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PLAGUE AND CONTAGION IN THE ISLAMIC MEDITERRANEAN

Edited by
NÜKHET VARLIK

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CHOLERA, PILGRIMAGE, AND INTERNATIONAL POLITICS OF SANITATION: THE QUARANTINE STATION ON THE ISLAND OF KAMARAN*

GÜLDEN SARIYILDIZ
Istanbul University

OYA DAĞLAR MACAR
Istanbul Commerce University

THIS CHAPTER WILL focus on Kamaran quarantine station in the context of the late nineteenth- and early twentieth-century international sanitary politics. Located on Kamaran Island on the southern tip of the Red Sea, this was one of the largest quarantine facilities in the world at the time of its establishment in 1882. It was built primarily for the purpose of blocking the spread of cholera, which, in the nineteenth century was believed to come from the east, in particular South Asia. Given its strategic location and the competing international interest to claim jurisdiction over it, the Kamaran quarantine offers a unique lens to study international politics of sanitation in the late nineteenth century. What was the reason for the establishment of a quarantine station on Kamaran Island? What were the characteristics of the Kamaran station? What were the British sanitary policies in the Red Sea in the nineteenth century, with respect to the Kamaran station? And what were the political and economic expectations that informed these policies? Using a wealth of archival documents, this chapter will survey the international debates and controveries behind the establishment of the quarantine, its construction, organization, and function.

Following the devastating cholera pandemic of 1865, an International Sanitary Conference was held in Istanbul in 1866, in which India was accepted as the origin of the pandemic.[1] In the same meeting, it was decided that a quarantine station

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* This essay, originally written in Turkish, has been translated and revised for publication by Nükhet Varlık.

1 Bedi N. Şehsuvaroğlu, "Türkiye Karantina Tarihine Giriş I: Dünya Karantina Teşkilatı," *İstanbul Tıp Fakültesi Mecmuası* 20, no. 3 (1957): 15; Valeska Huber, "The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851–1894," *The Historical Journal* 49, no. 2 (2006): 462; Sheldon Watts, "Cholera Politics in Britain in 1879: John Netten Radcliffe's Confidential Memo on 'Qurantine in the Red Sea'," *The Journal of the Historical Society* 7, no. 3 (2007), 331; Handan Kılınç, "Isolating the Subject: Cholera,

needed to be established at the entry point to the Red Sea in order to monitor Muslim pilgrims coming from the Indian Ocean. As per the decision of the conference, the Ottoman Empire was entrusted with this responsibility.[2] Hence, the Ottoman administration sent a commission to the region to explore where the quarantine station could be built. As a result of investigations, it was decided that the island of Kamaran would be ideal for this purpose. The geographic location would make possible to monitor the movement of ships coming to the Red Sea through the Bab-el-Mandeb Straits, which connected it to the Gulf of Aden. Moreover, the terrain of the island was found to be suitable for holding quarantine procedures.[3]

After its inauguration in 1882, the quarantine quickly became an important point in the service of international sanitary efforts, in additon to its critical role in controling health conditions locally. For the Muslim world, its significance was especially prominent during the pilgrimage season. Every year, tens of thousands of Muslims went to the Holy Cities in the Hijaz region for pilgrimage. According to the agreements drawn at the International Sanitary Conference, all pilgrims-to-be who entered the Red Sea from the south had to go through mandatory health screening.[4] Among those were Muslims from mainly India, Java, and the Persian Gulf, as well as those coming from Afghanistan and Central Asia.[5] Only after an

Control, and Sanitary Discourse in the Istanbul International Sanitary Conference of 1866," MA thesis, Boğaziçi University, 2005, 57.

2 Başbakanlık Osmanlı Arşivi (Prime Ministry's Ottoman Archives), Istanbul [hereafter BOA], İrade Meclis-i Mahsus, 1387: Report of the Commission dated Feb. 2, 1867; "Kamaran'da Müessesat-ı Sıhhiye-yi Osmaniye: Tahaffuzhane ve Memurin," *Servet-i Fünun* 24, no. 604 (1902): 86; Gülden Sarıyıldız, *Hicaz Karantina Teşkilatı* (Ankara: Türk Tarih Kurumu, 1996), 26; The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets and Other Sanitary Institutions in the Near East, I," *The Lancet* 169, no. 4365 (Apr. 27, 1907): 1188.

