

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 Arenç. 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 passengers entering the nation from the Middle East and North Africa,¹ and employees 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

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

(quarantine fortress).² Given that, on average, the Lazaretto of Arenç 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.

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

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

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.

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

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

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.

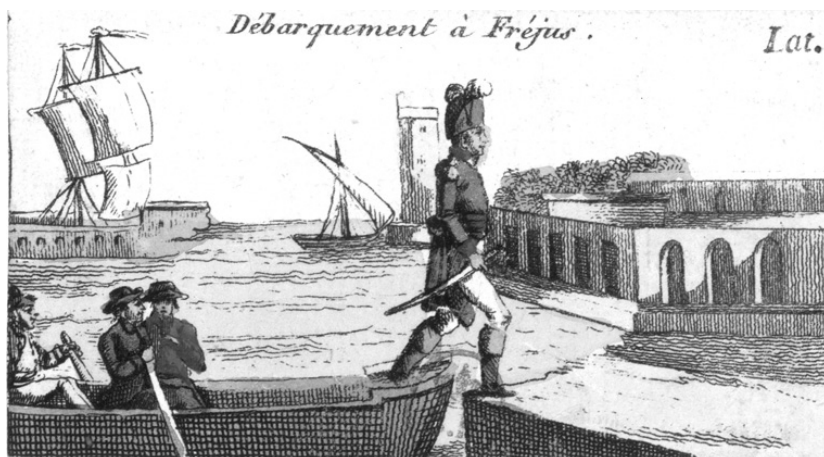


Figure 0.1 A fateful step. Bonaparte disembarking at Fréjus, in violation of the quarantine laws, as depicted in a contemporaneous 1799 drawing. Courtesy of the Bibliothèque Nationale de France.

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

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

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

¹⁸ See Pierre de Ségur-Dupeyron, *Rapport adressé à 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.

as 1729, for example, Britain's Levant Company felt it could petition the British government to exempt ships coming from Venice, Greece, and Anatolia from all quarantine procedures.²⁴ Only about fifty years later, such a petition would be unthinkable. This change accompanied a shift in travel narratives between roughly 1720 and 1780, in which the Ottoman Empire lost its favorable association with health and became identified as the most dangerous source of epidemic contagion. By the nineteenth century, its sanitary condition and political state were often seen (by Eurocentric observers) to be equally degraded.

It is clear that both shifts accompanied the transformation of Europe's political geography from an unsettled map in which the Ottomans might once again menace the West to an essentially stable division. Between the Treaty of Passarowitz in 1718 and the Congress of Vienna in 1815, although the frontiers of European nations and empires shifted radically, the boundary between the Christian "West" and the Islamic "East" remained largely constant.²⁵ Not coincidentally, by the mid-eighteenth century, European governments funded large, permanent lazarettos at Semlin, the Rothenthurm Pass, Messina, Trieste, Venice, Genoa, Ancona, Livorno, and Naples, in addition to the construction already mentioned in Malta and Marseille. Other substantial quarantine sites built or expanded at this time include those at Palermo, Ragusa, and Nice. Smaller quarantine facilities, tasked with keeping watch for shipwrecks and smugglers and usually under the control of a larger, nearby board of health also began to emerge throughout the eighteenth century on the French and Italian coasts (Figure 0.2).

Like so much about the practice, the word "quarantine" initially comes from Italy. After forty (*quaranta*) days, persons and goods suspected of plague were traditionally considered free of potential contagion (most quarantines were shorter by the nineteenth century, but the word did not change). Throughout the eighteenth century, Italy remained the heartland of the system – of the twenty-nine boards of health to which the Venetians sent out circular correspondence in the last third of the century, twenty-five were in what is now Italy.²⁶ In the early nineteenth century, thanks to a large new lazaretto in Menorca (Port Mahon) and expansions to lazarettos in Malta and Marseille, quarantine's geography changed. The shift coincided with the gradual rise of British and Austrian trade in the Mediterranean and the comparative decline of French and Italian mercantile dominance. As the practice became more

²⁴ Petition of the Levant Company, December 26, 1729, UK National Archives, Kew, London (hereafter, TNA) PC 1/4/108.

²⁵ There is, of course, the exception of the Ottoman–Russian frontier. But quarantine along that frontier was never as regular as in the Mediterranean, and even so, changes to it meant the hasty construction of new Russian lazarettos in the course of the eighteenth and nineteenth centuries.

²⁶ See Archivio di Stato di Venezia, Venice (hereafter, ASVe) Provv. Sanità 793.

