From Autonomy to Internationalism: Quarantines, the Hajj, and Ottoman-Egyptian Relations, 1830-1870

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Introduction: Quarantines and Shifting Boundaries in the Ottoman Empire

In January of 1878, pilgrims returning from the hajj aboard the steamship *Achilles* revolted against the sanitary officials at El Tor, the site of an Egyptian quarantine station on the Sinai Peninsula, and set off for Suez. According to the medical official on the *Achilles*, Doctor Potts, the pilgrims had been made to wait for 28 days – without being granted a bill of health that would get them out of quarantine or clear information on when they would be allowed to continue their journey home – because one of the quarantine officials claimed that six deaths from cholera had occurred aboard. At El Tor, the pilgrims were dying of starvation, with food and water being sold for exorbitant prices, and were suffering from exposure to the scalding daytime temperatures and the freezing nights, leading to their violent encounter with officials in their attempt to escape.[1]

Finally leaving the station did not put an end to these conditions for most of the pilgrims, who were made to pay three dollars or surrender their possessions, then sent to Ayoun Musa – a station closer to Suez, their next stop – while still being quarantined. Only Egyptians were allowed to disembark. After seeing many pilgrims starve to death on the *Achilles* while waiting for permission to pass through Suez, some pilgrims rebelled again, this time against the crew of the ship in an attempt to access their provisions and keep from starving. The captain panicked and fled to Suez, while the remainder of the crew requested that armed guards be brought aboard the ship. To Dr. Potts, the experiences of the crew and the pilgrims aboard the *Achilles* highlighted the flaws in the quarantine system, as in the end, more pilgrims had died of starvation waiting to see if they would be allowed to pass than had died of disease.[2]

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[1] The National Archives of the UK (TNA): FO 881/3613, Inclosure 1 in No. 3, Dr. Potts to Vice-Consul Wylde, 28 February 1878, p 7.
[2] TNA: FO 881/3613, Dr. Potts to Vice-Consul Wylde, 28 February 1878, p 7.

Dr. Potts' account was evidently written to support his belief that Red Sea quarantines were merely a pretext for local officials to profit off of the hajj, but the incident he described was not unique.[3] Throughout the nineteenth century, and especially after the intensification of steam travel from the 1860s onwards, quarantines became major sites of contestation not only between pilgrims and sanitary officials, but also between the different authorities operating them. In the case of the Ottoman Empire, this was most pronounced in Egypt and the Hijaz – the location of Mecca and Medina – due to the rising number of pilgrims, especially from India, who passed through these areas on the hajj.[4]

In addition to increased traffic, overlaps in jurisdiction complicated who would attend to pilgrims' health. As highlighted by Dr. Potts' narrative, many pilgrimage routes passed through Egyptian ports along the Red Sea and were thus managed by the Egyptian Board of Health in Alexandria and related sanitary institutions. While recent changes in pilgrimage routes due to a rise in steam travel and the opening of the Suez Canal in 1869 may have contributed to problems in managing sanitation for the hajj, the question of authority extended beyond Egypt.[5] Egypt and the Hijaz were both nominally ruled by the Ottoman Empire. However, while Egypt was largely independent and had its own Board of Health, sanitary measures in the Hijaz were managed by the Board of Health in Constantinople and had begun recently, in the late 1860s, compared to those in the Ottoman capital and in Egypt.[6] Consequently, pilgrims were affected not only by complications in adjusting to changing traffic and travel routes, but by the challenges of coordinating quarantines between different organizations.

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[3] TNA: FO 881/3613, Dr. Potts to Vice-Consul Wylde, 28 February 1878, p 8.
[4] Low, *Imperial Mecca*, 7–9.
[5] TNA: FO 881/3613, Dr. Potts to Vice-Consul Wylde, 28 February 1878, p 7; Green, "The 'Hajj' as Its Own Undoing," 201.
[6] Low, *Imperial Mecca*, 133.

Rising concern on the part of states over the spread of diseases in the 1800s was not unique to the areas central to the hajj. Fears over the spread of plague and, most importantly, cholera contributed to increased interest by statesmen in addressing epidemics across several states.[7] In the Ottoman Empire, much of the focus on preventing and treating epidemic diseases began in a military context to maintain the health of its troops.[8] However, it became a broader movement that resulted in the establishment of medical schools, infrastructural reforms in sewage and related areas, and the implementations of quarantines, primarily from the 1830s onwards.[9] Of these reforms, quarantines are particularly contentious because of their association with Europe and the rhetoric of "modernization" associated with both Europeans involved in their implementation and Ottoman statesmen during the Tanzimat, a period of reform in the Empire between the late 1830s and 1870s.[10]

The relevance of quarantines and other sanitary measures to the Ottoman state in this period raises the question: What can the relationships between the Ottoman and Egyptian sanitary councils and the hajj reveal about how quarantines operated within the Empire and how tensions between autonomy and internationalism affected them over the course of the nineteenth century? In other words: how did the situation faced by the pilgrims aboard the *Achilles* come about?

Despite the assumption that quarantine was a European practice, there were precedents for it within the Empire: Tunisia, Constantinople, and various Balkan regions had employed

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[7] See, for instance McLean, *Public Health and Politics in the Age of Reform* on Britain; Delaporte, *Disease and Civilization* on France; Henze, *Disease, Health Care and Government* on Russia; and Ebrahimnejad, *Medicine, Public Health and the Qājār State* on Qajar Iran.
[8] Fahmy, *All the Pasha's Men*, 209–12; Chahrour, "A 'Civilizing Mission?,'" 689.
[9] For information on these projects in Egypt, see Sonbol, *The Creation of a Medical Profession in Egypt*, 27; Kuhnke, *Lives at Risk*, 4; for information on this in the Ottoman Empire more broadly, see Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 98; for an example of interest in sewers in nineteenth-century Istanbul, see Kentel, "Pera, Kasımpaşa, Sewers, and Maps."
[10] Chahrour, "A 'Civilizing Mission?,'" 687–88; Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 98–102.

quarantines during prior epidemics.[11] Moreover, the involvement of Europeans in carrying out sanitary reforms drew on pre-existing patterns of medical exchange between the Ottomans and other states in Europe, such as the Austrian Empire.[12] That being said, quarantines were often applied unevenly at the expense of Ottoman subjects and Muslims. Towards the end of the nineteenth century in particular, quarantines became highly racialized; sanitary officials labeled Muslims as "contaminated" and applied harsher measures to them.[13] This racialization coincided with scrutiny of the Ottoman Empire's quarantine system through International Sanitary Conferences, which, while having an internationalist message, were Eurocentric in their goal of preventing the spread of disease to Europe.[14]

The large scale of the hajj in particular drew attention to hindering the spread of epidemics from Ottoman to European domains.[15] As with quarantines in general, such scrutiny was not solely due to the aims of European powers, as Ottoman statesmen were also becoming more interested in sanitation on the hajj. However, the attention given to it reflected a complex interplay between Ottoman concerns and European fears.[16] Moreover, Ottoman health policies were deeply affected by the autonomy of certain provinces, most notably Egypt, and had to contend with regional concerns even as internationalist principles were becoming influential.

The history of quarantines in the Ottoman Empire has largely been framed in relation to Europe. On the one hand, there is good reason for this; much of the medical personnel carrying out and designing quarantine policies within the Empire came from Europe, and European states were deeply invested in the Empire's public health measures because they feared the spread of diseases to their own countries from there. For European powers with major interests in the

[11] Gallagher, *Medicine and Power in Tunisia*, 7; Robarts, "'Instruments of Despotism,'" 120.
[12] See Chahrour, "A 'Civilizing Mission?'"
[13] Chircop, "Construction of the 'Contagious Arab,'" 214–16.
[14] Huber, "The Unification of the Globe by Disease?," 459–60.
[15] Huber, 461.
[16] Low, *Imperial Mecca*, 20–22.

Mediterranean – and, in the case of the British, the Red Sea and the Indian Ocean – quarantine policies in the Empire were economically important, as they affected the ability of ships to transport goods and to subsequently profit from them.[17] At the same time, focusing solely on the interactions between the Empire and Europe overlooks both the Ottoman origins of these policies and the scale of Ottoman connections to the rest of the world. Early sanitary officials were the employees of either the Ottoman state as a whole or of Ottoman governors, regardless of their origins. Although many of them saw themselves as engaging in a "civilizing" or "modernizing" project within the Empire, Ottoman statesmen provided the initial impulse for quarantine's implementation.[18] Moreover, quarantines were only one of many Ottoman reactions to epidemics, with people within the Empire continuing to respond to them through flight, the use of amulets and talismans, and religious rituals.[19] Even other "modernizing" sanitary measures can be seen as an extension of earlier Ottoman notions of health. For instance, the construction of sewers in the nineteenth century parallels an emphasis on providing clean water in the early modern period.[20]

In terms of Ottoman ties outside of Europe, recent scholarship has drawn attention to the significance of the hajj in Ottoman public health measures.[21] Through the hajj, Ottoman officials interacted with thousands of Muslims from across the world. It is true that the hajj concerned Europeans as well, mainly because of fears of the spread of disease. However, it was extremely important to the Ottoman state because its supervision of the hajj, as well as its ability to protect

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[17] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 108–12; Chase-Levenson, *The Yellow Flag*, 199; Chase-Levenson, 273–74.
[18] Fahmy, *In Quest of Justice*, 42–47; Chahrour, "A 'Civilizing Mission?,'" 688–89; Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 104–10.
[19] Robarts, "'Instruments of Despotism,'" 113–14; Aydın, "Water and Wellness," 65–68.
[20] Shefer-Mossensohn, *Ottoman Medicine*, 77–86; Varlik, *Plague and Empire in the Early Modern Mediterranean World*, 275–83.
[21] See especially Low, *Imperial Mecca*.

the health of pilgrims through quarantines and other sanitary measures, lent it religious legitimacy.[22]

Building on studies of sanitation that have centered on the hajj, I focus on changes in quarantines from their establishment in the 1830s through the 1860s in Constantinople, Egypt, and the Hijaz. As the Ottoman Empire's capital, Constantinople was home to the Board of Health which was responsible for determining quarantine policies throughout most of the Empire. Egypt (along with Tunisia) was an exception.[23] Despite its nominal status as part of the Empire, it exercised a considerable degree of autonomy under Mehmed Ali's dynasty and had its own Board of Health that operated independently of Constantinople's. However, these Boards overlapped in their areas of interest, as both oversaw major ports in the Mediterranean (such as Constantinople and Alexandria) and the Red Sea, which linked both of them to the Hijaz and, by extension, the hajj. Concentrating on the interactions between these regions and the specific motivations behind different quarantine policies in them challenges Eurocentric histories of quarantine that hold that quarantines within the Empire were always the result of European pressure, as well as fatalist narratives that assert that Muslims did not respond to epidemic diseases and instead resigned themselves to their divinely ordained deaths.[24]

Emphasizing interactions between Egypt and Constantinople offers a novel way of approaching the history of quarantines in the Empire because it draws attention to communication between different sanitary councils within the Empire instead of centering solely on relations between the Ottoman state and Europe. Nineteenth-century Egypt is usually written about separately from the Ottoman Empire, with connections between the two focusing on how

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[22] Low, 20.
[23] For information on quarantines in Tunisia, see Gallagher, *Medicine and Power in Tunisia*.
[24] Panzac, *La Peste dans l'Empire Ottoman*, 333–38.

Mehmed Ali's reforms inspired the Tanzimat and similar Ottoman policies.[25] Egyptian nationalist historiography, for instance, treats the Ottoman period prior to the French occupation of Egypt in 1798 as one of decline and stagnation, with the occupation and Mehmed Ali's subsequent rule as the beginnings of "modern" Egypt.[26] However, instead of accepting Mehmed Ali as the "founder of modern Egypt," recent work has challenged the assumption of a pre-existing Egyptian nation, recognizing Mehmed Ali's Ottoman background and the impacts the Ottomans had on Egypt as a whole.[27] Drawing upon this scholarship, I hope to explore the extent of Egypt's connections to the Ottoman Empire through the lens of health and sanitation while also recognizing its considerable degree of autonomy.

Like Egypt, the Arabian Peninsula had a long history of independence from the Empire. However, while Egypt became more autonomous in the 1800s, the peninsula was subjected to increased attempts at Ottoman control.[28] These attempts were important to Egypt not only because of the hajj, but also because Egyptian officials were key to these efforts; it was Mehmed Ali and his sons' campaigns from 1811 to 1818 that re-established Ottoman rule in the Hijaz after the Wahhabis – an Islamic movement that saw Ottoman religious practices as polytheistic and challenged Ottoman rule in the Arabian Peninsula and Iraq – occupied of the region.[29] The Hijaz was especially significant for two interconnected reasons: its importance to religion and its relevance to the broader health of the Empire. As the proliferation of travel by steamships in the latter half of the nineteenth century made the hajj more accessible, it also increased the risk of epidemics spreading through pilgrims.[30] The fact that many pilgrims were from India only

[25] Hanioğlu, *A Brief History of the Late Ottoman Empire*, 70.
[26] See, for instance ʻAwaḍ, *Tārīkh al-fikr al-Miṣrī al-ḥadīth*, 2:8–10; for this narrative in medicine specifically, see Sonbol, *The Creation of a Medical Profession in Egypt*, 36.
[27] See Fahmy, *All the Pasha's Men*.
[28] Hanioğlu, *A Brief History of the Late Ottoman Empire*, 11–13.
[29] Hanioğlu, 13.
[30] Low, *Imperial Mecca*, 11–13; Low, 20–22.

heightened concerns. Cholera was endemic to the Ganges Basin, and cholera pandemics generally spread from India to the rest of the world through trade, conflict, pilgrimage, and other forms of mobility. The hajj specifically was first linked to the spread of cholera in 1833.[31] As a result, the Hijaz became the locus of Ottoman and European concern with regard to epidemics and public health on an international scale.

