Introduction

> Thirty years ago, Marseilles lay burning in the sun, one day . . . Everything in
> Marseilles, and about Marseilles, had stared at the fervid sky, and been stared
> at in return, until a staring habit had become universal there . . . There was no
> wind to make a ripple on the foul water within the harbour, or on the beautiful
> sea without. The line of demarcation between the two colours, black and blue,
> showed the point which the pure sea would not pass; but it lay as quiet as the
> abominable pool, with which it never mixed. Boats without awnings were too
> hot to touch; ships blistered at their moorings.
>
> Charles Dickens, *Little Dorrit*

More than two hundred years ago, in 1801, Marseille lay burning in the sun. Its
harbor was full of the eerie spectacle of ships sitting silently, onto which no one
boarded and from which no one disembarked. The most crowded spot in the
city was not one of its public markets, squares, or churches, but a massive
complex that sat on its northern edge, abutting the sea: the Lazaretto of Arenc.
This fortress, at the time, served as France's most important quarantine station.
It was legally mandated as the reception point for almost all ships and passen-
gers entering the nation from the Middle East and North Africa,[1] and employ-
ees there prided themselves on their efficiency and rigor in managing the threat
of bubonic plague. Marseille's last experience of that disease, roughly eighty
years before this moment, had instilled in its merchants, its citizens, and above
all its Board of Health a sense of a mission – saving not only France but all of
Europe from ever experiencing the most deadly contagion again.

In 1801, the *Conservateurs de Santé* (as Marseille's health board
members were called during the Revolutionary Era), were put in charge
of the most ambitious exercise in sanitary defense up to that point: the
reception and detention of the remnants of Napoleon's *Armée d'Orient* as
its soldiers returned, defeated, from France's brief invasion of Egypt, the
greatest blunder for France at this stage of the Revolutionary and
Napoleonic Wars. Throughout the quarantine of these returning troops
(managed in stages, over the course of more than a year), some 30,000
soldiers were subjected to quarantine in Marseille's vast lazaretto

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[1] Some military ships underwent quarantine at the nearby port of Toulon.

(quarantine fortress).[2] Given that, on average, the Lazaretto of Arenc received between 300 and 1,000 passengers in quarantine each year throughout the first half of the nineteenth century, this was a mammoth undertaking. Knowing that many of these soldiers would never have entered a lazaretto before, the *Conservateurs* prepared a pamphlet to help explain this extraordinary place: "Those places of reserve known as lazarettos" they began, "[are] where the redoubtable plague is annihilated, places subject to the harshest police regulations; terrible places, marked by enclosures and limits, which the gravest punishments, including that of death, have rendered inviolable."[3]

Managing the return of the French prisoners of war was a prolonged process, which lasted into 1802. Nevertheless, at times, more than 10,000 people were detained in the lazaretto together. A letter from the Marseille Board of Health to the responsible *Citoyen Ministre* in December 1801, for example, noted that within the next week, some 9,108 soldiers would be released.[4] Such staggering numbers demanded novel systems of administration. The French government developed a system of food vouchers granted to each soldier in detention. Meanwhile, lazaretto officials, desperate to stay on top of the arrivals in their harbor, coordinated closely with representatives of the hated British, as many thousands of French soldiers were returned in British *parlementaires* (prisoner-of-war ships). Britain and France were inveterate enemies at the time (in the midst of a war that would last, with one brief pause, for more than twenty years). That said, each saw the value of an efficient quarantine for returning soldiers, and each was willing to negotiate in order to maintain discipline and sanitary security.

Because of the vast numbers of people involved, the uneasy relations between wartime enemies, and the copious bureaucracy required, the afterlife of Napoleon's Egyptian Campaign stands out in the history of quarantine as an extraordinary event. It also set a precedent; only thirty years later, Marseille's sanitary bureaucrats had to contend with another army of more than 33,000 men as they received veterans returning from the French invasion of Algeria. Both episodes involved extreme expense and the deprivation of manpower at critical moments for France's armies. Yet, on both occasions, quarantine was considered absolutely necessary.

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[2] The word *fortress* is appropriate not simply because some lazarettos were repurposed military fortifications but because even structures built originally as lazarettos retained a fortress-like architecture as a means of emphasizing their isolation from the cities in which they sat. See Quim Bonastra, "Recintos sanitarios y espacios de control. Un estudio morfológico de la arquitectura cuarentenaria," *Dynamis* 30 (2010): 20.

