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AN OVERVIEW OF RELIGIOUS MEDICINE IN THE NEAR EAST:
MISSION HOSPITALS OF THE AMERICAN BOARD IN ASIA MINOR
(1880-1923)

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Abstract: Mission hospitals founded by American Board missionaries in the late Ottoman period set an unusual example within the broader framework of Ottoman provincial healthcare services. These hospitals provided free health services to many poor and needy patients irrespective of their ethnic and religious origins: most importantly, they had access to Muslims, unlike typical Catholic and Protestant missionary institutions which were only able to operate among the non-Muslim population of the empire. By these means, mission hospitals managed to gain the sympathy of both the local population and Ottoman local officials. This study will focus on the historiography of mission hospitals and the fundamental debates surrounding these institutions under the rubric of two main headings. First, the study will set out a short historiography of mission hospitals, their typical modus operandi and the audiences they reached out to in technical terms. Then, from a theoretical perspective, the study will shed light on the underlying motivations of these mission hospitals along with Ottoman governmental attitudes toward these institutions.

Key Words: ABCFM, Protestant, missionary, medical missions, Turkey, Ottoman Empire, hospital.

Introduction

George E. Post, who worked as a professor of surgery at the Syrian Protestant College, believed that the opening of a medical school and hospital in Antep by missionaries from the American Board (hereafter the Board)¹ would yield a multitude of benefits. Post expressed his views as follows:

As soon as the Central Turkey College has trained a sufficient number of men in its Department of Letters it should establish a Department of Medicine. This department will add greatly to the dignity of the Institution in the eyes of the people. It will attract young men from the non-Protestant sects into the Literary Department, in order to prepare for their medical course, and so hold them longer under religious influence; it will give Protestants a new means of honourable competence in a land where bigotry shuts up the doors of employment, and withdraws patronage from the hated sect; it will add to the power of the Protestant body as a means of doing good; it will bless the sick poor by its dispensary and hospital, and give them spiritual as well as bodily healing. It will break sectarian fanaticism, and bind Muslim, and Christian, and Jew in the bonds of a common belief in a science linked with Christian faith, and an art sanctified by Christian love. It will secure native cooperation in endowment, and protect the Institution from outbreaks of religious intolerance and violence. It will ever be associated, in the minds of the people, with Him who went about healing the sick.²

Not long after Post expressed these views, construction began on mission hospitals in several of the principal cities of Asia Minor. The first mission hospital was built in Antep. Almost all of the Board hospitals established contact with the local poor and destitute first. Local communities came to realize that the American doctors were healing poor patients, and this awareness gradually led them to turn to mission hospitals for their medical needs. The population that received medical services through mission hospitals came from a wide cross-section of ethnic and religious backgrounds. Late Ottoman historical studies on missionary activities frequently emphasize that the Muslim population of the Empire strongly rejected missionary activities. As a result,

missionaries were compelled to pursue their activities among non-Muslim populations.³ The Board missionaries employed a range of missionary tools, including activities within religious and educational institutions. It is well known that these missionary activities were mainly influential among Armenians and Greeks; however, the provision of health services enabled the missionaries to also reach out to a considerable number of Muslim patients and their relatives.

The underlying motivation behind the construction and operation of American mission hospitals was governed by a series of complex dynamics. Hence, this study will first focus on how these American mission hospitals functioned in Ottoman lands beginning from the 1870s onwards, along with their patient profiles and sources of revenue. Second, the study will shed light on the altruistic aspect of these health services. Finally, I will touch on how Ottoman governments perceived the interaction between these Board missionaries and the Empire's poor and needy subject population.

Medical Missions and American Hospitals in Asia Minor

Pioneering missionaries with a thorough knowledge of medicine arrived in Asia Minor during the 1830s, beginning the history of medical missions in the region. Dr. Asa Dodge, Dr. Asahel Grant, Dr. Henry Lobdell, Dr. Azariah Smith, and Dr. Henry Sergeant West engaged in the very first medical missions in prospective mission centres such as Sivas, Antep, Beirut, Mardin, Diyarbakır and Mosul.⁴ These medical missionaries of the early period shared a common characteristic: in these aforementioned geographical areas they worked to lay the groundwork and create a favourable environment for the prospective activities of particular associations they represented. Medical missionaries from the Board along with itinerants who visited Asia Minor during the course of the 19th century provided micro-level descriptions of the local population's medical conditions in their mission reports and travel accounts. Some itinerants who wandered all over Asia Minor conveyed information about the general medical conditions of the region. Meanwhile, those medical missionaries who lived side by side with the local population in villages and towns for long periods of time provided information on the overall health conditions of their regions with concrete examples. These descriptions conveyed medical information on two important matters throughout the second half of the 19th century and the following period in Asia Minor. First, according to these descriptions, the number of health officials who had received modern medical training stood at extremely low levels. Second, existing officials in charge of health in Asia Minor had minimum medical knowledge during the period in question.

The information provided by the Board missionaries on the health conditions of Asia Minor was of vital importance. Board missionaries, who

were planning to open a medical school in Antep at the beginning of the 1870s, underscored the severity of the shortage of health personnel in Asia Minor. These missionaries described medical officials responsible for addressing the health problems of the local population in the following statements:

With a population of more than ten millions, Asia Minor is almost entirely destitute in this respect. There are a few Army Physicians, stationed at various military posts, on account of the soldiers. The other medical practitioners are mostly Armenians, who have never received any professional training, except to be initiated into a routine of practice employed by their ancestors for many generations back, consisting mostly of blood-letting and purging. These men are only found in the principal cities. In the hundreds and thousands of villages, there are no medical practitioners whatever. There are no surgical practitioners except bone setters, ignorant men and women, who have learned from their ancestors to apply a bandage, but who have not the least knowledge of anatomy, or of any other science. There are also operators for cataract and other diseases of the eye, who travel the country; they perform the old operation of couching. These, also, are entirely destitute of education and know nothing of the eye. The midwives are rude, ignorant women.⁵

People residing in Asia Minor at that period did not know the general nature of the diseases they contracted and lacked a concrete idea of the factors that gave rise to the emergence of diseases, according to the accounts of the American missionaries. As a consequence, the local people in Asia Minor hoped to seek help from transcendental forces and religious references to cure diseases. In addition, these missionary accounts also frequently referred to the fact that the local population did not have adequate information about the basic rules of hygiene. Therefore, they attempted to remedy the diseases they contracted with forms of superstition.⁶ For instance, the rate of infant mortality approached 60 percent at that period. American missionaries believed that there was a crucial link between the lack of basic hygiene precautions and high infant mortality rate in the region. In addition, girls were made to marry at an extremely young age and they would give birth not long after their marriage. These young mothers lacked knowledge about proper child-rearing. For example, Board missionaries made an interesting observation about a mother who brought her baby to Adana Mission Hospital for a

medical check-up in 1912. The baby had a carefully crafted necklace hanging from her neck which consisted of two religious verses, five blue beads, a small white stone, and a tiny piece of bone. This necklace was used to protect the baby from the devil and diseases. In stark contrast to the intention implied by the necklace, however, the baby was dirty and nourished with unhygienic food. The Board missionaries pointed out that these unfavourable factors were the primary causes of the baby's disease.⁷