However, unlike in the case of Egypt, the study of the Hijaz and the hajj is complicated not by nationalist historiographies, but the lack thereof. The absence of a nation to center studies of the Red Sea around, for example, has resulted in its relative neglect.[32]Although recent scholarship has drawn attention to the history of the Red Sea and to the hajj, it often centers on how European empires impacted it.[33] While Michael Christopher Low's *Imperial Mecca* is an exception in this regard, as it concentrates primarily on Ottoman policies, it only covers the period from the 1850s onwards. This choice aligns with when the Empire began to scrutinize the hajj in greater detail. However, given the concerns of the Empire over the status of the Hijaz in the first half of the century due to the Wahhabi incursions and Mehmed Ali's subsequent military campaigns – around the same time that quarantines and Boards of Health were established in both Egypt and Constantinople – the Hijaz is an inseparable part of Ottoman history in this period. In some ways, the absence of quarantines and similar measures on the part of the Ottomans in the Hijaz speaks as much to the history of public health in the Empire and the challenges of adapting looser modes of rule to these structures as the establishment of the Boards of Health and quarantines alongside other centralizing measures do.

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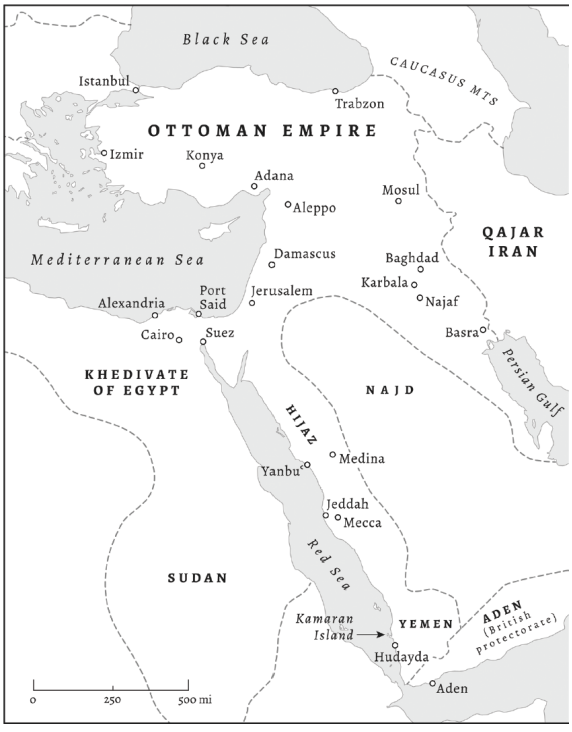
[31] Echenberg, *Africa in the Time of Cholera*, 4; Echenberg, 19.
[32] Wick, *The Red Sea*, 78–80.
[33] For the history of the Red Sea in general, see Bayyūmī, *Siyāsat Miṣr Fī Al-Baḥr al-Aḥmar*; Wick, *The Red Sea*; For the impact of European empires, see Roff, "Sanitation and Security"; Green, "The 'Hajj' as Its Own Undoing"; Slight, *The British Empire and the Hajj*; Mishra, *Pilgrimage, Politics, and Pestilence*.

This thesis will cover the period between 1830 and 1870, ending a year after the opening of the Suez Canal. This was a time of transformation within the Empire due to the Tanzimat, similar reform efforts, and new forms of international engagement from 1851 onwards through international sanitary conferences.[34] Analyzing Ottoman relations with Egypt and the Hijaz offers a chance to explore how these new forms of organization affected notions of politics and identity in the 1800s.

In addition to its regional focus, this thesis concentrates primarily on quarantines connected to the Boards of Health in Alexandria and Constantinople. These Boards are often considered to be purely imperial European endeavors, either constructed entirely to protect European interests or taken over by legal maneuvers.[35] Although these Boards certainly reflected European interests by the end of the nineteenth century, their histories are longer and more complicated than such a perspective would suggest. Work by Khaled Fahmy, Birsten Bulmuş, and LaVerne Kuhnke has drawn attention to the initiative of the Ottoman and Egyptian governments in implementing quarantine systems and other changes to medicine and public health, challenging the narrative that they were entirely European impositions.[36] Moreover, Michael Christopher Low's work on the hajj has illustrated that even as the Empire was increasingly affected by European influences, it was still active in pursuing its sanitary interests, both through its own attempts to regulate the hajj and its calls for stricter restrictions at International Sanitary Conferences in the 1860s.[37] Such statements cannot be construed as purely the work of Europeans in the Ottoman sanitary establishment given the opposition to these policies by the British Empire, the most influential power in the Mediterranean Sea and the

[34] Huber, "The Unification of the Globe by Disease?," 460–61; Huber, 465.
[35] For an example of this attitude towards the Board in Constantinople, see Low, *Imperial Mecca*, 13.
[36] See Fahmy, *In Quest of Justice*; Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*; Kuhnke, *Lives at Risk*.
[37] Low, *Imperial Mecca*, 11–12.

Indian Ocean in the nineteenth century.[38] However, the Boards of Health themselves are often dismissed as European organizations even within these works because of their origins in agreements that are associated with rising economic pressure on the Empire from Europe, like the Treaty of Balta Liman.[39] That being said, such a dismissal neglects the changes that occurred within them from their establishment in the 1830s through the late nineteenth century. Even though these Boards originated in capitulatory agreements, they were often sites of contestation over sanitary measures rather than solely sources of European dominance. By attending to the shifts in the operations of Constantinople's Board around the specific regions of Egypt and the Hijaz, this thesis aims to work through these tensions in the implementation of sanitary measures in the Empire (see **Figure 1** for a visual representation of the region that will be the focus of this thesis).



[38] Low, 12.
[39] Low, 13; Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 111.

Figure 1: Map of the Ottoman Empire and the Arabian Peninsula, c. 1877.[40]

While this thesis focuses on the links between Egypt, Constantinople, and the Hijaz, it is important to note that pilgrimage routes for the hajj were not the only ones in this region, nor were Egypt and the Hijaz unique in their autonomy. Jerusalem, for instance, was a major pilgrimage site as well, as were several cities in Iraq, which had its own history of autonomous rule and was subjected to an increased push for centralization by the Ottoman state, the Porte, throughout the 1800s.[41] Moreover, while an analysis of the histories of Egypt and the Hijaz will concentrate on the British Empire because of the centrality of Indian pilgrims to the hajj, it was not the only European power with many Muslim subjects. French colonies in North Africa, Russian-controlled regions in Central Asia, and Dutch Indonesia were all similarly embedded in the hajj, and while a lack of access to many of these sources renders some of them beyond the scope of this thesis, it is important to acknowledge the truly international scope of the hajj.

To explore the relationships between the Ottoman Porte, Egypt, and the Hijaz with regards to quarantine, I mainly employ British Foreign Office correspondence between members of Constantinople's Board of Health and British officials relating to quarantine and India Office documents on the hajj. These documents offer insights into the regular operations of the Board in Constantinople, including tensions between it and the Board in Egypt, between European and Ottoman members, and over specific outbreaks, such as those related to the hajj; they also illuminate relations between India and the Ottoman Empire in sanitation. I draw on travelogs detailing experiences with quarantines and pilgrimage as well. For details on the establishment of these systems, I employ an Ottoman treatise on quarantine by the Algerian notable Hamdan bin al-Merhum Osman for a perspective on Constantinople's situation and the writings of Clot Bey –

[40] Greb, "Map of Ottoman Empire and Arabian Peninsula, c. 1877"; in Low, *Imperial Mecca*, 29.
[41] See Low, *Imperial Mecca*, 17–18; Hanioğlu, *A Brief History of the Late Ottoman Empire*, 61; Bolaños, "The Ottomans During the Global Crises of Cholera and Plague: The View from Iraq and the Gulf."

the French doctor hired by Mehmed Ali to implement his medical reforms – for information on the Egyptian sanitary establishment. Through these documents, I show how quarantines were first justified and then implemented between the 1830s and 1860s, as their more local focus at their inception contrasts sharply with the international scope of measures relating to the hajj.

This thesis has two chapters, each covering approximately two decades. Chapter I traces the experiences of Ahmad b. Tuwayr al-Jannah, a Mauritanian scholar, on the hajj to analyze the establishment of quarantines and Boards of Health in Egypt and Constantinople between the 1830s and the 1840s. Although similar institutions were not established in the Hijaz at that time, Ahmad's experiences there highlight many of the political and sanitary challenges facing both pilgrims and Ottoman officials in the region. While Chapter I primarily deals with the autonomy of the Ottoman Empire and regions within it, Chapter II addresses rising concern over the hajj and a growing push for centralized administration of quarantines within the Empire and within the International Sanitary Conferences (ISCs) that began in the 1850s and came to focus on the Empire in the 1860s. Although the first ISC was held in 1851 and did discuss questions of health in the Ottoman Empire, it was after the cholera outbreak of 1865 that the Hijaz really became the center of European attention. Moreover, these decades were a time of increased tension between the Egyptian and Constantinople Boards as the challenges of managing their overlapping jurisdictions became apparent, as illustrated by the story of the pilgrims aboard the *Achilles*.

Chapter 1: *The Pilgrimage of Ahmad* and the Establishment of the Sanitary Councils

Around 1830, the Mauritanian scholar Ahmad b. Tuwayr al-Jannah set out for Mecca from Mauritania, traveling north by caravan to present-day Morocco and then moving along the Mediterranean until he reached Egypt. From there, he descended to the Hijaz. Ahmad's status is evident from both his literacy and his encounters with notable figures, such as the Moroccan sultan and several scholars and jurists in Fez, along his journey.[42] While the pilgrimage experience of one person cannot represent the hajj in its totality, there were many commonalities between Ahmad's journey and that of other pilgrims at this time. Travel by caravan and ship was slow and difficult, making the hajj a long, expensive, and grueling trip. Ahmad's own pilgrimage took around five years (from approximately 1829/1830 to 1834/1835).[43] Although he made several stops along the way to visit scholars, shrines, and cities, it is nonetheless clear that travel times and hardships like illness necessitated a lengthy pilgrimage.[44] Consequently, most of those who went on the hajj in the 1830s were of a higher class.[45]

This chapter will trace Ahmad's experiences to analyze the sanitary situation in Egypt and the Hijaz in the 1830s before transitioning to the establishment of a sanitary council in the imperial capital. Ahmad's account of the hajj offers insight into the challenges faced by pilgrims and the situation in the regions of the Ottoman Empire that he passed through, namely, Egypt and the Hijaz. Although he experienced quarantines that were part of centralizing measures within the Empire, the differences in sanitary structures in the regions he visited underscore how, in the 1830s and 1840s, provincial autonomy shaped public health practices. In the case of Egypt, Mehmed Ali established quarantines independently of the rest of the Empire as an expression of

[42] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 10; ibn Ṭuwayr al-Jannah, 14.
[43] Ahmad used the Islamic calendar, according to which his pilgrimage was from 1245 to 1250.
[44] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 133.
[45] Low, *Imperial Mecca*, 7.

his interest in maintaining Egypt's health and in extending his control over the province. Although the establishment of quarantines and a sanitary council in Constantinople reflected a similar drive on the part of the Porte that impacted the Empire as a whole, the Hijaz was, to an extent, excluded due to its own history of autonomy and recent political struggles. While quarantines in Egypt and Constantinople, then, expressed the centralizing impulse of various Ottoman statesmen, the Hijaz was caught between various expansionist powers that prioritized its traditional relationships to the Empire through the hajj over sanitary experimentation.

Egypt Under Mehmed Ali

Before reaching Egypt, Ahmad quarantined at the Italian port of Leghorn. Much to his dismay, everyone – regardless of religion or rank – was quarantined there for forty days if they came to Italy by sea, either in a "fine" and "well-built" house if they were of high status (like Ahmad) or in a "vile" accommodation. To Ahmad, the emphasis he saw on quarantine reflected a belief that death from disease was the result of infection rather than divine decree, a belief he disagreed with. He noted disapprovingly that Tunisia and Egypt had implemented similar policies, which he blamed on Christian influence and a lack of distinction between religious groups in cities like Cairo and Alexandria. Moreover, just as the quarantine in Leghorn was applied to everyone arriving by sea, all of the pilgrims who arrived at the Egyptian quarantine station alongside Ahmad were made to quarantine.[46]

Ahmad's view of quarantines as absurd was not universal among Muslims, as is evident not only from their use in Tunisia and Egypt, but from the words of Rifaʿa al-Tahtawi, an Egyptian scholar who was sent to France by Mehmed Ali's government a few years before Ahmad's pilgrimage. Al-Tahtawi recounted his experiences with quarantines at European ports

[46] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 25.

like Messina in a rather matter-of-fact way, noting that it was applied to people from "Eastern countries" without specifying approval or disapproval.[47] Additionally, he acknowledged that within Islamic scholarship, members of the ʿulama have taken various stances on quarantines, favorable and unfavorable, complicating Ahmad's presentation of support for quarantines as being divided along religious lines alone.[48]

Al-Tahtawi's trip to France and the quarantines he experienced on his way were part of a broader project of reform under Mehmed Ali Pasha, the governor of Egypt. While Mehmed Ali's policies in the 1810s and 1820s are best known for the establishment of monopolies for cash crops like cotton, the formation of a conscription-based army, and similar centralizing measures, their military aspects cannot be separated from interest in technological developments, particularly in medicine.[49] The historian Khaled Fahmy has argued that Mehmed Ali's attention to vaccination campaigns against smallpox, the establishment of medical schools, and various sanitary measures stemmed from his desire to have a healthy population from which to draw soldiers, particularly after losing many of his men to disease in his Sudan campaign in 1821.[50] Moreover, many of these measures were first implemented in a military context. One of the earliest hospitals constructed in this period, for example, was the Abu Zaʿbal military hospital (later Qasr al-ʿAini), which was built under the direction of Clot Bey – a French doctor hired by Mehmed Ali to carry out medical reforms – in 1827.[51]

In terms of quarantines, the Pasha drew on Italian expertise in 1812 to restrict the number of ships coming from Istanbul during a plague outbreak.[52] Then, in 1828, he ordered the governor of Alexandria, Muharrem Bey, to collaborate with foreign consuls to draft quarantine

[47] al-Tahtawi, "Takhlīṣ Al-Ibrīz Fī Talkhīṣ Bārīz," 148.
[48] al-Tahtawi, 151–52.
[49] Fahmy, *All the Pasha's Men*, 9–12.
[50] Fahmy, 210–12.
[51] Fahmy, 212.
[52] Kuhnke, *Lives at Risk*, 94; Mikhail, "From Nature to Disease," 234–35.

regulations for the city and to establish a site for quarantines.[53] Similar measures were taken at Damietta and Rosetta in 1829 and 1831, respectively.[54] In response to the cholera outbreak in 1831, the Pasha's government and foreign consuls established an international quarantine board in Alexandria, and a formal commission of health there began its work in 1834.[55] Even in these instances, where cholera was attacking significant portions of the population as a whole, much of the government's focus was on the military. For instance, John Barker, the British consul in Alexandria and the first Board president there, noted that when Mehmed Ali requested that the consuls draft quarantine regulations for the city, it was primarily in response to realizing that cholera was killing his soldiers.[56]

