

Quarantine and Oceanic Histories: reflections on the old world and the new

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This is an historiographic paper that connects historical study of oceans that has lately energised our profession, with longstanding histories of quarantine. It also draws on specific sites in old and new world histories, including the Quarantine Station in Sydney, established 1832. Maritime quarantine invites a global historical approach most obviously because of its special link to connected oceans and seas. Quarantine is not always or necessarily a maritime practice, but it is often that, and so its history maps onto those watery parts of the globe over which people and goods most often move, across oceans, between continents. The history of maritime quarantine thus becomes a way to write the histories of oceans together. If the so-called new thalassology, announced in *American Historical Review* in 2006, treated the Mediterranean, the Atlantic, Pacific and Indian Oceans separately, the history of quarantine links them both as a practice that remained remarkably unchanged over time, and substantively as shipping lines and trade routes actually connected these seas and oceans.

Of these four major seas and Oceans, it is Pacific History and Atlantic history that have been written about most in terms of connected quarantine histories. This is largely because in these new world cases, maritime quarantine overlapped directly with histories of human movement and migration, broadly over the century from the 1850s to the 1950s, including European, Chinese, Indian, and Japanese, including screening for prohibited diseases. But there is a need to more closely connect Mediterranean history of quarantine into the (largely) nineteenth and twentieth century Pacific and Atlantic story. This paper does so, inquiring also into the meaning of (apparent) new world freedoms that quarantine practices often undercut.

Quarantine, Cooperation, and Antagonism in the Napoleonic Mediterranean

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In 1799, the *Intendance Sanitaire* of Marseille published a pamphlet suggesting that the British, in concert with the Barbary pirates, were planning to introduce the plague to the south coasts of France. “The enemy of *La Grande Nation*” intoned the *Intendants*, “being in league with the pestiferous peoples of the Levant and Barbary, make feared more than ever, in France and in Europe, the terrible plague of evil contagion.” As European governments entered what has been called “the first total war,” implicit assumptions of sanitary cooperation seemed to be pushed aside as deadly warfare commenced and blockades disrupted typical Mediterranean patterns of communication and trade.

And yet, Mediterranean port cities and European governments emerged from the Napoleonic conflagration with their sanitary policies more aligned than ever. Information exchange between Boards of Health reached a high point in the 1820s and 1830s; national governments were forced to legislate on quarantine matters with one eye trained on the potential reaction of foreign Boards of Health.

In my paper, I take on this apparent contradiction. I argue that despite the dire predictions of the Marseille *Intendance* and the bitter fighting that convulsed Continental Europe between 1792 and 1815, aspects of the war itself, a public health crisis prompted by a series of Mediterranean plague epidemics, and the nature of the 1815 Restoration fostered greater sanitary cooperation. Put more simply, in response to crisis, the exigencies of war inspired Boards of Health and governments alike towards convergence when it came to questions of quarantine.

This paper is based on extensive research of Board of Health records and diplomatic correspondence undertaken at the Archives Départementales des Bouches-du-Rhône in Marseille, the National Archives in London, the National Library of Malta, the National Archives of Malta, and the state archives of Genoa, Livorno, and Venice. The picture I intend to paint of sanitary cooperation after the Napoleonic Wars is in contrast to the work of those who have suggested that quarantine practice before the International Sanitary Conferences of the mid-nineteenth century was primarily politicized and antagonistic. In particular, I aim to show how the wars fully integrated Britain into Mediterranean quarantine practice. Despite the shrill voices of British anticontagionist doctors and radical politicians, as a newly ascendant Mediterranean power, Britain partook of what the French quarantine reformer Pierre Ségur-Dupeyron came to call (in the 1830s) “*le droit sanitaire de l’Europe*.” The Napoleonic Wars toppled governments, altered borders, and changed trading patterns—but in terms of quarantine legislation and quarantine practice, they bound Mediterranean powers more closely together than ever.

Quarantine in the ports of southern Italy: from local history to global history (18th-19th centuries).

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FOCUS: *This paper underlines the relationship between maritime trade and port health authorities in the Kingdom of the Two Sicilies from the 18th to the 19th century. The port authority was the health commission which was also responsible for the port health office and inspections within and without the ports, the flow of men and goods from the capital and for the maritime cities of the Kingdom. An attempt has been made to follow the long-term evolution of the commission in the macrocosm of merchants, customs, military and diplomatic activities that took place within the port areas.*

THE PERIOD UNDER REVIEW. THE EIGHTEENTH CENTURY witnessed the birth of a new era, which saw the development and the improvement of the health maritime system for the inhabitants of the Mediterranean and the Kingdom of Naples. The Bourbon governance (Charles of Bourbon 1734-1759; Ferdinand of Bourbon 1767-1806) became important in the reorganization of commerce and sea trade, and related policies. Agreements were made for maritime trade expansion with other states such as the Turkish Empire (1740), including the regencies of Tripoli, Algiers and Tunis. The aim of the public authorities was to entrust the permanent commissions with the running of an observation network in order to closely and efficiently uncover any illegal traffic. Thus, the health officers became an integral part of the officials responsible for all traffic in the ports of the Kingdom. The local economies benefitted from the ships necessity for supplies while in quarantine and from the sale of the goods being transported. Doubtless, the theory was a great deal simpler than the practical problems with which magistrates and delegates of health had to deal with in order to get through the plague emergency and guarantee daily life in the infected cities. Pressure from the economic and political world thwarted every effort of control, including both the registration of ships in transit and those in quarantine arriving in Naples. The inspections in the ports of the South of Italy then became somewhat unreliable and very sensitive to the requests of foreign diplomats and merchants.

ISSUES TO BE EXPLORED: The history of the plague during the modern age shows how, with the intensification of the flow of traffic and war, frontier control becomes a necessity in order to curb contraband on the one hand and disease on the other. However, the response (quarantine, prevention, surveillance, rapid communication) to such an assault and to such danger was not the same from all the states. Only in the mid-nineteenth century, with a stabilized global trade, did they create constant streams of traffic, start the process of globalization, and establish uniformity and standardization of the protocols in the field of maritime health.

QUESTIONS. How the perspective of quarantine and border control health of the sea changes in the Kingdom of the Two Sicilies between the eighteenth and nineteenth centuries: 1) times, locations and costs of quarantine, 2) risk management and conflict in the ports of health; 3) comparisons with the Magistrate health of other states on quarantine.

SOURCES AND BIBLIOGRAPHY: *LEGISLATION ON PUBLIC HEALTH: De officio Deputationis pro sanitate tenda quemadmodum pestilentiae provideatur ac in eius suspicione caveatur et de salubritate aeris; HEALTH RECORDS OF THE MAGISTRATE* (State Archives of Naples); *INTERNATIONAL AND NATIONAL HISTORIOGRAPHY:* C. A. Broggia, *Trattato dei tributi, delle monete e del governo politico della Sanità. Opera di stato e di commercio, di polizia e di finanza*, in Napoli, presso Pietro Palombo, MDCCXLIII; *General Health Instructions, 1751; Regolamento Generale di Servizio Sanitario Marittimo in Regolamenti sanitari per lo Regno delle Due Sicilie sanzionati da Sua Maestà in esecuzione dell'art.20 della legge de' 20 ottobre 1819*, Napoli, Stab. pol. Cataneo, 1847; F. Hildesheimer, *Le bureau de la Santé de Marseille sous l'ancien régime*, Federation historique de Provence, Marseille, 1980; D. Panzac, *Quarantines et lazarets. L'Europe et la peste d'Orient (XVIIe-XXe siècle)*, Aix en Provence, Edisud, 1986; 2012, P.Avallone, R.Salvemini, *Travelers and tourists in Naples between the 17th and 19th centuries in Services and competitiveness*, edited by A.Morvillo, McGraw Hill, Milano, 2012, p.427-443; 2009 R. Salvemini, *A tutela della salute e del commercio nel Mediterraneo: la sanità marittima nel Mezzogiorno pre-unitario*, in Raffaella Salvemini (a cura di) *Istituzioni e traffici nel Mediterraneo tra età antica e crescita moderna* Napoli, Cnr Issm, 2009 p. 259-298; 2006. R. Salvemini, *Le pratiche di sanità marittima nel Regno di Napoli alla metà del Settecento*, in Atti della XXXVII Settimana di Studio, "Ricchezza del mare. Ricchezza dal mare secc. XIII-XVIII," dell'Istituto Internazionale di Storia Economica F. Datini di Prato, 2006.