Poor sanitary conditions in towns and villages are believed to have triggered outbreaks of common epidemic diseases such as malaria, cholera, typhus and typhoid fever during the course of the 19th century. Wells were the main source of water for the population of villages and towns. Problems related to infrastructure and the sewage system caused these water wells to become contaminated with microbes. Consequently, epidemic diseases could suddenly break out in all kinds of settlement areas regardless of size.⁸ Missionary accounts also noted that pharmaceuticals and drug provisioning were of a poor quality in parallel with other medical services in the Ottoman provinces. Local people could only obtain modern medical products from Western itinerants, missionaries and consuls. For example, malaria was a common epidemic in Samsun and the residents of this city used to acquire drugs to cure malaria from British Consul Richard White Stevens.⁹

Board missionaries in Asia Minor also observed that patients were deprived of dietary and nursing services. Patients' relatives with no medical training were generally taking care of patients in the immediate aftermath of surgical operations and during the first days of their drug therapy. In a similar vein, there were no health personnel supervising bedridden patients and old patients with chronic diseases.¹⁰

However, all these negative references to unfavourable conditions in Asia Minor could well be a product of an orientalist discourse based on the quest for legitimacy. In fact, missionaries would routinely define the features of health conditions in regions outside of Christian countries in terms implying they were primitive. Missionaries were also seeking to justify their activities in these regions through such narratives.¹¹ Yet, whilst information presented by missionaries about the health conditions of the region was still of value, it would be amiss not to briefly discuss the health reforms that the Ottoman Empire was seeking to implement throughout the period in question. The opening of the *Imperial Military Medical School* (*Tıbbiye-i Askeriyye*) in 1827 prompted a series of modernising reforms to take place in both the military and civil health services. Other crucial reform acts on medicine could be presented as follows: the foundation of the *Ministry of Health and Medical Council* (*Meclis-i Umur-ı Tıbbiyye-i Mülkiye ve Sihiyye-i Umumiye*) in 1850, the release of a *Regulation Concerning the Municipal Office of a Medical Doctor* (*Tababet-i Belediye İcrasına Dair Nizamname*) in 1861, and a *Regulation Concerning the Execution of General Medical Affairs* (*İdare-i Umumiyye-i Tıbbiye Nizamnamesi*) in 1871.¹² Several

civil hospitals and many health institutions were constructed in Istanbul, the Ottoman Empire's capital city, during the second half of the 19th century. However, despite these significant initiatives in Istanbul, the coverage of health institutions in the provinces was far behind those in the Empire's capital city.¹³ These reforms were implemented with good intentions from the end of the 19th century until the beginning of the 20th century. Yet, these attempts were insufficient to establish a systematic health system that would encompass the provinces during the period in question, while the Ottoman Empire was in decline. In other words, central Ottoman government left a crucial gap in the organization of health services in the provinces. Meanwhile, other Western institutions and organizations sought to fill and benefit from this gap.

Under the aforementioned circumstances, the Board opened the first mission hospital in the Ottoman Empire during the 1870s. This was a medical school that operated within the Syrian Protestant College in Beirut. Meanwhile, the first American mission hospital in Antep was constructed in 1879. At the beginning of the 1880s, students of Dr. Henry Sergeant West, one of the pioneering medical missionaries in the Ottoman territories, in Sivas, along with other students in Beirut and Antep, graduated from medical schools belonging to the Board. These doctors began to serve in important cities around Asia Minor.¹⁴ In turn, these young medical missionaries helped to educate more health personnel by training apprentices with the expertise they had learnt. In this way, many more mission hospitals were built after 1880, especially in the central and eastern parts of Asia Minor. The location of these American Mission Hospitals and their opening dates chronologically are as follows: Antep (1879), Mardin (1885), Kayseri (1887), Merzifon (1897), Van (1899), Harput (1903), Sivas (1903), Adana (1904), Erzurum (1904), Diyarbakır (1908), and Konya (1911). Sivas, Kayseri, Merzifon, and Konya hospitals were categorized into the Western Turkey Mission zone within the framework of the organizational scheme of these mission hospitals. Antep station was the area where the first mission hospital was constructed in the Central Turkey Mission. Under the leadership of Dr. F. D. Shepard, the first mission hospital in Antep was put into operation in 1879. Meanwhile, Adana also provided professional health services within the zone of the Central Turkey Mission. Finally, the Eastern Turkey Mission, encompassing the eastern part of Asia Minor, contained Mardin, Van, Harput, Erzurum and Diyarbakır mission hospitals within its borders.

Free Medical Services for the Poor

The bulk of the budget needed for the construction of mission hospitals serving in Asia Minor came from private sources rather than the Board's headquarters. In other words, local people's financial support or medical missionaries' personal contributions constituted most of the core

of the budget required for the opening of many mission hospitals. The routine revenues of an operating hospital could be assessed under three main headings:¹⁵ Cash and in kind donations collected domestically and outside the Empire's borders, the hospital's annual profits, and financial support provided by the Board headquarters.

An inquiry into the charges paid by patients in their regular visits and for medical operations shows that many patients were treated free of charge most of the time. Where that was not the case, occasionally poor and needy patients used to make small token payments for medical services in mission hospitals. Mission hospitals were put into service with the claim that they were charitable institutions operating in Ottoman lands. Thus, if mission hospitals were to ask for high charges for their services or if they were to provide service only to wealthy patients, this would have contradicted their founding philosophy. Furthermore, medical missionaries related that medical services were the only area where the Board's missionary institutions were able to establish such face-to-face interaction with the poor. More importantly, medical missionaries were aware of the fact that this feature was working to their advantage.¹⁶ Mission hospitals gained acceptance among the local population. This outcome was not surprising since there was a reciprocal link between this acceptance and mission hospitals' free health services to the poor and the destitute. Early on, mission hospitals started providing health services to the homeless and destitute population residing in cities. Afterwards, as local people realized that poor patients were recovering from their diseases, they also began to go to mission hospitals to receive treatment. For instance, the first patient of Dr. Clarence D. Ussher, the director of Van Mission Hospital, in his outpatient clinic in Van was a young person who was about to die from a lung infection. Dr. Ussher managed to resuscitate the patient with due medical attention. Following this, a number of other destitute patients who were also on the verge of dying recovered thanks to the medical treatment provided in the outpatient clinic. All these developments led local residents of Van to go to this clinic for their own health treatment.¹⁷

