

“WHAT DID THE OTTOMANS EVER DO FOR US?” MODERN MEDICINE AND ADMINISTRATION IN LATE OTTOMAN JERUSALEM

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Abstract | The contribution of the late Ottoman Empire to the development of Palestine in general and Jerusalem in particular has received ample historiographic attention. While earlier studies have highlighted the absence of the Ottoman state in the development of Jerusalem, later works have underlined the state’s agency in developing and modernizing the city. Paraphrasing the famous scene from Monty Python’s *Life of Brian* (1979), this chapter asks, “What did the Ottomans ever do for us?” (“us” the Jerusalemites), by focusing on the expansion of modern medicine in late Ottoman Jerusalem. The chapter examines this field through five prisms: the city’s reaction to and engagement with cholera, the modern medical discourse in the local Hebrew and Arabic press, the training of local physicians, the establishment and role of the Municipal Hospital, and the sectarian division in the field of health care. This analysis demarcates the diversity of local and foreign actors and delineates the Empire as one actor amongst many, acknowledging its space and agency while remaining critical of its limited or contested purview.

INTRODUCTION

“We discussed with the honorable engineer [...] the issue of dust that rises to the sky bearing different kinds of microbes into the lungs of the people and [into] their eyes [...] and asked the honorable [engineer] of the best way to get rid of this malaise that’s afflicting our Jerusalem.”¹ The problems with dust presented here were reported in the Jerusalem newspaper *al-Quds* in 1908. They could only appear after a report filled with words of praise for the efforts of the *mutasarrif* (governor), mayor, engineers, and Ottoman parliament representatives, to solve Jerusalem’s water shortage. On a later issue, *al-Quds* narrated an imagined Jerusalemite

dialogue between a man with a splinted hand and leg and his friend. The latter asked the former about his wounds, and he replied that he had been run down twice at Bab al-Khalil (Jaffa Gate), first by a carriage and then by a donkey. The friend advised him to use a hot air balloon when strolling in the streets of Jerusalem.² Around the same period, *al-Quds* also reported, according to a research conducted by English doctors, the height of women was rapidly increasing and in a hundred years’ time they would only be able to speak to men by bowing their heads.³

Jerusalem’s severe shortage of water and problems with dust were not solved until the fall of the Ottoman Empire, when women in Jerusalem and the rest of the world had failed to become taller as the study suggested. Yet the three anecdotes are telling: public space and

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1 *al-Quds*, 30 October 1908.

2 *Ibid.*, 25 February 1910.

3 *Ibid.*, 25 September 1908.



medical knowledge were becoming everyone's concern, while neglect or failing to organize and carry out proper cleaning led to illness and broken bones. Perhaps the newspaper, which was subtitled "Freedom, equality, fraternity," was warning its readers that the marginalization of women would backfire once they were taller than men. In late Ottoman Jerusalem, dirty streets, smelly alleys, clouds of microbe-laden dust and acquaintance with advanced medical scientific work were signifiers of cultural, perhaps even civilizational attributes rather than "plainly" matters of technical public health measures. In this respect, Jerusalem was joining a global zeitgeist that had already started in mid-19th-century European cities, followed by the urban centers of Bilad al-Sham.⁴ Germs, diseases, and epidemics not only triggered urban reforms globally, but also became essential in the reconceptualization of urban design and governance. This process gave birth to an inextricable link between the modern and the healthy city, simultaneously introducing the role and authority of experts, engineers, and physicians, as the pillars of this project.⁵

Jerusalem during the late Ottoman period has received the attention of numerous studies from multiple perspectives. In the last few decades, late Ottoman Jerusalem has emerged as a model of social, political, and cultural urban connections that were negotiated and interacted beyond sectarian and national lines.⁶

4 Toufoul Abou-Hodeib, *A Taste for Home: The Modern Middle Class in Ottoman Beirut* (Palo Alto, CA: Stanford University Press, 2017), pp. 60–65.

5 Jason Corburn, *Healthy City Planning: From Neighbourhood to National Health Equity* (New York: Routledge, 2013), pp. 36–57.

6 Salim Tamari and Issam Nassar (eds.), *al-Quds al-uthmaniyya fi l-mudhakkirat al-Jawhariyya: al-Kitab al-awal min mudhakkirat al-musiqi Wasif Jawhariyya, 1904-1917* [Ottoman Jerusalem in the Jawhariyya Memoirs: The First Book of the Memoirs of the Musician Wasif Jawhariyya, 1904-1917] (Beirut: Mu'assasat al-Dirasat al-Filastiniyya, 2003) [in Arabic]; Roberto Mazza, *Jerusalem: From the Ottomans to the British* (London: I.B. Tauris, 2009); Michelle Campos, *Ottoman Brothers: Muslims, Christians, and Jews in Early Twentieth-Century Palestine* (Palo Alto, CA: Stanford University Press, 2011); idem, "Mapping Urban 'Mixing' and Intercommunal Relations in Late Ottoman Jerusalem: A Neighborhood Study," *Comparative Studies in Society and History* 63/1 (2021), pp. 133–169; Abigail Jacobson, *From Empire to Empire: Jerusalem between Ottoman and British Rule* (Syracuse, NY: Syracuse University Press, 2011); Vincent Lemire, *Jerusalem 1900: The Holy City in the Age of Possibilities* (Chicago, IL: University of Chicago Press, 2017).

This reality is often contrasted with the political strife that characterized the three decades of the British Mandate. Moreover, Jerusalem's administration, most importantly by the municipality but also by the state, is depicted as the central driving force of urban development and modernization.⁷ The proliferation of hospitals, doctors, and pharmacies in this period has also led to numerous works dedicated to modern medicine in Jerusalem.⁸ These studies offer a multitude of prisms through which we can understand developments in public health-care. Earlier works, based mainly on European and Hebrew sources, underlined the centrality of foreign missions and Jewish communities

7 Johann Buessow, "Ottoman Reform and Urban Government in the District of Jerusalem, 1867–1917," in Ulrike Freitag and Nora Lafi (eds.), *Urban Governance under the Ottomans: Between Cosmopolitanism and Conflict* (London: Routledge, 2014), pp. 97–141.

8 Philippe Bourmaud has studied and written widely about medicine in late Ottoman Palestine. See Philippe Bourmaud, "A Son of the Country: Dr. Tawfiq Canaan, Modernist Physician and Palestinian Ethnographer," in Mark LeVine and Gershon Shafir (eds.), *Struggle and Survival in Palestine/Israel* (Berkeley: University of California Press, 2012), pp. 104–124; idem, "Epidemiology and the City: Communal vs. Intercommunal Health Policy-Making in Jerusalem from the Ottomans to the Mandate, 1908–1925," in Angelos Dalachanes and Vincent Lemire (eds.), *Ordinary Jerusalem, 1840–1940: Opening New Archives, Revisiting a Global City* (Leiden: Brill, 2018), pp. 440–456; Sandy Sufian, "Healing Jerusalem: Colonial Medicine and Arab Health from World War I to 1948," in Lena Jayyusi (ed.), *Jerusalem Interrupted: Modernity and Colonial Transformation, 1917–Present* (Northampton, MA: Olive Branch Press, 2015), pp. 115–138; Zalman Greenberg, "Beit ha-holim ha-ironi ha-turki bi-Yrushalayim [The Turkish Municipal Hospital in Jerusalem]," *Cathedra* 78 (1995), pp. 49–64 [in Hebrew]; Am Kass, "Western Medicine in 19th-Century Jerusalem," *Journal of the History of Medicine and Allied Sciences* 44/4 (1989), pp. 447–461; Yaron Perry and Efraim Lev, *Modern Medicine in the Holy Land: Pioneering British Medical Services in Late Ottoman Palestine* (London: I.B. Tauris, 2007); Dan Barel, *Ruah ra'a: Magefot ha-kolerah ve-hitpathut ha-refua be-eret-yisra'el be-shal-he ha-tkufa ha-Othmanit* [An Ill Wind: Cholera Epidemics and Medical Development in Palestine in the Late Ottoman Period] (Jerusalem: Mosad Bialik, 2010) [in Hebrew]; Nissim Levy, *Praqim be-toldot ha-refua be-erets Yisra'el 1799–1948* [Chapters in the History of Medicine in Erets Yisrael, 1799–1948] (Haifa: ha-Kibbutz ha-Me'uhad, 1998) [in Hebrew]; Norbert Schwake, "Hospitals and European Colonial Policy in the 19th and Early 20th Centuries," in Manfred Waserman and Samuel S. Kottek (eds.), *Health and Disease in the Holy Land: Studies in the History and Sociology of Medicine from Ancient Times to the Present* (Lewiston, NY: Edwin Mellen Press, 1996), pp. 232–262; Kamil Jamil 'Asali, *Muqaddima fi tarikh al-tibb fi l-Quds mundhu aqdam al-azmina hatta sanat 1918 M* [Introduction to the History of Medicine in Jerusalem from Ancient Times until the Year 1918] (Amman: al-Jami'a al-Urduniyya, 'Imadat al-Bahth al-'Ilmi, 1994) [in Arabic].

in leading this process while marginalizing or belittling the role of the Ottoman state, Jerusalem's municipality, and local players (especially Arab doctors). Later works incorporated Ottoman and Arabic sources and emphasized the role and agency of the state and the municipality in reconceptualizing and reconstructing modern Jerusalem through the regulation of urban sanitation and hygiene.

Through the focus on public health from the inception of modern medicine in the mid-19th century and up to the eve of World War I, which dramatically changed the city and its health services, this chapter seeks to problematize both concepts of late Ottoman Jerusalem and bring back to the surface the multitude of tensions and divisions that existed alongside networks of cooperation. The study will show that it was the absence of state healthcare and not its presence that enabled medical entrepreneurship and sectarian medical divisions. Networks did exist but borders were also prevalent, and they were defined and established not as a result of but despite the Ottoman administration. This chapter will focus on the elusive or contradictory roles of modern medicine in late Ottoman Jerusalem, a period of dramatic social, cultural, and political shifts. There was cosmopolitan Jerusalem, a multi-ethnic, multi-religious community, a shared space in which not only foreign doctors, nurses, and administrators, but also local Arab and Jewish doctors and bureaucrats, and Ottoman Turkish officials, engaged in the development of their city – an engagement that, as we shall see, turned cleanliness, sanitation, and hygiene into the hallmarks of proper living, or to put it better, of an ascending civilization. Even more, it turned the doctor, the personified embodiment of this knowledge, into a central protagonist in this ascent. Thus, with its hospitals, physicians, state and municipal bureaucracy, and its cultural articulations, modern medicine constitutes what Marc Hufty defines as nodal points, stressing the importance of “the physical or virtual interfaces where problems, processes, actors, and norms converge.”⁹ This chapter is an attempt to map and deconstruct these nodal points.

