



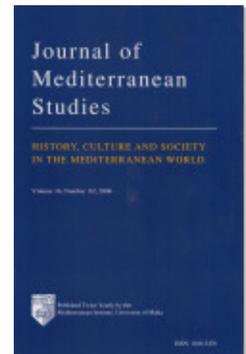
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Eighteenth to the Mid-Nineteenth Century

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EPIDEMICS AND QUARANTINE IN MEDITERRANEAN AFRICA FROM THE EIGHTEENTH TO THE MID-NINETEENTH CENTURY

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This paper deals with a particular aspect of a wider work-in-progress centring on epidemics and economics in Mediterranean Africa. The analysis of the maritime aspects of this phenomenon is preceded by a discussion of three key and interlinked factors, i.e. the weight of epidemic outbreaks in maritime intercourse; western prejudice about the fatalist attitude of Muslim peoples in the face of epidemics; and the response of the Muslim authorities as regards health matters. It subsequently considers briefly the matter of compliance with and violation of quarantine regulations and the complaints and negotiations involving captains, consuls and local maritime authorities from the eighteenth century to the middle of the nineteenth century. It studies four complementary aspects: the decisions of governors and the extent of local administrators' applications of these; the observation and violation of quarantine measures; lazarettos and quarantine conditions; and, finally, the rationalization of the system during the latter part of the period under consideration which paved the way for more extensive reforms under the colonial administration.

This paper deals with a particular aspect of a wider-ranging work-in-progress on the interplay of epidemics and economics in Mediterranean Africa. Setting aside matters relating to the direct economic consequences of epidemics on maritime trade in the shape of total or partial loss of the cargo, the death of crew members and passengers, delays in or even the breakdown of commercial transactions, and so on, this paper will focus on the more strictly maritime quarantine aspects.¹

Navigation in the Mediterranean in the modern period was indissolubly linked to three important and unpredictable threats: epidemics, corsairs and pirates, and storms. Each of these factors involved an element of risk that impacted considerably on the maritime history of the Mediterranean in general, and international maritime trade in particular.

Generally originating in the East and subsequently spreading westwards, epidemics had a considerable impact on maritime exchanges. In addition to the consequences for those directly associated with the sea, they also constituted a threat to the local populations. This led to the authorities taking a number

of rigorous measures in an effort to minimise the negative impact of these phenomena. Most western historians affirm that this happened only in Europe and that it was only the advent of European colonization that caused similar measures to be taken in the non-European Mediterranean. This paper would argue that reality was somewhat different.

In a similar manner, this paper will also argue that the Western perception that held that all Muslims had a 'fatalist' attitude in the face of epidemics flies in the face of contemporary primary sources. In fact, an analysis of both local and foreign sources² would seem to indicate that local authorities were already taking significant measures to counter the maritime propagation of epidemics as early as the eighteenth century in several parts of Africa. In addition, the western concepts of 'contagion' and 'prevention', diffused everywhere by the Europeans, were gradually also taken up in the Muslim world. It must, nevertheless, be noted that this process was only in part a result of some process of secularisation since those ideas of contagion and prevention and the corresponding measures of protection at sea and on land, such as quarantines and sanitary cordons, were, at least initially, imposed by the governors from above, although they were gradually justified by *ulamas*³ belonging to the different schools of Islamic law and embodied in Muslim jurisprudence in order to facilitate acceptance by the wider population.⁴

Sanitary measures of some sort were already a reality in North Africa from as early as the eighteenth century. Lazarettos were created close to the main port cities and quarantines acquired a growing importance, while local governors created Health Boards. The latter, in fact, eventually became important instruments of control over maritime trade starting from the third decade of the nineteenth century, coinciding with the outbreaks of cholera in the Mediterranean. Their existence and their activities are recorded in extensive documentation surviving in a number of archives in the Maghreb.⁵

Control of arrivals and departures by sea was a growing concern for a number of governors of North Africa in this period. Captains and consuls had to face more frequent and more extensive controls at the hands of local inspectors in ports such as Alexandria, Tripoli, Tunis, Algiers and Tangiers. The complaints and negotiations involving captains, consuls and local maritime authorities, starting from the eighteenth century constitute the main corpus on which this contribution is based.