The ratio of patients receiving free health care services to those regular patients charged with fees sometimes reached 50 percent. Board missionaries divided the patients into three categories as to how they paid their charges: paid patients, part paid patients and entirely free of charge patients.¹⁸ The Board undoubtedly demanded full charges for health services and medicine from those patients who had the ability to make their payments. Meanwhile, patients with a low ability to pay were charged amounts according to what they could pay. The primary causes of this practice were Board missionaries' beliefs on health care provisioning. For example, Board missionaries thought that completely free health care services and medicine would lose value in the eyes of patients. Moreover, they believed that these medicines would be wasted if completely free

health care services were to be provided.¹⁹ On the other hand, literally poor and destitute people whose ability to pay was close to zero received free healthcare treatment. For instance, ninety-five out of 342 in-patients in Kayseri Mission Hospital in 1906 took free medical treatment, while 104 contributed small amounts and only 143 in-patients paid the full amount of the health services.²⁰ In addition, the rate of surgeries provided free of charge stood at similar levels to those of health controls and medical treatments. For instance, 141 out of 302 surgeries were entirely free of charge in Van while the hospital demanded very low payments from ninety-six of them. Meanwhile, the remaining sixty-five patients paid the total official amount for their surgery.²¹ In addition, from time to time more than half of thousands of out-patients receiving treatment in clinics and dispensaries did not pay anything for these services.²² It is important to note that mission hospitals did not budget for the right to free treatment out of fixed quotas. In other words, each health institution predicated its health service costs on the basis of the general characteristics of the city in which it was located. As a result, the ratio of free health services varied according to the wealth of local people.²³

Target Audience of Medical Missions

The average mission hospital registered approximately 5,000 patients each year during the 1910s. Around the same time, this number reached 10,000 in some hospitals such as Harput Mission Hospital.²⁴ Accordingly, when 1910 is taken as a base year, the ten serving mission hospitals registered around 50,000 new patients annually in Asia Minor.²⁵ This number only reflects the number of patients in hospital records during the 1910s. Other than this official number, mission hospitals reached out to many other people by means of medical tours and treatments provided to the sick outside the boundaries of hospitals. However, missionaries did not report numbers for this population. In this respect, it is worthwhile to take a look at the views expressed by Dr. Clarence D. Ussher in one of his reports. In this report, Dr. Ussher said:

‘Any record of medical work in this country must necessarily be incomplete for the reason that a physician is thronged wherever he goes. Even when paying a friendly visit, it is too good an opportunity for friends and relatives to miss, and it would seem ungracious to the host not to see his niece and nephew, brother’s wife’s sister and landlord’s family, so I cannot keep a record of patients seen outside my office.’²⁶

I mentioned previously that predominantly non-Muslims such as Greeks, Armenians, and Bulgarians were regular visitors to educational

institutions and other mission organizations opened by the Board. However, a crucial difference emerges when assessing the populations reached by mission organizations in the framework of health missions. Namely, those receiving health services beginning from the mid 19th century was never confined to one homogeneous group such as the Empire's non-Muslim subjects or particular ethnic groups. For example, in addition to the Turkish population, considerably high numbers of Armenians compared to the rest of the Ottoman Empire also lived in cities like Kayseri, Merzifon, Sivas, Adana, Harput, Erzurum, Antep, Van, and Diyarbakır. Furthermore, Greeks, Georgians, Circasians, Arabs, Syrians, Assyrians, Chaldeans, Nestorians, and Kurds living especially in south-eastern cities were among other ethnic groups benefiting from health services at the mission hospitals.²⁷ As can be seen, mission hospitals serving a region with high ethnic diversity managed to reach out to a highly heterogeneous group of patients. Patients demanding medical treatment from mission hospitals belonged to different religions. In terms of religious background, while Muslims constituted the largest groups, Gregorians, Orthodox, Catholics, Protestants, and Jews were other faith groups benefiting from the services of mission hospitals. Alongside these religious groups, there were fewer religious representatives of Jacobites, Syrians, Yazidis, and Chaldeans mainly, at the local level.²⁸ However, it is possible to claim that Armenians were the main ethnic group that the Board reached out to within the framework of its medical mission activities prior to the foundation of the Turkish Republic in Asia Minor. While Armenians made up around 40 percent of the total population receiving medical treatment from mission hospitals, the remaining population was mainly composed of Turks, Greeks, Kurds and small numbers from other ethnicities.

Diseases and Surgical Operations

It is important to discuss the kinds of diseases treated and types of surgical operations provided in mission hospitals in order to understand the quality of medical services available in these hospitals. In addition, this information will also give us a better understanding of the historiography of types of disease emerging in the region. Mission reports and memoirs contain crucial information about epidemic diseases and other health problems from the 1870s until the foundation of the Republic and after in Asia Minor. Epidemic diseases such as malaria, typhus, dysentery, scarlet fever, and smallpox were frequently reported in provincial cities both during the course of the 19th century and up until the founding years of the Republic.²⁹ Epidemic diseases were becoming widespread and difficult to cope with especially during times of war. For instance, acute infectious diseases easily spread among soldiers and the civilian population during the First World War. At the time of World War I, typhus, typhoid fever,

Asiatic cholera, chicken pox, malaria, and epidemics such as tuberculosis, syphilis and measles were present in almost every region, and were among the main diseases that appeared in mission hospitals.³⁰

The majority of patients, apart from those who attended health check-ups in mission hospitals' clinics as out-patients, used to undergo small or large-scale surgical operations. These surgical operations dealt with different body parts and the operations available in any given hospital varied according to medical missionaries' area of expertise. However, in general, similar kinds of surgical operations took place in these mission hospitals. When the conditions of the time are taken into consideration, it is easily seen that neither the number nor the quality of these surgical operations carried out in mission hospitals were of a modest nature. Surgical operations were categorized within the following groups:³¹ Abdominal surgery, eye, ear, nose and throat surgery, gynaecological surgery, amputations, urogenital surgery, tumors, abscesses, surgery of the upper and lower extremities, nerve resection surgery, hernia surgery, orthopedical surgery, weapon wounds, and general operations.³²

Patients needed to stay in mission hospitals for a while after they had their surgical operations. This feature of surgeries was of vital importance for Board missionaries because it enabled them to stay in contact with the target population for some time. In this context, the Board ensured they would be able to carry out a variety of surgical operations in each mission hospital in Asia Minor. During the 1910s, between 800 and 1000 surgical operations took place annually in each mission hospital.³³

Motivation behind the Mission Hospitals

Prima facie, religious propaganda appears to be the sole underlying motivation behind the provision of health services to the poor and needy in Board hospitals. However, Board hospitals played a series of much more complex roles in the regions in which they were based. Thus, it is necessary to discuss the political, social, and practical aspects of mission hospitals in addition to the motivation of disseminating religious propaganda through these health institutions.