[3] "Proclamation des Conservateurs de la Santé Publique . . .," Archives Nationales, Pierrefitte-sur-Seine, henceforth, AN (Pierrefitte) F/8/1/Dossier V.

[4] *Conservateurs de Santé* to the Interior Minister, 21 Frimaire, An X (December 11, 1801), AN (Pierrefitte) F /8/1 Dossier V.

The quarantine of the *Armée d'Orient* highlights the extent to which the Revolutionary and Napoleonic Wars marked a watershed moment in the history of the expansion of the modern state. It also signaled a general expansion of all aspects of the quarantine system through the first half of the nineteenth century. Between 1800 and 1850, Mediterranean quarantine generated more correspondence, detained more ships, passengers, and trade goods, and involved greater diplomatic coordination than at any other point in history. In a period of global war and during the subsequent birth of a global economy, quarantine took on new reach.

In the early eighteenth century, quarantines were applied unsystematically and ports operated without significant concern about foreign practices. In the late nineteenth century, after our period, quarantines were applied more selectively (and more unequally). They primarily became a tool of imperial powers regulating the movement of colonial populations (as with cholera quarantines in the Red Sea) or a common practice required by immigration authorities (in countries such as Australia). By contrast, in the period covered by this book, quarantine operated as a universal check on sailors, travelers, workers, and trade goods moving across the Mediterranean *even in the absence of epidemic disease*. The presence of intermittent plague in the Middle East and North Africa provided the primary justification for quarantine at this time, but the vast majority of ships detained proceeded from uninfected cities (in the language of quarantine, they arrived with "clean" bills of health). The practice occurred across Southern Europe with standards formed in common. Boards of health in the Italian states, British Malta, France, Spain, and the Habsburg Empire corresponded regularly. Together, over time, and without external impetus they fashioned quarantine into a system in which deviation from minimum standards would result in retaliatory quarantines. Disinfection was mutually guaranteed.

In quite a different context, Ursula Q. Henriques has observed that the era of industrialization represented "the increase in scale of almost everything."[5] Far removed from the industrial cities of Britain, Mediterranean quarantine exemplifies such scalar expansion thanks to an uptick in trade, an increase in travel, and a greater threat from invader diseases around 1800. Whether or not we want to see "modernity" as something that began with the French Revolution, the quarantine system that cohered during the Revolutionary and Napoleonic Wars was clearly responsive to broad developments in European history during the first half of the nineteenth century. Critics of quarantine liked to cast the system as an atavistic remnant of a premodern world, but historians should not be seduced by their arguments. Quarantine was far from a holdover in the modern Mediterranean, and its persistence well into the age of steam indicates an

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[5] Ursula Q. Henriques, *Before the Welfare State* (London: Longman, 1979), 2.

ongoing belief in its merits. The late eighteenth century saw both a recommitment to quarantine and an expansion of its reach.

From the Habsburg Empire, to France's successive post-Revolutionary regimes, to the medical and political establishment in Britain, governments broadly accepted that quarantine was a crucial line of defense against devastating epidemics. Spain's government helped fund a massive new lazaretto at Port Mahon in Menorca; Britain's government, meanwhile, saw a commitment of about £100,000 turn to dust as a planned lazaretto at Chetney Hill in Kent languished in bureaucratic stasis.[6] In an era when governments across Western Europe differed in size and in style, quarantine was accepted as a worthy expenditure of large sums of state money by many states, and its necessity was a shared article of administrative faith. The very existence of quarantine as a multipolar system is a startling fact in an era considered to be the golden age of the nation-state.

Certainly, inside the cavernous walls of Marseille's Lazaretto of Arenc, few doubted that the quarantine of Napoleon's returning soldiers was necessary. Outside, too, quarantine was considered essential. Why was this the case? What did the distinctive procedures of quarantine signify? And what precedents did they set or upend? The answers to these questions are the heart of this book. What follows, then, is not a broader history of quarantine as a tool, nor is it a comprehensive history of disease control in and around the Mediterranean or Middle East. This book is concerned with the history of Mediterranean quarantine *as a system*, and the way that system shaped the history of Britain, the major Mediterranean power of the era.