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Quarantaine et Crise diplomatique en Méditerranée: L'affaire de 1789 et la guerre entre Venise et la Régence de Tunis

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La quarantaine était une pratique courante dans tous les ports de la Méditerranée au cours de la période moderne. Indispensable pour la réglementation des transactions commerciales et le maintien de la sécurité sanitaire de la communauté, elle était aussi nécessaire pour la prévention contre toute sorte d'épidémies et la réduction de leur propagation.

Cependant, les mesures prises par les services portuaires au nom de la Quarantaine peuvent affecter les relations entre les Etats et les différentes communautés, en particulier si la culture de l'exclusion et la diabolisation de l'autre étaient ancrées au sein des dites sociétés. Souvent, les choses évoluent rapidement vers la rupture des relations diplomatiques entre les gouvernements en place ; cela peut contribuer à l'augmentation des tensions et à la coupure des relations entre les pays riverains de la mer Méditerranée.

D'après les sources tunisiennes, l'incident de 1789 demeure un exemple vivant des rapports étroits entre *Quarantaine et Crise diplomatique en Méditerranée*; il était la cause primordiale du déclenchement de la guerre entre Venise et la Régence de Tunis. Au départ, l'affaire était simple ; certains marchands tunisiens avaient nolisé un bateau vénitien pour le transport de leurs marchandises d'Alexandrie vers la Tunisie. En apprenant l'apparition de la peste sur le navire, le capitaine vénitien s'est dirigé vers l'île de Malte. Sans prendre en compte les droits des commerçants tunisiens, les services du port de la Valette ont décidé de brûler le navire avec toutes les marchandises à bord. Cela a engendré une grave crise politique entre la régence de Tunis et le gouvernement de Venise. Les commerçants tunisiens se sont accrochés à leur indemnisation pour les pertes subies, surtout que le gouvernement de *Hammouda Pacha (1782-1814)* les a soutenus. En raison de l'intransigeance du gouvernement de Venise, l'état de tension et de guerre persista entre les deux pays jusqu'au mois de mai 1792. Après l'acceptation du principe de la compensation des pertes causées aux marchands tunisiens, cette crise a été réglée par la signature d'un nouveau traité entre les deux gouvernements.

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La fin des quarantaines de santé dans la Province de Nice (1854)

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La politique sanitaire qui régleme la circulation des personnes et des marchandises en Méditerranée repose, jusqu'au XIXe siècle, sur un renferme de la contagion. Le recul de la peste en Europe accréde ces mesures contraignantes nécessitant une coopération internationale. Dans ce contexte de confiance dans les progrès médicaux dans la prévention de la contagion apparaissent au XIXe siècle des maladies nouvelles - la fièvre jaune d'Amérique et le choléra d'Asie – qui entraînent une mise en doute du système de protection quarantenaire. Le débat sur la contagiosité de nouvelles maladies, amène à percevoir les mesures traditionnelles comme « dépassées », « archaïques », « médiévales ». La controverse qui oppose alors les contagionnistes et les infectionnistes, à l'occasion des épidémies de choléra, se présente comme une « variante sanitaire de la querelle des Anciens et des Modernes ». Nous observerons ces débats à partir de l'épidémie de choléra de 1854 à Nice, qui fut, dit-on, de moindre intensité car les médecins et les autorités sanitaires niçoises étaient partisans des théories contagionnistes. Pourtant, la « Consulté de santé » sarde décide pour la première fois de suspendre les quarantaines de santé au pic de l'épidémie, alors que les ports de Nice et de Villefranche entretiennent d'intenses relations de cabotage avec Marseille et Gênes, les deux grands ports voisins.

Notre intérêt se portera sur les modalités qui président à la fin des quarantaines de santé dans la Province de Nice, à la veille du rattachement du Comté de Nice à la France. La politique sanitaire sarde (de tradition contagionniste) semble s'infléchir au profit d'une politique hygiéniste d'inspiration franco-britannique, témoignage d'une géopolitique à échelle européenne et internationale et à échelle locale en situation de frontiéralité

On portera également attention aux réactions, notamment religieuses, suscitées par la suppression des quarantaines de santé niçoises.

A partir des archives historiques du Fonds Sarde et à travers la presse locale, une étude comparative des épidémies de choléra en 1835, 1849, 1854 et 1865 à Nice mettront en relief les retards et adaptations des mesures sanitaires et la question des frontières qu'ils soulèvent.

About Lighthouse, Abattoir and Epidemic Prevention. Global History Perspectives on the Internationalism in the City of Tangier (Morocco) 1840-1942

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The seaport of Tangier is placed at the most northwestern point of Africa, in modern day Morocco, directly at the western entrance to the street of Gibraltar. Because of its unique strategically position and its economic importance, the city became a permanent bone of contention between the different European powers during history. For those epidemic prevention was a matter of particular interest, as the gate between Africa and Europe lay in front of their own front door.

During the modern Moroccan history Tangier played soon a special role as its capital of diplomacy. By closing an unequal treaty with the Sultan of Morocco at the Conference of Madrid in 1880, the western powers, namely the USA, France, Great Britain, Spain, the German Empire, Austria-Hungary, Belgium, the Union of Sweden and Norway, Portugal, Italy, the Netherlands and Denmark, secured their political and economic control over the region. In the context of the two Moroccan Conferences at Algeciras in 1906 and at Fez in 1912, Tangier was defined as an internationalized area while the rest of Morocco was divided in a French and in a Spanish protectorate. In 1923 Tangier was declared as an International Zone and kept this international agreement until the independence of the kingdom of Morocco in 1956.

Even though the international status of Tangier was fixed only in the 20th century by contracts, the first international cooperation dates back to the 19th century. At this time three international organizations were founded by the consuls of the aforementioned states in the city, where they executed central functions until 1956. At first *The International Organization of the Lighthouse at Cap Spartel* got control about the access from the Atlantic Ocean to the Mediterranean Sea by servicing the lighthouse at Cap Spartel since 1865, only four years before the Suez Canal was opened. A second international organization, the *Hygienic Committee*, opened at the turn of the century a huge abattoir, where the cattle was slaughtered in accordance with the tradition of all three religious groups which were represented in the city: Muslims, Jews and Christians. With the food supply the *Committee* exercised direct influence about a central area of life of all sections of the population. After the *Committee* was founded officially in 1892, the city council of Tangier emerged from the *Committee*, which became as the *Committee of Control* the executive of the International Zone of Tangier in 1923. The *Hygienic Committee* acted under the supreme authority of the *Sanitary Council*, a third international organization, which was founded in 1840, while a first initiative by different consuls for organizing the epidemic prevention in the seaport date back to the 18th century. In the end of the 19th century the *Council* was provided with the police power to enforce quarantine regulations and exercised direct control about the port of Tangier. At the latest when the *Pasteur Institutes* got the supreme authority of the *Sanitary Council* in 1916, it became a part of a global acting network of experts.

In my project I want to ask for the emergence of an international civil society in terms of international organizations in the 19th century and for the relationship of civil society and governance. During the strongest period of the nation state Tangier became an experimental ground for an extra-territorial government and as such an archetype of the mandate system while the early emerging political internationalism in Tangier can be understood as a result of the globalization in the local. In the context of the globalization epidemics were realized in the 19th century as a dangerous effect of high mobility. In Tangier the need for an organized epidemic prevention was asserted yet in the 18th century because of the numerous Muslim pilgrims who passed the seaport on their way for the Hedjaz. For the first time a permanent quarantine station was established on the island of Mogador in southern Morocco in 1865 at the *Sanitary Council's* disposition. But on the occasion of a cholera epidemic fourteen years later, the quarantine station was relocated at the bay of Tangier and the pilgrimage to Mecca was completely forbidden there in 1897. So the Tangier *Sanitary Council* limited mobility as a privilege while quarantine camps symbolize generally both a consequence and a disturbance of mobility. Furthermore the act of the *Council* defined foreign and local actors in a new way: the western consuls who devised the conditions of the journey through Tangier act as the locals, while native pilgrims were specified as foreigners. Thereby quarantine is particularly interesting in a colonial history context as well.