9 Marc Hufty, “Investigating Policy Processes: The Governance Analytical Framework (GAF),” in Urs Weismann, Hans Herni et al. (eds.), *Research for Sustainable Development: Foundations, Experiences, and Perspectives* (Bern: Geographica Bernensia, 2011), p. 403.

Building on earlier works on modern medicine in Jerusalem, the Arabic and Hebrew press, and personal memoirs, alongside Ottoman, British, and French archival sources, this chapter will focus on the challenges modern medicine posed for the developing Ottoman provincial city and the tensions it raised within and between the various communities. The chapter starts with a brief introduction, which includes several historical steppingstones (including the 1865 and 1902 cholera epidemics) in the emergence of modern public health institutions in Jerusalem. It then moves to focus on the medical discourse in the Hebrew and Arabic press, stressing its essential importance in the creation of a hygienic imagined community in Jerusalem and the instrumentalization of health as a conduit through which local players praised, criticized, and assessed the authorities' performance and relevance. The chapter then investigates the training of doctors in the various medical faculties in the region and the Ottoman imperial role in this. This section concentrates on personal life stories of local physicians, adding the professional dimension to the story. The Municipal Hospital (est. 1891), being the greatest Ottoman (imperial and municipal) institutional intervention in the city's public health services, is then discussed. The last topic under scrutiny is the tension between sectarian divisions and cross denominational cooperation in the field of public health, delineating the potential and the limitations of the medical network.

PUBLIC MEDICINE ON THE MOVE

From the mid-19th century, Jerusalem gradually became a site of imperial competition. Medicine and, more particularly, nurses, doctors, and hospitals became a central conduit for the consolidation of control and influence over the city. Modern medicine gradually expanded in late Ottoman Palestine from the second half of the 19th century. Missionary hospitals and doctors marked the beginning of this process, with their arrival and settlement in Palestine's cities and towns from as early as the 1850s. Jerusalem, especially from the last decades of the 19th century, was at the center of this process. French, German, Russian, British, Greek, Italian, and

Ottoman hospitals not only changed the urban landscape and public space and treated Jerusalem's population, but were fundamental in amplifying the Gordian knot between health and sovereignty. Described by Philippe Bourmaud as a "Medical Babel",¹⁰ by the beginning of World War I, 18 hospitals were functioning in Jerusalem, a city inhabited by 80,000–100,000 people by the turn of the century. Twelve hospitals were established by the various missions, five by Jewish doctors and Jewish organizations, and one by the municipality. Private clinics and pharmacies were also relatively numerous.

The first initiative was that of the British as early as the late 1830s, when the London Society for Promoting Christianity among the Jews sent a physician and a pharmacist, later establishing the English Mission Hospital (1844) with the objective of converting Jerusalem's Jews. In the early 1850s, the German Deaconess Sisters and the French St. Louis hospitals were established.¹¹ The Jewish incentive to promote modern health services was undoubtedly encouraged by these missionary endeavors, which were seen as a serious threat to the Jewish community. In 1843, Sir Moses Montefiore brought in the first (German) Jewish doctor Simon Frankel (1809–1880) and funded his salary, medical equipment, and pharmacy for 15 years.¹² Frankel had been trained in Munich and Berlin and collaborated with the second doctor in the city, the British missionary Edward McGowan. Financed by the Rothschild family and operating under Austrian protectorate, the Hôpital Israélite Meyer Rothschild was established in 1854, headed by a Jewish doctor from Warsaw who had studied medicine in Cracow and Vienna.¹³ Bikur Holim, another Jewish hospital, was established in 1857. The Jewish initiatives operated under European consular protection but were funded and run almost entirely by Jews, a *modus operandi* that enabled an expansion of Jewish medical entrepreneurship. Medical services expanded both to meet the growing (new) need for modern medicine and to combat missionary influence through medical treatment.¹⁴

10 Philippe Bourmaud, "A Son of the Country," p. 107.

11 Schwake, "Hospitals."

12 Kass, "Western Medicine."

13 Perry and Lev, *Modern Medicine in the Holy Land*, p. 152.

14 Yehoshua Ben-Arieh, *Ir bi-rei tkufa* [A City Reflected

The Jewish battle against the missions within the general European competition for influence in the city increased the politicization of every aspect of modern medicine. Establishing hospitals became the continuation of politics by other means.

The expanding Western presence challenged the constant plea of the Ottoman Empire for hegemony over the city. Defined by Johann Buessow as a "model Tanzimat" city, from the 1860s-1870s, Jerusalem became a provincial capital and gradually came to exemplify the road map of Ottoman reform. Jerusalem was also home to one of the first municipalities in the Empire, a local agency that involved the city's elite in envisioning, forming and re-forming their Jerusalem.¹⁵ While the municipality accumulated greater support and relevance, its decisions required the approval of the *mutassarif*, who in most cases was on bad terms with Jerusalem's local political elite, if not their rival, and was often alienated emotionally and culturally from the local population. Moreover, while some *mutassarifs* were highly experienced administrators, most of them remained for very short periods of time, which limited their ability to initiate or implement a vision or policy.¹⁶ Between 1864 and 1914, David Kushner notes, the governorate changed hands 23 times, while during the same period there were only five British consuls, eight Prussian or German consuls, and twelve French consuls.¹⁷ This was not exceptional in Bilad al-Sham. Between 1850 and 1895, for example, Aleppo had 30 governors.¹⁸

in a Period] (Jerusalem: Yad Ben-Zvi, 1977), pp. 300, 378–379 [in Hebrew].

15 Buessow, "Ottoman Reform;" Ruth Kark, "Pe'ilut 'iriyat Yerushalayim be-sof ha-tqufa ha-othmanit [The Work of the Jerusalem Municipality at the End of the Ottoman Period]," *Cathedra* 6 (1977), pp. 74–94 [in Hebrew].

16 Johann Buessow, *Hamidian Palestine: Politics and Society in the District of Jerusalem, 1872–1908* (Leiden: Brill, 2011), pp. 411–415, 418, 422–425; Lemire, *Jerusalem 1900*, pp. 85–89.

17 Two of the city's governors had much longer tenures, amounting to 19 years in 1877–1897, an indication that the rest were in post for very short periods. David Kushner, "The Ottoman Governors of Palestine, 1864–1914," *Middle Eastern Studies* 23/3 (1987), pp. 274–290; Neville J. Mandel, *Arabs and Zionism before World War I* (Berkeley: University of California Press, 1977), p. 139.

18 Peter Sluglett, "Municipalities in the Late Ottoman Empire," in Peter Sluglett, Stefan Weber, and Abdul-Karim Rafeq (eds.), *Syria and Bilad al-Sham under Ottoman*

A short article in *Ha-Or* remarked before the arrival of Muhdi Bey, a short-term *mutasarrif* who had been preceded by another short-term *mutasarrif*, “Nobody knows him and nobody knows his character (*mahuto*).”¹⁹ Upon Subhi Bey’s arrival in the Autumn of 1908, *al-Quds* expressed the hope that, while knowing nothing about him, he would surely do better than his predecessors.²⁰ Disloyal *mutasarrifs* would be rapidly replaced, especially during periods of political turmoil. The Paşa, announced a Hebrew newspaper in February 1913, “has not even properly rested after his journey and has already been dismissed from his position” because of his opposition to the Committee of Union and Progress.²¹ “Macid Bey [...] has been appointed as *mutasarrif* of Jerusalem,” the newspaper *Filastin* announced, and lamented that “he is the seventh *mutasarrif* since the [1908] constitution.”²² Rumors about the appointment of new *mutasarrifs* highlighted this precarious administrative situation.²³ “The truth is,” *al-Quds* lamented, “the rapid and multiple change and replacement of our administrators fills us with great sorrow,” because they are unable to fulfil their duties in such short periods of time.²⁴ This relative uncertainty had a positive aspect from the point of view of the local community: it provided greater, albeit limited, space for the empowerment and agency of local players, which was manifested in private, communal, and municipal initiatives.

The two cholera epidemics that struck Jerusalem in 1865 and 1902, the first at the advent of its medicalization process and the second at a much more mature phase, set good examples of state and city engagements with matters of public health. In August 1865, a Vilnius-based Hebrew newspaper announced, that the governor, ‘Izzat Paşa, was “taking all measures” (*be-khol ‘oz*) to prevent the disease from reaching Jerusalem. He sealed its walls, established a committee of doctors and placed guards on the

roads leading to the city.²⁵ Cholera arrived at Jerusalem in the summer of 1865, and the quarantine measures taken by the *mutasarrif* led to a short pause in the epidemic.²⁶ The second wave arrived in September when the Paşa was not in the city, leaving its inhabitants to confront the plague themselves. He returned only at the end of October, after around half of the population had fled. The Austrian consul reported that ‘Izzat Paşa had knowingly gone against the advice of Dr. Benjamin Rothziegel, who was apparently the only doctor in the city at the time, and whose wife and baby (and he himself shortly after) were also victims of the cholera. The consul was furious at the governor’s (non-)treatment of the situation, reporting that, during the long weeks of the cholera scourge, he and his troops had camped outside the city walls, which symbolized his limited responsibility for the city. All the municipal services, he noted, including burials and street cleaning stopped, and prisoners escaped from the local prison, adding social tension to the already chaotic situation. By the end of October, Jerusalem was devastated not only by the large number of casualties but also by gangs of escaped prisoners, who harassed those who were left alive. Medical and welfare services were supplied by an ad hoc committee established by the foreign consuls for the Christian and Muslim population and by local volunteers and funding from the Jewish diaspora.²⁷ Diseases were utilized as a source of “creative possibility in evangelical work”²⁸ by magnifying the relevance of foreign missions and local dependence on them.

The consuls estimated that 600 people died in the city, excluding the mortality amongst those who fled. Montefiore, who visited Jerusalem in 1866 gave ‘Izzat Paşa the 300 pounds needed to lay pipes to bring clean water to the

Rule: Essays in Honour of Abdul Karim Rafeq (Leiden: Brill, 2010), pp. 531–542.

