1 Universal Agitation

In 1799, at the height of the Revolutionary and Napoleonic Wars, a rumor spread like wildfire along the coasts of Provence. A pamphlet by Marseille's *Conservateurs de Santé* described a report "that the English and the North Africans are conniving in the atrocious project of introducing the plague on the coasts of France."[1] This unholy alliance may well have been the invention of the *Conservateurs* themselves, who were concerned about the alarming increase in smuggling by sailors from North Africa and eager for any opportunity to remind the public of the importance of the quarantine laws. Cloaking their sanitary task in patriotic terms (under their new, revolutionary letterhead: *liberté, égalité, santé*), the authors of the pamphlet suggested that the rumor should be taken seriously simply because of the well-known "*caractère barbaresque* and *perfidie anglaise*."[2]

The authors emphasize the duplicity of the English by stressing the dubious nature of any alliance with the medically suspect *Barbaresques*. "In France and throughout Europe," they opined, "in league with the pestiferous peoples of the Levant and Barbary, the enemy of *la Grande Nation* provokes unprecedented fears of the terrible plague of evil contagion."[3] Britain is cast as an insidious enemy as much because of the idea that it would ally with "pestiferous peoples" as because their joint plot involved biological warfare. In this way, France could take up the mantle of defending not just its own coasts but "Europe" as a whole from sanitary outsiders. The pamphlet calls the quarantine laws "the protective laws of the general health of Europe," a set of Continent-wide rules that each nation needed to observe.[4] To contravene them meant a conscious decision to endanger the sanitary integrity of Europe.

---

[1] L'Administration Sanitaire de Marseille, *Conservation de la Santé Publique* (Marseille: Bertrand, 1799), 1.

[2] Ibid., 6., It is also possible that the British did indeed contemplate such a plan, though there is scant evidence for this. Using infectious epidemics as a tool of biological warfare was at least contemplated elsewhere in the late eighteenth-century British world. On this phenomenon, see Elizabeth Fenn, "Biological Warfare in Eighteenth-Century North America: Beyond Jeffrey Amherst," *Journal of American History* 86, no. 4 (2000): 1552–80.

[3] *Conservation de la Santé Publique*, 9.   [4] Ibid., 6.

The question of Britain's commitment to quarantine recurs throughout this book. Here, however, it is most important to note that the exigencies of war and the existence of an apparently irreconcilable and perfidious enemy gave the Marseille Board of Health a rationale for redoubling its commitment to quarantine and evangelizing the system to the public (something particularly visible from its reception of French soldiers returning from Napoleon's Egyptian Campaign). As Marseille's *Conservateurs* sought to prepare themselves for the onslaught, they produced a huge handbill describing their plan and justifying quarantine anew to the general public. The occasion provided a chance to offer a forceful description of quarantine's nature and purpose. "There exist countries which present risks to public health," the *Conservateurs* began. These included both "those which are afflicted with the plague" and "those which communicate with these first countries without taking preventative measures."[5]

Such a line evinced a clear logic: failing to quarantine arrivals from a "suspect" country was sufficient justification to detain ships proceeding from a country typically free of the plague. Referring to this group of unfortunate countries failing to see the wisdom of quarantine practice, the *Conservateurs* lamented the "ignorance, despotism, and superstition" that, in their view, magnified the threat of the plague. Maintaining quarantine ports, lazarettos, and health authorities thus constituted a proof of civilized government. Boards of health, the authorities noted, corresponded with each other and maintained their lazarettos as an international system that provided safety against the plague. Across the Mediterranean, protection was mutually assured, and war put that cooperation in jeopardy.

Or did it? The central argument of this introductory chapter is that the Revolutionary and Napoleonic Wars constitute a transformative moment in the history of Mediterranean quarantine. This is not because this period of crisis made systematic quarantine impossible. Somewhat paradoxically, this period (1792–1815) was a moment when nation-states, city-states, and empires across the northern half of the Mediterranean Basin *recommitted* to the universal maintenance of quarantine.[6] The post-Napoleonic system remained mostly intact until the late 1840s, and it constituted the most sustained, extensive, and multipolar application of a quarantine system in world history.

How could a moment of crisis generate such coordination? This chapter suggests several different reasons. First, as we explore below, the late eighteenth and early nineteenth centuries saw a greater number of epidemic

---

[5] Marseille Board of Health, "Proclamation des Conservateurs de la Santé Publique" (Marseille: Elisabeth Martin, 1801). Bill published 28th Fructidor, An 9 (September 15, 1801).

[6] For a recent contrasting view of quarantine chronology, at least in the case of Spain, see Jon Arrizabalaga and Juan Carlos García-Reyes, "Contagion Controversies on Cholera and Yellow Fever in Mid Nineteenth-Century Spain: The Case of Nicasio Landa" in *Mediterranean Quarantines*, ed. Chircop and Martínez, 170–73.

outbreaks. Second, the vituperative rage contained within the pamphlet quoted above shows how easily the fight against the enemy during the total war of 1792–1815 could be portrayed as a fight of civilization against barbarism.[7] This, too, helped shape the practice of quarantine; as the British ostensibly threatened biological warfare, the members of Marseille's Board of Health could portray themselves as the defenders of Europe as a whole. Civilized behavior could be proved and enacted through efficient quarantine practice. Third, the wars themselves provoked an expansion of bureaucracy across many different European states. In particular, the coordination necessary to rapidly expand authority over newly conquered (or reconquered) lands necessitated a new sense of quarantine as a basic set of premises that could (and should) function similarly in any European port. Finally, the period coincided with an information revolution, in which letter writing, newspaper and journal publication, and statistical compilation skyrocketed. Here the propulsive force of greater information (regarding quarantine procedures, lengths of detention, board of health deliberations, and knowledge of foreign epidemics) made coordination among boards of health seem easy to achieve and impossible to exist without. Lives depended on it.

In other words, for a variety of intersecting factors, and in the midst of a brutal and ideological sequence of wars, the coordination of Continent-wide norms came to seem normal and essential among the bureaucrats who composed Mediterranean boards of health. This extraordinary change has largely been missed in the historiography, in part because it involved a change in assumptions rather than in form. Quarantine existed before and after the Revolutionary and Napoleonic Wars. Yet, in the period considered here, it truly became "the sanitary system of Europe" in a new and meaningful sense. The transformation proceeded through the exchange of correspondence among Mediterranean boards of health; Chapter 5 examines the mechanics of that cooperation, but this chapter explores its causes as it investigates the specific moment of its origin in the midst of a continent-wide military conflict. In conducting this examination, a picture emerges of a coevolving consensus in which cooperation on sanitary matters came to be seen not as strategic but as essential.