3 BOA, İrade Sıhhiye, 4058.

4 For the International Sanitary Conferences, see Norman Howard-Jones, *The Scientific Backround of International Sanitary Conferences, 1851–1938* (Geneva: World Health Organization, 1975); Arne Barkhuus, "The Sanitary Conferences," *Ciba Symposium* 5, no. 7 (1943): 1563–79; William F. Bynum, "Policing Hearts of Darkness: Aspects of the International Sanitary Conferences," *History and Philosophy of the Life Sciences* 15 (1993): 421–34; Emine Melek Atabek, *1851'de Paris'te Toplanan I. Milletlerarası Sağlık Konferansı ve Türkler* (Istanbul: Cerrahpaşa Tıp Fakültesi Yayınları, 1974); Kılınç, "Isolating the Subject." For the International Sanitary Convention of Paris, 1894, see BOA, İrade Sıhhiye, 2 (Şevval 1314 / March-April 1897); The British Delegate on the Constantinople Board of Health "Some Turkish Lazarets I," 1188; Huber, "Unification," 469.

5 Between 1887 and 1902, 42 percent of the pilgims screened at Kamaran were from Malay, 40.8 percent from India, and 17.2 percent from South Asia, Iran, and Mesopotamia.

initial screening at the quarantine station on Kamaran Island were they allowed to proceed to the port of Jidda.[6] The quarantine also served for the screening of those who traveled to the Mediterranean via the Suez Canal, after pilgrimage.[7] In brief, this quarantine station was of key importance for Muslims who wanted to go on pilgrimage.

For Europe, Kamaran was a point of confluence where intertwined interests and expectations converged. The island already had considerable strategic and commercial influence over maritime traffic in the Red Sea. For European ships that carried Muslim pilgrims, this was a promising business. The advent of steamships in the nineteenth century and the opening of the Suez Canal in 1869 contributed to an increased pilgrimage traffic in the Red Sea—so much so that shipping companies started to offer scheduled pilgrimage voyages. At this time, the overland caravan routes started to lose their primacy for pilgrimage. Pilgrims now preferred sea travel, which was faster, safer, and more comfortable. While British and Dutch ships carried pilgrims from their colonies in India, Java, and Indonesia, French and Austrian maritime companies served the Muslims of the Ottoman Empire, North Africa, and Europe. Tens of thousands of Muslim pilgrims every year yielded considerable profits to European carriers.[8]

European carriers were aware of the sanitary implications of this business: carrying large groups of pilgrims from South and Southeastern Asia—where epidemic diseases were thought to have originated—could facilitate the spread of disease. Controling the spread of epidemic diseases was especially challenging

See Kuneralp, "Osmanlı Yönetimindeki (1831–1911) Hicaz'da Hac ve Kolera," trans. Münir Atalar, *Osmanlı Tarihi Araştırma ve Uygulama Merkezi Dergisi (OTAM)* 7 (1996): 510.

6 Léonard Fischer, *Pèlerinage de la Mecque* ([Strasbourg: Imprimerie de Hauss, 1908]), India Office Library and Records [hereafter IOL], T 13328 (d), 10.

7 BOA, Eyalet-i Mümtaze (05) Mısır, 5-C/187.

8 Adrien Proust, *Sıhhiye Politikasında Yeni Bir Cevelan Yani Sıhhiye Mesele-i Siyasiyesinin Hal ve Tesviyesi Cihetini Tayin: Hicaz Hacları*, trans. Ahmed Nermi, Istanbul University Rare Books Collection, ms. TY 4631, 17; Jonathan Miran, "Space, Mobility, and Translocal Connections Across the Red Sea Area since 1500," *Northeast African Studies*, 12, no. 1 (2012): xix; William Facey, "The Red Sea: The Wind Regime and Location of Ports," in *Trade and Travel in the Red Sea Region: Proceedings of Red Sea Project I Held in the British Museum, October 2002*, eds. Paul Lunde and Alexandra Porter, 7–17 (Oxford: Archaeopress, 2004); Kirti N. Chaudhuri, *Trade and Civilisation in the Indian Ocean: History from the Rise of Islam to 1750* (Cambridge: Cambridge University Press, 1985); Colette Dubois, "The Red Sea Ports during the Revolution in Transportation, 1800–1914," in *Modernity and Culture from the Mediterranean to the Indian Ocean*, eds. Leila Tarazi Fawaz and C. A. Bayly (New York: Columbia University Press, 2002); Ashin Das Gupta, *Merchants of Maritime India, 1500–1800* (Aldershot: Ashgate/Variorum, 1994).

