking, noting that taverns invite various socially aberrant behaviors such as drinking and prostitution. Claiming that alcohol increases poverty, laziness, brawling, racket, murders and prostitution, Osman uses the example of an alcoholic father wasting his income that should be spent on children's food to demonstrate the debilitating social cost of drinking in producing and raising children.[106] This example also features the

[103] "*Niçin içki herkesin sinirlerini synı surette müteessir etmiyor?Süphesiz bu istidattandır.*" (Osman, *Keyf veren zehirler*, 20.)
[104] "*Bazı ayyaşlar karacigğerleri şiş, karınları su dolu, damarları çatlamak için bahane arayacak derecede bozuk bir halde hekime müracaat eder. Halbuki sinirlerinde bir kusur görüklmez, veya pek az görülür*. " (Osman, *Keyf veren zehirler*, 21.)
[105] "İçki itiyadı meyhanecılık,gemicilik,ateşcilik gibi bazı mesleklerde adeta zarurıdır." (Osman, *Keyf veren zehirler*, 21)
[106] "İçki sefaleti tenbelliği,yoksulluğu kavga gürültüyü,cinayetleri fubşu artırır. " (Osman, *Keyf veren zehirler*, 22.)

subchapter titled 'alcohol reduces the population (İçki nüfusu azaltır),' revealing the pronatalist drive behind the anti-alcohol rhetoric. Another drastic example is featured in this subchapter where tavern becomes a central location where murder, prostitution, and sexually transmitted diseases (gonorrhea and syphilis) that "are a social disaster for society and humanity" all occur.[107] Drinking is seen as a gateway to a number of dangerous consequences. "A person goes crazy because of alcohol ends up in mental hospitals, spreads diseases, is thrown to prison, catches a filthy disease like syphilis during the state of drunkenness. " [108] As these possible outcomes from drinking affect individuals beyond their own, but also to their family and others, spread from person to person and family to family, drinking is perceived as a dangerously infectious behavior.

Even moderate drinkers do not escape from Mazhar Osman's censure against drinking. They are seen as the deceptively benign factors that encourage their close ones into life-wrecking and even socially detrimental path. Osman claims, that even if these moderate drinkers do not suffer the disaster of drinking, their moral responsibility continues in a chain reaction, encouraging others to follow a same habit and make this disaster a reality.

Alcohol consumption: question of security and freedom

Mazhar Osman's staunch position on banning alcohol may appear not only harsh, but also to infringe on the constitutionally granted boundary of personal freedom. Osman reacts to such criticism, saying that "those who drink alcohol often say that "I am not doing any harm to anyone", but those who drink alcohol do more harm to society and humanity than to themselves." [109] If the social cost of drinking and its prevalence is endangering the security and stability of the society, can drinking be considered an act permissible in the private sphere? Or is there an argument to be made about taking out an individual's choice to drink altogether?

[107] "İçki sefaleti tenbelliği" yoksulluğu" kavga gürültüyü" cinayetleri fubşu artırır Bir peder on beş kuruş gelirni içkiye sarf ederse evlatlarının gıda butçesi mutazarrır olur.. " (Osman, *Key veren zehirler*, 22.)
[108] "Gece yarılarına kadar sofra başında beklemek" manasız yere kıskançlık göstermekten tutunuzde meyhanede masa başında ahbap gibi oturupta katille kalkmak" saikai sekirle fuhşiyata kapılmak"cemiyeti beşeriye için bir afeti içtimaiye olan bel soğukluğu ve frengiyi hali mestide yakalamak" tabii şahsa mühasır mazarratlar değildir. " (Osman, *Key veren zehirler*, 22.)
[109] Osman, *Key veren zehirler*, 21.