In this way, the very extremity of the fighting, and, in particular, its wide reach, helped accentuate the growing attraction of a more robust and systematic approach to quarantine even as war pushed the practice to the breaking point. One might expect that scenes like the reception of Napoleon Bonaparte in Fréjus (in violation of the quarantine laws, on his return from the Egyptian Campaign) would have been relatively common in the chaotic era of the

---

[7] On the growth of such ideas during the French revolutionary period, see Dan Edelstein, *The Terror of Natural Right* (Chicago: University of Chicago Press, 2009).

Napoleonic Wars. But as we have seen, many at the time roundly criticized Bonaparte's flagrant challenge to sanitary precedent. And in the wake of the Napoleonic Wars, the window for unpunished evasions of quarantine closed definitively, even for would-be political heroes. In the 1830s, a young Benjamin Disraeli expressed a hope that he could "somehow or other shuffle quarantine" on his return from his travels in the Eastern Mediterranean.[8] Yet, he was detained like the rest.

At the moment when the modern Mediterranean was born, then, the medical boundaries that had characterized its premodern trade were made ever firmer. A recommitment to quarantine occurred alongside the beginnings of mass tourism, steam travel, and expanding British power. This should remind us that Mediterranean change was discontinuous. The Napoleonic Wars upended the states, technologies, and trading patterns that had defined the Middle Sea since the early modern period, while quarantine expanded and intensified.

Epidemic Crises on the Frontiers of Western Europe

It is one thing to note that, after the 1720 plague of Marseille and 1744 plague of Messina, with few exceptions, no Western European city experienced the plague again. But the urgency behind the expansion and regularization of quarantine in the late eighteenth and early nineteenth centuries owed as much to new epidemic threats as it did to confidence in traditional procedures. British, French, and Italian governments enacted, expanded, and regularized quarantine between 1780 and 1820 not out of conservative myopia but as an active and direct response to new outbreaks of disease. This fact has largely been lost on historians, who have tended to portray the survival of quarantine as the consequence of inaction or stasis. Partly, this is because historians who have focused on the history of epidemic disease in the East, such as Daniel Panzac, have ignored the political debates over quarantine in the West. Similarly, Western-oriented scholars have considered the relationship between cholera epidemics and the politics of British and Continental public health reform without reference to the epidemic experience of Europe's southern periphery.[9] The sense of a "crisis" in public health did not begin with cholera in the 1830s, still less with the hungry 1840s. Epidemic diseases threatening Europe's southern coast at the turn of the nineteenth century focused increasing

---

[8] Benjamin Disraeli to Isaac Disraeli, January 11, 1831. Contained in *Lord Beaconsfield's Letters*, ed. Ralph Disraeli (London: John Murray, 1887), 55.

[9] See, for example, Christopher Hamlin, *Public Health and Social Justice*; Margaret Pelling, *Cholera, Fever, and English Medicine*; Peter Baldwin, *Contagion and the State*; David McLean, *Public Health and Politics in the Age of Reform* (New York: Tauris, 2006); R. J. Morris, *Cholera 1832: The Social Response to an Epidemic* (New York: Holmes and Meier, 1976); A. S. Wohl, *Endangered Lives*, chapter 5.

attention on the security of the *cordon sanitaire*, more so by far than did memories of early modern plagues or the Black Death.

Panzac, in particular, has noted that the first quarter of the nineteenth century witnessed a confluence of epidemics. Not only was plague "more active than ever" but other diseases emerged: "at the very moment when yellow fever, until now kept at bay across the Atlantic, began to menace the Old World, it was followed by a growing anxiety over the apparently inevitable progression of a new plague with an origin in the Orient: the cholera."[10] Disease threatened on all sides just as the Napoleonic Wars disrupted shipping patterns and led to an increase in smuggling. In this way, it is possible to see the political and economic upheavals of the period from 1789 to 1815 as constituting a public health crisis: a crisis of knowledge (in which war disrupted communication), a crisis of administration (in which the typical efficacy of boards of health was challenged by unstable and transitory political regimes), a crisis of volume (in which battleships, prisoner-of-war ships, and North African smugglers posed new challenges to boards of health), and a crisis of microbes (in which plague and yellow fever menaced Europe's Mediterranean frontier and occasionally penetrated it).

In 1778, Constantinople suffered one of the worst plague epidemics in its history, losing an estimated 100,000 out of 500,000 inhabitants. Around the time the population had rebounded, in 1812–13, a second devastating plague epidemic hit the Ottoman capital, for which estimates of mortality range as high as 300,000.[11] Certainly for Constantinople, the plagues of 1778 and 1812–13 were the most devastating since at least 1700. Plague outbreaks in Smyrna (in 1784) and Salonika (in 1814) killed fewer in terms of absolute numbers but had similar rates of mortality; each city lost between 16 and 20 percent of its population. Aleppo lost 40,000 citizens out of 100,000 in 1787, a devastating loss of population that was only compounded in future epidemics in 1814 and 1827 (when it lost roughly a quarter of its population in the last major epidemic in Syria).[12] One of Egypt's worst ever plague epidemics would come in the mid-1830s, just at the time when cholera hit western and southern Europe for the first time. These epidemics, it should be noted, do not represent the "normal" state of affairs in the Ottoman Empire at this time. Though isolated plague cases smoldered, and small-sized epidemics often hit individual neighborhoods and towns, mortality on such massive scales was relatively rare in the

---

[10] Daniel Panzac, *La Peste dans L'Empire Ottoman, 1700–1850* (Leuven: Éditions Peeters, 1985), 411. Focusing particularly on the 1820s, Mark Harrison has also noted the conjuncture of outbreaks of these epidemic diseases on the Mediterranean. See *Contagion*, 62–63.

[11] See Donald Quataert, "The Age of Reforms, 1812–1914," in *An Economic and Social History of the Ottoman Empire, 1300–1914*, ed. Halil Inalcik and Donald Quataert (Cambridge: Cambridge University Press, 1994), 787.

[12] Panzac, *Peste*, 359.

nineteenth century, provoking an increasing sense of unease among Western observers when major epidemics occurred.