19 *Ha-Or*, 24 June 1912.

20 *al-Quds*, 25 September 1908.

21 *Hazfira*, 21 February 1913.

22 *Filastin*, 15 February 1913.

23 *Ha-Zvi*, 28 May 1911; *Ha-Herut*, 4 September 1911.

24 *al-Quds*, 23 October 1908; see also similar criticism in *al-Quds*, 1 December 1909.

25 *Ha-Carmel*, 31 August 1865.

26 For the centrality of quarantine measures in the Ottoman response to pandemics, see Yaron Ayalon, *Natural Disasters in the Ottoman Empire: Plague, Famine, and Other Misfortunes* (New York: Cambridge University Press, 2015), pp. 83–92.

27 Mordechai Eliav, *Be-hasut mamlekhet Ostriya* [Under the Patronage of Austria] (Jerusalem: Yad Ben-Zvi, 1985), pp. 135–142 [in Hebrew]; Barel, *Ruah ra’a*, pp. 61–68.

28 Robert Ian Blecher, “The Medicalization of Sovereignty: Medicine, Public Health, and Political Authority in Syria, 1861–1936” (PhD diss., Stanford University, 2008), p. 33.

city.²⁹ Cholera, an urban disease that devastated cities and helped reconceptualize urban planning all over the world, marked a watershed in Jerusalem's development as well. In the mid-1860s, the building of neighborhoods outside the city walls accelerated. It was initiated and funded by local and foreign Jews and Arab notables, to solve what was considered to be one of the causes of the disease – the crowded alleys and lack of fresh air within the old city.³⁰

Jerusalem was spared from a few waves of cholera that erupted during 1875 and the 1890s, but in 1902 it returned. The differences in the city's engagement with the disease reflected the profound changes it had undergone in less than half a century. Like many other cities and towns across the Empire, it had its own municipal hospital and municipal doctor as modern medical knowledge and professional authority had become part and parcel of urban governance and municipal responsibility.³¹ Also, albeit belatedly, in 1902, Istanbul showed more determination in fighting cholera, and sent troops, flour, medication, and a delegation of doctors and pharmacists to the region.³² Gaza, which was under Jerusalem's jurisdiction, suffered most with roughly 3,000–4,000 deaths, many of which were concealed from the state authorities. Fear of the government's response to local cases of cholera (an armed guard that prevented movement out of and into infected areas) led to its concealment by the population, a move that increased the spread of the disease and frustrated government efforts to prevent it. A local reporter from Gaza noted in Beirut's *Lisan al-Hal* that the figures about the spread of the disease that he telegraphed daily were not accurate because of this fear, and he stressed the dire need for more doctors as there were only two to meet the needs of over 100,000 in-

habitants of the city and its rural periphery.³³ In mid-November, a month after it struck Gaza, a few cases of cholera were discovered in Jerusalem, but the rapid and strict quarantine measures prevented its spread. Once they knew of the outbreak, the authorities closed the city gates, guarded the roads, and banned all trade into the city. The governor established a local health committee, stricter hygiene measures were put in place, streets were cleaned, walls were painted with lime and sprinkled with phenol water, and pamphlets explaining about the danger and how to avoid infection were circulated. The fact that the city (still) had no central water system and local wells were used instead, helped to prevent the spread of the disease, but the surrounding towns and villages experienced varying numbers of cases.³⁴

Jerusalem's many hospitals and strong central government saved the city from going through a devastation like that of 1865, but the victory was only partial, given the mortality rate in its rural periphery and the coastal areas of the *mutasarriyya*. The memoirs of Yehoshua Shami (1874–1944), Hebron's municipal doctor shed further light on the conduct of Jerusalem's governor, Kazim Bey, in the early days of the pandemic. Shami first heard about the spread of cholera in the area from a Jewish Hebronite merchant on Wednesday (8 October 1902), who told him about a contagion in Bayt Jibrin (40 km from Hebron). He immediately notified Hebron's governor, Hamdi Bey, who assigned two mounted soldiers to go and inspect the situation the next day. On his way to Bayt Jibrin, Shami discovered that the disease had already struck the nearby village of Tarqumiya and 40 people already died. The doctor returned only at night and failed to reach Bayt Jibrin. On Friday morning, he handed his report to Hamdi Bey and requested the army's help in closing in off the infected villages. According to Shami, Kazim Bey refused to listen to his warnings about the spread of cholera and instead chose to believe a report sent by a delegation of (foreign) doctors

29 Barel, *Ruah r'aa*, pp. 71–72.

30 Yehoshua Ben-Arieh, "The Growth of Jerusalem in the Nineteenth Century," *Annals of the Association of American Geographers* 65/2 (1975), pp. 252–269; Buessow, *Hamidian Palestine*, pp. 160–161.

31 Tetsuya Sahara, "Ottoman City Council and the Beginning of the Modernisation of Urban Space in the Balkans," in Ulrike Freitag and Nora Lafi (eds.), *The City in the Ottoman Empire: Migration and the Making of Urban Modernity* (London: Routledge, 2011), pp. 26–50; Mahmoud Yazbak, *Haifa in the Late Ottoman Period, 1864–1914: A Muslim Town in Transition* (Leiden: Brill, 1998), pp. 79–80.

32 *Lisan al-Hal*, 8 November 1902; Blecher, "Medicalization," pp. 98–103; Barel, *Ruah r'aa*, pp. 109–110.

33 Barel, *Ruah r'aa*, p. 83; *Lisan al-Hal*, 18 October 1902.

34 Barel, *Ruah r'aa*, pp. 88–89, 111–114; *Hashkafa*, 31 October 1902. See also daily reports about casualties in Egypt in *Lisan al-Hal* during October–November 1902. On quarantine and cleansing measures in Jerusalem, see *Lisan al-Hal*, 17–18, 21 October 1902. For reports on casualties in Jaffa, Gaza, and Lydda, see *Lisan al-Hal*, 22, 24, 28, 30 October, 5–8 November 1902.

to Gaza that denied its spread.³⁵ Rather than taking immediate measures against the disease, Shami argued, the governor understood the severity of the situation only after sending Jerusalem's municipal doctor on Saturday to the villages near Hebron and another delegation to Gaza on Sunday, critically delaying the response to the rapidly ascending death toll for a few more days. Writing his memoir in the 1930s, Shami stated that his official government employment was so "grand and serious that I always thought of my behavior as the Jewish administrator's role model." His loyalty to the Ottoman Empire had its limits. Shami added:

This generation's doctors could not understand how the general governor of the country [...] can get into a dispute (*lehistabeh*) over matters of medicine with an official doctor who holds a professional opinion for the common good which he and the governor are responsible for.

Shami narrates in detail the night-time telegraph exchange in which he and the governor of Hebron, on one side, and Kazim Bey on the other, corresponded over pre-emptive measures. Hebron's governor pressured Shami not to name the disease as cholera and both governors were angry at Shami's refusal to call the disease simply "suspicious" (*hashuda*) instead.³⁶

The story exemplifies the internal politics and grave implications of health issues. A doctor's decisiveness had the potential to place the whole country in quarantine despite the reluctance of the local governor. Shami's memoirs also underline the transformations that the Ottoman state had undergone in its ability to confront a pandemic. The governors were highly aware of the disease and its dangers and were also constantly updated about its spread by professional state employees. In Jerusalem, the

state's medical work force was very small, but fundamental in determining public health policies. To overcome this limited state outreach, the governors were able to mobilize non-government employees and cooperate with local players. It was an unwritten agreement between both sides, state and foreign, that in times of crisis they worked together while each side tried to consolidate greater control on the ground through medical work. The state's resources were relatively successful in the *mutasarrifiyya*'s center, but the thousands of casualties in its bordering rural periphery and coastal towns and villages demarcated the gap between the two in matters of state authority and provision.³⁷

MEDICAL CONVERSATIONS

Towards the 1910s, various processes converged into the creation of a medical discourse on the pages of the local Arabic and Hebrew press. From 1908, the local Arabic press became effectively involved in the creation of a collective organizing ethos that saw regulated sanitation and hygiene as essential. The Hebrew press had been active in the city since the 1860s and engaged extensively with matters of health, primarily the community's hospitals and doctors but also foreign and state institutions.³⁸ Michelle Campos underlines the importance of the local Hebrew and Arabic press in spelling out a modern "vision of the city" that demanded efficient municipal work, improved sanitation and health services, and voiced criticism of municipal corruption or inefficiency.³⁹ The local press conceptualized public health as a public concern, envisioned a modern city with modern services, and pressured the civil servants, demanding action and reform. Knowledge of progress in the field of sanitation in other Palestinian cities, elsewhere in the Levant, or in Europe brought

35 Yehoshu'a Haim Ben Tsiyon Shami, *Zikhronot*, Hebrew autograph manuscript, 1943, Jerusalem, The Ben Zvi Institute, Ms. no. 8018 [in Hebrew], p. 58; the governor surely knew of the cholera epidemic as serious measures against its spread were taken in Jerusalem already in August. See *Hashkafa*, 8 August 1902.

36 Shami, *Zikhronot*, pp. 58–60. The first delegation was mentioned in *Hashkafa*, 15 October 1902, the second in *Hashkafa*, 31 October 1902.

37 Shami, *Zikhronot*, p. 62; Barel, *Ruah ra'a*, pp. 85–87.

38 The European Hebrew press reported from its inception on matters of health in Jerusalem, especially the wellbeing of its Jewish inhabitants. These reports were a tool for fundraising for the improvement of the hospitals. See, for example, *Ha-Melits*, 4 August 1864; *Ha-Maggid*, 26 July 1865.

39 Campos, *Ottoman Brothers*, pp. 171–172.

new standards, followed by greater demands for regulation.