Quarantine Regulations

Existing documentation confirms that official measures at the local level to prevent epidemics started in the early eighteenth century and increased as

the century evolved. It is also possible that some form of action was already being taken in the previous century but the surviving documentation does not go back that far.⁶

One of the first aspects to emerge from the documentation is the fact that there is no indication that there was a coordinated effort on the part of the central Ottoman authorities in Istanbul to act against contagion. Another aspect worthy of note is the fact that even when the *bey*, *dey* or *pasha*,⁷ imposed quarantine on foreign ships with foul bills of health in his province or regency, there was no guarantee that the measure would be applied as much depended on the interpretation given by local administrators to a rule that was not yet contemplated by the *sharia*.⁸ Besides, during the earlier part of the period under review most of the people on board vessels and ashore did not share the rulers' views on contagion and consequently accepted with difficulty the imposition of quarantines and sanitary cordons.

The cases of health measures being taken in the harbour cities of Mediterranean Africa involving ships coming from plague-stricken areas are well documented and too numerous to be discussed here, but two or three well-known examples will suffice to make the point.

In 1781, Ali the *bey* of Tunis, ordered the governors of the provinces to send any ship coming from plague-stricken Egypt to the harbour of La Goletta to do quarantine. The application of this order by the *qaïd*⁹ of Sfax to a Venetian ship coming from Alexandria with pestilence on board, and the subsequent destruction of the ship in Malta, was the origin of a conflict between Tunis and Venice that led to a long war that lasted from 1784 to 1792.¹⁰

In 1784, it was the turn of the corvette *La Rose* of Captain Ignace Sauzet of Saint-Tropez arriving in Tripoli from Alexandria after having already buried three victims of the plague at sea.¹¹ The *bey* forbade the vessel entrance into the harbour and compelled it to sail to another place to do quarantine. Tunis also refused the ship entry, as did Malta. After other attempts in nearby harbours¹² it sailed to Smyrna where it was finally accepted. The nightmare had lasted for four months.¹³

In 1796, the treatment meted out to Venetian captain Michele Zizzovich was somewhat different in that, having been accepted into the harbour of Tunis, he proceeded to spend sixty days of quarantine there – the longest quarantine time ever recorded in the documentation at my disposal.¹⁴

Let us now look at two exceptions that confirm the general rule. In July 1701, three Tunisian ships coming from Scio arrived in Porto-Farina near Tunis.¹⁵ Of the original 1,200 Turkish passengers, forty had already died of the plague during the voyage. A doctor and some surgeons advised the

local authorities to isolate them, but this precautionary measure was not accepted by the *bey* Murad III who proceeded to go on board the vessel and spend some time with the diseased passengers as an example of conduct for the local authorities.¹⁶ A similar case was recorded in Morocco in 1799. While the plague was ravaging several parts of the kingdom, some governors had taken measures to prevent it spreading into their provinces but they were severely reprimanded by the king in 1799 on the basis of religious beliefs.¹⁷

Compliance, Violation, Complaints and Negotiation

At the receiving end of official action were the ships, the captains, the crews, the merchants, the goods, the passengers and, last but not least, the consuls charged with defending their nations' interests. Thousands of letters sent by the consuls of the different European countries to their respective Foreign Offices and Boards of Health in European nations demonstrate how laborious it was to act as an intermediary between the interests of the consul's nationals and the local authorities.

Captains continuously lodged complaints of all types. These included claims that the quarantine was not applied equally to all the ships coming with foul or suspect bills of health;¹⁸ or that the quarantine was too short or too long;¹⁹ or that measures were not applied rationally;²⁰ or that the quarantine period that had to be undergone was unjust; or that the quarantine charges were too high or unjustified;²¹ or that there was discrimination if the ship was Christian.

