

‘Dans l’intérêt de la Santé Publique de l’Empire’¹

**THE OTTOMAN CONSULS DURING THE CHOLERA
EPIDEMIC OF 1867**

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Summary: This paper aims to reconstruct the inter-imperial and international management of the cholera epidemic in the Adriatic Sea during the summer of 1867, through Ottoman diplomatic sources. The main aim is to write a brief history of the fight against cholera in the 1860s from an Ottoman perspective. In this period, the imperial consular network played a pivotal role in monitoring the spread of epidemics between the Red and Black seas, and the eastern Mediterranean. In their diplomatic documents, the Ottoman consuls described and analysed the sanitary measures adopted in their territories and by other countries, such as the Kingdom of Italy, the Principality of Montenegro and Austria-Hungary. In doing so, they highlighted positive and negative outcomes and described their personal contribution to the containment of epidemics.

Keywords: *Adriatic; cholera; borders; consuls.*

[...] I have the great honour to once again asking the Captaincy’s highest authority [...] for the simplification of those sanitary regulations, which so exceptionally infringe the rights of the Ottoman Government at the present time; whose sanitary laws have not hitherto merited such a disadvantage with any other European Power.²

¹ Başbakanlık Osmanlı Arşivi (from now onwards BOA), Hariciye Nezareti (from now onwards HR), İdare (from now onwards İD), 1459, 51, 2, d. 134/44, from the General Consul, Robert Efendi, to the Minister of Foreign Affairs, Safvet Pasha, 22nd July 1867, Corfu.

² BOA, HR, İD, 1459, 43, 2, annexed to 2884/49, note 2874, from the consul general in Dubrovnik, Persich Efendi, to Imperial-Royal Central Captaincy of Harbour and Maritime Sanitation of Dubrovnik, 26th April 1867. Doi: 10.17932/EJOSS.2021.023/ejoss_v02i2003

This article aims to reconstruct the inter-imperial and international management of the cholera epidemic in the Adriatic Sea during the summer of 1867 through Ottoman consular sources. In their dispatches, Ottoman consuls described their relationship and collaboration with foreign governments and analysed the sanitary measures adopted by other administrations, such as the Kingdom of Italy, the Principality of Montenegro, and Austria-Hungary. These documents show us how these diplomats monitored possible sanitary threats and discriminatory attitudes, and furthermore highlight their personal contributions to the containment of epidemics. In doing this, the Ottomans fought a double conflict: while the consuls tried to build solid sanitary barriers, they simultaneously faced the European neoquarantinism of the 1860s, interpreting it as another case of 'double standards' and discrimination of several states against Ottoman populations. Through the close reading of diplomatic sources, this article analyses the epidemic situation of the summer of 1867 in the Adriatic area from an Ottoman consular perspective.³

The first section briefly explains the nature of the Adriatic Sea as a porous maritime border separating Ottoman and European territories, characterised by its 'easy and discreet' routes. The second part summarises the early development of Balkan sanitary borders. In the third section, the issue of inequality between the Ottoman and Austro-Hungarian authorities linked with the recognition of respective maritime bills of health is described. In the fourth section, the article discusses resistance against the spread of cholera and discrimination from the Great Powers, represented as a sort of 'Western Question' by the Ottoman consuls. Finally, the last section deals with the Ottoman attempts to design a possible solution to counter European interpretations of neoquarantinism and the end of the cholera epidemic of 1867.⁴

³ This article is part of a two-years project concerning the influence of pandemics on the development of national borders in the western Balkans in the 19th century funded by the 'Swiss Network for International Studies' (SNIS): <https://snis.ch/projects/study-aims-to-investigate-the-nature-scale-and-root-causes-of-missed-opportunities-for-the-detection-and-referral-of-vawg-in-primary-care-and-emergency-departments-in-tirana-albania-and-belo-horizon/>.

⁴ Referring to Baldwin's *Contagion and the State in Europe, 1830-1930*, in the introduction of their book, Trubeta, Promitzer and Weindling defined neo-quarantinism as '[...] an approach involving empirical evaluation of incubation times and using modern disinfection methods, bacteriological examinations and other preventive measures.' See Sevasti Trubeta, Christian Promitzer, Paul Weindling (eds), *Medicalising borders. Selection, containment and quarantine since 1800*, Manchester University Press, Manchester, p. 29, Kindle edition.

1. THE ADRIATIC MARITIME BORDER

Since the Ottoman conquest, the western Balkans and the Adriatic Sea became the borderlands between the sultan's memâlik-i mahrûse (Ottoman well-protected domains), the Italian Peninsula and central Europe. In 1770, the Empress Maria Theresa of Austria sanctioned the creation an inter-imperial boundary between the Austrian and the Ottoman empires which acted as a military and sanitary border.⁵ The creation of military-sanitary borders, intended to prevent both military invasions in addition to the spread of epidemics from the Ottoman territories, became increasingly popular, and marked an important precedent for the definition of future territorial borders in the Balkans.⁶

The progressive withdrawal of the plague from the European continent during the 18th century, the end of the Napoleonic Wars and the new nautical technologies and customary praxis, facilitated population movements between Mediterranean countries, especially in areas such as the coasts of the Adriatic. New practices such as tourism and labour migration were added to the traditional religious pilgrimages and trade routes of states, such as Austria, Italy and the Ottoman Empire. This freedom of movement rendered the inter-imperial military and sanitary cordon between the Austrian and Ottoman empires in part pointless. In fact, since the first cholera wave of 1817-24, sanitationists from the wealthiest European countries considered quarantinism as an 'unwarranted violation of individual freedom'.⁷ This early epidemic demonstrated the permeability of state borders and the necessity to adopt new measures, in particular related to sanitation and hygiene, to avoid the risk of contagion and possible economic losses. This proved especially true for the maritime border between the western and the eastern coasts of the Adriatic. Like the Red Sea area,⁸ this border region between the eastern and the western coasts was characterised by short maritime routes that were easily navigable,⁹ and by strict sanitary

⁵ Irina Marin, *Contested Frontiers in the Balkans. Ottoman and Habsburg Rivalries in Eastern Europe*, I.B. Tauris, London-New York, 2013, p. 34

⁶ Nûkhet Varlık, *Plague and Empire in the Early Modern Mediterranean World. The Ottoman Experience, 1347-1600*, Cambridge University Press, Cambridge, 2015.

