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RESEARCH ARTICLE

Children and School in Anatolia Within the Cycle of Epidemics, War, Famine, and Disasters

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The initial findings of this research were presented in the third International Social and Educational Sciences Symposium (Online) on April 10–11, 2021.

Abstract

The aim of this study is to trace the disaster events such as epidemic diseases, earthquakes, fires, famine, and harsh climatic conditions experienced on Anatolian lands in the 19th and 20th centuries and to ensure the survival efforts of children who constitute the most vulnerable groups of the society in these processes within the context of state, school, and society. This study is qualitative according to its philosophy and perspective, documentary according to data collection techniques, secondary (unresponsive) according to the characteristics of the data used, and a basic research according to its purpose. The current situation in this study is in the survey model because it is examined from various aspects. Documents regarding the disasters experienced in the lands of the Ottoman State in the 19th and 20th centuries were analyzed using document analysis and second-level inductive analysis techniques. These analyses are pedagogical and socio-cultural. They aim to illuminate the historical, pedagogical, cultural, and sociological background of the disasters. The results of the study reveal that the children and the poor were severely affected during the disasters, especially during pandemics. Although the efforts of the state itself were insufficient from time to time, state schools and some private schools played active roles, and some intellectuals tried to raise awareness to keep students and schools less affected during those times. It has always been important to establish a system in which children are least affected under any circumstances and to build a more protective order for children, and this will continue to be important in the future.

Keywords: Children, disasters, educational history, epidemics, school

Introduction

Throughout the history of humanity, the states of the world have experienced countless diseases, earthquakes, droughts, hunger, floods, and similar natural disasters. The measures taken by each society against the disasters it faced and the experiences it gained after the disasters have guided them when they encountered similar ones in the future years. Epidemics are one of the natural disasters that have been experienced throughout history and have caused painful experiences. It is understood that the bitter experiences gained from time to time also affect the countries' view of the world and the policies they implement. For example, it is not known where the 1918–1919 influenza epidemic started, although America, Europe, or China are likely centers (Taubenberger, 2006). According to Reiss (2020), this disease has been commonly referred to as the Spanish Flu. This was not because the epidemic started in Spain, but because it was one of the few European states that remained neutral in World War I. Wartime censors in other countries have covered up the news of the epidemic, and governments were worried about its negative impact on public morale. Generally, countries have used the names of other countries to refer the epidemics to prevent crimes from being blamed on the governments, to deflect the target, and to smear foreign countries. Some diseases have had a wide variety of names, and people have generally chosen these names from the people or countries that they held responsible for the disease. For example, according to some sources, the French called syphilis "Naples disease" or "Spanish disease" and later "Grande verole." The English and Italians called this disease "French disease," "Gallic disease," "morbus Gallicus," or French syphilis; Germans as "French scourge"; Scots as "grand gore"; Russians as "Polish disease"; the Poles and Iranians named this disease as "Turkish disease"; Turks as "Christian disease"; Tahitians as "English disease"; Indians as "Portuguese disease"; and Japanese as "Chinese syphilis" or "Persian fever" (Frith, 2012). It is also understandable that in a historical flow in the spiral of diseases, diseases and various disasters have become the apparatus of the political environment.

Anatolian lands, which have hosted many civilizations and the states of these civilizations for centuries, have witnessed many important events in almost every phase of history. The wars that the Turks, who made Anatolia their homeland, faced intensely, and the economic and social difficulties they faced due to these wars, how they overcame these difficulties and how resilient they were, have been known for a long time. However, in terms of adding new dimensions to what has been learned from history, it is important to examine what a society living in Anatolian lands for centuries and creating a unique civilization has experienced during the social, economic, natural, and health-related crises in addition to the war and the reactions given to these crises. It is of great importance to try to know the future, to analyze the cause–effect relationships well, and to work deeply on the lessons to be taken based on the experiences gained on these lands in the course of history. When examining the history of Anatolia, it is wrong and insufficient to see the history of Anatolia as only a series of established and destroyed states.

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It is also necessary to examine the societies making up these civilizations in daily life and what kind of practices and experiences they produced in the society. Practices developed by a civilization, having experienced various intensities with numerous epidemics, famines, and natural disasters for many years, to survive and to ensure that social life continued in its normal course will enable us to give a faster and healthier reflex to the present and possible similar events that we will encounter in the future.

As it can be understood from the lines "There is no respected object among public like the state, no state in the world equals a single breath of health" attributed to Suleiman the Magnificent, the Ottoman Empire gave a lot of importance to the health of the people compared to the conditions of the period and especially prioritized hygiene and public health practices. In *Kabusnâme*, which was translated from Persian by Mercimek Ahmet bin İlyas (1082) during the period of Murat II, there are directions about from which works of Hippocrates and Galenos the basic rules of hygiene can be learned (Gökyay, 2006). In the work titled *Marifetnâme*, written by Erzurumlu İbrahim Hakkı in 1765 and containing information on various branches of science from religious sciences to astronomy and from medicine to mathematics and physics, the following lines about sanitation are seen (2019, p. 384):

"O dear, doctors have said that the science of medicine is the science of the body, that its theory and practice are two sciences as well. The first science is sanitation, health protection, and the second is prevention and treatment. However, physical health is a great blessing. It is the world capital for the people of religion and the world. Protecting the body is bliss. Being able to apply the rules and principles by knowing their power and value is a nice prize because a smart person who protects the health of the body finds pleasure. There is no malady in his body, and peace remains. He does not need precautions and drugs and finds comfort. He finds plenty of time and achieves the ingenuity of Allah."