Given the involvement of European physicians and officials in designing and implementing quarantines and other reforms, it is not surprising that credit for their use is often attributed to them. However, it is important to note that many of those involved in their implementation were employees of Mehmed Ali's government, regardless of their country of origin, as even Clot Bey acknowledged.[57] Furthermore, despite the presentation of quarantine as a European practice in works like Ahmad's travelog, in reality, it was a contested practice in Europe as well. The British official John Bowring, for example, detested quarantines, calling them "useless" and "pernicious."[58] Many physicians were also skeptical of the practice because of uncertainty over the contagiousness of many diseases, like plague. Clot Bey himself believed that plague was not contagious and was thus unconvinced of quarantine's efficacy against it.[59] He went as far as to say that he had never employed quarantines nor fumigations, suggesting that the

[53] Sāmī, *Taqwīm al-Nīl*, 2:334.
[54] Kuhnke, *Lives at Risk*, 94.
[55] Harrison, *Contagion*, 69–70.
[56] Barker, *Syria and Egypt Under the Last Five Sultans of Turkey*, 2:171.
[57] Clot-Bey, *Aperçu Général sur l'Égypte*, 369.
[58] Bowring and British Association for the Advancement of Science, *Observations on the Oriental Plague*, 2.
[59] Clot-Bey, *Aperçu Général sur l'Égypte*, 308–9.

impulse for their implementation in Egypt likely came from Mehmed Ali rather than from Europeans in his government.[60] When Ahmad complained that there was an eight-day quarantine in place in Egypt because there was " a great plague" in the Hijaz around May or June of 1831, he was likely quarantining in a station designed at the behest of the Ottoman governor.[61]

Recognizing Mehmed Ali's initiative in establishing quarantines does not mean that quarantines were not controversial within Egypt. Quarantines within Syria and for returning soldiers, for instance, were particularly difficult to maintain because soldiers were eager to get home. At Damietta, some soldiers even mutinied against a ship's captain and several sentries, leading the government in Cairo to send a battalion to assist the quarantine officials.[62] Within Syria, quarantines were so difficult to enforce that at one camp, a trench encircling the camp was dug to prevent the soldiers from disobeying regulations, highlighting the extent of resistance.[63] Their reluctance to comply with quarantine measures was, to an extent, emblematic of the distrust many Egyptians had of measures that came from an increasingly intrusive state, as seen in similar responses to smallpox vaccination campaigns.[64] Even more commonly, resistance was related to the difficulties of quarantining when in need. For instance, during the plague epidemic of 1834, the ʿulama of Alexandria protested that quarantines were not feasible for the poor in the city, as they would not be able to eat if they did not go out and work.[65] Although the government attempted to provide provisions for the poor after this protest, it demonstrates the challenges of applying quarantines while accounting for other factors.[66]

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[60] Clot-Bey, 320.
[61] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 26.
[62] Fahmy, *All the Pasha's Men*, 226.
[63] Fahmy, 226.
[64] Fahmy, 225–26.
[65] Kuhnke, *Lives at Risk*, 79–80.
[66] Fahmy, *In Quest of Justice*, 58.

The establishment of quarantines under Mehmed Ali is indicative of the significant degree of autonomy many Ottoman governors had at the time. One of the reasons Mehmed Ali is considered a notable figure is because he was among the most powerful Ottoman governors in the early 1800s. Combined with the modernizing aspect of his reforms, his status often leads to him being hailed as the founder of the modern Egyptian state.[67] However, Mehmed Ali was not entirely exceptional. Many of his sanitary reforms were also implemented in Tunisia by Husayn Bey, and Balkan governors employed quarantines within their domains.[68] Rather than uniquely powerful, Mehmed Ali was representative of a trend towards autonomy in Ottoman provinces that were difficult to control. While the extent of the governor's influence – especially with his military campaigns in Syria – was at times threatening to the Ottoman government, he was ultimately an Ottoman official whose presence there had been agreed to by the Porte. What Ahmad saw in Egypt was not the rise of the Egyptian nation-state or what he labeled as signs of Christian, European domination, but the work of an ambitious Ottoman governor consulting with a variety of figures to enhance his power.

Ahmad's Destination: The Hijaz

From Egypt, Ahmad moved on to the holy cities of Mecca and Medina, his ultimate destination. His joy at reaching the Hijaz was tempered by his health; while he was leaving Medina with the other pilgrims, he fell ill and came close to death.[69] While Ahmad does not provide many details on his illness, given that cholera first appeared in the Hijaz in the same year as his pilgrimage, it is possible that he contracted it.[70] Ahmad himself noted that a mysterious

[67] Sayyid-Marsot, *Egypt in the Reign of Muhammad Ali*, 262–63.
[68] Gallagher, *Medicine and Power in Tunisia*, 40–41; Robarts, "'Instruments of Despotism,'" 120.
[69] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 39–40.
[70] Kuhnke, *Lives at Risk*, 52.

illness had beset the pilgrims that year, writing that they were struck by a "plague" that killed thousands and had never afflicted Mecca or Medina before.[71] Regardless of whether Ahmad had cholera or not, his brush with death underscores how perilous the hajj could be in the 1830s.

The issue of disease was not the only matter made clear by Ahmad's account; Egypt's influence on the Hijaz was also apparent. From the beginnings of Ottoman expansion into the region in the sixteenth century, Ottoman authority in the Hijaz had often been considered an extension of the sultan's power over Egypt, with the provinces having fluid boundaries.[72] Even then, the Hijaz had a considerable amount of autonomy from Egypt and from the Empire as a whole. The Ottoman government appointed officials to the Hijaz and paid the salaries of the garrison and the ʿulama, but outside of major cities, most governance fell to the sharif of Mecca.[73] While it was common for Ottomans to patronize institutions like hospitals in Mecca through pious foundations, other Muslim rulers in places like India practiced similar forms of charity, indicating that this was not a specific sign of Ottoman control.[74] Still, Egypt's proximity to the Hijaz contributed to stronger economic ties between the two regions. Through Red Sea ports like Yanbuʿ and Jeddah, Egypt supplied the Hijaz with necessities like grain while trading for products like Indian spices.[75] As demonstrated by Ahmad's own arrival in Yanbuʿ, ties between Egyptian and Arabian ports were also important as part of the hajj, as pilgrims who traveled through Egypt usually reached the Hijaz through these cities.[76]

Much of what Ahmad saw related to a more recent part of Ottoman history: the Wahhabi invasion of the holy cities and Mehmed Ali's subsequent campaign there on behalf of the Porte. The Wahhabi movement itself began in the Najd in central Arabia in the mid-eighteenth century

[71] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 42.
[72] Al-Rasheed, "Society and Politics," 13; Hanioğlu, *A Brief History of the Late Ottoman Empire*, 7.
[73] Al-Rasheed, "Society and Politics," 31.
[74] Shefer-Mossensohn, *Ottoman Medicine*, 150; Pearson, *Pious Passengers: The Hajj in Earlier Times*, 175.
[75] Bayyūmī, *Siyāsat Miṣr Fī Al-Baḥr al-Aḥmar*, 28; Bayyūmī, 24.
[76] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 36.

under Muhammad ibn ʿAbd al-Wahhab – a reformer who advocated for strict monotheism, denounced practices that involved mediation between God and Muslims, and called for holy war against those who did not adhere to these principles – and allied itself with the Saudi dynasty in 1744.[77] Towards the end of the century and continuing into the 1800s, the Saudis began to expand, threatening Ottoman territories in Mesopotamia, Syria, and the Hijaz.[78] While Saudi raids were concerning in general, their presence in the Hijaz was the greatest threat to the Ottoman state's image; its status as the protector of the two Holy Cities was the basis of its religious legitimacy.[79] Wahhabi forces even banned people from the hajj in 1809, to the horror of the Ottoman sultan, Mahmud II.[80] As Mehmed Ali and his sons were the closest Ottoman force that was not already fighting the Wahhabis, the Ottoman sultan requested that they drive them out of the Hijaz; they succeeded.[81]

On one level, Mehmed Ali's efforts to retake the Hijaz for the Porte highlight the continued link between Egypt and the rest of the Empire, as the governor's campaign played a key role in maintaining the legitimacy of the Ottoman state. It also benefited Egypt by restoring trade with the Hijaz, demonstrating its military strength, and adding much of the Arabian Peninsula to it.[82] Yet while Mehmed Ali's campaigns in Syria and Sudan have been linked to his push for sanitary reforms in Egypt, his military presence in the Hijaz is usually only addressed in relation to the challenge the Wahhabis posed to the Ottoman state and to the demonstration of Egypt's military might.[83] While the forces sent to the Hijaz from Egypt did not suffer losses to disease on the scale of those sent to Sudan and thus did not provoke as strong of a reaction, there

[77] Al-Rasheed, "Society and Politics," 15.
[78] Al-Rasheed, 20–21.
[79] Bayyūmī, *Siyāsat Miṣr Fī Al-Baḥr al-Aḥmar*, 7.
[80] Bayyūmī, 69.
[81] Bayyūmī, 69–70.
[82] Bayyūmī, 88.
[83] Fahmy, *All the Pasha's Men*, 211–13.

are similarities between the medical approaches taken. Combat necessitated some kind of medical presence, and Ibrahim Pasha (Mehmed Ali's son) was accompanied by an Italian team of doctors and physicians on his expedition to Yanbuʿ in 1816.[84] According to Clot Bey, a pharmacy depot was established in Jeddah around this time to supply armies in the Hijaz with medicine, paralleling Mehmed Ali's practice of establishing sanitary institutions in Egypt to serve his army first.[85] Moreover, Egypt still controlled the Hijaz during the cholera epidemic of 1831, which spread to Egypt from there.[86] Consequently, Egypt's relationship to the Hijaz is crucial to understanding the sanitary situation there in the 1830s.

It is not surprising that quarantines were not implemented in the Hijaz then. In the 1830s, Ottoman rulers employing them as part of their centralization of health measures, like Mehmed Ali and Sultan Mahmud II, only had loose control over the region. As noted before, whether or not quarantines worked was uncertain in the early nineteenth century. While Mehmed Ali himself seems to have supported their implementation, even within major Egyptian cities, there was variation in their use because of the different views of doctors and other sanitary officials.[87] Mehmed Ali even dismissed several officials for refusing to enforce quarantines in the 1830s.[88] As a result of these complications, while the Egyptian government was pushing for the establishment of a sanitary board to enforce quarantines and regulate health on a larger scale, the actual enforcement of these policies was often limited to cities, if they were carried out at all. The extension of the areas to which officials applied quarantines was, therefore, part of a broader effort at expanding the government's influence and control over the province as a whole, not an

[84] Bayyūmī, *Siyāsat Miṣr Fī Al-Baḥr al-Aḥmar*, 84–85.
[85] Clot-Bey, *Aperçu Général sur l'Égypte*, 381.
[86] Kuhnke, *Lives at Risk*, 52.
[87] Kuhnke, 87.
[88] Kuhnke, 88–89.

automatic implementation of these sanitary measures across all the areas under Mehmed Ali's rule.

Mehmed Ali's presence in the Hijaz differed from his rule in Egypt as well. Unlike his centralizing efforts within the main provincial cities, his policy in the Hijaz was geared towards re-establishing prior relations with the region, such as the resumption of the hajj and the sending of food from Egypt.[89] Consequently, even though the re-taking of the Hijaz was significant for the Porte and for Egypt's prestige, it was not entirely a radical shift in relations between the regions, with governance in the Hijaz once again being left to local rulers in a continuation of its autonomy. Egypt then lost its authority over the Hijaz in an 1840 convention between the Porte and various European states that also established Mehmed Ali's dynastic rule over Egypt, further cementing the emphasis on a return to the original relationship between the Porte and its provinces.[90]

Ties between Egypt and the Hijaz did not end because of this convention, particularly those relating to sanitation and the hajj. Much to Ahmad's dismay, as he began his journey home from Mecca, he was required to quarantine in Egypt. He was particularly annoyed by the inconvenience because the same disease that was circulating in Mecca was also in Egypt, so he felt that this quarantine was especially useless.[91] Still, the complicated relationship between Egyptian and Hijazi autonomy underscores the fluctuations in Ottoman rule in the early nineteenth century. Although Egyptian autonomy took the form of a centralizing governor who challenged and negotiated with the Ottoman state while establishing his own institutions,

[89] Sayyid-Marsot, *Egypt in the Reign of Muhammad Ali*, 127; Bayyūmī, *Siyāsat Miṣr Fī Al-Baḥr al-Aḥmar*, 89; Bayyūmī, 92–93.
[90] "Pacification of the Levant"; in Hurewitz, *Diplomacy in the Near and Middle East*, 1:116–19.
[91] ibn Ṭuwayr al-Jannah, *The Pilgrimage of Ahmad*, 43.

including quarantines and sanitary boards, in the Hijaz, autonomy was tied to less centralized rule overall.

Constantinople: Hamdan and Sultan Mahmud II

Although Ahmad did not continue his travels through the Ottoman Empire, returning home instead, he noted that one aspect of his journey was linked to the Ottoman capital: disease. Soon after leaving the Hijaz, Ahmad described how the "plague" that he had encountered there had come from India, spreading first through Persia, Yemen, and the Hijaz before reaching Egypt, Syria, Britain, Moscow, and Constantinople.[92] While confirming that this "plague" is cholera is difficult and there is debate over whether cholera was linked to the Hijaz in 1831, the progression Ahmad details is remarkably similar to that of the 1830s pandemic, whether because the "plague" was cholera or because it traveled along the same routes (see **Figure 2** for cholera's trajectory).[93]

[92] ibn Ṭuwayr al-Jannah, 48.
[93] Slight, *The British Empire and the Hajj*, 78; Echenberg, *Africa in the Time of Cholera*, 19.