The foundation of an international sanitary organization in Tangier was not a singular phenomenon in that time. But differently the Alexandrian *Sanitary Council* for example, the one at Tangier did not lose its international character over time, but kept it until the 20th century. The study of international organizations enables in a global history perspective a methodological access to cultural contact zones and to complex institutional entanglements. These structures existed in Tangier and in the whole Mediterranean Sea area, where seaports constituted as intersections of international entanglement. For this reason the global history perspective can give a new approach on this area study research.

The clearly defined area of the city of Tangier got with the International Zone a new reference figure, when the governmental structures of the city were transferred on the Zone. To focus on the basic needs of the population like the supply with food, water and electricity, the prevention of epidemics and, as the foundation for an economic development, the service of a lighthouse allows an insight into the fundamentals of governance. In Tangier consuls from at least 12 different nations came together and founded international boards to organize the basics of life, especially hygienic and sanitary questions. To focus in that context on quarantine allows discussing the question of how public health is connected with the design of government supervision. The sanction of interning humans in a camp for hygienically reasons can be also discussed in the context of the state of exception and sovereignty while the isolation at the camp enforces a new form of community.

The history of the quarantine station near Tangier and of the regional *Conseil Sanitaire* is not well known. Today the funds of its archive is kept apportioned for the years until 1916 at the National Archives in Washington D.C. (USA) and for the years of 1916 to 1956 at the Institute Pasteur Archives in Paris (France). In my PhD project I will evaluate both and I would be very pleased to share my first overview about my first studies of the sources.

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**The British Scientific delegates at the First Three International Sanitary Conferences (ISC) and their relation with the Spanish delegate Pedro Felipe Monlau:
The beginning of the construction of a transnational scientific interchange network.**

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With the aim of assessing, in their context, the relationships between the British medical delegates at the first three ISCs and the Spanish medical delegate, Pedro Felipe Monlau we review the biographies of these British delegates (J. Sutherland, E. Goodeve and E.D. Dickson), the theoretical models on contagiousness and sanitary policy, the theories of the first British hygienists, sanitary organization and the issue of cholera in the mother country. The first ISCs were held to control and try to prevent epidemics of cholera and other transmissible diseases. France and England argued that quarantine measures no longer worked, proposing an increase in sanitation measures. The other governments convened advocated for the need to reinforce isolation. The ISCs closed without the ratification of agreements, but they did succeed in raising governments' awareness of hygiene and sanitation. What is more they enabled extra-official contact between the leading hygienists and allowed the establishment of transnational scientific-medical networks above and beyond political agreements.

Sources: Archive Moragues-Monlau, Biblioteca Balear. Monasterio de la Real. Palma de Mallorca; Foreign Office papers in The National Archives. Kew, Richmond.England; Minutes of International Sanitary Conferences.

Venice, Hospitaller Malta, and their approach to Quarantine in the late eighteenth century

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By the late eighteenth century the stage which medical science had reached allowed ample room for wide divergence of opinion on the causation of plague, on the very nature of the disease, on the significance of specific symptoms it produced, and on the effective method to contain it. The present paper, based entirely on original archival sources, seeks to understand how fear of such fatal epidemics and the controversial assumptions on them entertained by the Republic of Venice and Hospitaller Malta determined the nature of the relationship between the two States. This is a subject which has long been kept in the shadows. The main focus will be the outbreak in the 1760s in the Veneto region of a cattle disease called the 'flying cancer'. Both Venice and the central Mediterranean island approached quarantine and other related defensive mechanisms with excessive rigour. Indeed the inflexibility with which the Hospitaller State observed its own regulations governing public health at times provoked Venetian opposition, at others suspected ulterior reasons motivating it. However, behind the occasional conflict of ideas and the spirited exchanges that this often created, and behind the obstinate defence of the methods adopted by either State in matters of public health, there were fundamental points of similarity and cross-fertilisation. The driving force was the common good, the preservation of humanity. Man occupied the centre stage. It was in man's general interests and his main sources of livelihood (commerce and agriculture in particular), rather than the perpetuation of the existing nature of political institutions, that the two States complied so readily with any serious prevailing emergencies. The cultural differences that at times stand out so sharply in their correspondence over the manifestation of plague and other fatal diseases were marked steps in their conscious endeavour to understand the malady's mysterious character and reach the best working solution possible.

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“Until Cleansed and Purified”: Transatlantic Perspectives on the Procedures and Purpose of Quarantine in the Nineteenth Century

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Historians have generally associated the practice of quarantine with belief in contagion—in part because those involved in the pre-bacteriological debates about contagion often made the same connection. A closer examination of the day-to-day operations of quarantine at the water’s edge, however, reveals a different set of fears, and a different configuration of (mostly tacit) medical knowledge.

Based on a close reading of the archives of Philadelphia’s Board of Health, which operated the city’s Lazaretto quarantine station (1801-1895) on the Delaware River, this paper proposes that we reconstruct our understanding of the rationale for quarantine based on what was actually done to people, goods, and vessels undergoing quarantine. At Philadelphia’s Lazaretto, officials were often more preoccupied with cargo than they were with passengers or seamen (whether coming from the West Indies, northern Europe, or the Mediterranean), and while sick arrivals were isolated and treated at the hospital onsite, heavy emphasis was placed on four key protective procedures during quarantine: ventilation, disinfection (using fumigation, whitewash, or spraying with chemical solutions), flushing with fresh water, and watchful waiting.

Alongside an examination of these procedures, careful attention to the language of quarantine in the nineteenth century—in which adjectives such as “damaged,” “sweet,” “sound,” and “cleansed and purified” were all-important, and meant different things than they do today—helps reveal the prevailing understanding of the pathogenic processes feared by local health officials. These methods lead us to a surprising conclusion: quarantine was based not on a fear of contagion, but on a fear of “infection” (in its distinctive pre- bacteriological sense). Infection was a kind of contamination or permeation with pathogenic air that was often local in its effects but could also be transported over long distances. The danger of infection was based on an understanding of health as alternately sustained and threatened by the mutual permeability of bodies, goods, air, water, and soil.

Sources:

- . archives of the Philadelphia Board of Health;
- . newspapers in Philadelphia and other U.S. cities;
- . proceedings of national and international quarantine and sanitary conferences;
- . published medical literature on epidemics and quarantine;
- . nineteenth-century maritime fiction.

Policing Boundaries: Mediterranean Quarantine and Professional Identity in mid-19th century Britain

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A book review that begins, “It is quite unnecessary to say, that we regret to see the present work published,” is unlikely to be favorably disposed to the work under discussion. The reviewer in the 1849 *Edinburgh Medical and Surgical Journal* made his disapproval of Sir William Pym’s *Observations upon Bulam, Vomito-Negro, or Yellow Fever* very clear. It was not so much the contents that offended him, though he noted “all the opinions...have been stereotyped for the past thirty-five years.” But what he found truly distasteful was the manner in which Pym expressed his opposition to other medical writers. The book “contains language,” he wrote, “which ought not to be spoken by one member of the profession of another. Nothing... should have induced the author to express himself in the manner in which he has done; and nothing, either in his own professional character or the official situation which he holds, can furnish either an excuse or a defense of such language. It is impossible to review further a work containing statements of this nature...” (EMSJ 71 (1849):480-484)

Yet, to the historian accustomed to medical polemics, Pym’s statements as quoted in the EMSJ seem fairly mild. Quarantine, especially in the British military stations in the Mediterranean, had been a controversial subject for many years, because of a built in conflict in military policy over what to do with sick soldiers and sailors. Naval surgeons were under considerable pressure to disembark their sick men at the nearest hospital and continue on their way, while hospital practitioners were under considerable pressure to refuse to admit anyone with any signs of an infectious disease. Under these circumstances, it is no wonder that battle lines were drawn and tempers flared over the quarantines in the Mediterranean ports of Malta, Gibraltar, and Cadiz. Medical authors in the early 19th century frequently accused their opponents of ignorance, of lack of experience, and of outright corruption.