The fundamental motivation behind medical missionary activities was undoubtedly disseminating religious propaganda and introducing Protestantism to the masses. Practically, the need for more health officials was obvious given health needs in the region. However, the main emphasis of mission hospitals was serving to propagate Protestantism in Asia Minor. Yet, from time to time, some conservative mission circles criticized the secular nature of these health activities.³⁴ These circles were concerned about the possibility that building high-capacity hospitals and training so many personnel in these hospitals would postpone missionary activities given the hectic tempo. Would doctors heal the bodies or the

souls?³⁵ The Board's medical missionaries frequently referred to the religious propaganda aspect of missionary activities as 'the original work' in their reports in order to remove these concerns.³⁶ When we set these debates aside, the Board's personnel was well aware of the potential that this health mission had in terms of reaching out to the masses. All of a sudden, poor or wealthy segments of society who would not have normally crossed paths with missionaries were becoming part of these missionaries' sphere of influence thanks to these health services. Each person would sooner or later get sick or would visit a health institution as a result of the illness of one of his or her relatives.³⁷ Patients who required medical health services would become exposed to religious propaganda through hospitals, outpatient clinics, or travelling medicinal activities. Religious propaganda delivered by means of modern health services worked to beat local superstitions. In addition, it also provided the missionaries with a quite long time period in which they could engage in dialogue with patients and their relatives.³⁸

Leading Board missionaries often underscored the religious essence of medical mission activities. Prominent doctor Cornellius A. Van Dyck, who worked in Beirut within the structure of Syrian Mission for long periods of time, drew attention to an increasing volume of medical activities in Antep and their role in disseminating religious propaganda. Dr. Dyck underscored that a mission hospital and a medical school would primarily meet the needs of people's bodies and would then tend to the needs of their souls. Dr. Dyck added that Christian doctors serving in these mission hospitals would operate as a crucial bridge in disseminating the Bible's doctrines to the masses.³⁹ Not long after, medical activities began to yield benefits as planned and envisioned by Dr. Dyck in his emphasis on religious propaganda on the eve of the beginning of medical treatment. The number of converts and church memberships occurring thanks to health services was not presented in the statistics each and every year. However, annual reports frequently took note of the concrete religious benefits of these medical missionary activities. In this context, a report presented in 1889 by Dr. William Dodd, who had just started medical missionary activities in Kayseri, is worthy of analysis in order to better understand the religious dimension of these health services. In his report, Dr. Dodd noted that the number of church members increased at a dramatic rate in Kayseri shortly after his arrival to the city due to the provision of health services. Adding to this, Dr. Dodd wrote that ninety-eight new members were registered to the Protestant church in Talas and this was a remarkable success compared to what had been achieved in previous periods.⁴⁰ In light of this, it is possible to emphasise that religious propaganda had a crucial place in medical missionary activities and that health services provided by mission hospitals in Asia Minor contributed substantially to the success of the Board's religious activities.

When medical missionaries started serving in a new mission region, it was inevitable that local people would have prejudices against these foreign missionaries. In the early stages, the local population used to call these missionaries 'infidels'. As a result, a missionary endowed purely with religious knowledge faced an insurmountable hurdle. Under these circumstances, medical missionary work was the only safe path to conveying the sacred message to local people.⁴¹ Health services provided by mission doctors would assure the emergence of a relationship based on trust within a short span of time between the doctors and the local population. In addition, this would lead the local population to feel sympathy for all mission circles and would facilitate the foundation of missionary institutions. Moreover, it was possible to attain this positive impact of health services in a short span of time: within weeks or months in contrast to education and church organizations that entailed longer periods of time for success.

It is a well-known fact that medical missionaries appointed by the Board played a leading role in medicine in Asia Minor until the 1870s. In this early period, medical missionaries managed to break through the prejudices of the local population in the areas they served. With these activities, medical missionaries laid the groundwork for subsequent missionary activities and missionary institutions. It would not be wrong to note that medical missionaries operated as a bridge between the missionary organization and the local population during the period when the Board was trying to assert its influence in Ottoman lands. Medical services anticipated the foundation of several new mission stations. Thus, these medical services fell under the general mission strategy of the organization and were used as a tool to appeal to the masses in a systematic way. These health services allowed for the conversion of members of several diverse ethnic and religious groups including Muslims and other Syrians, and even Jews who did not feel sympathy for Protestantism.⁴²

Missionaries frequently wrote that medical missionaries played a vital role in Muslim countries where those converting to other religions were punished with the death penalty. Muslim societies were strictly closed to other faiths and were rigorously against direct missionary activities. Missionaries wrote in their reports that despite these features, Muslims would become ill and suffer from pain just like all other people, and thus they would be compelled to engage in contact with missionary doctors.⁴³ Mission reports highlighted the fact that medical services were the only mechanisms available to reach out to Turks.⁴⁴ Indeed, primarily Muslims, but also other people from diverse ethnic and religious backgrounds began to visit the mission hospitals that sequentially began to open around Asia Minor. Most of the time, the ratio of Muslims among patients mission hospitals served stood at 40 percent.⁴⁵

Mission activities were legitimate in the eyes of both government officials and the local people. This aspect can be analysed as the second most important characteristic of medical missions. As opposed to other types of missionary activities carried out by the Board, their health services aimed to generate an environment of tolerance and gain legitimacy in the eyes of the patients served by these mission hospitals.⁴⁶ Board missionaries often drew attention to the fact that these medical activities moderated the tense atmosphere in the regions served and helped to lessen the hostility against other institutions of the Board.