The disturbing succession of devastating Ottoman epidemics was noted by European consuls, doctors, and travelers resident in the Empire. In particular, as Donald Quataert notes, the period between 1812 and 1818 represents a particular inflection point during a fifty-year period in which plague epidemics affected almost every city in the Ottoman Empire.[13] Most worrisome for European observers (none more so than the British), these epidemics rippled across the Mediterranean. In 1813, plague hit the new British colony of Malta. In 1816, it hit the Ionian Islands at the precise moment the British were seeking to impose a new constitution and entrench their power there. During the 1790s, and then again in 1816 and 1818, plague struck the Dalmatian coast, an advance that was anxiously watched by diplomats across the continent.[14] Mallorca lost more than 2,000 inhabitants in a plague epidemic in 1820. In such a time of upheaval, quarantines constantly shifted. In the course of the 1790s plague epidemics in Dalmatia, for example, Venice instituted, and then suspended, a foul bill regime on all Dalmatian ports at least three times in five years.[15]

A further epidemic merits special attention: the plague of Noja (on the Puglian coast) in 1815. Largely unknown, and more swiftly extinguished, this was actually the last bubonic plague epidemic in history to break out on the Western European mainland. The response to it demonstrates just how seriously governments across Europe took the threat of pestilential importation and how ready they were to respond to an epidemic as the plague spread throughout the Mediterranean in the 1810s.

Noja (today Noicattaro) is a town in Puglia near the port city of Bari, and in the chaotic era of the post-Napoleonic restoration, the area was in a state of political transition. The plague's arrival coincided with turmoil surrounding the demise of the Bonapartist ruler, Joachim Murat, after the Hundred Days (and Bonaparte's final defeat at the Battle of Waterloo); it broke out in the formative months of the Kingdom of the Two Sicilies. Its origin, according to a report conducted by the Board of Health of Naples, was undoubtedly smuggling – in this case from the Ottoman provinces of Dalmatia.[16] Armies were heavy on the ground in southern Italy at this time, and on the declaration that plague had appeared in Noja, a military detachment was immediately sent to form a cordon around the town. To complete this, soldiers erected two concentric quarantine barriers and forced all of the town's inhabitants to take their chances inside

---

[13] Quataert, "Age of Reforms," 787.
[14] For the French reaction to these Dalmatian epidemics, see AN (Pierrefitte) F/8/10/I/1.
[15] See 1790s correspondence between Venice and Marseille, ASVe Provv. Sanità 551.
[16] See "Prospetto Storico del contagion di Noja," Archivio di Stato di Napoli, Naples (hereafter, ASN) Mag. Salute 194/311.

(though the Neapolitan doctor tasked by the Board of Health with preparing a report on the epidemic noted the necessity of building isolation hospitals in Noja to prevent the total collapse of a city that, in fairness, was "not entirely contaminated").[17] In addition to the thousands of soldiers required to man these lines, a Baltimore newspaper reported that some 10,500 sailors were required to man the 500-mile "sea quarantine" preventing commerce with the eastern Neapolitan littoral during the duration of the plague.[18] The Board of Health's doctor argued that the provision of funds for preventative medicine during the epidemic should be considered "a holy debt" on the fledgling postwar Neapolitan state.[19]

Years later, this extreme reaction was singled out for praise by the American medical textbook author James Wilson. Emphasizing that extreme epidemic conditions justified extreme state responses, he cited two (potentially apocryphal) stories of harsh quarantine justice during this plague. In one, a man who was suffering hallucinations from the plague ran out to the drawbridge over the moat dug around the village, where he was immediately shot. In the other, a citizen of Noja tossed a bored soldier a deck of cards across the moat. Both, Wilson relates, were summarily tried and executed for breaking the quarantine.[20] In the end, the epidemic was contained, with 800 dead (out of a population of just over 5,000). Throughout the episode, all ships arriving at other European ports from the Kingdom of Naples were put under quarantine across Europe (including in Britain). This extreme response to a relatively small epidemic should be seen not simply in isolation but rather as part of the cascade of epidemics around the Mediterranean Basin during the Napoleonic period. The plague writer J. D. Tully specifically singled out the plague of Malta as part of a genealogy of plague fighting that specifically shaped the experience here: "The plague of Malta . . . was productive of much good abroad," as it "served as a useful lesson to the health authorities in general, but particularly those of Naples; so much so, that the moment a disease of a malignant nature was announced as having made its appearance at Noia, the suspicion of the latter authorities was at the moment roused."[21]

Across the Mediterranean, then, as the modern era dawned, the plague, that ostensibly premodern scourge, was more threatening than it had seemed for a hundred years. Again, this proliferation of Mediterranean plague coincided

---

[17] Memo by the "Medico Ordinario" of the Naples Board of Health, July 15, 1815, ASN Mag. Salute 194/312.
[18] "Foreign Articles," *Niles' Weekly Register*, June 1, 1816.
[19] Memo by the "Medico Ordinario."
[20] James Wilson, "Plague," in *A System of Practical Medicine*, ed. William Pepper and Louis Starr (Philadelphia: Lea Brothers, 1885), 1:783.
[21] J. D. Tully, *The History of the Plague as It Has Lately Appeared in the Islands of Malta, Gozo, Corfu, Cephalonia, etc.* (London: Longman, Hurst, Rees, Orme, and Brown, 1821), 213.

with the first visitation of yellow fever to the European mainland. This disease, known to doctors and scientists in Britain, France, and Spain for decades (due to their colonial experience in North America), crossed the Atlantic for the first time in the late 1790s. Cadiz and Seville were the first major cities to be hit. At this time, yellow fever's etiology was hotly debated; Benjamin Rush, the influential American physician, had laid down an anticontagionist vision of the disease's transmission (stressing environmental causes rather than person-to-person spread). Indeed, American anticontagionists such as Rush gained numerous European fellow travelers – most notably the energetic French physician Nicolas Chervin.[22]

While this opinion grew in popularity over the early nineteenth century, at least initially, most doctors assumed that yellow fever was contagious. Some even mistook it for plague itself, given its horrific mortality, its fast spread, and its dramatic progression. Though current estimates put the mortality at Cadiz during the epidemic of 1800 at roughly 8,000,[23] contemporaries often wrote hyperbolically of much greater mortality (a British doctor and quarantine official, Francis Millman, put the total at 100,000).[24] In Gibraltar, more than one-third of the population of 15,000 was killed during successive epidemics in these years. At Livorno, normal quarantine procedures were suspended in 1804 when that venerable quarantine port was struck by a yellow fever epidemic that killed roughly 500.[25] Several Spanish port cities were hit before the yellow fever epidemics died down at the end of the 1820s; most notably, in Barcelona, roughly 20,000 people died from a yellow fever epidemic in 1821.[26] In the end, though sporadic cases reached the British coast and the south coast of France, aside from the Tuscan epidemic, yellow fever was mostly confined to Spain. But even so, the huge mortality, the link with American trade, and the apparent vulnerability of the quarantine system generated shock (Figure 1.1).