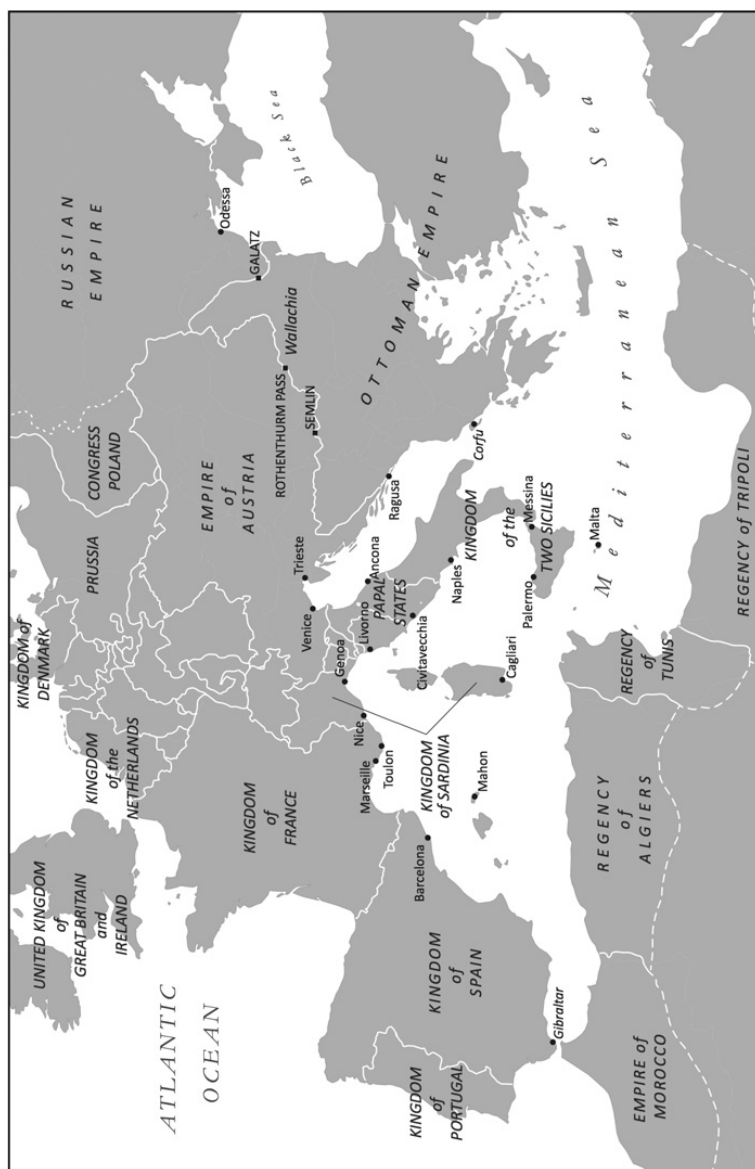


Figure 0.2 Map of major lazzarettos and quarantine ports, c. 1820. British-run quarantine facilities in Corfu and Gibraltar were excluded from free pratique in most Continental ports for the majority of the period considered here and are noted in italics. “Terrestrial” lazzarettos, along the land borders that the Habsburg and Russian Empires shared with the Ottoman Empire, are given in all caps. Map designed by the University of Wisconsin–Madison Cartography Lab.

transnational and subject to multiple authorities, it took on more coherence as an integral institution of European shipping.

As the epidemiological and political boundary between the West and the Middle East continued to harden (from a Western perspective), Italian-influenced *maritime* quarantine was only one way of imposing a barrier against the Ottoman Empire. After the 1718 Treaty of Passarowitz, the opening of the Austrian Empire's long land border with the Ottoman Empire (for trade and travel) provoked the organization of the extensive "*pestfront*" in 1728. This consisted of a military division, assembled via a *corvée* imposed on border provinces and tasked with guarding the entire frontier, which was mobilized whenever plague was found in the closest European provinces of the Ottoman Empire.²⁷ In 1740, the Habsburg government constructed a major lazaretto at Semlin, and smaller quarantine accommodations for travelers followed at the Rothenthurm Pass in present-day Romania. Terrestrial quarantine establishments often mandated shorter periods of detention if there was no plague present, given that travelers moving under the open air were thought to be less likely to retain pestilential matter than individuals confined to the close quarters of a ship. Nevertheless, the apparatus behind the terrestrial *cordon sanitaire* was at least as extensive as the maritime barrier. In addition to the lazarettos, smaller *rastels* (tiny quarantine establishments where goods or letters could be fumigated and passed through the frontier, though no individuals could cross) were built all along the Ottoman-Habsburg border, each with a small staff.

The entire network of institutions – major lazarettos in port cities, major land quarantine stations on the Ottoman-Habsburg frontier, smaller boards of health keeping a watchful eye on the coast, and Prussian and Austrian military quarantines that could be summoned up in a time of need – grew during the eighteenth century. As quarantine legislation was refined among the European powers, it became traditional to consign *all* ships coming from points eastern and southern to mandatory detention. It would take the epidemic and political pressures of the Napoleonic Era to produce the systematization and durability that quarantine experienced in the first half of the nineteenth century. That later period is the subject of this book. As we have come to its brink, it remains now to establish the basic elements of what constituted protection against the plague by 1780.

