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Quarantine on the Line

Edna Bonhomme

Edna Bonhomme is a historian and writer based in Berlin, Germany.

John Bowring, *Observations on the Oriental plague and on quarantines as a means of arresting its progress* (Edinburgh: William Tait, 1838).

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An appeal to understand the cause and transmission of the plague hangs over the opening pages of John Bowring's manual, *Observations on the Oriental plague and on quarantines* (1838).[1] Born to a wool merchant in Exeter in the late 18th century, Bowring was exposed, early on, to extensive travel. As a merchant, himself, he developed financial subsidiaries in Spain and gained prominence writing political commentaries for the *Westminster Review* and the Royal Commission. His campaigns to outlaw the death penalty, abolish slavery, and gain equal rights for women eventually granted him a place with other radicals in the British Parliament.

As merchant, translator and political economist, Bowring spent extensive time travelling to and writing about East Asia and the Ottoman Empire, keeping British trade interests in mind. In a way, he wrote the treatise to solidify his expertise as a travel writer. Writing a book on the plague allowed him to participate in the discourse of Europeans who were documenting the repeated outbreaks in the Ottoman Empire, just as plague was becoming less of an issue in Europe. In the treatise, Bowring draws on his personal experience to construct an epidemiological account of the plague outbreak. He encourages the reader to imagine that his treatise is a statistical and observational inquiry, yet the examples he provides are mere hearsay—others' recollections of events that are perhaps more repetitive than they are illuminating. *Oriental plague* notes that epidemics and how people perceive them simultaneously expose moments of unity and division and lay bare the social and political consequences of economic risk, something that was of grave concern in the early modern period, especially with respect to contested notions disease transmission.

These speculations extended to how merchants viewed the geopolitics of the Levant[2] to north-western Africa. In practice, Bowring weaves between doubt about contagion between individuals by indicating that plague was endemic to the region, perpetuating Orientalist tropes that saw the people and the land as pathological.

At the beginning of the 19th century, at the time Bowring wrote this text, disease etiology was poorly understood. The directionality of bubonic plague transmission was diffuse and plural, often tied to the pecuniary communities—merchants, traders, and enslaved people. Historical records often focused on port cities, due to their impact on economic and political life and their role linking places and people across an interconnected world.

To the modern audience, John Bowring's *Oriental plague* reads as fairly tone-deaf, with a white British polyglot drawing us a caricature of an undefined "Orient," elaborating on the areas that suit his purpose while failing to account for deeper political and social dimensions. Bowring attests that when he witnessed the disease in what he refers to as "the Levant," it appeared spontaneous, indigenous, and endemic.[3]

Plague accounts were not new in the "the Orient," and Muslim scholars from North Africa and the Ottoman Empire often documented their concerns about how 18th- and 19th-century leaders managed disease. For example, the Tunisian historian Muḥammad al-Ṣaghīr ibn Yūsuf (d. 1820) documented the plague outbreaks in the late 1750s and the lengths that local leaders took to prevent the spread of the disease. In his chronology of Tunisian beys (governors), Al-Ṣaghīr ibn Yūsuf noted that the bey of Tunis adopted a full, 40-day quarantine system, suggesting that Tunisians were aware of the public health benefits of quarantine and its capacity to diminish potential outbreaks.[4] At the heart of such measures was the idea that people and goods were vectors of contagion. Yet Tunis was exceptional within the Ottoman Empire; Istanbul—the imperial center—implemented quarantine measures only after 1839.

Bowring, for his part, harbored anti-quarantine views. These differed from the pro-quarantine opinions on the continent, but as Alex Chase-Levenson has noted, Bowring's views were commensurate with English policy.[5] It was no accident that Bowring, a British travel writer, chose to present his work to the British Association of Science, a learned community that had been established in 1831 to provide an alternative to the more conservative and elitist Royal Society of Science. At the heart of his work was excavating the concerns of the time, a deep-seated ideology about the plague.

