HEALTH AND THE ENVIRONMENT

Epidemics and quarantine in Europe

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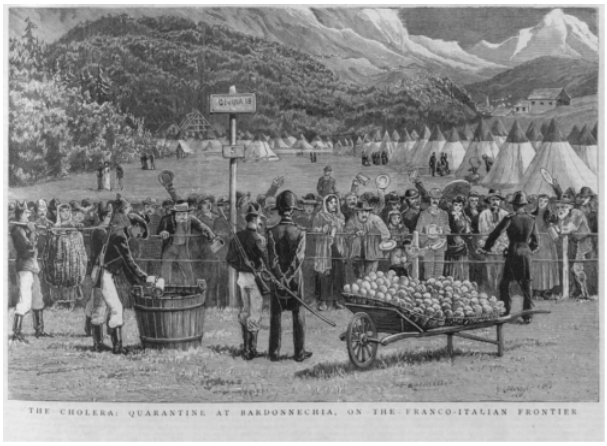
ABSTRACT

Since the Middle Ages, the ravages of so-called “imported” epidemics led to the implementation of quarantines throughout Europe. These preventive measures, which involve restraining individuals and merchandise suspected of being contaminated, were applied unequally depending on the region. In the nineteenth century, strengthened control around the Mediterranean contributed to the reduction of quarantines in numerous European countries.



Temporary cholera quarantine station in Bardonnechia, French-Italian border. Illustration published in *The Graphic*, August 16, 1884, p. 5. © Illustrated London News Group. With the permission of the British Library Board.

The plague has, without a doubt, reigned supreme over the terrified imagination of Europeans since the Middle Ages, and was only challenged in the nineteenth century by cholera and yellow fever. The great (and swift) lethality of epidemics, the powerlessness of public authorities and doctors to contain them, and the serious social, political, and economic consequences they engendered have left a lasting mark. These three diseases, along with smallpox, exanthematic typhus, and recurrent fevers, together make up what are known as the six quarantine diseases, a term stemming from the measures used to contain them.

The implementation of a quarantine system

It was in the late fourteenth century, following the ravages of the Black Plague, that quarantine became the foundation of a system of prevention against epidemics from the Levant and Barbary. While Europe's first quarantine was put in place in the port of Ragusa (modern-day Dubrovnik, Croatia) in 1377, it was in the Republic of Venice that the first lazaretto appeared. This permanent establishment, which was set up in 1423 on the island of Santa Maria di Nazareth, hosted travellers suspected of having the plague, and was soon imitated by a number of Mediterranean cities.

A quarantine system was perfected in the seventeenth and eighteenth centuries in accordance with the epidemic episodes that reactivated the threat. This preventive system was based on an extended network connecting ports through bills of health. These documents certified the state of health of the ship and port of provenance, and authorized or forbade the disembarkation of passengers and merchandise. When a danger was detected, travellers were sent to the lazaretto for forty days. Along with isolation, a series of disinfection techniques were developed, which evolved based on the knowledge of the time. This system could be especially repressive: after the plague in Marseille, which claimed nearly 100,000 victims in 1720 following a captain's false declaration, it was often the death penalty that awaited those who skirted the law. The severity of isolation measures increased in times of epidemic crisis, as demonstrated by the implementation of sanitary cordons by the army to prevent any contact between infected and healthy areas. The consequences of these measures could also be tragic, for the total paralysis of activity often led to famine and riots.

Controversial quarantines in Europe

The early nineteenth century saw the appearance of new threats in Europe connected to the expansion of international commerce. In 1806, Sweden announced new legislation that established strict control measures in the Känsö sanitary station near Göteborg. This is explained by the threat of yellow fever stemming from the country's developing commercial relations with Spain, which was highly exposed to the disease. Beginning in the 1830s, cholera justified the strengthening of sanitary defenses throughout Europe.

At the same time, opposition to quarantines, which were seen as a curb to commerce, increasingly emerged. Between 1820 and 1840, mandatory isolation measures in England and Austria were gradually relaxed, and protection against diseases was based on urban sanitation and improved living conditions. The scientific basis for this prevention system, which was known as the "English" system, was an anticontagionist conception of diseases. This theory argued that miasmas, or "bad air," were the source of diseases, and rejected the principle of individual transmission that justified quarantine.