In the best of cases, many of these complaints hid the understandable desire of the captains to avoid losing valuable time in quarantine, incur expenses, and risk damage to the cargo or contracting disease while staying in a lazaretto. In other cases, on the other hand, the captains acted in bad faith and lodged complaints in a bid to avoid quarantine and the lazaretto, even when they had plague on board, intent as they sometimes were on putting infected people and goods ashore and departing. There are numerous cases of negotiation between captains and consuls on the one side and sanitary officials and governors on the other. Also numerous are the attempts to avoid quarantine controls and possible embarrassment. Sometimes these unlawful and dangerous acts led to strong reactions on the part of the governors.

The most common cases of violation of quarantine rules involved the captains disembarking sick passengers and members of the crew before their arrival at the harbours, and disposing of the dead at sea.²² It was the case of the Captain Hyppolite Gubert of Saint-Tropez who in 1784 disembarked

some of the ill passengers near Tabarka before attempting to make harbour in Malta, Tunis and Tripoli where he was refused entry.²³ Another common occurrence was leaving a harbour without the necessary bill of health signed by the consul containing the description of the health situation in the area.²⁴ There are also cases of the bribing of guards and sanitary officials to obtain the necessary permission to put goods ashore²⁵ or to disembark pilgrims without delay even with plague on board. The 1784 epidemic in Tunis was probably caused by a French ship with 150 Muslims from Mecca who had embarked in Alexandria. Although the plague was definitely on board, since ten passengers had already died of it and had been buried at sea, the captain avoided the controls by bribing the guards of La Goletta and proceeded to disembark the passengers without being obliged to undergo quarantine.²⁶

A more exceptional case was that of naval vessels that tried to enter the ports without permission during epidemics. We can quote, for example, the case of the fleet of the Admirals Jurien and Freemantle in Tripoli in 1819 and the extraordinary audience at a distance that the *pasha* granted to the admirals in the throne hall owing to his fear of contagion.²⁷

Quarantine Regulations and Lazarettos

Surveillance of the coasts was, ordinarily, the responsibility of the *qaid*, such as Bakkar al-Jalluly of Sfax. In 1781, he was instructed by Ali *bey* of Tunis, to oblige every ship coming from Egypt to perform quarantine.²⁸ At La Goletta the ships received the visit of an *aga*, a military official charged with verifying the bills of health, preventing the landing of persons and goods if there was a suspicion of plague, checking all the goods bound for Tunis, and preventing the importation of forbidden goods such as alcoholic drinks. The *aga* was also entrusted with the supervision of all goods being exported and passengers departing. Both required the *bey*'s permission.²⁹

In the Regency of Tunis, for example, we can note that there were different places and ways of performing quarantine. Chickly, a small island situated in one of the lakes of Tunis, between the town and the harbour of La Goletta, had been used as a lazaretto since at least the beginning of the eighteenth century. The ships remained anchored in the port but the passengers and the goods bound for Tunis were transported by small sailing boats called feluccas to the island. There was a Spanish fort there, used as a shelter for the passengers and as a storehouse for the goods with a cistern with water to attend to basic needs. After the period of quarantine and the *sirena* or *spurgo*, that is the ventilation of the goods in the open air, everything was carried to Tunis by the same means.

Zembra, Cani, Plane, Kuriate, Kerkenna and other islands were also used for the same purpose. When the traffic became more and more intense, some of these isolated and almost deserted islands were used to perform quarantine on the ship itself or ashore. Sanitary guards remained on board the ships throughout the time decreed by the Governor of La Goletta, Sousse or Sfax. The ventilation of goods was normally carried out on deck.

At the other end of the spectrum there was Porto Farina, which was the most modern and best equipped of the quarantine facilities. It centred on an Arab fort near the port of Ghar-el-Mehl, a few kilometres west of Tunis. This site was progressively better equipped and was divided into sectors to prevent contact between passengers coming from different ships. Some sanitary guards were entrusted with the custody of the lazaretto and a doctor recorded the daily situation. A director appointed by the board of health had responsibility for the overall supervision of the establishment.