This paper will argue that by mid-century, that type of language was no longer acceptable, because of a new emphasis on professional decorum adopted by British medical practitioners. The generation that received medical degrees in the 1830s and ‘40s had confronted a range of social ills, from cholera and sanitary crises to what were often referred to as epidemics of immigration, of crime, and of prostitution. While attempting to apply principles of medical police to social issues at home and abroad, British medical writers also focused on the need to police their own profession, to decry the lax morals of an earlier generation of male midwives and the educational shortcomings of provincial practitioners. Army and navy medical men also required policing, because they were believed to resolve medical questions in ways that favored their specific position within the service, rather than by adhering to medical principles adopted by the profession at large.

Methodology will include an analysis of the rhetoric on quarantine debates as presented in medical journals including the EMSJ, Provincial Medical Journal, and Medico-Chirurgical Review. Special attention will be paid to the way in which the writers of mid-century reviewed the controversies of the previous generation to delineate their own standards of professional decorum.

Sanitary cordons and liberal policies in the Balearic Islands (19th century).

Pere Salas-Vives, Joana Maria Pujadas-Mora, Isabel Moll-Blanes

The establishment of the Liberal State in Spain (1812-1836) meant a reorganization of public affairs from strong centralized territorial bases. The evolution of this model was accompanied by a gradual development of public administration and an intervention capacity into the society. If we consider the situation in the health field, we can see a development of Public Health policies. The area of action was diverse, and was frequently attach to several factors as political ideologies, availability of resources by governments (general, provincial and local) and the leading scientific paradigms.

One of those policies was the intervention on the system of coastal and inland disease prevention using an old but effective measure as were sanitary cordons. This type of measure developed an increasing practice along the improvement of their techniques. In any case, the cordons were not outdated, on the contrary, they were perfectly adapted to the idea of nineteenth-century progress, in spite of the State attempts to control them to avoid abuses. In fact, the coercive nature of the cordons demonstrates the interventionism of the new State and its strong capacity to carry out pre-establish objectives. But one wonders if the contradiction which supposes the use of those measures by a liberal-constitutional State were a way to qualify this policies inrelation to the citizens .

According to the previous framework we did analyzed the sanitary cordons of the early liberal period, focusing on a case study, the island of Majorca; we do consider is representative of the general question outlined before. The study had been done along the following research projects, under the direction, mainly of them, of Professor Isabel Moll:

If we had to summarize all the writings done on sanitary cordons, we can put forward the following conclusions:

1. Quantitative importance of sanitary cordons along the 19th Century.
2. Why where the cordons for?: plague, yellow fever and cholera.
3. Progressive professionalization in the implementation of cordons.
4. Persistence of municipal (or local government) intervention.
5. Common agreement on the contagionism paradigm of the sanitary measures.
6. Legitimization and medicalization of the society.
7. Cordons and commercial activity.

Effectiveness of the quarantine system in the Public Health of the Ionian Islands during the period of “British Protection” (1815-1864)

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Research Objectives

The aim of this study is to present the British Sanitary organisation of the lazarettos and the quarantine procedures in the Ionian Islands during the time of “British Protection” (1815-1864). The research focuses and explores the possible influence of the British quarantine system and the sanitary marine procedures in the defense against epidemic diseases in Greece during the 19th century.

Methodology

The research has been moved in two axes. One axis regards to the comparative study of the Administrative laws and Notifications in connection to the daily procedures and functions of a Lazaretto. The second axis regards to the study of the real effectiveness and reflection of the quarantine system in the level of the Public Health in the British Colonies in Greece. The British Statistical Reports and the sources of the British Sanitary Inspectors and Officers, used to evaluate the efficacy of the quarantine system into the local population.

Sources

Our research has been based on the records of the Historical and Ethnological Society of Greece, the Statistical Reports of the Parliamentary Papers (British), the notifications and proclamations of the British Authorities of the Ionian Islands, the laws of the Senate and the Assembly of the Ionian Islands and finally, travellers’ narrations and diaries.

Plagues and the construction of the early modern state in Portugal

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The geographic circumstances of Portugal and the characteristics of its economy tied the country to the Mediterranean and to the tensions that passed through it. Historically, several plagues and other epidemics arrived into Portugal from the Mediterranean but so came the measures to fight them. Since the beginning of the 16th century, emissaries were regularly sent by the Portuguese Crown to visit several Italian cities collecting information on the most modern methods to combat plague. In 1526, it was nominated the first responsible for the plague control on a national level (Provedor Mor da Saúde).

Using the Italian experience, the Crown created a new public health structure based on health boards, quarantine practices and lazarettos in order to fight epidemic outbreaks or to prevent them. These remained in force until the 19th century, although they were revised several times. Since the very beginning, the Crown decided that combating epidemics was to come under the responsibility of the Central Government, thus centralized both the policy of the local boards of health as well as the social-epidemiological measures that the communities were to implement.

This paper will analyse in what ways the Portuguese Crown came to understand epidemics – taking outbreaks as opportunities to reinforce Royal authority and impose its political force over the cities and the local elites. This study will then delve deeper into analyzing the ‘plague regulations’ as an integral part of a wider political project that assumed public health as a governance issue during the construction of the early modern state, and will finish by discussing the repercussions of such policies.

Quarantaine et *Contumacia* dans le Royaume des Deux Siciles (1816-1860)

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L'objectif de cette intervention sera la reconstruction et l'analyse des lois sur la santé publique et, en particulier, sur la « contumacia » (quarantaine) dans le Royaume des Deux Siciles durant la première moitié du XIX^{ème} siècle, quand on a pas seulement une série de reformes administratives mises en oeuvre par le Bourbons de Naples à partir du 1817, mais aussi des moments caractérisants (par exemple le *cholera morbus* du 1836-37 à Naples et du 1837 en Sicile) dans lesquels on peut observer la concrète application d'une « politique des calamités ».

La recherche sera conduite à partir des contributions sur l'histoire de la médecine et sur la « politique » de la santé publique en Italie (par exemple DELLA PERUTA 1984 ; COSMACINI 1987) et, en particulier, dans le Mezzogiorno d'Italie et en Sicile (entre les autres : IOLI 1989 ; IACHELLO 2000 ; RESTIFO 2005 ; ALIBRANDI 2012) et analysera soit les lois (REGOLAMENTI 1820 ; COLLEZIONI DELLE LEGGI 1839) soit des *études de cas* siciliennes reconstruites à partir des documents des Archives d'Etat de Catane (*Fondo Intendenza Borbonica*).

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The guard of Piraeus: the Lazaretto of Saint George (1854-1947)

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Research Objectives

The study presents the story of the Lazaretto of Saint George, as a vital ring of the sanitary marine protection against the sea-borne infectious diseases. The Lazaretto of Saint George was located at the small historic island of Salamina (Salamis), the place of the famous naval battle during the Greek-Persian Wars. Almost for a century (1854-1947), the Lazaretto was the major sanitary control gate of Piraeus, one of the biggest Mediterranean ports. The research investigates the impact of the Lazaretto of Saint George in the frame of the sanitation, the social and economic life of the port of Piraeus and the capital Athens.

Methodology

The research evaluates the impact of the Lazaretto based on major sanitary events of the Greek history such as the epidemics of the 19th centuries (cholera, typhus, smallpox, plague, dengue fever) and the inflow of 1.3000.000 refugees after the Greek-Turkish War of 1922. The study connects the diachronic function of the Lazaretto with the nosological spectrum of the period, the political history and the consequences in an economic level.

Sources

The research has been based on the General State Archives of Greece, the Proceedings of Athens Medical Society and the historical archive of the National Bank of Greece.