Mazhar Osman responds to the opponents of the anti-alcohol law regarding the question of whether banning alcohol relates to the meaning of personal freedom granted by law. One of the chapters included his article from eight years before the second edition of his book, responding the opposing arguments regarding alcohol ban One ground of opposition was that absolute prohibition has not yielded good results in any country including America and that moderate adjustment such as the one in Sweden needs to be made instead.[110] In addition, the opposing party argued that no one's freedom should be interfered with and that the government has no right to prevent it by force. To these points, Osman remarks that:

> *Evil is more attractive; its propagandists are more numerous. Unfortunately, absolute freedom exists nowhere in human society. No one can poison or kill himself or others in the name of freedom. Law cannot remain silent while a person sacrifices his family's food for his morbid pleasure and gifts the society with epileptic and morons. Let us be not as freedom-loving as America, who considered neither freedom nor economy when overthrowing a centuries old tradition of the country. Therefore, there is no doubt that our disposition is for drunkenness rather than freedom*."[111]

Here, the argument for freedom in discussion of anti-alcohol law is compared to "the freedom to poison or kill," dismissing the argument of personal freedom as an argument out of one's appetite for drunkenness than freedom. Osman firmly suggests that there is a line to be drawn in deciding the scope of personal freedom, as he sees drinking as a dangerous habit that dismantles lives and society. As Osman believes drinking can destabilize and compromise the security of the society, drinking ultimately infringes on freedom by undermining the security of the society that upholds freedom.

The reference to the "free loving American" relates to his criticism of American lobbyists against the prohibition such as "ballon-blowing tavern keepers, capitalists, and drunkards who are personally affected by pleasure." [112] Mazhar Osman argues that the prohibition of alcohol is crucial in ensuring security and safety as he remarks that since the prohibition, prisons have been emptied in many places, the number of people in asylums

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[110] Osman, *Key veren zehirler*, 36.
[111] *"Fenalık daha cazipitir. Onun Propagandacıları daha çoktur. Maatteessüf cem'iyeti beşeriyede hiç bir şeyde hürriyeti mutlaka yoktur. Kimse hürriyet iddiasile ne kendisini ne aharı zehirleyebilir, öldürebilir. Bir kimse marazı keyfi için ailesinin yiyeceğini feda eder cem'iyete saralılar abdallar hediye ederken kanun susamaz, biz Amerika kadar hürriyet perver olmayalım, memleketin asırlarca itiyadını bir kanunla devirirken ne hürriyet, ne ikitisat düşündü. Binaenaleyh bizim teşneliğimiz hürriyetten ziyade serhoşluğa olduğuna şüphe yok." (*Osman, *Key veren zehirler*, 60.)
[112] Osman, *Key veren zehirler*, 38.

has decreased, and the number of tuberculosis and sexually transmitted diseases has decreased considerably. [113] He also worries that abolition of prohibition could in reverse endanger society as police officers would quickly resort to drinking again and become negligent with their duties as police officers to uphold the order and protect their society. [114]

Meanwhile, Osman's more lenient position towards tobacco compared to alcohol further demonstrates the grounds on which a certain substance is regarded far more dangerous than others. While Osman agrees that "tobacco is undoubtedly one of the poisons that gives pleasures, it does not want to infringe on the freedom of the individual."[115] The "hostility towards alcohol is not due to the harm it does to the drinker but rather to the harm it causes to non-drinkers."[116] While the Green Crescent Society's position on tobacco would change over time, at the time of Mazhar Osman's writing, "Hilal Ahdar remains indifferent" since no such extent of the harm as alcohol seem to be existent. [117]

The economic argument for and against prohibition

Mazhar Osman finds economic reason to be the strongest case against anti-alcohol law. Alcohol production and selling provided important means of revenue for the Ottoman state and some argued that the law would make arts such as viticulture and horticulture. This was not particularly inflated from reality. Under the new separate branch of the Spirits department (Zecriye Emaneti,1860-1873) under the Ministry of Finance in 1860, zecriye resmi was carried out. [118] During the Tanzimat period, the original spirits tax prescribed all fermented and intoxicating beverages manufactured in the Ottoman Empire to the tax of twenty percent of the

[113] Osman, *Key veren zehirler*, 55.
[114] "İçki memnuiyeti kalktığı haberi gelir gelmez İstanbulda bir polis kendini bilmes srhoş olur, bir otomobile biner alabıldiğine koşturur, silahını çeker, kurşunlarını gelişi güzel boşaltmağa başlar... Polis gibi asayişi muhafazaya, cürümleri mene memur bir adam iöki ile mevkini, vazifesini unutuyor... "(Osman, *Key veren zehirler*, 49)
[115] Osman, *Key veren zehirler*, 166.
[116] Osman, *Key veren zehirler*, 166.
[117] Osman, *Key veren zehirler*, 166.
[118] Stanford J. Shaw, "The Nineteenth Century Ottoman Tax Reforms and Revenue System," *International Journal of Middle East Studies* 6, no.4 (1975): 441.

value.[119] At the time, where muskiret resmi, the alcohol tax, that was directly supervised and collected by the Public Debt Department.

