

FRAMING “OUR SOCIAL DISASTER”: NARRATIVES OF DISEASE AND SEXUALITY IN TURKEY’S EARLY REPUBLIC

FORMULIRANJE “NAŠE SOCIJALNE KATASTROFE”: PRIČE O BOLESTI I SEKSUALNOSTI U RANOJ TURSKOJ REPUBLICI

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SUMMARY

For the early Turkish republic, resource shortages, illiteracy, and geography combined to hamper any achievement of the immediate and universal diffusion of state-authored lessons in public health throughout the country’s populace. One of the first steps taken to overcome these obstacles involved the production and publication of a medical atlas. Ideally, this text would serve both to standardize care provided by the state’s health professionals and to inform the entire population of their public health obligations and compel their compliance; longer lives, prosperity, and a stronger nation were the promised outcomes. However, utilizing public health education to institute this state-society contract also entailed framing diseases in particular ways. This was especially true with sexually-transmitted infections (STIs), and the narratives associated with STIs marginalized routinely specific subpopulations of the Turkish nation; women and girls, generally, and sex workers, in particular. Focusing on this primary text, this article engages critically with the atlas to document, analyze, and inform the nature of this promise and the types of medical and moral norms that it imposed and reinforced.

Key words: *medical atlas; public health; sexuality; sexually transmitted infections (STIs); syphilis; Turkey.*

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INTRODUCTION

Asserting and maintaining control over their citizens, modern states focused on the compliance, vitality, and productivity of their populations. Accordingly, politicians, physicians, and other interests together fashioned systems of public health as a means both to promote the wellness of their subjects and to ensure order and perpetuate the authority of the state [1]. In doing so, societies frequently acquiesced and participated in these programs, and they benefitted mainly from associated interventions by way of longer life spans, diminishing rates of infant mortality, and—in most cases—improved qualities of life. Consistent with the acutely political nature of nation-states' medical missions, historical records of public health and medical science yield crucial insight not only into the scientific dimensions of these concerns but into their socio-political aspects, as well. Among such historical documents, the texts and images rendered for educating both public health personnel and nations' wider populations convey contemporary states of knowledge regarding ailments and preventive and therapeutic regimes, on the one hand, and the postulations and prejudices of the day—and their frequent codification, on the other hand. Contending especially with the latter—and the ways by which medical standards and social norms originated and spread, this study surveys and analyzes how political and medical authorities in the early republic of Turkey prioritized and elected to confront the problem of sexually transmitted infections (STIs) with education, among other measures. Focusing on one of the country's first documents intended to expedite the training of health staff and citizens alike—a “medical atlas” [2], this research draws on additional primary and secondary sources to examine and evaluate precisely how the republic framed for its officials and wider populace both disease and sexuality in ways that asserted and allotted new legal, preventive, and therapeutic remedies and associated moralities and standards of conduct.

Conceptualized and produced in 1926 to function as a concise and portable alternative to the medical museums and mobile health exhibits that were available in the Turkish nation-state's larger urban centers, the early republic published 1,000 copies of *Sihhi Müze Atlası* (or, “Medical Museum Atlas”) [3]. In a largely rural country where the majority of the populace worked in the agrarian sector and lived in diffuse towns and villages, accessible resources like this atlas were essential for any public health schemes seeking universal application and effects. As a distillation of the content presented to professionals and to the public in museums and displays, the atlas served

not only to inform but also to condition both the conduct of practitioners and patients, and the subsequent contacts that would ensue between these parties. In doing so, the atlas together as an assigned state directive and as a primary historical document today informs appreciably the dynamics and discourse of 1920s and 1930s state-society relations as they impacted on some of the most intimate aspects of citizens' lives; their bodies, their sexualities, and their families. In the subsequent sections of this study, this article confronts how states employ public health narratives to frame diseases, preventive and therapeutic measures, and the behavior of subjects. This analysis proceeds to interrogate the specific matters of STIs and sexualities in the early Turkish republic, and it then addresses how—within the medical atlas, among other sources—STIs were constructed as enemies of the nation that threatened medically and morally its very existence. In conclusion, this piece engages with how this inquiry not only informs the specific historical case it speaks to; it also sheds light on a broader ranges of questions concerning public health and society-state relations involving gender and sexuality that endure to the present day.