The experience of the Anatolians with epidemics and other disasters goes back much further. Webster (1799), who conveyed the information he gained from his trips to the Ottoman Empire, talked about the plague epidemic that emerged in Egypt, Syria, Greece, and Turkey in 1346, and that this epidemic continued until 1350 in Sicily, Italy, France, Spain, England, the Netherlands, and so on. He describes its spread to Scotland, Germany, Hungary, and Northern Europe. An epidemic of tuberculosis in the spring of 1585 and a locust invasion in 1586 that swept through Hungary, Austria, and Turkey are among the epidemics and disasters that Webster mentions (p. 106). American Doctor Wittman (1804), who also made observations in the Ottoman lands, states that we can count rickets in children and loss of vision in adults among the common diseases in Turkey. According to Dr. Wittman's observations, catarrhal and asthma-like disorders are quite common in Turkey, especially among the elderly. In Dr. Wittman's own words:

"Turks generally do not deal with more than one series of diseases as in other countries. Probably because of their composure, pains and wounds can be healed more easily here. Inflammation is quite common and somehow lessens the problems caused by the sedentary lifestyle that most Turks usually live. Especially in the head area, skin diseases, rashes and boils are quite common. Indigestion and other stomach ailments are quite common. Fatty foods, sedentary lifestyle and excessive tobacco use can be the cause of these diseases. Hernia is common. Along with the plague, they also catch malaria in the autumn." (1804, p. 49)

Again, Dr. Wittman learned that 500 soldiers died due to the plague when the Ottoman Army was in Gaza. According to official figures, the army lost more than 12,000 soldiers due to war, disease, hunger, or fatigue before it went to Syria (1804, p. 134). According to Maclean (1825, p. 224) who made similar observations, epidemic diseases in all countries begin, decrease, and pause at certain time intervals in different countries, differing according to the geographical location of the countries. In Egypt, it usually starts in March or April and pauses in June. In Turkey and Spain, located in more northern latitudes, it starts in July or August and pauses in November or December. However, these periods may shift to an earlier or later date, depending on certain conditions.

When we look at the first years of the Republic, news about epidemic diseases stands out in the newspapers, which are the most basic sources of information for the people. In his article in *Hayat* newspaper dated May 9, 1929, Doctor Refik C. Bey (p. 10) said, "Those who will come after us will probably feel the need to allocate a separate chapter to the struggle of the people of the 19th and 20th centuries against tuberculosis while studying the history of civilization." He warned future generations to study well and learn the necessary lessons about the series of epidemics that ravaged people and reduced the population considerably.

In the geography where this series of harsh conditions prevailed, it is important to analyze the reflexes and conscious or unconscious practices of people in daily life for centuries, in terms of guiding us when we encounter similar situations that threaten or may threaten our present and future. In addition, examining what children, forming one of the most vulnerable parts of the society, encounter in such processes, and especially within the context of school, will help us to read the lessons to be learned from history well and will help us to give faster reflexes when we encounter possible similar situations.

Purpose

The aim of this study is to trace the disaster events such as epidemics, earthquakes, fires, famine/hunger, and harsh climatic conditions experienced on Anatolian lands in the 19th and 20th centuries and to examine the survival efforts of children, who constitute the most vulnerable groups of the society, throughout these processes within the context of state, school, and society. In this context, answers were sought to the following questions from the perspective of the history of education:

1. How did Anatolian society react to various epidemics and natural disasters in the 19th and 20th centuries?
2. How did public and private schools manage the process in the Ottoman lands at various moments of social crises in the mentioned dates?
3. How were children affected in Anatolia by the crises in the mentioned period?

The Importance of Study

This research is important in terms of revealing the response of the state administration and citizens under crisis conditions in different epidemic and disaster situations in the Ottoman Empire and the Republic of Turkey in the 19th and 20th centuries. In addition, this study is valuable, in that it offers real-life experiences on how children, who constitute one of the most vulnerable parts of society, are affected by such exceptional situations, and in this context, it has the potential to shed light on our present and future.

Method

This study is a qualitative research according to its philosophy and point of view (Büyüköztürk et al., 2013, p. 12), documentary

(document) according to data collection techniques, secondary (unresponsive) according to the characteristics of the data used, and basic research according to its purpose. The current situation in this study is in the survey model as it is examined from various aspects. Documents about the disasters experienced in the Ottoman Empire and the Turkish Republic in the 19th and 20th centuries were analyzed through document analysis and second-level inductive analysis techniques. These are pedagogical and socio-cultural analyses. They aim to illuminate the historical, pedagogical, cultural, and sociological background of disasters.