⁷ Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, Cambridge, Cambridge University Press, 2005, p. 25.

⁸ Marco Lenci, *Eritrea e Yemen. Tensioni italo-turche nel mar Rosso 1885-1911*, [Eritrea and Yemen. Italo-Turkish tensions in the Red Sea 1885-1911] Milano, Franco Angeli, 1990, p. 15.

⁹ Fabrice Jesné, *La face cachée de l'empire. L'Italie et les Balkans, 1861-1915*, [The hidden face of the empire. Italy and the Balkans, 1861-1915], Rome, Ecole Française de Rome, 2021, p. 67.

measures including quarantines and lazarettos, which were used to stem the spread of disease through port cities.¹⁰ For this reason, since the end of the Middle Ages, Adriatic cities such as Venice and Dubrovnik have been at the forefront of the development of quarantine systems.¹¹ In the same way, from the 1830s onwards, the Adriatic maritime border became an even more important front in the prevention of the spread of cholera in Europe, due to its position and permeability.

The 1860s represented a turning point for the politics and history of this region. The influences of the Kingdom of Italy, Austria-Hungary, and the Russian Tsardom in this area favoured not only the rise of Pan Slavism and local nationalisms,¹² but also transformed the Adriatic Sea into a new inter-imperial 'maritime frontier' as well.¹³ The inter-imperial competition accelerated the process of transforming the western Balkans from a borderland into an inter-imperial border area characterised by modern state borders that were gradually negotiated and defined following conflict, congresses and diplomatic negotiations.¹⁴ These numerous national building processes and the resulting displacement of populations made the creation of new borders necessary, all of which occurred in the presence of block-houses, quarantines, and lazarettos. Simultaneously, the 1860s represented a turning point in the history of sanitary measures as well, due to the global 'neoquarantinist turn'. In general, in the first half of the 19th century, the Great Powers and their medical and diplomatic corps were divided, also internally, between quarantinists and sanitationists. In the case of epidemics, the former argued for the need to impose quarantine measures, to the detriment of economic growth. In contrast, the latter favoured the prevention of epidemics through the imposition of hygienic

¹⁰ Quarantines and lazarettos refer to measures and structures of ancient origin aimed at isolating with contagious diseases in order to prevent contagion. Baldwin, *Contagion* ..., p. 5.

¹¹ Zlata Balazina Tomic-Vesna Blazina, *Expelling the Plague: The Health Office and the Implementation of Quarantine in Dubrovnik, 1377-1533*, Montreal, McGill-Queen's University Press, 2015.

¹² Giorgio Ennas (ed.), *Reports of Cesare Durando, Italian Vice-Consul in Sarajevo (1863-1867)*. "Accaparrarne gli animi per il nostro interesse" ["Captivating their minds for our interest"], Istanbul, The Isis Press, 2020 (from now onwards RCD), annexed 1 to 39, dispatch (from now onwards d.) 11024/65, n. 22, from the Italian vice-consul in Sarajevo, Cesare Durando, to the Italian minister of Foreign Affairs, Alfonso La Marmora, 27th June 1865, Sarajevo, pp. 94-101.

¹³ Jesné, *La face* ..., p. 61.

¹⁴ For a short survey of the literature see: Maria Baramova / Grigor Boykov / Ivan Parvev (eds.), *Bordering Early Modern Europe*, Wiesbaden, Harrassowitz Verlag, 2015; Yavuz M. Hakan / Peter Sluglett (eds.), *War & Diplomacy. The Russo-Turkish War of 1877-1878 and the Treaty of Berlin*, Salt Lake City, University of Utah Press, 2011; Sabri Ateş, *The Ottoman-Iranian Borderlands. Making a Boundary, 1843-1914*, Cambridge, Cambridge University Press, 2015.

regulations,¹⁵ as a way to avoid possible economic losses. Between the end of the 1850s and the 1860s, both positions found partial agreement in the neoquarantinist approach, which aimed to replace all-out quarantines with medical inspections, disinfection and ‘clean bills of health’ for ships. From this perspective, inspections should replace or ‘at least moderate’ quarantines ‘by targeting efforts at those who were demonstrably sick, rather than at all travellers from an infected origin’.¹⁶ In the 1860s, a majority of the powers agreed on a general standardisation of sanitary practices and on the imposition of neoquarantinist measures.¹⁷ In particular, this ‘switch to neoquarantinism’ with a renovated emphasis ‘on inspection and disinfection’ is reflected by the ‘precautions taken at the borders’,¹⁸ where the construction of border structures, such as lazarettos and barracks, aimed not only at maintaining but also helping to define land and sea borders as well.¹⁹ This was particularly true in the Adriatic maritime and land borders, where their presence marked the property of territories and districts.

Finally, as of the 16th century another border existed in the Balkans. The persistence of cultural, hygienic and religious stereotypes nourished the image of the Ottoman populations as ‘fatalist’, ‘apathic’ and superstitious.²⁰ Between the 16th and the 18th centuries, this collection of images created a ‘cultural border’ between the two coasts of the Adriatic. In the 19th century, confirmed and strengthened by the decision of the Ottoman elites to adopt traditional quarantinist measures and by the reports of diplomats and consuls,²¹ these stereotypes contributed not only to the creation of dangerous ‘images of the other’ for Balkan populations, but to the strengthening of cultural borders between the Ottoman Balkans and the European states as well. From the point of view of Europeans, cholera mainly affected ‘Asian’ countries more than their own countries, which were characterised by ‘greater freedom, wealth and civilisation’.²²

¹⁵ Baldwin, *Contagion* ..., p. 142.

¹⁶ Baldwin, *Contagion* ..., p. 151.

¹⁷ Baldwin, *Contagion* ..., p. 155.

¹⁸ Baldwin, *Contagion* ..., p. 159.

