A Discussion on the Spatial Representation of the Ottoman Modernization: Urla Quarantine Building

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ABSTRACT
This paper focuses on a building, Urla Quarantine, in the city of Izmir, Turkey. The quarantine, which was constructed during the modernization period of the Ottoman Empire in 19th century, is slated to be transformed into a health museum at the moment due to its historical value. This idea of transformation has led this study to focus on the modern principles guiding the spatial organization and the context of this building. As a representation of Ottoman modernity, the building provided disciplinary instruments and spaces to preserve public health that were new to Ottomans that period. Thus, the aim of this paper is to examine more closely the internal and external dynamics that informed the construction of the building, the rational idea and the body-space relationships behind this medical building by comparing it with other examples.

Keywords: disease, discipline, modernity, body, quarantine, Ottoman Empire

INTRODUCTION
Urla Quarantine (Urla Tahaffuzhanesi), as an object of the 19th century modernization, has been functionless for years. However, it is now under discussion because plans are underway to transform the building into a museum in Urla that will display the modernization process of the Ottoman Empire in the field of sanitary. The building, as an example of the idea of disciplining the human body through space, represents the pure object of this rational ideal. In this regard, the presence of the building cannot be evaluated apart from the modernization process of the period.

This paper analyses the spatial organization of Urla Quarantine and the ideas that structured this organization in the Ottoman Empire of the 19th century. Quarantine building has been constructed within the years that witnessed the reformation era of Ottoman Empire in the 19th century. It coincides with a period when the empire renewed itself within the framework of modern tools, institutions and practices. The process takes place within the original conditions of the Ottomans, and it contains many concrete and abstract indicators of modernity.

Thus, this paper first questions the ideals and practices of the Ottoman modernity and then how it is materialized through this reference building and finally, it discusses this particular building by means of the relationship between space and body.

DISEASES, PUBLIC HEALTH AND INSTITUTIONALIZATION
Fernand Braudel, in his book 'Civilization and Capitalism', states that famine, high cost of living and undernourishment have always been part of everyday life for centuries and acted as a "multiplying factor in the spread of diseases" (Braudel, 1979: 81). This cyclical spread in epidemics effected human masses from different classes and geographies sequentially. Diseases appeared, showed their effects and decreased with time.

Retreat of epidemics is partly explained in due to the external conditions such as "the substitution of stone for wood houses" after the great fires in the 16th, 17th and 18th centuries, and emphasis on "personal and domestic cleanliness, and the removal of small domestic animals from dwellings" in addition to the medical inventions (Braudel, 1979:

84). For Lewis Mumford, as the size and density of cities increased, sanitary difficulties, processes of death and burial arose (Mumford, 1970: 45). Lack of water supplies affected the spread of diseases, like smallpox, until the organization of wet areas in the house in 19th century (Mumford, 1970: 120).

Reader emphasizes that the medieval cities were filthy in general, but there were also certain evidences showing the regulations set onwards from the 13th century on (Reader, 2004: 207). In 1348, Italy started to establish Public Health Boards, as part of the urban administration, to install health services, to take measurements and to compile the statistics of the disease, and from that time on it was generalized all through Italy (Reader, 2004: 224). Official measurements were taken to keep the streets clean in London in the 14th century, and the disposal of rubbish and filth was taken as an urban problem. Until after the 19th century, the city authorities in both Britain and France (Reader, 2004: 211) proposed an underground sewage system. While Edwin Chadwick was one of the effective figures of sanitary reforms in Britain and proposed a completely new sewage system at the first quarter of the 19th century in London, Baron Georges Haussmann was another powerful actor who applied a new sewage system to the underground of Paris while removing unsanitary conditions with the clearance of the old régime. Chadwick's report on the sanitary conditions of Great Britain illustrated the strong relation between the built environment and the spread of diseases and instigated Domestic Sanitation Movement in Britain and health exhibitions, which also introduced a new concept like "building-doctors" who treated the architecture as a patient (Adams, 1996: 12-39). On the other hand, Marville's street photos of 1850s of Paris revealed the raw sewage system and unhealthy conditions and they were seen as the causes of cholera outbreaks of the time (Harvey, 2003: 245) Thus, hygiene, rationality, regularity, progress and effectiveness were the major motivations of the planning of Paris (Mumford, 1961) and these motivations continued in parallel with institutional formations.

The beginning of the 19th century was also a period defined by the development of industry and the proliferation of international trade, with the growth of land and maritime trade. The 1851 International Exhibition in London was a major international exposition in which the technology of the era was exhibited to the world. However, the internationalization of trade was a harbinger of major epidemics and disease spread across continents. Although, many deadly infectious diseases had threatened humanity for centuries, in the 19th century, the circulation of goods, people and information increased the impact of diseases on different geographical regions.

As a result, disease became a factor that brought communities together and caused them to develop common strategies. For this purpose, the International Sanitary Conference was opened in Paris on 23 July 1851. It included various plenary sessions, and it ran until 19 January 1852 (WHO 1958: 4-6). The government of the Ottoman Empire (the Sublime Porte, Turkey) was also included into this conference, which was held with the participation of many European countries. In particular, within the framework of this conference held with the participation of diplomats and physicians, a compromise on maritime quarantine requirements was reached; for preserving public health, rules of commerce were established in 137 articles (WHO 1958: 6.). Due to conflicting approaches and procedural problems, the "convention became completely inoperative"; they could not obtain significant results, but certain rules and regulations were proposed about some diseases, such as cholera, plague and yellow fever. The conference constituted an initial step in addressing quarantine and sanitary matters for the subsequent institutional organizations. Other conferences were held in Paris in 1859 and in Constantinople in 1866, and some progress was achieved. At the conference in Constantinople, the idea of interpreting India as a source of the spread of cholera was dominant (Howard-Jones, 1975). Before then, it was difficult to make joint decisions between countries despite their desire to compromise through bilateral agreements. The benefits to countries, the controversial status of scientific knowledge and the methods to prevent disease have all precluded a consensus at these conferences. Despite everything, in Vienna in 1874, the parties all agreed on the

importance of aeration and cleansing (WHO 1958: 12). For this meeting, the proposition of the establishment of a 'Permanent International Commission on Epidemics' was crucial. According to the reports of the WHO concerning the evolution of international public health, "The commission was to be composed of physicians appointed by the participating governments, and would concern itself with 'purely scientific questions', its main task being to study the etiology and prophylaxis of cholera" (WHO 1958: 12). For Mark Harrison, "the conference agreed in principle upon the basic aim of achieving agreement internationally over sanitary regulations, as well as the desirability of some specific measures, including the strengthening of sanitary surveillance in Egypt and the Ottoman Empire" (Harrison, 2006: 216).

At the next meeting in 1881 in Washington, the establishment of a 'Permanent International Sanitary Agency of Notification,' with outposts in America, Europe and Asia, was proposed. This agency would be financed by the Austria-Hungarian Empire and Spain. Conferences that following the Washington meeting were held in 1885 (Rome), 1892 (Venice), 1893 (Dresden), 1894 (Paris), 1897 (Venice), and 1903 (Paris) (WHO 1958: 13). In 1907, 'the Office International d'Hygiène Publique' was founded in Paris (Harrison, 2006: 216). The twelfth, thirteenth and fourteenth conferences were held in Paris in 1911-1912, in 1926, and in 1938, respectively (Howard-Jones, 1975).