The link to the plague was crucial in understanding how these yellow fever epidemics were understood at the turn of the nineteenth century. As I argue later in this book, by the late eighteenth century, the plague came to represent an

---

[22] On the controversies generated by American yellow fever epidemics, see Mark Harrison, *Contagion*, 52–55. Also see David Barnes, "Cargo, Infection, and the Logic of Quarantine," *Bulletin of the History of Medicine* 88 (2014): 80–82. On Chervin's assimilation of North American scholarship on yellow fever, see Arner, "Malady of Revolutions," 2.

[23] See George C. Kohn, *Encyclopedia of Plague and Pestilence* (New York: Facts on File, 1995), 44.

[24] Fraser Brockington, "Public Health at the Privy Council, 1805–6," *Medical History* 7, no. 1 (1963): 14.

[25] For mortality figures, see George C. Kohn, *Encyclopedia*, 182. During the fever time, the Livornese Lazzaretto di San Rocco was converted into an isolation hospital and the quarantine Guardians were seconded for the duty of forcibly removing individuals suspected of contagion from their homes and placing them therein. See "Rapporti di Guardiani" in Archivio di Stato di Livorno, Livorno (hereafter ASLi) Sanità 600.

[26] See Kohn, *Encyclopedia*, 24.

Figure 1.1 Théodore Géricault, *Scene from the Epidemic of Yellow Fever in Cadiz*, c. 1819. Oil on canvas. Virginia Museum of Fine Arts, Richmond. © Virginia Museum of Fine Arts. Adolph and C. Williams Fund. Photograph by Sydney Collins.

epidemic archetype, to which apparently "newer" epidemic diseases were conceptually assimilated. A solemn Genoese proclamation issued by that city's Napoleonic "Commissione Centrale di Sanità" urged redoubled attention to sanitary matters on behalf of the populace:

Citizens! The yellow fever has manifested itself throughout the Kingdom of Spain. This pestilence, undiminished and terrible, has desolated the once beautiful cities of Cadiz and Malaga ... There is little difference between this disease and the true Plague in its effects, it is communicated in the same manner as that disease – by way of contagion. Ignorance, carelessness, and the contravention of the quarantine laws have almost always been the causes that have introduced it to the cities that have become its victims.[27]

This lack of certainty as to the true nature of yellow fever, and its apparent transgression of sanitary barriers, inspired terrified reactions all over Europe.

[27] Leopoldo Olivieri and Domenico Piaggio, "Proclamazione della Commissione Centrale di Sanità," October 17, 1804, ASLi Sanità 627.

So extreme was the reaction of the Russian Tsar Paul I to the yellow fever epidemics of 1800 (he ordered the fumigation of mail from anywhere in Europe) that Western diplomats took it to be evidence of insanity.[28]

In this first epidemic, the most concerned of all, perhaps, were the French, who eyed their Spanish frontier with newfound alarm. "How can we repulse (from our borders and our ports) the unfortunate strangers who seek pure air in our territory?" demanded the Minister of the General Police in a report on how to address the Spanish epidemic. The minister suggested that French frontier communities were in "a state of siege" provoked by fleeing yellow fever victims. He argued that all individuals who attempted to enter France without rigorous quarantine should be "condemned to death," given that "the dying man stops only at death itself."[29]

For the French, the frequency with which this "new" disease crossed the Atlantic to Spain during the waning years of the Spanish Empire led to a growing sense that the Pyrenees represented not simply a physical frontier, but a significant sanitary border. When the disease appeared in Barcelona from 1819 to 1821, France's Restoration government assembled a huge military detachment to enforce a quarantine against Spain – a detachment so large it was able to intervene in the Spanish political struggles of the 1820s on behalf of Spanish conservatives. Such an event demonstrates the extent to which the medical and the political could blend together when it came to the epidemic threat. In this case, the connection was made even clearer because the liberal *Cortes* had delayed the enactment of its own sanitary law, thereby allowing the radical anticontagionist Charles Maclean to proclaim that the liberal regime in Spain (in power from 1820 to 1823) was a test case for his revolutionary theories.[30] When, with French assistance, Spain's liberal government was suppressed, the restored King Ferdinand VII canceled any moves toward reform.[31] The entire episode shows why European reformers who had felt some affinity with Spain's brief liberal experiment might come to resent the logic of quarantine itself along with the French intervention.

As the French reaction to Spanish yellow fever helps to show, the post-1815 hardening of borders among European nation-states was occurring in an era of sanitary siege. That such a state of crisis was felt can be seen from the correspondence of quarantine bureaucrats and government ministers across the Continent. On top of these epidemics I have already described, *rumors* of

---

[28] Hugh Ragsdale, *Tsar Paul and the Question of Madness* (New York: Greenwood, 1988), 105–7.

[29] Undated report by the Minister of the General Police (given the dossier's date range, almost certainly 1800–1801), AN (Pierrefitte) F/8/1, Dossier VII.

[30] On this episode, see Mark Harrison, *Contagion*, 65–67, and Erwin Ackerknecht, "Anticontagionism between 1821 and 1867," *Bulletin of the History of Medicine* 22 (1948): 572.

[31] See Arrizabalaga and García-Reyes, "Case of Nicasio Landa," 172.

epidemics (that eventually proved false) also troubled their lives. For example, when yellow fever arrived in Spain in 1818, the French government received reports that it was plague itself and treated it as such.[32] Suspicious fevers, smallpox epidemics with grossly inflated mortality rates, and typhus fevers accompanied by buboes created a specter of plague that loomed larger than the real threat and made determining suitable quarantines difficult throughout this period. Boards were often obliged to act on scant information and then later reduce their quarantines on the receipt of fuller intelligence.

Between rumors and false reports, real episodes of plague and yellow fever, the later appearance of cholera, and the arrival, every few years, of a plague ship in at least one Mediterranean quarantine port, there was never a time during the last half-century of universal quarantine when it was thought of as simply routine. The sense one gets from much of the secondary literature is that quarantine lingered for decades after its apparent usefulness ended, that the epidemic threat it was created to address was a thing of the past. In fact, quarantine lasted almost exactly as long as epidemic threats impinged on the European frontier. At all times during the system's existence, members of boards of health were confronted by apparent examples of what might happen were attention to be diverted or quarantine's severity reduced.