Study Group

The study is composed of all kinds of written and visual information about various epidemics and disasters in the geography of the Ottoman Empire in the 19th and 20th centuries. However, due to the diversity of sources and especially the abundance of written sources, the written sources of the specified period constitute the main source of the research. In this study, criterion sampling method, which is one of the non-random (Büyüköztürk et al., 2013, p. 85) or purposeful (Yıldırım & Şimşek, 2008, p. 107) sampling method, was used. While Patton (2002, p. 243) defines criterion sampling as the in-depth examination of all attainable situations that meet the same criteria, Yıldırım and Şimşek (2008, p. 112) argue that the basic understanding of this sampling method is to study all situations that meet a predetermined set of criteria. Büyüköztürk et al. (2013, p. 91) also state that people, events, objects, or situations with certain qualifications taken as criteria in criterion sampling are examined. In determining the documents constituting the sample of this research, the basic criterion was to include written and visual information about all kinds of epidemics and disasters experienced within the borders of the Ottoman Empire and the Republic of Turkey in the 19th and 20th centuries, especially in the context of school and children.

Data Collection Tools and Data Collection

In this research, the social life, and educational institutions within the borders of the Ottoman Empire and the Republic of Turkey in the 19th and 20th centuries were examined as data sources using the following resources:

1. Written official archive documents;
2. Printed books published in Turkish and English examining the period from different aspects;
3. National and international unpublished theses;
4. National and international articles;
5. School histories;
6. Resources on autobiographies and biographies of school founders, administrators, teachers, and students
7. The newspaper copies in the archive records.

Data Collection

A significant portion of the research data is composed of the open-access documents of the American National Library of Medicine available at https://www.nlm.nih.gov/ and open-access newspaper archives of the Ankara University Academic Archive System available at https://dspace.ankara.edu.tr/xmlui/handle/20.500.12575/6. These documents were searched between February 01, 2021, and February 20, 2021, on different days and times. The keywords "Epidemics," "Pandemics," "Plague," "Cholera," and "Ottoman" were used in the research conducted in the digital environment of the American National Library of Medicine. In the Ankara University Academic Archive System, the newspapers of 1929 and 1932, which included the most news about epidemics and disasters in the newspaper archives published in the Republican period, were examined.

Data Analysis

In the analysis of the data of this research, document analysis and second-level inductive analysis methods, which are the qualitative research methods, were used. Document analysis includes the analysis of written materials that contain information about the phenomenon or phenomena that are aimed to be investigated. Traditionally, document analysis is known as a method used by historians, anthropologists, and linguists (Yıldırım & Şimşek, 2008, p. 44). Document analysis, as defined by Krippendorff (2013, p. 12), is a research technique that produces reproducible and valid inferences from data. Drisko and Maschi (2015, p. 7) define document analysis more comprehensively as "a family of research techniques used to draw systematic, reliable or valid and reproducible inferences from texts and other forms of communication."

Anadon and Savoie-Zajc (2004) describe three levels of inductive analysis. The first level involves extracting all the themes from the interview transcripts and is usually used to examine a new or not very well-known situation. The second level includes the analysis of the predicted themes by enriching them with the themes from the interview transcripts. The third and last level covers the realization of the analyses with the themes prepared entirely with preliminary analyses and theoretical bases. At this level, new themes from the interviews constitute very little part (Anadon & Savoie-Zajc, 2009; cited in Adıgüzel, 2016, pp. 31–32). The second-level inductive analysis defined by Anadon and Savoie-Zajc can be considered as a combination of inductive and deductive analyses defined by Yıldırım and Şimşek. In this context, document analysis and second-level inductive analysis were used as data analysis methods in this research since new themes were reached during the research process in addition to the themes determined at the beginning.

Depth-oriented data collection and expert review strategies were used to ensure the internal validity of the research. Detailed description and purposive sampling strategies were used to ensure external validity in the study. Consistency analysis was carried out in the research, especially in the coding process of the data, at the point of conceptualization, and in establishing the relationship of the data with the results in order to ensure internal reliability. To ensure external reliability, the consistency of the judgments and interpretations reached with the raw data were subjected to confirmation by experts in the field.

Results

People and Reflexes in the Cycle of Epidemics and Disasters

In his work titled, *A Brief History of Epidemic and Pestilential Diseases: With the Principal Phenomena of the Physical World, Which Precede and Accompany Them, and Observations Deduced From Facts Stated*, which he wrote in 1799, Noah Webster talks about various epidemics and disasters, including the geography of Turkey. The chronological course of these disasters and diseases is given in the Table 1.

Among these events, around 10,000 deaths per day were reported in the plague epidemic in 540 AD. It was reported that the earthquake in 554 AD had aftershocks for 40 days, and in the epidemic in 1611, 200,000 people lost their lives. The year 1614 witnessed the most common and deadliest chickenpox known. It devastated Alexandria, Crete, Turkey, Italy, Vienna, Dalmatia, France, Germany, Poland, and England. Its death rate was equal to that of the plague. In Iran, it increased with measles (Webster, 1799, p. 175). In 1654, a plague broke out in Chester, England, but it did not turn into an epidemic as the patients were quarantined at home. However, the disease claimed about 200,000 lives in Turkey, Hungary, and Moscow. There is conclusive and factual evidence that the epidemic occurred in the same season in Chester in the northwest of England, Denmark, Russia, Hungary,