In these series of conferences, insurance of trade and transportation and strengthening of the struggle against diseases in places other than European countries were emphasized. Harrison discussed the relationship between international sanitary regulations and international commerce in his article and argued about the active role of Western countries such as France and England in international agreements by questioning the reasons behind sanitary cooperation. Beginning in the 15th century, especially in the areas in Europe close to Central Asia, prohibitions were established to prevent the spread of various diseases. In particular, it was observed that the plague came from outside Europe, and with every news account of diseases coming from the east, quarantines were activated. The first statute related to quarantine organization in France dates to 1683, and a statute on quarantines in England was established in 1710 (Harrison, 2006: 199-200). The subject is also related to medical discussions based on the reasons why diseases spread because, in addition to its contagious effects, seasonal effects were also observed. In another aspect, controlling disease through quarantines slowed trading activities, sometimes even damaging goods, which remained as a controversial issue. Some considered that, for long-term shipping, if there appeared to be no occurrence of disease, then there was no need for quarantine; thus, commerce would not be inhibited.

OTTOMAN REFORMATIONS IN THE 19TH CENTURY AND ORGANIZATION AGAINST DISEASES

In the 19th century, the period in which the reform movements took place is called the Tanzimat in the Ottoman History. Halil İnalcık, who does not see the Tanzimat as a simple westernization movement in terms of the context of Ottoman Empire, defines it as the attempt of rebuilt of an empire with new principles which is about to be demolished. This subject was seen as the biggest issue of the empire in the 19th century. The deterioration of the territorial regime, nationalist and libertarian movements required efforts to reorganize the empire and in this sense reforms were initiated in the Ottoman Empire (İnalcık, 1941) (Karpat, 2006: 222). With the Tanzimat Edict, which was announced in 1839 and rewritten in 1856, it was aimed to rebuild the state with European conditions. The reforms continued with the 1st Constitution, which was promulgated in 1876, and transformed the libertarian Ottoman state structure at various intervals until the end of the 19th century. The term Tanzimat was described as the reorganization of the state structure that had been obsolete for the last 150 years (Ortaylı, 2005: 111).

Supporting the claims of İnalcık about the capital formation in the Ottoman Empire, Şerif Mardin states that the structures of the capital accumulation process such as Central Europe managed, not derived in the structures of the Ottoman Empire, and that the cities'

economic and political autonomy in the European sense was not observed in the Ottoman Empire (Mardin, 2003: 67). On the other hand, intellectuals who were affected by the approaches of the Enlightenment towards personal freedoms were also seen in the Ottoman Empire and there were signs that the government could not meet the social needs with Muslim religious laws (Sharia) (Mardin, 2003: 124).

Although it is difficult to give the exact date of the modernization movement in the Ottoman Empire, the turbulent changes of Europe had reflections on the Ottoman geography in specific conditions in the 18th and 19th centuries. In order to survive against Christian Europe and Russia, reforms in the military field were seen as a necessity and first started in this area. However, reforms in education, health, law, public improvements and finance have inevitably occurred in addition to the reforms in military and had reflections in literature and architecture. The reforms caused changes in the structure of institutions in a short time and presented the beginning of the constitutional developments (Ortaylı, 2005: 24, 42) (Karpat, 1974: 79-98). Thus, issues such as public health, education and social security, which were previously left to various congregations and guilds, were systematized by reforms in the Tanzimat period, and consequently the traditional system came to an end with the centralized control (Çelik, 2010: 41).

Over the centuries, Europe developed methods to cope with diseases through scientific prevention measures, quarantines and cordons. Quarantine, referring to forty days of isolation, means 'forty' and has cognates as 'Quaràntena' in Italian and 'Quarantaine' in French. In Ottoman Turkish, it was called as 'Usul-ü tahaffuz', referring to a lazaret or lazaretto (Şehsuvaroğlu, 1957: 3-4). The first quarantine locations were seen in Venice and Dubrovnik in 1377, and the first quarantine building was built in 1423 on Santa Maria de Nazaret Island near Venice (Sarıyıldız, 1994: 329).

Identification of the characteristics of plague only became possible in 1894 with the invention of microscope with compound lenses (Reader, 2004: 229). Thus, struggle with the disease has continued for a long time without anyone being aware of its actual cause. The disease that was transmitted to humans through the bites of mouse fleas made port areas temporary focal points, in addition to natural geographic focuses in the cities (Panzac, 1997: 40-42). Nükhet Varlık focusing on the mediaeval and early modern Ottoman history, linked the spread of disease to the mobility of humans, warfare, pilgrimage, migration, trade and transportation and especially the grain trade (Varlık, 2015: 43-48). She determined three historical phases in the evolution of plague in Ottoman lands, 1453-1517, 1517-70, 1570-1600 within the context of the early modern Mediterranean world. She also determined three key transformations pointing out the change in Ottoman Empire, 'naturalization', 'medicalization' and 'canonization' which referred to the change in the perception on this subject, introduction of new medical body of knowledge, and change of attitudes respectively (Varlık, 2015). Varlık's research proved that the 19th century reforms on the institutionalization of public health relied on changes in the 16th century and plague epidemics in general played an important role in the development of institutionalization of the Empire.

In the 18th century, plague continued spreading across the Ottoman Empire and had destructive effects on various cities. Panzac explained how this epidemic spread along three axes: first, land and sea transport in the Ottoman Empire; second, the attitudes of people and local authorities about disease, which varied depending on religion and ethnic origin; and third, the economic and demographic consequences of the disease. Thus, the disease spread was complex (Panzac, 1997: 136-38). Evidently, plague was not the only contagious disease. Malaria, smallpox, typhus, typhoid fever, etc., were all considered contagious and fatal (Panzac, 1997: 17-20).

Response to the disease in Ottoman lands among Muslims mostly focused on religion (Panzac, 1997: 150). Therefore, instead of fighting the disease, people choosing to live with the consequences of the disease fatalistically was dominant. In contrast, major

communities established plague hospitals for the victims. Nevertheless, the struggle against the disease remained insufficient. Panzac connected this failure in Ottoman lands to the following reasons: measures were temporary and partial, and there was a lack of organization in the effort (Panzac, 1997: 163-165).

At the beginning of the 19th century in the Ottoman Empire, it was observed that, especially in border regions, officials insisted on fighting against disease. This situation was interpreted by Panzac as a deep change in the understanding of Ottoman rulers, and it was explained by him both as part of the self-preservation of upper classes and as the desire to maintain the continuity of central power. Ottoman rulers were convinced for centuries about the application of the methods utilized by Europe, which had gained experience on this subject. European countries had undertaken measures for the quarantine of passengers, goods and ships, their disinfection, ensuring the isolation of disease by creating a sanitary cordon and methods of sterilization (Panzac, 1997: 197-198).

As Harrison stated, sanitary cordons were areas where the borders of the countries are strongly felt. Cordons were continuously checked by soldiers, and people who refused to obey the rules of quarantine were ordered to be shot (Harrison 2006: 201). Therefore, the quarantine was an essential factor in cross-country diplomacy and national security. Despite expectations about the flexibility of trade and diplomacy, plague and some other infectious diseases were defined by control, security, rules and mutual sanctions. In this regard, Ottoman pashas received support from the consulates. After a committee established under the supervision of consulates in 1832, the Alexandria Quarantine Building was erected (Panzac, 1997: 207).

During the 19th century, Europe gained dominion over the Ottomans in many fields. Regarding health, the Ottomans adopted the methods and organization forms of Europe and even realized them with the help of foreign professionals. During the Ottoman Sultan Mahmud II's reform period, developments in health care in Europe were adopted, along with many other reforms. One of his chief advocates of the quarantine reforms named Hamdan bin Osman Hoca, proposed the standards of quarantine system and procedures based on Western knowledge (Bulmuş, 2008: 193). In her thesis, Birsen Bulmuş mentions the actors of the reform demand in the Ottoman Empire, which supports İnalcık's claim on the internal dynamics of the reorganization.