Based on Osman's understanding, one of the economic arguments against anti-alcohol bill was that "alcohol is an adornment of the civilization and without it, Europeans would not enter the country," resulting in a loss of revenue from tourism.[120] Moreover, it would directly affect the existing alcohol industry that created revenues to pay off the public debt.[121] The opponents also predicted that those who are addicted would seek out other measures of procuring alcohol, mainly smuggling and secretly distilling alcohol in their homes, which would only result in aiding uncurbed consumption and loss in government revenue.

First, Osman argues that "alcohol is not a civilized necessity" and that "the beauty of the east" would entice the Europeans to come.[122] As he argues that prohibition leads to reduced crime, he believes that foreign visitors would ignore the discomfort of not having alcohol if they are able to move more comfortably in the country.[123] Regarding the loss of revenue from alcohol industry, Osman says that "viticulture is in the primitive stage" and that the crops have been destroyed by war and lacking in their yields to produce considerable impact on the revenue.[124] Using the example of vineyards, Osman also suggests that existing personnel in the industry could be trained to utilize grapes for non-alcoholic products and create revenue from such alternative industry of production. Moreover, he expresses concern regarding exporting alcohol with stamp method where it may encourage more addiction and interest in drinking culture.[125] Another point is that uncurbed control of alcohol would result in unemployment and greater spending in the welfare of those who need treatment.[126] Taking the example of an alcoholic father who loses his job due to his alcoholism, Osman argues that the economic cost of

[119] Shaw, "The Nineteenth Century Ottoman Tax Reforms and Revenue System," 441.
[120] Osman, *Key veren zehirler*, 53.
[121] Osman, *Key veren zehirler*, 53
[122] Osman, *Key veren zehirler*, 55.
[123] Osman, *Key veren zehirler*, 55.
[124] Osman, *Key veren zehirler*, 55.
[125] Osman, *Key veren zehirler*, 56.
[126] Osman, *Key veren zehirler*, 61.

the social spending and alcoholism's impact on the economy due to increased rate of unemployment would be far greater than the short-term benefits of alcohol revenue.[127]

Following the prohibitionist rhetoric regarding the social burden of welfare cost due to addiction, one anti-prohibition argument that Osman fails to consider seriously is the potential influence of alcohol consumption on other types of toxic substances. One of the opposing arguments was that as the alcohol becomes banned, addicts may seek much stronger substances such as cocaine, morphine and ethanol.[128] While Osman was previously quick to link alcohol consumption with prostitution, depletion of family income, child endangerment, high crime, suicide, and even epidemic of sexually transmitted diseases, he firmly states that there had been no direct scientific proof that alcohol dependency would lead to increase in other substance abuse (54).[129] He affirms that those who are subject to addictions engage in such behaviors due to their nature (54). [130]

The rhetoric of a spoiled seed: medical pronatalism

Continuing with the question of alcohol consumption and its impact on the society at large, Mazhar Osman's concerns about alcoholism extended beyond immediate social consequences to encompass broader implications for national health. In the first introductory chapter titled 'Keyf nedif," Osman utilizes the metaphor of *tohum kisbi* ("a spoiled seed") defecting the whole forest to express the infectious and pervasive nature of drinking onto the general public. [131] In the chapter titled "Tohum bozluğu," Osman applies his metaphor of "a spoiled seed" to scientific discourse by examining the genetic ramifications of alcohol consumption on future generations. Drawing upon research from prominent European physicians on hereditary characteristics, Osman emphasizes that alcohol's dangers transcend contemporary social problems to threaten the long-term national vision of a healthy population. His argument connects individual drinking behaviors to intergenerational public

[127] Osman, *Key veren zehirler*, 61.
[128] Osman, *Key veren zehirler*, 53.
[129] "İçki memnuiyetinde alkol yerine daha tehlikeli zehirlerin istimali itiyat edileceği itirazı fennen varit değildir. Müterediller (BUMBS)hilkatleri icabı mükeyyiflerin her nev'ine meclup olur. Alkolü mezbulen elde ettikleri halde bile Kokain,Morfin ve emsalini kullanmaktan halı kalmakdıklarını her hekim müşahede etmektedir. "(Osman, *Keyf veren zehirler*, 54)
[130] Osman, *Keyf veren zehirler*, 54
[131] "Hele zehirlerle alude bir tohum kisbi kusurlarinda nevzada verir." (Osman, *Keyf Veren Zehirler*, 9)

health outcomes, positioning alcoholism as both an immediate social concern and a threat to Turkey's future genetic wellbeing.