NARRATIVES OF PUBLIC HEALTH

As a social and political project of modern states, public health required engagements at scales beyond those of the singular outbreak of a disease, the familiarity of the doctor-patient relationship, and the controlled nature of laboratory investigations of individual researchers. As social historian of medicine Roy Porter observed of state-society endeavors of the twentieth century, “it was far better to discover what produced disease in society in the first place and then, directed by statistics, sociology and the exciting new discipline of epidemiology, take measures to build positive health. ...medicine should have a voice, it should lead not follow” [4]. For the historian seeking to discern and analyze this “voice”, therefore, interrogating the state’s “far-sighted policies, laws, education and specific agencies and practices” [4] is imperative. The narrative form and content of related texts thus yield essential indicators of how officials and other parties variously conceptualized and aspired to achieve conditions of public health. In function, these programs emerged commonly as pledges promised by politicians to their constituent people. Continuing his commentary on modern medicine’s evolved outlook, Porter wrote, “new philosophies of health thus embraced positive and hopeful visions of the socialization of medicine and the medicalization of society” [4]; citizens merely needed to submit and participate. In other

words, whether manifest in the words, pictures, or charts and graphs of preventive posters, melodramatic educational films, lesson plans, work place brochures, or the content interjected into sermons delivered at state-sanctioned mosques or other places of worship, public health and propaganda are rarely separable.

In most examples of medical propaganda—irrespective of country of origin, intended audience, or historical period, narratives of state-sponsored public health education re-state powerfully the state and reaffirm its “vision”; a vow (i.e., essentially a contract) to protect the people from sickness and hardships. In doing so, informational content about particular maladies and promises of healthy outcomes are not the sole subject matter; preventive, therapeutic, and other prescribed courses of action for the republic feature also prominently. Articulating the responsibilities of the individual is a vital aspect, central to achieving popular participation. Cajoling collective compliance with the state’s established standards of behavior and belief are likewise essential. Indeed, the individual citizen’s belief both in the efficacy of such standards—or at least in the social or punitive sanctions of non-compliance—and in the broader imperatives for enactment are foundational components in constructing the popular consent essential for medical governance [5] or hegemony [6]; in both, policing and self-policing—the seemingly paradoxical hallmarks of liberal governance [7]—are achieved. Stated more precisely, when expressed beyond their science-based or otherwise objective formulations for diagnosis and treatment, public health lessons invariably embody the essence of a state-society contract either to rule or to be ruled, as based on a pledge of protection and well-being. Rooted in this recognition of the state-authored public health lesson as a sort of re-affirmation of this covenant between state and society, this study proceeds by examining the context of the early Turkish republic and its leadership’s concerns with STIs and their recommendations for prevention and treatment. Consistent in its curricular and clinical engagements with STIs, the republic’s health establishment presented narratives of the good citizen and associated conduct. Conversely, the state likewise particularized simultaneously other citizens (i.e., women and girls, and especially sex workers) in ways that further contributed to common stereotypes of their medical and moral conduct. In doing so, the state also imposed regulatory controls upon them, their daily activities—beyond simply their sexual relations, and their bodies, thus diminishing their standings as individual citizens and precluding any potential for them to be regarded as “good” or “healthy” members of the Turkish nation.

STIs AND SEXUALITY IN THE EARLY TURKISH REPUBLIC

Sexually transmitted infections—and especially syphilis—were already established public health concerns for state and society by the late Ottoman era [8], and alarm over syphilis (among other STIs) and over associated societal ills (from infant mortality and diminished productivity to prostitution, disorder, and criminality) continued into the republican era. In most instances, these apprehensions gave way to statement both medical and moral, and culminated with calls for and legislative enactments of regulatory regimes governing not only sex work but also the sexualities of targeted citizens (i.e., women and girls), as well [9]. While many Ottoman era regulations were local or site-specific in either application or actual enforcement [10], initial localized efforts in the republican era [11] culminated in eventual state-wide legislation and enforcement [12].