Figure 2: The Spread of Cholera During the First Two Pandemics (roughly 1817-1824 and 1826-1837, respectively).[94]

Just as the spread of cholera to Egypt prompted the establishment of quarantines and sanitary councils there, so did it raise interest in quarantines in the Ottoman capital. Although a sanitary council was not founded in Constantinople until 1838, after the end of the cholera pandemic, interest in quarantines and similar measures predated the council. A treatise by the Algerian notable Hamdan ibn ʿUthman Khawajah on quarantines was published in Arabic and Ottoman Turkish in Constantinople that same year, 1838, suggesting that he had been exploring the topic for some years prior to that. Hamdan stated that his primary purpose in writing the treatise was to "explain the reasons for the spread of plague and pestilence," but he alluded to a religious imperative to preserve health as well.[95] The term he employed for preserving health – *ḥifẓ as-ṣiḥḥa* – also has an Ottoman Turkish equivalent that encompasses a variety of responses

[94] Brigham, "Chart Shewing the Progress of the Spasmodic Cholera"; in Brigham, *A Treatise on Epidemic Cholera*.
[95] ibn ʿUthmān Khawājah, *Itḥāf al-Munṣifīn wa-al-Udabāʾ*, 3–4. Translation mine.

to disease, including talismans, prayers, herbal drugs, and, in the nineteenth century, quarantines.[96] Consequently, Hamdan linked his argument to pre-existing understandings of health, incorporating quarantines into early modern Ottoman concepts that stressed a spiritual and moral aspect to health.

Hamdan connected quarantines to Europeans by stating that they are "present in all of the Frankish countries," although he also notes that they were a common precaution in many places under Muslim rule in North Africa, such as Tripoli, Tunis, and Tangiers.[97] Given the connection to Europe, he feared that hostility towards Christians would prevent their acceptance and spent much of his work praising European science and citing religious scholars on the importance of accepting science. When he asserted that it was impossible to deny that Europeans excelled in the sciences in his time, he also stressed that Europeans largely built on the works of Muslim scholars like al-Antaki and ibn ʿAta' Allah, thus contrasting Muslims whom he saw as "neglecting" the sciences out of a reluctance to engage with Christian works with Christian Europeans who studied Muslim ones.[98] He cited Muslim scholars like al-Ghazali as well to emphasize that there was no religious prohibition on studying the sciences; in fact, given the link between religion and protecting public health that he mentioned at the beginning of his work, he saw religion as encouraging the sciences.[99] Other scholars who argued for the incorporation of European innovations into Ottoman systems, including al-Tahtawi, often adopted a similar rhetorical approach to Hamdan. For instance, while al-Tahtawi claimed that Islamic countries need to draw upon European knowledge in the "philosophical branches" of the sciences, he also stressed that they have excelled in other sciences and that Europeans drew heavily on Muslim

[96] Aydın, "Water and Wellness," 16; Aydın, 30.
[97] ibn ʿUthmān Khawājah, *Itḥāf al-Munṣifīn wa-al-Udabāʾ*, 32. Translation mine.
[98] ibn ʿUthmān Khawājah, 13.
[99] ibn ʿUthmān Khawājah, 14; ibn ʿUthmān Khawājah, 4; for more on Hamdan's use of religion, see Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 106–7.

scholars in all areas.[100] In doing so, he encouraged interest in European innovations while emphasizing the role of Muslims in fostering them.

In addition to praising Europeans for building on Islamic scientific advances, Hamdan commended them for basing their knowledge on another phenomenon: experience. As he was pleased that they had corrected what they found in Islamic works through "experience and observation," it is not surprising that Hamdan drew on his own experiences to support his argument in favor of quarantines.[101] Hamdan was originally from Algeria, and he observed that although plagues were common there, those diseases had not spread to either Tunis or Tangiers after they implemented quarantines. Similarly, Algeria did not suffer as severely from epidemics after the French – who occupied Algeria in 1830 – implemented quarantines there.[102]

While Hamdan's treatise is a notable Ottoman work on quarantine, it does not necessarily reflect the perspective of the Porte and is influenced by his North African, where quarantines were more common and European colonialism was an immediate concern.[103] That being said, the Porte was experimenting with quarantines prior to the publication of Hamdan's treatise, as Sultan Selim III (1789-1807) and Sultan Mahmud II (1808-1839) had attempted to introduce them against various epidemics, with Mahmud II specifically using them to protect troops from cholera and plague.[104] Additionally, the Ottomans had a long history of medical ties to Europe. Recent scholarship has drawn attention to scientific links between the Austrian and Ottoman Empires in particular.[105] Just as Mehmed Ali consulted French and Italian doctors in constructing hospitals, designing a medical curriculum, and implementing quarantines, officials in

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[100] al-Tahtawi, "Takhlīṣ Al-Ibrīz Fī Talkhīṣ Bārīz," 105.
[101] ibn ʿUthmān Khawājah, *Itḥāf al-Munṣifīn wa-al-Udabāʾ*, 13.
[102] ibn ʿUthmān Khawājah, 32.
[103] ibn ʿUthmān Khawājah, 32.
[104] Promitzer, "Stimulating the Hidden Dispositions of South-Eastern Europe," 80; Low, *Imperial Mecca*, 130.
[105] See, for instance, Chahrour, "A 'Civilizing Mission?'"; Nazarska, "The Vienna School of Medicine"; Sechel, "Contagion Theories in the Habsburg Monarchy"; Promitzer, "Stimulating the Hidden Dispositions of South-Eastern Europe"; Buda, "Black Death at the Outskirts."

Constantinople communicated with Austrian physicians to carry out reforms.[106] Although many of these physicians saw themselves as "civilizing" the Ottomans, this history of exchange implies that to the Ottomans, this may have been a continuation of an existing medical tradition rather than a radical departure.[107]

One scholarly reason that earlier attempts at quarantines in the Ottoman Empire have received less attention is that they were largely unsuccessful, in part because of their decentralized nature. Measures limited to Constantinople, such as the formation of a sanitary council to supervise districts of the city and quarantine individuals suspected of having plague during an outbreak in 1830, were important. However, as Promitzer and Aydın have argued, the Ottoman Sultan was held responsible for the health of the Empire as a whole, meaning that the prevalence of disease in other regions marred his image.[108] Although measures outside of Constantinople often depended on governors, in the 1830s, Sultan Mahmud II began directing local leaders to respond to epidemics through quarantines. He ordered the pasha of Smyrna to quarantine vessels there in 1834 and issued a broader order to provincial governors to employ quarantines during a plague outbreak in 1836.[109] However, these were individual orders rather than part of a quarantine system through which leaders could coordinate sanitary measures. Issues in communication, an unwillingness to comply with the sultan's orders, and a variety of factors rising from this lack of coordination could not only endanger the capital; they could threaten the sultan's image as the "physician of the Empire" by suggesting that he was unable to handle epidemics.[110]

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[106] Chahrour, "A 'Civilizing Mission?,'" 690; Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 97.
[107] Chahrour, "A 'Civilizing Mission?,'" 687–90.
[108] Promitzer, "Stimulating the Hidden Dispositions of South-Eastern Europe," 101; Aydın, "Water and Wellness," 8.
[109] Promitzer, "Stimulating the Hidden Dispositions of South-Eastern Europe," 101.
[110] Aydın, "Water and Wellness," 20.

Public health was also central to the Ottoman sultan's image in the early 1800s because of European scrutiny of the Empire as "the sick man of Europe," literally and metaphorically.[111] The belief that the Ottoman Empire was a source of disease, particularly of plague, was common in Europe.[112] This stereotype was linked to writings from the early modern period – such as the writings of a sixteenth-century Austrian ambassador, Ogier Ghiselin de Busbecq – that portrayed the Ottomans as "indifferent" to plague and similar diseases because of a religious conviction that one's time of death was decided by God and thus unavoidable.[113] Similar images of Muslim fatalism circulated in the nineteenth century. For instance, in her memoir of her time in Constantinople, Elizabeth B. Dwight portrayed each Ottoman subject infected with plague as "yield[ing] in sullenness to his inevitable fate," suggesting passivity during outbreaks.[114] As a result of this trope and the belief that plague was endemic to Ottoman lands, the Empire was susceptible to criticism and economic restrictions, such as longer quarantine periods on its goods.[115] Quarantines, then, were not only a genuine attempt to deal with epidemics. They were an effort on the part of the sultan to project interest in public health to a European audience.

Although quarantines themselves were tied to Ottoman interests, the establishment of a sanitary council in Constantinople (the Constantinople Superior Health Council) was linked to the Capitulations, which were, in the 1800s, part of European efforts to establish commercial dominance over the Empire.[116] Recent scholarship has drawn attention to the original meaning of the Capitulations and challenged the idea that they caused an economic decline in the Empire prior to the nineteenth century.[117] That being said, the historian Birsten Bulmuş has linked the

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[111] Chase-Levenson, *The Yellow Flag*, 18.
[112] Chase-Levenson, 6.
[113] Busbecq, *The Turkish Letters of Ogier Ghiselin de Busbecq*, 189.
[114] Dwight, *Memoir of Mrs. Elizabeth B. Dwight*, 7.
[115] Chircop, "Construction of the 'Contagious Arab,'" 214; Abou-Hodeib, "Quarantine and Trade," 231–33.
[116] Eldem, "Capitulations and Western Trade," 284–85.
[117] See Eldem, "Capitulations and Western Trade."

establishment of the sanitary council to the Treaty of Balta Liman, which also included numerous commercial concessions to the British in particular and is generally considered to have disadvantaged the Empire.[118] Consuls were also included on the council, like in Egypt.[119] Still, the myriad of attempts to employ quarantines before its establishment in 1838 suggests that the Ottoman sultan was seeking to design a sanitary system that suited his needs. Bulmuş has also noted that the British opposed quarantines in the Empire in general.[120] When combined with this opposition, it is possible that the sanitary council was, in some ways, a compromise: the Porte implemented a sanitary council to supervise quarantines throughout its domains, and European powers had some say in how it was established.[121] Moreover, the Board soon came under the administration of an Ottoman president, and foreign consuls frequently clashed with Ottoman staff. While the situation would change in the 1860s, the Board was not initially a vessel for European control, but rather a point of contention.[122]

The 1830s were a turbulent decade for the Ottoman Empire. Its territorial holdings in particular were threatened by a new force: nationalist movements. Greece had gained its independence from the Empire at the end of the preceding decade, and other regions in the Balkans would agitate for independence throughout the century.[123] Other challenges, like the Wahhabis in the Hijaz and Mehmed Ali's expansionism, also took up much of the state's attention.[124] Additionally, the French had taken over Algeria, the Empire's western end, in 1830, which was likely why Hamdan was in Constantinople in the first place.[125] Combined with the

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[118] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 98–99; Low, *Imperial Mecca*, 131.
[119] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 111; Kuhnke, *Lives at Risk*, 93.
[120] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 111–12.
[121] Bulmuş, 112.
[122] Bulmuş, 130.
[123] Hanioğlu, *A Brief History of the Late Ottoman Empire*, 69.
[124] Hanioğlu, 66–67.
[125] Hanioğlu, 69.

crystallization of an uneven economic balance between the Empire and Europe after the 1840s, it is clear that this was a tense point for the Empire.[126]

At the same time, it is important to note that Ottoman sources allude to a desire for reform, not to fears of inferiority relative to Europe. Even though Hamdan's home was colonized, he did not imply that the Ottomans could not match European achievements in the sciences; instead, he advised learning from them and suggested that prejudice, not a lack of skill, was impeding the Ottomans.[127] Al-Tahtawi appeared to share his perspective, placing Egypt and many other parts of the Empire in the same civilizational category as Europe while calling for support for the sciences.[128] Similarly, the inclusion of Europeans not only drew on an existing tradition of medical exchange, but on increased interest from the late eighteenth century onwards on the part of the Porte in engaging with Europeans diplomatically to avoid costly wars and improve its image abroad.[129] The presence of European consuls reflected these efforts. Another key aspect of reform in this period, known as the Tanzimat ("restructuring"), was centralization. While it was most apparent in the sultan's efforts to exert greater political control over areas that had long been autonomous, such as Baghdad, it was also clear in the sanitary council, which established a central authority for quarantines within the Empire.[130] Overall, then, the implementation of quarantines by the Porte primarily reflected its drive towards centralization and reform in the 1830s.

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[126] Eldem, "Capitulations and Western Trade," 285.
[127] ibn ʿUthmān Khawājah, *Itḥāf al-Munṣifīn wa-al-Udabāʾ*, 13–14.
[128] al-Tahtawi, "Takhlīṣ Al-Ibrīz Fī Talkhīṣ Bārīz," 104–5.
[129] Hanioğlu, *A Brief History of the Late Ottoman Empire*, 47–49.
[130] Hanioğlu, 61; Promitzer, "Stimulating the Hidden Dispositions of South-Eastern Europe," 101.

Experiments in a Transnational System: The First Decade of Constantinople's Board

If the Board's establishment demonstrated the Porte's interest in diplomacy and centralization, its operations underscored both the limitations of this centralization and a trend towards transnational cooperation. For instance, one of the first actions of Constantinople's Board was to study the most notable disease to have plagued the Empire recently: cholera. The British government requested that consuls affiliated with the Board send in studies of the 1831 pandemic. The consul in Erzurum, an Anatolian city, attached a memorandum by a physician working for the Empire, Dr. Borg, who argued in 1847 that cholera had reached the Empire from India.[131] The fact that such messages were exchanged between British consuls means that they largely reflect on their government. However, the inclusion of a work by a doctor in the service of the Ottoman state suggests that both governments were expanding their role in the surveillance and tracking of diseases. Moreover, both were locating disease outside of their immediate borders – in this case, in India – while still linking it to their local concerns. Even though a global quarantine system did not exist by the 1840s, a shift from thinking of disease in terms of specific localities – or even a "Mediterranean system" in which there was some level of standardization and international coordination around the sea, as described by the historian Alexander Chase-Levenson – to an increasingly internationalist framework was underway.[132]

Concerns about pilgrims' health were part of this framework even in the 1840s. In 1847, for instance, cases of cholera were reported in Damascus soon after it had been reported and caused thousands of deaths in Mecca. The inhabitants of Damascus were afraid that the pilgrims would worsen the situation by bringing more disease into the city, and on the advice of the acting British consul, the Ottoman official in charge, Reshid Pasha, ordered that the streets be cleaned

[131] TNA: MH 13/253/54 Letter from James Brant to Viscount Palmerston Enclosing Dr. Borg's Report on Cholera, 27 April 1848, fols 197-216.
[132] Letter from James Brant to Viscount Palmerston, 27 April 1848, fol 199; Chase-Levenson, *The Yellow Flag*, 246.

as a precaution.[133] The mention of the fear of the people living in Damascus not only contradicts stereotypes of Ottoman fatalism. It implies that suspicion of pilgrims as carriers of disease was widespread. It is also notable that even though a British consul was the one advising policies, the power to act ultimately lay with an Ottoman official, revealing the agency of the Ottoman government in responding to disease.