Situations similar to those mentioned above are recorded in other countries such as Egypt, which had lazarettos near Alexandria and in the Red Sea, but there were also facilities at ports in Tripoli, Algiers, Oran, Tangiers and other places. They demonstrate the will of the governors to prevent the spread of epidemics in their territories as well as the influence that European medical and health concepts were having on the Muslim elites.

The Rationalization of the System from the 1830s Onwards

At the end of the eighteenth century some important changes are recorded which point towards a normalization of the measures against the propagation of epidemics by sea. These are particularly evident in Morocco and Tunisia. In 1792, the Emperor of Morocco, Mulay Hisham, established the basis for a more regular control of arrivals by sea and sought advice from the European consuls concerning a sound quarantine system.³⁰ In Tunisia, Hammudah *pasha*, who ruled from 1782 to 1814, reorganised the health system and planned quarantine controls.³¹ Some time later, Muhammad Ali's Egypt was the scene for important health reforms that had a profound effect on the control of the spread of epidemics.³² Ahmad *bey*, in the Regency of Tunis, worked in the same direction,³³ but the return of the Ottomans to the Regency of Tripoli blocked the first attempt at health reforms which had been planned there by the local Qaramanli dynasty.

The turning point for quarantine facilities in Mediterranean Africa was reached mainly as a consequence of two factors. The first was the irruption of a new and terrible epidemic, cholera, which reached the Mediterranean countries for the first time in the 1820s and 1830s with horrific consequences

for both Christian and Muslim populations. The second factor was the arrival of the French Army in Algeria in 1830 and the beginning of a long-lasting colonial occupation. These two factors accelerated the process of the integration of control against the spread of epidemics on the two shores of the sea. In a short period of five or six years, the five different countries that made up Mediterranean Africa set up modern Boards of Health and established numerous and more efficient lazarettos. Different models, based on cooperation between indigenous and foreign staff, and on exchanges of experience and knowledge between Christians and Muslims, were created everywhere except in Algeria where the health system was completely under the control of the French military during the first phase of the occupation.³⁴ These developments constituted a considerable improvement on the pre-colonial system but it is necessary to highlight that a system of sorts had already existed beforehand.

Notes

1. Particular mention must be made here of the works of Daniel Panzac's *La peste dans l'Empire Ottoman (1750–1850)*, (Leuven, 1985) and Giuseppe Restifo's *Peste al confine. L'epidemia di Messina del 1743*, (Palermo, 1984), and their subsequent publications.
2. European consuls, doctors, travellers, priests, etc., are the most careful observers but members of the local power elites also provide information concerning public health matters in places such as Alexandria, Derna, Benghazi, Tripoli, Sfax, Sousa, Tunis, Bizerte, Tabarka, La Calle, Bona, Algiers, Oran, Tangiers.
3. The *ulamas* are experts in religious matters belonging to one of the following schools of law: Hanafi, Maliki, Shafi'i, and Hanbali. More recently, the Wahhabi movement has offered a stricter interpretation of the Hanbali school. Arab words in this paper are transliterated in a simplified manner.
4. Refer, for example, to Kamal Mohammed Ben Mostafa Bel El Khodja, *La médecine et les quarantaines dans leurs rapports avec la loi musulmane (Tanouir El Adhen)*, (Alger, 1896); Bechir Dinguizli, *La variole en Tunisie*, (Bordeaux, 1897).
5. One of the most important sources for the history of public health in North Africa, and the basis of much of this research is the Archives Nationales de Tunis (ANT), Série historique, santé publique.
6. The most important European sources of those used in this work are: the consular correspondence of Great Britain, France, the Austrian Empire and the Italian states before the unification, to be found in the archives of the foreign ministries at London, Paris, Vienna, Turin, Venice, Florence, Rome and Naples and the public health correspondence (particularly the bills of health) kept in the archives of the health offices of Marseilles, Venice and

Leghorn.