¹⁹ Centre des Archives Diplomatiques de Nantes (from now onwards CADN), 623PO/1/1-2, Registre de la Correspondance officielle avec le Département et l’Ambassade à Constantinople, d. 97, from the consul general, Alphonse Rousseau, to the minister of Foreign Affairs, Édouard Drouyn de Lhuys, 20th Mars 1866, Sarajevo, pp. 151-152.

²⁰ Nükhet Varlık, *Plague and Empire in the Early Modern Mediterranean World. The Ottoman Experience, 1347-1600*, Cambridge, Cambridge University Press, 2015, p. 81.

²¹ Jesné, *La face* ..., pp. 145-150.

²² Baldwin, *Contagion* ..., p. 25.

2. BALKAN SANITARY BORDERS

In the 19th century, the observation of epidemics in foreign territories became one of the main duties of European consuls.²³ Since the 1830s, diplomats from Great Britain, the Second French Empire, the Kingdom of Sardinia-Italy and other countries became observers of epidemic situations and supporters of quarantinist or sanitationist measures, in their efforts to limit the spread of epizootic outbreaks, cholera, plague and other diseases in European territories. From this point of view, the Ottoman 'modern' consular network adapted itself to this sanitary standard. Even if they were not experts of medicine or hygiene, ambassadors and consuls had a basic knowledge of the main sanitationist, quarantinist and neo-quarantinist theories.²⁴ In this way, they were able to: describe and analyse sanitary measures adopted by local administrations; suggest and support possible measures; and lastly, collaborate with provincial administrations and foreign governments in promoting their adoption among commercial traders and local populations. This happened not only in port-cities that were vital for Mediterranean commerce, such as Malta and Dubrovnik, but also in the case of entire provincial administrations, such as in the cases of Ottoman Bosnia-Herzegovina and Austrian Dalmatia.

Between the first and the second cholera global pandemics of 1817-24 and 1829-51, Sultan Mahmut II, his successors, and their pashas promoted the creation of a permanent sanitary system and the adoption of modern sanitary measures to prevent the spread of epidemics in the Ottoman territories and in the eastern Mediterranean.²⁵ The *Karantina Meclisi*, or Ottoman Quarantine Board, founded in this period, immediately became a fundamental sanitary institution, even if it was essentially a 'foreign-dominated [b]oard of Health' and a 'capitulatory branch of the Foreign Ministry'.²⁶ This representation of the *Karantina Meclisi* as an emanation of

²³ Fabrice Jesné, Normes et pratiques de l'information consulaire. Le consulat de Sardaigne à Smyrne (1857-1861), [Norms and practices of consular information. The Sardinian Consulate in Smyrna (1857-1861)], in Silvia Marzagalli / Maria Ghazali / and Christian Windler (eds.), Les consuls en Méditerranée, agents d'information: XVIe-XXe siècle, [Consuls in the Mediterranean, agents of information: 16th-20th century], Paris, Classiques Garnier, 2015, pp. 273-279.

²⁴ Archivio Storico-Diplomatico del Ministero degli Affari Esteri (from now onwards ASDMAE), Moscati VI (from now onwards M. VI), Folder 915, d. 50, from the consul general, Eugenio Durio, to the minister of Foreign Affairs, Giacomo Durando, 12th August 1862, Shkodër.

²⁵ Birsen Bulmuş, Plague, Quarantines and Geopolitics in the Ottoman Empire, Edinburgh, Edinburgh University Press, 2012, p. 98.

²⁶ Michael C. Low, Imperial Mecca. Ottoman Arabia and the Indian Ocean Hajj, New York, Columbia University Press, 2020, p. 131.

the capitulations system is related to the important influence that foreign delegates, such as the French Doctor Sulpice Antoine Fauvel or the Italian Doctor Barozzi had on the elaboration of its sanitary policies and decisions.²⁷ Nevertheless, the *Hariciye Nezâreti*, or Ottoman ministry of Foreign Affairs, and the imperial diplomatic and consular networks, played an independent and fundamental role in the promotion and adoption of sanitary measures, the monitoring of epidemics between the Black and Red seas and the eastern Mediterranean area, and, finally, the development of an international standard to avoid the spread of epidemics.

In particular, the imperial government, in that moment led by Mehmet Emin Âli Pasha and Keçecizade Mehmet Fuat Pasha, in agreement with the French government of Napoleon III, organised the reunion of the Third International Sanitary Conference of 1866 in Constantinople. For the Ottoman government, this conference aimed ‘[...] to deliberate on the desirability of setting up in Jeddah and Suez sanitary administrations with an international character to supervise the arrival and return of pilgrims from Mecca and to take necessary measures [...]’.²⁸ The conference in Constantinople sanctioned not only an international standard for sanitary measures, but the principle of international collaboration to prevent the spread of contagion in Europe as well.²⁹ From this point of view, the Sublime Porte aimed to share with France ‘[t]he merit of having rendered to humanity a service of this nature’ and actively contributed to the inter-imperial and international collaboration that had been ongoing since the wave of cholera in the summer of 1867.

However, despite the creation of the *Karantina Meclisi* and the Ottoman government’s active collaboration in the organisation of the Conference which showed its desire to be included in the European preventive system against epidemics, during the 1860s the European governments still demonstrated scepticism towards the real sanitary efforts of the imperial government. This scepticism was due to the tendency of the Ottoman political, diplomatic and medical elites to adopt the traditional quarantinist doc-

²⁷ Özgür Yılmaz, *An Italian Physician in the Caucasian Migration of 1864: the Mission of Dr. Barozzi in Trabzon and Samsun*, in “Çağdaş Türkiye Tarihi Araştırmaları Dergisi”, [Journal of Modern Turkish History Studies], vol. XIV, n. 28, Spring 2014, pp. 5-44.

²⁸ BOA, HR, İD, 1526, 13, 1, d. 2237/401, from the ambassador, Safvet Pasha, to the minister of Foreign Affairs, Emin Âli Pasha, 13th October 1865, Paris.