Quarantine in the Napoleonic Wars

The Revolutionary and Napoleonic Wars were not simply part of the background as the quarantine system faced epidemic stresses in the 1790s, 1800s, and 1810s. Then, and later, the fighting itself could push the limits of the system and create further bureaucratic challenges. After 1800, for example, it became possible for the first time ever for North African merchants to ship goods directly to Europe. Piracy (often carried out by individuals who also ran legitimate ships) also found more avenues to Europe's south coast at this time.[33] This was a brief window of opportunity opened by the war; traffic from North Africa precipitously declined after 1815. Nevertheless, such innovations were what made the war so unpredictable for sanitary officials. After 1807, and the introduction of Napoleon's Continental System, British blockade-runners further complicated the lives of sanitary bureaucrats who saw accurate knowledge about the arrival of every ship as fundamental to their work. Smuggling was directly blamed for such concerning events as the

---

[32] See "Plague in Galicia," AN (Pierrefitte) F/8/10/I/3.
[33] See Daniel Panzac, *Les Corsaires Barbaresques: La Fin d'une Épopée* (Paris: CNRS Editions, 1999), 140–42. See also a letter from Famin, the Agent of the Foreign Affairs Ministry at Marseille, in which he notes with concern the rise in ships from Algeria and elsewhere in North Africa and attempted to compile statistics about them: Famin to the Duc de Vienne, October 20, 1813, AN (Paris) AE/B/III/220.

plagues of Malta and Noja. If customs services and marine patrols were incapable of enforcing the maritime border at a time of war, each board worried the city it represented could be next. The Provençal historian J. P. Papon, for example, gave a stern warning on the risks of the war:

> In an ordinary time, the precautions taken in Mediterranean ports to save us from the plague are enough to reassure even the most cautious individuals. However, the current war puts Europe and a part of Africa and Asia in a ferment, which could trouble the harmony of our customary general police and render useless the sanitary laws on which the health of nations rests; it would be imprudent to rely on a false sense of security. It is possible that in the midst of the universal agitation in which we live, the plague might creep into Europe in more than one way.[34]

Quarantine depended on knowledge, while blockade running and piracy relied on obfuscation. Quarantine rested on regular and predictable patterns of shipping; war made this impossible. Aside from Bonaparte's irregular landing in France on his return from the Egyptian Campaign (discussed in the Introduction), there are a few other scattered examples of the chaos of war allowing individuals to return to Europe without quarantine; in October 1798, a courier sent by Bonaparte from Egypt to Italy was permitted to disembark at Ancona without quarantine. So incensed were the Boards of Health of Marseille and Toulon that they not only quarantined all ships from southern Italy but also pressured all other northern Italian boards of health to follow suit.[35] Yet, as with the future Emperor himself, the robust responses to these irregularities set an enduring precedent. Aside from the plague of Noja, the plague did not penetrate the European mainland. Blind luck and enhanced vigilance by board members appear to have filled the gap.

Perhaps the biggest strain war imposed on the quarantine system was simply the increased traffic. Military conflicts in Egypt and Syria resulted in more individuals traveling back and forth across the *cordon sanitaire*. Planning the necessary quarantines for such a large number of soldiers and sailors was a highly complex undertaking, and managing the logistics of these military quarantines mobilized officials both in national capitals and in port cities. Should an entire army return at once, the resulting undertaking was comparable in scale to government efforts against cholera in a mid-size city. Military quarantines remain largely understudied, but the bureaucratic expertise gained by boards of health during such events clearly impinged directly on the history of quarantine during peacetime. If, as Catherine Kelly suggests, military medicine drove medical reform and professionalization in the early nineteenth century,[36] it

---

[34] Jean-Pierre Papon, *De la Peste*, 1:i–ii.
[35] Conservateurs de Santé to Talleyrand, 7 Brumaire, An 7 (October 28, 1798), AN (Paris) AE/B/III/211.
[36] See Catherine Kelly, *War and the Militarization of British Army Medicine* (London: Pickering and Chatto, 2011).

is unsurprising that the experience of coordinating military quarantines forced sanitary administrations to reform timeworn early modern procedures. In the wake of the war, Mediterranean boards of health began to compromise on quarantine lengths, to reform the rotation system for sanitary guardians, and to reconceive the assignment of space in an era of expanded numbers. Military quarantines during and after the Napoleonic Wars helped administrators anticipate the dramatic increases in quarantine traffic that would come during the 1830s and 1840s.

Encounters between military and sanitary bureaucrats had ramifications for the rancorous contagion debate of the 1820s and 1830s. Though many ex-military men urged reform during these decades, in Britain at least, three of quarantine's most influential defenders were Sir Gilbert Blane, Sir James McGrigor, and Colin Chisholm, the head of the Navy Medical Board, the head of the newly formed Army Medical Board, and the military's one-time Inspector-General of Hospitals in the West Indies, respectively.[37] Military men featured prominently among those testifying before a Parliamentary Select Committee appointed to settle the contagion question in 1819. The precise details of plague epidemics experienced by British and French armies during campaigns in Egypt and Syria in the 1790s remained at the center of treatises about the plague throughout the nineteenth century.

The extraordinary volume of quarantine traffic experienced in the course of the Napoleonic Wars was not limited to ports like Marseille, which received an entire returning army. Ships often needed to perform (usually short) quarantines wherever convenient, meaning some very small ports might find themselves ministering to men-of-war docked nearby. Naval letters and records throughout the war contain frequent mentions of such quarantines.[38] Even after the war, the large number of soldiers present in the Mediterranean augmented quarantine traffic. Genoa's lazarettos, for example, normally handled only 200 to 400 people each year but, on one occasion in 1816, some 539 British servicemen sailing from Corfu performed quarantine there together during one particularly busy month.[39]

News of plague and outbreaks of ophthalmia among soldiers returning from the Egyptian Campaign led to fears of a more amorphous kind of contamination. "At present," observed the poet Robert Southey in 1807, "as the soldiers from Egypt have brought home with them broken limbs and ophthalmia, they carry an arm in a sling, or walk the streets with a green shade over their eyes." This invasion of Egyptian disease, he goes on to say, coincided with the popular

---

[37] See Harrison, *Contagion*, 57–58.
[38] For an example of such a letter, see Bob Hollowell to the Earl of Egmont, January 29, 1808, National Maritime Museum Archive, London, PER/1/56.
[39] William Keer Brown to the President of the Sanità, Genoa, October 16, 1816, ASGe Sanità 1365.

rage for Egyptian aesthetics and antiquities – Egyptomania. "Every thing [*sic*] must now be Egyptian: the ladies wear crocodile ornaments, and you sit upon a sphinx in a room hung round with mummies, and with the long black lean-armed long-nosed hieroglyphical men, who are enough to make the children afraid to go to bed."[40] Illness, here, is the flipside of Egyptian aesthetics – a connection that we will return to later. For now, it is sufficient to recognize the sense to which, in the 1800s, it seemed truly possible that the diseases of the "East" might invade and take root in Western Europe.

