This paper deals with a particular aspect of a wider work in progress on *Epidemics and Economics in Mediterranean Africa from Plague to Cholera: Seas, Fields and Towns*. Considering the “seas” as first field of interest means that, in my analysis, the maritime intercourse – inside each region of Mediterranean Africa and between each region and the rest of the Ottoman Empire and Europe – is destined to lead to the most interesting results both in the field of Economic history and in the field of Maritime history. Leaving now aside all the aspects entirely concerning economic consequences of the epidemics on maritime trade (such as waste or loss of the shipments, death of crew members and passengers, delay or even block of every commercial transaction and so on) the paper will focus only on some factors exclusively linked to maritime matters.

Three considerations, above all, are necessary to be done before going to the core of this contribution. The first one is quite obvious. The Mediterranean navigation during modern age was indissolubly linked to three important and unpredictable negative variables: epidemics, corsairs (and pirates) and storms. Each of these factors implied an elevated rate of risk that undoubtedly affected the maritime history of the Mediterranean and especially (but not exclusively) the international maritime trade. Leaving aside the last two factors it remains the first and most frightening, the epidemic outbreaks, that were generally due to plague and later to cholera and were commonly originated from the East and consequently spread towards the West (Mediterranean and Europe). The epidemics, in particular, had numerous effects on maritime intercourse: they caused numerous deaths, they produced economic losses, they implied time wastes, but above all, the risk of epidemics for the local population, pushed to important sanitary actions compelling the actors of this maritime theatre (captains, consuls, local authorities, tradesmen) to act in function of different, sometimes opposed interests. Some historians say that this happened only in Europe and that only European colonial powers made this happen in the rest of Mediterranean. I would say: no.

Secondly and consequently, it could be noteworthy to put into evidence that the “fatalist” attitude in front of epidemics, attached without any serious distinction to all the muslim populations of the Mediterranean by western observers, can’t stand up to test with the contemporary primary sources. In fact, the analysis of both indigenous and exogenous sources shows that steps against maritime propagation of epidemics were taken at least since 18th century in several parts of Africa with important results in several cases. Besides, the western ideas of “contagion” and “prevention” diffused by the Europeans were gradually integrated in the muslim world. By the way, this process could only partly be considered as a process of secularisation since those ideas of contagion and
prevention and the corresponding measures of maritime and land protection (quarantines and sanitary cordons) firstly imposed by the governors were progressively justified by and embodied in the muslim jurisprudence.

Thirdly and consequently again, it is important to underline that the idea of a sanitary maritime system created only by colonizers’ wills during the second half of the 19th century and the beginning of the 20th century is mainly a colonizers’ point of view. Sanitary measures even if not effective sanitary reforms were already a reality during the age of plague. At least from the 18th century, lazarettos were created in proximity of the main trade towns and quarantines acquired a growing importance and were applied often and often. Eventually, local governors to prevent maritime spreading of epidemics expressly created sanitary boards. They soon became important bodies of control of maritime trade starting from the third decade of the 19th century in coincidence with the cholera outbreaks in the Mediterranean. Their existence and their activity is witnessed by a huge daily documentation kept in different archives of the states of the african coast.

Maritime control was so a growing concern of the several governors of Mediterranean Africa from the age of plague to the age of cholera. Captains and consuls had to face more and more regularly to the prescriptions of the local inspectors in places such as Alexandria, Tripoly, Tunis, Algiers and Tangiers. In accord or in contrast with the foreign commercial interests the governors of the regions ordered the application of a more or less strict observance of rules so affecting navigation and trade. In this way the quarantine regulations, their observation and violation, the complaints and the negotiations between captains, consuls and sanitary officials, are at the core of this contribution.
A. Plague time: 18th century - beginning 19th century

A.1. Quarantine regulations: governors’ will and local administrators’ applications

The first point I would discuss is governors’ will and local administrators’ applications. Documents notice cases of maritime epidemic prevention starting from the beginning of the 18th century and the number of records of measures application increases as we advance in the time. There could have been cases also in the previous century but the survived documentations doesn’t permit to go so back in the past.

What can be easily noticed from the numerous cases reported by foreign or indigenous sources is that in this period the application of quarantines to the ships coming from plague-infested areas was indissolubly linked to local and not-coordinated actions. In other words the ottoman sultan didn’t seem to give any general directive or even simple advice to the local governors of the provinces but everything was entrusted to each governors’ will and, above all, to his belief in contagion. This is the first element. The second one is that once the governor, bey or dey or pasha, imposed quarantines to foreign ships with foul bills of health in his province or regency, the application of this measure was not always certain depending on the local administrator obedience to a rule that was not contemplated by the sharia yet. I say yet because it will be in a following moment, as I anticipated. Besides, during this period the population didn’t share rulers’ views on contagion and quarantine and consequently accepted with difficulty the imposition of quarantines and sanitary cordons.