With the aim of fulfilling the need for doctors and surgeons in the army, schools such as 'Tıbhane' and Cerrahhane (medical schools that educate doctors and surgeons) were opened in 1827 as essential initiatives (Ortaç Gürpınarlı, 2005: 222). These improvements occurred through governmental initiatives apart from local measures. In 1838, at Mahmud II's behest, a meeting was held at which health measures were discussed, and the Meclis-i Tahaffuz (Quarantine Council) was established (Panzac, 1997: 220). This council was the initial incarnation of today's General Directorate of Border and Coastal Sanitary Health, and it gained legitimacy in the eyes of European diplomats by having European doctors and governmental representatives in it. In fact, for Europeans, the ideas that council decisions would make trading difficult and that the rights provided by capitulations would be restricted arose at the same time (Panzac, 1997: 222). The Europeans protested the establishment of Ottoman Quarantine in 1838. After 1838, advocating a new understanding of plague, European countries like France and England tried to establish superiority over Ottoman by criticizing the inadequate struggle on Ottoman lands against plague (Bulmuş, 2012:4).

With the declaration of the Tanzimat, reforms in this area continued without interruption. Although there appeared several changes within the staff, reform continued until 1914. The council was governed by Ottoman directors, but medical authority lay in the hands of foreign doctors. This situation was also noted by Harrison, who wrote that "The prospect of similar regulations being introduced in the Ottoman Empire also gave grounds for optimism. In 1838 the sultan asked the Austrian government to send him several

experienced quarantine officials to assist in establishing quarantine stations throughout the Ottoman provinces" (Harrison, 2006: 210). Sultan Mahmud II achieved a modernization programme including the establishments of quarantines, educating officials and managing regulations like his predecessor Muhammad Ali in Egypt (Bulmuş, 2012:11). Thus, a new type of building in Ottoman lands, quarantine buildings. In addition to their counterparts in Europe, the best-known quarantines within the Ottoman Empire were those in Kamara, Beirut, Tripoli, Klazomen (Urla) and Kavak (Ayar, 2005: 289).

CONSTRUCTION OF URLA QUARANTINE AND ITS SPATIAL ORGANIZATION

Izmir, in the Aegean region of Anatolia, was a city where plague was commonly seen because of the well-developed port activities. This resulted with the spread of disease in the city (Beyru, 2005: x-xiii). One of the causes of the erosion of the population in Izmir was infectious diseases, such as plague, cholera and even syphilis and malaria, as well as wars. The irregularity and congestion of streets, the dirt, open drainage channels and the presence of stray animals were seen as reasons for the spread of disease for centuries.
The impacts of plague were searched by İlhan Pınar and the depictions of European travelers were collected in his book (Pınar, 2005). The monk Christoph Wilhelm Lüdeke's impressions between 1759 and 1768 revealed the effect of disease on human body clearly as follows:

> "During my stay in Izmir for nine years, if I do not count the small ones, I have experienced the outbreaks of plague in 1759, 1760, 1762 and 1765… People who catch this illness suffer from an intense backache and headache, and their body resistance falls down its lowest level. High fever after the pain almost drives people crazy and kills them. The most salient effect of plague on patients is depression; the patient loses all courage and nothing comforts him. Swelling comes out after death; if the disease is not intense, swelling occurs before death and the disease develops in a very short time. In some cases, death takes place in a few hours, in others it takes longer and happens within three days… Generally, there are two types of plague, first, the malignant one, in this case there is no hope of recovery; second, the patient lives in danger of death for forty days. For the second one, the swelling appears and bad smelling pus flows out. A very strict diet must be applied to the patient within these forty days" (Pınar, 2005: 305).

On the other hand, a 19th century traveler Dr. Arsène F. Bulard who travelled around Alexandria, Cairo, Izmir and Istanbul between 1833 and 1838 narrated his observations on Turkish people's reactions in the city as:

> "Whether it is surrender, idle, or antipathy, the Turks are taking no action against the disease. So the death rate among the Turks is much higher than the other nations - Greeks, Armenians, Catholics and Jews" (Pınar, 2005: 318).

It is known that a person named Süleyman Efendi was sent to Izmir from Istanbul in 1840 to fix the location of a quarantine, and in the same year, a quarantine was instituted in the western part of the city of Izmir, which contained plains of olive groves. Despite many shortcomings, it provided benefits to the city during some important epidemics (Beyru, 2005: 25).

With the Provincial Regulations in 1864, the establishment of provincial councils and administrations during disasters focused on the Izmir Quarantine Organization. With the installation of Enveri Bey as the Director of Izmir Quarantine, the whole area within the borders of quarantine came under consideration for the construction of a new hospital. However, as a result of this unsuccessful quest, Urla (Klazomen) was selected after a search (Böke, 2009: 150-151). Klazomen or Klazomenai is the old name of Urla, referring to its antiquity and 40 km. away from the Izmir city center. It is one of the most important settlements of the coastal area of West Anatolia. It is a port city, which is at the center of overseas trade relations since the oldest cultural strata of the city dating the prehistoric times (Official site of Urla Municipality). As Rauf Beyru stated, the consideration of Klazomen as a quarantine zone was also mentioned in the London Times in 1855. Although

a building near Sarıkışla, Kışla-ı Hümayun (Imperial Barracks) was used as a British hospital, in the event of an increase in the number of patients or the need for separation between them, the construction of a new building in the districts like Bornova or Urla was planned (Beyru, 2005: 75).

Today, the Urla Quarantine building stands as one of the modest examples of its type and is open to debate as an architectural fiction. Starting from the island it is located, the context of the main building with its surrounding, space and machine requirements and their organization, all represent the stages of a rational thought and will be analyzed in terms of body-space relations by conceptualizing them.

Isolation of the Quarantine on the Island. The quarantine is located in a geographic area defined as an island or a peninsula in Urla (Figure 1). The historical knowledge of the island dates to the 4th century B.C. Alenxander III connected the island with a road to the mainland (Erkanal, 1998) (Bakır, 2000) which is underwater today and approximately 50m. away from the actual road which links the island to the mainland. This special location, distant from the city center, was selected to control and eliminate diseases and to prevent their spread. Therefore, even according to its location and environment, the building was positioned in a place of isolation. Enclosure, exactly like in medieval cities, required this settlement be organized spatially to meet various everyday needs. Places varying from accommodations to commercial areas, a cemetery, and a post office were all located on the island. A map dating 1935 (Figure 2) shows the locations of the buildings that were built up then (dwellings allocated to civil servants, observation rooms and a small hospital, the big and the small quarantine buildings, warehouses, pavilions and several technical units) on the island and how the island is connected with a 630 meters long road to the city. This connection was also controlled by a door where the road reached the island (Figure 3). Thus, the island can be regarded as a place of isolation by its very nature.