Mission hospitals were aimed to mollify the views of the Ottoman capital and local governors along with those of local people towards the Board's institutions and employees. In particular, mission hospitals provided health services in times of epidemics and during times of war. Quarantine services and health services for senior state officials were other central components of the mission hospitals' activities. An empirical analysis of mission hospitals shows that Board missionaries intervened numerous times in cases of epidemic breakouts that frequently emerged in the region. Dr. West, who provided health services individually prior to the 1870s, and Dr. Shepard and Dr. Ussher, who served in important cities like Harput, Antep, and Van after the 1870s, fought back against epidemic diseases.⁴⁷ For instance, the Sublime Porte awarded Dr. Shepard, who served in Antep, with a state honour in 1909 for his outstanding services during times of disaster.⁴⁸ Another such example showing state officials' regard towards mission hospitals and their doctors took place in Mardin. Dr. Daniel M. B., who worked in Mardin for a long period of time, was also awarded with a state honour for the value of his health services in general and for his efforts in fighting a cholera epidemic that broke out in 1894 in particular.⁴⁹ Moreover, in a written document, the governor of Van rendered his thanks to Dr. Ussher, who was the founder of Van Mission Hospital, for his effective intervention in fighting epidemic diseases in the city.⁵⁰

In a similar vein, mission hospitals rendered health services to local military and executive officials and gained the appreciation of these senior officials. Thus, medical missions were used as tools for legitimacy, since these health services helped to boost the image of the Board in the eyes of senior Ottoman officials. It is also possible to present several examples as to how the Board's mission hospitals took care of the health problems of Ottoman senior military and executive officials. For instance, Merzifon Mission Hospital served many senior military and executive officials, while Van Mission Hospital provided services to the governor's wife and several other military officials. Similarly, Ottoman military personnel received treatment in a lot of mission stations in times of emergency. It is also observed that in addition to military rank officials that applied to mission hospitals for themselves and their families, many local governors and even members of parliament were very pleased with the Board's health

services.⁵¹ For example, anecdotes in the reports clearly show that Şevki Beg, who represented the Sivas region in parliament, was very content with mission hospitals' activities. Şevki Beg visited Sivas in 1910 and during this visit, as a doctor he also actively participated in some of the surgical operations that took place in the city's mission hospital.⁵²

State officials were not the only group that gave their political acceptance to mission hospitals. Several interesting examples exist as to how these mission hospitals managed to garner the sympathy of local people towards them and acquired legitimacy in the eyes of the local population. Medical missionaries armed with their syringes succeeded in entering into places where military powers had been unable to reach, as reflected in the accounts of Board missionaries. Various board missionaries expressed that they were able to gain acceptance even in the eyes of bandits. For instance, it is worth exploring bandits' attitudes toward Dr. F. D. Shepard while he was returning from Harput to Antep. Dr. Shepard, who was the founder of the Antep Mission Hospital, served in the region for a long period of time. After curing diseases in Harput for some time, Dr. Shepard headed to Antep as soon as he heard of a cholera outbreak in the city. During night time, a group of bandits around Taurus Mountains first tried to steal his money and then his horse. However after Dr. Shepard expressed his identity, the bandits were so impressed they sent in a guard with him in order to facilitate his arrival to Antep.⁵³ As shown, missionary hospitals did not only win the sympathy of senior administrative and military Ottoman officials, but also at the same time garnered the respect of local people and even of bandits.

Another objective of mission hospitals was to mitigate the animosity and envy among the members of rival sects such as the Catholics and Gregorians. In particular, the Armenian Apostolic Church, which is the leader of the Gregorian sect, emerged as a crucial focal point contesting the Board's missionary campaigns that targeted Armenians. The Patriarchate, which lost a significant portion of its followers to Protestantism as a result of the Board's attempts, began to become hostile to the Board in many cities.⁵⁴ Similarly, Catholic spiritual leaders perceived Protestant missionaries as a serious threat to their presence from the first half of the 19th century. In other words, it was a period in which each mission station was in constant rivalry and the largely successful educational institutions belonging to the Board created a strong feeling of envy in the region. Under these circumstances, health services provided by the Board's personnel were used as an important tool for maintaining ties with the above-mentioned rival sects and reducing enmity between the Board and the members of these sects. In fact, an inquiry concerning this shows that mission hospitals easily achieved their goal of reaching out to a large group of people of sects and faiths other than Protestantism. For example, not only ordinary people, but also spiritual leaders of rival sects appealed to mission hospitals to receive health services. The Armenian

bishop of Sivas was among the patients treated by the mission hospital in 1910. The Armenian bishop, who contracted typhus, received treatment from the mission hospital and was discharged from the hospital after being cured.⁵⁵ The fact that a senior spiritual leader from the Armenian Patriarchate was treated and cured in a missionary hospital belonging to the Board is of vital importance. This event had symbolic value when we take into consideration Armenian Patriarchate's serious opposition to the Board along with its attempts to hinder the Board's activities beginning from the mid 19th century.

While mission hospitals enabled the Board to reach out to a wide audience on the one hand, on the other hand these hospitals provided nearly cost-free health services to their personnel. At the beginning of the 1900s, many important mission stations operating in Asia Minor also had a mission hospital. Meanwhile, existing health officials frequently launched tours and visited regions without medical missionaries. For instance, Dr. H. S. West, who resided in Sivas, was responsible for the health care of the Board's personnel working in Merzifon, Harput, and Kayseri for a long time. Dr. H. S. West also took care of the health needs of the Board's other personnel from time to time, who operated across a large area lying far from these cities.⁵⁶ Moreover, medical missionaries serving in different mission hospitals frequently organized medical tours to areas lacking health officials such as Bitlis, Maraş, Mersin, and Urfa in order to satisfy the health needs of the Board's personnel.

The Ottoman Empire's Attitude toward Mission Hospitals

Mission hospitals managed to please local officials in particular thanks to the provision of health services. While local officials generally adopted a positive attitude to mission hospitals in the presence of these practical health services, what was the holistic policy of those at the center of government toward the mission hospitals? Particularly during the reign of Sultan Abdülhamid II, several policies were introduced to satisfy the needs of poor and needy subjects within the Ottoman Empire. While taking these attempts into account, it is worthwhile to underscore the social character of the Ottoman Empire beginning from the second half of the 19th century. This was a period of centralization for the Ottoman Empire in which Istanbul was trying to assert its power over all the distant corners of the Empire. Under these circumstances, the Sublime Porte perceived missionaries' activities of social relief and charity as a crucial threat to its own power. At this point, the fact that both local officials and the Sublime Porte from time to time rewarded some medical missionaries for their actions should not be confusing. These acts should be assessed as isolated events within the general framework of an antagonistic policy towards the missionaries. As a matter of fact, mission hospitals were motivated to gain the sympathy of Ottoman state officials

and partially achieved this objective by receiving some individual formal praise from the officials in regards to their health services.