These dual commitments are deeply interpenetrated. If Mediterranean history (as opposed to history *in* the Mediterranean)[7] becomes harder to see in an age when nationalism, imperialism, and disparities of power were growing more important, it becomes increasingly necessary to examine planes on which the Middle Sea was drawn together. Britain was the ascendant Mediterranean power of the nineteenth century, and its diplomatic, economic, and imperial interests spanned sites across the Mediterranean Basin. British interest and investment in the Middle Sea skyrocketed during precisely the same timeline that quarantine expanded and achieved cohesion. By approaching the history of Mediterranean quarantine from the perspective of a country often seen to be on the margins of Europe, we gain a greater sense of its systematic quality. Finally, following the precedents of Mediterranean

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[6] On the Chetney Hill lazaretto project, see P. Frogatt, "The Lazaret on Chetney Hill," *Medical History* 8 (1964): 44–62, and John Booker, *Maritime Quarantine: The British Experience, c. 1650–1900* (Aldershot, UK: Ashgate, 2007), chapters 9 and 10.

[7] I am drawing on the distinction between history *in* the Mediterranean and the history *of* the Mediterranean suggested in Peregrine Horden and Nicolas Purcell, *The Corrupting Sea* (Oxford: Blackwell, 2000), 9.

quarantine throughout the British world reveals that system's global influence.

The only author of a monograph to focus on British quarantine policy suggests that Britons found the system "impossibly difficult" and that a practice developed among Mediterranean autocracies could hardly "sit comfortably in a nation proud of democratic and parliamentary traditions."[8] In fact, the vast majority of Britons accommodated themselves to quarantine just as others did, and critics of the system were by no means limited to "free-born Englishmen." No one liked to find her or himself destined for a lazaretto. Spanish, Italian, Austrian, Egyptian, Moroccan, Greek, French and Turkish travelers railed against the system as often as the British did. Certainly, many Britons *did* see quarantine as an imposition of Continental bureaucrats. On the international stage, especially from the 1830s on, Britain was a frequent opponent of the practice, but I also demonstrate that British diplomats were willing to participate in what many called "the European Sanitary System," content to bend its rules in their direction. British consuls, ambassadors, and colonial administrators conducted quarantine diplomacy capably.

Just as a British perspective aids our study of Mediterranean quarantine, an analysis of that system gives meaning and shape to the nineteenth-century British Mediterranean – a Mediterranean of the imagination as well as one keyed to the realities of the map, a Mediterranean whose patterns and modalities influenced developments in Britain itself. Britain's growing web of investments in the Mediterranean stood midway between its diminished Empire in North America and its expanding zone of power in South Asia. Like the central squares on a chessboard, British strategists thought Mediterranean dominance might translate to broader victories elsewhere in the world. One of the reasons, then, that Mediterranean quarantine shaped British debates about contagion and served as such a strong precedent in British imperial practice was how extensively the Mediterranean region captivated a particularly diverse set of British thinkers.

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Two hundred years before Napoleon's Egyptian Campaign, the quarantine undertaken in Marseille would have been unthinkable. Though lazarettos existed in some European ports, no one would have assumed that, without exception, each returning ship from the fleets engaging the Ottomans at Lepanto in 1571 should be quarantined on its return. And large-scale quarantine would be equally unthinkable a century after the detention of Napoleon's troops. In the

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[8] John Booker, *Maritime Quarantine*, xvii. Booker's history is based almost entirely on the administrative records of quarantine (in particular, Privy Council records). While the work is an extraordinary resource as a chronicle of official acts and regulatory changes, it does little to connect quarantine to broader historical trajectories.

late nineteenth century, the nature of the practice was dramatically refocused on people that Europeans found suspicious rather than on places; a robust system of sanitary controls in the Red Sea area detained thousands of Muslim pilgrims to Mecca, especially after the cholera panic of the mid-1860s. Yet, few people called for the quarantine of Lawrence of Arabia, or other allied soldiers who fought the Ottomans in the Middle East during World War I.