Particular factors accounting for Turkey's concerns with public health—and especially with STIs and sex workers—arose from its geohistorical context, at least in part. Various apparent in the discursive strains discernable in records of the early republic were echoes of nineteenth and early-twentieth century fixations on “physical and moral cleanliness” [4] which were pervasive throughout the world's empires and nation-states during that era—giving rise to public health agendas that would prioritize hygiene, sanitation, and even eugenics [7]. Indeed, such factors—along with imperial concerns for the preparedness of military personnel for deployment—already prompted actions in the final decades of the empire. Republican Turkey's emergence from a long list of late-Ottoman conflicts that culminated with World War I (1914-1918) and the ensuing Turkish War of Independence (1919-1922), however, contributed to state apprehensions regarding the health, fertility, and productivity of the country's entire population. With an appreciable recent history of substantial losses from violence, emigration—voluntary and otherwise, disease, and famine, some of the early nation-state's leaders even contemplated a possible “demographic collapse” [13]. Under these circumstances—and given prevailing views on gender and sexuality, seemingly obvious threats to both nation and state included not only STIs (among other diseases) but also unregulated sex work. Formulated from approaches adopted in the latter years of the Ottoman Empire, ongoing surveys of the country, its population, and associated medical risks [14], and initial localized efforts [11], a state-wide program for registering and regulating sex workers emerged which was fully integrated with ongoing pharmacological developments—from Salvarsan (also known as arsphenamine and compound 606, it was the chemotherapeutic “magic

bullet” that German scientist and physician Paul Ehrlich and his laboratory synthesized first in 1907 and later applied against syphilis), to Neosalvarsan (in 1912), and finally to penicillin in the 1940s [15]—and the state’s wider concerns for promoting public health and combating STIs.

CAMPAIGNING AGAINST A “SOCIAL DISASTER”

Throughout the pages of *Sihhi Müze Atlası*, the modern shift that was underway within medicine to regard disease and public health as concerns “social no less than biological” [4] is apparent. Authoring a brief but informative preface to the atlas, Minister of Health and Social Assistance Dr. Refik Saydam (then known simply as Dr. Refik) conveyed the country’s perceived imperative to engender an informed population that would know “how to protect themselves from contagious and social diseases” [2]. To this end—and inspired by the presumed efficacy of existing public health museums, he endorsed the medical atlas as an expedient and accessible means to educate the population [2]. Combining the textual and pictorial narratives of the larger cities’ museum displays in ways that would make lessons “legible” [16] to as broad a spectrum of the country as possible, his prefatory remarks to this instructional volume for practitioners and public also imparted the essence of the state-society contract; rendering an education that would yield “great benefits” to be realized in the “life and health” of the people [2]. However, in addition to foretelling of the prosperity that citizens would experience upon learning and enacting the atlas’ public health lessons, the book also put across vividly through accounts and images the horrific consequences of not heeding and following the state’s prescribed curricula.

For those citizens who failed to learn and adopt the state’s public health guidelines, the biological and social consequences of noncompliance were expressed—beyond any legal penalties—through the accounts of the past and ongoing misfortunes of others in Turkey. Accompanying some of the atlas’ first STI-related images, captions titled “From Our Social Disaster” chronicled the nature of outcomes of imprudent conduct as visited not simply upon the individual transgressor but on loved ones and the entire families [2]. In the first of these account-based lessons, a portrait of a young male subject with an emerging rash of sores [Figure 1] is presented along with the following caption:

“A peasant father who came to the city to earn money for the happiness and comfort of his wife and children was conquered by his temptations and



Figure 1: The atlas depicted “Our Social Disaster” with the image of an innocent male youth who contracted syphilis from casual contact with his father (source: *Sihhi Müze Atlası*, p. 11).



Figure 2: The atlas also depicted “Our Social Disaster” with the image of a young wife who unknowingly contracted syphilis from her new husband (source: *Sihhi Müze Atlası*, p. 12).

began associating with prostitutes and acquired syphilis. Amid the joy of his return to the village among his family, an innocent and sinless child acquired his first syphilis sores by sleeping with his arms wrapped around his father’s neck” [2].

Accompanying the subsequent image that bears the same caption title, “From Our Social Disaster” [Figure 2], the atlas presented a similar medical case and image involving an infected husband and his wife’s consequent misfortune:

“The first syphilis sore acquired from the husband. Young boys and girls who care about the future of their homes must ask each other to acquire an earnest doctor’s certificate showing that they are free of contagious diseases” [2].

With each of these presented cases—which were attributed to displays at the public health museum located in Ankara [2], the portraits and their respective accounts together related how acts of individual irresponsibility—whether medical (e.g., foregoing premarital health screenings) or moral (e.g., patronizing sex workers)—could give way to resounding cycles of dreadful effects for families, communities, and the entire nation. In this manner, the state’s depiction of “Our Social Disaster” is conveyed in both cause and consequence as rooted fundamentally in biological and social contexts alike. The atlas’ lessons in public health thus spoke to the medical and the moral circumstances of disease and wellness as it promised resolution to the problem of STIs through adherence to measures that were likewise medical and moral, as addressed in the subsequent sections of this study.