It is equally necessary to shed light on the code of rules that regulated the health services provided by mission organizations and the activities of these health institutions in Ottoman lands. This analysis is important so as to better understand the whole picture of contestation between mission hospitals and the Ottoman centre. The Sublime Porte enacted a certain number of restrictive measures regarding candidates to serve as doctors within the Ottoman Empire. That is to say, when Ottoman rules were taken into account, it was not very easy for a foreign citizen to work as a doctor in the Ottoman Empire. Accordingly, those foreign citizens who wanted to serve there as doctors first needed to authenticate their diplomas and get permission from the Imperial Medical School in Istanbul.⁵⁷ Would these foreign citizens be able to serve in whichever region they desired under the circumstances they asked for? In theory, the answer to this question also appeared to be negative. In other words, on the basis of the related regulation, a person not belonging to an Ottoman subject population was neither allowed to build a private hospital, nor work as a doctor in hospitals owned by municipalities.⁵⁸ Under these circumstances, Board missionaries were only eligible to provide health services to mission circles in legal terms. Nevertheless, the above-mentioned regulation was bypassed as those health institutions that were at first opened as outpatient clinics were turned into hospitals. In addition, it was also obvious that the local population needed the health services given by mission hospitals. Active American diplomacy was also another crucial factor that helped legitimize mission hospitals.

Although no legal grounds were present, the ties of friendship that Board missionaries established with local and military Ottoman officials played a key role in facilitating the activities of the Board's hospitals. Local officials perceived these health institutions as practical solutions to health problems in the regions they served and thus tolerated them. However, the state centre seemed to be aware of the underlying philosophical foundations of these hospitals early on. A decree that was enacted in July 1888 underscored that they knew that those studying medicine in American schools were also educated to disseminate religion. According to the decree, the Ministry of Health was thus not allowed to employ these doctors to provide health services to the public with municipal funds.⁵⁹ In other words, during the 1880s, Istanbul was aware of the fact that mission hospitals emerged for purposes of religious propaganda at a time when American hospitals had just begun to develop. In a similar vein, a report presented to the Ottoman Sultan by the Ministry of Health in 1895 underscored that medical mission services gained the confidence of the whole population without differentiating between Muslims and non-Muslims. The report added that missionaries aimed to inculcate 'poisonous ideas' in non-Muslim subjects with these services.⁶⁰ These

'poisonous ideas' were discussed within the framework of the Armenian incidents that concerned and occupied Ottoman officials intensely during the 1890s. With the emergence of the Armenian incidents, Ottoman officials turned their eyes to American missionaries who were frequently engaged with the Armenian population.⁶¹ The Ottoman central government sought to initiate some measures against American mission hospitals, showing that they had disconcerted Istanbul with their involvement in the Armenian issue and their dissemination of religious propaganda. These measures could be summed up under the following headings:

- Warning local officials so that they would not act with discretion to allow the opening of missionary institutions without license
- Slowing down the approval of diplomas, certificates, and permits
- Ordering the closure of hospitals that were opened without permission
- Seeking to prevent missionaries from launching medical tours
- Strengthening the quality of municipal hospitals so that the local population would not need to appeal to missionary institutions for health services
- Starting an investigation into health personnel involved in the Armenian issue

Meanwhile, it is important to note that none of these attempts were effective and systematic interventions that incorporated measures against all mission hospitals. These attempts, which started during the reign of Sultan Abdülhamid II, at a time when the activities of mission hospitals were increasing year on year, could be described as weak, futile, and disjunctive measures.

On the other hand, the idea that municipal hospitals should be strengthened shows that Istanbul acknowledged the success of missionary activities and was trying to administer the game in its own sphere of influence. Since the prohibition or closing down of mission hospitals were no longer available options, it was necessary to launch initiatives that would obviate the subject population's need to appeal to mission hospitals for treatment. For instance, in 1904, the Ministry of Interior wrote in correspondence to the sultan that many Muslims required the services of the Board's mission hospital in Antep. According to the correspondence, the construction of a hospital in Antep, a project that had been discontinued, needed to restart immediately so that there would be no longer any need for Muslim patients to appeal to mission hospitals.⁶²

Meanwhile, the state's attitude toward mission hospitals during the reign of Sultan Abdülhamid II mellowed to a significant degree following the Young Turk Revolution and Constitutionalism of 1908. This flexibility

manifested itself as the sphere of influence of Board hospitals expanded and getting licenses for the construction of new mission hospitals became easier. However, at the beginning of World War I, the Ottoman government abrogated the capitulations and military officials seized many Board hospitals. These developments left medical mission activities in the region in disarray. On 23 September, 1915, citizens of enemy countries were debarred from serving as doctors in Ottoman lands by the decision of Council of Ministers.⁶³ This decision indirectly impacted the status of Board personnel and especially following the abrogation of the capitulations, Board hospitals were left without legal ground to stand on. Some Board personnel, such as the director of Diyarbakır Mission Hospital, were deported from the Ottoman Empire for their personal involvement in the Armenian issue.⁶⁴ Meanwhile, Board hospitals that were seized continued their medical activities with the support of the Red Cross under the supervision of military officials. The period from the declaration of World War I to the foundation of the Republic and even the period following it were complicated ones for mission hospitals. By the time the Republic was established in 1923, there were only three mission hospitals left in Asia Minor. These mission hospitals were operating in Kayseri, Adana, and Antep.

Conclusion

The Board's mission hospitals were framed as being just one part of the American charitable effort among with many other initiatives. These mission hospitals managed to engage in contact with a fairly large audience in central and eastern Asia Minor from the 1870s until the 1930s. While almost all non-Muslims found some sort of representation in this audience, Armenians were the best represented group. After the Armenians, other non-Muslim groups such as Greeks, Syrians, Assyrians, and Chaldeans and many other Western citizens residing in Asia Minor for different reasons visited mission hospitals. In addition to non-Muslims, mission hospitals also managed to reach out to a considerable number from the local Muslim populations. The ratio of Muslim patients served by mission hospitals stood at 30-40 percent during the Ottoman period. This ratio skyrocketed to 90 percent during the Republican era. These ratios not only provide statistical information about the percentage of patients from different ethnic and religious backgrounds served by mission hospitals but also have significant connotations. Namely, other mission organizations such as educational institutions, orphanages, or religious institutions were not able to engage in contacts with as many Muslims as those achieved by mission hospitals. In this context, while charitable foundations and the state took full responsibility for traditional acts of philanthropy, American missionaries also established themselves as an important external actor operating within this sphere of philanthropy.

