

From Africa to Istanbul: A Contribution to the Sociomedical History of Sleeping Sickness in Turkey (1900-1940)

Afrika'dan İstanbul'a: Türkiye'de Uyku Hastalığının Sosyomedikal Tarihine Katkı (1900-1940)

Cem DOĞAN*

ORCID: 0000-0002-2008-3830

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Abstract

In the late 19th century, the world met a mysterious disease that first emerged in Africa and killed tens of thousands of people by going on the rampage, and then somehow spread to the other continents until the year 1920. This disease detained the people from working, reproducing, and producing but led them to only one thing: sleeping. The new disease, which was named "sleeping sickness" in Western literature, particularly drew the attention of imperialistic powers like Britain, Germany, and Belgium. Thus, a socioeconomic reason, a colonial enemy, impeding the capabilities of colonial empires has emerged. The scope of sleeping sickness was not limited to Africa, and after a little while, it started to be seen in France, Britain, and Germany as well as Turkey. This paper aims to analyze the sociomedical aspects in Turkey of this exotic disease, turned people into living-deads, coming from Africa to İstanbul.

Keywords: Sleeping Sickness, Epidemy, Africa, Imperialism, İstanbul

Özet

19. yüzyılın sonlarında dünya önce Afrika'da yayılıp 1920'ye gelene dek kıtayı kasıp kavurmak suretiyle on binlerce kişiyi canından eden, sonra da diğer kıtalara şu ya da bu şekilde sirayet etmeye başlayan garip bir hastalıkla tanıştı. Bu hastalık insanları çalışmak, üremek ve üretmek

* Dr., Iğdır University, Faculty of Science and Letters, Department of History. dogancem1@hotmail.com.

gibi başlıca toplumsal işlevlerinden geri koyuyor ve onları tek bir şeyi yapmaya yönlendiriyordu: uyumak. Batı literatüründe bilimsel isminden ziyade “sleeping sickness” (*uyku hastalığı*) adı verilen bu yeni rahatsızlık bilhassa müstemleke topraklarda hüküm süren Britanya, Almanya ve Belçika gibi emperyalist güçlerin dikkatini çekti. Böylece ortaya bir hastalıktan fazlası, kolonyal bir düşman, yabancı topraklarda türeyerek sömürü imparatorluklarının gücüne ket vuran sosyoekonomik bir faktör çıkmış oldu. Ancak uyku hastalığı Afrika topraklarıyla sınırlı kalmadı ve bir süre sonra Amerika, Fransa, Britanya ve Almanya gibi muhtelif ülkelerin yanı sıra Türkiye’de de görülmeye başladı. Bu çalışma, Afrika’dan İstanbul’a kadar gelen ve insanları adeta yaşayan ölüye dönüştüren bu ilginç hastalığın Türkiye’deki sosyomedikal boyutlarını irdelemeyi amaçlamaktadır.

Anahtar Kelimeler: Uyku Hastalığı, Epidemi, Afrika, Emperyalizm, İstanbul

Introduction

In 1866, a sudden lethargic seizure caught a priest during his sermon in the church. Medical specialists decided that the priest just had a heart attack or something and died immediately in the place where he was standing. The priest, though, could hear them talking and making preparations for the funeral ceremony of him. They got him naked and put on some particular clothes to make him ready for burying. When the coffin was almost into the grave, he desperately started to punch it, and thus the crowd took him out.¹ The priest had a narrow escape from experiencing real death when he was alive, but a woman in Paris was not as lucky as him. On the 26th of November, 1938, a woman around forty-five years old was found sleeping on a Paris train. People tried uselessly to awake her and thought that he had some sleeping drug. Police took the woman to a hospital, but she kept sleeping continually for ten days and then died.²

These two exciting stories show us that no matter how sleeping seems to be a need and an ordinary deed for the human body, it also could be dangerous, even fatal when it is at an extreme length. Until the late 19th century, people did not know that sleeping might have killed them. A disease coming from the colonial world, though, would change the idea about sleeping, because before then, medical authorities mostly accepted insomnia was a significant threat to humanity. Nevertheless, Africa’s native people proved otherwise.