Across many areas of quarantine practice, administrators operated with a shared vocabulary. Every ship was required to possess a bill (or patent) of

²⁷ On this human *cordon sanitaire*, see Jovan Pesalj, "Some Observations on the Habsburg–Ottoman Border and Mobility Control Policies," in *Transgressing Boundaries*, ed. Marija Wakounig and Markus Beham (Zurich: GmbH & Co., 2013), 245–56, and Gunther Rothenburg, "The Austrian Sanitary Cordon and the Control of the Bubonic Plague, 1710–1871," *Journal of the History of Medicine* 28, no. 1 (1973): 15–23.

health, signed by a European consul stationed in the port of departure.²⁸ Bills were always classified in one of three or four categories: foul, touched/suspected, or clean.²⁹ In Britain itself, all ships proceeding from anywhere in the Mediterranean were potentially subject to quarantine, especially if their cargo contained trade goods considered most likely to harbor contagion (“enumerated goods”). In the rest of Europe, ships from other European ports were only quarantined in the case of disease outbreaks, while ships from the Levant and North Africa were always detained.³⁰ The length of detention depended both on the state of health in a ship’s port of departure and on the supposed susceptibility of its cargo to infection. Though some ports were known to be harsher than others, there was an unspoken minimum standard of severity that was consistently negotiated by exchange and experiment among boards of health. If one port’s board did not adhere to this threshold, ships from that port would be quarantined abroad.

Once in quarantine, goods (and often passengers) were subjected to a *spoglio*, or expurgation procedure, usually with a mix of smoking, airing, and dipping in vinegar, chlorine, or a substance euphemistically referred to as “perfume.”³¹ Indeed, trade goods (even more than people) were generally considered the most threatening sources of potential disease.³² The most potentially infectious “enumerated goods” included cotton, wool, fur, hair, paper, flax, yarn, clothing, sponges, hemp, and other items, while more solid, harder, or finer items such as grains, salt, raisins, sand, alum, and ivory, were considered to be free from potential infection.³³ Lazaretto staff members developed specific fumigation techniques for each enumerated good; these were shared among lazarettos across Europe.

While bales of cotton were opened and aerated every day, once in the lazaretto, passengers were left more or less to their own devices. Contact

²⁸ It became standard for ships to carry a bill of health by the late seventeenth century, though throughout the 1700s, it was common for ships to purposely leave without one and so avoid certain ports’ proscriptions against all foul bill ships. See Panzac, *Quarantaines et Lazarets*, 41.

²⁹ “Touched” and “suspected” bills were, in some cases, interchangeable and were both later inventions.

³⁰ See *Intendants de la Santé* of Marseille to Laurent Cunin-Gridaine, March 2, 1840, Archives départementales des Bouches-du-Rhône, Marseille (henceforth, ADBR) 200 E 194.

³¹ The Abbé Jean-Pierre Papon gave a recipe for “parfum” in 1800, which included sulfur, cardamom, black pepper, ginger, laudanum, and cumin. See Jean-Pierre Papon, *De la Peste, Ou, Époques Mémorables de ce Fléau et les Moyens de s’en Préserver* (Paris: Lavillette et Compagnie, 1800), 2:207.

³² David Barnes, “Cargo, ‘Infection,’ and the Logic of Quarantine in the Nineteenth Century,” *Bulletin of the History of Medicine* 88, no. 1 (2014): 75–101.

³³ John Howard, *An Account of the Principal of Europe* (Warrington: William Eyres, 1789), 17. Howard notes the ubiquity of this system of classification at various Mediterranean ports. Numerous examples also exist in the regulations of individual lazarettos. A British example can be found in an 1826 handbill: *Abstract of Quarantine Regulations* (London: George Eyre and Andrew Strahan, 1826). Wellcome Archive, London (hereafter, Wellcome).

with the outside world could come via letters (letters sent from the lazaretto were slit, smoked, and dipped in vinegar, as was all mail that passed through it) or at the *parlatorio* – usually a chamber divided by a narrow stream of water and/or iron grills separating individuals in quarantine from merchants, friends, and acquaintances “in free pratique” (i.e., not subject to quarantine).

The bulk of those who performed quarantine did so onboard ship (in most cases because they were sailors rather than paying passengers). Such individuals, more than anyone else, recognized quarantine’s most famous sign: the yellow flag. This was the generally agreed signal, from the late eighteenth century on, that a ship was in isolation.³⁴ It was, as one ship’s captain mournfully noted, “a public signal that we were tabooed.”³⁵ Edwin Montague, a member of an American expedition to the Holy Land, performed quarantine on his return journey off the coast of Spain at the quarantine harbor of Port Mahon in 1848. To him, the flag itself was the most memorable aspect of sanitary detention: “The yellow flag, the abominable yellow flag, still marks our ship as ‘plague smitten.’ Every boat steers off from us, afraid of contamination.”³⁶