Mission hospitals sometimes gained authorization contrary to regulations. Despite this illegal status, mission hospitals were able to organize and establish themselves permanently in several different regions of Asia Minor. A lack of available health services in the region was the main underlying reason behind the success of mission hospitals as organizations. Following the industrial revolution and a number of revolutionary explorations in the sphere of health, many Board missionaries graduated from modern medical schools in the United States. Some of these medical missionaries also specialized in different branches of medicine in Europe. These highly qualified medical missionaries then served in Asia Minor. On the other hand, after the Sublime Porte's reforms in the realm of medicine, many hospitals were constructed in the Empire's capital city, Istanbul, at the end of the 19th century. However, these attempts did not yield effective results concerning public health in the provinces. Board missionaries, who were well-equipped with a modern Western knowledge of medicine, came to realize the lack of modern health services in the region. With this realization, these missionaries visited towns and villages in remote places of Asia Minor and entered into contact with a large audience primarily made up of the poor and destitute people in the region. As apparent in the case of Antep, the Sublime Port attempted to complete the construction of a municipal hospital so that the local population would not stand in need of help from the missionary hospital. In this respect, the fact that the Board provided free health services to the poor in the provinces compelled the Ottoman Empire to improve its social character. In addition, this aspect of the Board's activities played a competitive role in enhancing health services in the provinces.

How altruistic were the activities of the Board's missionary activities, disguised behind a charitable foundation in Asia Minor? In general terms, mission hospitals provided health services on the basis of patients' income or most of the time served the patients free of charge. Moreover, these mission hospitals rescued the lives of many patients, prevented mass deaths in times of epidemics, and provided health services to soldiers during times of war. However, the annual reports of each mission hospital clearly underscored that all these health services that were clustered under the rubric of the original work or religious work were mainly tools for propagating Protestantism among the recipients of these services. In addition, it is important to note that each mission hospital had a different outlook to present day secular health institutions and was surrounded by strong religious doctrine. For instance, religious ceremonies had a very central place in these mission hospitals, while each patient was approached as an *object* that needed to be converted. All these features show that mission hospitals did not actually deserve to be named as a *benevolent* institution, corresponding to an overall understanding of disinterested benevolence and philanthropy. Furthermore, the Board used

data on patients' general information and special references about each patient's ethnicity for its religious propaganda activities. This was another factor that cast further shadow on the benevolent aspect of mission health services.

Notes

¹ Following its establishment as a Protestant missionary organization in Boston in the United States in 1810 dedicated to starting missions throughout the world, the American Board arrived in Ottoman territories first in 1820 and rapidly organized throughout Asia Minor. The initial period of organization was mainly based on educational and religious work, and soon resulted in the establishment of the first wave of Protestant churches around the country, as well as the recognition of Protestants as a separate religious body by the Sublime Porte in 1850. For the historical account of The American Board, see; Oliver Wendel, *The Rise of The Missionary Spirit in America*, (Philadelphia: Porcupine Press, 1980), Joseph Tracy, *History of the American Board of Commissioners for Foreign Missions*, (New York: M. W. Dodd, 1842), William E. Strong, *The Story of the American Board*, (Boston: The Pilgrim Press, 1910); Phillips C. Jackson, *Protestant America and The Pagan World: The First Half Century of American Board of Commissioners for Foreign Missions*, (Cambridge: Harvard University Press, 1969) and James A. Field, *America and the Mediterranean World 1776-1882*, Princeton: Princeton University Press, 1969).

² Papers of the American Board of Commissioners for Foreign Missions (ABCFM), Reel 643, No: 296.

³ For some of the aforementioned references see Gülbadi Alan, *Amerikan Board'ın Merzifon'daki Faaliyetleri ve Anadolu Koleji*, (Ankara: TTK Press, 2008), 86; Uygur Kocabaşoğlu, *Anadolu'daki Amerika*, (İstanbul: Arba Press, 1989), 76; Erdal Açıkses, *Amerikalıların Harput'taki Misyonerlik Faaliyetleri*, (Ankara: TTK Press, 2003), 36-42.

⁴ Annie Ryder Gracey, *Medical Work of the Woman's Foreign Missionary Society* (Boston: Published by Methodist Episcopal Church, 1888); 16, John Mason, *Three Years in Turkey-Medical Missions to the Jews* (London: John Snow Press, 1860), 5.

⁵ Papers of the ABCFM, Reel 643, No: 295-296.

⁶ See the descriptions and memories of Cyrus Hamlin on the widespread dissemination of plague, malaria and cholera in Asia Minor during the 1840s. For instance, Hamlin's ironic reference to "bottled up plague" reflects widespread preventive measures against plague. Check Cyrus Hamlin, *Among the Turks*, (New York: Robert Carter and Brothers, 1878), 302.

⁷ Papers of the ABCFM, Reel 666, No: 321. Missionaries also similarly convey the story of a method used by a doctor during the medical check-up of a governor's son. The doctor wrote 'God' on the inside of a bowl, poured water into the bowl and then made the child drink it in order to cure the disease. Fletcher Moorshead, *The Appeal of Medical Missions*, (Edinburgh: Turnbull and Spears, 1913), 66.

⁸ J.G. Kerr, *Medical Missions at Home and Abroad* (San Francisco: A.L. Bancroft Press, 1878), 8.

⁹ Henry Van Lennep, *Travels in Little Known Parts of Asia Minor*, (London: John Murray, 1870), 285.

¹⁰ Special Collections of Andover-Harvard Theological Library, American Medical Work in Turkey, 1905, No: RA 990, T 8, Z 91.

¹¹An example from F. H. McIlvaine's *Medical Missions* is illuminating in this respect. 'Their medical practices were a combination of ignorance, superstition, tyranny, and filthiness.' It is very common to come across these kinds of expressions othering all nations different from western and Christian societies. F. H. McIlvaine, *Medical Missions* (Pittsburgh: n.p., 1914), 1.

¹²Erdem Aydın, '19. yüzyılda Osmanlı Sağlık Teşkilatlanması,' *Ankara Üniversitesi Osmanlı Tarihi Araştırma ve Uygulama Merkezi Dergisi* 15 (2004): 196.

¹³Esin Kahya, A. D. Erdemir, *Science of Medicine in the Ottoman Empire*, (Karachi: Hamdard Foundation, 2003), 164. *The Mabeyn Hospital* was opened in 1836 and it was the first civilian hospital constructed in Istanbul in the 19th century. Some other health institutions constructed for civilian purposes in Istanbul are as follows: *Vakıf Gureba Hospital* in 1845, *Zeynep Kamil Hospital* in 1862, *Beyoğlu Municipal Hospital* in 1878, the *Rabies Hospital* in 1887, *Darü'l Aceze Hospital* in 1895, and *Şişli Etfal Hospital* in 1899.

¹⁴Harvard University Houghton Library Special Collections, Charles Riggs, *History of the ABCFM in the Near East Especially in Turkey 1819-1934*, 33.

¹⁵Papers of the ABCFM, Reel 618, No: 372.

¹⁶Papers of the ABCFM, Reel 703, No: 639.

¹⁷Grace Higley Knapp-Clarence Douglas Ussher, *An American Physician in Turkey a Narrative of Adventures in Peace and War* (Boston and New York: Houghton Mifflin Company, 1898), 83.