MEDICAL TERRAINS

Situating and elaborating on STIs as threats to the Turkish nation, which were mutually medical and moral, necessitated explication of each aspect as integral both to infection and to prevention/remedy. Swaying popular opinion and support in favor of the state's STI narratives, its public health initiatives, and its prescribed courses of action, however, required that the wider population attain a rudimentary understanding of these diseases and the prescribed steps towards recoveries and prevention. While cultivating fear among the population for transgressions—and the infections that were depicted as inevitable consequences thereof—clearly played a role in these presentations (as addressed in the subsequent section's treatment of moral terrains of STI education), there was also a notable component to the lessons that relied on cultivating an appreciation for and cursory knowledge of medical science among the people; a project that itself could contradict customary knowledge and practices and meet with resistance.

Educational schemes to achieve universal results in 1920s and 1930s Turkey invariably entailed not only contending with a largely illiterate populace but also involved countering a plurality of traditional ways of knowing about diseases, therapies, and health [17]. In this context, therefore, many lessons incorporated content that officials intended to impress upon the population, e.g. the factual basis, rigor, and efficacy of modern medicine—as opposed to that knowledge derived from traditional healers and practices. Ongoing developments in medicine and related technologies were thus introduced, and this information could be not only novel to intended audiences but also appreciable in depth, given the recent discoveries of the causative organisms linked with STIs. Indeed, the bacteria causing most STIs and other diseases were only recently known by scientists and physicians; as with gonorrhea (i.e., the bacterium *Neisseria gonorrhoeae*, first addressed in 1879 by German physician Albert Ludwig Sigismund Neisser), chancroid (i.e., the bacterium *Haemophilus ducreyi*, which was first identified in the 1890s by Italian dermatologist Augusto Ducrey), and syphilis (i.e., the bacterium *Treponema pallidum*, first discovered in 1905 by zoologist Fritz Schaudinn and dermatologist Erich Hoffmann, who were both Germans), not to mention a much longer list of discoveries related to other ailments and associated therapies. Rendering a medicalized view of these diseases, microscopic slides were featured prominently in these presentations—ideally displacing traditional beliefs as to cause, treatment, and prevention. In place of time-honored superstitions, the state sought to implant a healthy respect for the potency of

medical science, physicians, modern therapies, and the modern state that was capable of delivering these marvels to the masses.

The first images in the atlas' lessons about STIs—even preceding the tales of “Our Social Disaster”—were thus slides of gonorrhea and chancroid [presented together in Figure 3], and syphilis [Figure 4], with the latter ac-

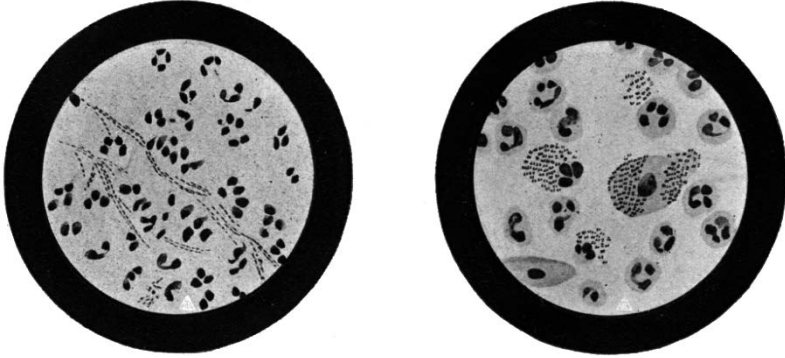


Figure 3: The atlas' images of microscopic slides containing the bacteria for both gonorrhea (*Neisseria gonorrhoeae*, on the right) and chancroid (*Haemophilus ducreyi*, on the left) (source: *Sihhi Müze Atlası*, p. 8).