Encountering any person or thing supposed to have come into contact with the zone of infection clearly generated fear. Yet, it is important to remember that even this later phase of quarantine history occurred well before the emergence of germ theory. The understanding of what “contagion” meant, in the case of plague, clearly varied among doctors (was it a poison that spread through touch alone? an amorphous substance that could corrupt the air?). Some used the words “contagion” and “infection” interchangeably, others stressed differences.³⁷ Believers in quarantine (contagionists) defended an abstract idea of contagion, but the most persuasive arguments in favor of the system were based on the historical fact that the expansion of quarantine coincided with the retreat of the plague from Europe. The imprecision in imagining a discrete infectious agent provided fodder for quarantine’s critics

³⁴ The origin of this symbol is unclear. It seems to have been required by Venetian authorities as early as the fifteenth century. In Britain, it was mandated by the Quarantine Act of 1788 (28th Geo. III, c. 34). According to John Booker, flying the yellow flag had been proposed several decades earlier only to be discarded. Given the increased number of ships in quarantine, the adoption of a universally recognized symbol was seen as more important by 1788. See Booker, *Maritime Quarantine*, 214.

³⁵ Capt. James Williamson, quoted in Lisa Rosner, “Policing Boundaries: Quarantine and Professional Identity in Mid Nineteenth-Century Britain,” in *Mediterranean Quarantines, 1750–1914*, ed. John Chircop and Francisco Javier Martínez (Manchester, UK: Manchester University Press, 2018), 129.

³⁶ Edward P. Montague, *Narrative of the Late Expedition to the Dead Sea, from a Diary by One of the Party* (Philadelphia: Carey and Hart, 1849), 79.

³⁷ See Margaret Pelling, “The Meaning of Contagion: Reproduction, Medicine, and Metaphor,” in *Contagion: Historical and Cultural Studies*, ed. Alison Bashford and Claire Hooker (London: Routledge, 2001), 15–38.

(anticontagionists), who believed atmosphere and environment, not contagion, caused the plague. The lack of clarity about what contagion was struck such critics as especially ridiculous when considered next to the extreme specificity of many quarantine rituals (the wiggling of cotton, the dipping of letters in vinegar, and the spectacle of the parlatorio).³⁸

Still, defenders of the system emphasized that without understanding which procedure secured immunity from the plague, any reform was playing with fire. In this way, lack of certainty gave quarantine staying power. Because there had been no major outbreak of plague since the 1720 plague of Marseille, defenders of the system reasoned that something had to be working even while it was unclear what. In this way, one comes to appreciate the gravity and solemnity behind lazaretto practices, the careful gaze of the Guardians, and the endless series of fumigations. Augustus Bozzi Granville, a prominent London physician and staunch defender of the doctrine of contagion, was apoplectic when Parliament convened a Select Committee to examine that very doctrine in 1819: "Since the establishment of quarantine laws, no case of plague has occurred in England for the space of a hundred and fifty-four years! Are we tired of this species of security?"³⁹ Abolishing quarantine, one MP told Parliament, would be "a most frightful experiment."⁴⁰ Many accepted that it was better to be safe than sorry, and for most doubters, the economic arguments against unilateral reform (and the retaliatory quarantines that would follow) were enough.

For much of the period considered here, Britain was an outlier when it came to quarantine practice. I stress this, not for the reason assumed by some historians, that commercial pressures to reform the system were comparatively greater there.⁴¹ In fact, I mean this in the sense that until an Order in Council of 1827, British quarantine laws were significantly *harsher* than Continental equivalents. Under the terms of the 1753 Quarantine Act, all ships from within the Strait of Gibraltar (i.e., from *any* Mediterranean port) were subject to quarantine, whether or not they carried enumerated goods. Throughout the late eighteenth and early nineteenth centuries, the Privy Council (hereafter, PC) applied this rule selectively, often reversing course over whether to allow certain ships (especially from Spain and Gibraltar) into British ports without quarantine. Ships with foul bills of health were not permitted to perform

³⁸ In 1843, for example, a shipping encyclopedia dismissively concluded that "the received distinction between susceptible and non-susceptible commodities is now held to be fanciful." See William Waterson, *A Cyclopædia of Commerce, Mercantile Law, Finance, and Commercial Geography* (Edinburgh: Oliver and Boyd, 1843), 566.

³⁹ Augustus Bozzi Granville, *A Letter to the Right Honorable F. Robinson, M.P.* (London: Richard and Arthur Taylor, 1819), 96.

⁴⁰ William Trant was the MP. Hansard, House of Commons Debate, May 19, 1825, Vol. 13, c. 792.

⁴¹ See, for example, Anne Hardy, "Cholera, Quarantine, and the English Preventive System," *Medical History* 37 (1993): 251.

quarantine in Britain at all, being subjected to the “double quarantine” of enforced detention at a Mediterranean lazaretto, and then, in most cases, another quarantine off the coast of Britain. After lengthy debate, that rule changed in 1799 when ships with foul bills were granted the right to perform quarantine in Britain itself.⁴² In the wake of the reformist Quarantine Act of 1825, the PC largely limited sanitary detention to ships from the Ottoman Empire and the rest of North Africa.⁴³ The unpredictability, inconvenience, and expense of the procedure in Britain meant that most Britons subject to quarantine usually performed it in a Mediterranean lazaretto; trade goods destined for the UK were the main targets of British quarantine acts.