Figure 1 Location of the Quarantine Island in Urla

In the 19th century, ships arrived at the pier of quarantine in accordance with the Ottoman Cholera Regulations. Although the ships were subjected to quarantine procedures in other ports, they were kept under surveillance again on the island in Urla (Beyru, 2005: 119). The offloaded passengers and goods were directed to the main quarantine building on a regular basis (Figure 4). The building was directly connected to the sea by the rails for the transportation of goods. This connection disciplined all of the crowds and clutter created by objects and people before they entered the building. It aligned and ordered everything.
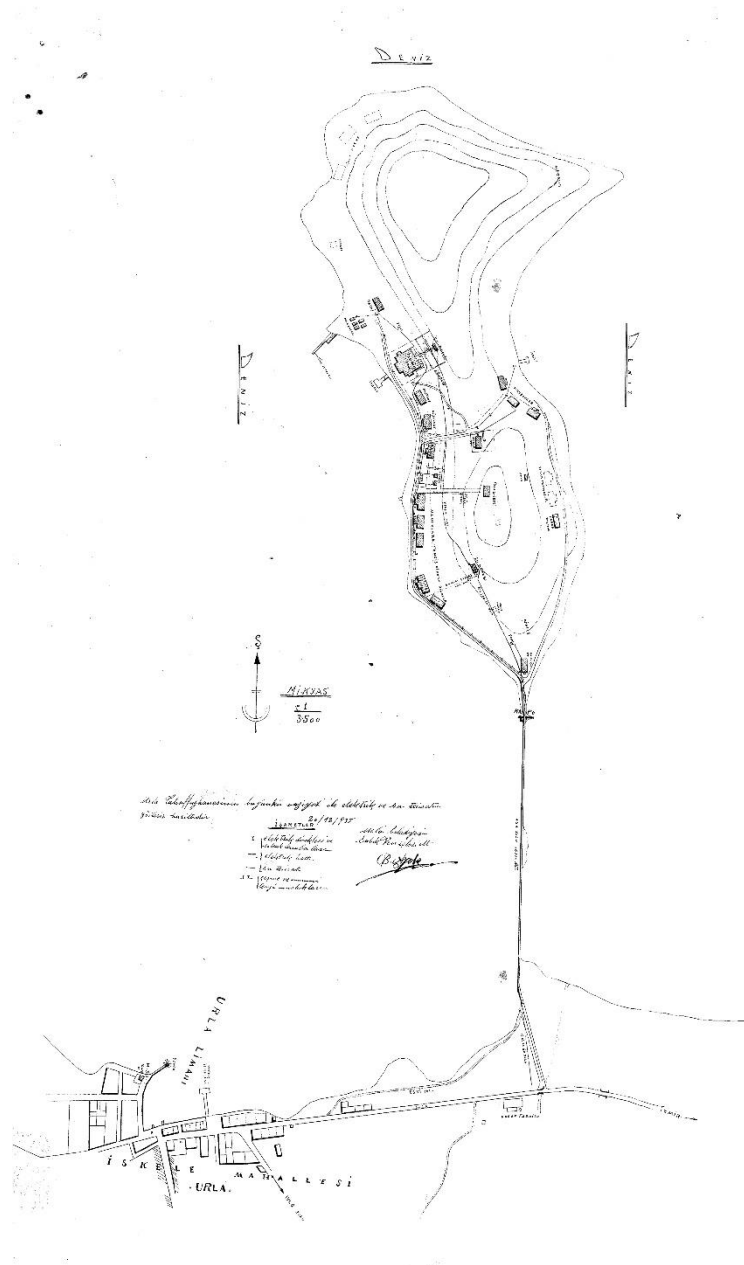
Figure 2 A map showing the Island dating 1935 (Source: Turkey Ministry of Health
General Directorate of Border and Coastal Health in Urla)

Bonastra, in his study, related this condition of isolation to a fortress because it resembled the relationship between the exterior and the interior of a castle: the connections between these spaces were limited, and not only the spread of disease but also all communication was interrupted, creating the 'impregnable bastion' that Bonastra described. There were some other quarantine islands similar to Urla Quarantine, for instance, Lazaretto Island in Venice, Lazaretto Island in Corfu, Greece, Lazaretto Island Mahon in Spain, etc. They provided security through high walls like the walls of fortresses (Bonastra, 2010: 20-24).

Figure 3 Road Connection to the Island

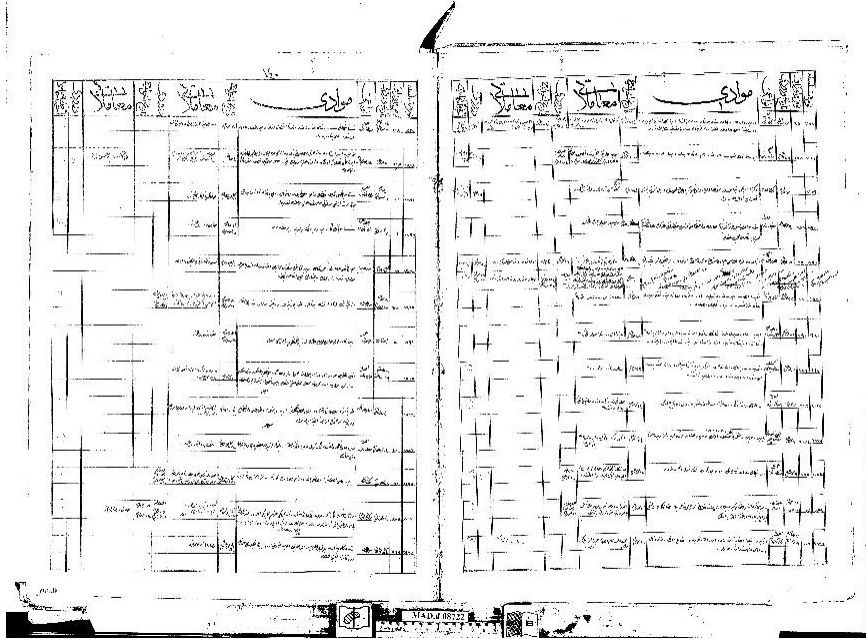Figure 4 The main Quarantine Building and its connection with rails

Figure 5 The first archive document about the construction of a new quarantine building in Urla (Source: MAD.d 8722, 2 Teşrinievvel 1284: 140)
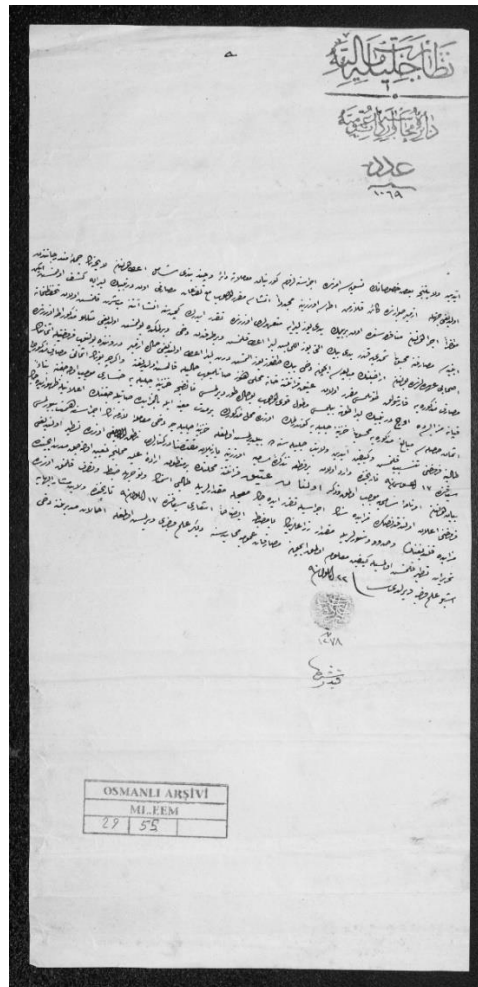

Figure 6 The archive document explaining the land purchasing process (Source: (BOA, ML.EEM 29/55, 22 Eylül 1290)
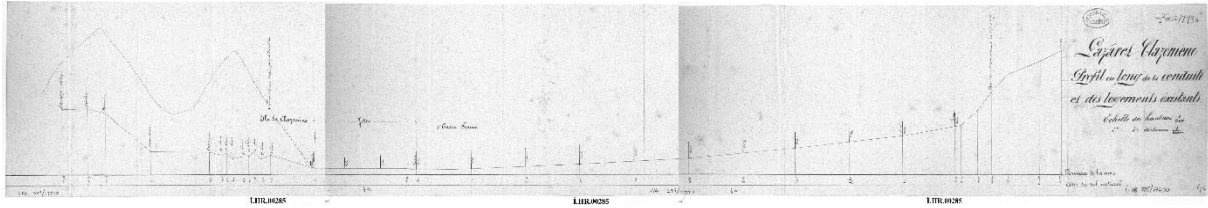
Figure 7 The archive document illustrating the waterline connection (Source: (BOA, İ.HR 285/17730, 29 Zilhicce 1298)

Figure 8 Water container on the island

The first archive document about the construction of a new quarantine building in Urla is present in financial records dated to 14.10.1868 with number 1492 (BOA, MAD.d 8722, 2 Teşrinievvel 1284: 140) (Figure 5). Although the sultan had orders about the construction, it is understood from the document sent to trade custody dated 05.03.1873 that somehow it did not happen. According to the document, the construction activity for which 5000 guruş (the Ottoman currency, similar to 'grosso' in Italy or 'groschen' in Middle Europe, 100 guruş corresponds to 1 lira) (TDV İslam Ansiklopedisi) had been allocated, had not yet taken place and the need was fulfilled by temporary barracks (BOA, A.MKT.MHM. 449/51, 6 Muharrem 1290 / 06.03.1873). From the archive document dated 04.10.1874, we learn that the construction of the quarantine was still in progress and 7655 liras were sent until that date. Even though the exact date of the quarantine construction is not known, this information approves that it had started between years 1873 and 1874. At the same time, it is learned from the documents that the land purchase process on the island from the landowners continued and 1964 liras were spent for this transaction (BOA, ML.EEM 29/55, 22 Eylül 1290) (Figure 6).