1. The Disease as a Social Event

In one of his papers, Evan Stark argues successfully that an epidemic is a social event in light of the social changes and economic factors of the modern age. In his opinion, 19th-century epidemics emerged when the capitalist environments tried to regulate their fiscal problems by

¹ “Uyku Hastalığının Tevlid Ettiği Feci Akıbetler”, *Cumhuriyet*, 15-5252 (1938): 9.

² “Uyku Hastalığının Tevlid Ettiği Feci Akıbetler”, 9.

constructing some build gaps between the demands of an expanding working class and their needs. This situation demonstrated that epidemic diseases would not only cause workers to fight against the diseases themselves but also against a deal of unbalanced social unjustness as well. For this very reason, laboring classes put an attempt to create an ability in the context of a self-organizing system throughout the periods of the epidemic, and by this system, they managed to push local authorities to reshape their work styles, the trading, and societal services.³

In the early times of the modern era, medical knowledge was not wise enough to overcome the fight against illness. In recent times, once a person felt that he was sick, one could anticipate the medical authorities to heal or relax him. However, the situation was not the same a few hundred years ago. It does not mean that people rejected the advice and the cures given by doctors. People with medicinal skills, regardless of being a man or woman, were obviously in vogue. Besides, anti-disease precautions were not wholly futile either.⁴ Modern times, on the other hand, put a need for alteration forward in both the conceptual framework of public health and distribution of wealth in society.

When we attempt to analyze the process of diseases, we generally give priority to the parasites as the pathogenic elements that cause the disease by using the body of the host as a reference to nourishment and vitality. Still, some social stimulants have an effect upon the disease just like parasites themselves. For instance, class distinctions in a society lead the dominant layers to exploit the lower classes and their shares from the social mechanisms which put their lives at risk.⁵

As Ulrich Beck puts it, in sophisticated modernity, wealth goes hand in hand with the social fabrication of risks. That is why the issues and disagreements regarding dispensations in a social sphere of paucity correspond to the challenges that stem from the production, description, and distribution of techno-scientifically fabricated risks. There is a change of logic here from the distribution of wealth to the distribution of risks, and it is deeply attached to two situations at least.⁶ For, growing medical trade market having the manner of private clients, the extension of a people-web who cares the patients with a medical concern, the development of personal needs and domestic consultation, diagnostic and treatment, plainness moral and scientific care. Also confidentially economic exuberance of private consultation, simply put, avant-garde deployment

³ Evan Stark, "The Epidemic as a Social Event." *International Journal of Health Services* 7, no. 4 (1977): 681.

⁴ Ray Porter, *Disease, Medicine and Society in England, 1550-1860* (Cambridge: Cambridge University Press, 1993), 9.

⁵ G. J. Armelagos, "Emerging Disease in the Third Epidemiological Transition", *The Changing Face of Disease Implications for Society*. ed. Nick Mascie-Taylor, Jean Peters ve Stephen T. McGarvey (New York and London: Taylor & Francis, 2004), 10.

⁶ Ulrich Beck, *Risk Society: Towards a New Modernity*, trans. Mark Ritter (London: Sage Publication, 1992), 19.

of what was to turn into the grand medical buildings of the 19th century can not be thought differently from what intersecting establishment of a politics of health. Hence when we consider a disease, we also have to be aware that disease is embedded as a political and economic problem through practical politics as well.⁷

2. Imperialism, Slave Trade and the Roots of a Colonial Epidemy

Historians who intend to approach the story of illness and medical knowledge may realize their goals in several ways. Generally accepted, the ones who prefer a classical perspective to the subject of medicine usually dwell on the Western science of medicine and its phases, beginning from the medical applications and works by which created Greeks and Romans. Some of the others emphasized the social stories of diseases, but they still feature technical and scientific successes. The latter ones embark upon the social details of diseases, like interpersonal relations, economic conjuncture, the historical development of medicine. In any case, there is a joint comment between them when it comes to laying weight on the proper comprehension of science, which suggests that the only way of doing medical science is the one in the Western countries. They unite at this very point with the assertion that if there is any method or knowledge to be up to the problems, it could merely be done by the Western standards.⁸