during pilgrimage season owing to increased mobility involving the sustenance and accommodation of large numbers of pilgrims, as well as the practice of ritual animal sacrifice. In addition, maintaining hygiene was burdensome on account of excessive heat and water scarcity in the region. The multiple sanitary challenges of keeping mass mobilities in check made it imperative to screen the health of travelers before they arrived at Mecca. Kamaran was a perfect site to serve that purpose. The island could stop the spread of disease believed to be arriving from South Asia, and its further dissemination to the Hijaz region, and eventually to Europe. For this reason, European states regarded the quarantine station on the island as a sanitary barrier. At the intersection of international political and sanitary interests, Kamaran was a top agenda item for discussion in the international sanitary conferences held in Paris (1894) and Venice (1897).[9]

Kamaran Quarantine and Its Significance

Research suggests that the Kamaran quarantine was one of the world's largest quarantine complexes at the turn of the twentieth century. In 1893, the number of pilgrims that went through Kamaran was 31,673.[10] In 1907, this number further increased to 36,363.[11] According to the report issued by the Ottoman Sanitary Council (*Meclis-i Umur-ı Sıhhiye*) in June 1899, the site was organized as a quarantine complex.[12] In addition to the buildings that served for isolation of travelers, there were designated areas for meeting the needs of pilgrims on the island, such as hospitals and restaurants. With the addition of new buildings, the complex continued to grow and change over time. Sustained efforts of the Ottoman administration to maintain and improve the complex turned it into a key transit point, not only for the pilgrims coming from South and Southeast Asia but also for European colonial agents.

What further contributed to the prominence of the quarantine at Kamaran was the British political and commerical interests in the region. Britain had growing aspirations to control the Red Sea to secure the trade routes leading to India and to command over trade. At times, Britain's commercial interests were prioritized over medical concerns in the application of quarantine procedures. It is quite

9 Watts, "Cholera Politics in Britain," 328, 338.

10 BOA, Meclis-i Umur-u Sıhhiye (meeting minutes of the Ottoman Sanitary Council) [hereafter MUSM], session held on June 13, 1893.

11 Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 510.

12 For the report, see Administration sanitaire de l'empire Ottoman, *Rapport sur les travaux du lazaret de Camaran par la commission envoyée sur les lieux, en Juin 1899* (Constantinople: Imp. A. Zellich Fils, 1899).

interesting to trace such conflicting concerns raised during discussions about quarantine procedures in the international sanitary conferences and the changes adopted to modify them.

Despite its obvious importance in the late nineteenth and early twentieth centuries, the Kamaran quarantine remained hitherto unexplored in the historical scholarship. Even though there are several studies about the region's political and economic importance, the issue of sanitation and quarantine has not received thorough scholarly attention. Studies on the Ottoman quarantines are limited for the most part. Despite its significance for the Ottoman system of quarantines, the Kamaran station has been only the subject of a handful of studies. This lack of interest may have resulted from the location of the Red Sea that situated it at the periphery of Ottomanist historiography. Recently, historians of the Ottoman Empire have started paying more attention to questions of health and sanitation. An early study on Kamaran quarantine was John Baldry's 1978 article.[13] Gülden Sarıyıldız's 1996 study on the Hijaz quarantines also discusses the Kamaran station.[14] There are scattered references to the Kamaran quarantine in the secondary literature.[15] Beyond this, all research on the Kamaran quarantine needs to be based on primary sources. British archival collections contain important information on the quarantine. For example, there is discussion on the Kamaran quarantine in a nineteen-page report.[16] Another report presents information regarding the establishment and characteristics of the Kamaran quarantine, as well as the procedures applied during the pilgrimage of 1885.[17] A third report by Léonard Fischer, *Pèlerinage de la Mecque*, gives an account of the pilgrimage in 1906–7, including a

13 John Baldry, "The Ottoman Quarantine Station on Kamaran Island, 1882–1914," *Studies in History of Medicine* 11, nos. 1–2 (1978): 3–137.