Though quarantine as the formal response to ships with yellow fever and plague was only removed from British legislation in 1896, a series of PC orders limited the system to one-off usage in extraordinary circumstances from the late 1840s. Yet, even in this later era, Britain was hardly a Continental outlier given the eagerness of the governments of France (under the July Monarchy) and the Habsburg Empire to liberalize their own quarantine laws in the 1840s. While it is right to recognize that, at times, British officials were more impatient for reform than other Europeans, it is equally true that the broad trajectory of British quarantine policy was one of increasing symmetry with European powers – first by assimilating to common norms, then by pursuing reform internationally. At the first International Sanitary Conference in 1851 (discussed in Chapter 9), most European countries agreed in principle that quarantine should be limited to ships proceeding from ports actually infected with plague and yellow fever. Plague had begun to disappear from the Ottoman heartlands about a decade earlier, so, as the new consensus took hold, most ships in the Mediterranean managed to avoid quarantine from the early 1850s (though late nineteenth-century cholera quarantines directed against Muslim pilgrims both in the Mediterranean and around the Red Sea showed that Europeans remained concerned that the Mediterranean could be a conduit for disease to spread to Europe).

Freeing Quarantine from Quarantine

Quarantine is often thought of as a practice of isolation and exclusion. This book engages with that customary understanding; it investigates how the

⁴² An Act to encourage the Trade into the Levant Seas (39th Geo. III c. 99).

⁴³ Though quarantine still applied to ships carrying “enumerated goods” from the Mediterranean that left from a port without a major lazaretto and lacked a certification that their enumerated cargoes were “not the produce of Turkey, or of Africa within the Straits, or of West Barbary.” For a summation of this PC order, see Charles Greville to T. Whitmore, August 27, 1827. Quoted in *Quarantine: Return to an Order of the Honourable House of Commons* (London: House of Commons, 1831), 3–5.

prophylactic barrier deployed in Mediterranean ports shaped Western conceptions of “the sick man of Europe”⁴⁴ throughout the early nineteenth century even as it reaffirmed an idea of health inside the barrier. That the most meaningful dividing line between West and East was a medical barrier made plague into a metric by which Western Europeans judged the prospects of the Ottoman regime – the extent of its problems, the chances for its “regeneration,” and the inevitability of its supposed “decline.” Yet, I am equally interested in how quarantine fostered transnational cooperation and coordination. Not only did it undergird a sense of a protected interior but it also circumscribed the independent action of governments by its logic of mutually guaranteed protection. Outside of international policing agreements or military alliances, quarantine legislation was unique in that it depended on and assumed transnational cooperation. In this way, quarantine gave a sense of sanitary congruity to Western Europe.

Here, the history of quarantine is a history of networks and connections. The archives of quarantine practice turn up not only people, goods, and things but also rhythms of communication and a transnational process for responding to threats current and implied. Just as an electrical system can be studied through nodes and capacitors situated at individual points around circuits, so, too, can the sites and records of quarantine capture the measure of Mediterranean currents during a critical period of change. In many periodizations of the Middle Sea, the Napoleonic Wars represent, simultaneously, a major dividing line and an inscrutable black box from which emerged a modern dynamic, a sea marked by the rhythms of globalization, colonialism, exploitative trade, and increasing tension. As a history of the Mediterranean during this period of flux, *The Yellow Flag* shows the development of a new regime but in a way that highlights the surprising persistence (even reinvigoration) of premodern precedents.

On the one hand, quarantine highlights regional divisions (sick vs. healthy, “Europe” vs. “East”). On the other, its records reveal connective patterns by drawing attention to the diverse individuals and goods moving back and forth. Julia Clancy-Smith’s evocative reading of a diverse base of sources from both sides of the “Central Mediterranean Corridor” between Italy and Tunisia demonstrates how workers from both the northern and southern coasts of the Middle Sea formed a mobile, diverse group of “Mediterraneans.”⁴⁵ Similarly, the records of quarantine stations help us understand the patterns that drove fishermen, sailors, merchants, diplomats, and leisure travelers to cross the Middle Sea. Most cross-Mediterranean travelers experienced quarantine not

⁴⁴ This famous phrase, used by Western observers to refer to the Ottoman Empire, has been attributed to Tsar Nicholas I of Russia.

⁴⁵ Julia Clancy-Smith, *Mediterraneans: Europe and North Africa in an Age of Migration, c. 1800–1900* (Berkeley: University of California Press, 2010).

once, but regularly, and many came from the margins of national economies. The significant investment of time the lazaretto exacted helped to instantiate a sense, among elite and impoverished passengers and sailors alike, that to be a “traveler” was to be something identifiable – it was to understand a certain set of rituals of passage and disinfection, to be able to grapple with boredom during long months in a lazaretto, to incorporate a sense of contamination and expurgation into the experience of crossing the Mediterranean itself.