In this period, the water was a vital issue. Establishment of clean water and ensuring its use in quarantine was extremely important for launching hygienic conditions. In 22 November 1881, in the document presented by the supervision of the sanitary, a waterline construction drawing was prepared to provide water to the spaces of the quarantine in Klazomen Island. The total cost of construction of the waterline was reported as 3300 liras in the official correspondences coming from the governorship of Aydın (BOA, İ.HR 285/17730, 29 Zilhicce 1298). The drawing illustrates highest points on the island, connection to the mainland, land and water source by relating them with the ground and sea levels (Figure 7). The water source pointed out the location of a hill, which is today known as Yıldıztepe. According to the inspection, report of the Cleaning Commission in 09.11.1893 water had been transported with iron pipes from a mountain in Urla and collected in a water container on the island, which had a destroyed roof. This information

both verified the waterline illustrated in the drawing and also contained warnings about how the germ could spread to all locations if the roof was not repaired and the adequate hygiene was not provided. Although it is stated that the space where the sterilization machines were located, was produced in accordance with the proper scientific conditions, the roof was closed temporarily and it could be used again after the repair was completed (BOA, A.MKT.MHM 562/30, 28 Rebiulevvel 1311). Water container is located beneath the main Quarantine Building and marked on the site plan of 1935 (Figure 8).

In Pelin Böke's article on the establishment and activity of quarantine organizations, it is stated that Stamboul Newspaper dated 13 August 1884, gave information about Klazomen Quarantine. According to this information, starting on this date, houses for officials and stores for goods were provided; unfortunately, accommodations for passengers consisted of only four walls, and they lacked any foundation. We also learn that no tools or cranes were used to carry goods to Quarantine Island in Urla, where communication was also very difficult. After the introduction of an incubator, the building began to operate (Böke, 2009: 151).

System Operators. System operators were the officials providing organization and constantly monitoring the system. Şehsuvaroglu stated that there were quarantine inspectors and assistants at the centre, as well as the inspectors in the provinces. In quarantines, there were numerous doctors, in addition to the chief doctors or inspectors (Şehsuvaroğlu, 1954: 298). All doctors were involved in the organization through giving examinations. According to Beyru, a manager, guards, security officials and doctors in times of epidemics were assigned to the complex (Beyru, 2005: 119). Typically, all incoming passengers received medical examinations. Subsequently, goods and objects were cleared after disinfection. Doctors were charged to report the causes of death and the identities of the dead to Istanbul and to undertake measures regarding the health conditions of the region (Ak, 2011: 260). The task of superintendents was to maintain spaces, patients and goods of quarantine under surveillance that were already isolated. They controlled the relationship with the outside and were also responsible for the order of the quarantine.

Figure 9 The main Quarantine Building on the island

Separation of Men, Women and Goods. The main quarantine building serves as a space of ordering, separation, and sterilization (Figure 9) (Figure 10). Separation was applied to men, women and goods and started at the the entrance of the quarantine building. As the women head towards the spaces on the right side, the men go to the left. Items separated from their owners were sent directly to the sterilization space on the rails (Figure 11). The

symmetrical organization of the building was chosen as a whole to be able to apply this rational working principle. Three different motion axes parallel to each other in the planimetric layout formed the backbone of the space arrangement. The movement proceeded in a one-way and decomposed manner.

Passengers placed their possessions in a net inscribed with their names, and left them in 360-degree swiveling lockers for to be sterilized by the officers in charge. Possessions were returned to them with the help of the same method after the process finished (Figure 12). Like the relationships between people, relationships between people and possessions were also considered as a source of the spread of disease; thus, every item was separated and sterilized. After taking their possessions, passengers were sent to baths with peshtemals, towels and clogs. All of the passengers and goods that were travelling were treated as suspicious until their cleanness was certified.
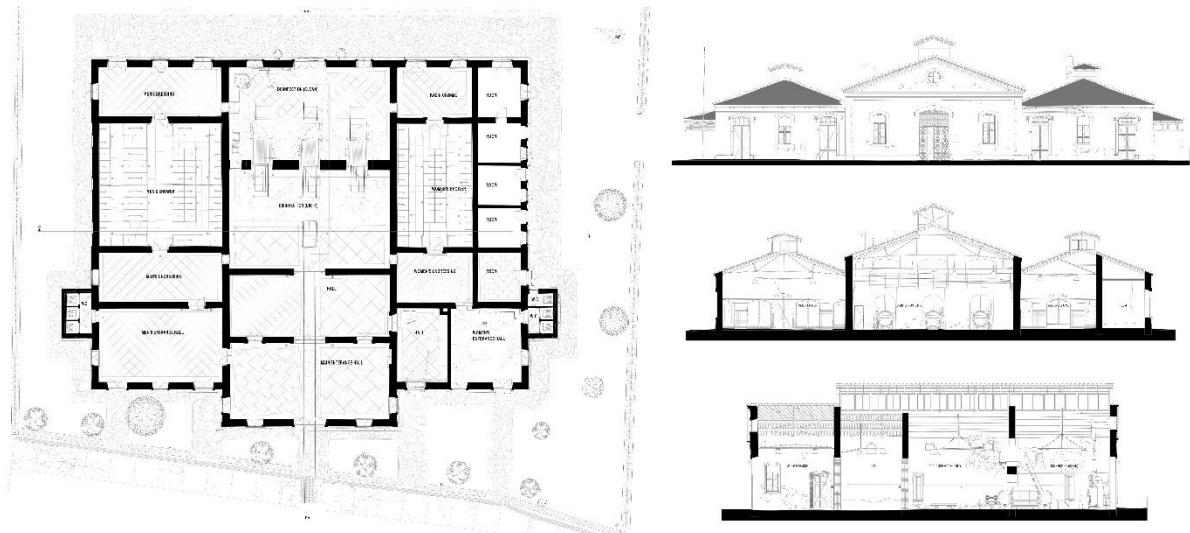

Figure 10 Survey drawings of the main Quarantine Building completed in September 2019 (Source: Turkey Ministry of Health General Directorate of Border and Coastal Health in Urla)
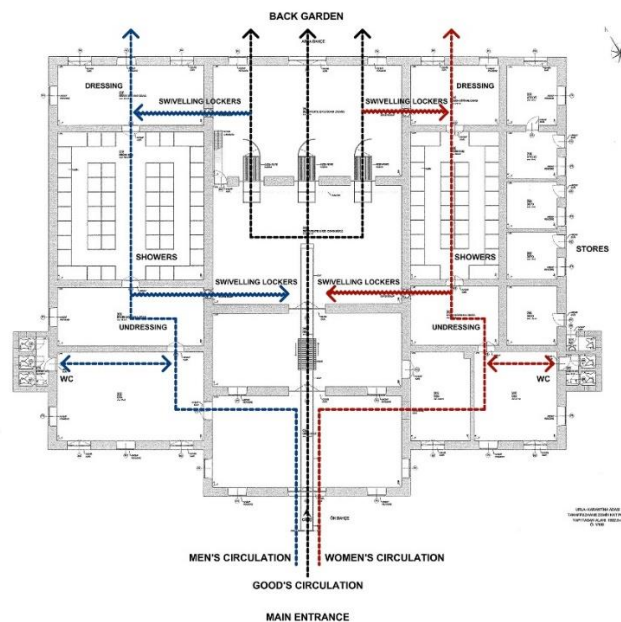