This argument may point to the right judgment, but it is not entirely acute as well. One of the proofs that correct us is seen in the campaign against sleeping disease in African soils. Some European superintendents tried to change the mode of conventional patterns in conducting animals and agricultural regulations in the center and eastern part of Africa in the late 19th and early 20th centuries. However, they succeeded in nothing else but damaging the very fabric of nature with their ill-planned efforts. They also did not foresee the consequences of expanding their territory for agriculture. These efforts precipitated veritable epidemics of sleeping sickness in parts of Uganda, the Belgian Congo, Tanganyika, Rhodesia, and Nigeria; and the result, as colonial regimes had for their last roundup, African soil has teemed with death-dealing flies.⁹

Sleeping sickness was indigenous to African geography. This disease could be capable of spawning several epidemics in the territory long before the colonial era. In the late 14th century, for instance, Ibn Khaldun narrated that King Diata II, the ruler of Mali, had died because of a sleeping disease. Besides, Europeans who visited the West coast of Africa in the 18th and the lower parts

⁷ Michel Foucault, "The Politics of Health in the Eighteenth Century." *Power/Knowledge: Selected Interviews & Other Writings, 1972-1977*, ed. Colin Gordon (New York: Pantheon Books, 1980), 166.

⁸ M. Lyons, *The Colonial Disease: A Social History of Sleeping Sickness in Northern Zaire, 1900-1940* (Cambridge: Cambridge University Press, 2002), 1.

⁹ William H. McNeill, *Plagues and Peoples* (New York: Anchor Press, 1976), 42.

of Congo in the 19th century were well aware of the disease.¹⁰ Particularly the slave traders and officers in the Royal Navy of the British Empire defined the disease as the ‘negro lethargy’, ‘sleepy distemper’ or ‘narcotic dropsy’.¹¹

When Europeans began to explore and trade along the coast of West Africa over the next few centuries, they too discovered a disease among the Africans that led to extreme sleepiness and lethargy. The peculiarities of the disease and its striking symptoms led to all sorts of speculations about its cause. Some associated it with drinking too much palm wine, others with smoking hemp or eating rotten food. At the time of the slave trade, some physicians examining the



Figure-1: Glossina Palpalis, or Tsetse Fly, cause and vector of the sleeping sickness Source: (Castellani, 1904: 3)

disease suggested that the psychological trauma of being uprooted and taken away from their families triggered a mental ‘disposition’ amongst the slaves that gave rise to the ‘African lethargy’.¹²

John Atkins was the first person who mentioned sleeping sickness in detail. He was a British naval surgeon and got a chance to observe this disease which was peculiar to the Africans who were taken to America as slaves. Atkins described the disease in his book published in 1742 as follows:

“The Sleepy Distemper (common among the Negroes) gives no previous notice, than a want of appetite two or three days before. Their sleep is found, and sense of feeling very little;

for pulling, drubbing, or whipping, will scarce stir up sense and power enough to move, and the moment you cease beating, the smart is forgot, and down they fall again into a state of insensibility, constantly driveling from the mouth, as if in deep salivation; breath slowly, but not unequally, nor snort. Young people are more subject to it than the old, and the judgment generally pronounced is

¹⁰ D. R. Headrick, “Sleeping Sickness Epidemics and Colonial Responses in East and Central Africa, 1900–1940.” *Plos: Neglected Tropical Diseases* 8, no. 4 (2014): 1.

¹¹ J. M. MacKenzie, “Experts and Amateurs: Tsetse, Nagana and Sleeping Sickness in East and Central Africa”, *Imperialism and the Natural World*, ed. John M. MacKenzie (Manchester and New York: Manchester University Press, 1990), 189.

¹² Mary Dobson, *Disease: The Extraordinary Stories Behind History’s Deadliest Killers* (London: Quercus, 2015), 94-95.

death, the prognostic seldom failing. If now and then one of them recovers, he certainly loses the little reason he had, and turns idiot”.¹³

As it is clearly understood in the passage above, infected people with sleeping sickness would experience gradual but increasing drowsiness during the day, which cause them to be barely able to stay awake, yet at the same time, to have an inability to sleep at night. Over time, they would find it harder to concentrate and would become depressed or overly emotional. Eventually, they would become too tired to eat at all and would waste away into a comatose state and slip into a quiet death.¹⁴

Sleeping sickness had emerged as a severe pandemic in Uganda for the first time and swiftly widened its territory in South and East Africa around the 19th century.¹⁵ Between 1902 and 1914, German, British, and Belgian colonial authorities in the Great Lakes region imposed various measures to try to control the disease’s spread. Anti-sleeping sickness measures were European authorities’ first attempt to focus specifically on African health as a part of broader colonial health concerns, in contrast to attending primarily to European survival in the tropics in the earlier decades.¹⁶



Figure-2: The sleeping sickness by Gordon Ross (1911). Source: Library of Congress, loc: Illus. in AP101.P7.