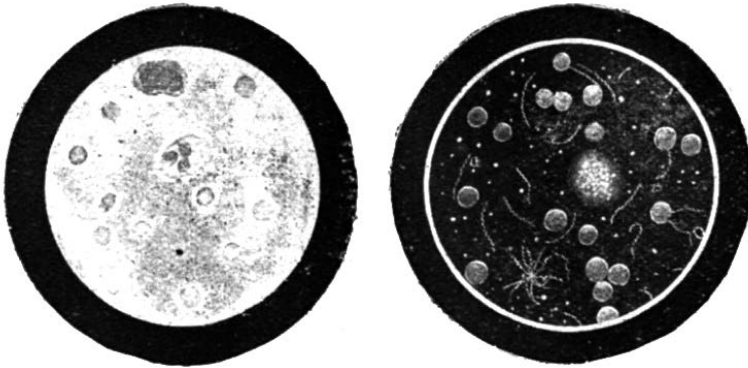


Figure 4: The atlas' images of microscopic slides containing “the germs that cause syphilis” (*spirochaete bacterium*, on the right) and the specific bacterium “of the damned syphilis *spirochaete*” (*Treponema pallidum*, on the left), listed as deriving from Ankara's health museum (source: *Sihhi Müze Atlası*, p. 11).

companying a representation of syphilis sores on a woman patient's genitals. Presenting the microscopic slides revealed to the wider Turkish nation not merely the nature of microbes and disease, but also the powerful new ways of seeing and knowing that were in the hands of public health professionals and related institutions. In the atlas' three sections that detailed each of

these STIs (i.e., gonorrhea, chancroid, and syphilis, and in that order), each provided an overview of causes, symptoms, and consequences, along with information pertaining to the treatment and prevention [2].

Describing gonorrhea as a highly contagious disease that is almost universally linked to sexual relations, the atlas indicated how it may also spread beyond the sexual organs throughout the body to infect other organs and systems. Beyond its capacity to spread to the rectum, kidneys, testicles, and uterus and eggs, it was said to be capable of entering the blood and progressing through the circulatory system to induce swelling, inflammation, and heart disease. In addition to diminishing a person's health, it was described as compromising productivity as it necessitated the extended periods of bed rest, could be disabling and could infect the eyes and even result in blindness, and could contribute to infertility. Indeed, just gonorrhea was identified in the atlas as contributing to at least 50% of the country's cases of infertility. Concluding this section, citizens believed to be suffering from the disease were advised to seek immediate treatment from an "expert physician" [2].

Chancroid was described next among the most readily transmitted of diseases; passed between individuals through sexual contact, and easily from there through any instances of touching infected areas followed by a failure to wash without delay. Detailed as contributing to soft chancres within two-to-three days, subsequent scarring, potential spread to the lymph nodes, and even gangrene in untreated areas of infection, this STI was identified as relatively easy to cure over the course of a ten-to-fifteen day therapeutic regime—so long as a proficient physician is consulted immediately upon discovery of stated symptoms [2].

As made evident through the above-noted case of non-sexual contraction of syphilis by a youth [recalling Figure 1], the atlas stressed—with an image and caption relating the case of a man believed to have been infected from a barber's razorblade [Figure 5]—that this STI could spread through the casual contact; though sexual relations were identified as the primary mode of exposure and transmission. Describing victims' first syphilis sores as emerging like small and gradually-growing pimples that would only begin to appear roughly fifteen-to-twenty days after exposure, the atlas stated that the resulting purplish-red scabs would fall off after four-to-five weeks. However, from that time onwards, the disease would "invade the entire body". The text continued by detailing the stages of syphilis, their symptoms, and the increasing severity of their effects. Each of the stages described in the atlas featured



Figure 5: An illustration attributed to the Istanbul public health museum that displays the syphilis sores on a man's face that the atlas attributed to a barber's razorblade (source: *Sihhi Müze Atlası*, p. 13).

numerous illustrations and outlined the circumstances of various cases. Like some of the more frightening descriptions of syphilis (e.g., those that related to how the disease would annihilate a victim's memories and sanity), many of the figures presented for the second and third stages were particularly graphic—and potentially shocking—in their depictions of scarring, disfigurement, and death [Figure 6]. Following these descriptions, the atlas' section on syphilis spoke to the consequences of the disease in terms of the infants infected during childbirth, the probability of stillbirths [recall Figure 6], and the ultimate horror of syphilis related deaths of live infants. The section concluded by again restating the urgency to abstain from sexual relations outside of marriage, the precautions necessary for an individual to take in cleaning oneself—if abstinence was not maintained, and the imperative of consulting



Figure 6: Graphic illustration of the stillborn corpse of a fetus of seven months who reportedly died within the mother's womb due to the impacts of syphilis (source: *Sihhi Müze Atlası*, p. 24).

immediately with a qualified physician [2]. A number of the images included in the atlas would also feature afterwards in public health posters produced and distributed by the Ministry of Health and Social Assistance.