In the spirit of the 1820s, the threat posed by epidemic disease was a conceptual equivalent to the other dangers to European security that the Congress system sought to prevent. During the Napoleonic Wars, the threat of plague and the threat of military invasion were conceptually linked. In the pamphlet already discussed in which Marseille's Board of Health suggested the British planned to introduce the plague, the comparison is made explicit. "It is to be feared," they suggest, "that the irreconcilable enemy of France, from the depths of despair where it must be thanks to the failure of all its efforts against her, has conceived the diabolical stratagem of introducing on our territory the only plague which could defeat us."[41] Without the same explicit rumor at its base, the French mandate that all ships from British ports be treated as sanitarily suspect was based on identical logic; pathogenic and military threats to state security ran together.

In Britain, a similar line of thinking is evident in the work of the 1805 Board of Health (discussed below). This board acknowledged that the war was making Britain more vulnerable than ever to the importation of disease. It essentially suggested that the only way an epidemic could be defeated would be to turn lazaretto administration outward onto the entirety of Britain. In this way, they proposed the division of the country into districts (in the event of an epidemic), each patrolled by constables reporting to civil and military authorities.[42] Members of the recently suppressed radical London Corresponding Society would have been quick to sense a whiff of Pittite repression behind these proposals. Again, the Napoleonic Wars made it easy for regimes, fearing their own vulnerability, to assimilate political and medical threats.

This orientation, shared among all major European powers, was shaped by the real threats of disease that unfolded during the wars and the sense that the Mediterranean was a clear conduit through which epidemics could reach the European continent. In Britain itself, ships from anywhere in the Mediterranean (above all ones carrying enumerated goods) remained subject to the quarantine

---

[40] Quoted in Nigel Leask, *British Romantic Writers and the East* (Cambridge: Cambridge University Press, 1992), 1.
[41] *Conservation de la Santé Publique*, 4.   [42] *First Report of the Board of Health*, 10–11.

laws in the wake of the conflict. Opponents of the quarantine system liked to suggest that quarantine itself was imposed on Britain solely because of the dictates of Mediterranean commerce. Though this was part of the story, so too was a lingering sense well after the Napoleonic Wars that the Mediterranean itself was a risky sanitary zone.

Other legacies from that conflict also affected quarantine practice – the extension of French control, for example, down the entire northern Mediterranean coast (from the Pyrenees to Corfu) was accompanied by numerous temporary boards of health that sprung up in ports under French control. Like so many facets of Napoleon's administrative program, the quarantine laws were seen as an importable commodity in newly occupied territories – hence General Vaubois's declaration as the Governor of French Malta in 1798 that "the sanitary laws of Malta shall be neither more nor less rigorous than at Marseille."[43] French control facilitated standardization of procedures in the ports where it operated. Furthermore, the new boards set up in these ports were often composed of native quarantine officials who were assimilated into the new French sanitary administration and had access to French consular reports from across the Ottoman Empire. We could consider the case of Giovanni Vordoni, both a representative of the Greek Community in Trieste and a member of the Napoleonic *Conseil Central de Santé Maritime Séant à Trieste*, who kept the *Préfet* of Livorno apprised of a series of sanitary reform initiatives being undertaken in Ottoman Thessaly.[44] In other words, a Greek doctor and sometime Austrian quarantine official, served on a French board, received epidemic intelligence from a French consul in Greece, and sent it to an Italian official, also serving the French, in the once and future state of Tuscany. Many officials who conducted similar correspondence often remained in service when boards reverted out of French control. In the post-Napoleonic context they were endowed with a greater sense of the power of sharing information and contacts across the Mediterranean.

It is worth remembering that the unprecedented logistical, financial, and military demands of the Napoleonic Wars generated a spirit of bureaucratic experimentation – from new schemes of disbursing prize money, to new welfare systems for the wives of naval officers, to novel forms of taxation. It was during the wars, in 1800 and 1805, that the British government committed some £95,000 to building a lazaretto at Chetney Hill, in Kent, and allowed ships with foul bills of health to perform quarantine in Britain for the first time. It was also during the wars that an unprecedented expansion of smuggling by North Africans generated a coordinated sanitary response across southern European ports. Between 1800 and 1840, the number of quarantine ports across Europe

---

[43] Quoted in Panzac, *Quarantaines et Lazarets*, 170.
[44] See the Trieste correspondence in ASLi Sanità 594.

expanded dramatically. In this way, then, although lazarettos across Europe began to be dismantled in the late 1840s and early 1850s, the system was at its greatest extent just before its precipitous demise. The Revolutionary and Napoleonic Wars were the catalyst for this period of growth.

A Case Study of Epidemic Response: Britain's 1799 and 1805 Quarantine Committees

This phenomenon takes on greater meaning if we examine a clear trajectory in Britain, in which the epidemic threats of this era gave rise to urgent bureaucratic innovation. Twice during the Napoleonic Wars, governments controlled by William Pitt the Younger (responsible in so many other ways for the growth of the British state) convened extraordinary, national boards of health composed of eminent doctors and officials. The plans for sanitary security these committees advanced, though not fully put into action, set precedents for later efforts at disease control. They even provided blueprints for aspects of public health reform in the 1840s. In this way, the military-medical milieu of the Napoleonic Wars clearly influenced public health policy more than a generation later; the military context in 1799 and 1805 infuses the urgency and stringency of both boards' reports.