Modern medical treatment gradually became consumer product with a local competition for clientele. This was reflected in advertisements published by local doctors in the local press. Dr. Nudelman's clinic, it was published in *Ha-Zvi*, "heals teeth, fills and covers them with gold, silver, platinum, amalgam, silver plated tin, cement or gutta-percha [...] extracts teeth without any pain."⁴⁰ Jirjis Elias Mashhur announced his purchase of the municipal pharmacy at the Jaffa Gate on the pages of *al-Quds*, introducing the most modern treatments (*ahdath al-īlajat*) of the British Burroughs Wellcome & Company and Pharmacie Centrale de France, including all the facilities for urine examinations. Mashhur set out his efforts to earn the public's trust (*thiqat al-jumhur*), appointing an Istanbul licensed pharmacist, Dr. Elias Halabi (1880–1918), a Syrian Protestant College (SPC, established in Beirut, 1866) graduate, as the pharmacy's doctor, and underlining the "accuracy, cleanliness and precision" of its services. If you are in need of a doctor, Mashhur concluded, only notify the pharmacy and it would answer your request "at the utmost speed."⁴¹ Advertised medical treatment, at least in *al-Quds*, tapped into all the features of modern symbols: a doctor holding an imperial license and a medical diploma from a Western institution, and offering European medication from international pharmaceutical companies. While the Hebrew Jewish medical discourse depended on European knowledge, as most of its doctors were trained there, there were some exceptions. During the outburst of the 1902 cholera epidemic, *Hashkafa* published a detailed translation from Arabic of Dr. Bishara Zalzal's (d. 1905) contribution on the disease and the methods of prevention.⁴² A prolific author on modern and ancient medicine, Zalzal had graduated from the SPC in 1872.⁴³

40 *Ha-Zvi*, 30 November 1911; see also Mendel Kramer's advertisement for his pharmacy at Me'ah She'arim in *Hashkafa*, 17 January 1905; *Hashkafa*, 23 December 1904.

41 *al-Quds*, 14 October 1908; Dr. Halabi strongly warned the public against spending money on unprescribed fake medication; see *al-Quds*, 6 December 1910.

42 *Hashkafa*, 7 November 1902 (on the pandemic); 12 December 1902 (a translated article).

43 Alumni Association, *American University of Beirut, Directory of Alumni, 1870–1952* (Beirut, 1953), p. 2.

This symbolism was also a tool for the re-evaluation of treatment and actual access to medical services. Modern products brought with them modern regulations on accountability. Doctors were not only the objects of this emerging medical discourse but were also, as writers, highly involved in its creation. They were "experts at large," assuming cultural and political authority over the public space based on or emanating from their authority over their patients. Elias Halabi himself contributed articles to the local press on both medical and religious issues.⁴⁴ He wrote extensively on tuberculosis in *Filastin* and *al-Muqtataf* utilizing the disease as a platform from which he proclaimed an entire cultural manifesto. Halabi pointed an accusing finger at the damp, dark, and suffocating homes of both rich and poor "that are not so different from graves" for the spread of the disease. He harshly criticized the people's laziness, and their eating and leisure habits. While wishing for the cleaning of the filthy cafes and an end to the germ-spreading greeting customs and narghile smoking, Halabi not only wanted to prevent the spread of TB, but also in effect envisioned the rebirth of Jerusalem as a modern city, cured of its oriental ills. He did not spare the city's administration, condemning their indifference to public places, which he depicted as "poisonous swamps" (*mustanqa' sumum*). Instead of "ornamenting the city and its exterior scenery," Halabi wrote, the municipality should invest in parks with fresh air and shaded spaces for sports.⁴⁵

Criticism of the municipality's ability or inability to regulate health came from other directions as well. *Al-Munadi* reported on discrimination against the Muslim inhabitants of the city, noting that two Muslims had died in the Municipal and French hospitals and it had taken the municipality over a week to bury them, but "if these two men had not been Muslims" their smell would not have spread and their bodies would not have started to decompose.⁴⁶ While reporting on the municipality's failings, the newspaper revealed that the man

44 Philippe Bourmaud, "Experts at Large: Physicians, Public Debate and the Press in Late Ottoman Palestine," *Archiv Orientalni* 80/2 (2012), pp. 295–337.

45 *al-Muqtataf* 39/3, 1 September 1911, pp. 217–221; *Filastin*, 16 August 1911.

46 *al-Munadi*, 27 February 1912.

responsible for killing the city's stray dogs was taken as the municipal doctor's assistant surgeon.⁴⁷ *Al-Munadi* was critical of the role of the municipal doctor. Probably lamenting the rapid changes in appointments to the position, the newspaper reported: "Mumtaz Effendi, who was the municipal doctor in Alexandroupoli, has been appointed to become Jerusalem's municipal doctor, replacing Said(is) Effendi who was appointed to replace Muharram Effendi."⁴⁸

It is true that a "shared civic commitment" that surpassed sectarian divide did exist in Jerusalem.⁴⁹ However, the "commitment" remained in many cases a matter of words, both written and spoken, rather than a true representation of the city's reality. "For we know," *Havatselet* noted, "the great efforts of the Mayor sheikh Selim Effendi to preserve the [city's] cleanliness and purity," highlighting his good treatment of the Jews.⁵⁰ *al-Quds* praised the "attention" of Mayor Faydi al-'Alami and his council to the spread of meningitis in Jerusalem.⁵¹ Yet these "efforts" and "attention" implied the municipality's inability to go beyond their good will and intention. While unable to radically change the city's infrastructure, providing medical treatment in Jerusalem's public sphere became a tool for the accumulation of political capital. For example, Nazif al-Khalidi, an engineer with the Ottoman Railway put himself forward to mayor, declaring that he would reform and improve the hospitals.⁵² Making Jerusalem great again, at least rhetorically, meant improving its health services.

In the post 1908 revolution, a society with a clear civilizing mission for the rural population was established and making them clean and healthy became the national calling of the well off. Established by Jerusalem's elite and articulating the great hopes after the 1908 coup, *Jam'iyyat al-fallah* (the peasant's society) sought to educate the peasants of Jerusalem's rural

periphery. In the society's inaugural ceremony, the municipal doctor, Muharram Bey, declared that the government would benefit greatly if it "enlightened [the peasant's] [...] thought and guided him to the path of victory."⁵³ Although he made his speech in Ottoman Turkish, a language that was not understood by the rural population, the symbolic role of the doctor as both healer of the body and the epitome of progress and development was essential for the event. Yet again, this role was more symbolic than effective as state funded or regulated modern health services for the *fallahin* did not exist.

EUROPE, BEIRUT, THEN ISTANBUL

In January 1917, Jamal Paşa visited the SPC with his entourage and gave a speech before its students and staff. He spoke about the strength of the nation and its dependence on its youth and education. "[A]s the majority of the students of this university is [sic] Ottomans," declared the governor of Greater Syria, "[I] consider this institution as an Ottoman University."⁵⁴ Izzat Tannous (1896–1969), a Nabulsi student of medicine at the college and graduate of the Anglican St. George's school in Jerusalem, who probably took the last Ottoman medical exam in 1918, was in the crowd. "The Commander in Chief," he recalled in his autobiography, "gave a short speech in the Turkish language to which we thundered tremendous applause," but he also noted that the students cheered "without understanding one word of what he said."⁵⁵ Tannous's knowledge of Turkish and his depiction of the SPC as a pro-Entente enclave during World War I are a good point of departure for a discussion about the doctors who worked in Jerusalem or left it to study medicine, and the role or participation of the Ottoman state in

47 *Ibid.*, 5 March 1912.

48 *Ibid.*; *Ha-Herut*, 8 March 1912, refers to Dr. Asa replacing Dr. Sa'id.

49 Campos, *Ottoman Brothers*, p. 181.

50 *Havatselet*, 23 August 1895.

51 *al-Quds*, 30 March 1909.

52 *al-Quds*, 9 October 1908; 'Adel Manna' (ed.), *Alam Filastin fi awakhir al-ahd al-uthmani (1800-1918)* [The Notables of Palestine during the Late Ottoman Period, 1800–1918] (Beirut: Mu'assasat al-Dirasat al-Filastiniyya, 1995), pp. 157–158 [in Arabic].

53 *al-Quds*, 22, 25, 29 September 1908. The society also planned to fund training in agriculture for a few peasants in Jaffa: *ibid.*, 16 October 1908.

54 "Translation of the Speech of his Excellency Ahmed Djemal Pasha at College Assembly, 29 January 1917," <http://online-exhibit.aub.edu.lb/exhibits/show/wwi/1918/spc-pulls-through/relations-with-jemal-pasha>, accessed 15 May 2020.

55 Izzat's brother Sulayman studied pharmacy at the SPC. See Izzat Tannous, *The Palestinians: A Detailed Documented Eyewitness History of Palestine under British Mandate* (New York: I.G.T., 1988), pp. 44–45, 130–131.

their training, employment and regulation of their service.⁵⁶

Although the bulk of Jerusalem's doctors (Jewish or missionary) had been born, raised, and trained in Europe, an expanding community of local doctors emerged at the turn of the century. Gradually, sons of mainly the Muslim, Jewish, and Christian Jerusalemite elite who graduated from Christian missionary or French and German Jewish schools were sent to professional medical training at the SPC or St. Joseph's University (since 1883), in Beirut. Very few, if any local Jerusalemite doctors had received their elementary or secondary education in state Ottoman institutions, which developed during the final years of Ottoman rule.⁵⁷

A small number were trained in the Istanbul Imperial Medical School (established in 1827). The 1900 yearbook published by the Ottoman Department of Education mentions two Jerusalemites, in addition to Yehoshu'a Shami, who had graduated by that year:⁵⁸ Muhammad Tawfiq Sulayman Nusayba (1885–1947),⁵⁹ and Husam al-Din Abu l-Sa'ud (1874–1939), members of notable Muslim families.⁶⁰ Shami, who graduated in 1899, was born in Jerusalem to a prominent Sephardi family from Istanbul with firm ties to the state. His wedding in Jerusalem was attended by the highest echelons of the local Ottoman bureaucracy.⁶¹ Shami's father was a native of Istanbul, but his son did not start learning Turkish till the age of fifteen and then only for the purpose of entering the state medical school in Istanbul.⁶² Upon Shami's

departure from Hebron for another state position, a Hebrew newspaper proclaimed that Hebronite "Jews and Ishmaelites [Muslims] [...] all loved him dearly" and deeply appreciated his service as the *baladiyya* (municipality) doctor. After Hebron, he was appointed as Jaffa's municipal doctor.⁶³

Nevertheless, sons of the Jerusalemite Arab and Jewish elites preferred the two medical faculties in Beirut over the Istanbul faculty. As the training of doctors became another arena of imperial competition for regional influence, the French and American governments improved and expanded their medical faculties. From 1870, SPC medical graduates had needed to take the final exams of the Imperial Medical School in Istanbul in order to practice medicine under the Empire, but from 1898, a delegation from the Imperial Medical Faculty would arrive at the SPC, supervise the exams and witness the graduates take the Ottoman Hippocratic oath.⁶⁴ The American institute was the most popular for training pharmacists and physicians and many Jerusalemites passed through its gates. The famous Palestinian doctor, Tawfiq Canaan (1882–1964), completed his primary education at the German missionary Schneller School and his medical training at the SPC and many other SPC graduates, Muslim, Christian and Jewish, worked in the city's hospitals, private clinics, and pharmacies. The Halabi brothers, the aforementioned Ilyas and the pharmacist Anton, who graduated in 1908 and 1912 respectively, were born, raised and worked in Jerusalem, as was also the case with Wadi' and Kamil Haddad.⁶⁵ Albert Abushdid (1875–1930), whose Jewish family migrated from Rabat to Jerusalem in the mid-19th century, received his MD diploma in 1899. He was also a Freemason who spoke in favor of Arab-Jewish brotherhood.⁶⁶ The SPC's Jerusalem branch of the Alumni Association included fourteen members, of whom six were doctors and three were pharmacists.⁶⁷ Within the emerging pre-World War I cultural

56 Liat Kozma and Yoni Furas, "Palestinian Doctors under the Mandate: The Formation of a Profession," *International Journal of Middle East Studies* 52/1 (2020), pp. 87–108.