In the late eighteenth and nineteenth centuries, however, contagion appeared to align to a rigid cartography that justified the quarantine of hundreds of thousands. Some regarded it as anachronistic, but they were quarantined anyway. From Trieste on the Adriatic to Semlin on the River Save, from Ancona on Italy's eastern coast to Genoa on its northwestern, from Malta to Marseille, and to floating hulks off the British coast, Western Europe marked itself off from the ostensibly plague-ridden "East" by a tangible *cordon sanitaire*. With no exceptions, even for armies like Napoleon's, this system required every trader, tourist, missionary, soldier, and crew-member traveling to Western Europe from the Ottoman Empire and North Africa to submit to a detention of several weeks, to the indignity of fumigation, to the forced opening of every piece of luggage, and to the smoking of every piece of mail. Transported livestock were quarantined too, and each bale, box, or barrel of trade goods was opened and fumigated, often for a period lasting longer than the detention of persons.

The future Emperor Napoleon and the crew members accompanying him on his secret return from the Egyptian Campaign constitute a rare exception to this system of universal detention. In the story memorialized after the event, the Corsican general was practically dragged to the shore by enthusiastic crowds professing themselves willing to suffer the consequences of ignoring quarantine by chanting "we prefer the plague to the Austrians" (in reference to Bonaparte's victories in 1797) (Figure 0.1).[9] Yet even this apparent patriotic exception to the quarantine laws elicited significant disquiet. Marseille's health authorities demanded that the Directory (France's national government from 1795 to 1799) impose disciplinary action on the wayward sanitary authorities of Ajaccio and Fréjus who apparently licensed this abrogation of the sanitary laws: "This event could provoke alarm throughout the Midi, in France, and across Europe. Our commerce will be considered suspected."[10] The Directory responded by expressing profound regret and by promising the event would never be repeated.[11] That even this one exception to the laws of quarantine for

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[9] Louis Antoine Fauvelet de Bourrienne, *Memoirs of Napoleon Bonaparte* (Glasgow: Blackie and Son, 1830), 1: 223.

[10] *Intendants de Santé* of Marseille to the Interior Minister, 25th Vendémiaire, An VIII (October 17, 1799), AN (Pierrefitte) F/8/1 Dossier IV.

[11] Undated Memorandum from the Interior Minister, AN (Pierrefitte) F/8/1 Dossier IV. For more on this episode, see Daniel Panzac, "Un inquiétant retour d'Égypte: Bonaparte, la peste et les quarantaines," *Cahiers de la Méditerranée* 57 (1998): 271–80.
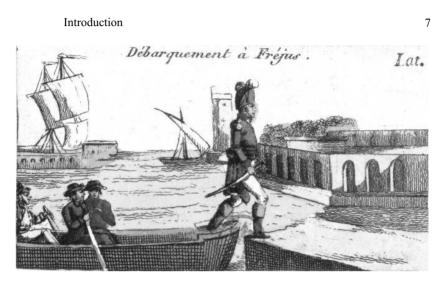
Figure 0.1 A fateful step. Bonaparte disembarking at Fréjus, in violation of the quarantine laws, as depicted in a contemporaneous 1799 drawing. Courtesy of the Bibliothèque Nationale de France.

Bonaparte himself should generate such controversy is a testimonial to the principle that, to remain valid, the laws of quarantine could admit no exceptions whatsoever.

Europeans, and others around the world, deployed quarantines against medical threats long before our period and long after. Though this book focuses on the universal quarantine against ships from the Middle East and North Africa, in the period under consideration the Americas were often under quarantine, too, due to the threat of yellow fever. Even among European nations themselves, quarantines were set up in times of cholera or other suspicious diseases. In contrast to these quarantines, the division of the plague-free West and the ostensibly plague-ridden East was unshakable. It did not vary based on the health of the Middle East at any given moment. In legislation, medical literature, and popular culture, the Ottoman Empire and the rest of North Africa were a special sanitary category justifying extra protection. And the quarantines that assumption justified, until they began to be dismantled in the 1840s, functioned as a permanent system coordinated from disparate poles of authority. Without the direction of either a particular national government or a supranational organization, Mediterranean quarantine functioned regardless of the vicissitudes of epidemic disease and was universal in its application.