As we proceed, it will become obvious that quarantine administration in Britain was somewhat anomalous compared to Continental norms, though often this meant greater stringency, not the comparative lack of severity other historians have assumed. Here, for example, it is important to recall that, while most Mediterranean ports consigned their quarantine operations to a local board of health, in Britain, the Customs Service administered quarantine (again, under the ultimate direction of the Privy Council). For much of the nineteenth century, a Superintendent of Quarantine helped to coordinate the service at the different quarantine ports, but it was nevertheless the PC's ultimate responsibility to set quarantine lengths and admit ships to pratique. Though meeting registers demonstrate that quarantine was often discussed by Privy Councilors, this rigid national structure meant that, when specific threats emerged, Britain was particularly likely to rely on extraordinary or ad hoc committees to make recommendations to preoccupied politicians. At times, as we will see, Britain was forced to integrate its own procedures with Mediterranean norms, just as its citizens served on foreign boards of health (such as Genoa's), and its colonial administrators ran such boards in Gibraltar, Malta, and the Ionian Islands. At the turn of the nineteenth century, even in Britain itself, the traditional role of the PC did not appear suited to the new threats emerging from Spain, North Africa, and the Ottoman Empire. Consequently, in the first quarter of the century, no fewer than six extraordinary committees, parliamentary select committees, and delegations of the Royal

College of Physicians considered the issues of epidemic disease, contagion, and quarantine. The PC responded to such advice, though councilors were careful to retain their monopoly over more quotidian quarantine administration.

By the 1790s, the exigencies of commerce and war meant that it became a pressing need for Britain to come up with some way to avoid "double quarantine" by permitting ships with foul bills of health to perform a single quarantine in Britain (without an initial expurgation at a Mediterranean lazaretto). To facilitate this, Pitt finally convened a "Quarantine Committee" in 1799. This commission was chaired by Patrick Russell, who had served for eighteen years as a doctor at the British Factory in Aleppo and published the influential *Treatise of the Plague* (1791). Russell was joined by two elite doctors (one of them physician to the king), two representatives from the Levant Company, two Customs Commissioners, and Stephen Cottrell, the PC clerk. Thus, the membership of the Committee reflected the emerging view that quarantine was too diverse for one field of expertise. It depended on close coordination between merchants, doctors, bureaucrats, and politicians.

The Committee (assuming tasks conventionally within the purview of the PC) set the quarantine procedures for ships with foul bills whose captains had applied to land on the British coast. But it also conducted a wide-ranging inquiry of all realms of quarantine practice. Despite the ongoing war with France, the Committee cited procedures and traditions from Marseille approvingly in an effort to describe how Britain might create a permanent lazaretto of its own. Patrick Russell recommended that the British government dispatch two teams of investigators to further improve the workings of quarantine in British harbors – one team to the lazarettos of Livorno, where they could serve as temporary employees and bring back an intimate knowledge of procedure in one of the largest Mediterranean quarantine facilities, and another team to Constantinople, where they might observe the plague in its supposed home.[45]

Despite the concentration of elite doctors and bureaucrats among its membership, this Committee was clearly willing to think creatively and eager to align British practice with Mediterranean precedents. Even in the context of a consuming European war, the expansion and solidification of Britain's sanitary defenses demanded further integration and coordination with European countries. Furthermore, at a time when finances were being stretched for all activities other than the fighting, the commissioners continued to view quarantine as a legitimate object for the expenditure of relatively large sums of public money. The final recommendation of the Committee resulted in the 1800 Quarantine Act, which appropriated some £65,000 for a permanent lazaretto in Britain (to be built at Chetney Hill in

---

[45] Patrick Russell, "Report of the Quarantine Committee," April 2, 1800, British Library, London (henceforth, BL) Add. Ms. 38234, ff. 36–43.

Kent).[46] Indeed, perhaps this action set a precedent; whether or not the French government was conscious of the equivalence of its expenditures, in the face of new fears of yellow fever importation from Spain or across the Atlantic, it appropriated a roughly equivalent sum of 1.5 million francs (about £60,000)[47] for new lazarettos and sanitary improvements in its 1822 Quarantine Act.[48] On both sides of the Channel, then, the new epidemic challenges warranted a new kind of response.

At no time was this clearer than in the 1799 Quarantine Committee's most famous action: the reception of three ships from Mogador – the *Mentor*, the *Lark*, and the *Aurora*. Mogador, a port city in modern-day Morocco, had a reputation for being one of the unhealthiest ports on the North African coast.[49] It was well known that a plague had been raging there when the three ships departed, and though their crew members were all healthy, their cargoes included inward-facing goatskins, considered to be one of the goods most capable of harboring contagion.[50] Even unrolling the cargo to investigate further appeared dangerous, and the Quarantine Committee, after much discussion and consultation, issued an opinion that said the health of the realm depended on the complete destruction of the three ships. In January 1800, the PC acceded to this request and ordered that the *Mentor*, the *Lark*, and the *Aurora* "be forthwith carried out to sea, and there sunk in deep water, under the Direction and Inspection of one of His Majesty's Ships of War."[51] This was a drastic and controversial action; though specific elements of cargoes were occasionally burned when considered impossible to fumigate, to burn an entire ship was exceedingly rare. The episode was still debated decades later.[52] But whatever the merits of the decision, it is clear that quarantine had achieved so great a level of prestige that British commerce could tolerate such a controversial gesture. In a wartime era of irregular shipping patterns, it was necessary to project an air of sanitary invulnerability

[46] A further £30,000 was appropriated a few years later. Although the Chetney Hill Lazaretto it was supposed to fund was never completed, this meant that as early as 1805, Parliament had appropriated close to £100,000 for a quarantine institution. See C. F. Mullett, "A Century of English Quarantine, 1709–1825," *Bulletin of the History of Medicine* 23 (1949): 27.

[47] For an approximate conversion, I consulted Rodney Edvinsson's historical currency converter. See www.historicalstatistics.org/Currencyconverter.html (accessed February 12, 2019).

[48] Pierre-Louis Laget, "Les lazarets et l'émergence de nouvelles maladies pestilentielles au XIXᵉ et au début du XXᵉ siècle," *In Situ* 2 (2002): 6.

[49] See Booker, *Maritime Quarantine*, 273.

[50] Fibrous substances (like cotton, rugs, and fur) were always considered difficult to clean, but the skins surrounding the goat hairs appeared to make this cargo even more contagious as it was thought they could lock contagion inside the merchandise.

[51] Order in Council, Privy Council Meeting of January 7, 1800, TNA PC 2/154.

[52] See James Laidlaw, "Report on the Contagion of the Plague," *Edinburgh Medical and Surgical Journal* 68 (1847): 356.

and capability. The Committee specifically discussed the idea of maintaining public confidence in the quarantine system as a central reason for such drastic actions.

Despite the wishes of its members to retain the 1799 Committee as a permanent British Board of Health, the PC ordered its disbandment once the 1800 Quarantine Act had been set in motion. Only a few years later, however, Privy Councilors found themselves completely unprepared for the growing fears of yellow fever importation. As would be the case again in the 1830s, when an epidemic threat (in the form of cholera) challenged the status quo, councilors were pushed toward further experimentation.