Figure 11 Diagram showing the sterilization process on the survey drawing (Source: Turkey Ministry of Health General Directorate of Border and Coastal Health in Urla)

Figure 12 Swiveling lockers

Purification from Germs. The most important task to be undertaken to prevent disease was disinfection. Thus, the most appropriate method for performing this operation was the utilization of machines without human intervention. There were two French-made sterilization machines in the building from the Geneste and Hersher Factory (Figures 13 and 14). After the experiments performed by Geneste and Hersher regarding the operations of these machines, the production of them became widespread (Yıldırım, 2014: 438). These machines were manufactured with the best technology of the time and thus were expensive devices, so they were among the smallest units ordered for Urla Quarantine. Subsequently, similar machines were manufactured in the factories of the Ottoman dockyards (Tersane-i Amire). Machines allowed for the destruction of microorganisms under heat for approximately 20 minutes at 110 to 120 degrees Celsius without damaging clothes or belongings. Metal shelves were placed in the machine, which consisted of horizontal metal cylindrical boilers connected to a steam boiler. Infected goods placed on one side of the machine were removed from the other side as clean (Yıldırım, 2004).
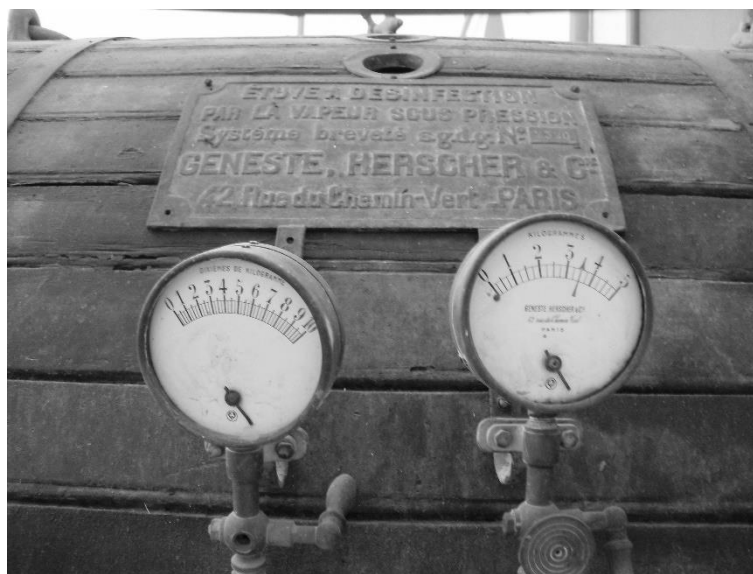

Figure 13 Sterilization machines produced by Geneste and Hersher Factory

The separation of clean and dirty items were accomplished without human touch. At the same time, these different parts were controlled by different officers, so that their contact was also prevented (Beyru, 2005: 342).

It is stated in Nuray Yıldırım's article on sterilization machine production and utilization that the machine was brought to Urla Quarantine in 1891 (Yıldırım, 2004). According to the document sent from the Ministry of Health to Vizier in 18.07.1894, it is stated that sterilization machines and some medicines sent from Marseille to Beirut and Klazomen will not be transported unless customs duties were levied (BOA, A.MKT.MHM 571/10, 15 Muharrem 1312). It is understood from the documents that not only the machines but also the medicines that were used with the machine were transported from Europe.
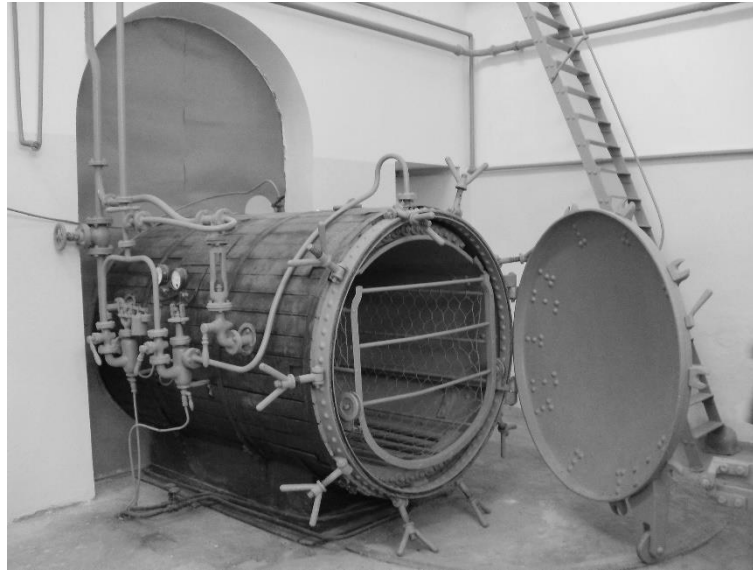

Figure 14 Sterilization machines produced by Geneste and Hersher Factory

Cleaning in Order. People used to clean themselves with water and soap, which were already sterilized. Each passenger was cleaned through this cleaning process. There were no doors for the showers; thus, the person who cleaned his or her body could not be out of vision during the process. Surveillance occupied the confidential area. This space was organized rationally through cells and was divided into spaces of cleaning and spaces of passage. Repetition of similar units was proposed as a rational solution that could allow units to be added or subtracted. (Figure 15) (Figure 16).

Each shower was separated from the others by metal separators. The floor was designed continuously in order to enable the cleaning of the space. Similarly, the plumbing system was also installed without interruption above the showers. All of these systems were designed economically and with simple understanding for easy interventions. The open system for plumbing and installation caused the building to look like a machine inside, showing that no significant consideration of aesthetics at the time. There were no windows on the walls, and only skylights provided light for the interior of this high-ceilinged private space.

On the island, there was also a small quarantine building near to the main one (Figure 17), and warehouse buildings (Figure 18) which serve for the additional uses on the island. Small quarantine building overrides the features and functional differentiation of the main building in mass and plan organization on a smaller scale.

Figure 15 Cellular space of cleaning

Figure 16 Showers

Figure 17 Small Quarantine Building

Figure 18 Warehouses

Docile Bodies Awaiting Recovery. After all of the controls, passengers were kept in quarantine in sheds located behind the main quarantine building. Today, these areas no longer exist, but we know that passengers had to wait in these sleeping units organized according to a ward system during the quarantine process. Although in large quarantines, sleeping units were also grouped in wards, and isolation was enforced to prevent the spread of disease, the quarantine building on the island was a small one, and this function was accomplished in a separate building. The passengers who died during this process were carried to the graveyards located in the north-east region of the island.

The number of visitors increased especially in pilgrimage times in the quarantine island. According to the document sent from the Ministry of Health to Aydın Governorship in 11.06.1898, Adana Boat had already arrived, Abdülkadir Boat took off 1116 pilgrims a day before, and 1150 pilgrims would be taken off on the so-called day from Muzafferi Boat. Because the total number of pilgrims would reach 5000, "quarantine spaces would not handle this amount of population", spaces would be insufficient, tent allocation was requested. Instead of the tents, if necessary, the construction of barracks was requested, but this request was not considered since it would not reach the quarantine period. The

request for the barrack construction was the result of the suspected patient detected in Adana Boat (BOA, A.MKT.MHM 576/22, 21 Muharrem 1316).