7. The *bey* was the principal administrator of a province of the Ottoman empire, while the *dey* was the chief military authority. The *pasha* was the governor. For a long time all three were appointed by the sultan but during the eighteenth and nineteenth centuries, beys, and in some cases deys, created hereditary dynasties that were only formally dependent on the sultan's appointment.
8. During the colonial period, but earlier as well, *ulamas* and *muftis* (jurists) of the different Islamic schools of law were encouraged to discuss and diffuse justifications for the use of quarantine measures by the authorities. The Maliki was, and still is, the most important school of law in North Africa, followed by the greater part of the local Arab population, while the Hanafi School was followed by the Turkish elite of governors, officials and soldiers.
9. *Qaids* were judges officially entrusted by the governors with the administration of justice in each part of the country.
10. This incident is well recorded in Venetian sources but is also mentioned in an important Arab source: the chronicle of the *qaïd* of Sfax Ibn Maqdish, *Nuzhat al- anzâr ft a'g'ib at-tawârîkh wa'l-akhbâr*, a manuscript kept at the Bibliothèque Nationale de Tunis. See also Carlo Alfonso Nallino, 'Venezia e Sfax nel secolo XVIII secondo il cronista arabo Maqdish', in *Venezia e Sfax, Raccolta di scritti editi ed inediti*, 3rd volume, (Roma, 1941), 345–402 and Salvatore Speziale, *Oltre la peste. Sanità, popolazione e società in Tunisia e nel Maghreb (XVIII-XX secolo)*, (Cosenza, 1997), 175.
11. The first information about this ship is given by the French consul in Tripoli in the month of April 1784. Archives Départementales des Bouches-du-Rhône (ADBR), 200E, 458. Tripoli, 19 April 1784. French consul in Tripoli to the Commissioners of Public Health in Marseilles.
12. The ship also called at the island of Lampedusa where it transmitted the contagion to the local population. ADBR, 200E, 458. Tripoli, 30 Juin 1784. French consul in Tripoli to the Commissioners of Public Health in Marseilles.
13. ADBR, 200E, 458. Tripoli, 21 October 1784. French consul in Tripoli to the Commissioners of Public Health in Marseilles. On this case see also Panzac, *La peste*, 138.
14. Archivio di Stato di Venezia (ASV), PS/380/5. Tunis, 9 and 27 May 1796. Venetian consul to the 'Provveditori di Sanità'. Tunis, 8 September 1796. Venetian consul to the 'Provveditori di Sanità'.
15. The arrival of the ship is recorded by the French consul. Archives de la Chambre de Commerce de Marseille (ACCM), J/1416. Tunis, 5 August 1701. French consul to the members of the chamber.
16. Nicolas Béranger, *Mémoire pour servir à l'histoire de Tunis depuis l'année 1684 à 1706*, in Paul Lucas, *Voyage du Sieur Paul Lucas, fait par ordre du roi dans la Grèce, l'Asie Mineure, la Macédonie et l'Afrique*, 2 vols., (Paris, 1712), 117. See also: Paul Sebag, 'La peste dans la Régence de Tunis aux XVIIe et XVIIIe siècles', *IBLA*, No 28 (1965), 40 and Speziale, *Oltre la*