Osman heavily relies on existing European medical thought of medical hereditarianism as he elaborates the direct link between drinking and health of the future generations to come. He urges on the importance of good management of health in the current generation to pass down the strong genetic traits and thus, procure an excellent stock of healthy genes in the future generation. Osman also explains an opposite situation named, 'degeneres,' where a healthy body and lively soul wastes his health and engages in abuse, the good hereditary trait will gradually fade away in one or two generations.[132] Osman also elaborated on "blastophtorie," "a condition when a person experiences some malfunction in his core."[133] These two terms were prevalently discussed by the 1900s in Europe as the doctors began to conclude that chronic alcoholism could be inherited or transmitted to descendants as morbid nervous predisposition.[134] It was generally accepted that alcoholism was a major cause of degeneration along with tuberculosis and syphilis. Blastophtorie, was understood in the context of Treb's Laws of Inheritance, when one of the parents was a chronic alcoholic whose germ plasma was seriously poisoned by the alcohol.[135]

The impact of his contemporary European and Amercian doctors entrenched in medical hereditism is clear from this chapter. Among numeorus European doctors that Osman cites in this chapter and in the bibliography section is Auguste Forel, who was an authoritative Swiss researcher and temperance activist. Forel urged that alcohol itself was a toxic agent that could lead to degeneration of progeny at the Fourth International Congress against Alcohol Abuse in The Hague in 1892.[136] Another reference from Dr. Bumke ("Bumğe"), notes that women

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[132] "Makul muntazam bir hayatı sıhhı geçiren, bazı batınlar bu serveti sıhhiyeyi daha yükseltir. Fakat ekseriya iyi idare olunamamak yüzünden bozulur. Bedenen ve fikren sağlam bir ceddin birkaç batın sonraki hafidini cılız, iradesi zaif ve acia görünce hayret etmemeliyiz. Pek zengin adamların iradesiz evlatları bir müddet sonra elindekileri nasıl ifna ederse, mükemmel bir sıhhate tevarüs edenillet sahibi olur, hele nesli her hususta züğürtlüğe mahkumdur. Tüvana vücude ve zinde bir ruha malik biri sıhhatini israf eder, cersumenin eslateini bozacak sui istimallerde bulunursa bir iki batında irsı mezaya yavaş yavaş söner artık o soy bütün manasile bozuk (Dégénéré)dir. Az çok iyi bir sıhhate tevarüs eden birinin hayatında bahusus yeni nesil yetiştireceği vakıt kisbı bazı arızalarla nüvei asliyenin daha berbat bir hale sokulmasına cersume bozlukluğu (Blastophtorie) diyoruz." (Osman, *Keyf veren zehirler*, 72)
[133] Osman, *Keyf veren zehirler*, 72.
[134]Stephen Snelders, et al. "Heredity and alcoholism in the medical sphere: the Netherlands, 1850-1900." *Medical history* 51, no.2 (2007): 219.
[135] Snelders et al, "Heredity and alcoholism in the medical sphere," 227.
[136] Snelders et al, "Heredity and alcoholism in the medical sphere," 227.

who drink alcohol lose the milk that they need to feed their children and even links the "propensity for tuberculosis and teeth decay among offsprings of alcohol."[137] Stressing that alcohol ism as a disease that concerns society more than the individual health, majority of the statistics provided in the chapter focus on women and mothers who drink and their impact on their children's health. [138]

Another interesting aspect of Osman's summary of European studies on alcoholism and its generational impact is his adoption of terminologies and concepts that could be construed as eugenic. While I will not go extensively into this topic as it exceeds the perimeter of my current research, certain terminologies he uses in the text demands further attention. For instance, Osman's usage of '**ırkı** faziletler' in discussion of transmitted traits questions the extent to which Osman applied the racialized ideas of European medical community. Osman remarks that racial virtues ('**ırkı** faziletler') that are passed down from generation to generation are gradually diminishing due to the healthy revolutions that occur in each generation.[139] While '**ırkı** faziletler' could be interpreted as 'racial virtues,' Osman's writing focuses primarily on the general impact of alcohol on any parent who may reproduce an offspring in the future. The rare emphasis on racial particularities in his anti-alcohol argument supposes that perhaps that '**ırkı** 'refers to more of a native, endemic trait unique to an individual.