By the last years of the 19th century, France had acquired quite an empire, including territories as far spread as the West Indies, West, and Northern Africa, Madagascar, India, Indochina, and Polynesia. To maintain order in these far-flung possessions, it raised a considerable number of troops of many different

kinds.¹⁷ Reuter’s Agency reported in a meeting, which was organized by the Colonial Office of the

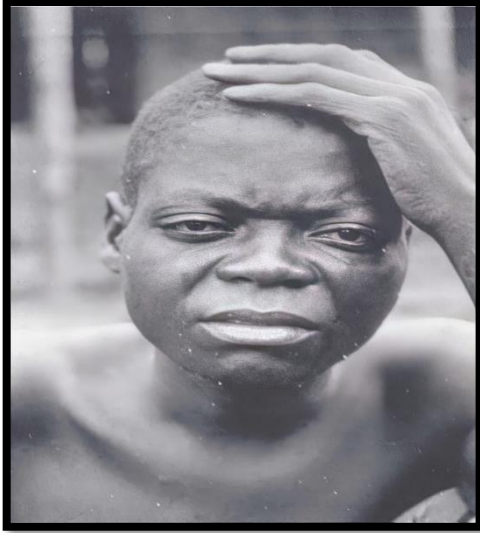
¹³ John Atkins, *The Navy Surgeon or Practical System of Surgery: With a Dissertation on Cold and Hot Mineral Springs and Physical Observations on the Coast of Guiney* (London: Looking-Glass, 1742), 364.

¹⁴ Fred Ramen, *Epidemics Deadly Diseases Throughout History: Sleeping Sickness and Other Parasitic Diseases* (New York: The Rosen Publishing Group, 2002), 9-10.

¹⁵ Lea Berrang-Ford, Martin Odiit, Faustin Maiso, David Waltner-Toews ve John McDermott, “Sleeping Sickness in Uganda: Revisiting Current and Historical Distributions.” *African Health Sciences* 6, no.4 (2006): 223.

¹⁶ Mari K. Webel, *The Politics of Disease Control: Sleeping Sickness in Eastern Africa, 1890-1920* (Ohio: Ohio University Press, 2019), 5.

¹⁷ *Men at War, 1914-1945: French Colonial and African Troops*, ed. Ramon Azaola (Madrid: Del Prado Publishers, 2000), 4.



British Empire to discuss the sleeping matters at the beginning of the 20th century, claimed that the disease, had been firstly seen in Sudan, killed 200,000 natives of

Figure-3: A case of advanced stage sleep-sick (1902). Source: Lyons, 2002: 45.

Uganda, and then infested

French Congo with Portuguese possessions., Now it was a direct threat to German East Africa, Rhodesia, and British Central Africa.¹⁸

Sleeping sickness has acquired its name from one of the most prominent symptoms of the last stage of the disease. It is an infectious illness, generally of a chronic nature, though occasionally it assumes an acute form, attacking chiefly the central nervous system.¹⁹ According to a theory, put forth by the famous German scientist Dr. Robert Koch, sleeping sickness was causing the hosts to become infected, and they were doing the same to others but the microbes of this disease transmitted to the human body by crocodiles. Flies that perched on the skin of a crocodile would suck its blood and thus soak these microbes into their body and then inject them into a human body. Koch argued that the solution to disease was to get rid of the crocodiles.²⁰

3. Sleeping Sickness in Istanbul and the Public Reaction

Sleeping sickness in the Turkish press was in demand beginning from the early years of the 1920s. The news on the sickness mostly about foreign countries and their fight against the tsetse flies, newspapers declared some local cases as well. In April of 1920, *İkdam* had argued over the sleeping sickness on the front page. According to an interview with a doctor, medical researchers did not manage to find any clues upon the true nature of the sleeping sickness, and there were eleven patients in the Greek hospitals, while three others were under treatment in the Turkish hospital.²¹

According to this, sleeping sickness draws swift attention in Western popular opinion, and literature came into existence in especially 1920 and 1921. For, these countries were worried about their colonial status and the sources of imperial incomes in which deployed African soils. As for Turkey, it is impossible to come across even a single independent scientific work on sleeping

¹⁸ "An International Commission on Sleeping Sickness." *Science* 26, no. 654 (1907): 58.