Quarantaines et Forces navales françaises en Algérie 1830-1851

Benoît Pouget

Dans le cadre du colloque «Mediterranean under quarantine», il s'agit de proposer une réflexion portant sur la pratique des quarantaines par les forces navales françaises en Méditerranée dans la première moitié du XIX^{ème} siècle. Confrontées aux risques épidémiques (choléra, fièvre jaune, peste, gale ...) dans un contexte médical prépasteurien et alors que la France tente de peser à nouveau dans les affaires méditerranéennes, les forces navales participent à l'organisation des dispositifs de quarantaines dans les ports relevant la souveraineté française (métropole, possessions françaises en Méditerranée), autant qu'elles s'y soumettent à l'étranger. Elles sont à la fois considérées comme des acteurs essentiels d'une police sanitaire des mers tout autant que vecteurs potentiels de maladies contagieuses. En prenant appui sur cette aporie, et en soulignant les contingences propres aux formes d'organisation et aux missions de forces navales, l'intention de ce travail est de voir comment les forces navales françaises organisent les quarantaines autant qu'elles « subissent » les quarantaines en Algérie entre 1830 et 1851. Ce travail est à situer dans une perspective historiographique française riche, notamment marquée par la somme de Daniel Panzac sur les «*Quarantaines et lazarets: l'Europe et la peste d'Orient, XVIIe-XXe siècles*» (1986) et les travaux plus récents de Bertrand Mafart «histoire du concept de quarantaine» (1998), de Pierre- Louis Laget «*Les lazarets et l'émergence de nouvelles maladies pestilentielles XIXe et au début du XXe siècle*» (2002) ou encore de Sylvia Chiffolleau «*Genèse de la santé publique internationale. De la peste d'Orient à l'OMS*» (2012). Ces travaux ont envisagé ces questions prioritairement dans leurs dimensions civiles. L'exposé propose d'articuler la réflexion autour des questions suivantes: -Les forces navales françaises en quarantaines: Comment se justifie pour les forces navales l'usage des quarantaines et pour quelle efficacité ? (risques épidémiques, débats médicaux sur l'opportunité des quarantaines, quelles prophylaxies, position des médecins de la marine sur l'opportunité des quarantaines , dimension idéologique et politique) Où et comment les forces navales organisent- elles des mises en quarantaines et sont-elles contraintes à respecter les quarantaines? (règlements et administrations, procédures, logistique, personnels ...) Comment s'imposent ces quarantaines aux navires et équipages civils? Quel impact de ces quarantaines sur l'organisation des forces navales, leurs déploiements, quelles contraintes pour leurs missions? (dimension géographique, réseaux de ports et de lazarets, d'hôpitaux maritimes ...) -les quarantaines: une expérience médicale et humaine pour les forces navales françaises : Quelles pathologies pour quelles thérapeutiques? Quels rapports sociaux entre les matelots, avec les autres forces navales et civils partageant la quarantaine? Quels enjeux autour de la représentation du malade, du mort, de l'Autre? Comment est vécue la promiscuité en particulier avec des malades considérés comme indésirables?

Les sources sollicitées :

- Les séries déposées aux ANOM concernant les Quarantaines (1831/1858) [série F80/663] et lazarets (1834/1858) [séries F80/664, F80/665 & F80/666]

Références de l'auteur: Benoît Pouget, Professeur Agrégé d'Histoire-Géographie Lors du colloque, je serai diplômé de Master II Histoire militaire, géostratégie, défense et sécurité, doctorant au CHERPA (La Marine face au choléra en Méditerranée 1815 – Années 1860 sous la direction de Walter Bruyère-Ostells) et chargé de cours à Sciences Po Aix

Quarantines and territory in Spain during the second half of the XIXth century

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According to Raffestin, all spatial practice is translated into a territorial production which necessarily and invariably involves *maillage*, *noeud*, and *réseau*, that is, the demarcation and division of areas, the establishment of nodes, and network design. These hierarchically organized territorial systems constitute the mantle under which power relations are developed, and allow -among other things- the integration and cohesion of territories.

The Spanish state underwent a series of important territorial changes during the second half of the 19th century. On the one hand, the urban network was consolidated and modernized, a change that took place due to a demographic growth of over 70% between the 1850s and the turn of the century, an expansion of the railway system which reached over 6,000 miles during the same period, and the development of mining and industry. On the other hand, this was a tumultuous period as regards territorial models. From mid-century onwards we witness a tension between the centralizing postulates allowed by the existing territorial division into provinces, and the designs to decentralize the state and its regionalization.

The construction of a liberal state brought about a period of important transformations in the field of health. As concerns public health, not only was its field of action defined, but a “framework of action for the different administrations of the state” was drawn. This process was undertaken with the backdrop of political swings which acted now as brake now as accelerator of this modernizing process. In the period we are studying, the first high-level law was passed in 1855. It endowed Spain with a health system in line with a liberal mindset. This law regulated, among other things, the administrative functions in matters of maritime and domestic health, and this materialized in the first comprehensive organization of sanitary protection in Spanish maritime health. The resulting network of maritime protection changed gradually over the course of this half century in spite of the failure of three drafts for Health laws, until the passing of the Foreign Health Regulations in 1899, ratified in the Health Law of 1904.

With this text I seek to explain the evolution of the different configurations in the Spanish quarantine network during the second half of the 19th century, and place them in relation to the main ideas about the configuration and organization of the Spanish territory and the debate arising from the International Health Conferences.

Quarantine Spaces in Peace as in War: Theory and Practice in Spain, 1855-1885

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In contrast to Edwin Ackerknecht's long-prevailing dualistic views –environmentalism versus contagionism– on the causes and prevention of infectious diseases in nineteenth-century Europe, historians like Christopher Hamlin (1998) and Peter Baldwin (1999) have more recently emphasized the diversity and contingency of the links between etiological knowledge of, and prevention practices against, these conditions in different countries at the time, quarantinist techniques having been kept rather widespread everywhere even during the heyday of environmentalism.

This paper is intended to explore the role of quarantine and of quarantine spaces in the preventive strategy against infectious disease in Spain during the second half of the nineteenth century through a specific case study focused on Nicasio Landa's views and practices. Trained in the early 1850s, Landa (1830-1891) was an active member of a reformist generation of military physicians deeply concerned about improving soldiers' health and life conditions as well as public health of Spanish citizenry as a whole. He was an outstanding early campaigner of the international Red Cross movement in Spain and a restless promoter of the cause of war humanitarianism in medical and law forums both national and international.

Landa's views on infectious disease are crossed by the concept of quarantine. He mostly dealt with cholera from his earliest works on the occasion of the epidemic wave of 1854-1855 in metropolitan Spain and of his military campaign in Morocco in 1859-1860, to the latest ones a propos of the epidemic of 1885 in Navarre. However, he paid also attention to the yellow fever in the Canary Islands in 1862-1863 as well as to the innovations introduced in campaign hospitals in order to isolate patients infected with these or other conditions (smallpox, typhus, typhoid fever, and so on).

Always attentive to scientific novelties abroad –particularly from French and German sources– and relying on an environmentalist theory about cholera attributing its cause to the geological and chemical composition of the soil –probably influenced by the work of the Bavarian hygienist Max von Pettenkofer (1818-1901), Landa developed his own views and practices by join his experience as both military physician in campaign and medical officer for epidemics.

Finally, Landa's quarantinist views will be also explored in connection with his claims for neutralization spaces in war and his proposals of seclusion spaces for mental patients in order to determine whether they all were part of a single strategic conception of health care spaces, or not.

An Island in the City: Building a New Lazaretto in Eighteenth-Century Ancona

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This paper will focus on the Mole Vanvitelliana, the lazaretto that was constructed in Ancona (Italy) after the city became a free port in 1732. In the course of the eighteenth century Ancona was a major port in Papal State and engaged in conspicuous trade across the Eastern Mediterranean. After the city became a free port, the increase in maritime traffic led pope Clement XII to commission the creation of a new large quarantine station. Luigi Vanvitelli, one of the chief contemporary architects in the Italian peninsula, was charged with the task of completing the project. The result was an impressive building constructed on an artificial island, which was located in the city's port. Realized between 1732 and 1743, the pentagonal building was not connected to the mainland. Being big and beautiful, it became a focal point in the city's urban scene. The Mole Vanvitelliana offers a particularly felicitous viewpoint to explore the social and material life of an eighteenth-century quarantine station at a time in which a city like Ancona sought to compete with Venice over Mediterranean trade. This paper will investigate the history of the Mole's creation and early life and management in order to reconstruct how its spaces and practices participated in the creation of physical, social and cultural boundaries, and worked as sites of surveillance and detention as well as encounter and exchange. Another aim is to explore how the Mole Vanvitelliana reconfigured relations among architectural beauty, urban spaces, the environment, medical knowledge and the regulation of both human and non-human movement across Mediterranean port cities.