Bowring's theories were part of an ongoing debate between contagionists—those who believed in quarantine—and anti-contagionists—who did not. As he writes, "I found

that some of the boldest assertions of the contagionists were wholly groundless and untrue, such as that keeping a strict quarantine against the plague was a security against its intrusion.”[6]

Quarantine and contagion were at the center of broader political questions in Europe and the Ottoman empire. In some cases, such as in Cairo, Tunis, and Istanbul, where local rulers aimed to protect their populace from pandemic, the quarantine policy served the local rulers’ interests. In other cases, it undermined the financial welfare of the government by lowering tax revenue and preventing goods from entering the Mediterranean market. For those such as Bowring, who doubted the efficacy of quarantines to suppress the plague, the toll it took on economic development and imperial expansion was simply too great to justify. Without being able to trace the transmission of the plague from one individual to another, there was too much uncertainty to predict and safeguard the movements of pathogens, while the expenses involved in imposing and maintaining quarantines were, at least from the English perspective, well known and prohibitively high.

Although he wrote for a learned audience, Bowring was not a scientist or medical author, and his anti-contagionist perspective was the product of pro-British ideology rather than educated observation. An effect of this reasoning is that Bowring presents the opposite perspective—contagion theory itself—as equally ideological, preying upon the fears and uncertainties of the public. In the beginning of the text, Bowring writes of merchants who were frustrated by sanitary measures, fueled by what he describes to be the alarmist contagionists and quarantine advocates—those who believed the plague was transmitted from person to person. Bowring believed that “a house kept in the strictest quarantine,” could be penetrated by the plague, in one case attributing the transmission to a stealth cat.[7] The author goes further by stating that quarantines exist as “the diffusion of truth—a powerful, sinister, and pecuniary motive for upholding the theory of contagion.”[8] In other words, Bowring distrusted contagion theory and was suspicious of the intentions of those who upheld it. Confining disease through the quarantine system was a way to manage bodies and spaces, an exercise which could be read as a technology of governance. While Bowring tries to present his contrarian view of physicians and officials, the constant returns to anti-quarantine advice become a bit cumbersome.

The early 19th century plague manual was drenched in Orientalist tropes, and Bowring’s is no different. He confidently channels the accounts and common tropes of the time—that the Orient is perennially sick and that the reasons have less to do with medical expertise than with moral shortcomings. John Bowring believed that people in the “Orient” were agents in their ailments; what he was communicating was that Muslims were to blame for disease susceptibility. Bowring asserted: “the

Mahomedan population expose themselves unhesitatingly to the perils of the plague.”[9] In saying that the population exposed themselves to the plague without a second thought or hesitation, Bowring suggested that the population just couldn’t care less about preventing disease. Altogether, Bowring’s perception was flawed and prejudiced.

Overall, this essay is formidable, sullied, and unpersuasive. There is a hubris in Bowring’s failure to justify his claims, and he actively ignores the ongoing medical knowledge of the Levant and the Ottoman Empire. There, quarantine measures were tied to changing perceptions of the plague that stemmed from 16th-century conceptions of “public health,” which included the Ottoman Empire’s efforts to reform and modernize the hospital.[10] Early modern medical training took place in hospitals such as Kairouan (Tunisia) or Süleymaniye Tib Medresesi (Istanbul), some of which were primarily funded through *awqaf* (religious endowments).[11] By the beginning of the 19th century, medical schools such as the Qasr al Aini in Cairo or Süleymaniye Tib Medresesi in Istanbul were reformed, which invited Europeans to share their expertise with the Ottomans and which marked a massive transformation in modern medical training.[12]

In contrast to Bowring’s depiction, the public health and medical projects of the early 19th century were neither suspicious of modernization nor pledged to popular belief. Bowring fails to capture nuance on a number of counts. He fails to acknowledge the network of endowments, taxes, and planning that were essential to the maintenance of public infrastructure and public health in various Ottoman provinces. Furthermore, he fails to account for how the process of state-building meant that the multi-religious communities in the Ottoman Empire were constantly adapting to the changing face of disease.[13]