¹⁹ F. M. Sandwith, *Sleeping Sickness* (London: Macmillan and Co., 1912), 8.

²⁰ "Uyku Hastalığı", *Servet-i Fünûn*, 17, no.880 (1908): 351.

²¹ "Uyku Hastalığı: Sıhhiye Henüz Ne Yapacağını Bilmiyor", *İkdam* 27, no. 8312 (1920): 1.

sickness, and that is the concrete proof that the problem belonged to the Western countries and indeed Africa as a colonial zone. If there is something wrong with the general health in a country, medical authorities instantly get anxious and pick their pens up to create standard literature about the problem and how to solve it. It was not the case for Turkey in the example of sleeping sickness. Nevertheless, we might find some little details and arguments about the subject in the form of knowledge crumbs in the Turkish press and a few medical works.

Another possibility, however, suggests that the authorities in Istanbul did not know how the disease spread. Thus it was gradually expanding its territory in the city. This argument is related to the Islamic pilgrims, called “huccâc”. After this consideration, it was well-known that pilgrims coming from the Arabian peninsula had brought the plague with them either by their bodies or their belongings and even sometimes by rats in their ships.²² Sleeping sickness might have had its way into the city and estimated as a simple cold or the flu, due to its usual symptoms. Some medical experts, for example, established a connection between over-sleeping and diseases like hypostasis, mental disease, brain fever, or typhus.²³ This assertion looks to be fitting because Dr. İhsan Şükrü claimed that famous Turkish writer Ömer Seyfettin and intellectual Ziya Gökalp had also died more likely due to the sleeping disease.²⁴

Rumour has it that this strange disease had appeared towards the end of World War I, in 1918 and it looked a lot like influenza. Dr. Nazım Şakir argued that he never bumped into a microbe-based sleeping sickness in Istanbul until the end of the Armistice of Moudros. Nevertheless, then, entente military powers made their way into the interior parts of the country and caused the sickness to spread through Anatolia.²⁵

In the sleeping disease, patients had no blackouts or episodes, they just fell into sleep for a few hours or sometimes for days, and when you poke them, they could wake up like ordinary people.²⁶ Perhaps Dr. Nazım Şakir provides us with the most convincing and credible details about the disease in Istanbul since he seized the opportunity to check some of the patients in Gülhane Hospital. He observed closely that his patients looked as if they were lifeless objects, in catatonic mode, and this gave rise to fatness, diabetes, sexual impotence, or uncontrollable sexual desire on the contrary. One of his patients in Gülhane Hospital had the potential of five or six

²² Cem Doğan, “Fareler ve İnsanlar: 20. Yüzyılın Başında Galata Limanında Hijyen, Veba ve Farelerle Mücadele”, *Kebikeç* 48 (2018): 341.

²³ “Uyku”, *Nevsal-i Afîyet 1*, ed. Besim Ömer [Akalın] (İstanbul: Âlem Matbaası, 1898), s. 271-272.

²⁴ İ. Şükrü, “Türkiye’deki Uyku Hastalığı Ne İmiş”, *Resimli Ay* 1, no.11 (1924): 11.

²⁵ N. Şakir, *Emrâz-ı Asabiye Dersleri* (İstanbul: Kader Matbaası, 1924), 43-44.

²⁶ “Ev Doktoru: ‘Ansefalit Letarjik’ Uyku Hastalığı”, *Son Posta*, 5 (1513): 4.

times copulation in a day. He even was not contented with this situation and showing his sexual desire by molesting women in the streets.²⁷

Dr. Şakir's statements look suspicious since they point us out some contradictive symptoms of the disease. As he says, patients of this disease were prone to fattening, but the African version of the disease caused the patients to be all skin and bones. Besides, he mentions that his patients either complaint of sexual drive or did not manage to keep their sexual desires under control whereas many patients if not all in Africa, palpably gave up their sexual potencies. This argument casts a keen doubt on the disease in Turkey was the same as in Africa.