Other scholars have touched on the impact of European eugenic ideas on Turkish doctors more directly and I have also noted the attempts of Turkish doctors to engage in what could be seen as positive eugenic measures in a previous chapter. For instance, the sanitary law of marriage of 1930 mandated medical examination to ensure that the new couple was not carrying any fatal hereditary disease. The extent to which Mazhar Osman was interested in eugenic initiative, particularly a racially charged eugenic initiative could be addressed in future research.

Imported vices and their middlemen: anxiety over immigrants and foreigners

[137] Osman. *Key veren zehirler*, 76.
[138] Osman. *Key veren zehirler*, 76.
[139] "Nesilden nesle intikal eden **ırkı** faziletler her batında uğradığı sıhhı inkılaplar yüzünden, gittikçe azalır" (Osman. *Key veren zehirler*, 72.)

An interesting aspect of Mazhar Osman's position against poisonous substances is his tendency to associate addiction as countercultural or imported vices, while viewing foreign migrants, particularly Russian migrants, as facilitators of imported vices. One of the ways in which Osman seek to invalidate the assumption that drinking denotes a level of cultural sophistication is by addressing the external influence that shaped this notion and presenting examples of how drinking had been traditionally discouraged in Ottoman and Muslim societies. Lamenting how young generation of Istanbul perceive drinking as an indispensable part of civilized culture and contrasting them with abstinent Muslims in Europe, Osman challenges the normative drinking culture of Istanbul prior to the alcohol ban.

Moralistic anti-alcohol rhetoric often coexisted with a degree of social anxiety regarding influx of new migrants. In Mazhar Osman's works and other literature dealing with the history of drinking culture in Istanbul, one would find that as alcohol is often associated with immoral activities in taverns, tavern keepers and those who work in these taverns are also targeted as middle men disrupting social order. In introducing the history of Hilal-i Ahdar society, Serkan Erdan, Hasan Demirci, and Pir Murat Sivri refer to Mazhar Osman's words regarding the impact of immigration and European presence in loosening public morality. Osman says:

> "The tsarist wreckage escaping from the Bolsheviks was added to this army of civilization, which was overflowing with love and victorious joy of Greek and Armenian whores. Byzantium was living a life of debauchery that it had never seen before. The Russian princesses and countesses serving in restaurants and bars had driven this drunken group entirely crazy. Drinking this love that was not satisfying: white powder, snow.. cocaine.. it took off. Blond Russian beauties spread to the neighborhood coffeehouses of Istanbul with white powder… Istanbul was a godsend; every government was interfering: no government was doing anything. The mass of the people was being lost. Forty odd nations of the world could not crush Istanbul with cannons, rifles, airplanes, and bombs; Istanbul became a slave to cocain and prostitution. Istanbul, which had resisted the Tsar's armies for six hundred years, had been defeated by my Russian whores."[140]

[140] Erdal et al, *Hilal-ı Ahdar Cemiyeti* (1908-1927), 41.

Similar sentiment is presented in several chapters on cocaine addiction throughout *Keyf Veren Zehirler*. Osman attributes the introduction and spread of certain toxicants to foreign influence. The chapters on cocaine and heroin address Russian influence in introducing these toxins to Ottoman lands. In the chapter titled "cocaine addiction," brothels and taverns appear again as the main avenue for social evils following the entente occupation of Istanbul after Armistice. Osman claims that during this time when "the mob was having a blast in city without police, law, or government, the brothel owners had taken to the streets, the prostitutes were screaming had learned new means of pleasure with the help of Russian immigrants – who had begun to prey on young people with weak morals with this poison." [141] In another chapter about cocaine, the Russian connection is more explicitly apparent by its nickname, "Rus enfiyesi (russian snuff)." [142]While Osman recognizes that there had been rare cases of cocaine addiction in Istanbul in the beginning of constitutional period, users did them in secret and one would not encounter them out in the open. [143]

Overall, as these writings demonstrate, the foreign occupation of Istanbul following the Armistice and the presence of Russian refugees were often attributed as the cause of the collapse of social order and morality. The anxiety around Russian refugees and the European presence seated in the root of the moralist concerns, feeding the rhetoric that the political instability led to loosening of public morality. An environment of loose public morality made individuals more susceptible to the pleasure of addiction, making it seem more fashionable and more widely available.