Following the atlas' section dealing with syphilis, another related unit of the text titled "The Treatment of Syphilis" provided additional information. Identifying syphilis as both "treatable" and "curable", this section restated the importance of visiting a competent physician and proceeded to describe the new and highly effective medicine available for doctors to prescribe. While mercury was mentioned, the new drug Neosalvarsan was especially noted. Again recruiting the population into the public health project, this section concluded by detailing every patient's required diligence in following therapies prescribed by "an expert physician" (which would be stage-specific and individually stipulated) and in having regular follow-up examinations and submitting to an ongoing regime of blood tests to verify one's status [2].

MORAL TERRAINS

Interspersed with the atlas' treatment of the purely medical (i.e., biological) dimensions of STIs, the state also formalized its views on the moral (i.e., social) aspects of disease and sexuality. As noted above, this state-authored narrative framed the occurrence of STIs in ways that particularized groups within society; this was especially true in its depictions of sex workers. Lacking any ambiguities on the matter, the section on gonorrhea observed that:

"Gonorrhea is typically spread by prostitutes. Going to the brothel [*haram*] is the first cause of this disease. Among prostitutes, this is especially common among clandestine [i.e., unregulated] prostitutes. Thus, the basic solution to avoid this awful disease, is not to have a tendency towards illegitimate sex [written as *fuhuşameyiletmemektir*]" [2].

Only in a secondary manner did the male patrons of sex workers appear as facilitators of the diseases' spread within society. In these (less common) instances of addressing the male as a participant in these relations associated with disease, it is crucial to note that males were not depicted themselves as sources of STIs—in the ways that the state in effect essentialized female sex workers as almost invariably both source and vector of the disease. Rather, for their parts, the males' temptations—and their merely incidental failures to keep them in check—were the sole problem associated with males' social and sexual conduct more generally. In other words, though clearly in the

most marginalized imaginable position (e.g., with regard to gender and sex, economic and social status, and legal rights), the female sex worker was the one ultimately responsible for this medical and moral scourge of society and the nation.

For the poor fellow who did fall victim to this temptation—and who did not utilize a condom, a short list of post-sex steps (also noted in the previous section of this article) were listed in order to minimize the risks of contraction of gonorrhea or other STIs. The atlas presented no such advice for women who had just had unprotected sexual relations, nor did it even acknowledge the possibility of women or girls being anything other than sex workers, on the one hand, or dutiful wives and mothers, on the other hand—depicting the latter of these as thus potentially at-risk, should their husbands fail to observe the atlas' admonitions on temptation and/or sexual protection. Though produced by some of the most progressive social reformers within the country at that time (i.e., physicians and other officials of the modernist state who were committed to social reform), the atlas itself envisioned and permitted only the most traditional of gendered roles within society for the republic's female citizens, effectively denying to them any sexual agency (or rights) whatsoever.

While the state seemed to acknowledge that it could not safeguard its male citizens from their own unhealthy and immoral temptations, it depicted STIs as inevitable consequences of associating with “bad women” (or *fenakadınlar*). These consequences would be physical and social, and the repercussions would be visited upon all those they held dear. Further describing gonorrhea, the atlas noted:

“Almost all of those who chase licentiousness [*çapkınlık peşinde koşanlar*] end up with gonorrhea. They do not acquire it only once but many times. In most cases, if it is not treated well, they will end up having a narrow urethra [written as *su yolu darlığı*]. That will impair them until the end of their lives. If a young person is defeated by his temptations and visits the *haram* [implying extramarital sex or a brothel], in order to avoid this disease, he must use a preventive condom or immediately after having intercourse he must wash with a 1/1000 sublimate solution and must put a few drops of 1/10 Protargol [the brand name of an anti-gonorrheal drug made from a silver proteinate; its chemical formula was first developed by German chemist Arthur Eichengrün while working for Bayer in the late nineteenth century] on the tip of their penis.” [2].