Table 1.
Various Disasters in Anatolia (from 310 to 1798 AD)

Year	Type	Year	Type	Year	Type	Year	Type
310	Earthquake	654	Plague	1077	Famine Plague	1754	Earthquake
396	Earthquake	717	Severe Cold Plague	1465	Plague	1755	Plague
445	Famine	724	Plague	1538	Plague	1756	Severe Cold
446	Earthquake	740	Earthquake	1541	Plague	1762	Plague
480	Earthquake	743	Famine	1580	Plague	1766	Earthquake
484	Drought	746	Plague	1598	Plague	1770	Plague
543	Plague	749	Plague	1602	Plague	1778	Plague
547	Earthquake	762	Earthquake	1611	Plague	1734	Plague
554	Earthquake	779	Earthquake	1614	Chicken Pox	1760	Plague
557	Earthquake	840	Earthquake	1637	Dysentery	1783	Plague
558	Severe Cold Plague	855	Earthquake	1737	Earthquake	1789	Plague
599	Plague	1062	Plague Earthquake	1750	Severe Cold Earthquake Plague	1798	Plague

and Turkey (p. 190). In 1751, Istanbul sacrificed 200,000 people to the plague (p. 242).

Dr. Wittman (1804) defined the plague as a "sui generis" disease that can catch people more than once in their lives and declared it to be obviously contagious. The most prominent symptoms of this disease are headache, fever, dryness in the throat, pressure and burning in the chest area, nausea, vomiting, swelling in the eye veins, diarrhea, internal bleeding, loss of consciousness, and red spots on the skin (p. 377). Dr. Wittman cites an interesting anecdote about the people's struggle with the plague during his observations in the Ottoman lands (Wittman, 1804, p. 356):

"The technique was adopted after Alexandria Consul Mr. Baldwin was heard that rubbing in warm oil was successful in preventing and treating the plague. The three people in the tent I stayed in rubbed the oil on each other, drank a cup of coffee, got in between the blankets, and went to bed. While doing these operations, they burned charcoal in a container inside the tent. As a result of this oil rubbing process, deeper and more comfortable breathing began. This practice continued uninterruptedly for 42 nights. After 42 days, they were removed from their isolation and their tents, clothes and beds were burned. After bathing in the sea, they put on new clothes and rejoined their new duties in good health."

As can be understood from Dr. Wittman's experiences, there were various practices that could prevent contraction and return to normal life by the people who were exposed to an intense series of plagues. Especially quarantine, oil used as medicine, and burning all kinds of goods at the end of the disease were important in terms of showing how seriously the disease was taken. The founder of Robert College, Cyrus Hamlin, in his book *Among the Turks* describes what he experienced during the plague epidemic he witnessed in the first days of his arrival in Istanbul and how a liquid that people used as medicine was made (Hamlin, 1878, p. 235):

"When I came to my rented house in Pera in the spring of 1839, a friend gave me a bottle of medicine for the plague epidemic. In 1837, it surrounded Istanbul and Miss Dwight and her daughter from the American mission died. The epidemic recurred every few years, and each family had to have its own defense plan. This bottle contained the plague itself and should not be opened until the outbreak began. Its contents were prepared as follows: A drop is taken from the mouth of a dying patient, poured into about four liters of pure water, and shaken vigorously. Then another drop is taken from this mixture and poured into about four liters of pure water in the same way. Since one gallon is estimated to contain about 76,800 drops, the second mixture breaks up the plague material into about 77,000 parts. In the third mixture, the disease substance is divided by more than 589 million. This sequence of operations continues until it reaches the thirty-sixth gallon. At this stage, the plague microbe is reached. In this thirty-sixth process, a fraction consisting of 176 digits is formed in the mathematically divisor part of the divisor."

As it can be understood from this anecdote, the people, accustomed to living in the cycle of epidemics in Istanbul, developed various methods of their own and activated their self-defense mechanisms to protect themselves and their families from the epidemic. In the same work, Cyrus Hamlin describes the cholera epidemic and a great fire disaster that followed (Freely, 2000, pp. 66–67):

"No quarantine has been effective in stopping the progression of cholera. It comes in sporadically every 5 to 10 years, looks for its victims, does its barbaric business and leaves. One of its most terrifying attacks came at the beginning of 1865. In the last days of August, businesses closed, and this great capital became like a cemetery. Much more was happening than the death figures announced by the government. By doing so, they were trying to reduce the panic. The epidemic disappeared after a major fire in Istanbul that burned about ten thousand houses and seemed to disinfect the city. The distant view of the huge mass of smoke rising from thousands of houses and rising hundreds of meters was an incredible sight. The fire swept away the predominantly Muslim neighborhoods from the Golden Horn to the Sea of Marmara."