For these and other reasons, travel narratives are a powerful source for this book. After all, since any travel across the Mediterranean from Africa or the Levant to Europe involved detention at a lazaretto, such works often include thoughtful meditations on the experience of quarantine. The authors of such narratives mostly come from one elite stratum of the British Mediterranean world, yet as a historical source, travel narratives expand, rather than contract our apprehension of that world’s contours. Many enjoyed a wide circulation back in Britain and served to fashion a mental landscape of the Middle East (and of quarantine) for those who never went abroad. Furthermore, travel narratives by relatively well-off Britons serve as a means of conveying glimpses of the lives of far more modest people as they negotiated the *cordon sanitaire*. They help put the experience of quarantine back at the center of its broader history.

Across a global backdrop, the history of quarantine has enjoyed a resurgence of interest among historians with considerably different perspectives. For Mark Harrison, debates surrounding quarantine serve as a barometer for measuring the competing fortunes of public health authorities and merchants.⁴⁶ For Alison Bashford, quarantine in the late nineteenth and early twentieth centuries has served as a fruitful way of understanding racial anxieties about the admission of refugees and immigrants,⁴⁷ a concern that also animates the work of Nayan Shah on San Francisco and Angel Island or Howard Markel’s study of Jewish immigrants in late nineteenth-century New York.⁴⁸ David Barnes uses a *longue durée* history of a crucial American site of yellow fever quarantine to explore the evolution of ideas of infection among civic authorities in nineteenth-century Philadelphia.⁴⁹

⁴⁶ Mark Harrison, *Contagion: How Commerce Has Spread Disease* (New Haven, CT: Yale University Press, 2012).

⁴⁷ See Alison Bashford, “At the Border: Contagion, Immigration, Nation,” *Australian Historical Studies* 33, no. 120 (2002): 344–58. Also, Bashford, ed., *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present* (New York: Palgrave Macmillan, 2006).

⁴⁸ Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco’s Chinatown* (Berkeley: University of California Press, 2001); Howard Markel, *Quarantine! East European Jewish Immigrants and the New York City Epidemics of 1892* (Baltimore, MD: Johns Hopkins University Press, 1999).

⁴⁹ See D. S. Barnes, “‘Until Cleansed and Purified’: Landscapes of Health in the Interpermeable World,” *Change over Time* 6, no. 2 (2016): 138–52. The regulation of yellow fever, more generally, has become a popular topic for historians of the Atlantic world. Two recent dissertations exemplify this. See Katherine Arner, “The Malady of Revolutions: Yellow Fever in the

The history of Mediterranean quarantine itself has increasingly interested historians from around the Mediterranean Basin. This rich historiography has focused on specific sites of quarantine practice and administrative histories that connect quarantine legislation to broader stories within national historiographies regarding territorial control, the articulation of borders, and imperialism.⁵⁰ Like much of this literature, *The Yellow Flag* seeks to restore a sense of specificity and distinction to quarantine practice in the Mediterranean. Yet, the tendency of such work to fall within distinct local or national historiographies of specific Mediterranean states tends to diminish the extent to which it conveys how quarantine operated as a universal system. Especially in France, Malta, and the Italian states, boards of health were oriented outward to foreign boards to a much greater extent than they were in sync with the priorities or ideologies of national ministers. Members of these boards viewed themselves as colleagues in a region-wide fight against epidemic contagion – the systematic quality of universal quarantine was the key to its staying power and its global influence.

Yet, one of the virtues of connecting the study of “universal quarantine” in the Mediterranean with a thorough engagement with one particular national historiography (Britain’s) is that it highlights the importance of Mediterranean events and controversies to a history that has been almost exclusively recounted in a metropolitan context: sanitary reform in the 1830s and 1840s. The work of Anthony Wohl, Margaret Pelling, Graham Mooney, James Hanley, Christopher Hamlin, Tom Crook, and Matthew Newsom Kerr has carried the history of public health to the center of interpretations of moral and political understandings of British society.⁵¹ By the end of the nineteenth century, Victorian Britain could boast a justly famous public health infrastructure; the existing

Atlantic World, 1793–1828,” PhD diss., Johns Hopkins University, 2014, and Julia Mansfield, “The Disease of Commerce: Yellow Fever in the Atlantic World, 1793–1805,” PhD diss., Stanford University, 2017. On links between yellow fever control in the Americas and the long history of quarantine against plague in the Mediterranean, see Arner, “Making Global Commerce into International Health Diplomacy: Consuls and Disease Control in the Age of Revolutions,” *Journal of World History* 24, no. 4 (2013): 771–96.

⁵⁰ I refer, in particular, to the essays collected in Chircop and Martínez, eds., *Mediterranean Quarantines* (2018). Giuseppe Restifo, *I Porti della Peste: Epidemie Mediterranee fra Sette e Ottocento* (Messina: Mesogea, 2005), is a unique example of a monograph with a pan-Mediterranean frame, but in Restifo’s narrative, epidemics tend to appear as irregular crises and quarantines as temporary, episodic responses.