The Right to Leave. The passengers who received a license that certified their cleanness, had a right to leave the quarantine. This legal document was called 'the pratique of cleanness'. The patient was transformed, normalized and restructured at the end of the surveillance.

The Improvement of the physical settlement. After the construction of the quarantine building and its surrounding, various modifications were made. In August 26, 1894 Ministry of Health requested to reconstruct the piers in Urla and Klazomen from the Ministry of Finance (BOA, BEO 456/34176, 14 Ağustos 1310), and in order to be protected from the sea waves, an area of approximately 379 meters was required to be filled to 4322 guruş in 06.05.1895 (BOA, BEO 641/48058, 11 Zilkade 1312). The allocation of 974 guruş was requested for the plastering and whitewashing of eight different spaces urgently on 10.04.1897 (BOA, A.MKT.MHM. 566/3, 8 Zilkade 1314).
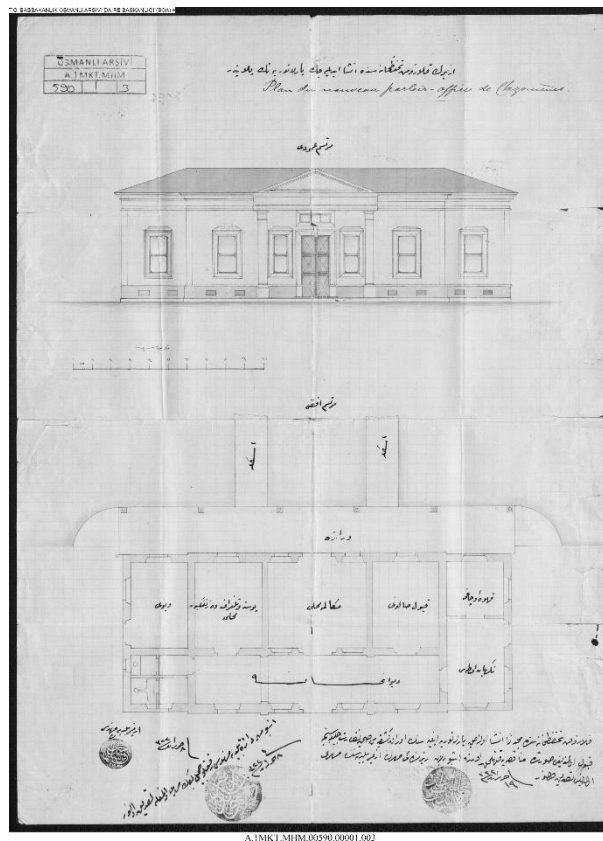

Figure 19. The archive document illustrating the parlatorio (inspection) building on the island (Source: BOA, A.MKT.MHM 590/1, 19 Haziran 1322)

Various other buildings were also constructed in addition to the main quarantine building. Construction of a place where the diseased were washed and prepared for burial and another building near to the sterilization space were mentioned in a telegram sent to Aydın Governorship on 26.04.1900 (BOA, A.MKT.MHM 566/9, 13 Nisan 1316). The allocation of costs were requested on 02.06.1900 (BOA, DH.MKT 2364/81, 20 Mayıs 1316).

Activities to meet the needs of the Urla Quarantine are observed in the archival documents which showed it as an example for others in Mediterranean region. Thus, the construction of a hospital with equipped additions near the quarantine building, extension of the piers, elimination of deficiencies before the pilgrims' arrival to the island and examination and inspection of a committee including British and French embassies, delegates and doctors

were requested in the document coming from the Ministry of Health on 08.02.1904 (BOA, DH.MKT 820/19, 21 Zilkade 1321). Same topics were mentioned in some other documents as well (BOA, A.MKT.MHM 582/15, 19 Zilhicce 1319) (BOA,A.MKT.MHM 588/17, 16 Cemazeyilahir 1323).

In addition to the buildings mentioned above construction of an parlatorio (inspection) building was also planned. Quarantine buildings are places where border controls had taken place, therefore a parlatorio building plan was prepared on 02.07.1906 under which Municipality Engineer Cemil Bey's, Izmir municipality engineer's and municipality's seals are seen (Figure 19). According to the document, it was a masonry building with 21meters tall, 8 meters wide and 5,5 meters high, and costed 54500 guruş. Construction specifications of the building were described in detail (BOA, A.MKT.MHM 590/1, 19 Haziran 1322). Unfortunately, this building do not exist on the island.

CLOSURE OF THE BODY / QUARANTINE AND SIMILAR TYPOLOGIES
After closely focusing on the quarantine building in İzmir, there is a need to relate quarantine typology with the roots of disciplinary technologies and with other types.

Michel Foucault, in his book 'Discipline and Punish' (1975), wrote that "the classical age discovered the body as object and target of power" (Foucault, 1995: 136). In particular, in the 17th and 18th centuries, the general rules of domination over the body became sharply visible, compared with previous centuries. The power mechanism, which Foucault called 'political anatomy', allowed for the dominance of bodies over other bodies. 'Disciplinary methods' were exercised not only in prisons, but also in the army, in schools, in factory and in hospitals. An experience in a particular place could be adapted to other places through circulation of the knowledge of mechanisms. These methods encouraged the creation of manipulated, shaped and trained individuals, which Foucault defined as 'docile bodies', and thus helped to realize economic and technical rationality within the framework of a set of rules issued in detail. Concerning all of these types of structures, the distribution of discipline in space was based on various techniques (Foucault, 1995: 141-168).

The first technique is ***enclosure***, or limitations in space. Drawing certain limits in space is necessary to actualize control, that is, to be surrounded by walls, or to have specific points of entry that enables control. The second technique is, ***partitioning***, which refers to having change and flexibility within limitations to provide control over both the change itself or the object or individual that exhibits change. This technique requires a cell-type organization. The third technique is ***functional sites***. This concept was exemplified by naval hospitals, according to Foucault. He described these areas as transitional spaces of diseases and illegality, and he defined them as "a place of desertion, smuggling, contagion: it is crossroads of dangerous mixtures, meeting place for forbidden circulations". As a result of discipline and order, they subsist as fully functional areas, where medical processes are spatialized. The fourth technique is ***rank***. This technique indicates the classification of all things with defined relations. Correspondingly, a series of tools are required to accomplish control over actions in space, such as 'time-tables', the organization of acts temporally, the correlation of gestures, synchronization of the body and the object, and the intensification of time (Foucault, 1995: 141-158). Foucault defined these new types of hospital buildings as "therapeutic operators", whereas school buildings were defined as "a mechanism for training" (Foucault, 1995: 172). As Bauman asserts, "taxonomy, classification, inventory, catalogue and statistics are paramount strategies of modern practice" (Bauman, 1991: 15). For this reason, architecture embodied in this manner through these disciplining techniques, creates 'docile and knowable' bodies (Foucault, 1995: 172).

Enlightenment consists of the betterment of society under the leadership of the mind, including the rationalization of hospitals and prisons improving cures for diseases. 18th century hospitals in particular were places that accepted poor people, because the rich had

both servants and money for their maintenance. People received treatment in poor conditions where many deaths had occurred, and patients had to share a bed with several other patients. After the great fire that destroyed the Hotel Dieu in Paris, the planning of hospitals and improving the conditions in them were considered important issues. Poor conditions of the hospitals and the destruction of the Hotel Dieu resulted with the development of two competing architectural models, one a radial system of wards with a central controlling space and the other the pavilion type where the wards were arranged in parallel rows (Bergdoll, 2000: 95).