14 Sarıyıldız, *Hicaz Karantina Teşkilatı*, 54–59. Also see idem, "Osmanlı Sıhhiye Rüsum Tarifesi ve Muhtelit Sıhhiye Rüsum Tarifesi Komisyonları: Kapitülasyona Giden Bir Süreç," in *"Osmanlıdan Cumhuriyete" Sosyo-Kültürel Siyasi Yansımalar: Prof. Dr. Ali İhsan Gencer anısına*, Sarıyıldız et al., eds. (Istanbul: Derin Yayınları, 2015), 273-318.

15 J. E. Peterson, "The Islands of Arabia: Their Recent History and Strategic Importance," *Arabian Studies* 7 (1985): 23–35; Nigel Groom, "The Island of Two Moons: Kamaran 1954," The British-Yemeni Society, July 2002. http://al-bab.com/albab-orig/albab/bys/articles/groom02.htm (accessed January 13, 2015).

16 The report that discusses pilgrimage voyages between the Hijaz and the ports of British India also touches upon the Kamaran quarantine. See: *The Mecca Pilgrimage: Appointment By The Government Of India Thos. Cook And Son as Agents for the Control of the Movements of Mahomedan Pilgrims from All Parts of India to Jeddah for Mecca, Medina, etc., and Back* (London: n.p., 1886), IOL, V 8644 (a).

17 Dr. Duca, *Le pèlerinage de 1885 et la quarantaine de Camaran: rapport au Conseil supérieur de santé* (Constantinople, 1885), IOL, 8644 (c).

brief dicussion of the Kamaran quarantine.[18] More important, the Ottoman archival records can offer a wealth of information on Kamaran. Hundreds of documents kept at the Prime Ministry's Ottoman Archives in Istanbul, currently awaiting the attention of scholars, contain invaluable details on the history of the Kamaran quarantine. The present essay has benefited from documents kept at collections such as Yıldız, Office of the Grand Vizier (*Sadaret*), Ministry of Health (*Sıhhiye Nezareti*), and Chamber of Documents (*Bab-ı Ali Evrak Odası*). In addition, we have examined the relevant minutes of the meetings of the Ottoman Sanitary Council. Maps of the Kamaran quarantine and photographs of the quarantine complex kept at Istanbul University's Rare Books Collection have also been utilized in this study.

The Establishment of the Quarantine Station

In the year 1882, before the beginning of the pilgrimage season, construction work continued apace in the small Red Sea island of Kamaran. Administratively speaking, the island was part of the Ottoman province of Yemen. Traditionally, the population of the island made a living by fishing and harvesting oysters and corals. However, with the establishment of the quarantine, the island would quickly become a harbor for a massive number of ships and pilgrims. Upon the completion of the construction, all ships coming from south of the Bab-el-Mandeb Straits would stop here for the health screening of pilgrims.