¹⁸Papers of the ABCFM, Reel 712, No: 579.

¹⁹Papers of the ABCFM, Reel 703, No: 639.

²⁰Papers of the ABCFM, Reel 667, No: 431.

²¹Papers of the ABCFM, Reel 712, No: 579.

²²Papers of the ABCFM, Reel 618, No: 398.

²³Papers of the ABCFM, Reel 711, No: 217.

²⁴Papers of the ABCFM, Reel 712, No: 625.

²⁵Strong, 497.

²⁶Papers of the ABCFM, Reel 693, No: 621.

²⁷Papers of the ABCFM, Reel 618, No: 275,

²⁸Papers of the ABCFM, Reel 712, No: 224.

²⁹Papers of the ABCFM, Reel 704, No: 114.

³⁰Papers of the ABCFM, Reel 629, No: 562.

³¹Papers of the ABCFM, Reel 618, No: 277.

³²These surgeries were not merely a tool for missionary work for Board missionaries. At the same time, these surgical operations served as areas of research and practice for American surgery. Board missionaries expressed in their accounts that dealing with diseases commonly encountered in Asia Minor such as tuberculosis, gastro-intestinal diseases, cystitis, kidney stones, and trachoma gave them a highly significant practical research environment. Papers of the ABCFM, Reel 629, No: 563.

³³Papers of the ABCFM, Reel 629, No: 563.

³⁴Christoffer H. Grundmann, *Sent to Heal* (New York: University Press of America, 2005), 217.

³⁵Donald Philip Corr, *The Field is the World: Proclaiming, Translating and Serving by the American Board of Commissioners for Foreign Missions 1810-1840* (PhD diss., Fuller Theological Seminary, 1993), 294. Please see Walter Russell Lambuth, *Medical Missions the Twofold Task* (New York: Published by the Student Volunteer

Movement for Foreign Missions, 1920); 57 for the debate on religious and mundane dimensions of medical missionary work.

³⁶Papers of the ABCFM, Reel 673, No: 827., Reel 703, No: 827.

³⁷George E. Post, 'The Place of Medical Work in Missions,' in *Foreign Missions Conference in North America*, (New York: n.p., 1916), 3.

³⁸R. F. Moorshead, *The Way of the Doctor-a Study in Medical Missions* (London: The Carey Press, 1926), 49; Emma Cummings, *Medical Missions in Theory and Practice*, (Boston: Published by The Woman's Baptist Foreign Missionary Society, 1886); 13-14.

³⁹Papers of the ABCFM, Reel 643, No: 305.

⁴⁰Papers of the ABCFM, Reel 606, No: 25-27.

⁴¹Moorshead, *The Way of the Doctor*, 75.

⁴²James Levi Barton, *Daybreak in Turkey* (Boston: The Pilgrim Press, 1908), 210.

⁴³Post, *The Place of Medical Work*.

⁴⁴Papers of the ABCFM, Reel 633, No: 483.

⁴⁵Papers of the ABCFM, Reel 618, No: 276, 296, Reel 661, No: 495, 533, Reel 618, No: 427, Reel 628, No: 569, Reel 666, No: 394, William Dodd, *Medical Missionary Work, Report of the American Christian Hospital at Konia, Asia Minor* June 30, 1913 (N.p.: n.p., 1913), 18.

⁴⁶Papers of the ABCFM, Reel 629, No: 477.

⁴⁷Alice Shepard Riggs, *Shepard of Aintab* (New York: Interchurch Press, 1920), 29, Papers of the ABCFM, Reel 666, No: 604. For Dr. Ussher's works on combating epidemic diseases in Van, also see Knapp and Ussher, *An American Physician in Turkey*.

⁴⁸Riggs, *Shepard of Aintab*, 82.

⁴⁹Joseph Greene, *Leavening the Levant* (New York: The Pilgrim Press, 1916), 150.

⁵⁰Knapp and Ussher, *An American Physician in Turkey*, 201.

⁵¹Papers of the ABCFM, Reel 618, No: 275-296.

⁵²Papers of the ABCFM, Reel 628, No: 588.

⁵³Papers of the ABCFM, Reel 668, No: 643. It is necessary to note that Dr. Shepard encountered a number of similar robbery attempts during his journeys and was wounded by bandits in one of these robberies. For Dr. Shepard's memoirs, see Alice Shepard Riggs, *Shepard of Aintab*.

⁵⁴For Patriarchate's negative attitude towards the activities of American Board missionaries and the Patriarchate's attempt to prevent these activities, please see Ömer Turan, 'Amerikan Misyonerlerine Ermeni Patrikhanesinin Tepkisi,' in *Hoşgöründen Yol Ayrımına Ermeniler*, ed. Metin Hülagü (Kayseri: Kardesler Ofset, 2009), 405-438; Rufus Anderson, *History of the Missions of the American Board of Commissioners for Foreign Missions to the Oriental Churches*, Vol. 1. (Boston: Congregational Publishing Society, 1972).

⁵⁵Papers of the ABCFM, Reel 628, No: 570.

⁵⁶Mary E. Niles, 'Henry Sergeant West' in *American Heroes on Mission Fields*, ed. H. C. Haydn (New York: American Tract Society, 1890); 13, 24-25.

⁵⁷Başbakanlık Osmanlı Arşivi/Prime Ministry Ottoman Archives of Turkey, (hereafter BOA). Yıldız Perakende Umumi Evrakı. 34/35, 22 B 1313 / 8 January 1896.

⁵⁸BOA. Dahiliye Mektubi, (hereafter, DH. MKT.) 1560/60, 3 Za 1305 / 12 July 1888.

⁵⁹BOA, DH. MKT. 1560/60, 3 Za 1305 / 12 July 1888.

⁶⁰BOA, Yıldız Sadaret Hususi Evrakı. 341/124. 29 C 313 / 17 December 1895.

⁶¹ Bilal Şimşir, *Documents Diplomatiques Ottomans Affaires Armeniennes*, Vol IV., (Ankara : TTK Press, 1999), 12-13. For the activities of American missionaries among Armenians, please see Jeremy Salt, "Trouble Wherever They Went: American Missionaries in Anatolia and Ottoman Syria in the Nineteenth Century," *The Muslim World* 92 (2002): 287-313.

⁶²BOA. DH. MKT. 818/9, 17 Za 1321 / 4 February 1904.

⁶³BOA, Dahiliye Nezareti Emniyeti Umumiye 5. Şube (hereafter, DH. EUM. 5. Şb.) 29/21, 14 Za 1333 / 23 September 1915.

⁶⁴BOA. DH. EUM. 5. Şb. 19/55. 12 R 1331 / 19 February 1913

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