²⁹ Patric Zylberman, *Civilizing the State: Borders, Weak States and International Health in Modern Europe*, in Alison Bashford (ed.), *Medicine at the Border. Disease, Globalization and Security, 1850 to the Present*, New York, Palgrave MacMillan, 2014, pp. 34-35.

trine,³⁰ due to the 'geographical location and consequent exposure to cholera' of the Empire. By the 1860s, this approach was considered by many European experts of epidemics as an example of 'scientific superstition'.³¹ In turn, this alternative approach fed into persistent stereotypes concerning the obstinacy, fatalism, and poor hygiene of the peoples of the Empire taken up by European doctors, ambassadors and consuls. In the consular diplomatic documents related to health, the political use and denigration of the other's sanitary measures emerges as an established practice, especially towards the Ottomans. This opportunistic aspect of consular activities is suggested for example in the dispatches of the Italian Vice-Consul Cesare Durando. From Sarajevo, Durando denounced the ineffectiveness of the sanitary cordons taken by both the Austrian and Ottoman authorities between Ottoman Bosnia and Austrian Dalmatia.³² Nevertheless, in the light of comparison with French and Ottoman documents, the idea that Austrian and Ottoman authorities were disinterested in the management of epidemic emergencies turns out to be false, or, at least, nourished by stereotypes and tainted by a desire to delegitimise local imperial governments in favour of the spread of Italian influence in the area.³³ In this way, the consuls aimed not only to strengthen the cultural border between them and their rivals in the Balkans, but between the Italians and the Balkan populations as well.

Similarly, as emerged in 1867, Ottoman elites and consuls often considered European nequarantinist measures not only to be less effective than their own, but also as a threat to imperial populations given their limited efficacy. Simultaneously, European scepticism regarding the Ottoman commitment to eradicate cholera, and the European abnegation of traditional quarantinist techniques strengthened, on the one hand, the stereotype of the Ottomans as fatalists with poor hygiene standard,³⁴ or even plague-ridden,³⁵ and, on the other hand, reinforced the ancient cultural border between the 'healthy Europeans' and the 'infected others', to the

³⁰ Baldwin, *Contagion* ..., p. 212.

³¹ CADN, FRMAEE 166 PO/E, Box (from now onwards b.) 465, Report (from now onwards r.) 217, from the French delegate ad interim at the Sanitary Board of Constantinople, Dr. Barozzi, to the ambassador, Marquis Lionel de Moustier, 18th July 1865, Constantinople.

³² RCD, 14, d. 19168/63, 2, from the vice-consul, Cesare Durando, to the minister of Foreign Affairs, Emilio Visconti-Venosta, 28th November 1863, Sarajevo, p. 43.

³³ *Ibid.*

³⁴ Giorgio Ennas, "*Non una di queste proposte fu messa in esecuzione*". ["Not one of these proposals was implemented"] *Sarajevo and the Cholera Epidemic of 1866*, in "RiMe", Idamaria Fusco / Gaetano Sabatini (eds.), *The Fine Thread of Emergency: Control, Restrictions and Consent*, n. 9/III n.s., December 2021, pp. 275-293.

³⁵ Varlık, *Plague*..., pp. 80-87.

detriment of Ottoman populations. For this reason, the Ottoman consuls had not only the task of collaborating with local authorities and imperial governors to monitor the spread of epidemics for the *Hariciye Nezâreti*, but also to protect the Ottoman economy and its people from discrimination and to demonstrate and defend the effectiveness of the quarantinist measures taken by imperial administration.

3. OTTOMAN BILLS OF HEALTH: A MATTER OF INEQUALITY

As a border city-port between Ottoman and Austro-Hungarian territories,³⁶ in choleric periods Dubrovnik imposed strict quarantinist regimes on arrivals from the eastern Mediterranean. In 1851, even if interested in British hygienism, the Austrians did not show any intention of abandoning their quarantine system against plagues coming from Ottoman territories.³⁷ Despite having regular documentation from Constantinople, the local captaincy often forced Ottoman ships to quarantine and to clean up their interiors. For this reason, it is not very surprising that, in April 1867, the Ottoman consul general in Dubrovnik, M. Persich Efendi, informed the *Hariciye Nezâreti* of an incident occurred to the Ottoman brigantine named '*Fiammalità*'.³⁸ Although his captain was in possession of an Ottoman '*patente sanitaria*' or 'bill of health' granted by the 'Health Directorate of Constantinople', guaranteeing its healthiness, the brigantine was blocked by the Austrian Captaincy of Dubrovnik and obliged to undergo a 24-hours quarantine. Persich Efendi wrote that this incident occurred because it did not carry a certificate from any other European power. In his note to the Captaincy, the Ottoman consul attributed this regrettable situation to an old disposition, which 'strikes so severely' the Sublime Porte in its 'dignity', 'self-respect', and commercial interests and, in general, was a matter of inequality between European and Ottoman bills of health.³⁹ In fact, Persich Efendi reported that the Austro-Hungarian government often repeated this mistake. It did not recognise the Ottoman 'clean' bills of health, because it did 'not yet believe that it can admit the Ottoman [E]mpire for a [p]ower that would be part of the European consortium.' The

³⁶ Baldwin, *Contagion* ..., p. 119.

³⁷ Baldwin, *Contagion* ..., p. 213.

³⁸ BOA, HR, İD, 1459, 43, 1, d. 2884/49, from the consul general, Persich Efendi, to the minister of Foreign Affairs, Fuat Pasha, 29th April 1867, Dubrovnik.