Le Lazaret de Marseille : d'un système local à un système méditerranéen

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Depuis 1622, un arrêt du Parlement de Provence ordonne la patente de santé à tous les patrons et mariniers conduisant vaisseaux ou barques venant des parties du Levant ou Barbarie à Marseille et Toulon. Pour faire face à la peste, Marseille a donné lieu à l'établissement d'un Bureau de la Santé dont l'office était le contrôle du mouvement des personnes et marchandises susceptibles de transmettre la contagion, ainsi que la gestion du lazaret destiné à les renfermer. Avec le développement de l'activité commerciale marseillaise, ce système anti- peste se développe davantage. Au 1687 en élargissant le contrôle de la maladie dans les régions pandémiques dans les autres contrées de la Méditerranée. Il s'agit de mettre en place un praticien médical, et précisément un « chirurgien de nation ». Il a la mission d'alerter le consul de la présence d'une épidémie, et doit également soigner les français qui se trouvent dans les échelles de la rive sud. Le système anti- peste marseillais se développe encore après la peste de 1720-1722.

Les sources que nous pouvons mettre en œuvre pour développer ce propos sont très diverses. Les Archives de la Chambre de Commerce de Marseille ainsi que les Archives Nationales, permettent de reconstituer l'organisation du système sanitaire marseillais en et le développement du concept de lazaret en Méditerranée.

À la fin du XVII^e siècle, le chirurgien de nation fait partie de système sanitaire antiépidémique français. Par ailleurs, c'est le chirurgien de nation, qui définit la nature de la patente de santé, une pièce importante dans le système d'information antiépidémique ; un outil pour déterminer la durée de la quarantaine. Avec le chirurgien de nation, le système antiépidémique français ne commence pas à Marseille avec le Bureau de santé et les lazarets, mais le système de protection des épidémies est établi loin, très loin de Marseille, établi aux échelles sur la rive sud de la Méditerranée. L'établissement de « chirurgien de nation » n'est pas une politique générale qui concerne les différentes échelles de la Méditerranée d'une façon simultanée, mais plutôt d'une politique sanitaire faite au « coup par coup » ; chaque fois qu'il s'agit d'une peste dans une ville, il y aura l'établissement d'un chirurgien dans ce lieu. La nomination de chirurgien de nation à Alexandrie a fort probablement eu lieu suite à la peste au Caire en 1687. À Tunis, il est désigné après la peste de 1705 qui a ravagé la ville, quelques années après, en 1711, c'est l'établissement du chirurgien de nation dont le premier nom est Joseph Berru. Par ailleurs, le système anti- peste méditerranéen est à son tour établi par étape en suivant une chronologie de déclenchement des pestes dans les pays de la Méditerranée.

Au XVIII^e siècle, la fondation des hôpitaux pour « soigner les chrétiens » fait partie de sophistication le lazaret marseillais pour englober les villes méditerranéennes pandémiques et par conséquent enfermer les pestiférés loin de Marseille. L'hôpital de Smyrne est fondé en 1762. Dans l'hôpital, les chirurgiens gardent toujours la même mission de surveiller l'état épidémique, une tâche rémunérée par l'État, et servir les français qui résident ou arrivent à bord des navires. Le plan de cet hôpital montre qu'il s'agit de deux parties : le premier « l'hôpital net » destiné à accueillir les maladies « ordinaires ». La deuxième partie est « l'hôpital brut ou pestiféré » ; il révèle l'isolement sévère auquel sont condamnées les victimes de la peste. Pour le bassin occidental de la Méditerranée, à Alger, une politique similaire est suivie. Cette politique méditerranéenne est facilitée par la réputation des praticiens marseillais ou encore français issues de la longue expérience française dans la lutte contre la peste en Méditerranée, une réputation due à la lutte marseillaise contre la peste de 1720-1722, devient maintenant une expérience inégale qui facilite de mettre en place un système marseillais en Méditerranée dont le concept de lazaret est une pièce maîtresse.

Les pouvoirs locaux en Sicile face au Cholera Morbus. La réorganisation du quartier de la "Civita" à Catane (1832-37).

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In this contribution we will attempt to analyze some of the administrative dynamics implemented in the management of the urban space of a city of the Kingdom of two Sicilies during the health emergency of the 1830s (M. Vovelle, P. Preto). As case of study we will analyze the political-administrative decisions undertaken during the health emergency of *cholera* in the "Civita" area of Catania between 1832 -1837 (E. Iachello, 2000).

This research at first shows in general terms the operation of the urban administrative system in one of the mayor city of the Eastern Sicily (E. Iachello, 1994). Later, through the consultation of archive materials and historic cartography we will recreate the urban order of the area analyzed by our research and through the cadastral information taken from the *Contribuzione del Comune di Catania* of 1843 we will try to highlight the urban differences. Later starting from these datas, we will focus on the conduct of different powers, on the decision taken and on the different ways of emergency management.

The aims of this research are to prove how the local administrations up against the measures for the health recovery of urban spaces forces by the Reign laws (extension or opening of roads, houses demolitions, sewers construction) and taking advantage of the emergency of the time choose to favour the urban reorganization instead of the health one.

The methodological forewords at the basis of this research are represented also by all the studies of urban history of which cases mean to bring back autonomy and substance to the spatial dimension in the hystorical research (E. Iachello, 1999). These elements will be also analyzed using an instrument of research not used much, the thematic cartography (J.-L. Arnaud; J.-J. Bavoux).

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Contagion as Material Culture: The Archaeology of North Head Quarantine Station

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Research objectives, methodology and sources:

The concept of quarantine refers both to a place and to a practice. Quarantine is typified by processes of exclusion, of isolation, and of confinement, but it is also defined by the physical site at which those practices are enacted, and through which the 'place' of quarantine is constructed. While quarantine has been considered spatially and geographically, its materiality is less developed within the existing scholarship. The primary objective of this research is therefore to consider the ways in which the practice of quarantine has been expressed materially to create quarantine as place.

Disease and contagion have been understood as having a presence not only within the body, but also within material objects and the broader environment. Quarantine as a process was therefore concerned not only with contagious individuals, but also with the vessels those individuals traveled on and the possessions they brought with them. This research is therefore concerned with the material expression of intersecting ideas of contagion, citizenship and social status within quarantine sites, but also with the ways in which disease itself can be seen to have a material presence within the cultural landscape.

This research will address the study of quarantine from an archaeological perspective, and is positioned within the growing field of the archaeology of institutions. It will take as its primary case study the North Head Quarantine Station in Sydney, Australia, however it will also adopt a comparative approach which will consider the North Head site within the context of related quarantine sites internationally. The material culture of the quarantine station – its objects, architecture and cultural landscapes – will be interpreted as an archaeological assemblage through which to consider what constitutes an archaeology and materiality of quarantine.

The establishment of the Quarantine of Syros (1841) and its evolution until its conversion into a prison in the late 19th century.

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Hermoupolis was one of the most important demographic, economic, social and cultural centers of Greece in the 19th century. A number of political, geographic and economic factors turned it into a center of transit trade of the Mediterranean. Therefore, the establishment of the Quarantine in 1841, which was the largest in the Greek kingdom, had special significance and importance to the functioning of the commercial harbor.

Although Greek historians have dealt with several aspects of the history of Syros, the Quarantine has not been studied yet. The aim of this paper is to examine the history of Quarantine, from its inception to the conversion into a prison in the late 19th century. Through the columns of the press, we will try to approach aspects of the daily life of Quarantine.

Methodology and sources

The press is the main source of our historical research, as well as the Minutes of the City Council. Bringing together news from the press and decisions of the municipality will try to highlight the story of Quarantine and aspects of everyday life.