Doctors such as Mazhar Osman linked the moralist concerns directly to biological consequences through existing European literature on degeneration and hereditism. As mentioned in the previous analogy of a spoiled seed, certain individual choices in health such as drinking and drug abuse were reckoned as devastating factor that could ruin not only the individual's health but also the health of the entire gene pool of his future generation and eventually, his nation. In this way, the matter of individual health, particularly the task of identifying and

[141] Osman, *Keyf veren zehirler*, 135.
[142] Osman, Keyf veren zehirler, 152.
[143] Osman, *Keyf veren zehirler*, 135.

preventing any drastic external factors that could compromise the quality of the gene pool, was a pressing objective for the Turkish doctors.

In their minds, the taverns and brothels were the center of where the common toxicants merge. The brothels were targeted the first places to distribute cocaine and sell them, along with raki to the customers.[144] Those who work in the taverns and brothels, often identified as Russian immigrant women, were often described as middlemen passing the vices to citizens and ruining them. The writings of Mazhar Osman depicting the social atmosphere of interwar period Istanbul exude the widespread sentiments of anxiety over foreign presence and social instability disguised in the language of medical professionalism.

Perception of women in Hilal-I Ahdar

Despite the prolific participation of women in European and American temperance movement, Mazhar Osman's omission of women's contribution in the prohibition movement is revealing. According to the official source of the Hilal-I Ahdar organization's history, as of 1924, the society decided to increase the number of female members in order to prevent the spread of alcohol among women.[145] Safiye Hüseyin Elbi, a member of the Board of Directors and a nationally well-known nurse who served during the war times, was authorized to establish a "strong propaganda network" among women for this purpose.[146] The society also expanded its field of combating addiction by including cocaine, morphine and marijuana in its field of activity. It was also decided to publish the important speeches made at the 1924 congress under the title of Green Book.[147] The book would be distributed free of charge to all interested parties, especially to members of parliament and the bureaucracy. Safiye Hüseyin, who continued her work on the board of directors of the Green Crescent since its founding years and was the first female delegate sent to congresses abroad, also served as the Green Crescent General President for a short period between 1955 and May 1956. [148]

[144] Osman, *Keyf veren zehirler*, 135.
[145] Belit Şenol, "Yeşilay ülküsünün yılmaz neferleri: Yeşilay kadınları", https://www.yesilay.org.tr/tr/makaleler/yesilay-ulkusunun-yilmaz-neferleri-yesilay-kadinlari
[146] Şenol, "Yeşilay ülküsünün yılmaz neferleri: Yeşilay kadınları."
[147] Şenol, "Yeşilay ülküsünün yılmaz neferleri: Yeşilay kadınları."
[148] Şenol, "Yeşilay ülküsünün yılmaz neferleri: Yeşilay kadınları."

Considering the early involvement of figures such as Elbi and the efforts to include women in the organization, Osman's omission of women in promoting anti-alcohol propaganda or even his dismissal of women's work is surprising. In one instance, Osman discusses the failure of anti-alcohol activism and women's activism in Bon Temples society in Germany in 1921. Those supporting prohibition, used airplanes to distribute propaganda posters in villages and would also rhetoric of protection of women and children.[149] Those opposing prohibition would also utilize the same rhetoric, but argue the opposite. They argued that, alcohol ban would allow alcohol to be primarily consumed in homes, damaging the morality of the family hearth and increasing drunkenness.[150] Moreover, when alcohol is to be abolished, the government budget would be shaken and heavy taxes would be levied on individuals.[151] The loss of Memnüiyet was attributed to two reasons: first, those who were bought off by alcohol companies and second, "they had unnecessarily trusted women."[152] Osman remarks that women had not yet received political training, resulting in their inability to stay firm in their political faith and unwavered by other opinions. It was said that many of the women werer carried away by the alcohol propaganda and many of them voted as their husbands, fathers, and brothers voted instead of sticking to the anti-alcohol position. [153]

As it can be seen above, despite the extent of female participation in various charitable organization and in medical service, women were still sidelined or seen as another body to be monitored or regulated in the eyes of Turkish prohibition leader such as Mazhar Osman. Women, seen as critical vessels that carry the fate of a healthy nation, regulating female health and educating them to stray from toxins and unhealthy men was seen as a more vital part of the anti-alcohol initiative than inviting them to take part in the sociopolitical activism.