³⁹ BOA, HR, İD, 1459, 43, 2, annexed to 2884/49, note 2874, from the consul general, Persich Efendi, to Imperial-Royal Central Captaincy of Harbour and Maritime Sanitation of Dubrovnik, 26th April 1867, Dubrovnik.

same situation repeated 'for the same reasons' in the case of the landings of several Albanian brigantines. Therefore, rather than harm the rights of the Ottoman government, 'whose sanitary laws d[id] not as yet merit so much disfavour from any other European [p]ower', Persich Efendi suggested to the Austrian Captaincy to adopt other expedients to guarantee sanitary security, such as the use of telegraphs, 'by means of which one can be notified of the appearance of epidemics and contagious diseases' from any part of the world. In his opinion, in an epoch of such progress, it was not positive being so strictly attached to old sanitary doctrines, or in this particular case, quarantinism. The use of technology was 'perfectly' capable of overcoming any traditional health regulations. The Austrian Captaincy answered that this was the procedure and that any other vessel 'of whatever nationality, even Austrian', that presented itself with an Ottoman bill of health and 'without a [c]onsular certificate' would be subject to the same sanitary measures. For Persich Efendi, this was 'a clear contradiction' because, despite the adoption by the *Karantina Meclisi* of the sanitary measures in force in other European countries, the old law 'that an Ottoman [bill of health] should not be relied upon if the vessel is not accompanied by a European [c]onsular certificate' was maintained.⁴⁰ In this particular case, an Ottoman consul, closer to neoquarantinist positions than to traditional quarantinist ones, blamed a European power for imposing strict quarantinist measures against arrivals from the Ottoman territories. He preferred to underscore the matter of inequality of these dispositions. Highlighting the paradox of the non-acceptance of Ottoman licences by the Austro-Hungarian sanitary authorities, which effectively placed the Ottoman Empire outside European sanitary borders, Persich Efendi underscored the *de facto* persistence of an inter-imperial cultural and sanitary border, not only between Albania and Dalmatia, but between the Ottoman Empire and Europe as well.

4. A WESTERN SANITARY QUESTION?

Despite the persistence of these cultural and sanitary boundaries in the western Balkans, in May cholera appeared in the Adriatic maritime area between southern Italy and Montenegro.⁴¹ Seemingly strong supporters of

⁴⁰ BOA, HR, İD, 1459, 43, 4, d. 2968/64, from the consul general, Persich Efendi, to the minister of Foreign Affairs, Fuat Pasha, 10th June 1867, Dubrovnik.

⁴¹ BOA, HR, İD, 1459, 46, 1, d. 101/30, from the consul general, Louis Robert, to the minister of Foreign Affairs, Fuat Pasha, 27th May 1867, Corfu.

quarantinism, the Ottoman consul general in Corfu, Louis Robert, and the minister in Athens, Yanko Photiades Bey, informed the imperial government that cholera had appeared in Bari, Barletta and, probably, in Montenegro as well. The Kingdom of Greece adopted strict quarantinism as sanitary doctrine for many years, because of ‘their primary commercial ties’ with the Ottomans which forced them to ‘mirror Ottoman prophylactic practice’.⁴² Therefore, it is not surprising that, despite some contradictory rumours, in June the Greek government imposed a quarantine on arrivals from Tunis, Manfredonia, Barletta, Molfetta, Bari, Palma, Licata and Girgenti, due to the occurrence of some cases of cholera.⁴³ In July, the Greek measures were extended with regard to arrivals from Tunisia and the entire Italian Peninsula, which, from that moment, were considered ‘choleric countries’.⁴⁴ Nonetheless, cholera continued to spread across the Mediterranean islands and the western Balkans. In the area between the Balkan coast and the Adriatic islands, an Austro-Hungarian steamer brought rumours that cholera has broken out in Montenegro as well. The rumours were confirmed several days later. For this reason, Robert Efendi informed the *Nâzır* ad interim Safvet Mehmet Esat Pasha that the Greek sanitary office of Corfu had also quarantined vessels originating from Bar, Durrës, Avlona, Palermo and Saranda, because these ports admitted ships ‘*en libre pratique*’, or ‘freely and without restriction’, in addition to the Austrian steamers coming from the scales of Kotor and Dubrovnik,⁴⁵ and which brought communication from Montenegro.⁴⁶ Through the insular city-ports, cholera continued spreading from the western to the eastern coast of the Adriatic, the Ionian Islands, Malta and North Africa. On the island of Malta, although the British administration decided to subject arrivals from Sicily, Calabria, Naples, the Roman States, and those from the coasts and the provinces of Tunisia and Algeria⁴⁷ to a thirty-day quarantine, cholera still arrived. As a strong supporter of quarantinism, the Ottoman consul general in Malta, Naoum Duhany, feared that contagion would spread anyway throughout Valletta due to the ‘proximity of the [I]azarettos

⁴² Baldwin, *Contagion* ..., p. 205.

⁴³ BOA, HR, İD, 1459, 48, 1, d. 3124/179, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 19th June 1867, Athens.

⁴⁴ BOA, HR, İD, 48, 5, d. 19657/92, from the minister of Foreign Affairs, Safvet Pasha, to the consul general, Photiades Bey, 10th July 1867, Constantinople.

⁴⁵ BOA, HR, İD, 51, 1, d. 126/42, from the consul general, Louis Robert, to the minister of Foreign Affairs, Safvet Pasha, 8th July 1867, Corfu.

⁴⁶ BOA, HR, İD, 50, 3, d. 120/39, from the consul general, Louis Robert, to the minister of Foreign Affairs, Safvet Pasha, 1st July 1867, Corfu.

⁴⁷ BOA, HR, İD, 53, 2, Notification of the principal secretary of Malta, Victor Houlton, 6th July 1867, Valletta.

to the agglomeration of a large number of passengers' and the 'relaxation' of the British quarantine measures.⁴⁸

Meanwhile, on the mainland, cholera grew in Montenegro, in several villages of the Ottoman district of Trebinje, close to the Austro-Ottoman border, and in the Austrian district of Dubrovnik, 'where this plague has been imported'.⁴⁹ This situation alarmed the local population and the Austrian municipality adopted some 'restrictions on trade' towards Ottoman subjects and products. These strict quarantinist measures deeply concerned Persich Efendi because of the possible risks it posed to the economic and sanitary situation of the populations of Trebinje. Therefore, he immediately contacted the Austrian authorities of Dubrovnik in an effort to 'reconcile what is compatible in terms of sanitary measures with the vital requirements of reciprocal trade and traffic'.