Pilgrims themselves were not necessarily eager to comply with restrictions. In 1847, for example, cholera struck a group of pilgrims returning from Mecca near Jerusalem. Although they were quarantined at nearby Hebron, they broke through the restrictions and entered the city in spite of the efforts of the pasha's medical attendant to stop them.[134] In breaking out of the sanitary restrictions, the pilgrims demonstrated that quarantines were not always accepted by Ottoman subjects. Given that cases of cholera had already occurred amongst the pilgrims – meaning that they had witnessed numerous deaths before reaching Hebron – it is likely that fear of dying while quarantined prompted their response. The fact that the pasha's medical attendant was sent out to meet them also reveals how quarantines operated in the Empire, as he was likely meeting them to carry out medical inspections.[135]

Although these cholera cases occurred on overland routes, quarantine was primarily a maritime system in the Empire that concentrated on the Mediterranean and Black Seas, with a particular focus on the Dardanelles.[136] Consequently, the Board of Health's standard operations focused on vessels traveling through the Empire. The case of the British brig *Margery* in 1847 offers an example of the regular procedures of the Board for vessels. The ship arrived in Constantinople from Taganrog in Russia, and while at sea, an apprentice aboard named James

[133] TNA: MH 13/253/2, Extract of a Despatch from Acting Consul Timone in Damascus to Viscount Palmerston, 26 March 1847, fol 4.
[134] TNA: MH 13/253/3, Extract of a Despatch from Mr. Consul Finn to Viscount Palmerston, 27 March 1847, fols 5-7.
[135] TNA: MH 13/253/3, 27 March 1847, fol 6; Abou-Hodeib, "Quarantine and Trade," 223.
[136] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 10–11; Bulmuş, 136.

Green fell ill and died of symptoms resembling those of "cholera morbus."[137] Green was issued a bill of health stating that there had been multiple cases of the disease in the neighborhood he had come from, and as a result, the crew of the *Margery* was examined by officials from the Board. As they seemed to be healthy, they were admitted into the city, given pratique – meaning, permission to pass – and proceeded to Britain.[138] The Board's main function was now announcing the presence of disease in various regions, examining ships' crews and issuing bills of health to communicate across the Empire, rather than within the territories of specific governors.[139]

Similar functions were carried out by sanitary officials across the Mediterranean, both at Ottoman and non-Ottoman stations. In September of 1847, officials noted that cholera was advancing on Constantinople and stated that if it arrived, officials should enforce stronger restrictions in Serbia to hinder its spread.[140] The presence of cholera in Constantinople leading to actions in Serbia emphasizes the large scale of quarantines in the region, both in operations and in communication. This communication was part of a "Mediterranean system" of quarantines, although there was not the same scale of cooperation as there would be after the beginning of International Sanitary Conferences in the 1850s.[141]

The system was not flawless. The captain of the *Sultan*, for instance, reported a case of cholera morbus aboard in late 1847, leading to the crew and passengers quarantining at a station

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[137] According to the National Library of Medicine, cholera morbus referred to gastroenteritis and not epidemic cholera (termed "Asiatic cholera" in the nineteenth century). Consequently, the inclusion of the term would not have raised as much alarm as the word cholera itself. However, the distinction between epidemic cholera and cholera morbus was widely debated, as the symptoms were similar and both could be deadly. "Cholera Morbus"; for information on the confusion between cholera and cholera morbus, see Rousseau and Haycock, "Coleridge's Choleras."
[138] TNA: MH 13/253/14, Letter from Mr. Cumberbatch to Viscount Palmerston Regarding the *Margery*, 8 September 1847, fol 35.
[139] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 136.
[140] TNA: MH 13/253/20, Extract from Mr. Fonblanque on Cholera's Approach, 27 September 1847, fol 47.
[141] Chase-Levenson, *The Yellow Flag*, 246.

known as a lazaretto near Constantinople. However, when the Austrian steamer *Stambol* attempted to quarantine at the lazaretto, there was not enough room, resulting in the vessel being sent to another station in the Dardanelles.[142] The use of lazarettos for quarantining ships and passengers was a standard feature of the Mediterranean quarantine system. However, crowding was a serious issue. While the problem may have been because the system had been implemented less than a decade prior and because of the high traffic through the straits, it also indicates that the government was still struggling to coordinate quarantines even near Constantinople, much less beyond it.

Although quarantines are often considered a break with early modern Ottoman practice, in reality, they often incorporated existing traditions. In the early modern period, barbers and other healers commonly treated illnesses through practices like bloodletting.[143] During a cholera outbreak in the Anatolian city of Kars, the superintendent of quarantine on the Board, Dr. Dickson, and the pasha in the city ordered that doctors, apothecaries, and barbers should be ready to respond to the disease alongside other measures, such as cleaning the streets.[144] Although the involvement of doctors and Board of Health officials demonstrates that members of "modern" institutions were active in managing public health, the contributions of barbers challenge a strict binary between modern and early modern Ottoman medicine, implying instead that existing practitioners were often incorporated into new measures.

Although prior arrangements regarding existing medical practitioners remained in place in many regions of the Empire, the Porte was increasingly dissatisfied with giving governors autonomy in sanitary matters. Egypt, with its independent sanitary administration, was the center

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[142] TNA: MH 13/253/23, Copy of a Despatch from Mr. Cumberbatch to Viscount Palmerston Regarding the *Sultan*, 27 September 1847, fol 60.
[143] Sajdi, *The Barber of Damascus*, 41–42.
[144] TNA: MH 13/253/16, Letter from James Brant to Viscount Palmerston Reporting the Appearance of Cholera at Kars, 23 September 1847, fol 39.

of this concern. In 1848, another cholera epidemic struck the region, with the Board in Alexandria recording over a hundred daily deaths for the first half of August.[145] The epidemic led to fears over differences in sanitation between Egypt and the rest of the Empire, particularly since the Board in Alexandria communicated with other regions through the same system of bills of health that Constantinople's Board did, but it was unclear if they used the same standards. Consequently, the Board in Constantinople began to explore sending a commission to Egypt to investigate the issue.[146] While a commission would not necessarily carry administrative force and the standardization of sanitary practices became a global concern with International Sanitary Conferences from the 1850s onwards, Constantinople's Board's efforts here suggest that Ottoman officials already feared a lack of standardization within the Empire that stemmed from local traditions of autonomy.[147]

Conclusion: Autonomy and Centralization

The beginnings of the Ottoman quarantine system reflected tensions between a tendency towards provincial autonomy and the desire of the Porte, as well as governors themselves, to increase the scope of their administrations. In Egypt, Mehmed Ali's military concerns and wish to expand his influence prompted his sanitary measures, which also illustrated the extent to which Ottoman governors were able to dictate their own affairs. Although the Hijaz did not have an elaborate sanitary system under Ottoman or Egyptian governance in this period, this was, in some ways, a sign of its own tradition of autonomy and of the challenges of governing it. Despite the creation of some medical facilities as part of Mehmed Ali's military campaigns against the

[145] TNA: MH 13/253/104, Despatch Enclosing Extracts from Daily Bulletins from the Board of Health on Cholera to Viscount Palmerston from J.H. Gilbert, 12 September 1848, fols 349-50.
[146] MH 13/253/94, Letter on the Sanitary Arrangements in Egypt to Viscount Palmerston from F.A. Gilbert, 31 August 1848, fols 326-327.
[147] See Huber, "The Unification of the Globe by Disease?"

Wahhabis, Egyptian and Ottoman officials ultimately prioritized restoring traditional relationships with the Hijaz centered around the hajj over sanitary experimentation. When the Porte itself formed a sanitary council to coordinate measures across the Empire, it did so out of a desire to better regulate sanitation not only in Constantinople, but across its domains. Although the involvement of European consuls in sanitation and concerns over the image of Ottoman lands abroad pointed to some notion of a transnational system of health, as did standard forms of communication like bills of health, quarantine systems were not completely standardized and local influence remained pronounced before the internationalist turn of the 1850s and 1860s.

Chapter 2: Internationalism and Ottoman Quarantines, 1850-1870

In June of 1869, tensions between different members of the Board in Constantinople reached such a point that discussion had to be suspended. When discussing sanitary tariffs, the Prussian delegate said not to "attach more weight" to the votes of Ottoman members than to foreign members, enraging the Ottoman delegates. The matter was so sensitive that it was referred to the Porte. Dr. Dickson confessed that he hoped this would rid the Board of the "evil" of the "preponderance of the Ottoman, over the foreign element" that had persisted since the Board's foundation. He noted that at that moment, there were nine Ottoman and eleven foreign delegates, but that he would prefer for the Porte to only have one-third of the votes, with important decisions being referred to the central government.[148] Given that the Ottomans were influential on the Board in previous decades, it is striking that their power was so contested in 1869, which raises the question: how did we get here?

Boards of Health within the Empire – and sanitary discourse more generally – gradually became dominated by Europeans over the course of the nineteenth century.[149] Language around sanitation also became increasingly racialized.[150] As early as 1835, the lazaretto in Beirut classified Ottomans as "contaminated" and Egyptians, Syrians, and Greeks as "suspect" in contrast to "healthy" Europeans.[151] However, such classifications were much more widespread in the latter half of the nineteenth century, particularly after the establishment of "tropical medicine" in the 1870s.[152] Europeans did not completely dominate sanitary matters in the 1850s and 1860s, but the relationship between them and the Ottomans was much more ambiguous in this period than it had been previously.

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[148] TNA: FO 195/955, Quarantine and Board of Health, From Dr. Dickson to H.G. Elliot, 21 June 1869, no. 28.
[149] Chircop, "Construction of the 'Contagious Arab,'" 211.
[150] See Chircop, "Construction of the 'Contagious Arab'"; Aydin, "Reinforcing the Imperial World Order."
[151] Abou-Hodeib, "Quarantine and Trade," 233.
[152] Chircop, "Construction of the 'Contagious Arab,'" 217–18.

Much of this racialized discourse centered around the hajj after a horrific cholera outbreak in Mecca, which marked the beginning of the 1865 cholera pandemic. As international scrutiny fell on the Hijaz, questions about public health shifted from matters of autonomy and centralization to Ottoman or international regulation. The Hijaz itself was still fairly autonomous, resulting in confusion over who was responsible for sanitation. However, after 1865, both the Ottoman and international presence were much more pronounced there. Egypt was implicated in the aftermath of the 1865 pandemic as well, as the outbreak drew attention to its proximity to the Hijaz, but its relationship to the Ottoman Empire had shifted since the 1830s and 1840s. While still deeply intertwined with the Empire, Egypt had become more separate in its institutions, including in health. Rhetoric around sanitary measures between Egypt and the rest of the Empire no longer hinged on Ottoman politics, but on internationalism.

This chapter explores how internationalism affected changes in authority between Egypt and the Porte, as well as between the Board of Health in Constantinople and the Porte. Egypt's growing independence from Constantinople and rising tensions between different members of the Board were, to an extent, separate from the internationalist turn in public health expressed through International Sanitary Conferences from 1851 onwards. However, the 1865 cholera outbreak in Mecca linked internationalist principles, fears over the spread of disease, and issues of provincial autonomy. The outbreak also brought attention to the ways in which Egypt and the rest of the Empire differed, especially in public health matters. As seen in the incident at the beginning of this chapter, the pandemic's aftermath raised questions about the Ottomans' ability to address sanitary issues within their borders and led to efforts to shift control from Ottoman to European delegates – in other words, to an "international" body.

Ottoman Identities and Internationalism: The First International Sanitary Conference

Interest in sanitation was shifting from the national to the international scale well before 1869. The first International Sanitary Conference (ISC) was held in Paris in 1851, with various European states and the Ottoman Empire gathering to discuss different approaches to sanitation and quarantine, along with ways to standardize them across the Mediterranean.[153] While this ISC did not concentrate solely on Ottoman domains, the Empire was a participant, signaling that it was part of this burgeoning internationalism. Consequently, an examination of its policies in this period and their relation to internationalism is necessary.

The Tanzimat reforms that began in the 1830s and 1840s continued in the 1850s, transforming the relationship between Ottoman subjects and the state. The most significant of these reforms was the Hatt-ı Hümayun of 1856, which affirmed many of the principles in the Hatt-ı Şerif of Gülhane that had marked the beginning of the Tanzimat (1839). The Ottoman statesmen who wrote the latter called for the reform of taxation, conscription, and other matters, along with a note that these "imperial concessions" would apply to all Ottoman subjects regardless of creed.[154] However, it was not strictly enforced, which led to the Hatt-ı Hümayun of 1856 that reinforced the decree's religious aspect.[155] Both were part of the government's attempt to not only reform itself, but to promote an "Ottoman" identity that could respond to the challenge of nationalism while addressing European complaints about the status of Ottoman religious minorities.[156] These reforms, then, not only sought to address issues within the Empire;

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[153] Ersoy, Gungor, and Akpinar, "International Sanitary Conferences from the Ottoman Perspective," 56.
[154] Van Dyck, The Hatt-ı Şerif of Gülhane; in Hurewitz, *Diplomacy in the Near and Middle East*, 1:113–16.
[155] "Sultan ʿAbdülmecid's Hattı Hümayun Reaffirming the Privileges and Immunities of the Non-Muslim Communities"; in Hurewitz, *Diplomacy in the Near and Middle East*, 1:149–53.
[156] For information on the effects of nationalism and colonialism on the Empire's territories, see Hanioğlu, *A Brief History of the Late Ottoman Empire*, 69; Hanioğlu, 48–49.

they were simultaneously a diplomatic move designed to improve the Empire's image in Europe, highlighting Ottoman statesmen's awareness of their standing abroad.