In 1805, yellow fever hit the British colony of Gibraltar after five years in which tens of thousands had died in nearby Spanish ports. There were more reasons for concern about the importation of epidemic disease. Again, the venerable quarantine port of Livorno succumbed to yellow fever in 1804, and British troops continued to return from Egypt bearing tales of the plague. The conventional sanitary geography of Europe was thus being challenged in a way it had not been for decades. Extraordinary moments generated extraordinary responses, and it was against this background that the PC again convened a special board of health.[53]

This board was charged with producing a report on what to do should an epidemic ever breach British quarantine defenses and invade the metropole. There were grave doubts throughout the 1805 Gibraltar epidemic that it was indeed yellow fever and not a manifestation of plague from the Middle East. Also, a rise in the number of smugglers and privateers during the Napoleonic Wars gave the sense that many ships might evade quarantine and import an epidemic to Britain. Notwithstanding the passage of the 1800 Quarantine Act, Britons felt unprepared for these threats. Despite receiving more funds through another Quarantine Act in 1805, the promised lazaretto at Chetney Hill showed no signs of imminent completion – abandoned a few years later, the unfinished building would languish in the Kentish mud.

Facing this uncertainty, the board proposed a draconian program that would immediately go into effect should an epidemic ever breach Britain's borders. Set down at the height of the War of the Third Coalition, its plan clearly drew from precedents within military administration. On the declaration of an epidemic, Britain would be divided into "districts," each categorized as "sound" or "unsound." A team of three magistrates in each district would receive information from constables and watchmen who would be posted permanently at the doors of all infected houses and would patrol the neighborhood to detect new cases. Carriages and carts would be commandeered by constables and put to the

---

[53] On the summoning of this board, see Fraser Brockington, "Public Health at the Privy Council, 1805–6," *Medical History* 7, no. 1 (1963): 14–17.

use of transporting the dead and dying.[54] Mandatory fumigations and ventilations of infected houses would become routine.[55]

The Board acknowledged that these procedures might sound draconian, but in a lengthy disquisition, members suggested the public would eventually support them because they would allow anyone stricken with an illness to receive palliative care from the state (an important signal of an argument we explore further later in this book – concern about foreign epidemics was a central, and neglected, progenitor of public health reform). Yet, the Board expected something in return: convalescent patients would be expected to join the vast bureaucracy required by the new sanitary system (by driving carts, fumigating homes, and caring for patients) – a novel social contract of the plague in which private property and private interest would be surrendered to the public good. The PC endorsed the vast majority of the Board's recommendations and forwarded copies of them to British magistrates and to a number of colonial governors.[56] This report may have been nothing more than a thought experiment, but it helped formulate an administrative repertoire that would prove long-lasting.

Epidemic diseases were hotly debated and poorly understood. The 1805 Board's reports offered a frank acknowledgment of the problem of operating in a state of sanitary ignorance. The science behind fumigation, members conceded, was murky at best. Each procedure had its defenders. Given this, board members recommended a mixture of washing, airing, and disinfecting that, one way or another, would "clean" infected rooms. In this way, board members were relying on both "anticontagionist/miasmatist" and "contagionist/quarantinist" impulses in their set of prescriptions.[57] Most importantly, given that the very identity of the disease that might hit Britain remained unknown, the Board devised a novel solution. "It should be observed," they began their *First Report*:

That the following regulations are founded chiefly on experience in what has been called the Plague, by way of pre-eminence, or the Plague of the Levant. But as no disease can be said to equal, still less to exceed this, in its infectious and fatal nature; it is not unreasonable to presume, that the precautions, which have been found sufficient to guard against that, would likewise be effectual against . . . any other contagious and mortal distemper.[58]

Here, the Board was responding to the confusion of the beginning of the Napoleonic crisis of public health. The plague itself was poorly known given

---

[54] *First Report of the Board of Health* (London: William Bulmer, 1805), 10–11.
[55] *Second Report of the Board of Health* (London: William Bulmer, 1805), 4–7.
[56] Booker, *Maritime Quarantine*, 299.
[57] And thus, prefiguring a pattern that Peter Baldwin demonstrates was adopted by European governments during the cholera epidemics. See Baldwin, *Contagion and the State*, chapter 3.
[58] *First Report*, 2.

that its etiology was a subject of contestation, its symptoms differed among those stricken, and its nature remained obscure to most British doctors. But, as the most basic form of pestilence, it offered a set of precedents that were very well known. This is an illustration of how, around the turn of the nineteenth century, epidemic diseases came to be consolidated into a general type – a fast-spreading, devastating, atypical sort of illness. Not least because of historical experience, it was a genre that many associated with the plague.[59] Here, then, as elsewhere, the Napoleonic public health crisis helped reaffirm and reinvigorate the sanitary practices of the previous century in a new context.

The continuing importance of the plague explains why plague-based Mediterranean quarantine retained such influence on the development of public health policies in Europe for the next half-century. The continuation of epidemic threats over the next three decades ensured that the 1805 Board's vision retained influential power even though it was never fully put into action. In 1831, when a Central Board of Health was created to organize the British response to cholera, the 1805 Board was named as the specific inspiration.[60] The early nineteenth-century public health crisis inspired bureaucratic experimentation and set lasting precedents.

If the Revolutionary and Napoleonic Wars were the "first total war," it should not surprise us that the Marseille Board of Health could cast France's military antagonists as literally "pestiferous," as they did in the pamphlet with which this chapter began. And yet, even as the conflict drove European nations apart, it simultaneously unleashed subterranean moves toward integration, particularly when it came to quarantine practice. Modern quarantine took shape in an era when the state began to expand dramatically and when novel bureaucracies emerged in response to the exigencies of war and epidemic crisis. Though in form and substance it resembled what had come before, it operated according to new assumptions and in response to new threats. It functioned as a system, in which different authorities agreed to operate according to shared standards, to make order out of chaos, without an external dictate. The "universal agitation" of the first fifteen years of the nineteenth century helped transform quarantine into a cohesive system after the peace.

---

[59] On the assimilation of yellow fever and plague as a means of making quarantine practice more global, see Arner, "Making Commerce Global," 788–92. On the uses of the conflation of these two diseases in American medical argument, see Thomas Apel, *Feverish Bodies, Enlightened Minds: Science and the Yellow Fever Controversy in the Early American Republic* (Stanford, CA: Stanford University Press, 2016), 55–59.

[60] Brockington, "Public Health," 13.