Observing the rapid spread of the contagion and the difficulties of the British, Austro-Hungarian, and Italian authorities in preventing its spread through neoquarantinist measures, the Ottomans began to fear the spread of cholera from Montenegrin and Austro-Hungarian districts and ports. For this reason, the Porte started to consider the possibility of imposing more rigid quarantinist measures to prevent the arrival of cholera in its territories. Robert Efendi contacted the military governor of Janina to order the Ottoman sanitary authorities on the Adriatic coast to not admit 'in free practice' the vessels originating from Montenegro, Dubrovnik, Kotor and all those foreign centres infected by cholera. He reported also rumours regarding the possibility that soon the whole of Herzegovina would be invaded by the epidemic. To avoid this eventuality, the *vali*, or Ottoman governor, of Shkodër and the Sanitary Office of Kotor imposed a sanitary cordon of fifteen days on arrivals from Montenegro. Simultaneously, the Austrian authorities of Dubrovnik quarantined arrivals from Herzegovina and border villages impacted by the disease.

⁴⁸ BOA, HR, İD, 52, 1, d. 639/32, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Safvet Pasha, 9th July 1867, Malta.

⁴⁹ BOA, HR, İD, 49, 1, d. 2993/73, from the consul general, Persich Efendi, to the minister of Foreign Affairs, Fuat Pasha, 24th June 1867, Dubrovnik.

In the middle of July, Robert Efendi, considering his ‘duty’ and responsibility

to the ‘interest of the [p]ublic [h]ealth of the Empire’, reported an ulterior strengthening of the sanitary measures.⁵⁰ In Corfu, the Greek administration put all vessels from the eastern coast of the Adriatic Sea into a five-days quarantine. Also, arrivals from Trieste were targeted with eleven days, due to reports of sporadic cases in the Austro-Hungarian city. For the same reasons, arrivals from Brindisi, Bari, Barletta were subject to eleven days and those from Ancona to five.

From Dubrovnik, at the end of July Persich Efendi wrote that, even if the urban centres and the most of the villages were still free from contagion, the epidemic continued in the Austrian and Ottoman districts of the western Balkans, especially in those of Kotor, Dubrovnik, Trebinje and Nikšić.⁵¹ Always attentive to the possible implications of the sanitary measures imposed by the Austro-Hungarian authorities, Persich Efendi described with deep concern the ‘onerous’ and ‘painful’ conditions for the Ottoman traders and ‘bordering subjects’. The caravans arriving from the imperial territories were limited to once a week. The Ottoman consul admitted that, in several cases, he deliberately ignored the sanitary requirements and permitted ‘special activity’ to guarantee Ottoman commercial rights against discrimination. In his opinion, the local population was ‘seized by an exaggerated fear’ of cholera. A fear that, for him, the local authority was ‘embarrassed to satisfy’. For this reason, he hoped that the situation would soon be resolved, restoring the ‘status quo ante’. Rather than being disappointed by this attitude, the Ottoman *Vali* of Sarajevo Topal Osman Pasha expressed his satisfaction to Persich Efendi for his efforts in favour of the populations of Trebinje against the ‘hindrances’ that the Austro-Hungarian authorities of Dubrovnik had established towards the Ottomans ‘in the form of sanitary measures’.⁵² In fact, despite his efforts against the cholera epidemic in Bosnia in the summer of 1866,⁵³ in

⁵⁰ BOA, HR, İD, 51, 2, d. 134/44, from the consul general, Robert Efendi, to the minister of Foreign Affairs, Safvet Pasha, 22nd July 1867, Corfu.

⁵¹ BOA, HR, İD, 56, 1, d. 3053/90, from the consul general, Persich Efendi, to the minister of Foreign Affairs, Safvet Pasha, 29th June 1867, Dubrovnik.

⁵² BOA, HR, İD, 56, 6, annexed to 3101/104, copy 469, from the governor general, Osman Pasha, to the consul general, Persich Efendi, 19/31st July 1867, Sarajevo.

⁵³ Giorgio Ennas, ‘*Confine sanitario o nazionale? L’influenza delle epidemie nell’emergere dei nazionalismi balcanici*’, [‘Health Boundary or National Boundary? The influence of epidemics in the emergence of Balkan nationalisms’] in Francesco Cutolo / Costanza Bonelli (eds.), “Farestoria” *Malattie e società. Esperienze, pratiche*,

his letter Osman Pasha described the measures targeting Ottoman subjects as simply 'useless' and 'exaggerated', considering that the same epidemic existed in the Austro-Hungarian Dalmatia as well. Despite this apparent scepticism concerning the effective utility of the quarantinist measures, the disease continued to rage in the Adriatic area throughout the entire summer of 1867. Some areas, such as Austro-Hungarian Dalmatia, Ottoman Bosnia and Herzegovina, the Principality of Montenegro and the Italian Peninsula seemed to be virulently affected by the disease, despite the measures of sanitation, quarantine, and different techniques adopted by respective governments. Italian port cities seemed to be particularly affected by the disease.⁵⁴

As a supposed supporter of neoquarantinism, the plenipotentiary minister in Florence, Rüstem Bey, warned the Porte about the difficult situation the ports on the Italian Peninsula.⁵⁵ Cholera raged with 'great intensity' in several provinces, especially in Sicily, and the Greek and British governments imposed quarantines on arrivals from the Peninsula. Even if in August the Ottoman consul in Messina reported that the Sicilian city was still in a satisfactory situation, many important coastal centres, such as Catania and Syracuse, were affected by cholera. At its worst point, the city of Palermo recorded 600 cases in one single day. In Rüstem Bey's opinion, the epidemic had spread from Palermo, whence it infected the main centres of the Italian western coast, in particular Naples, Rome, Livorno, Genoa and Milan. Numerous cases were also observed in the north of the Peninsula, especially in the cities of Lombardy, although they never reached the alarming proportions of the south, where the situation was critical. However, considering that ships departing from Italian ports were still provided with clean bills of health, Rüstem Bey suggested to the *Hariciye Nezâreti* that they adopt 'the usual hygienic precautions' on their arrival in Ottoman ports.