In April of 1924, *Son Saat* published an article relevant to the sleeping sickness in Istanbul. A new kind of disease had been seen in the city, and it was capable of limiting people's mental skills. A young Polish boy in Kadıköy had shown the symptoms of the disease, and the initial symptom was balance disorder. Then another Kadıköy resident, Dr. İzzet Bey, clearly shown the signs of sleeping disease; however, lack of knowledge caused misunderstanding and strange behaviors of this man attributed to his mental illness. After a long search for a cure and spending all the money he had on psychiatrists, İzzet Bey became both sick and needy. Finally, a detailed examination in the French Hospital revealed that he was in the grip of sleeping sickness but not a psychological problem.²⁸

In the same year, *Resimli Ay* put a debate on sleeping sickness by speaking of the dangers of it for Anatolia. Anonymous penman propounded a piece of unsettling information to the public because he said that the famous Turkish doctor of the day Mazhar Osman [Usman] had coincided with a thousand sleeping-sick people in the previous year. In the usual congress of *Emrâz-ı Akliye Cemiyeti* (Mental Diseases Society), Dr. İhsan Bey had drawn the attention to the destructive side of this hidden and insidious disease. Sleeping sickness was not a real sickness because Anatolian people were not aware of the capabilities of it and to see what it could achieve, one should have looked at asylums and patients in there who stiffened like statues.²⁹

When the year became 1930, the Turkish government decided to label sleeping sickness as an infectious disease in the Public Health Law (*Umumî Hıfzıssıhha Kanunu*). According to the law, sleeping sickness is defined as infectious brain inflammation (iltihabı dimağî sari).³⁰ And so, it became a part of the fight against transmissible diseases. One of the principal rules in the law was informing the authorities as soon as a possibility of the sickness revealed itself. As a protective

²⁷ N. Şakir, *Emrâz-ı Asabiye Dersleri*, 45.

²⁸ "Uyku Hastalığında", *Son Saat*, 42 (1925): 3.

²⁹ "Anadolu'yu Tehdit Eden Yeni Bir Hastalık", *Resimli Ay* 1, no. 9 (1924): 40.

³⁰ "Umumî Hıfzıssıhha Kanunu", *Resmî Gazete*, (1489) (1930): 8898.

measure, informing was the only tool to take advantage of because the sleeping sickness did not have an accurate test yet.

Conclusions

Sleeping sickness was manifestly a colonial disease, which had its origin in the African continent and began to spread outside whereabouts. Perhaps, the British Empire worried most compared to the other colonial powers because it used to exploit India and African countries since the 16th century. Sleeping sickness submitted an open chance to Britain and other imperialistic powers to intervene in the traditional African way of life. From the point of imperial view, this included both a tactical and political regulative discourse. Particularly Belgian Congo gave lots of victims to the sleeping sickness, and they had to repopulate their area of dominance. It needed to interfere with the medical, social, educational, and even political programs to reorganize the mass production in the epidemical territory. Needless to say that these intervention programs would be harsh ones and aimed at sterilizing all the population either they were in the contagious regions or not.

Even though the colonists tried to make a plan against this disease, sleeping sickness somehow managed to get out of the continent and spread to other territories. Istanbul, too, was one of its destinations, but there is strong proof to show us that the disease in Turkey was not the same as the one in Africa. There is a possibility to think that it might have come with the pilgrims, but this assertion looks a bit far-fetched in the absence of convincing evidence. Furthermore, Turkish medical specialists look at the situation not as a microbiological fact but more of a kind of mental disease instead.

In the last instance, the fight against infectious diseases especially in the early years of the Turkish Republic was not just a whole campaign of dissolving the microbes away but it also worked as a construction mechanism in terms of social diseases. As most of the medical works of the day expose, diseases had a social and political meaning in the early republican period concerning creating a sterilized nation-state over the imperial past. Medical experts in those days, would instead comment on the notion of a disease as a social enemy as well as being biological facts. In this sense, we have to be careful once we intend to consider sleeping sickness and not to turn a blind eye to the sociopolitical contexts of the era, as mentioned above.

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