To cut short, the cases of application of more or less lasting quarantine periods in all the harbour cities of the Mediterranean Africa to ships coming from plague-stricken areas are well-witnessed during all the 18th and 19th century and too numerous to be discussed here. Two or three examples among the most noteworthy could be enough:

1. In 1781, Hammoudah pasha of Tunis ordered to the governors of the provinces to send away every ship coming from Egypt where plague was ravaging. The execution of this order by the qa’id of Sfax to a venetian ship coming from Alexandria with plague cases on board and the following destruction of the ship in Malta was the origin of a contention between Tunis and Venice that brought to a long war that lasted from 1784 to 1791.

2. In 1784 it is the case of the corvette La Rose of the Captain Ignace Sauzet of Saint-Tropez coming from Alexandria to Tripoly and having thrown already three dead passengers to sea. The bey forbade the entrance to the harbour compelling it to sail to another place where to purge. Tunis refused the ship, Malta refused too, and so he went to Lampedusa where it transmitted the malady to the local population. After having spent quarantine time there it returned to Tripoly. How many months were spent in this sea-pilgrimage?
3. Different is the case of the Venetian captain Michele Zizzovich that, being accepted in the harbour, spent in Tunis the longest quarantine time ever recorded in my documentation: 60 days in 1796.
Let’s go now to two exceptions that confirm the general rule.

1. In July 1701 three Tunisian ships from Scio arrived in Porto-Farina near Tunis, with 1,200 turc passengers 40 of which had died by plague. A doctor and some surgeons advised the local authorities to isolate them in a camp for the quarantine. But this precaution met the refusal of the bey Murad III that went on board and remained some time with the diseased passengers as example of conduct for the local authorities.

2. A similar case is recorded in 1799 in Morocco. While the plague was striking several parts of the kingdom some governors had taken measures to impede the spreading in their provinces but they were severely reproached by the king on the base of religious beliefs.

A.2. Quarantine regulations: observation and violation, complaints and negotiation (by the ship captains, consuls, and sanitary officials)

On the other side of the barriers there were the ships, the captains, the crew, the goods and passengers and, finally the consuls. Thousands of letters sent by the consuls to the foreign offices of Europe show us how difficult it was the intercourse between local interests and maritime interests.

Captains continuously presented complaints of different kind. Or because the quarantine was not applied to all to ships coming with foul or suspect bill of health; or since the quarantine was too short or too long (as in the already quoted case of Captain Zizzovich); or given that measures were not rationally applied; or for the reason that the captains considered unjustified the quarantine that they had to undergo; or in view of the fact that the quarantine taxes were too elevated or unjustified. Or because there was a discrimination if the ship was christian or muslim and so on.

Many of these complaints hid the comprehensible desire of the captains to avoid the loss of time of the quarantine, the expenses of duties, the damages to the cargos and the risks of contagion staying in a lazaretto, in the best cases. In the worst ones the captains made complaints to avoid quarantine and lazarettos even if they had plague on board in order to put ashore all the sick persons and the dangerous goods and fly away.

Numerous were the cases of negotiation between captains and consuls from one side and sanitary officials and governors from the other side. As numerous were the tentatives of avoiding quarantine controls causing at least embarrass in the diplomatic corps and at maximum spreading of epidemics in the country. Sometimes causing a strong reaction of the governors.

The most common cases of violation of quarantine rules consisted in the fact that captains disembarked the sick passengers and member of the crew before the arrival at the harbours, and that threw the dead to the sea. It was the case of the Captain Hyppolite Goubert of Saint-Tropez in 1784 that after having disembarked part of the ill passengers on the shore tried to harbour in Malta, in
Tunis and in Tripoly but was always sent to purge in another port (Lampedusa) from the local authorities.

Another common case was to leave the harbour without the necessary bill of health visaed by the consul and containing the description of the epidemic situation of the area.