Similarly, chancroid was also described as “the easiest [to contract] of all” STIs, stemming from “unclean sexual intercourse” [2]. Though the impacts of syphilis could be far worse—especially if it progressed to its second and third stages, it also threatened the male citizen and his family in the same manner as chancroid and gonorrhea:

“The main context for the spread of syphilis is *fuhuş* [implying prostitution, or at least fornication]. Those who are in big cities and cannot control their urges and who run after prostitutes will acquire syphilis with a 100% probability. Later, they will spread it to their families. But syphilis does not always harm the individual only but [also] his descendants. Syphilis germs that are spread all over a mother’s body are passed to the innocent unborn child in her womb. Most of the babies of syphilitic mothers are stillborn. If they achieve a full nine months and are born, they have many sores on their bodies. They are skeletal and weak. They die in the first few years or suffer from this disease until the end of their lives. For this reason, avoid *fuhuş*. Do not associate with *fena kadınlar* [“bad women”] and do not put you and your family and children’s lives at risk for the sake of a few minutes of pleasure.” [2].

The certainty of these damning outcomes was matched only by the new republic and its doctors’ capacities to treat and cure its citizens of their afflictions; a refrain repeated as often as the text’s specification that citizens should consult only a “qualified” (or competent, trained, or so forth) physician (i.e., a state-sanctioned professional—and not a traditional healer of any sort). In this context, the state conferred upon its physicians not only medical but also moral power and influence. Arguably, from the perspective of critics of Turkey’s past (and continuing) regime of regulated sex work, this was an authority that many of those in positions of power utilized inequitably as they attributed all fault and liability for STIs to the country’s sex workers.

CONCLUSIONS

As historian of science and medicine Charles Rosenberg concluded in the introduction to his co-edited volume on histories of framing diseases, “We need to know more about the individual experience of disease in time and place, the influence of culture on definitions of disease and of disease on the creation of culture, and the role of the state in defining and responding to disease” [18]. In this article, the varied framings of STIs were analyzed, especially as observable in a key document from the public health education curriculum of the early Turkish republic. Exploring these factors of temporal,

spatial, and cultural context, this study revealed how these variables combine to influence medical practice and policy. In this regard, the atlas and its medical and moral framings of diseases and sexuality inform critically the state's responses of regulating (i.e., institutionalizing) sex work.

Indeed, the atlas remains a key document for historians of medicine and the early republic. Compiling and publishing the *Sihhi Müze Atlası*, the early Turkish state's ministry for public health rendered not just a mere informational book. The 1,000 copies that were printed were intended to reach out to every corner of the new nation's territory and to each of its citizens. By the time of its first census in 1927, Turkey calculated a population of almost 14 million people—most of them living in rural and agrarian settings; each of them, however, was a target for public health education. As one of the new republic's first salvos against disease, this was an enormous mandate for just 1,000 copies to achieve. Through its added approaches to STIs (i.e., conveying to the population that such ailments were “treatable” and “curable”), however, the country managed to achieve a number of successes in its confrontation with STIs, though much of the social cost for doing so would be borne by those already most marginalized within the nation.

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SAŽETAK

U ranim godinama Turske Republike nedostatak resursa i nepismenost te geografski položaj sprječavali su postizanje neposrednog i sveopćeg širenja državnih lekcija javnog zdravstva u cijeloj zemlji. Jedan od prvih koraka u prevladavanju tih prepreka bio je izrada i objavljivanje medicinskog atlasa. U idealnom slučaju ovaj bi tekst služio kako standardiziranju skrbi koju pružaju zdravstveni državni stručnjaci, tako i informiranju cjelokupne populacije o njihovim javnozdravstvenim obvezama kojih bi se morali pridržavati, što je obećavalo dulji život, prosperitet i jaču naciju. Međutim, korištenje edukacije javnog zdravstva za pokretanje ovog državno-društvenog ugovora značilo je i posebnu kategorizaciju bolesti. To se osobito odnosi na spolno prenosive infekcije (SPI), a priče povezane sa spolno prenosivim infekcijama rutinski su marginalizirale specifične subpopulacije turske nacije; žene i djevojke, općenito, a osobito seksualne radnike. Fokusirajući se na primarni tekst, ovaj se rad kritički bavi medicinskim atlasom radi dokumentiranja, analize i informiranja o prirodi ovog obećanja te vrstama medicinskih i moralnih normi koje su atlasom nametnute.

Ključne riječi: *medicinski atlas; javno zdravstvo; seksualnost; spolno prenosive infekcije (SPI); sifilis; Turska.*