Şemseddin Bey (1911), the writer of *Sebilurresad* magazine, disturbed by the fact that the necessary lessons had not been taken despite the intense experience of the people with epidemics and disasters, reproached with the following lines after a cholera epidemic that took place in Istanbul in 1910:

"Although cholera, which emerged in Istanbul last year, spread in a short time and caused loss of life to the horror of everyone, it was not possible for the people to pay attention to cleanliness despite all the propaganda. It is not that expensive and difficult to drink ordinary drinking water after boiling it in the time of cholera. Publishing public health protection books written in a fun way to be read among families in order to enlighten the mass and break the nightmare of indifference that grips the nation can be counted among the measures that can be considered in this regard. I think it would be an admirable patriotic service to the country if novels that could be read as a family were written by those who are famous for their gentle pens, telling the sad scenes and tragedies that took place in families as a result of not complying with sanitation,

instead of novels that spread the seeds of immorality in the country by spreading under colorful pictures and unheard names recently."

It is seen that various reflexes were given, both theoretically and practically, such as trying to develop various treatment methods against epidemics, applying quarantine, encouraging hygiene practices, in that cycle of disasters faced by Anatolian people, especially during epidemics. Of course, it is a matter that requires in-depth medical and sociological evaluation of what extent the reactions of the people were in practice due to the conditions of the time, or whether the right reflexes were given in real terms. However, it is seen that some of the practices carried out in the society against natural disasters were composed of some activities in the schools. In the next section, some practices of schools against these tragedies during periods of intense epidemics and disasters will be discussed.

School and Reflexes Within the Cycle of Epidemics and Disasters

In the period of various epidemics and disasters experienced in the Ottoman Empire and the Republic of Turkey, founded following the Empire, it is seen that both public schools and private and foreign schools were affected by these processes in various dimensions. The use of school buildings and gardens for different purposes during epidemics and disasters, the suggestions and practices of adding classes on public health, especially hygiene, to school programs, and the efforts of school administrators to protect and improve students seem to be striking at various times.

State Schools

Şemseddin Bey (1912), the writer of *Sebilurreşad* magazine, expressed how important the subject of sanitation was and that it should be taught in schools:

"Hygiene classes to be taught in schools should be able to give students precise and easy-to-understand ideas on this issue, so that the voices of awakening that every student will glorify can have such an impact that their family appreciates this need! It cannot be a correct and reasonable method to give hygiene education only to primary and secondary schools. Hygiene classes should be added even to high school programs. However, this should be different from the one taught in primary and secondary schools. Hygiene classes in high schools should be taught in a practical rather than theoretical manner. If an issue that is intended to be placed in the mind of the student is arranged in the form of small stories, it will be more effective, and the child will never forget it."

As can be understood from these words of the author, it was emphasized that health education is extremely important, that it should be present at every level of education, and that applied knowledge should be included in addition to theoretical knowledge, especially in the following grades. In the 128th edition of *Hayat* newspaper, on May 9, 1929, in an article written by Dr. Cevat Refik, some practices in many European states regarding the tuberculosis epidemic that swept the world are mentioned. Especially in France, the tuberculosis control system established for children and schoolchildren is as follows (pp. 10–14):

1. Ten community health dispensaries
2. One central tuberculosis dispensary (This is the key to the fighting mechanism of the dispensary. It is equipped with x-rays and laboratories.)
3. One hospital-sanitarium (150 beds for healing tuberculosis patients)
4. One preventorium (400 beds for the patients to be healed in a short time)
5. More than 30 open-air schools, children's colonies, and camps

Some part of this organization is for treatment (hospital-sanitarium and preventorium) and the other part (open-air schools, colonies, and camps) is for shelter and partially for treatment. There is information that the open-air school and preventorium structures, which are similar to this institution, are also implemented in Turkey.

Open-Air School

The principle of the open-air school was as follows: It was a sanitary school open for the weak, anemic, and undernourished school children who did not suffer from tuberculosis. The school was for girls between the ages of 9 and 13 and was not boarding type. It was located in a place away from dust, factory fumes, and the noise of the city. There was a permanent female teacher in the school and a specialist doctor responsible for the health-related conditions of the children. Efforts were made to develop sanitary and clean habits for the students attending the school: shower, cleaning the teeth and hands, resting in the open air, classes were held in the garden when the weather was fine.

Program

- 08:00 a.m.: Restroom needs, breakfast (fish oil), garden games
- 08:45 a.m.: Lesson
- 09:40 a.m.: Break time
- 10:00 a.m.: Lesson
- 11:00 a.m.: Lunch: Soup, meat or egg, vegetable or pasta, fruit
- 11:45 a.m.: Rest
- 01:00 p.m.: Washing hands and brushing teeth
- 01:30 p.m.: Lesson
- 02:30 p.m.: Break time, gymnastics
- 03:00 p.m.: Lesson
- 04:00 p.m.: Eating bread and jam

The students arrived at the school at 8:00 a.m. in the morning and left at 4:00 p.m. The school was reserved for the poor and weak children of the neighborhood and was opened with the initiative of some charities. On average, it was seen that the following differences were detected among children attending school: Height increased by 2 cm, chest increased by 2 cm, weight increased by 1500 g (maximum 3 kg 200 g). The main differences were seen in the mental state of the children, and some students who had until then been regarded as developmentally retarded were eventually understood to be sick from malnutrition, anemia, and retardation of growth.