Dismissal of women's contribution to the temperance movement as revealed in this segment of Osman's writing speaks to not only the lack of interest in female representation in Hilal-i Ahdar during his time, but also in the present. The topic of women's role and participation in various civil organizations during late Ottoman and

[149] Osman, *Keyf veren zehirler*, 45.
[150] Osman, *Keyf veren zehirler*, 45.
[151] Osman, *Keyf veren zehirler*, 45.
[152] Osman, *Keyf veren zehirler*, 45.
[153] Osman, *Keyf veren zehirler*, 45.

early Turkish Republic demands further attention. Perhaps eclipsed by the predominant Kemalist historiography of women's participation in politics and social spheres that eccentuates the sudden rise in female participation in early Turkish Republican era post-1923, there has been significant lack of attention to this topic prior to the establishment of Turkish Republic in 1923. Female participation in civil society organizations following mid nineteenth century and early twentieth century Ottoman Empire in the future would fill the gap in understanding the shifting relationship between the existent civic actor and the emerging republican state.

Conclusion

In this chapter, through close examination *of Keyf Veren Zehirler*, I sought to address the underlying concerns of social anxiety and morality embedded in Mazhar Osman's biomedical argument in support of alcohol ban as well as the influence of nineteenth century European medical literature in shaping Osman's stress on public health. Similar to other pro-tempearnce doctors whom he quoted in the litearture page, such as Kraepelin and Forel, Osman expressed his moral and social conservatism under the veneer of scientific reasoning.

Underlying factors of the impetus for securing public health was discussed in the previous chapter regarding the rise of civil society organizations and medical experts during the wartimes. Along with the heightened fear of unfit bodies compromising the fate of national security and health, occupation of Entente powers after the Armistice of Mudros and increased Russian migration following the Bolshevik Revolution escalated social anxiety in Istanbul. These points of anxiety appear particularly prominent in Osman's discussion of taverns and brothels as the hub of social evils ranging from addiction to sexual deviances and crime.

While Osman faults European occupation in Istanbul during the Armistice for creating a period of moral depravity and absence of moral supervision, significant portion of the visual and statistical data that Osman utilized to support his prohibitionist stance came from German and American sources. Other than statistics presenting the correlation between alcohol consumption and crime, Mazhar Osman also relied on European and

American medical literature on psychiatry and drugs. These works included Emily Kraepelin's *Psychiatrie*, Forel's *Lame et le systeme nerveux*, Oswald Bumke's *Handbuch der Geisteskrankheiten*.[154] These European models of hereditism and neuropsychiatry provided a new scientific language to legitimate Osman's position on addiction and its impact on generational health. As degeneration was conceived as an accelerating downward spiral of biological traits over time, even unhealthy consumption choices of an individual had biological ramifications on health beyond one's own. As a result, controlling an individual's consumption of unhealthy substance such as alcohol was not a violation of individual freedom, but a necessary restriction for the sake of the public and the future of the nation.

[154] Osman, *Keyf Veren Zehirler*, 181.

Chaptre 4: Conclusion

Existing literature on Ottoman soldiers during World War I demonstrated the totalizing and transformative nature of the Great War. The diary of an ordinary Ottman soldier Ihsan Salih Turjman in *Year of the Locust* elaborated how the war molded soldiers' work and living habits as well as the daily lives of the civilians, generating an atmosphere of panic and uncertainty. [155] *Healing the Nation* revealed the physical and psychological challenges faced by Ottoman prisoners of war held in Russia and British camps in Egypt during the Great War. Various accounts of the Ottoman soldiers during the war substantiate not only the scale of devastation and disruption of normality created by war, but also the untenability of multiethnic and multinational state by the end of the World War I.