57 Selçuk Akşin Somel, *The Modernization of Public Education in the Ottoman Empire, 1839–1908: Islamization, Autocracy, and Discipline* (Leiden: Brill, 2001); Yoni Furas, *Educating Palestine: Teaching and Learning History under the Mandate* (Oxford: Oxford University Press, 2020), pp. 23–24.

58 *Salname nezaret-i ma'arif-i umumiye* 1318 [Yearbook of the Ministry of Education 1318h] (Istanbul: Dar al-Tiba'a al-'Amira, 1318h), pp. 635, 641, 651 [in Ottoman Turkish].

59 Salim 'Ababina, *Mujam al'am al-tibb fi l-tarikh al-'arabi al-islami* [Lexicon of the Notables in the Field of Medicine in Arab and Islamic History] (Amman: Dar al-Bayruni li-l-Nashr wa-al-Tawzi', 2010), p. 257 [in Arabic].

60 'Asali, *Muqaddima*, pp. 247–248.

61 *Hashkafa*, 3 July 1903.

62 Shami, *Zikhronot*.

63 *Havatsalet*, 20 October 1899; 5 October 1900; for his move to Jaffa in 1903, see *Hashkafa*, 30 March 1900; 13 February 1903; 26 June 1903.

64 Blecher, "Medicalization," pp. 46–49.

65 Alumni Association, *American University*, pp. 66, 89.

66 *Havatsalet*, 19 January 1900, 5 July 1906; Campos, *Ottoman Brothers*, p. 191; *Do'ar ha-Yom*, 26 February 1931; Alumni Association, *American University*, p. 36.

67 *al-Kulliyah* 5/1, November 1913, p. 23.

and local medical scene, the American institute was highly influential, not only for its graduates but also for the many students who aspired to study there.

The French Medical Faculty at St. Joseph also attracted the city's elite. In 1909, three doctors and one pharmacist from notable Jerusalemite Sephardi families completed their studies there. Like Shami, they had previously been trained in its Francophone Alliance Israélite Universelle schools and, like the sons of Shaykh Raghīb al-Khalīdī, who sent his three boys to study medicine at the SPC, three of them were sons of two prominent religious figures, Rabbis Haim Elyashar and Sulayman Mani.⁶⁸ St. Joseph graduates' list includes at least thirteen doctors and pharmacists who were born in Jerusalem, mostly Jews but also members of various Christian denominations.⁶⁹ The proliferation of pharmacies was another symbol of the medicalization of the public space and, here too, the pharmacies that were founded by locals owed their certificate to the SPC and not to Istanbul.

Gradually, the expanding community of local trained doctors and pharmacists played their part in the city's health services, although the proliferation of foreign hospitals with their European doctors, alongside the arrival of Jewish immigrant doctors, meant that they represented a relatively low proportion. Even the position of municipal doctors was often staffed either by doctors who were trained outside the state's institutions or by European immigrants. Eliyahu Cohen (1863–1926) was a native Jerusalemite from a prominent Ashkenazi family. Cohen had studied medicine in Heidelberg and Berlin and was employed as the municipal doctor of Hebron, Gaza, and Safed.⁷⁰ A native of Bethlehem and graduate of SPC, Habib Qattan (1884–1968) served as the town's municipal doctor.⁷¹ After the 1908 revolution, Istanbul called for the employment of doctors who had trained at the Imperial Medical School to

take up state positions, what probably limited the proliferation of doctors with European or foreign training in official posts.⁷² This was the case with Jerusalem's municipal doctor and head of the Municipal Hospital.

A graduate of Athens University, Photios Efklides (1864–1916) was a Greek from Bursa. According to Shami, Efklides served as the municipal doctor but was dismissed from his official post, like all Greek doctors, following the 1897 war between Greece and the Ottoman Empire. His links with the Greek Patriarch meant that he was able to keep his position as head of the Municipal Hospital until his death from a typhus infection in 1916.⁷³ His funeral was attended by the local and foreign elite of Jerusalem and *Ha-Herut* reported that he was "unique in his grace and benevolence."⁷⁴

Dr. Helena Kagan (1889–1978), a Jew from Tashkent who had studied medicine at the University of Bern, worked under Efklides at the Municipal Hospital and was put in charge of Arab and Jewish nurses' training. After Efklides's death, Kagan headed the hospital for a few months by herself.⁷⁵ She had arrived at Jerusalem in the spring of 1914, hoping for employment in one of its hospitals. Upon her arrival, she rushed to meet Dr. 'Umar Nashat Bey, who headed the city's public health service. The Ottoman official told her that women were not officially allowed to practice medicine and that the Ottoman state did not grant work permits to women. Noticing Kagan's dismay at the news, Nashat quickly calmed her down, telling her "without a shred of shame," that, since there was dire need for women physicians, she could work without a permit. The state official even guaranteed that local pharmacies would provide medications she prescribed since they did not hold updated lists of licensed doctors.⁷⁶ This

68 *Ha-Herut*, 12 November 1909.

69 Université Saint-Joseph, Faculté française de médecine et de pharmacie, *Liste officielle de MM. les médecins et pharmaciens diplômés de la faculté Française Beyrouth (Session de mars 1887 - Session de juillet 1922)* (Beirut: Unknown publisher, unknown year).

70 Dr. Moshe Goldberg from Odessa was Tiberias's municipal doctor in the late 1890s. See Levy, *Praqim be-toldot*, pp. 73–74 (n. 32), 292, 321.

71 Alumni Association, *American University*, p. 82.

72 Blecher, "Medicalization," pp. 126–132; *Filastin*, 22 May 1912.

73 Shami also mentions Jaffa's municipal doctor was a graduate of Athens University; Shami, *Zikhronot*, pp. 60–61; Emile Mouchamp, "L'organisation médicale et hospitalière à Jérusalem et dans la région," 1903, 294PO/A/45–46, Centre des Archives Diplomatiques de Nantes (CADN); *al-Munadi*, 19 March 1912.

74 *Ha-Herut*, 7 May 1916; see also *Ha-Zvi*, 8 January 1897, 16 August 1912.

75 Helena Kagan, *Reshit darki bi-Yrushalayim* [My Early Days in Jerusalem] (Tel Aviv: Vitso, 1983), pp. 56–57 [in Hebrew].

76 *Ibid.*, pp. 39–40.

was not an exception in Palestine. The municipality of Nablus offered Dr. Alexandra Belkind, a Jew of Russian descent, a position as head of the town's Municipal Hospital. Whether regulated or not, the gap between the official health regulations and reality underlined the limits of the state's hegemony and ability in the administration of health services.

BEYOND THE MUNICIPAL HOSPITAL

Studies on roughly the two or three last decades of Ottoman Jerusalem underline the work of the municipality as a dynamic and capable administrative engine and highlight the role of the Ottoman state in contributing to the city's development, including in the field of public health and sanitation.⁷⁷ Studies on health and medicine in late Ottoman Palestine emphasize progress in health services as a side effect of the Ottoman state's competition for local influence and control both with Western powers (through their various missions) and with an emerging local community that invested in, wrote about, and became professionalized in public health and modern medicine.⁷⁸ The establishment of hospitals and dispensaries, was a realization of "colonial opportunities" that also corresponded with the demand of the local communities.⁷⁹

Jerusalem's municipality was in effect the only administrative institution that united the city's population across religious sects and denominations. It was headed by Jerusalem's most powerful men and administrators who invested great efforts in improving and developing the city. However, one must examine the potential and actual limits of the municipality's work. In matters of health and sanitation, there was certainly a will to expand and develop municipal services, but the practicalities of implementation were challenging.

The municipality worked under provincial state supervision and every major step

required the approval of the state authorities. The various consuls and embassies were another dominant factor in the city as protectors of non-Ottoman citizens. According to Campos, at least one quarter of the city's population had foreign citizenship, causing frequent friction between the consuls and the Ottoman administration over actual jurisdiction in the city. Ottoman dependence on European capital, including dependence on taxes from the foreign institutions to fund infrastructure spending, increased foreign economic control. Foreigners did not see themselves as subordinate to the municipality and often refused to cooperate in matters of taxation and compliance with municipal regulations. In 1904, the municipality decided to collect a tax to pay for cleaning and lighting the neighborhoods outside the Old City walls. The foreign consuls protested against the raising of the new tax for a whole year, but later agreed to pay it. Vincent Lemire argues that this reflected the flexible authority of the municipality, often negotiated with the city's inhabitants, which gradually increased with Jerusalem's expansion.⁸⁰ Yet this example also underlines the limits of this authority, which necessitated skillful maneuvering between the Ottoman state, the foreign presence, and their often conflicting interests. The development and modernization of the city were indeed a shared vision; however, as Yasmin Avci has highlighted, the state was suspicious of large-scale projects that were initiated by European states or protégés. This sometimes resulted in Istanbul's reluctance to enable the inception of concession-based projects that had already been agreed and signed on by the municipality.⁸¹

Notwithstanding, the municipality worked within its capacity from its early years of activity to improve the sanitation and cleanliness of the streets, especially the main roads. Inside the Old City, the streets were paved, and new sewage canals were dug. From the 1890s, the streets were watered a few times a day to prevent the dust clouds caused by the constant movement

77 Buessow, "Ottoman Reform;" Sufian, "Healing Jerusalem;" Bourmaud, "Epidemiology"; Kass, "Western Medicine."

78 Sufian, "Healing Jerusalem;" Bourmaud, "Epidemiology."

79 Bourmaud, "Epidemiology."

80 Lemire, *Jerusalem 1900*, pp. 108–109.

81 Yasemin Avci, "The 'Civilizing Mission' and Center-Periphery Relationships: Jerusalem and Jaffa in the Late Ottoman Period: The Concession-Hunting Struggle for Public Works Projects," in Yuval Ben-Bassat and Eyal Givoni (eds.), *Late Ottoman Palestine: The Period of Young Turk Rule* (London: I.B. Tauris, 2011), pp. 81–102.

of people and carriages, and the streets were cleaned by the municipality's employees. Later, the municipality also assigned workers to dispose of the garbage that accumulated in the various neighborhoods,⁸² although, as we have seen, evidence from later periods suggests that these projects were far from comprehensive.