Bowring’s text, while an attempt to provide various, on-the-ground case studies, fails to grasp the complexity of regional and cultural differences. He is indifferent to Muslim people’s humanity, to the local context, and to burgeoning European colonialism. The indifference is jarring for a modern eye, and clashes with Bowring’s otherwise progressive biography as an anti-slavery and pro-suffrage radical. Why did Bowring perpetuate the anti-Muslim and Orientalist perceptions of the time? The answer, it seems, lies in the entrenched racism of 19th-century civilizational discourse, which assumed European superiority over “non-Western” cultures. Public health served as a marker of alleged civilizational superiority, and the presence of the plague in the Ottoman empire, alongside its absence in Europe and the British Isles, confirmed Bowring’s conviction of Western preeminence. If one did not subscribe to the theory of contagion, as Bowring did not, then anyone could be a casualty of an epidemic, regardless of one’s prudence or recklessness. In seeking an explanation of

how and why the plague spread among some but not others, Bowring rejected and elided medical histories and clung instead to long-held stereotypes, thereby participating in their circulation and perpetuation among his Anglophone audience.

Notes

[1] John Bowring, *Observations on the Oriental plague and on quarantines as a means of arresting its progress* (Edinburgh: William Tait, 1838).

[2] As Natalie Rothman shows in *Brokering Empire: Trans-imperial Subjects between Venice and Istanbul* (Ithaca: Cornell University Press, 2012), “the Levant” is a problematic term to refer to the region. The Ottoman counterpart, *Bilad al-Sham*, was at the time undergoing political and public health reform and this is important because it refers to the region in the way that the people from the region describe themselves and to acknowledge the social changes that were occurring at the time. For an early account about the *tanzimat* (political and health reforms) in Ottoman Greater Syria, see Moshe Ma’oz, *Ottoman Reform in Syria and Palestine, 1840–1861: The Impact of the Tanzimat on Politics and Society* (Oxford: Clarendon Press, 1968).

[4] Muhammad Al-Ṣaghīr ibn Yūsuf, *Tārīkh Al-Mashra‘ Al-Milkī Fī Salṭanat Awlād ‘alī Turkī = Mechra El Melki = Chronique tunisienne (1705–1771): Pour servir à l’histoire des quatre premiers beys de la famille husseïnite*, trans. Serres Victor and Lasram Mohammed (Tunis: Éditions Bouslama, 1978), 347.

[5] Alex Chase-Levenson, *The Yellow Flag: Quarantine and the British Mediterranean World, 1780–1860* (Cambridge: Cambridge University Press, 2020).

[6] Bowring, *Oriental plague*, 3.

[7] Bowring, *Oriental plague*, 5

[8] Bowring, *Oriental plague*, 7

[9] Bowring, *Oriental plague*, 9

[10] Nükhet Varlık, *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience, 1347–1600* (Cambridge: Cambridge University Press, 2015), 57.

[11] The Ottoman center functioned as a medical school. It was established in 1551 to educate physicians who worked in the military and court system. For a history of hospitals in the Ottoman period, see Miri Shefer-Mossensohn, *Ottoman Medicine: Healing and Medical Institutions, 1500–1700* (Albany: SUNY Press, 2009). For a medical treatise guide in these sources, see Peter E. Pormann and Emilie Savage-

Smith, *Medieval Islamic Medicine* (Edinburgh: Edinburgh University Press, 2007). For more on hospitals in the Middle East, see Ahmed Ragab, *The Medieval Islamic Hospital: Medicine, Religion, and Charity* (New York: Cambridge University Press, 2015). Taxes tended to be collected by the *mahalla* (tax-collecting group) for services such as hospitals, religious buildings, and more. The revenues came from shops, some personal homes, and inns.

[12] See Khaled Fahmy, *In Quest of Justice: Islamic Law and Forensic Medicine in Modern Egypt* (Auckland: California University Press, 2018).

[13] M'Hamed Oualdi, *Esclaves et maîtres: Les mamelouks des beys de Tunis du XVIIe siècle aux années 1880*, Bibliothèque Historique des Pays d'Islam (Paris: Publications de la Sorbonne, 2011); Daniel Panzac, *La Peste Dans L'empire Ottoman: 1700-1850* (Leuven; Belgium: Peeters), 1985.