Bodies of returning Ottoman soldiers also became sites of medical investigation and theorization by the Turkish doctors who witnessed the trauma of war in firsthand at the military hospitals. Although veteran status conferred associations with patriotic virtue, and select prominent political figures successfully leveraged their military service for professional advancement, the majority of returning combatants were stigmatized as potential vectors of disease transmission. Existing literature on syphilis control in Ottoman Empire elaborates on the medical gaze of the syphilis infection among soldiers as unbridled male sexuality that jeopardizes the production of healthy future generation, ultimately compromising the national strength.

The anti-alcohol movement that crystallized in 1920 with the founding of Hilal-i Ahdar had deeper roots in wartime medical discourse and social anxieties that emerged during the Balkan Wars and intensified throughout the Great War. As the Ottoman state mobilized for these conflicts, alcohol consumption became increasingly problematized within both military and civilian contexts. Military authorities recognized alcohol's potential to undermine discipline and combat readiness, while medical professionals began documenting its

[155] Salim Tamari. *Year of the Locust: A Soldier's Diary and the Erasure of Palestine's Ottoman Past.* (Berkeley: University of California Press, 2011),6.

effects on wounded and traumatized soldiers. This wartime context is crucial for understanding how alcohol transitioned from a private consumption choice to a matter of national security and public health concern.

The growing prominence of civil society organizations during wartime created institutional frameworks through which anti-alcohol sentiment could coalesce into organized advocacy. The Ottoman Red Crescent Society, recreated in 1911 and expanded during subsequent conflicts, exemplified how voluntary associations increasingly partnered with state authorities to address social welfare challenges. These partnerships blurred traditional boundaries between state and civil society, creating new pathways for professional influence. Medical experts who gained authority through service in military hospitals and charitable organizations carried this enhanced status into the post-war period, allowing them to shape public discourse on social health and national vitality.

Wartime anxieties about population decline and physical degeneration provided fertile ground for anti-alcohol rhetoric that emphasized reproduction and heredity. With the Ottoman population decimated by conflict, disease, and displacement, medical professionals articulated increasingly urgent concerns about factors affecting birth rates and child health. Alcohol consumption was positioned as a threat to reproductive capacity through multiple mechanisms: it diverted family resources from children's needs, weakened paternal authority, increased vulnerability to sexual diseases, and potentially transmitted "degenerate" traits to offspring. These concerns reflected both international eugenic theories and local anxieties about post-war recovery.

The perception of returning soldiers as disease carriers further intensified medical discourse around contamination and social hygiene. As Ottoman prisoners of war were repatriated from Russian, Egyptian, and Indian camps between 1918 and the early 1920s, they brought with them visible and latent illnesses ranging from trachoma and pellagra to what Mazhar Osman described as "dementia praecox." Military psychiatrists like Osman observed these returning soldiers with professional interest, developing theories about vulnerability to mental illness that would later inform their understanding of addiction. Their observations of war trauma and psychological suffering contributed to medicalized frameworks that linked individual pathology to social

disorder—frameworks that would later be applied to alcohol consumption and other "socially destructive" behaviors. Most significantly, the occupation of Istanbul following the Armistice of Mudros in November 1918 created conditions that anti-alcohol advocates would identify as manifestations of social decay directly linked to foreign presence and increased consumption. As documented in Osman's writings, the establishment of taverns catering to occupation forces and the visible presence of Russian refugees in entertainment districts generated moral panic about cultural contamination. This period witnessed what prohibitionists characterized as unprecedented public displays of intoxication, often associated with foreign influence and the perceived breakdown of traditional social controls. The narrative of alcohol as a foreign-introduced threat to Turkish national identity gained traction in this environment, with Russian immigrants and European occupation forces specifically identified as vectors of moral contagion.

The medical arguments of Turkish temperance movement extend beyond the existing pronatalist framework that stresses on securing the optimal physical health of the future generation. The development of modern neuropsychiatric knowledge in nineteenth century Turkey coincided with the prevalence of degenerative model of generational health, where doctors claimed patriotic responsibility in imparting their scientific knowledge to prescribe moral instructions for the good of the nation. Similar to other pro-temperance doctors in Europe, Turkish doctors also expressed their moral and social conservatism under the veneer of scientific reasoning. Individual consumption choices and lifestyle such as alcohol consumption and sexual proclivities became important footprints that biologically determine the quality of the genetic traits of the future generations. In this way, doctors such as Mazhar Osman did not see alcohol ban as an infringement of individual freedom, rather a necessary restriction in the interest of public health and the survival of the post-war state.

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