Quarantines highlight how the shifting relationship between the Ottoman state and its subjects was not merely theoretical. When quarantines were first adopted, the reactions of Ottoman subjects were negative, either for material reasons like difficulty feeding families in quarantine, out of fear, or out of distrust of the state.[157] Many Ottomans likely accepted quarantines – acceptance drew less attention than rebellion, and positive or neutral accounts by scholars like al-Tahtawi and Hamdan existed – but it is still notable that, by the 1860s especially, popular Ottoman attitudes towards them had changed dramatically in their favor.[158] Ottoman subjects often demanded stricter quarantines. In the city of Larnaca in Cyprus, for instance, there were riots when passengers arrived with a foul bill of health and officials in Larnaca were not permitted to quarantine them for ten days instead of five because of the Board's regulations.[159] The protesters cited a firman from the grand vizier, Fuad Pasha, that they claimed authorized them to increase the lengths of quarantines upon arrivals from places where cholera existed. The quarantine physician was unable to appease them and, on the suggestion of consuls in the city, decided to enforce a ten-day quarantine until he received instructions from Constantinople.[160] The Larnaca riots demonstrate the confidence many Ottoman subjects had come to have in quarantines and their own concern with protecting their health. While much of this thesis, then, focuses on quarantines in relation to Ottoman officials, it is important to recognize that they were negotiated not only between Ottoman rulers and Europeans or between different Ottoman leaders, but also between these leaders and the populace. It was not only Ottoman statesmen who

[157] Kuhnke, *Lives at Risk*, 79–80; Fahmy, *All the Pasha's Men*, 226.
[158] See al-Tahtawi, "Takhlīṣ Al-Ibrīz Fī Talkhīṣ Bārīz"; ibn ʿUthmān Khawājah, *Itḥāf al-Munṣifīn wa-al-Udabāʾ*.
[159] FO 195/869: Revision of Quarantine Tariff 1866-7 Vol I, From E.D. Dickson to Lord Lyons, 13 December 1865, fol 648.
[160] Revision of Quarantine Tariff, 13 December 1865, fol 648.

had become more convinced that quarantines would protect their domains, but Ottoman subjects themselves.

The presence of consuls in the Larnaca riots, as well as European pressure for Tanzimat reforms, highlights the centrality of diplomacy to nineteenth-century Ottoman politics. Ottoman participation in the ISC can similarly be considered through this lens, as it incorporated both diplomats and medical experts.[161] The Empire argued for its interests at the conference and was receptive to its recommendations. One of the Ottoman representatives at the ISC, Dr. Bartoletti, drew attention to the establishment of quarantines throughout the Empire. While many European delegates feared the possibility of cholera returning to their lands through the Empire, he noted that the pandemic had occurred before quarantines were implemented in Ottoman lands and that Ottoman public health had since improved.[162] After the conference, the sultan approved new quarantine regulations in compliance with its recommendations, demonstrating the state's interest in the ISC's proposals.[163]

Of course, Ottoman participation does not erase the ISC's flaws. Despite the Ottoman government's involvement, ISC members often treated Ottoman lands as "buffers" between India and Europe, with their ultimate goal being to protect Europe from disease.[164] The ISCs did not even necessarily represent the interests of Europe as a whole. The scholar Francisco Javier Martínez argues that the conferences of the 1850s and 1860s were actually a reflection of French ambitions.[165] The historian Mark Harrison has similarly claimed that internationalist principles were merely a guise for British interests from the 1870s onwards.[166] From the beginning, then, the ISC was subject to the ambitions and biases of its members.

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[161] Ersoy, Gungor, and Akpinar, "International Sanitary Conferences from the Ottoman Perspective," 56.
[162] Ersoy, Gungor, and Akpinar, 56.
[163] Ersoy, Gungor, and Akpinar, 57.
[164] See Huber, "The Unification of the Globe by Disease?"
[165] See Martínez, "International or French?"
[166] Harrison, *Contagion*, 172.

However, the fact that European members envisioned the Empire as a boundary between them and disease does not mean that the Ottomans were not able to present critiques of their own. Dr. Bartoletti claimed that cholera had reached the Empire in the first place through Indian pilgrims traveling to Mecca.[167] Many European delegates also believed this to be the case, but coming from an Ottoman delegate, such a remark suggested that the Empire needed to be protected from disease as much as Europe did.[168] It may have also implied that the ruling power in India, Britain, should do more to ensure the health of the Empire.

Dr. Bartoletti's reference to the hajj suggests that the Ottomans were concerned with the spread of cholera through it prior to the international outcry following the 1865 outbreak. The Hijaz was part of the land they governed and the hajj was a likely vector for diseases. Ottoman Boards already noted when pilgrims moved alongside cholera, with a report from Alexandria in June, 1855 specifying that cholera cases in Cairo coincided with the arrival of pilgrims heading to Mecca.[169] Moreover, the references to India made by Dr. Bartoletti and others at the ISC suggest that it was crucial to sanitary policy and should be examined in greater depth.

Cholera and India in the Age of Empire

Tropes of India and Indian pilgrims as passive sources of cholera spread in the late nineteenth century as part of the same phenomenon that made India's sanitary situation so complicated: colonialism. British colonial interests determined whether or not sanitary measures were adopted in India (and if so, what kinds of measures), and as the number of pilgrims from India rose, it became increasingly difficult for the Ottomans to regulate the hajj independently of the subcontinent.

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[167] Ersoy, Gungor, and Akpinar, "International Sanitary Conferences from the Ottoman Perspective," 56.
[168] Huber, "The Unification of the Globe by Disease?," 461; Low, *Imperial Mecca*, 128–29.
[169] MH 13/247, From Mr. Bruce to Clarendon, 16 June 1855, fols 425-7.

Cholera was endemic to India and, as steam travel increased contact between India and other regions, cholera was more likely to spread.[170] Consequently, British sanitary policies in India were highly relevant to the Ottoman Empire's health. Although the time at which British measures became public health measures is debated, with respect to the hajj, one event did lead to a clear shift in attitudes: the revolt of 1857.[171] The revolt's immediate cause was the rumor that rifle cartridges were being greased with beef and pork fat, which was offensive to Hindu and Muslim soldiers in the Bengal Army.[172] They mutinied, taking Delhi and claiming the Mughal emperor as their leader. While the revolt ended in 1859, the British government was very concerned with what caused it, which led to significant changes in India's administration.[173] Some members of the government felt that the revolt was the consequence of disrespect for Indian customs, which entailed holding them in higher regard to prevent another rebellion.[174]

The hajj was one of these traditions. The British feared that if they attempted to regulate it, Indian Muslims would be infuriated.[175] At the same time, the British were suspicious of the hajj, believing that it was an opportunity for Muslims to exchange subversive ideas.[176] As cries to manage the hajj increased in the wake of the 1866 ISC, the British sought to legitimize regulations through two means: the approval of Indian Muslims aligned with the government, and having Muslim rulers implement restrictions instead.

The latter strategy left the Ottoman and Egyptian governments responsible for controversial measures. In 1868, Goodeve – who had served as the deputy inspector general of hospitals in India – said that he preferred to have the Ottoman government in charge of

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[170] Echenberg, *Africa in the Time of Cholera*, 4; Low, *Imperial Mecca*, 128.
[171] For more on this debate, see Arnold, *Colonizing the Body*, 12–14.
[172] Thomas R. Metcalf, "The Mutiny and Its Causes," 48.
[173] Thomas R. Metcalf, 54.
[174] Thomas R. Metcalf, 73.
[175] Mishra, *Pilgrimage, Politics, and Pestilence*, 16.
[176] See Low, "Empire and the Hajj."

"restrictive laws" for the hajj because it would keep legislation in the hands of the pilgrims' "co-religionists," highlighting how this approach allowed the British to sidestep critiques for interfering in Muslim customs.[177] Ultimately, British inaction on the hajj not only reflected their priorities in India after the Revolt of 1857, but also put more pressure on the Ottoman government to act.

Given the importance of India to Ottoman public health, it is not surprising that the Ottoman Board attempted to gain information on the situation there. In 1869, the British delegate to the Board, Dr. Dickson, wrote to the government in India on this matter. Noting the Ottomans' concern with India, he requested regular updates on health there.[178] The government agreed to send monthly reports, although the actual contents were debated.[179]

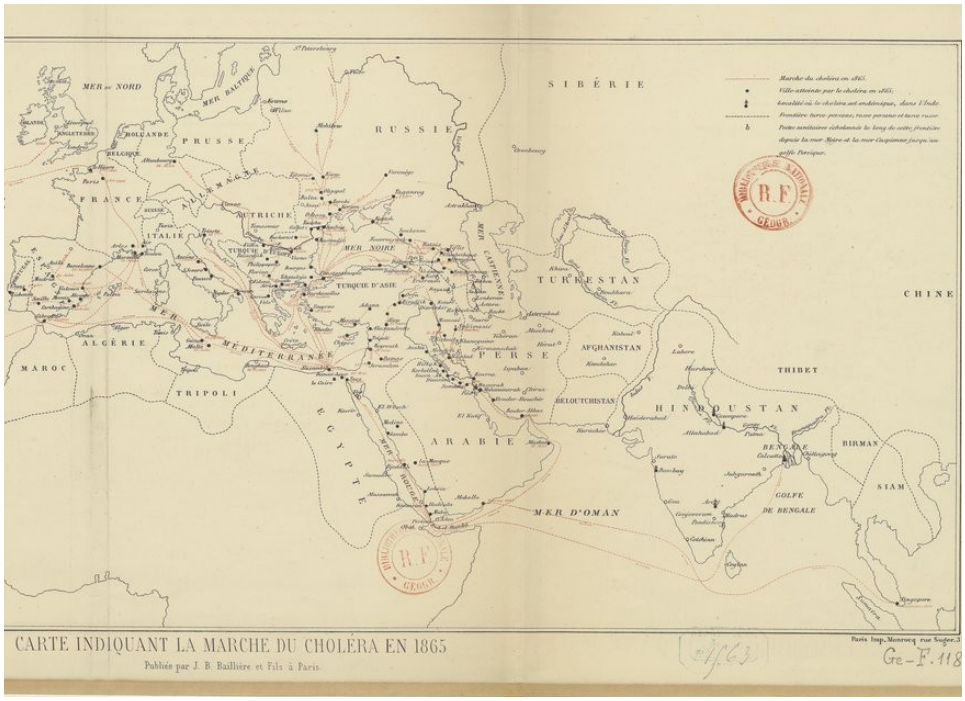
Dr. Dickson's request was in 1869, four years after cholera had spread from India to the Hijaz in what became the fourth cholera pandemic.[180] The outbreak led to an international outcry that drew attention to the sanitary situation in the Hijaz through another organized response: the ISC of 1866 in Constantinople.

1865: Cholera and the 1866 ISC

Cholera struck Egypt in late May of 1865, according to a July report by the *Pall Mall Gazette* of London; it had reached the province by way of pilgrims from the Hijaz. By July 3, there had been almost 400 casualties in Cairo alone. From Egypt, the dreaded disease soon spread to Constantinople and to Europe, devastating populations there (see **Figure 3** for the

[177] BL: IOR/P/434/44, From E. Goodeve to the Under Secretary of State for India, Home Department Proceedings 25 April 1868, No. 2, p 1227.
[178] BL: IOR/P/434/44, From Dr. Dickson to Henry Elliot, Home Department Proceedings 27 January 1869, No. 30, p 708.
[179] BL: IOR/P/434/44, From the Duke of Argyll to the Governor General of India, Home Department Proceedings 29 May 1869, no. 29, p 707.
[180] BL: IOR/P/434/44, From Dr. Dickson to Henry Elliot, Home Department Proceedings 27 January 1869, No. 30, p 708.

spread of cholera). The report's author argues that, given British and French interests in Egypt, this presented a rare occasion for cooperation: they could implement sanitary measures in Egypt to guard against "the recurrence of so direful a scourge."[181] Although the British and French did not take control of the Egyptian sanitary system, the pandemic's calamitous toll, with between 15,000 and 30,000 pilgrims alone dying, was a watershed moment in terms of international action.[182] As illustrated by the article's reference to pilgrims, the hajj was seen as the main means by which cholera spread.[183] Consequently, responsibility was seen to lie with the Ottoman Empire in general and with the Hijaz in particular. The French government suggested convening a conference on cholera the following year, 1866, that would be held in Constantinople to prevent subsequent outbreaks and limit their spread.[184]



[181] "The Cholera in Egypt."
[182] Low, *Imperial Mecca*, 120.
[183] "The Cholera in Egypt."
[184] TNA: FO 195/863, International Cholera Conference Vol. 1, From Clarendon to W. Stuart and Dr. Edward Goodeve, 10 January 1866, No. 1.

Figure 3: Map Showing the Spread of Cholera, 1865.[185]

One of the first suggestions at the 1866 ISC was to establish quarantines in Hijazi ports for Indian pilgrims, immediately drawing attention to India. The British government there was hostile to any restrictions, stating that while the Ottoman government was welcome to implement measures in its domains as it saw fit, there were "no *sufficient* reasons for such exceptional treatment" and that, on political grounds, "there should be as little interference as possible with the movements of" Indian Muslims.[186] The Ottomans' ability to actually implement any recommended measures, then, was tied to British willingness to accept restrictions on Indian pilgrims, highlighting another way in which the ISCs illustrated the importance of international connections.

Rather than a separation between the Ottoman Empire and India, most of the delegates imagined a system that would only surveil Muslim travelers. One participant, for instance, proposed a quarantine establishment at Jeddah for pilgrims where they would be constantly disinfected, whereas European steamers would be exempted from any measures as long as they could provide clean bills of health.[187] Despite the Empire's participation in the ISC, then, many of the European members perceived the Empire not only as a potential barrier to disease, but as part of a diseased "other," to be subjected to constant "disinfection" regardless of sanitary conditions there.[188]

The question of sovereignty over the Red Sea region was also a major issue at the 1866 ISC. The Red Sea bordered both Egypt, with its own sanitary administration, and the Hijaz,

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[185] Fauvel, "Carte Indiquant La Marche Du Choléra En 1865."
[186] TNA: FO 195/863, International Cholera Conference 1866 Vol. 1, From H. Merivale to the Under Secretary of State, 6 April 1866, No. 6 Inclosure 1.
[187] TNA: FO 195/863, International Cholera Conference 1866 Vol. 1, From Mr. Mitchell to Mr. Lanyard, 22 June 1866, No. 9 Inclosure 1.
[188] See Chircop, "Construction of the 'Contagious Arab'"; Huber, "The Unification of the Globe by Disease?"; Aydin, "Reinforcing the Imperial World Order."

which was under Constantinople's jurisdiction. Therefore, it was unclear which government would regulate passage through the area. This region was already religiously central to the hajj and strategically significant because of its location between the Mediterranean and India, becoming even more important after the opening of the Suez Canal in 1869 (see **Figure 4** for a later depiction of this region). Many of the delegates favored a third option: an international commission for sanitary affairs in the Red Sea, with lazarettos at Perim (an island in present-day Yemen) and El-Tor ("Tur" below) in Egypt. Britain opposed the commission on the grounds that the Egyptian administration was competent enough to manage the hajj and that the pilgrims would be more likely to obey measures implemented by their fellow Muslims than by Christian Europeans.[189] The specification of Egypt, however, implied that the Red Sea fell only under the jurisdiction of one government. Mecca, the pilgrims' destination, was under Ottoman control, as were key ports like Jeddah (spelled "Djeddah" below). Egypt had no formal administrative influence there. The commission's assumption, then, either implied that the Ottomans governing the Hijaz were incompetent or expressed genuine uncertainty over who had more influence over the maritime passage. While an international commission sidestepped this debate, it also placed the Red Sea – and by extension, Egyptian and Hijazi ports there – under the sanitary administration of various powers that did not otherwise govern there.