⁵¹ Margaret Pelling, *Cholera, Fever and English Medicine* (Oxford: Oxford University Press, 1978); A. S. Wohl, *Endangered Lives: Public Health in Victorian Britain* (Cambridge, MA: Harvard University Press, 1983); Christopher Hamlin, *Public Health and Social Justice in the Age of Chadwick* (Cambridge: Cambridge University Press, 1998); Graham Mooney, *Intrusive Interventions: Public Health, Domestic Space, and Infectious Disease Surveillance in England, 1840–1914* (Rochester, NY: University of Rochester Press, 2015); James Hanley, *Healthy Boundaries: Property, Law, and Public Health in England and Wales, 1815–1872* (Rochester, NY: University of Rochester Press, 2016); Tom Crook, *Governing Systems: Modernity and the Making of Public Health in England, 1830–1910* (Oakland: University of California Press,

historiography has firmly situated its development within broader narratives about local politics, government growth, protest literature, and medical controversy. Yet, little attention has been paid in this literature to Britain's participation in the largest transnational scheme for preventative medicine before the formation of the WHO: Mediterranean quarantine.⁵²

You are beginning a book in which you will find yourself transported, within a matter of pages, from a Middle Eastern city in the throes of a plague epidemic to a cholera hospital in Britain to a quarantine fortress on an isolated Maltese island. While the *practice* of quarantine mandated detention and delay, the *history* of quarantine is necessarily mobile. The dual lens used here – with interventions in both the history of the Mediterranean and the history of Britain and its Empire – is accompanied by a division of the book into thematic parts within which we move continuously among Britain, Continental Europe, the Middle East, North Africa, and the British Empire.

In Part I, I seek to fix the specificities of universal Mediterranean quarantine both in time and space. Chapter 1 presents the period of the Revolutionary and Napoleonic Wars as a public health crisis during which the modern quarantine system took shape. It investigates the series of plague and yellow fever epidemics that breached the defenses of a string of Mediterranean islands and considers the response of European governments. The frequency with which armies and navies crossed the Mediterranean created a massive augmentation of quarantine traffic just as new epidemic threats challenged the system as never before. Despite wartime debacles that suggested the quarantine system might break down, I demonstrate that it emerged stronger than ever. A conflict that has been called a “total war”⁵³ actually fostered transnational sanitary cooperation in fundamental ways. Chapter 2 explores the contours of what I call the “British Mediterranean world.” This categorization, I argue, applies beyond the nation's formal colonies (Gibraltar, Malta, and the Ionian Islands) to the diverse ensemble of British personnel driven to the Middle Sea by the obligations of military service, by the needs of diplomacy, or by personal inclination. It applies also to the set of concerns, strategies, and transactions

2016); Matthew Newsom Kerr, *Contagion, Isolation, and Biopolitics in Victorian London* (New York: Palgrave Macmillan, 2017).

⁵² Even among the historians who have studied British quarantine specifically, the focus has been on European comparisons (Baldwin), administrative practice (Booker, McDonald, and Mullett), or the significance of quarantine in Britain itself (Hardy and Maglen). See Peter Baldwin, *Contagion and the State in Europe, 1830–1930* (Cambridge: Cambridge University Press, 1999); C. F. Mullett, “A Century of English Quarantine, 1709–1825,” *Bulletin of the History of Medicine* 23 (1949): 527–45; J. McDonald, “The History of Quarantine in Britain during the Nineteenth Century,” *Bulletin of the History of Medicine* 25 (1951): 22–44; John Booker, *Maritime Quarantine*; Anne Hardy, “Cholera, Quarantine”; Krista Maglen, *The English System: Quarantine, Immigration and the Making of a Port Sanitary Zone* (Manchester, UK: Manchester University Press, 2014).

⁵³ See David Bell, *The First Total War* (Boston: Houghton Mifflin, 2007).

that tied metropolitan concerns to Mediterranean events. It is along the routes and patterns of the British Mediterranean that *The Yellow Flag* proceeds.

In Part II, we enter the world of the lazarettos. From huts in the Rothenthurm Pass in the Carpathian Mountains to looming fortresses in Mediterranean ports, these uncanny structures marked out Western Europe's border with points eastern and southern. While other histories of specific sites of quarantine have presented aspects of its practice, the aim of this section of the book is to paint a synthetic picture of nineteenth-century Mediterranean quarantine as a connected system. Chapter 3 offers a social and institutional history of sanitary control from the perspective of employees and administrators across the Mediterranean, emphasizing the continuities in practice among different ports. The chapter considers the administrative logic underlying disinfection practices and the daily scope of board of health activities. Lazarettos comprised a rigid hierarchy of employees, from the "Captain/Prior" in charge of the building, through doctors, to the "guardians" who attended each traveling party and who cycled in and out of quarantine themselves. At the top of the hierarchy, boards of health wielded immense power as they acted as local administrators with a national (even international) remit. I investigate how the lazaretto could simultaneously serve as an economic engine for cities like Marseille and Genoa, a civic institution, and an international space, whose jurisdictional status remained murky. Drawing upon travel narratives as well as administrative records, Chapter 4 shifts the perspective to the travelers, traders, sailors, soldiers, merchants, and missionaries whom quarantine detained. We consider incidents of suspicious deaths in the lazaretto, ghostly experiences that frightened travelers, and the routines developed by those in quarantine to ward off boredom. In this chapter, I also address sanitary crimes – from smuggling to attempted escape.