Validebağ Preventorium

The patients who showed the clinical and radiological findings of one of the diseases listed below were admitted to this institution with 100 beds. The institution had a co-educational structure and was divided into four periods for boys up to the age of 13 and girls up to the age of 17. Children who did not recover after 1 year were returned to their schools to be referred to sanitariums or hospitals. The institution had an 11-bed quarantine department. This section was used in a local quarantine style created to protect the institution from diseases causing epidemics in schools in some seasons such as scarlet fever and measles, through children coming from outside. During the 10 days spent there, laboratory and clinical examinations of the children were made and those who were not affected by infectious diseases were sent to the institution. Although nearly 300 sick children had been treated since its establishment, only a single scarlet fever case emerged in the preventorium, proving the benefits of this quarantine method.

The treatment style followed in the preventorium ultimately consisted of a healthy diet and sunbathing in the summer, rhythmic gymnastics, simple garden games, calm activities such as growing flowers and vegetables, and outdoor curing at regular intervals, especially in summer and winter.

Program

- 07:00 a.m.: Restroom needs, gym, friction
- 08:15 a.m.: Breakfast—milk, jam, bread
- 08:30 a.m.: Break time, cleanliness inspection
- 09:00 a.m.: Lesson
- 09:30 a.m.: Sunbathing. Cure.
- 11:00 a.m.: Lesson
- 11:30 a.m.: Break time
- 12:00 p.m.: Meal: meat or fish, vegetables, pasta or rice, fruit
- 12:45 p.m.: Restroom needs
- 01:00 p.m.: Cure (mandatory rest)
- 04:30 p.m.: Refreshment, milk and breaktime
- 05:00 p.m.: Lesson
- 05:30 p.m.: Garden games and outdoor activities
- 06:30 p.m.: Sink, cleaning hands, conversation
- 07:00 p.m.: Meal (soup, vegetables, pasta or bread with flour, fruit or compote)
- 07:30 p.m.: Toilet, cleaning of hands, teeth, and feet, and cleaning examination
- 08:30 p.m.: Sleep.

The average development of the children who stayed in the institution for 3 months was as follows: 1 cm in height, 2 cm in chest, 3 kg in weight. More than 100 patients were treated in the institution, and their weight gains were very rapid, and pleasing signs of recovery were obtained that no other medicine or means could provide.

Open-Air Cure

Patients were cured in the open air by being protected from the wind in summer and winter. It was obvious that children's resistance to cold increased as they got used to living in the open air and sleeping in dormitories with windows always open. Regardless of their age, children who stayed in the institution for 3 months would learn and adopt the most practical and important information of protection of health during that period. There were three lessons per day and each lesson lasted half an hour. The names of the lessons were nature exploration, handicrafts, civil and patriotic knowledge, and hygiene.

1. The Nature Exploration course was conducted by directly contacting the environment and nature and increasing the observation ability of children rather than examining the plates and plants.
2. For Handicrafts, there was a nice workshop equipped with the Froebel kit, machinery, and similar devices.
3. The Civil and Patriotic Knowledge was given within the curriculum of primary schools.
4. In Hygiene classes, which were completely practical, it was observed that children developed sanitary and clean habits and adopted water, open air, cleanliness, and sun as indispensable needs.

When the practices of public schools in Turkey against epidemics in the first years of the Republic are examined, the open-air school stands out first. Here, it is seen that there were preventive and curative activities within a special program for student groups who were especially vulnerable to the epidemic. Another special application was to meet the academic and sanitary needs of children within the scope of the preventorium, again within a special program. Both practices appear as exceptional examples of how schools can be not only academic centers but also institutions that can support and develop individuals physically and socially.

Foreign Schools

It is observed that foreign schools, which made their presence felt thoroughly and pioneered in many fields, especially after the *Tanzimat*, were also severely affected by the crisis situations in the country. From the first years they came to Turkey, missionaries faced serious health hazards. They soon realized that their own bodies were vulnerable to unknown diseases and poor hygiene. In addition to protecting themselves and their families from the frequent epidemics that ravaged Turkish towns, they made health-related work a part of their mission (McGrew, 2015, p. 92). Especially women took the lead in this mission and they showed the public the improved hygiene conditions and started to take care of the patients, despite the limited means.

Cyrus Hamlin, the founder of Robert College, brought medicines that were not available in Turkey during the cholera epidemic, in which he sacrificed a son and a grandson. Those who took office after him continued to work in the same way. Amelia Leonard, the wife of the first permanent missionary assigned to Merzifon, had become a very popular person with her preventive methods and practical treatments, although she did not have a medical education. Later, she led the distribution of medicines used by Myra Tracy Hamlin to Merzifon and saved many lives in the cholera epidemic that hit the country in 1894. The experience of the few doctors the American Board sent to selected regions showed that treatment could be a powerful tool to defeat xenophobia and pave the way for conversion. The Tracy family, who had a missionary life of 30 years and lost 4 of their 8 children due to unfavorable health conditions, was now in need of medical help (McGrew, 2015, p. 92). The problem escalated in the 1890s, after Bertha Smith died of typhoid, her father John Smith from influenza, and Martha King from chickenpox.