The 1910 spring election of Husayn Hashim al-Husayni as mayor marked another watershed in the annals of the municipality. Al-Husayni was considered not only a man of vision but also a man of action, and progress in all fields of municipal services was felt in the public space.⁸³ Before World War I, al-Husayni had plans to construct a tram line into and from the city and to illuminate the city with electric power, plans that (perhaps) did not materialize because of the outbreak of war.⁸⁴ Al-Husayni also had plans to connect all the city's neighborhoods to a more advanced sewage system. Aware of the inability of his administration to fund such a far-reaching project, the mayor appealed to the Jewish diaspora.⁸⁵ Large scale, far-reaching projects that meant in depth changes in the infrastructure of the city and its surrounding were impossible to implement without foreign financial support and state approval.⁸⁶

The establishment of the Municipal Hospital, one of the municipality's greatest achievements, further exemplifies its place and role within the entangled map of multiple players and conflicting interests of late Ottoman Jerusalem, particularly in the field of public health. In 1886, a municipal clinic and pharmacy were established by the municipality, where the municipal doctor treated poor patients of all sects for free for two hours a day. This was also enabled by a donation from a Jewish philanthropist.⁸⁷ Already in the late 1880s, they were

lagging behind the various hospitals that were operating in the city, whose services were enjoyed by Jerusalem's Muslim elite, although the city's poor had limited access to them. Plans in 1857 to establish a local hospital for the imperial soldiers stationed in the city roughly paralleled the establishment of Jewish and mission clinics and hospitals.⁸⁸ In 1863, the idea of establishing a hospital for Jerusalem's Muslim population was raised again by the state administration. In the summer of 1887, the issue was discussed once more, probably with the aim of turning the operating clinic into a fully functioning hospital.⁸⁹ A year later the matter of funding the construction of a hospital for the city's Ottoman subjects and Muslim pilgrims was discussed again.⁹⁰ In contrast to the abundant denominational hospitals in the city, the Muslim pilgrims were the only ones without modern medical service.

As far as the evidence shows, these initiatives did not materialize in the construction of a new hospital, but in the conversion of an already existing building. The Municipal Hospital was in fact inaugurated at an official ceremony on Sunday, 19 April 1891.⁹¹ Reporting on this occasion, Haim Michlin, a local entrepreneur of Russian descent, stated that it was "almost (*kim'at*) the prettiest and lofty (*yafe ve-na'ale*)" building in the city. He also noted the attendance of many Sephardi and Ashkenazi Jews as it was open to all Jerusalemites "regardless of religion."⁹² But it was not built by the municipality or even designed to be a hospital. It was originally built for a rich Christian couple who never lived in it because (according to a few sources) the groom died a few days before their wedding. This family drama had led to the house being considered cursed,

82 Kark, "Pe'ilut," Buessow, "Ottoman Reform."

83 *Ha-Or*, 31 December 1912.

84 Roberto Mazza, *Jerusalem: From the Ottomans to the British*, pp. 87–88; Jacobson, *From Empire to Empire*, p. 5; Sotirios Dimitriadis, "The Tramway Concession of Jerusalem, 1908–1914: Elite Citizenship, Urban Infrastructure, and the Abortive Modernization of a Late Ottoman City," in Angelos Dalachanis and Vincent Lemire (eds.), *Ordinary Jerusalem, 1840–1940: Opening New Archives, Revisiting a Global City* (Leiden: Brill, 2018), pp. 475–489.

85 Kark, "Pe'ilut."

86 Sluglett, "Municipalities in the Late Ottoman Empire."

87 *Havatsset*, 21 May 1886; *Hazfira*, 14 June 1886.

88 BOA, İ. DH., 371/24597, 7 March 1857. The Ottoman state documents presented here from the Başbakanlık Osmanlı Arşivleri in Istanbul were accessed online through the monumental Open Jerusalem Archive website, <https://openjlem.hypotheses.org>, accessed April 2020.

89 BOA, MVL., 768/52, 27 October 1863; BOA, MV., 21/26, 4 July 1887.

90 BOA, MV., 33/6, 6 June 1888.

91 Reports differ on the exact date of the inauguration ceremony, or possibly there was more than one event: 19 April 1891 as reported in *Ha-Or*, 22 April 1891; or 10 May 1891 as reported in *Havatsset*, 15 May 1891 and *Ha-Maggid*, 28 May 1891.

92 *Ha-Maggid*, 28 May 1891.

so the villa on the expanding Jaffa Road was left deserted for almost a decade until the municipality took it over and turned it into a hospital.⁹³

The opening of the Municipal Hospital was a major leap forward for the municipality in the field of public health. However, the fact that the extensive discussions on the project eventually led to the conversion of a private property indicates its limitations. The municipality finally took its long-awaited role on the medical scene with a facility that housed 32 beds (later expanded to 40), a clinic for the free treatment of peasants, a doctor, a surgeon, a pharmacist, and nursing staff.⁹⁴ Furthermore, its staff represented the multi-ethnic, multi-religious nature of late Ottoman Jerusalem with its Greek doctor from Anatolia and Catholic nurses from the Daughters of Charity order.⁹⁵ Still, in his 1903 comprehensive report on hospitals and clinics in Jerusalem, Dr. Emile Mouchamp lamented, that (unlike the French St. Louis Hospital, which he headed) the hospital's patients were predominantly Muslims.⁹⁶ In 1902, for example, the St. Louis Hospital admitted 597 Muslim patients out of a total of 1,302.⁹⁷ The Municipal Hospital had 40 beds out of a total of 565 beds in the city's hospitals in 1896, and 592 beds in 1903.⁹⁸ The foundation of the hospital epitomized cross-denominational shared efforts and vision, but ended up underlining the socio-economic and sectarian delineations of health service distribution in the city.

We have little evidence on the standard of treatment in the hospital. Dr. Mouchamp stated that the staff was "excellent" in 1903. During his hospitalization in the hospital the poet, journalist and ardent CUP supporter Sheikh 'Ali al-Rimawi published a detailed report, filled with superlatives on the hospital and its staff.⁹⁹

93 Greenberg, "Beit ha-holim"; Kagan mentions that she was warned in 1914 against taking the job because of the curse. See Kagan, *Reshit darki*, p. 44.

94 Greenberg, "Beit ha-holim"; Vital Cuinet, *Syrie, Liban et Palestine: Géographie administrative, statistique, descriptive et raisonnée* (Paris: Ernest Leroux, 1896), p. 554.

95 Bourmaud, "Epidemiology."

96 Mouchamp, "L'organisation médicale."

97 *Ibid.*

98 Cuinet, *Syrie, Liban et Palestine*, p. 553.

99 Salim Tamari, *The Great War and the Remaking of Palestine* (Oakland: University of California Press, 2017),

He praised the work of the city's mayors and Ottoman governors, who had ended the disgrace and humiliation (*ana, 'ar*) that "we the Ottomans" suffered when attending foreign hospitals.¹⁰⁰ This positive description contrasts with that of Kagan, who arrived there in 1914 and bemoaned the dreadful state of the adjacent prison hospital and described an Ottoman delegation's surprise at the hospital's shortage of equipment when they inspected its service.¹⁰¹ The contrast between the two reports could be attributed to extreme conditions during the war, but also to the municipality's challenge in funding the hospital, which began from earlier on. The fact that the non-Muslim population was not treated there, and that Jerusalem's elite preferred the missionary or Jewish institutions, sheds further light on the quality of its services.¹⁰²

Funding for the hospital was guaranteed by a tax levied on horse-drawn carriages entering the city with goods or passengers. This income plunged with the expansion of the Jaffa-Jerusalem railway traffic and the coachmen's subsequent demand that the tax be abolished because their income was so reduced. Their demand was accepted by the state so the hospital was under threat of total closure, and later it did in fact shut down temporarily.¹⁰³ With no other revenues to fund the hospital, it was suggested that the tax levied on the crossing of the Jordan River would be used for this purpose.¹⁰⁴

pp. 70–71; Ya'aqov Yehoshua, *Yerushalayim tmol shilshom: Pirke hayay* [Jerusalem in the Days of Old: From My Experiences], vol. 1 (Jerusalem: R. Mass, 1977), pp. 44–45 [in Hebrew].

100 *Filastin*, 16 July 1913.

101 Kagan, *Reshit darki*, pp. 56–58.

102 Levy, *Praqim*, p. 133; Yehoshua, *Yerushalayim tmol shilshom*, p. 44.

103 The hospital is mentioned as active in *Ha-Herut*, 1 March 1911.

104 *Ha-Zvi*, 5 November 1908; see also the correspondence between the municipality, the Ottoman Ministry of the Interior and the Ministry of Finance: BOA, DH. MKT., 2670/61, 29 November 1911; DH. MKT., 2686/49, 18 December 1908; DH. MKT., 2691/5, 24 December 1908; a document from early 1909 reports the hospital's shutdown: DH. MKT., 2714/87, 21 January 1909. Further study is required on how the hospital's funding was secured later.