There are also documented cases of corruptions of guards and sanitary officials to obtain the permission to put goods ashore or to disembark pilgrims without delay even with plague on-board. The epidemic of Tunis of 1784 was probably caused by a french ship with 150 muslim pilgrims on board coming from Mecca and embarked in Alexandria. Even if the plague was surely on board, since 10 passengers had died of it and had been thrown to the sea, the captain avoided the controls by corrupting the guards of La Goletta and disembarked the passengers without being compelled to undertake a quarantine.

A more exceptional case was that of military ships that tried to enter the port without the permission during epidemics. We can quote, for example, the case of the fleet of the admirals Jurien and Freemantle in Tripoly in 1819 and the audience at distance that the pasha gave to the admirals.

A.3. Quarantine regulations: lazarettos and conditions (Porto-farina, Chickly, Kerkenna, Tangers, Tripoli, Algiers)

Let’s see now how the application of the quarantine regulation was performed in the ports of Mediterranean Africa.

The control of the coasts was generally given to the responsibility of the qaid, as Bakkar al-Giulluli of Sfax charged by Hammudah pasha of Tunis in 1781 to send La Goletta every one came from Egypt to perform quarantine under the surveillance of the sanitary guards. At the port the ships received the visit of an aga (military official) charged of verifying the bills of health, of forbidding the disembark of persons and goods if there was a suspicion of plague, of controlling all the goods to carry to Tunis, of blocking the entrance of forbidden goods (such as alcoholic drinks). The aga was also charged of controlling all the goods and passengers to embark since they needed the bey’s permission.

The regency of Tunis gives us some examples of the different way of performing quarantine, similar to those performed in Egypt and other countries.

1. The first is the case of the island of Chickly (photos)
2. The second is the case of Zembra, Cani, Plane, Kuriate and (plans)
3. The third is the case of Porto-Farina (photos)
1. The island of Chikly was used as Lazaretto since at least the beginning of the 18th century. The ships remained anchored in the port of La Goletta but the passengers and the goods directed to Tunis were transported thanks to felucas (small sail boats) to this small island in the lake situated half way from the port and the town. There was a spanish fort there and a cistern with water. After the quarantine and the “sirena” or “spurgo” (that is the ventilation to open air of the goods) everything was carried to Tunis by the same means.

2. Subsequently, when the traffic became more intense, some isolated and almost desert islands (Zembra or Kerkennas) were used to perform quarantine on the ship itself or ashore. Sanitary guards remained in the ships all the time imposed by the Governor of La Goletta in the first case or of Sfax and Susa in the second case. The ventilation of goods was carried out on the deck.

3. The third case is the more modern one since it involved the regular utilisation of an arab fort near the port of Ghar-el-Mehl, Porto-Farina, some kilometres west from Tunis as Lazaretto. This site was progressively better equipped, divided in sectors and the daily situation was recorded by a doctor and some sanitary guards.

Situations similar to those mentioned here are recorded in other countries as Egypt, above all, with the lazarettos near Alexandria and in the Red Sea, but also in Tripoly, Algiers, Orano, Tangiers etc. They witnessed the will of the governors to prevent the spreading of epidemics in their countries and they witnessed also the influence that european medicine and sanitary concepts had on the muslim elites. With all the defects of a not-regular system typical of these muslim countries during 18th century and part of the 19th century and with all the defects typical of all public health systems, european and not.

B. Cholera time: 1830s on

B. The rationalization of the system

At the end of the 18th century some important changes are recorded in the direction of a normalization of the maritime measures against epidemic propagation. Morocco and Tunisia are especially concerned with. The Emperor of Morocco, Mulay Hisham, in the year 1792 posed the basis for a more regular control of the maritime arrivals and the establishment of the quarantine in accord with the european consuls and the local maritime authorities. In Tunisia Hammuda pasha, ruling from 1784 to 1814, reorganised the medical system and organised the quarantine controls. In the following years Egypt with Muhammad Ali was the theatre of the most important sanitary reform that profoundly touched the maritime control of the epidemic spreading. Ahmad bey in the regency of Tunis worked in the same direction.
The turning point was given by the diffusion of a new terrible epidemic disease, the cholera, in the 1820s and 1830s in all the Mediterranean countries and the arrival of the French army in Algeria in 1830. These two factors accelerated the process of integration of maritime control of the two shores of the sea against epidemic diffusion. In the short time of five or six years the five different countries that composed the Mediterranean Africa created modern sanitary boards and provided themselves of more efficient and numerous lazarettos. Different models based on cooperation between indigenous and foreign staff and experiences were created, except in Algeria where the system was completely ruled by the military forces. A great change, before the colonialism. A great change but, it is necessary to underline, not born from nothing.