An epidemic and earthquake left their marks on the 31st academic year of Robert College. Washburn mentions this situation in his memoirs as follows (Freely, 2000, p. 131):

"When the 31st academic year opened, Istanbul was surrounded by quarantine stations that made it very difficult to get from one place to another. At the same time, cholera broke out again and continued with the same intensity until April. Legal regulations regarding hygiene caused more excitement and alarm than the disease itself. The number of students coming from Bulgaria and elsewhere has dropped sharply. I arrived via Trieste (Italy) and stayed in quarantine for one day and was able to arrive at school. But the quarantine areas were more dangerous than the cholera itself, and we were very surprised that even so many students could come."

Again, Freely (2000, p. 132) reports that in July 1894, right after the opening ceremony of the school, an earthquake occurred that killed approximately 1500 people, destroyed thousands of homes and public buildings, and evacuated approximately 7000 shops. The aftershocks continued for months, and people stayed in fields, cemeteries, and various open spaces for a long time. The college buildings shook very hard but were not seriously damaged. Although Professor van Millingen and Professor Ormiston were conducting archaeological work in the Byzantine-era Anemas dungeons at the time of the first tremor, it was a complete miracle that they escaped being buried alive.

One of the great decisions for the Istanbul Girls' College, which contributed to the struggle against the health-related disasters that ravaged the country, was principal Dr. Patrick's plan to open a School of Medicine that she had mentioned to Samuel Darling in her letter dated June 18, 1920. This department would especially serve the following purposes (Freely, 2000, p. 239):

1. prevention and control of epidemics,
2. childcare,
3. reducing newborn deaths,
4. cleanliness,
5. local and personal hygiene,
6. examination of region-specific diseases, and
7. provision of useful medical documents for the public.

In the summer of 1865, Istanbul was struck by a terrible cholera epidemic, followed by a fire disaster. At Robert College, the first victim of the epidemic was Washburn's 2-year-old son, George. In order not to cause panic in the village, they had to bury the child at night. Washburn describes these disasters in his books as follows (Freely, 2000, p. 66).

"We closed the year with a disaster that was very common in Istanbul. Asian cholera killed approximately 70,000 people in three months. The college was closed early before more cases emerged in Bebek. Dr. Hamlin and his family went to the Princes Islands to regain their health. He suffered from insomnia (insomnia) and neurasthenia. I stayed in Bebek. One of my children, who was about two years old, was one of the first victims of the epidemic there, and for two months after that, my wife, Mrs. Washburn, and I devoted ourselves to the treatment of patients in the village. Dr. Long and Mr. Townbridge had also devoted themselves entirely to the treatment of patients in public inns. De Quincey's pen was needed to describe the scenes I witnessed. A deplorable, strange, terrible dance of death among those who could not hold on to a humane life. At the peak of the epidemic, the silence of the streets and the closure of shops were quite evident. But just at this time, the perfect weather and nature dressed in its beautiful clothes added a different mystery to the destruction caused by so many deaths."

Coming to Istanbul from Bulgaria in 1863 for the Bulgarian Mission, Dr. Long describes a tragic event he witnessed about Cyrus Hamlin during the epidemic. When an Armenian porter was on his deathbed in one of the inns in Istanbul where cholera patients were treated, Cyrus tried to comfort him as follows (Freely, 2000, p. 66):

"He was about to die. I was convinced to let go of him and give my full attention to save the others. The poor man was dying in the face of impending death. Dr. Hamlin came up to him, got down on his knees, took his hand, and began to speak to him in Armenian. He was speaking in such a soft and musical tone that he caught the attention of everyone in the room. I continued my work, but Dr. Hamlin's prayers continued for a while. After a while, a smile appeared on the patient's face, and then Cyrus covered her eyes with her hands. This scene still stands in my memory like a photograph."

As can be seen from the practices of foreign schools operating in the Ottoman Empire and the reflexes developed by the administrators and teachers working in those schools against the crisis conditions in the country, they did their best to continue the normal course of life, despite being highly affected by natural disasters such as epidemics, fires, and earthquakes. In the staggering epidemic and disaster conditions they experienced in the country, it is understood that they accomplished very useful works both by developing the protective hygiene conditions for their own students and providing medical documents and medicines from the countries they were affiliated with and by the sanitary works they did for the people of the regions they were in. It is clear that the principle of not giving up in the face of difficulties and continuing to learn under all conditions, which was one of the most basic life principles that foreign schools gave to their students in general, emerged in practice in those moments of crisis.

Children and Reflexes in the Cycle of Epidemics and Disasters

One of the groups most affected by all kinds of crises throughout history has been children, who constitute the most vulnerable part of society. This situation was widely observed in Turkey in the first years of the Republic. In the late 1920s and early 1930s, when epidemics and famine were intense, it is possible to learn from the archives of newspapers, the most common mass media at that time, that children in Turkey were affected by the crisis conditions in the country. On the first page of the 1678 numbered issue of the *Cumhuriyet* newspaper, on Tuesday, January 8, 1929, in the news titled "Pity for the Hungry Little Ones," the conditions of the children were described as follows:

"Severe winter has started with all its violence since yesterday. In the primary schools of Istanbul, there are thousands of starving Turkish children today. Unfortunately, the food they need is not available to these poor ones. Many of these helpless children are hungry and perhaps naked today. In fact, Kızılay (the Red Crescent) wants to help as much as it can. May God be pleased with the municipal officials, especially our mayor Muhittin Bey, we have heard that the municipal officials collected 2500 liras from their salaries last month and delivered them to Kızılay to help these puppies. Kızılay's President Ali Pasha thanked the mayor Muhittin Bey for the opportunity to provide food for 500 children with this money. But after all, there are more than 6,000 poor and hungry school children in Istanbul today. The provision of these little ones, who go to school for education, should be considered a "Matter of the State." Are we going to starve these children, who are trying to learn at a time when it is accepted that "everything is for the child?" It is very sad that we are not able to provide a bite of bread and a piece of cheese while hot meals are given to children who do not get enough food in other countries. However, look at the tragedy of the matter. Hunger among children is not limited to primary schools only. There are so many houses that the Turkish children living there are also hungry. Let's think a little bit about these hungry little ones shivering in the cold and help Hilal-i Ahmer (the Red Crescent), which is struggling to supply these Turkish children with food. Let's help by eating one bite less and drinking one sip less."

On the first page of the newspaper *Cumhuriyet*, dated January 16, 1929, it was asked, "There are 6000 hungry Turkish children trying to study in primary schools in Istanbul. Again, there are close to one million people in Istanbul. But aren't there eight or ten institutions and a few benefactors in Istanbul to help these 6,000 children?" The next day, in the same newspaper, this time just below the headline and in red to draw attention, "Let's not forget! While we are eating our sweet and salty meals in warm halls, let us not forget those 6000 Turkish children struggling for education in primary schools are hungry." There are sentences such as "Let's have mercy."

On January 18, 1929, it was written in red just below the headline, "Let's take a lesson. In Germany, 800 million marks were spent in 5 years for the hunger demand. In Istanbul, which has a population of close to one million, 6000 school children are hungry. Will institutions and individuals still not help these children? Let's take a lesson from the Germans!" It was tried to draw attention by bringing a comparative perspective to the situation with these sentences. Similar statements were repeated in the newspaper of 19 January. After such repetitive warnings, with the news titled "A child care home is being established" in the issue of January 25, 1929, of *Cumhuriyet* newspaper, information was given that a dormitory would be built by charitable individuals and institutions for the shelter of poor students. In the news titled "Influenza in Adana: 700 patients out of 4000" in the *Akşam* newspaper dated January 16, 1932, it was mentioned that in a boarding school with 4000 students in the city, around 700 students could not attend classes due to an epidemic, and the flu epidemic reached serious dimensions.

As can be understood from the news of the daily newspapers in the first years of the Republic, epidemics and famine continued to affect the people in Turkey as before. Children, one of the most vulnerable groups of society, were among the most affected groups from these disasters, which seriously affected the social order, like every disaster in history. The fact that children who were trying to continue their education especially in boarding schools and under very difficult conditions were faced with hunger in the real sense and the calls for help in the national media for the solution of this problem revealed the health-related dimension of epidemics and disasters, as well as their social dimensions. As a result, the level of children being affected by disasters was directly proportional to the socio-economic conditions they were

in and, of course, whether a mechanism to protect them was established in the society or not.

Discussion, Conclusion, and Recommendations

Throughout human history, almost all people on earth have experienced various natural disasters, epidemics, and similar tragic events. Anatolian geography, which has always been in a popular position for many years, has also taken its share from these tragic experiences of humanity at the highest level. The people living in Anatolian lands have developed their own unique methods (Hamlin, 1878; Wittman, 1804) to cope with every disaster they have experienced in this process. The events that took place led to the emergence of the concept of "Hıfzıssıhha," that is, the protection of public health over time, and after that, scientists produced works focusing on this concept (Ahmet bin İlyas, 1082; Erzurumlu İbrahim Hakkı, 1765) and with this concept in every part of the society. This has led to the development of the incoming applications in the process.

It has been revealed that in the Anatolian geography schools, which are seen as an institution of enlightenment in every period of history, have had the potential to contribute to the society in the series of disasters that societies have been exposed to. Both the preventorium projects (Refik, 1929), in which public schools functioned as preventive health institutions, and the practices carried out in foreign private schools (Freely, 2000; Hamlin, 1878) during epidemics and disasters show us that the school institution has the potential to meet every need of the society. It has been illustrated that the school can host all kinds of applications that can keep the society alive when it is designed properly.

When we analyze the processes in the cycle of disasters, it is an undeniable fact that children, who are the dearest to people, are among the groups most affected by the tragedies in history. What has been learned from the series of various disasters experienced in Turkey both during the Ottoman Empire and the first years of the Republic is that it is essential to establish a system in which children will be the least affected under any circumstances and to build a more protective order for children in these processes than usual. In this context, natural disasters, diseases, and all kinds of disaster situations that test human beings are the facts of life, and they have always existed in their natural flow and will always be. Our duty is to draw all kinds of social, economic, and pedagogical lessons from all kinds of tragedies and to be prepared as a society for possible future crisis scenarios in the light of these lessons. When looking at education from the perspective of history, instead of turning to memorization culture, how historical events shape educational activities should be analyzed in the cause–effect relationship, and the lessons to be taken from the past and the imaginary pedagogical systems should not be handled irrespective of the context of society, school, and children.

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