Basically, the spatial organization of building types, such as infirmaries or hospitals, is partitioning, that is, the separation or repetition of spaces. For instance, in the work of Quim Bonastra, this organization is exemplified by the 15th and the 16th century lazaretto buildings, and the Venice lazaretto is one of those. The number of modules can be increased or decreased by partitioning and organization together around a courtyard. This understanding of partitioning affords the opportunity to create spatial thresholds and to control the spread of disease between different groups of people. Ragusa Quarantine is another example in which the buildings are located side by side in a modular system (Bonastra, 2010: 30). In addition to partitioning, another characteristic of these building types is that spaces, goods, and activities are under surveillance, which can be achieved either with a centralized scheme or with a tower-like element. San Michele Lazaretto nearby Sicily is an example of this building type (Bonastra, 2010: 36-37).

In 1774, a commission was charged with the examination of hospitals in Paris. In these works, one of the significant references was the hospital at La Roquette near Paris. Rational planning principles were established by the French architect Bernard Poyet. The building with plans produced by Jean-Nicolas-Louis Durand was never built, but it had a great influence on the design of hospitals in the 19th century in France (Summerson, 1986: 130). According to the Mémoires of J.R.Tenon, hospitals that he visited in England were superior to those in France, and he was especially interested in the Naval Hospital at Stonehouse. There were parallel ward blocks inside the building arranged around a courtyard. With the principle of forming 'isolated pavilions', the risk of infection was reduced in the building (Summerson, 1986: 133). In terms of the planning principles, the hospital at Stonehouse reminds one of the Hotel Dieu in Paris.

As Sir John Summerson wrote, "the squalor, ignorance and neglect found in the typical hospital of the early 18th century was exceeded only by the cruelty and filth of prison life" (Summerson, 1986: 135). John Howard, as one of the prison reformers in England, described the conditions of prisons in his book entitled 'The State of the Prisons' in 1777. After his release as a prisoner of war, he visited both prisons, prison ships and lazarettos throughout the world (Harrison, 2006: 201). 'Prisons and Lazarettos', written in 1787, was his other major book. He proposed ideal plans of this type and documented existing buildings (Summerson, 1986: 136). The book's success was apparent, and it initiated important changes in the enactment of laws. In contrast, there were also other examples that Summerson introduced, including S. Michele Prison in Rome (1702-1703) and 'Maison de Force' near Ghent (1772). S. Michele Prison involved rational planning principles, including regularly organized cells and a common space in which prisoners could spend their open air times. Incidentally, Summerson compared 'Maison de Force', which was a 'house of correction', with the hospital plans of Hotel Dieu after the fire in 1772 (Summerson, 1986: 136). This 'house of correction' was exemplified by Howard in his book as an advanced prison, and it represented a place of "rehabilitation rather than punishment" (Summerson, 1986: 137). Not only 'Maison de Force' but also Blackburn's and Latrope's prison designs, were spatially organized through the Panopticon principle of Jeremy Bentham who was the 18th century social reformer and the founder of modern utilitarianism (Summerson, 1986: 139). According to his Panopticon principle, the centralized plan enabled 'the eye of a supervisor' to watch all the activities of the supervised with the help of full lighting (Foucault, 1995: 200). The geometric model proposed by Bentham form the base of all kinds of inspection mechanisms fulfilled by

disciplinary institutions (Philo, 2000: 222). As Bergdoll states, "techniques of manipulating emotional response" through architectural space which acts as a disciplinary apparatus" reforms, calms and cures all bodies under surveillance (Bergdoll, 2000: 92-94). However, for Felix Driver, the Panopticon should be recognized as a 'diagram of power', because the disciplines should not be directly associated with architectural form (Driver, 1985: 433).

In France, it was Ségur Dupeyron who examined the rules and operating systems of quarantines. His suggestions in 1834 detailed a 'reasonable and uniform system' (Harrison, 2006, p. 208). These suggestions partly aimed to loosen the restrictions originally implemented to weaken the relation between commerce and plague. Dupeyron was appointed by the French government to investigate quarantines. After his visit to Izmir, he proposed the establishment of a quarantine that would accommodate developments directed towards Syria and Egypt (Beyru, 2005: 26).

Similar to other sanitary buildings, quarantines were buildings in which the detection and treatment of infectious diseases were undertaken. Healthy and unhealthy people were separated from each other, and people who wanted to enter or leave the city were kept under surveillance in these places. Therefore, they were equipped with two important characteristics: they functioned as both hospitals and quarantines. Bonastra defined these infirmaries as both sanitary and control spaces, because struggling against disease also required a certain type of prison (Bonastra, 2010: 18). Thus, both types caused the variations in the other.

CONCLUSION

The quarantine building in Urla symbolized the whole island for years, so that the island itself was associated with the name of the building. Until the 1950s, the building was still used, but afterwards, with the development of contemporary prevention techniques against contagions after World War II, the building lost its function. In 1955, new hospital buildings were erected on the island, and they functioned as first Sea and Sun Treatment Institute and, after 1960, as the Bone and Joint Diseases Hospital (www.klazomeniaka.com). Since 1986, these additional buildings have functioned as Urla Public Hospital. Today, the identity of the island is mostly structured on these hospital buildings (http://urladh.gov.tr).

In addition to the quarantine in Urla, another quarantine building was built in Tuzla (Istanbul) in 1892. This building has already been transformed into a museum, and for the municipalities, it stands as an example for the transformation of the quarantine in Urla. Future scenarios of the island indicate that the government plans to transfer the ownership of all buildings on the island from the Ministry of Health to the Ministry of Culture and Tourism. Therefore, the island will become a point of tourist attraction, will gain economic value in the eyes of the authority (www.egedesonsoz.com, www.sabah.com.tr), and the quarantine building will function as a museum as part of this future scenario.

Quarantine was a medical disciplinary instrument, which had emerged in the Ottoman Empire in the 19th century during the state reformations of the time. In Turkey, since the 1960s, quarantine buildings were discredited as a consequence of the reduction of epidemics and its inability to adapt old tools to developing medicine technologies. Thus, these buildings have either been transformed over time, completely removed away from their original use, or abandoned (Yıldırım, 2014: 433-436).

Refunctionalization of the Urla Quarantine building as a museum after years of non-use gives the opportunity to think about how the spatial means of modernity embody social transformations. Construction of the quarantines was a modern requirement within the process of modernization in the Ottoman Empire, and as one of the examples of it, Urla Quarantine represented one of the early concrete attempts of it. When the values that make up modernity are discredited and the system seeks to produce new values, the dormant and abandoned are re-valued. The transformation in the Urla Quarantine, that is, from quarantine to museum, can be a simple re-functioning and adding value in the eyes

of the political power. However, what is transforming is another form of surveillance; a typological shift in the disciplining space. This condition, which extends from the protection of the body to the protection of the object and even objectifies the means of protection in a museum and adds a modern value to a discredited object which is the space itself, can be read as the contractions in different phases of modernity. Therefore, it is possible to go beyond the trivializing view of the political power and see this structure and its context as one of the actors of the modernization process in the Ottoman and Turkish lands. Today, the building and its context which is the foci of this study are not only important for their historical value, but also essential for understanding different phases of the Ottoman and European modernity.

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A.MKT.MHM (*Sadâret Mektûbi Mühimme Odası Belgeleri*) 449/51, 562/30, 566/3,
566/9, 571/10, 576/22, 582/15, 588/17, 590/1
BEO (*Bâb-ı Âli Evrâk Odası*) 456/34176, 641/48058
DH.MKT (*Dâhiliye Nezâreti Mektûbi Kalemi*) 820/19, 2364/81,
İ.HR (*İrâde Hâriciye Evrâkı*) 285/17730
MAD.d (*Mâliyeden Müdevver Defterleri*) 8722
ML.EEM (ML.EEM (*Mâliye Nezâreti Emlâk-ı Emiriye Müdüriyeti*) 29/55

NOTE
Figure 1 was modified from a google earth image by the author. Figure 2, 10 and 11 were
taken from Turkey Ministry of Health General Directorate of Border and Coastal Health in
Urla and used by its permission. Figure 3, 4, 8, 9, 12, 13, 14, 15, 16, 17 and 18 belong to
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