- peste*, 171.
17. Archives du Ministère des Affaires Etrangères français (AEF), C.MA/21. Mogador, 30 Juin 1799. Vice consul to the Minister of Foreign Affairs.
 18. Cases are too numerous to be quoted here. Generally speaking the Europeans claimed that the local authorities were less uncompromising with Ottoman ships and stricter with the European ones. It is impossible to know whether it was a pretext to apply pressure on the local authorities or a real practice.
 19. For example, the case already cited above of Captain Zizzovich. ASV, PS/380/5. Tunis, 9 May 1796. Venetian consul to 'Provveditori di Sanità'.
 20. Public Record Office (PRO), Foreign Office 77/3. Tunis, 15 September 1790. British consul to the Minister of Foreign Affairs. 'A Ragusean vessel put in here with a foul Bill of health from the Morea. But the *Bey* after the crew had been on shore ordered her away. The rest of their precautions against plague are equally absurd. They have ordered at La Goletta to purify the letters by smoke when there is reason to suspect infection, but the way it is performed is by taking them with the hands and placing them in a pair of tongs for the operation'.
 21. Archivio di Stato di Napoli (ASN), Affari Esteri, Tunisia 7286. February 1820. Neapolitan consul's answers to the Minister of Foreign Affairs about sanitary charges at La Goletta harbour.
 22. ADBR, 200E/458. Tripoli, 10 February 1785. French consul to Commissioners of Public Health in Marseilles.
 23. Archives Nationales de France (ANF), Affaires Etrangères, B-I/1110. Tripoli, 20 May 1784. French consul to the Minister of Foreign Affairs.
 24. ACCM, G.12. Versailles, 26 July 1702. French consul to the members of the chamber.
 25. ANF, Affaires Etrangères, B-I/1130. Tunis, 6 August 1721. French consul to the Minister of Foreign Affairs.
 26. ANF, Affaires Etrangères, B-I/1151. On this episode see also Lucette Valensi, 'Calamités démographiques en Tunisie et en Méditerranée orientale aux XVIIIe et XIXe siècles', *Annales E.S.C.*, No 6, (nov.-dic. 1969), 1543, 1554 and Jean-Louis Geneviève Guyon, *Histoire chronologique des épidémies du nord de l'Afrique*, (Alger, 1855), 330.
 27. AEF, C.TR/34. Tripoli, 12 October 1819. French consul to the Minister of Foreign Affairs.
 28. Nallino, 'Venezia e Sfax', 376–377.
 29. Louis Frank, *Tunis par le docteur Louis Frank*, (Paris 1850), 8. This observer, doctor to the *bey* of Tunis, affirmed that at the beginning of the nineteenth century, ships arriving at the port of La Goletta found there 'un aga, qui est chargé de vérifier les lettres des capitaines qui arrivent, de lui en donner immédiatement connaissance, et de ne laisser descendre personne à terre, lorsque le navire vient d'un pays suspect de peste. Il surveille également toutes les marchandises qui sont portées à Tunis, et interdit l'entrée des articles prohibés, comme le vin, l'eau-de-vie et les liqueurs. Sa vigilance

- s'étend également sur tous les objets de sortie, et principalement sur tous les passagers, qui ne peuvent s'embarquer sans une permission spéciale du Bey'.
30. AEF, C.MA/30. Tangiers, 10 December 1835. French consul to the Minister of Foreign Affairs. He reported that: 'Dés l'année 1792, les six consuls qui résidaient alors à Tanger furent autorisés par l'Empereur Mulay Hischam à prescrire les mesures sanitaires qu'ils jugeraient propres à préserver le Maroc de la peste qui y était plus ordinairement importée de l'Egypte'.
 31. Salvatore Speziale, 'Le domaine sanitaire tunisien aux temps d'Hammoudah Pacha (1782–1814)', *Revue d'Histoire Maghrébine*, XXXII, No 117, (January, 2005), 123–135.
 32. There is an extensive bibliography about Egyptian public health in the nineteenth century. Of particular interest are Kuhnke LaVerne, *Lives at Risk. Public Health in Nineteenth-Century-Egypt* (Berkley-Los Angeles-Oxford, 1990), 233; Daniel Panzac, 'Un inquiétant retour d'Egypte: Bonaparte, la peste et les quarantaines', *Cahiers de la Méditerranée*, No. 57, (December 1998), 271–280; Ibidem, 'Médecine révolutionnaire et révolution de la médecine dans l'Egypte de Muhammad Ali: Le Dr Clot-Bey', *ROMM*, No 52–53, (1989), 95–110; and Anne-Marie Moulin, 'Révolutions médicales et révolutions politiques en Egypte (1865–1917)', *ROMM*, No. 52–53, (1989), 111–123.
 33. Salvatore Speziale, 'Il colera e la nascita dei Consigli sanitari nell'Africa Settentrionale: un problema epidemiologico, storico-sociale e storiografico', in Giuseppe Restifo (ed), *Epidemie e storia sociale nel Mediterraneo di età moderna*, (Messina, 2001), 111–141.
 34. Speziale, 'Il colera', 130–141.