Lazarets principaux et secondaires dans la Tunisie du XIX^{ème} siècle

Kmar ben Nefissa (SPHERE, Paris)

Lorsque le protectorat Français s'installe en Tunisie en 1881 il trouve un dispositif de santé publique déjà en place avec des services de gestion des quarantaines contre l'importation maritime du choléra et de la peste ainsi que des services d'hygiène municipal. A côté des règlements et des réunions du conseil sanitaire, sorte d'administration centrale à caractère multinational, on retrouvait des espaces opérationnels d'isolement des voyageurs et marchandises suspects encore appelés lazarets. Deux lazarets principaux couvrant deux ports importants sont connus: celui de la Goulette avec son appendice, l'île Chikly sur le lac de Tunis qui servait de lazaret de marchandise depuis 1740 et celui de Ghar El Mellah, ancien arsenal près du port de Bizerte, qui resta à l'état de projet dans le corps de réformes de Kheredine Pacha de 1875. Les documents d'archives révèlent une gestion décentralisée des quarantaines. Des agents de santé disséminés dans tous les ports du pays surveillaient les côtes, prélevaient des taxes et aiguillaient les marchandises et les voyageurs venant de territoires où la santé publique était mauvaise ou suspecte vers des abris naturels connus. C'est le cas de l'île Zembla et autres lieux dits "quarantines" à Djerba, Sousse ou Sfax. Il semble que l'augmentation du nombre de pèlerins se rendant à la Mecque par la voie maritime via Alexandrie a été un facteur de développement du système quarantenaire au 19^{ème} siècle. L'auteur se propose de décrire la matérialité de ce que de nombreux auteurs considèrent comme l'ancêtre de la santé publique moderne en Tunisie

Healthy Moors, sick government: cholera, *hajj* and the Mogador lazaretto in Spanish-Moroccan relations (1890-1906)

Francisco Javier Martinez-Antonio (Laboratoire SPHERE, CNRS – Université Paris Diderot)

The island of Mogador (present-day Essaouira) is a tiny 500x300m rock surface located a mere 1km off the Atlantic coast of Morocco, in front of the town of the same name. In 1865, in the context of the fourth cholera pandemic that spread throughout the Mediterranean from Egypt, the island was first used as a lazaretto for Muslim pilgrims returning from Mecca. However, only in the 1890s would it be regularly used and would a project of permanent facilities be seriously envisaged, always intended for quarantine of Moroccan pilgrims. This revival was due to the convergence of the reformist drive of Sultan Hassan I with Spanish plans for intervention in Morocco. Such plans aimed then not at “civilizing” the country (as Great Britain and France intended) but at “regenerating” it, the discourse of regeneration being actually applied to Spain’s much-desired modernization too. Spanish dominance would be thus achieved by collaborating with the reforms of the Moroccan state, army, bureaucracy, economy or education and not by doing away with them to set up new structures. The ultimate goal was to create a so-called “African Spain”, more closely and less hierarchically connected with “peninsular Spain” than a colonial scheme would be eager to consent.

In the field of public health, regeneration would rely on the existing Sanitary Council of Tangiers, whose decades-old role in the prevention of epidemics should be strengthened by increasing the number and executive power of technical personnel (Spanish physicians and Moroccan physicians trained by Spain at the newly established Tangier’s School of Medicine) and by setting up permanent, well equipped facilities (Mogador’s lazaretto). Public health discourse would not attempt to pathologize either the pilgrims, or Moroccans as sources of cholera or plague epidemics, but criticized instead government indolence and State backwardness, ultimately susceptible of correction and improvement through Spanish intervention. In this sense, public health discourses paralleled weakly pathological racial discourses in which “Moors” were defined as the germ of a Moroccan national race thanks in part to their historical connection with Spain. Moroccan Jews were similarly considered as Spaniards not only by history, but also by language and education. Quarantines of Moroccan pilgrims to Mecca should be understood within this set of discourses and the Mogador lazaretto acted as locus for their elaboration and for the construction of the desired new relation between Spain and Morocco.

Sources used are mostly archival documents from the British National Archives, the Spanish *Archivo General de la Administración*, the French *Archive du Ministère des Affaires Étrangères* and *Centre des Archives Diplomatiques de Nantes* and the Belgian *Archive du Ministère des Affaires Étrangères*. Primary literature and the press are also widely used.

Quarantine sanitization and the forging of the ‘Contagious Arab’, 1851-1890s.

John Chircop,
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Based on research in various archives and the proceedings of the International Sanitary Conferences (from the first ISC organised in Paris in 1851 to the following ones in other European capitals till 1895), this presentation intends to investigate in what ways did the decisions taken, and the sanitary measures imposed, by these International meetings, attempt to mitigate/stop contagious disease from spreading to Europe, and how did they shape the perceptions of and colonial politics towards the ‘Arabs’.

Set against the backdrop of Western European geostrategic colonial rivalry at the time, this study will focus on the construction of the ‘Arabs’ – mostly those under Ottoman rule- as “in need of Sanitization”, and the use made of this representation for the deepening of social and political control, and indeed colonization, of Arab societies.

The International Sanitary Conferences organised from 1851 to 1895 – through their contrasting Quarantinist/Anti-Quarantinist positions – reveal each European power’s preoccupation with the speed by which Asiatic Cholera was spreading to their borders, due to increasingly rapid transport. The strict quarantine/sanitization measures they adopted reflected this anxiety. Delegates in fact argued that with quarantine they intended to protect “Civilized Europe” from this and other “exotic disease” which, most of them converged into thinking, were generated from and transmitted by the “Arab territories” under Ottoman rule (with the Muslim pilgrimage to the Mecca indicated as a principal conduit). Concurrently, European diplomacy was constructing the image of the “Sick man” to represent a collapsing Ottoman Empire, coupling this with the emerging perception of the Mecca Pilgrims as the “diseased Other” – both these metaphors being very significant to the core arguments and research presented in this paper.

The paper will end by examining the role –rendered in technical terms – which the network of lazarettos established on the ‘European model’ (implementing policies adopted by the international sanitary conference) in the forging and popularising of the representation of the ‘Arab body’ as carrier of disease –especially cholera –and which therefore needed to be arrested, sanitized and controlled.

Between Stigma and Prevention: Quarantines and Sanitary Control of Muslim Pilgrims from the Balkans (1866-1912)

Christian Promitzer
University of Graz

The sanitary control of Muslim pilgrims to Mecca in regard of the containment of plague and cholera spread by them from India and Southeast Asia forms an important topic of modern medical history: In 1865 cholera reached European ports of the Mediterranean via Egypt, whereto it had been implanted by returning pilgrims; consequently, the role of the hajjis as vectors for cholera came into the focus of the Sanitary Conference of 1866 in Constantinople. Apart from the Caucasus, the Balkans are the only region of Europe, where Muslims populations were (and still are) living in compact settlements. Therefore it is surprising, that up to now no relevant study in a Western language was conducted on the sanitary surveillance and quarantining of pilgrims from the Balkans after their return from the hajj. Up to the Balkan Wars of 1912-13 a considerable part of the Balkan Muslims belonged to “Turkey-in-Europe”, but hajjis were also to be found in Bosnia-Herzegovina, which was under Austro-Hungarian administration since 1878, as well as in the states of Bulgaria, Romania, Montenegro, and Serbia.

Research objectives: The paper will address the methods of disinfection and quarantine as well as the places, where returning Hajjis to the Balkan Peninsula were treated by Christian authorities: in the case of Bulgaria these are the vast quarantine facilities in the Black Sea port of Varna as well as the border station of Hebibchevo (today's Lyubimets) on the route of the Orient Express, where not only Bulgarian, but also Bosnian Muslims were disinfected and put under quarantine. In Austria-Hungary, the two main spots of quarantining the Hajjis where the port of Trieste and on the Sava river at the border between Croatia and Bosnia-Herzegovina. The by this time still Ottoman port of Salonica, in contrast, appeared to be free from such measures, for the returning European hajjis had to undergo a preceding quarantine in Smyrna (today's Izmir) anyway.