MEDICAL SERVICES BETWEEN SECTARIANISM AND COOPERATION

From its inception, the development of modern public health services in Jerusalem rested on and was rooted in and tainted by sectarian division. If the objective of the first modern missionary doctor in Jerusalem was the conversion of Jews to Christianity, the arrival of the first modern Jewish doctor was an attempt to thwart missionary endeavors. While relations between the Jewish and missionary doctors remained professional in most cases, the Jewish community refused to accept missionary treatment as kosher. Missionary medical treatment was considered a threat by the leadership of the Jewish community, and this triggered the establishment and expansion of Jewish institutions. In 1897, for example, a wave of violence erupted after a Jewish woman died in the missionary hospital and the Jewish community refused to bury the body.¹⁰⁵ In July 1898, the British consul, John Dickson, reported to the *mutasarrif* about the “hostile demonstrations against the [missionary] hospital [...] and of molestation and ill treatment of the Jewish patients attending the hospital.” The hospital’s superintendent, Dr. Wheeler, reported incidents of violence and espionage against all Jews who were in contact with the hospital.¹⁰⁶

Divisions existed within the Jewish community as well. David Yellin mentions the distinction between treatment of Ashkenazi and Sephardi Jews in the city. In his 1897 report, he mentioned that, in the Ashkenazi Bikur Holim hospital, 944 Ashkenazi and 27 Sephardi Jews were hospitalized while at the Sephardi Misgav Ladach, the numbers were 174 and 347, respectively. Yellin concluded that 1,100 Ashkenazis and 400 Sephardis were treated during that year, underlining the disproportionately low percentage of Sephardi patients, as there were 13,000 Sephardi and 15,000 Ashkenazi Jews in Jerusalem.¹⁰⁷

105 *Hazfira*, 29 November 1897.

106 John Dickson, Consul to Maurice de Bunsen, Chargé d’Affaires, Dispatch Nr. 38, 22 July 1898, FO195/2028/121–124, The National Archive, London. These consular reports were accessed through the Open Jerusalem website on 11 May 2020.

107 David Yellin, *Yerushalayim shel tmol* [Yesterday’s Jerusalem] (Jerusalem: Ha-Va’ad le-hotsa’at kitve David Yellin: Hotsa’at Re’uven Mas, 1972), pp. 427–428 [in Hebrew]; the division also existed in Hebron: Shami, *Zikhronot*, pp. 55–56.

Segregation between the communities was evident when the plague hit the city in September 1865, attacking mainly the Muslim community. It was not until mid-October that it reached Jerusalem’s Jews, first the Sephardi Jewish community and later the Ashkenazi community.¹⁰⁸ The limited contact between the communities, especially in relation to water supplies, prevented an “egalitarian” spread of the disease.¹⁰⁹ The Haredi community showed solidarity and cohesiveness: its institutions were mobilized to fight the epidemic and funds were raised locally and abroad to supply the doctor with medicines and a space to work.¹¹⁰ The Muslim community, which had no external funding, was unable to act similarly.

In 1902, the Jewish communities established a central committee, *va’ad merkazi le-shmirat ha-bri’ut*, which was put in charge of the funds allocated to fight the pandemic. The committee supervised street cleaning and purchased supplies and disinfectants. In the old and new city, local committees were established in the various neighborhoods to liaise with the municipality and the central committee. The local committees received medicines and instructions from Drs. Moshe Wallach and Ahron Mazya. The central committee also sent funds and help to other communities in Palestine, including in Gaza and Tiberias.¹¹¹ The 1902 cholera epidemic was an example of the local Jewish motivation and ability to organize and offer treatment to the Jewish community, while the Ottoman state confined its action almost exclusively to enforcing quarantines.¹¹²

Itamar Ben Avi wrote with great pride that “the Jews, they and no other, organized in every neighborhood and suburb to defend the inhabitants against the upcoming cholera. It was the Jews, they and not the Christians, who established aid societies whose members, with courage and generosity” helped the rich and poor and “the rest of the country’s population (*bene ha-arets*).”¹¹³ Ben Avi, the son of the famous pioneer of the Hebrew language, de-

108 Barel, *Ruah ra’a*, pp. 54–65; Levy, *Praqim*, p. 58.

109 Barel, *Ruah ra’a*, p. 72.

110 *Ibid.*, pp. 60–63, 67–68.

111 *Ibid.*, pp. 124–125.

112 This was also the case in Damascus in the 1902–1903 epidemic: Blecher, “Medicalization,” pp. 95–103.

113 *Hashkafa*, 5 December 1902.

picted this unity in proto national superlatives. Published in Odessa, *Ha-Melitz* underlined the fact that wherever the cholera had spread, Jewish mortality was considerably lower than that of non-Jews, while for the Arabs, "the ways of treatment are like a sealed book" and no preparations were made to fight cholera.¹¹⁴

The local and European Hebrew press was nationalistic, often accentuating a collectivist spirit like Ben Avi's. Yet we have also seen how doctors worked together inside and outside the city and how they shared a vision of urban wellbeing and a common mission to heal its inhabitants. As early as 1882, a Hebrew newspaper announced the establishment of a Doctors' Society (*Hevrat Rofim*) made up of twelve doctors. The report mentioned that two of them were Jews and noted their decision to meet monthly in order to discuss and supervise the city's health issues.¹¹⁵ While we have no further evidence about the Society, associations of this kind were not a rarity, although they were often ad hoc. The city's municipality attempted to mobilize or at least create this cooperation to strengthen the local network of doctors and hospitals. Mayor Faydi al-'Alami, for example, convened a meeting of doctors working in Jerusalem and Jaffa in order to discuss the spread of meningitis in the area. Notably, in the known cases that were presented at the meeting, the patients were all Jews.¹¹⁶ *al-Quds* reported on the meeting, publishing a detailed list of precautions for avoiding the disease and wishing the sufferers well. The report also paid tribute to the mayor's efforts to deal with its spread, especially amongst the Jewish community in which there were a large number of cases (*fatak al-yahud kathiran*).¹¹⁷ In the summer of 1909, an attempt was made to establish a Health Committee (*majlis al-sihha*) and the municipal doctor and the head of the Municipal Hospital, along with Jewish, Greek, and Armenian doctors, met at the Municipal Hospital for the first meeting.¹¹⁸ In October the same year, a few cases of meningitis were reported in the Hebrew press, noting that, besides the Jewish patients, Dr. Abushdid was called to examine a ten year-

old Christian child from the German Colony at the Municipal Hospital.¹¹⁹ In the spring of 1913, after the municipal doctor discovered a few cases of typhus, a joint doctors' meeting was convened at the municipality and the infected homes were surrounded by soldiers.¹²⁰ These cases bring out the nature of the cross-denominational and cross-institutional cooperation that existed between doctors, and it seems that these connections lasted until the eve of World War I. In 1914, Mayor Husayn al-Husayni assembled local and foreign doctors to engage in a preemptive act against a plague (*dever*) that had broken out in Jaffa. The doctors were satisfied with the health situation in the city, and a joint resolution was drafted to eradicate the mice that were spreading the disease.¹²¹

Doctors also collaborated in medical research. In 1910, Dr. Moshe Wallach, the head of Sha'are Tzedek Hospital (established in 1902), the head of the German hospital, and Dr. Tawfiq Canaan jointly collected data on meningitis, which had afflicted the city that year. Medical efforts had the potential to unite people of different denominations and nationalities. Bourmaud argues that no borders divided the cosmopolitan medical community, or perhaps that borders did not define the medical community.¹²² The malaria prevention mission led by a German specialist, Prof. Peter Mühlens, head of the Tropical Diseases Institute in Hamburg between August 1912 and January 1913, provides a good example. Mühlens worked with Canaan and Dr. Ernest Masterman, from the English Mission Hospital. Two Jewish immigrants, Drs. Arie Goldberg and Ze'ev Bruenn, who had studied under Mühlens and established the Nathan Straus Health Center, cooperated with Mühlens in the study of the disease. Aware of the limited ability of the Ottoman state to regulate the cisterns that were the source of malaria in Jerusalem, the doctors gave public lectures, explaining the prevention measures that were required. In late 1912, the joint team convened a conference of foreign consuls and local physicians to address the topic and it was decided that Mühlens' laboratory should be converted into an International Health Bureau while

114 *Ha-Melitz*, 25 January 1903.

115 *Hazfira*, 26 September 1882.

116 *Ha-Zvi*, 25 March 1909, 1 April 1909.

117 *al-Quds*, 30 March 1909.

118 *Ha-Herut*, 2 August 1909; *Ha-Zvi*, 3 August 1909.

119 *Ha-Zvi*, 15 October 1909.

120 *Ha-Herut*, 13 May 1912.

121 *Ibid.*, 5 June 1914.

122 Bourmaud, "A Son of the Country'."

maintaining the autonomy of the different institutions.¹²³ The following year, plans were made to enhance the work of the Bureau with joint German and Jewish funding, but the war brought the project to an end.¹²⁴

Eliezer Ben-Yehuda published an interview in which Mühlens articulated the scientific-humanist, non-political, non-denominational nature of the mission and its inclusion of Jews as well. The German professor emphasized to Ben-Yehuda that malaria does not attack a specific community or religion, but all the city's inhabitants and therefore required everyone's cooperation. "I'm sure," Ben Yehuda wrote, "Jerusalem and the country in its entirety would be grateful to the people who are heading this lofty, scientific and humanitarian project[...]."¹²⁵

But a clear division in the joint work did exist. Prof. Mühlens was in charge of the non-Jewish population while Bruenn served the Jewish community.¹²⁶ In a meeting of all the practicing doctors in Jerusalem, after Mühlens's lector, Dr. Arieh Beham (1877–1941), a Jew of Russian descent who had migrated to Palestine in 1913 and headed the Jerusalem Pasteur Institute, gave his speech in Hebrew followed by a translation into French. "The many non-Jewish doctors present," *Ha-Herut* noted, "were surprised at the sound of the Hebrew language to their ears." The newspaper gave its blessing to the Bureau but highlighted its hope that "the participating Jewish doctors will know how to highlight their nationalism in order for it not to be blurred within the international institution."¹²⁷

The Hebrew press certainly marked the shifting zeitgeist, inextricably connecting Jewish medical work in Palestine with a nationalist perspective. When celebrating the graduation of three Sephardi Jews from the St. Joseph med-

ical faculty in 1909, *Ha-Herut* underlined their proficiency in and love for written and spoken Hebrew.¹²⁸ In 1913, the Jerusalem daily was preaching to the choir as Zionist doctors had earlier sought to unite and institutionalize Jewish health services for the expanding settlement. First attempts to form a society had already been initiated in 1906 by Beham while visiting Palestine, and other prominent Jewish doctors.¹²⁹ Two meetings (1909, 1911) followed Beham's call but an association was not officially established in Jaffa until 1912. The Jerusalemite doctors established the Hebrew-Speaking Doctors' Association (*Agudat rofim medabre ivrit*) in 1913.¹³⁰ Several doctors, Dr. Wallach presumably being the most vocal, protested against the differentiation and alienation from other doctors but it was decided that only Hebrew-speaking doctors could join the society. Dr. Wallach's protest was an exception that proved the rule. The Orthodox German was a well-respected doctor, but also highly controversial amongst the Jewish community. Wallach was a friend of Canaan and appointed him for a brief period as interim head of Sha'are Tzedek Hospital,¹³¹ but he was also harshly criticized for this relationship, and for preferring a Christian over Jewish colleagues.¹³²

The two associations cooperated before the War, but unification was achieved only after it.¹³³ Both Zionist associations gave great importance to the use of Hebrew although most members had very limited knowledge of the language. The language used in meetings was usually Russian and the minutes were written in Russian, but the Jaffa association published a journal in Hebrew:

128 *Ha-Herut*, 12 November 1909.