International sanitary conferences reflected the controversies surrounding the causes of epidemics and how to halt them. In 1851, twelve European countries gathered in Paris to implement a common defense against imported diseases and reduce quarantines, thereby facilitating commerce. In the ensuing years, a number of similar conferences revealed the opposition present in Europe. While a number of countries, England chief among them, called for the abolition of quarantines, countries in Southern Europe, which were more threatened, expressed reluctance. Such national opposition was intensified on a smaller scale, for instance in the Baleares islands, where the use of sanitary cordons to halt epidemics had become very frequent in the early nineteenth century. Spanish authorities tried to limit this practice by passing a law in 1855, but were unable to enforce it. Municipal authorities, with the support of the local population, saw sanitary cordons as the most effective measure for protecting them from cholera and yellow fever, despite the fact that they had to assume the financial cost.

On the European scale, these debates revealed major territorial contrasts, which were not solely due to national differences. While the British intended to reduce quarantines around the English Channel, they strengthened them in Gibraltar, Malta, and Corfu. The relaxing of quarantine measures in some European countries can be explained

by their reinforcement elsewhere, such as in ports on the Black, Caspian, and Mediterranean Seas.

Even more so, medical authorities sought to act overseas. Before the opening of the Suez Canal (1869), sanitary control of the Orient apparently became the solution for the cholera epidemics affecting Europe. Great Britain and France gradually became involved in the Constantinople and Alexandria Sanitary Councils, which were respectively created in 1831 and 1839 by local authorities to organize sanitary defense. Above all, this new international prevention measure targeted a specific population, namely Muslims returning from the pilgrimage to Mecca, who were held responsible for the cholera epidemic that spread in Europe in 1865, and were subject to heightened sanitary control.

Toward the end of quarantines?

Quarantines were thus reduced in Europe in the late nineteenth century, at the price of heightened detention measures in the Orient. The slow victory of the bacteriological theory, which made microbes the cause of diseases, proved supporters of contagionist theory right, but also provided tools to reduce quarantines. In Portugal, the 1899 Porto plague outbreak gave rise to new sanitary legislation. This new system limited detention in the Lisbon lazaretto to periods of disease incubation, and focused measures on rat (for cholera and the plague) and mosquito (yellow fever) extermination. It was also based on the development of bacteriological examinations, which became a priority for international conferences beginning in 1912. After the Second World War, the rise of air traffic, which accelerated commerce and the movement of microbes, emerged as a new challenge for epidemic prevention, one that was met partly thanks to vaccination.

At the same time, the international system that was sketched out in the nineteenth century took shape in the twentieth, first through the creation of the International Office of Public Hygiene in 1907, and then by the League of Nations Health Organization, which was succeeded by today's World Health Organization (WHO) upon its creation in 1946. The international sanitary rules in effect since 1951 are regularly amended to contend with new threats.

While lazarettos have fallen into obsolescence, the logic of quarantine has not been abandoned. The reduction of individual liberties in the name of the common good and public health is still used as a practice, as demonstrated by the management of the Ebola epidemic in 2014, or the Coronavirus epidemic striking China today. Australia has imposed quarantine on repatriates in the refugee detention center on Christmas Island located near Indonesia, while France moved French people returning from Wuhan to a holiday camp in Carry-le-Rouet via a secure bus with sealed windows. Like the sanitary cordons of the nineteenth century, the measures taken reflect the fear and powerlessness of political and medical authorities in the face of epidemic threats.

BIBLIOGRAPHY

BALDWIN, Peter, *Contagion and the State in Europe* (Cambridge: University Press, 1999).

CHIFFOLEAU, Silvia, *Genèse de la santé publique internationale. De la peste d'Orient à l'OMS* (Rennes: PUR/Ifpo, 2012).

CHIRCOP, John, MARTÍNEZ, Francisco Javier, eds., *Mediterranean Quarantines, 1750-1914: Space, Identity and Power* (Manchester: Manchester University Press, 2018).

HARRISON, Mark, *Contagion: How Commerce has Spread Disease* (New Haven/London: Yale University Press, 2012).

SALAS-VIVES, Pere, PUJADAS-MORA, Joana-Maria, "Cordons Sanitaires and the Rationalisation Process in Southern

Europe (Nineteenth-Century Majorca),” *Medical History* 62, no.3 (2018): 314-332.