In September the choleric wave continued to spread in the area around the Adriatic. Naoum Efendi wrote that in Malta several cases manifested 'either in the city or in the [...] villages', following the arrival of the

rappresentazioni, [Disease and society. Experiences, practices, representations], vol. II, 2021, p. 44.

⁵⁴ BOA, HR, İD, 56, 6, d. 3239/223, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 14th August 1867, Athens.

⁵⁵ BOA, HR, İD, 1459, 61, 1, d. 5051/263, from the plenipotentiary minister, Rüstem Bey, to the minister of Foreign Affairs, Fuat Pasha, 15th August 1867, Florence.

steamship of the Royal Navy named ‘Hydra’.⁵⁶ In his opinion, the population of the island was not ‘sufficiently alarmed’ and as such were invited to adopt ‘rigorous prophylactic measures’. Moreover, like in the Italian case, the local government decided to continue to provide clean bills of health, even though the contagion was still present on the island. Upon hearing this news, Naoum Efendi immediately telegraphed the *Hariciye Nezâreti* and the *vali* of Libya,⁵⁷ in order ‘to preserve our territory’, ordering the adoption of necessary measures to avoid the ‘invasion of an evil’, which, in that moment, was spreading in the Mediterranean, and, with particular virulence, between Italy, Malta, and the western coast of the Balkans. The Ottoman consul reported the opinion of the Maltase governorship and committee of Public Health, which confirmed that ‘a few cases of illness accompanied by cholera symptoms had been reported’, but that no epidemic had been declared and that clean bills of health for maritime vessels would still be issued. Therefore, Naoum Efendi confirmed his commitment to keep the imperial government informed regarding the ‘modifications that this disease can present as it continues its course.’ In fact, only a few days later, the Ottoman consul informed Fuat Pasha that some cases of cholera ‘followed by death’ had occurred, and as such he presumed that the Maltase bill of health had ultimately become ‘unclean’.⁵⁸

In the complex epidemiological picture described above, Ottoman consuls found themselves operating in a very delicate international situation. In this section, it has been possible to observe the difficult sanitary context in which Ottoman consuls worked during the epidemic of the summer of 1867. Moreover, it has highlighted how, on several occasions, the neo-quarantinist approach of European administrations, their taking advantage of norms and measures and their discrimination towards the Ottoman sanitary system were perceived as a serious issue by the imperial consuls. For this reason, they suggested the adoption of sanitary measures and the consequent strengthening of borders by imperial governors. In the second half of the 1860s, the issue of compliance with sanitary measures, such as the question of the bills of health, emerges as a decisive factor in the development of European and Ottoman sanitary systems. Although not always

⁵⁶ BOA, HR, İD, 1459, 67, 1, d. 672/43, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Fuat Pasha, 3rd September 1867, Malta.

⁵⁷ BOA, HR, İD, 1459, 67, 3, copy n. 667, annexed to d. 672/43, from the consul general, Naoum Duhany, to the governor, Patrick Grant, 2nd September 1867, Malta.

⁵⁸ BOA, HR, İD, 1459, 68, 1, d. 673/44, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Fuat Pasha, 10th September 1867, Malta.

working in agreement regarding the effective usefulness of sanitary measures, in general the Ottoman consuls highlighted what appears to be more a 'western sanitary question', linked, from time to time, to the adoption of neoquarantinism, the European double standard, and the European tendency to take advantage of states like the Ottoman Empire in such situations. From an Ottoman perspective, the European governments were generally represented as a potential threat not only for Ottoman public health, but also for the global public in general.

5. CONSULS AGAINST CHOLERA

Around the end of August, the Ottoman consuls thought about how to overcome the sanitary borders imposed by their European neighbours, in order to restore the freedom of movement of imperial subjects that had been strongly restricted by the cholera epidemic. When reporting the example of the Greek government, which imposed quarantine over all ships that had not previously submitted their bills of health for approval from the Greek consular authorities at their ports of departure, the Ottoman Consul General of the Cyclades Danish Efendi wrote that, in his opinion, this measure was 'respectful of the dignity of the foreign sanitary offices'. Therefore, he suggested that the disposition should be imitated by the imperial administration, by forcing 'Greek steamers and sailing ships [...] which leave Greece for any destination of the Empire' to request a visa from imperial consulates.⁵⁹ This measures would produce several important outcomes: it would reduce the frequency of the 'change of flag', used by Ottoman ships to avoid quarantines; it would guarantee regular revenues to Ottoman consuls; and finally, it would force each ship to present their manifestos to the authorities, thus facilitating more controls against criminal activities, such as smuggling.

From Malta, Naoum Efendi also took up the problem of the local sanitary measures and proposed a similar solution. In his opinion, the local government did not really believe 'in the usefulness of quarantines as a prophylactic measure'.⁶⁰ In fact, even if officially Valletta and its neighbourhood were safe, 'the germ of the disease has not yet completely disappeared' and

⁵⁹ BOA, HR, ID, 1459, 69, 1, d. 678/102, from the consul general, Danish Efendi, to the minister of Foreign Affairs, Fuat Pasha, 17th September 1867, Syros.

⁶⁰ BOA, HR, ID, 1460, 4, 1, d. 695/48, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Fuat Pasha, 29th October 1867, Malta.

some cases were still occurring in the villages. At that moment, ‘steamers’ and ‘sailing ships’ were no longer submitting their licenses to the consulate general, probably to avoid complications in Constantinople, whose authorities were stricter in the application of sanitary measures. Therefore, Naoum Efendi warned the *Hariciye Nâzırı* to alert the *Karantina Meclisi* in Constantinople and proposed a solution ‘for the safety of public health of our ports’.⁶¹ The Ottoman consul reported how the general administration of public health in France and Italy generally required the bills of health of foreign ships to be countersigned by the consulates of these powers ‘in the ports from which the departure of these ships takes place.’ For Naoum Efendi this measure would produce more satisfactory results with regard to public health, resulting in an increase in the revenues for the imperial consulates. In fact, the consulates of Austro-Hungary, Italy, Greece and Spain had a surplus of £ 2,000, an increase that would be entirely to the advantage of the imperial treasury.