129 Anne-Marie Moulin, "The Pasteur Institutes between the Two World Wars: The Transformation of the International Sanitary Order," in Paul Weindling (ed.), *International Health Organisations and Movements, 1918–1939* (New York: Cambridge University Press, 1995), pp. 244–265; "Ne'um ha-yo'r shel ha-aguda, Dr. Pokhovsky, 30 January 1913 [The Association Chairman's Speech]," *Zichronot Dvarim* 1/2–3, May 1913, pp. 35–36 [in Hebrew].

130 *Ha'aretz*, 23 April 1936; Nissim Levy and Yael Levy, *Rof'eha shel erets-Yisrael, 1799–1948* [Doctors of Eretz Yisrael, 1799–1948] (Itay Bahur: Zikhron Ya'aqov, 2012) [in Hebrew].

131 *Ha-Herut*, 4 August 1911.

132 *Ibid.*, 26–27 August, 28–29 September 1913. On Wallach, see *Ha-Po'el ha-Tsa'ir*, 26 September 1913, 17–18; *Ha-Ahdut*, 22 August 1913.

133 Levy, *Praqim*, p. 152.

123 *Ha-Ahdut*, 20 June 1913.

124 Perez Yekutieli, "Masterman, Mühlens and Malaria, Jerusalem 1912–1913," *Korot* 12 (1996–1997), pp. 107–123 [in Hebrew]; Sandra M. Sufian, *Healing the Land and the Nation: Malaria and the Zionist Project in Palestine, 1920–1947* (Chicago: University of Chicago Press, 2007), pp. 187–188; Zalman Greenberg and Raqefet Zalashik, "Masa' mishlahat hever ha-le'umim le-haqirat ha-malarya be-Eretz Yisra'el bi-shnat 1925 [The League of Nation's Expedition for Research on Malaria in Eretz Yisrael 1925]," *Cathedra* 134 (2009), pp. 49–64 [in Hebrew].

125 *Ha-Zvi*, 11 September 1912.

126 *Moria*, 17 January 1913.

127 *Ha-Herut*, 18 July 1913; *Hazfira*, 3 August 1913.

Our association is a medical union (*his-tadrut medizinit*) operating in a country without a university or other medical institutions, in a country where neither the government nor any private initiative has done anything to enquire about its condition and its inhabitants' medical and sanitary conditions. This is why we need to take this work of enquiry about the country on ourselves [...]

In 1912, the Jaffa association listed 18 members from Jaffa, the colonies (*moshavot*) and Tiberias, out of roughly 40 Jewish doctors in Palestine.¹³⁴

At the association's ninth meeting, the ophthalmologist Dr. Dov Karinkin stated the importance of "Hebrew doctors" (*rofim ivriyim*) "and not just Jewish doctors," while supporting the idea of a medical faculty in Palestine.¹³⁵ In fact, members of the association did treat Arab patients and were committed to a humanitarian, albeit their (settler) colonial, calling. However, they also invested energies in an association that excluded non-Jewish doctors with a central aim of instrumentalizing medicine for an exclusivist national project.

The First Trachoma Congress provides a fine example to this conflict of interest. The three-day event was convened in Jerusalem on 31 March 1914, and included 25 Jewish doctors and Hebrew teachers from across Palestine. Focusing primarily on the Jewish colonies and Hebrew schools, the conference also discussed the importance of treatment for the Arab population. Dr. Bruenn stated that this was grounded in a moral motivation (*meni'a musari*) but could also increase support amongst the Arabs. One of the conference's resolutions stated that "treatment for trachoma would be given to the entire population without differentiating on the basis of religion or nationality."¹³⁶ The non-Jewish population, however,

especially their professional input, were excluded from the debate, thereby crystalizing the exclusivist nature of the Zionist medical project. On the eve of the War, Jewish doctors were seeking first and foremost to play their role in the national effort while (also) healing the natives.

CONCLUSION

Late Ottoman Jerusalem was a city in transition, a space of diverse social, cultural, and political trends, led by a multitude of local and foreign actors and institutions, often with a different if not conflicting image of the city's future. These trends make it hard to give a comprehensive evaluation of the various developments and conflicts that characterized the final decades of Ottoman rule over the city. In terms of medical history, late Ottoman Jerusalem was a site of potential and chance. Waves of cholera led to the establishment of new neighborhoods and put pressure on the municipal and state administrations to regulate the city's cleanliness and sanitation. As we have seen, the capacity of local medical institutions to confront challenges improved considerably during the final decades of the 19th century, but this was mainly applicable in Jerusalem, while the rest of the Mutasarrifiyya remained highly vulnerable from a medical point of view. The city saw the rise of a burgeoning public sphere that engaged seriously with health matters and a developing local professional class: doctors and state institutions that gradually assumed responsibility over public health. The health discourse in the local press articulated the dramatic change in conceptualizing urban space, its design and regulations. Civil servants became accountable for their deeds or misdeeds, and every improvement was followed by further needs, demands, and criticism over implementation. This discourse helped to channel energies towards health issues, but also highlighted the challenges and limitations involved.

Missionary hospitals, although ostensibly created for the public good, were aesthetic symbols of a modern healthy urban society; in reality they underlined the state's inability to create a sustainable healthcare infrastructure.

134 Moshe Sherman, "Sqira [A Survey]," *Zichronot Dvarim* 1/1 (1912), pp. 2–8 [in Hebrew]. See also, Bat-Sheva Younis-Gutman, "Sqira [A Survey]," *Zichronot Dvarim* 1/2–3 (1913), pp. 37–38 [in Hebrew].

135 The meeting was held on 12 July 1912: *Zichronot Dvarim* 1/1 (1912), pp. 46–48.

136 Orit Navot and Abraham Gross, "Ha-Milhama bagar 'enet: reshit bri'ut ha-tsibur be-erets Yisra'el [The War Against Trachoma: Early Years of Public Health in Erets Yisra'el]," *Cathedra* 94 (1999), pp. 89–114 [in Hebrew].

The proliferation of medical institutions and services, the embodiment of urban modernity, gained a central presence in the city's public spaces. For the Arabs and Jews, surrounded by foreign hospitals and treated by foreign doctors, becoming a doctor now represented an occupational *nahda* or *thiya* (renaissance in Arabic and Hebrew), and they sought to take their place in a developing medical market that was dominated by foreigners. For Jerusalemites, the medical faculties of Beirut and Europe were much more appealing than those of Istanbul, which further limited the hegemony of the Ottoman state over professional training and the spread of medical knowledge. This also emphasized the regional dependence on foreign institutions in matters that the state considered essential.

This was also the case with the Municipal Hospital. For the municipality it was a definite historical achievement, as the city was now actively healing its inhabitants. Nevertheless, this achievement hardly reached the goal of turning the municipality into a central provider of health services in the city. After the hospital's establishment, the city witnessed increasing cross-denominational cooperation between doctors who shared a professional calling that transcended their faith or origin. This cooperation, however, was not and could not be centrally institutionalized by the state or the municipality. Doctors cooperated when it served their colonial, national, or denominational purposes, and their joint ventures were overshadowed by the greater interest in stake.

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ARABIC AND HEBREW NEWSPAPERS AS SOURCES ON A SHARED URBAN VOCABULARY IN LATE OTTOMAN JERUSALEM

This chapter on modern medicine in late Ottoman Jerusalem builds on previous works on the city and the period. It includes archival and secondary sources in Ottoman Turkish, French, English, Arabic, and Hebrew and draws on the local and non-local Hebrew and Arabic press. Hebrew newspapers published in Jerusalem or Europe from the 1860s onward often provide unique first-hand accounts of events. The newspapers published by the Jewish community in Jerusalem enjoyed a unique freedom and autonomy from the Ottoman authorities, which resulted in a vibrant journalistic scene.

The Arabic press emerged in Jerusalem and Palestine only after the 1908 Young Turk Revolution and the lifting of the decades-long Hamidian censorship. This change immediately prompted the founding of several local newspapers and attracted an expanding urban readership. Earlier reports on Palestine and Jerusalem can be found in Beirut newspapers such as *Lisan al-Hal*, which began publishing in 1877. However, local stories, intrigues, intercommunal and cross-denominational

relationships tend to be found solely in the local press. Newspapers reported on health problems and treatments, inaugurations of institutions, and work done by doctors and administrators, but also helped establish a shared urban vocabulary in which medicine, health, and sanitation played a central role. Thus, by juxtaposing the Arabic and Hebrew press, this chapter synthesizes a range of voices and actors into a cohesive history of local modern medicine. Analysis of the Arabic and Hebrew press by tracing responses and views on the same events and issues, also sheds light on the complexities and contradictions that characterized late Ottoman Jerusalem's public arena.

The Arabic and Hebrew press can be read and researched through the search engine at The National Library of Israel.¹ The project combines the collections of OCRed Palestinian Arabic press and the Hebrew press from the 1800s into the late 1900s. More newspapers in Arabic from earlier periods can be found in the East View Global Press Archive, a project initiated by the Stanford Libraries and the Hoover Institution Library & Archives.

¹ See <https://www.nli.org.il/en/newspapers> (accessed 19 July 2021).