[189] TNA: FO 195/864, International Cholera Conference 1866 Vol. 2, From the British Cholera Commission to Lord Stanley, 24 September 1866, No. 34, p 1.

Figure 4: Map of Egypt, the Sudan, the Hijaz, and Yemen, c. 1885.[190]

To some extent, the suggestion of an international commission was not new. The Boards of Health in Constantinople and Egypt were international as well, as they had European members. However, the circumstances of these Boards' establishment differed. In Egypt, most Europeans working in sanitation in the 1830s were Mehmed Ali's employees, highlighting his influence over these measures.[191] Europeans in Constantinople similarly sought to embed themselves in the Board because they wanted to have influence over the quarantine system if they could not stop its creation, but the Board soon fell under an Ottoman president.[192] In contrast, Europeans had much more power relative to the Ottomans in the 1860s than they did

[190] V.C., "Egypte, Nubie, Soudan, Kordofan, Darfour, Abyssinie, Hedjaz, Yemen."
[191] Clot-Bey, *Aperçu Général sur l'Égypte*, 369.
[192] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 111–12; Bulmuş, 130.

when these institutions were first established. They were challenging Ottoman influence over the Board when Hijazi sanitation came under this commission's purview.

Ottoman officers worked at Red Sea quarantine stations, allowing the Ottoman state to increase its presence there.[193] However, the emphasis placed on the "international" aspect over the Ottoman part at the ISC highlights the gap between Ottoman and European perspectives on the commission. The references to Egypt demonstrate that questions of provincial or central rule were not irrelevant to sanitary discussions, and the Egyptian state also employed quarantines to extend its power in the Red Sea, but governance was no longer solely between these two levels.[194] Internationalist rhetoric now meant that quarantines were more blatantly negotiated between local, Ottoman, and international leaders.

Although much of the 1866 ISC centered around political questions over who would manage sanitation on the hajj, the devastating toll of the 1865 pandemic was such that many powers were willing to accept very stringent measures. For instance, one issue raised at the conference was what to do if cholera was present in Egypt. With the exception of Britain, all of the delegates agreed that commercial communication with Egypt through the Mediterranean should be interrupted for three to four months. The focus on the Mediterranean may suggest a concern with cholera reaching Europe from Egypt. While that certainly influenced European willingness to suspend trade with Egypt, the Ottomans also agreed to this measure in spite of Egypt's Ottoman status and ties to Constantinople, so it thus was not only an instance of Europeans representing Egypt as a border to cholera.[195] Even so, for all of the participating

[193] Low, *Imperial Mecca*, 130–32.
[194] Low, 134–35.
[195] FO 195/864, International Cholera Conference 1866 Vol. 2, From the British Cholera Commission to Lord Stanley, 24 September 1866, No. 34, p 2.

countries except one to accept suspending trade with Egypt for such a significant period of time underscores the extent of the 1865 pandemic's impact.

However, differential treatment of Europeans and Muslims was visible even in the language around suspending contact with Egypt. The British members of the ISC, seeking a way to guarantee the transport of troops to India, proposed using "quarantine trains" to move Europeans through Egypt without putting Europe at risk. These passengers would then perform regular quarantines at their final destination. While the delegates admitted that there were political and commercial interests at stake, they also stressed the suffering that Europeans would endure if left in the "unhealthy" climates of Egypt or India.[196] Europeans continued to see Egypt as "diseased" and treated it as a passage to India through which they would, ideally, move without interacting with its population rather than as a separate power seeking to protect its subjects' health.

The question of Egypt's relation to the Ottoman Empire or to Europe was not the only provincial issue present at the ISC. The Hijaz's relationship with the Empire was key not only because of the fear of pilgrims carrying disease, but because of its differing sanitary arrangement. The Porte had appointed a commission to examine cholera's origin and spread in Mecca at the end of 1865, but it did not have a permanent commission for the Hijaz until 1869.[197] Before then, it was unclear who was responsible for sanitary issues. For instance, when Nawab Sikandar Begum, the Princess of Bhopal, had a question about customs dues during her pilgrimage, she was not sure to whom she should address her concerns. She ended up sending her question to several local figures before being informed that customs were entirely out of the

[196] TNA: FO 881/1475, The British Cholera Commission to Lord Stanley, 3 October 1866, p 7.
[197] TNA: FO 195/869, Revision of the Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to Lord Lyons, 8 November 1865, fol 552; TNA: FO 195/955, Quarantine and Board of Health, From E.D. Dickson to H.G. Elliot, 27 January 1869, no. 3.

jurisdiction of Hijazi leaders.[198] Her uncertainty reflected the difficulty of managing sanitary matters in an autonomous province, although the fact that the Ottomans were ultimately responsible for the issue implies that their presence in managing the hajj was tangible. The commission increased Ottoman influence over the Hijaz as well by scrutinizing its sanitation measures and proposing new ones.[199]

Still, the continued differences between the Hijaz and the rest of the Empire were apparent. The lack of a fixed sanitary administration in the Hijaz meant that vessels from there were never given bills of health and, consequently, were subjected to fines at other Ottoman ports.[200] The Board was able to devise a system in 1864 that would allow them to verify the health of ships from the Hijaz and other places that did not issue these bills, like India. That the Board chose this method rather than issuing bills of health illustrates the limits of Ottoman sanitary administration there. While the commission seemed to be a significant move, in reality, the Board was not able to set up full stations in the Red Sea until a few years later, opting for temporary measures during the hajj until it had a greater presence in the region.[201]

Although the Ottoman and Egyptian governments continued to exert significant influence over sanitation in the Red Sea region, the 1865 cholera outbreak and the subsequent ISC marked a turning point in concern over the area. European (and Ottoman) surveillance of pilgrims as a vector of disease skyrocketed; increases in the number of pilgrims from India as steam travel and the opening of the Suez Canal (1869) made travel cheaper only heightened this scrutiny. This attention coincided with attempts at political control, culminating in the British occupation of

[198] Begum, *A Princess's Pilgrimage*, 8–10.
[199] Low, *Imperial Mecca*, 130–32.
[200] TNA: FO 195/869, Revision of the Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to Mr. Grekine, 29 February 1864, fol 86.
[201] Low, *Imperial Mecca*, 136.

Egypt (1882). These European efforts to control sanitation specifically, though, necessitate an examination of shifts in the Board itself during and after the 1865 outbreak.

International or Ottoman?: The Porte and the Board in Constantinople

In July of 1865, the grand vizier, Fuad Pasha, issued an order stating that all vessels arriving at Ottoman ports from places infected with cholera would be required to quarantine for ten days. Delegates from foreign embassies in Constantinople protested this "arbitrary measure" passed without the Board's sanction. They insisted that all sanitary questions should be referred to the Board and that its decisions alone were to be carried out. However, Fuad Pasha had, in fact, tried to pass stricter measures through the Board. He had only resorted to issuing orders independently when the Board refused to take action even though existing restrictions were not working.[202]

This disagreement highlighted rising tensions between the Porte and European Board members. As discussed in the last chapter, the Board was an Ottoman initiative, albeit with European aid. However, as the clash between European and Ottoman delegates over the Board's composition from the beginning of this chapter makes clear, many Europeans saw the Board as a way for them to influence Ottoman sanitary policy. As the Porte expanded its sanitary administration, the Board became a space of conflict between the interests of various European states and the Ottoman Empire. European opposition to regulations – both before and after the meeting – likely stemmed from commercial concerns, as quarantines in the Dardanelles would significantly impact their interests.[203] Notably, their protests did not directly express these fears, and instead framed the matter as a struggle between the powers of the Board and the Porte.

[202] TNA: FO 195/869, Revision of Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to H.L. Bulwer, 6 July 1865, fol 371.
[203] For the link between commerce and quarantines, see Harrison, *Contagion*.

These conversations also occurred around the same time that the 1865 cholera outbreak began to hit Constantinople, and the Board discussed reports of the disease at the naval hospital just a few days later. The debate around quarantines followed the same pattern as before, with the majority of the delegates voting for their "suppression." They argued that any consultation with the grand vizier would infringe on their right to determine these regulations and establish a precedent that would allow further interference by the Porte. Alarm over this outbreak had not yet reached significant proportions either in Constantinople or abroad, as demonstrated by the remark that cases were limited to the hospital.[204] While fatalities in Egypt were in the hundreds, the *Morning Post* in London noted that there was not yet an outbreak in Constantinople, even if there had been several fatalities due to cholera.[205] That there was not yet panic in Constantinople implies that these debates did not reflect questions over sanitation as much as issues over the power of European Board members.

Although international alarm over the presence of cholera in Constantinople remained limited, Fuad Pasha was becoming increasingly concerned about the disease's spread. On July 17, he summoned the Board of Health and the faculty of the medical school to the Porte so he could hear their opinions on hygiene measures to adopt, especially with regard to quarantines against Egypt, where there were rumors of plague as well as cholera. The discussion held reflected the outcome of the Empire's recent centralizing reforms. Sanitary measures within Constantinople were quickly delegated to committees of medical men under the Minister of Police, and the city was divided into districts that each had their own Boards of Inspection (see **Figure 5** for a sense of the city's scale). The grand vizier also called for the establishment of hospitals and ambulances as needed, highlighting the extent to which the bureaucracy dealing

[204] TNA: FO 195/869, Revision of Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to H.L Bulwer, 11 July 1865, fol 377.
[205] "The Cholera in the East."

with public health had expanded since the 1830s.[206] While the subdivision of the city into smaller sections reflects how power was often delegated to local leaders, in this case, the delegation of authority stemmed from the Porte working through its bureaucracy to better scrutinize all parts of the capital, rather than the Porte negotiating with already-powerful local leaders as it had at the beginning of the century.

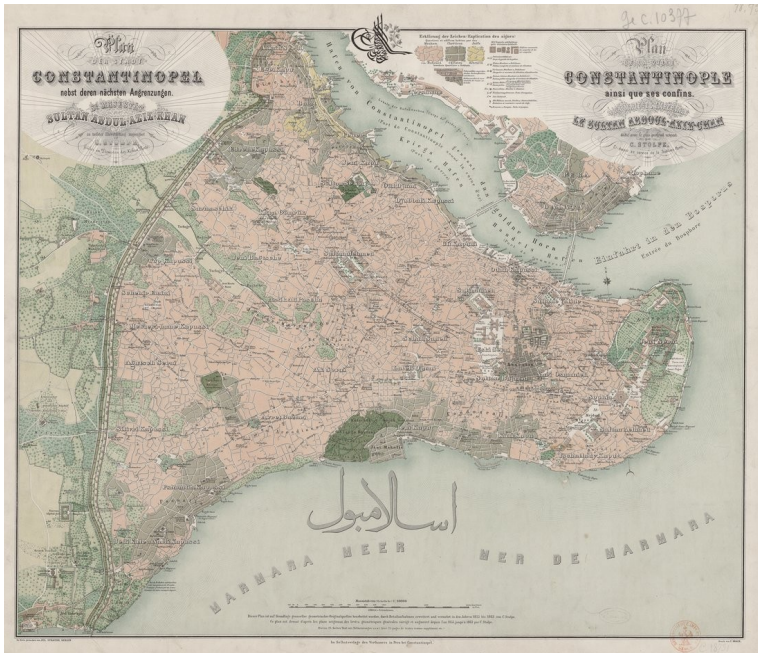

Figure 5: Map of Constantinople, c.1863.[207]

When the topic shifted from measures within the city to quarantines, the foreign delegates added a new grievance: the convocation of the Board at the Porte. According to these members, summoning the Board to the Porte was a grave, mortifying blow to its dignity and independence.[208] Fuad Pasha was shocked at this complaint. He claimed that even if the Board was an international body to the extent that it included members from several countries, it was

[206] TNA: FO 195/869, Revision of Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to H.L. Bulwer, 17 July 1865, fol 382.
[207] Stolpe, "Plan der Stadt Constantinopel." There is a quarantine station marked on the map as well, in the southern end of Galata and by the Bosphorus.
[208] Revision of Quarantine Tariff, 17 July 1865, fol 382.

ultimately a "Turkish institution" under his administration and, therefore, it would be absurd for him to wish to humiliate it.[209]

The grand vizier's assertion that the Board was a Turkish institution underscores the divide that had arisen between the foreign and Ottoman members. To Fuad Pasha, the composition of the organization did not negate that it was part of his administration and was, consequently, Ottoman in character. His confidence that an organization could consist primarily of Europeans and still be Ottoman rests on the precedent of Ottoman exchanges with European doctors, as seen in the Board's establishment; he viewed ultimate administrative control as more significant than who was on the Board itself.[210] In contrast, foreign delegates stressed the international aspect of the Board. To them, the issue was precisely that they saw it as separate from that government.[211] These differing visions of the Board's identity – international or Ottoman – deepened, resulting in the debate over reorganizing the Board seen at the beginning of this chapter.

Egyptian-Ottoman Relations

Tensions over authority over Ottoman sanitation were not limited to struggles within Constantinople; given the impacts of the 1865 pandemic and the second ISC, it is not surprising that the Ottoman and Egyptian Boards, as the main powers overseeing the hajj, clashed in this period. Egypt was technically part of the Empire, but had a great deal of autonomy under the khedival government and possessed many independent institutions, including its own sanitary council. However, Egypt's nominal status as an Ottoman province complicated its participation in the ISC. The Ottoman Empire was among the states with the most delegates, but in a British

[209] Revision of Quarantine Tariff, 17 July 1865, fol 382.
[210] See Chahrour, "A 'Civilizing Mission?'"
[211] Revision of Quarantine Tariff, 17 July 1865, fol 382.

report from the ISC, it was listed as two powers grouped together: "Turkey and Egypt."[212] Their inclusion in one group (the Ottoman Empire) under two names (Turkey and Egypt) highlights the Empire's political and sanitary dilemma. Was Egypt truly united with the rest of the Empire on sanitary matters because of its political affiliation with it? Or did its independent sanitary system mean that it should be addressed separately?