The documents analysed so far have not clarified whether the Ottoman consuls’ proposal was taken into consideration by the imperial government. Apparently, the end of the epidemic emergency with the arrival of the autumnal season temporarily closed the issue, removing most of the sanitary measures and allowing the reopening of state borders to ships with Ottoman issued clean bills of health.

Since the end of August, Persich Efendi reported that the wave of cholera had begun to subside. In fact, even if in Herzegovina and Montenegro cholera was still ‘rampant’, the epidemic was finally decreasing in Trebinje and in Dubrovnik.⁶² Also the French Consul General in Sarajevo, Pierre Jules Moulin, declared that cholera was finally disappearing from Herzegovina.⁶³ In September, the last quarantines imposed in Greece on ships coming from Alexandria, Tarsus, and Latakia were suspended.⁶⁴ Gradually, strict quarantine measures were removed for arrivals originating from Dalmatia, Brindisi and the rest of the Italian littorals, replaced by pre-

⁶¹ BOA, HR, İD, 1460, 5, 3, d. 700/50, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Fuat Pasha, 5th November 1867, Malta.

⁶² BOA, HR, İD, 1459, 56, 5, d. 3101/104, from the consul general, Persich Efendi, to the minister of Foreign Affairs, Fuat Pasha, 28th August 1867, Dubrovnik.

⁶³ RCD, 68, d. 18742/67, from the consul general, Pierre Jules Moulin, to the minister of Foreign Affairs, Pompeo di Campello, 29th August 1867, Sarajevo, pp. 154-155.

⁶⁴ BOA, HR, İD, 1459, 71, 1, d. 3314/252, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 18th September 1867, Athens.

cautionary five-days quarantines for observation and security.⁶⁵ At the beginning of November, the Ottoman and Austro-Hungarian administrations suppressed the restrictive measures imposed on Bosnia-Herzegovina, Dalmatia and Albania.⁶⁶ Arrivals from Dubrovnik and Trieste were readmitted 'in free circulation' and the sanitary situation of Constantinople was described as 'very satisfactory'. From Malta, Naoum Efendi also confirmed that the cholera epidemic had effectively ceased, confirming the 'futility' of programming further prophylactic measures.⁶⁷ Finally, between November and December, the Greek government also removed quarantines for arrivals from southern Italy and Algeria, if the ships had a clean bill of health endorsed by the Greek consular authority.⁶⁸

As pointed out by Peter Baldwin, for centuries the quarantinist measures of European states were 'based on mistrust' and 'inspired by fears of the Orient's sanitary state'.⁶⁹ During the First Sanitary Conference of 1851, the adoption of European hygienic and quarantinist measures persuaded several European and Ottoman observers that the cultural and 'sanitary' barriers between 'Orient and Occident' could mark the conclusion of this separation. However, the choleric waves of the 1860s highlighted the persistence of negative stereotypes and the durability of cultural and sanitary barriers. The above-mentioned discrimination against Ottoman measures, populations, and the modalities of application of neoquarantinist policies on vessels directed towards the imperial ports demonstrate this phenomenon. The cholera epidemic temporarily disappeared, the sanitary measures were dismissed, but the cultural and political sources of borders and barriers towards the Ottomans remained.

CONCLUSION

The Conference of 1866 promoted the adoption of a collaborative attitude in the face of disease, and a global standard for sanitary measures.

⁶⁵ BOA, HR, İD, 1460, 2, 1, d. 3376/271, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 16th October 1867, Athens; BOA, HR, İD, 1460, 3, 1, d. 3393/279, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 23rd October 1867, Athens.

⁶⁶ CADN, FRMAEE_166 PO/E, b. 465, r. 15, from the French delegate at the Sanitary Board of Constantinople, A. Marroin, to the ambassador, Nicolas Prosper Bourée, 6th November 1867, Constantinople.

⁶⁷ BOA, HR, İD, 1460, 4, 2, d. 708/55, from the consul general, Naoum Duhany, to the minister of Foreign Affairs, Fuat Pasha, 19th November 1867, Malta.

⁶⁸ BOA, HR, İD, 1460, 9, 1, d. 3467/301, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 27th November 1867, Athens; BOA, HR, İD, 1460, 12, 1, d. 3519/319, from the consul general, Photiades Bey, to the minister of Foreign Affairs, Fuat Pasha, 25th December 1867, Athens.

⁶⁹ Baldwin, *Contagion* ..., p. 228.

Analysis of the epidemic of 1867 however demonstrates a more complex reality. By the end of the decade, the relationship between European authorities and Ottoman consuls was characterised by a real desire of collaboration to limit the spread of cholera. More significantly though this relationship was characterised by the difficult interrelation between conflicting foreign policies, sanitary doctrines, and political and cultural stereotypes. The cases illustrated are particularly representative of the double standard perceived by the Ottoman consuls and which tended to persist among the Great Powers in the 1860s. In fact, during the epidemic of 1867, British, Austro-Hungarian and Italian sanitary boards still granted their ships clean bills of health, while Ottoman citizens and vessels suffered quarantines and blockades despite being in possession of Ottoman issued bills of health. At the same time, from this consideration it becomes clear that there was a fundamental difference between European and Ottoman consuls in epidemic contexts. In fact, while European consuls assisted the imperial authorities in their attempts to impose stringent sanitary measures and to promote the foreign policies of their respective countries, the Ottoman consuls were busy not only notifying their government and provincial administrations of the spread of the epidemic, but also had to do their best to avoid the spread of foreign influence and contagion from European ships in their ports. Simultaneously, they tried to unblock potential discriminatory and dangerous situations for the Ottoman state and its populations. Undoubtedly, this topic deserves further investigation, which will be addressed in future publications.

In conclusion, from this preliminary analysis, the important role of the Empire and of its consular network in the prevention of the spread of epidemics in Europe and in the Mediterranean clearly emerges. In general, although the Porte and the imperial consuls complained about the severe sanitary barriers and the discriminatory attitudes taken by certain European states, they continued to apply the measures they deemed necessary not only to preserve their own country, but the entire European continent as well.

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