Having considered the intimate details of fumigation and expurgation in Chapters 3 and 4, the focus broadens in Chapter 5, which studies the transnational cooperation that enabled quarantine to function as a broader network. I show how circuits of exchange among boards of health and European consuls serving in the Middle East fashioned a "European biopolity" that included Britain. The chapter argues that, contrary to scholarship that has depicted quarantine prior to the 1850s as an improvised and irregular precursor to a late-century regime of international health, reciprocal correspondence among boards of health fostered a system that was durable and adaptable. The centerpiece of the chapter focuses on the events surrounding the passage of the 1825 Quarantine Act in Britain, in which an attempt to liberalize quarantine regulations led to a Continent-wide quarantine against British shipping. The spectacle only concluded when the Privy Council backed down. Rather than demonstrating British ambivalence, however, the reaction of the government in London

shows how seriously politicians and advocates regarded membership in what one MP called the “family compact” of quarantine.⁵⁴

In Part III, the account moves from the practice of quarantine to the theories, mentalities, and practices it shaped. In Chapter 6 we turn to the ways Ottomans and Europeans residing in the Middle East contended with actual plague epidemics and explore the ways in which Western conceptions of plague informed broader evaluations of the Ottoman Empire. The chapter examines how diplomatic conundrums filtered into the casual discourse of travelers and how closely medical and political evaluations were intertwined. Plague helps open up the Eastern Question by making clear how the political dilemmas it posed were not the exclusive purview of high diplomacy but were deeply implicated in medico-cultural perceptions of the “East.”

In Chapter 7, we turn our attention to the centrality of plague and debates about quarantine in the birth of the British public health movement. The chapter makes the case that though it is often thought of as a premodern scourge, the plague’s diffuse and dramatic reputation shaped conceptions of other killer diseases of the nineteenth century, such as cholera. I argue that debates surrounding Mediterranean quarantine formed an essential part of the development of British public health reform. Within this wider transnational perspective, I offer a reinterpretation of the much-discussed “contagion debate” between those who believed epidemic disease was communicated by contact and proximity (“contagionists”) and those who believed quarantine was useless and that plague spread because of atmospheric factors, such as temperature, winds, marsh exhalations, or putrefying matter (“anticontagionists” or “miasmaticists”). This debate has achieved a rather tired reputation in recent historiography, as scholars have cast the arguments of advocates on both sides as simple posturing in the midst of broad agreement. So it may be when looking at cholera. But by focusing on quarantine and plague (which was central to the concerns of medical polemicists), we see a revised picture of a medical argument understood in global, and especially Mediterranean, terms.

Part IV addresses the diffusion of Mediterranean quarantine practice: both around the world (in Chapter 8) and further in time (in Chapter 9). The former chapter considers how imperialism spread quarantine practice to new areas of the globe. It examines British responses to plague epidemics in Malta, Corfu, and India and argues that British use of quarantine in these imperial contexts demonstrates how firmly inflected by Mediterranean practice global quarantine became, even as it was employed only in specific circumstances. Yet, despite its persistence and its wide reach, quarantine did not last forever. One of the leading arguments of Chapter 9 is that its character fundamentally shifted in the 1850s, when the system lost its role as a universal barrier. Though it

⁵⁴ Joseph Hume, Hansard, House of Commons Debate, July 10, 1823, Vol. 9, c. 1526.

remained a tool within a later medical and political arsenal, it was no longer a universal checkpoint against all arrivals from a specific region of the world. I suggest that it was primarily *after* quarantine lost its universal character that it became more potent as a mechanism to target specific individuals, races, and ethnicities. Chapter 9 further argues that the end of the system of mandatory quarantine had at least as much to do with the decline of plague in the Middle East as it did with the ascent of anticontagionist arguments in London, Madrid, Paris, and Vienna. And such a durable system did not simply vanish without a trace; I show how the systematic structure of Mediterranean quarantine practice determined the shape and scope of the International Sanitary Conferences (precursors to the World Health Organization).

In sum, then, *The Yellow Flag* addresses a discrete period and place that represented the most sustained operation of a universal quarantine system at any time in world history. From the expansion of the system in the late eighteenth century to its demise in the middle of the nineteenth, Mediterranean quarantine imposed a geography that was absolute. Its influence redounded across the world and remains with us more than a century and a half after it became possible to sail from Alexandria to Southampton and disembark freely. In practical and doctrinal origin, quarantine displays a premodern pedigree, but its incontrovertible influence can be felt in the latitudes and longitudes of the modern world.