"Universal quarantine," then, is the subject matter of this book. Universal, in the sense that boards of health across Western Europe's Mediterranean coast *never* exempted ships from the Middle East, *never* ceased to operate at certain

times of year, and *never* relaxed the threat to apply retaliatory quarantines if foreign boards reduced the severity of their standards below an implicit common minimum standard. Furthermore, within this system, quarantine applied *universally* to all passengers, crew members, and trade goods on a particular ship based on its point of origin (regardless of ethnicity, race, religion, gender, or class, though the character of quarantine certainly did vary according to those categories, as we will see). This state of affairs lasted (roughly) from the late eighteenth century through the 1840s. In sum, universal quarantine applied within a unique geographical region and within a defined period of time. This book defends the specificity of both within the broader historiography of quarantine practice.

Quarantine: History and Tradition

Quarantine in Europe emerged not as a demarcation of the border between sickness and health but in the midst of epidemic disease. Though temporary periods of isolation and ad hoc quarantines were common during the Black Death of the fourteenth century, it was during the long recovery from this period of epidemic devastation that, in 1423, the Venetians built what may have been the first permanent lazaretto. So old is quarantine in Venice, that the "Lazzaretto Nuovo," built as a second station, is called "new" even though it was built in 1468. In Dalmatia, a lazaretto in Ragusa (Dubrovnik) was first built around the same time, or slightly earlier.[12] It is clear that early quarantine was an Adriatic affair – based on the idea that the sea could exist as a barrier against disease *and* a conduit for it. Both Venice and Ragusa had banned ships from foreign cities during a time of plague in the late fourteenth century, and the construction of permanent lazarettos was a logical next step.[13]

Other Italian city-states quickly took their cue from this Adriatic innovation. Naples and Genoa constructed lazarettos in 1464 and 1467, respectively. Even inland cities constructed quarantine structures to retard the approach of people and goods along major roads and waterways. Such a structure was built in Milan in 1448; the Florentine government decided to follow suit in 1464. Dedicated "plague hospitals" were first instituted on the Venetian mainland at Brescia and Padua in the 1430s; such institutions spread across Italy and into France throughout the mid-fifteenth century.[14] It is clear, then, that a growing

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[12] For a recent articulation of the view that Ragusa/Dubrovnik was the site of the first European quarantine (and an overview of early quarantine procedures in that city-state), see Zlata Blažina Tomić and Vesna Blažina, *Expelling the Plague* (Montreal: McGill-Queen's University Press, 2015).

[13] See Jane Cranshaw, "The Renaissance Invention of Quarantine," in *The Fifteenth Century XII: Society in an Age of Plague*, ed. Linda Clark and Carole Rawcliffe (Rochester, NY: Boydell Press, 2013), 164.

[14] Ibid., 162–63.

consensus considered plague to be a "special" disease in need of a distinct prophylactic program. Jane Cranshaw notes the similarity between this new conception of the plague and long-standing ideas about the isolation of lepers, or even "unclean" professional activities such as leather tanning, which were often relegated to zones outside the city gates.[15] Lazarettos were one part of a rudimentary public health infrastructure, part of a logic of early modern healthcare based on the segregation of clean and unclean. Now permanent institutions, which operated regularly through the sixteenth century, they were not oriented against one particular geographic focus.

In other ways, though, these early modern developments anticipated elements of universal quarantine in the period under study here. In 1652, in the midst of a plague epidemic, the Republic of Genoa and Grand Duchy of Tuscany signed a treaty to coordinate quarantine procedures in their ports – a formal agreement that epidemic control necessitated cross-border coordination over sanitary regulation. Carlo Cipolla argues that though it lasted only four years, this agreement formed the most significant formal international agreement regarding prophylactic medicine before the International Sanitary Conference of 1851.[16]

In the course of the seventeenth century, bubonic plague epidemics diminished in frequency. By the century's end, many Western European cities experienced their final outbreaks of the plague. Britain was free of the disease after the famous Great Plague of 1665–66, and the last major outbreak on the Western European mainland was borne by the city of Marseille and other towns in Provence between 1720 and 1723. More cities built permanent lazaretto structures during this period as an association began to emerge between immunity from the plague and expanded quarantine infrastructure. Indeed, the Marseille plague epidemic was linked to that city's Board of Health failing to prevent the spread of the disease from the ship *Grand Saint Antoine* (recently arrived from Anatolia and Cyprus).[17] While Marseille had suffered from fourteen outbreaks of plague between 1505 and 1650, the 1650 plague was the last until 1720. This seventy-year interval coincided with an expansion of

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[15] Ibid., 167.