It is a further aim of the paper to discuss whether the case of the hajjis forms a variant of “Medical Orientalism” (i.e. a specific attitude of “containing” the Muslim world by means of Western medicine) and how the applied measures reflected the theoretical changes with respect to the causation of cholera – namely miasma theory, germ theory, and bacteriology – which finally led to the confiscation, or at least to the decocting, of the pilgrims’ fairing of the holy water from Mecca’s Zamzam well, since it was considered contaminated with cholera bacteria.

Sources and methodology: The paper is based on contemporary Bulgarian and Serbian medical literature, on the respective discussions in the minutes of the International Sanitary Conferences of the 1890s up to 1912, as well as on unpublished sources on the sanitary treatment of Hajjis in the State Archives of Germany (Geheimes Staatsarchiv Preußischer Kulturbesitz; Bundesarchiv Berlin-Lichterfelde) and of Austria (Haus-, Hof- und Staatsarchiv, Allgemeines Verwaltungsarchiv). These sources will be treated by the application of a *Foucauldian discourse analysis*, in order to work out the precarious position of Muslim pilgrims between stigma and prevention, when they were put under quarantine.

Keywords: otherness, quarantines, Mecca pilgrims, Balkans, Austria-Hungary, geo-epidemiology

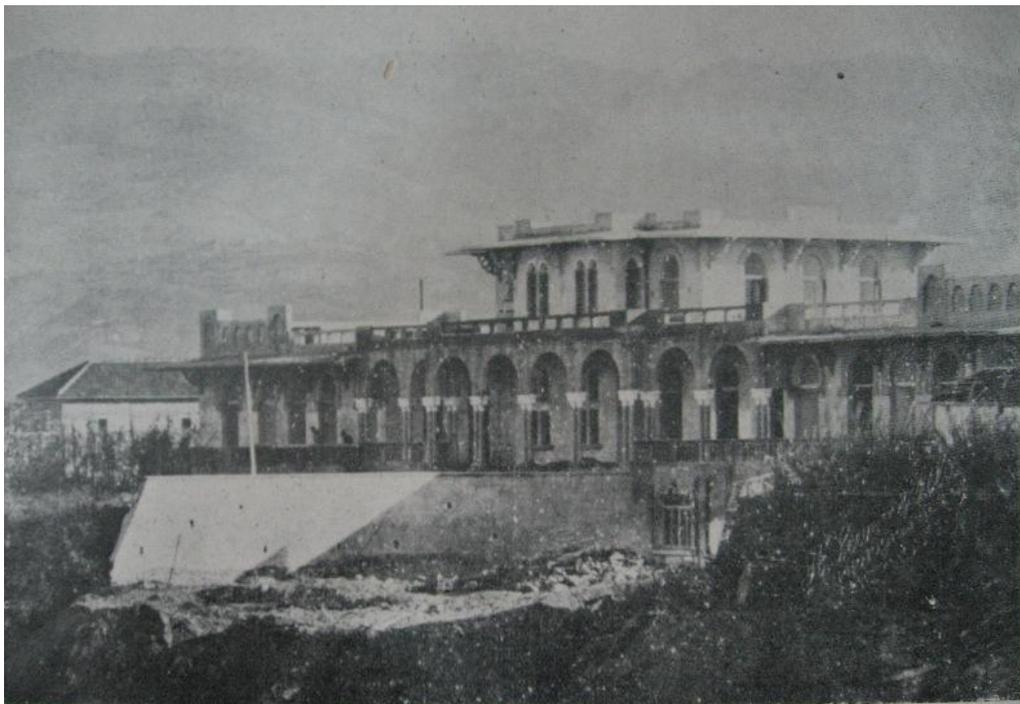
Dr. Christian Promitzer, principal investigator of the research project P25929 “Infectious diseases and public health in Southeast Europe” (1828-1912), funded by the FWF Austrian Science Fund

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La station quarantenaire de Beyrouth dans l'organisation du pèlerinage à La Mecque à l'époque du mandat français

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A partir de 1926, l'administration du mandat français en Syrie et au Liban décide, pour des raisons tant politiques que sanitaires, de prendre le contrôle de l'organisation des déplacements à La Mecque. De fait, après l'épidémie de choléra qui sévit en Irak en 1927, c'est à Beyrouth que se tient en janvier 1929 une conférence internationale réunissant des représentants de l'Egypte et des Etats du Levant sous mandat afin de réguler les déplacements des pèlerins du Proche-Orient vers les Villes Saintes du Hedjaz. Pièce maîtresse de ce dispositif, la nouvelle station quarantenaire de Beyrouth est destinée à devenir la vitrine de la médecine française au Levant. En réalité il s'agit, pour les autorités mandataires françaises, de réorienter, sous prétexte de contrôle sanitaire, les routes du pèlerinage de la région en direction du port de Beyrouth, au détriment de Damas, carrefour traditionnel du pèlerinage, et de faire basculer les caravanes terrestres sur la voie maritime. Equipée d'infrastructures sanitaires et d'accueil modernes et confortables, la station quarantenaire de Beyrouth devait par ailleurs constituer une étape importante lors du voyage de retour des autres pèlerins musulmans français, assumant ainsi une fonction de propagande à l'échelle de l'ensemble de l'empire. C'est sur la réalité et les limites de ces ambitions qu'il conviendra de nous interroger.



Lazaret de Beyrouth. — L'hôpital et le laboratoire

La mise en quarantaine à Ceuta et Malte dans les récits de voyage d'un ambassadeur Marocain à la fin du XVIIIème siècle.

Malika Ezzahidi

Le Maroc a connu vers la fin du XVIIIème siècle, une activité diplomatique sans précédente, dans l'espace méditerranéen, et surtout sous le règne du sultan Sidi Mohammed Ben Abdallah (1757-1790) ; afin de négocier et résoudre certains problèmes (Piraterie, la libérations et le rachat des captifs, et surtout conclure des traités de paix et de commerces avec les états chrétiens de la méditerranée....).

Ainsi les ambassadeurs et les émissaires Marocains étaient obligé de se soumettre a cet isolement sanitaire forcé, qui est la quarantaine, dans les ports méditerranéenes.

Dans mon papier je vais exposer et discuter l'expérience de l'un des ambassadeurs Marocain, le plus réputé de son époque, il s'agit de Mohammed Ibn Otman Al Meknassi, qui était obligé de se soumettre à la quarantaine en deux reprise: à Ceuta en 1779 pendant sa mission diplomatique auprès du roi d'Espagne. Et à Malte en 1782 pendant sa mission auprès de l'Ordre .Il nous a laisser quelques précieuses pages dans ses deux récits de voyages dilatant son expérience au cour de la quarantaine ; je vais plutôt montrer à travers ce témoignage la position du Maroc, et surtout ,celle de « l'élite » Makhzeniène (gouvernemental) vis avis d'un aspect(la quarantaine) de la modernité de l'Europe de l'époque, alors que le Maroc était encore loin d'accepter de monter l'isolement sanitaire dans ses ports, mêmes si le royaume était fréquemment atteint par les épidémies durant tout ce siècle.

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Les pèlerins marocains face aux nouvelles restrictions de la quarantaine

Abdel-ilah Dehani (Universite Mohammed V),

Cette communication vise à aborder les mesures prises par les autorités sanitaires de Tanger envers les pèlerins marocains à partir de 1832, et qui consiste à leur imposer de faire la quarantaine, s'il s'avérait qu'ils avaient passé par un endroit contaminé ou soupçonné. Ce qui a suscité de vives réactions tant au sein des pèlerins marocains que de la part du Makhzen (les autorités marocaines) lui-même, surtout que cette quarantaine devait se faire parfois dans un port européen, et même la renouveler une fois arrivé au Maroc. On mettra le point également sur le rôle qu'avait joué le corps consulaire qui représente les pays européens en ce qui concerne la santé publique. Nous avons préféré nous arrêter en 1866, date marquée par des mesures plus restrictives et rigoureuses, en raison de l'apparition de nouvelles épidémies vers 1866 (cholera).

Bref, notre communication sera composée de trois points :

- 1- Les nouvelles mesures prises à l'encontre des pèlerins marocains (la quarantaine)
- 2- Les modalités de faire la quarantaine, et les difficultés qui s'imposaient.
- 3- Les réactions des pèlerins et des marocains en général face aux nouvelles mesures de la quarantaine.