Over the past few decades, Egypt's differentiation from Constantinople had increased as reforms that began under Mehmed Ali cemented new structures there. The Egyptian bureaucracy expanded dramatically after Mehmed Ali's death through the creation of new governorates, positions, and departments, along with a corresponding rise in the number of personnel.[213] The new Department of Public Works (1864), for instance, managed quarantines and railways, among other matters.[214] The employees in these departments were often either members of the Egyptian provincial elite or were educated at the institutions Mehmed Ali had established.[215] While Mehmed Ali had first introduced native Egyptians to the army and the bureaucracy, it was under his successors that Egyptians came to be part of most levels of the government.[216] As a result of this "Egyptianization," the province's administration was increasingly separated from the rest of the Ottoman Empire.

Turkish officials, however, continued to constitute the largest group in the Egyptian elite and held most of the major positions.[217] Egypt retained other ties to the Empire as well. The Egyptian Tanzimat code of late 1854/1855, for example, drew heavily on the Ottoman penal code of 1851, and in 1863, Khedive Ismaʿil (whose reign began that year) ordered the introduction of the Ottoman penal code instead before modifying his decision to only include

[212] TNA: FO 881/1475, The British Cholera Commission to Lord Stanley, 3 October 1866, p 1.
[213] Hunter, *Egypt Under the Khedives*, 43; Hunter, 46.
[214] Hunter, *Egypt Under the Khedives*, 47.
[215] Hunter, 41.
[216] Hunter, 52.
[217] Hunter, 84.

sections of it.[218] Still, in the 1850s and 1860s, Egypt was tangibly different from the rest of the Empire. Such changes only accelerated under Ismaʿil as he revived many of Mehmed Ali's projects in the 1860s and 1870s, with especially significant reforms in education.[219]

Although Egypt increasingly operated separately from the Empire, in matters of public health, such autonomy was complicated by an international push towards the standardization of sanitary measures from the first ISC onwards. We can find one example of this in the purification of hides of oxen. In May of 1864, Dr. Pestalozza, the inspector of the Quarantine Service in Syria, informed Constantinople's Board that hides of oxen that had died of murrain (a general term for diseases affecting livestock) in Egypt were being sent to Syria to be sold from there without shipping restrictions applied to goods from Egypt, which had different standards for hides than the rest of the Empire. The Board sent instructions to Syria for purifying the hides, but this did not resolve the issue. Hides from infected cattle were supposed to be immersed in sea water for forty-eight hours, then dried in the shade for eight days, with the cost paid by their owners; the vessels that carried them were expected to disinfect the hold and undergo a two-day quarantine.[220] Consequently, vessels under quarantine were likely to experience confusion while traveling between Ottoman ports. This happened to the British steamer *Isis* that same year. The captain protested unexpected quarantine dues in Beirut when the ship stopped to purify hides from Alexandria, claiming that he had believed the dues were only for the cargo that needed to be purified and not for the cargo and passengers overall. According to Dr. Dickson, the error lay in communications between Beirut and Constantinople, suggesting that even in cases where a

[218] Hunter, 57.
[219] Hunter, 40; for information on education under Ismaʿil, see Yousef, "Reassessing Egypt's Dual System of Education under Ismaʿil."
[220] TNA: FO 195/869, Revision of the Quarantine Tariff, 1866-1867 Vol. 1, to From E.D. Dickson to H.L. Bulwer, 13 May 1864, fol 257.

port was clearly under Constantinople's jurisdiction, there could be confusion.[221] That different regulations applied in Egypt certainly added to the uncertainty.

This uncertainty did not last long. In October 1864, Dr. Dickson noted that the Egyptian Board had adopted the same system of purification mandated by Constantinople and that, as a result, hides would be cleared as long as there was a certificate verifying that they had been purified.[222] The use of a certificate is telling, as it points to greater documentation as a way of confirming sanitary matters. It is also notable that this matter came about because of communication between the two boards. While it is unclear whether the Egyptian Board changed its measures because of requests from Constantinople, concerns over cleanliness, or commercial worries, Dr. Dickson's remarks imply that the two boards regularly corresponded to try to align their measures. While the ISCs led to a shift toward standardization across sanitary matters to halt the spread of disease to Europe and greater concern over how different regions were linked, these conversations did not occur through international agencies, but through the two boards. Consequently, it is possible that the authorities in Alexandria and Constantinople were working to present "Egypt and Turkey" as a unified whole in sanitation, capable of managing both cattle hides and the hajj. At the same time, since the ISCs instigated efforts to coordinate sanitation on a global scale, this standardization reflected internationalist aims as well.

The issue of cattle hides was notable for the communication between the two Boards, yet relations between them remained tense. Many delegates in Constantinople believed that the Egyptian Board consistently either neglected to inform them about cases of typhus, cholera, and diseases affecting livestock or only informed them once they could no longer be hidden. They

[221] TNA: FO 195/869, Revision of the Quarantine Tariff 1866-1867 Vol. 1, From E.D. Dickson to H.L. Bulwer, 7 July 1864, fol 371.
[222] TNA: FO: 195/869, Revision of the Quarantine Tariff, 1866-1867 Vol. 1, From E.D. Dickson to Mr. Stuart, 12 October 1864, fol 555.

also considered the Egyptian Sanitary Service to be irregular in its operations.[223] As Constantinople and Egypt were in frequent contact through trade and other forms of interaction, including the hajj, the Board found this issue especially concerning. These discussions occurred during the devastating 1865 cholera pandemic, so members of the Board were particularly worried about diseases in Egypt reaching Constantinople.[224] Due to these issues, the Board elected to establish an agent at Alexandria to inform them of public health matters. The Porte approved, and a doctor was sent to Alexandria with a vizierial letter. However, when the doctor reached Egypt and presented the letter, he discovered that the letter said he was there "for the purpose of *collecting information on the late outbreak of Cholera*" and was thus refused admission to the Egyptian Board.[225] This was communicated to the grand vizier, who said that he had no control over the Egyptian Sanitary Department and that the doctor should, therefore, be recalled. Feeling disgruntled, the foreign delegates appealed to their embassies to see if something could be done.[226]

The grand vizier's admission that the Porte did not have authority over the Egyptian Board is a striking example of Egypt's continued autonomy as an Ottoman province. It is true that the vizierial letter was not rejected on the grounds that it was illegitimate, but on the basis of its wording.[227] However, the Ottoman government itself said it had no authority over the Egyptian Board. Issues between Constantinople and Egypt had to be solved through dialogue rather than unilateral decisions by the central government.

Although this discussion occurred between the Boards of Constantinople and Alexandria, it not only illustrated the relationship between Egypt and the Porte; it also highlighted the effect

[223] TNA: FO 195/869, Revision of the Quarantine Tariff, 1866-1867 Vol. 1, From E.D. Dickson to H.L. Bulwer, 11 October 1865, fol 494.
[224] Low, *Imperial Mecca*, 133.
[225] Revision of the Quarantine Tariff, 11 October 1865, fol 494. Emphasis in original.
[226] Revision of the Quarantine Tariff, 11 October 1865, fol 494.
[227] Revision of the Quarantine Tariff, 11 October 1865, fol 494.

of internationalist ideas with respect to the attitudes of foreign delegates and the Porte itself. Consuls had been part of these councils since their inception, but there appears to have been greater tension between the European members of the Board and the Porte in this incident than in prior decades.[228] In the 1860s, European states were trying to exert more influence over Ottoman sanitary measures and even proposed restructuring the Board.[229] This issue is reflected in the wording of the document, written by Dr. Dickson. He emphasized what the vizierial letter was "*said*" to have done, implying that the grand vizier had been dishonest about its contents rather than making a mistake.[230] Moreover, the way Dr. Dickson reported the grand vizier's reaction to the doctor's situation in Egypt suggests that the grand vizier was either very blunt or was portrayed that way by the disgruntled British delegate.

The ultimate resort of the foreign delegates to ambassadors also underscores how quarantines were increasingly perceived as part of a global system upheld through a combination of sanitary officials and diplomacy.[231] The Ottoman state's involvement in sending this doctor to Alexandria demonstrates that it was actively pursuing internationalist measures as well, fearing that diseases would reach the capital. Overall, it suggests an increasing trend in viewing quarantines as part of a global system to prevent the spread of disease, and while this largely implied "to Europe" in the environment of the ISCs, the Ottoman state also appears to have thought in this manner.

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[228] Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire*, 111; Kuhnke, *Lives at Risk*, 93.
[229] TNA: FO 195/955, Quarantine and Board of Health, From Dr. Dickson to H.G. Elliot, 21 June 1869, no. 28.
[230] TNA: FO 195/869, Revision of the Quarantine Tariff, 1866-1867 Vol. 1, From E.D. Dickson to H.L. Bulwer, 11 October 1865, fol 494. Emphasis in original.
[231] TNA: FO 195/869, Revision of the Quarantine Tariff, 11 October 1865, fol 494.

Conclusion

Overall, while Egypt and the Hijaz both continued to enjoy a substantial degree of autonomy in public health, the framework in which they interacted with the Porte on sanitary issues shifted to a more internationalist order. While some matters still related to provincial autonomy, particularly with regard to Egypt's increasingly independent bureaucracy, both rhetoric and control of sanitation were intertwined with international structures. In the case of Constantinople's Board, the Porte faced rising challenges from foreign delegates over its organization, with calls to restructure it to decrease Ottoman influence by the end of the 1860s. Even though it was not yet under international control, the frequency of these calls by foreign members of the Board suggests that the balance between the Board as part of the Ottoman state and the Board as an international association was leaning towards the latter by 1869. The Hijaz itself was put under an international commission, and while Ottoman and Egyptian administration remained significant to the Hijaz and the Red Sea region as a whole, the commission highlights how Ottoman and Egyptian authority in sanitation was contested in this period. After the disastrous cholera outbreak in Mecca in 1865, fears of the disease spreading from India to Europe ultimately led to the incorporation of Ottoman sanitary institutions into an internationalist framework that included the Ottomans as active participants, but also centered around European concerns.

Conclusion: From Autonomy to Internationalism

The growing trend towards articulating sanitary concerns through internationalist frameworks seen in the previous chapter only accelerated after 1869 because of one major factor: the opening of the Suez Canal. On the one hand, the Canal made connections between Europe and India more direct, both increasing British imperial interests in the Red Sea region and European fears of disease spreading from the subcontinent. At the same time, the Canal marked a significant shift for both the Ottoman and Egyptian states when it came to managing the hajj. The incident aboard the *Achilles* described in the introduction occurred in 1878, less than a decade after the Canal opened. While many of the events that transpired centered around the quarantine station at El Tor, which had already been discussed at the 1866 ISC, it is notable that the pilgrims' ultimate goal was to reach Suez, highlighting its prominence after the opening of the Canal. The imperial aspect of the Canal, however, also heavily impacted the Ottoman and Egyptian quarantine systems. Public health in general became more racialized from the 1870s onwards with the establishment of "tropical medicine," but the effects of imperialism on these systems were especially blatant after 1882, when the British occupied Egypt. From then on, the question of sovereignty over quarantines was definitively subject to the desires of European empires.

The occupation of Egypt marked an end to the struggle between centralization and autonomy between the Ottoman province and the central administration in the realm of public health. In the 1830s, quarantines were implemented separately in Egypt and in the imperial center as part of the centralizing agendas of their respective leaders: Mehmed Ali Pasha in Egypt, and Sultan Mahmud II in Constantinople. Both were responding to recent sanitary concerns as well, such as the cholera pandemic that occurred at the beginning of the decade. However, in

spite of Mahmud II's own interest in extending his influence over the Empire, Egypt's sanitary system developed independently of the general Ottoman one. In this domain, Egypt's tradition of provincial autonomy was respected. While the Egyptian Board itself requires further study, in terms of the relationship between the Porte and the Egyptian government, sanitary matters remained an area of Egyptian independence from the implementation of quarantines in the 1830s through the 1860s. Although there were attempts to coordinate Egyptian and Ottoman health measures, such efforts were through an internationalist framework and reflected a broader push towards standardization, not Ottoman control over Egyptian institutions.

Like Egypt, the Hijaz had a tradition of provincial autonomy. Unlike Egypt, fixed sanitary commissions were not established there until after the 1866 ISC, which subjected the hajj and the Hijaz to international attention because of the 1865 cholera pandemic. Although the Porte did make efforts to increase its influence over the Hijaz in this period, as shown by the staffing of the new sanitary institutions there by Ottoman officers, for the most part, Hijazi autonomy was expressed through the prioritization of existing relations for the hajj over new measures. Quarantine policies there did reflect the centralizing impulses of Tanzimat statesmen, but they also came about due to international pressure and at a time when Europeans were contesting Ottoman control over the Empire's public health measures.

Of course, if quarantines in the Hijaz aligned with the goals of Tanzimat leaders in the Empire, then sanitary institutions within Constantinople certainly did as well. Initially, they were established on the initiative of Ottoman statesmen. While Europeans were involved, the Board was led by an Ottoman member after its establishment. This influence may indicate why many European members felt that Ottoman members of the Board were too powerful from the 1840s through the 1860s. Many states, particularly the British, also opposed any restrictions on trade

and travel within the Empire when quarantines were first implemented, again suggesting Ottoman initiative in spite of the involvement of Europeans. The dynamics between the Board and the Porte require greater study from the Ottoman government's perspective, but overall, the Board initially reflected the Porte's centralizing impulse even though its status became ambiguous by 1869.

While the European presence on the Board was in part due to existing traditions of medical exchange, it also reflected Ottoman involvement in diplomacy in the nineteenth century. Ottoman participation in the 1866 ISC was an even greater indication of their commitment to diplomacy and public health. While European delegates saw the Empire as a possible barrier to disease from India, the Ottomans considered themselves active participants in the conference and sought to both protect their domains from disease and improve their relations with European states. Ultimately, though, while quarantines in the Empire had some ties to diplomacy from their inception, they went from largely involving negotiations between the imperial center and Ottoman provinces to, after the 1865 pandemic, existing as part of an international system designed to protect Europe from disease.

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