[16] Carlo M. Cipolla, *Fighting the Plague in Seventeenth-Century Italy* (Madison: University of Wisconsin Press, 1981), 49–50. Indeed, Cipolla claims the 1652 conference actually achieved more than the 1851 Conference. This is misleading. While the 1652 agreement is a sign that many health authorities recognized the benefits of coordination, over the course of the eighteenth century, a much more durable understanding emerged of quarantine practice as a "general law" that applied to all Western Europe. And, as we will see in Chapter 9, the 1851 Conference was far from the "fiasco" Cipolla described.

[17] The Marseille plague of 1720 fostered an enduring belief that plague always spread to Western Europe from the "East." On this point, see Daniel Panzac, *Quarantaines et Lazarets: Europe et la Peste D'Orient* (Aix-en-Provence: Édisud, 1986), 38–45. Also Junko Takeda, *Between Crown and Commerce: Marseille and the Early Modern Mediterranean* (Baltimore, MD: Johns Hopkins University Press, 2011), chapter 4.

quarantine infrastructure, and the fact that the plague was nevertheless imported in 1720 was broadly construed as proof that only insufficiently strong quarantine could allow it into France.[18] After the plague, Marseille's health authorities saw prophylactic rigor as the most productive kind of atonement for previous laxity, and the plague was enshrined as a central point of reference in the "civic consciousness" of the city.[19] After a 1744 plague epidemic in Sicily, Western Europe remained free of the disease,[20] while just across the sea and just over the Austrian military frontier, the Ottoman Empire still suffered from routine epidemics.[21] Quarantine, it appeared, was working.

Most Mediterranean port cities had acquired permanent (if small) quarantine facilities by the late seventeenth century, while the early and mid-eighteenth century saw a construction boom, including the major lazarettos of Malta and Marseille. In the wake of the Marseille plague, the former grew from 8,000 to 30,000 square meters, while Marseille's lazaretto was surrounded by additional outer walls and built out to cover some eighteen hectares.[22] Pressure to increase government expenditure on quarantine in this period was constant; a French official complained in the 1780s of the many demands for funds from Marseille's Board of Health: "The degradation of one wall would alone establish communication [with the outside world]," he noted. "Such a fear makes one superstitious and abandon oneself blindly to those in charge of this business." Given the concession of moral authority to the boards of health, the official concluded that pursuing economy for quarantine budget line items was "extremely difficult."[23]

Although the structures that would define the nineteenth-century quarantine system came into being in the wake of the Marseille plague, quarantine was not yet the systematic institution it would become by the end of the century. As late

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[18] See Pierre de Ségur-Dupeyron, *Rapport adressé a S. Exc. le Ministre de Commerce* (Paris: Imprimerie Royale, 1834), 21.

[19] Daniel Gordon, "Confrontations with the Plague in Eighteenth-Century France," in *Dreadful Visitations: Confronting Natural Catastrophe in the Age of Enlightenment*, ed. Alessa Johns (New York: Routledge, 1999), 16–17. Gordon suggests many Marseillaise exhibited a "morbid pride" about their city's experience with the plague.

[20] Free of the disease, with the small exception of the plague of Noja (1815), addressed in Chapter 1.

[21] For an argument that Ottoman plague epidemics were a continuation of the Second Plague Pandemic, which had been responsible for the Black Death, see Michael W. Dols, "The Second Plague Pandemic and Its Recurrences in the Middle East, 1347–1894," *Journal of the Economic and Social History of the Orient* 22 (1979): 162–89. While historians and bioarcheologists have not definitively settled on this classification, it is clear that Mediterranean plagues in the eighteenth and nineteenth centuries were distinct from the third plague pandemic, which emerged in China in the 1850s and spread worldwide from 1894.

[22] Panzac, *Quarantaines et Lazarets*, 37. On late eighteenth-century additions to Marseille's lazaretto, see extract of royal and ministerial ordinances from September 1778: Archives Nationales de France, C.A.R.A.N., hereafter, AN (Paris) AE/B/III/14, f. 166.

[23] Sénac de Meilhan, memorial to the Minister of the Marine Department (undated, but c. 1781), AN (Paris) MAR/D/2/42.