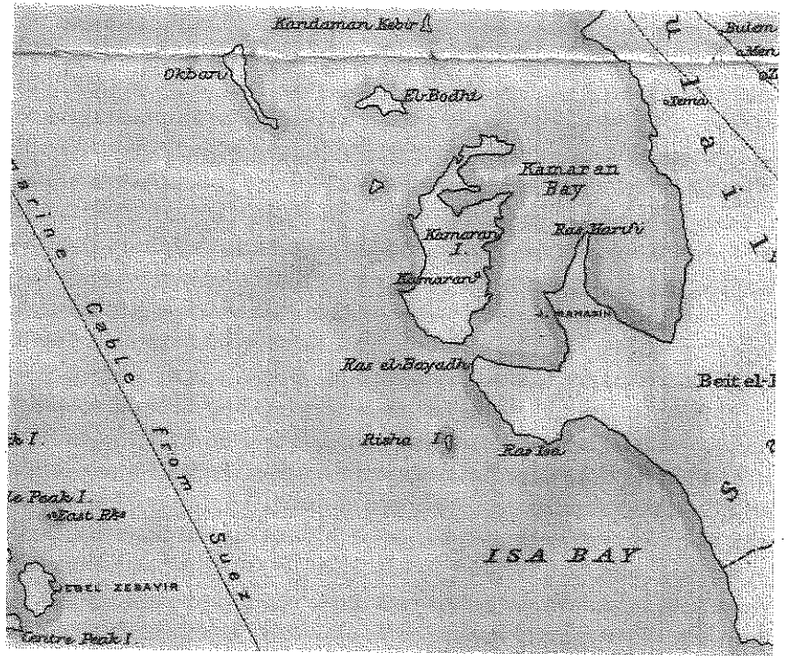
As mentioned above, the idea of building a quarantine station in southern Red Sea was first proposed in the International Sanitary Conference of 1866. The conference met to discuss the cholera pandemic of 1865, which had swept across Europe before it was transported to North America. The pandemic caused high mortality everywhere it spread—15,000 died in the Hijaz alone.[19] The punishing effects of the pandemic were further aggravated by the special circumstances of that year's pilgrimage. On years when pilgrims' gathering in Mount Arafat (east of Mecca) fell on a Friday, pilgrimage was considered as "Greater Pilgrimage" (*hacc-ı ekber*) and attracted a greater number of Muslims. The pilgrimage of 1865 was one such year that was attended by a greater number of pilgrims than usual.[20] Two British ships (*Persia* and *North-Wind*) coming from India were believed to have brought the infection to the Hijaz, as cholera broke out shortly after their arrival.[21]

18 IOL, T 13028 (d).

19 Michael Christopher Low, "Empire and the Hajj: Pilgrims, Plagues, and Pan-Islam Under British Surveillance, 1865–1908," *International Journal Middle East Studies* 40 (2008), 270.

20 Dr. Duca, *Le pèlerinage de 1885*; Sarıyıldız, *Hicaz Karantina Teşkilatı*, 14.

21 Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 503–4.



Map 4. Kamaran Island and the Red Sea (Source: Prime Ministry's Ottoman Archives, Istanbul, Maps Catalog, HRT_h_1723).

When the international conference met in Istanbul the next year, there was consensus on not only that India was the source of the pandemic but also that the Muslim pilgrimage was of critical importance in facilitating its spread.[22] It was proposed that a quarantine station be built at an entry point to the Red Sea to screen incoming ships and passengers. In addition, proposals were made for improving the overall conditions of health and hygiene in the Hijaz with the ultimate goal of curbing the spread of cholera.[23]

After the conference, the Ottoman administration sent three different commissions to the area to investigate the spread of the pandemic. These commissions started to explore the Red Sea coast with the purpose of establishing a sanitary

22 Kılınç, "Isolating the Subject," 60; Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 505.

23 IOL, T 13328 (d), 67; The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets I," 1188; Kılınç, "Isolating the Subject," 63; Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 505.

organization.[24] This was also the beginning of the Ottoman initiative for promoting public health and sanitation in the Muslim Holy Cities—something the empire's administration did not undertake before that time. Commissions sent from Istanbul during pilgrimage season inspected health conditions in the Hijaz and proposed measures to improve them.[25] Egypt also decided to establish surveillance against epidemics in the Red Sea, sent its own sanitary commission to the Hijaz, and planned a sanitary organization in the region to start with the pilgrimage of 1867. Quite displeased by Egypt's acting as an independent state, the Ottoman administration responded by emphasizing its own efforts, and appointing physicians and other health personnel to serve in the Hijaz and Yemen. At the same time, it moved toward taking the necessary steps leading to the establishment of quarantines.[26] The first task was to determine the location of the quarantine.

Kamaran, a small coral island at the southern tip of the Red Sea, north of Yemen, would make a good fit for building a quarantine station. Both the location of the island and its physical characteristics were suitable for this purpose. On the east coast of the island lay a large bay that was naturally protected from winds. It could safely harbor twenty large ships.[27] The island had five villages as settled areas.[28] One of the villages, Kamaran, was located at the southern tip of the bay and suitable for building a quarantine station on many acccounts. It was large. Its climatic and topographic conditions were moderate. Most importantly, it had wells supplying clean drinking water.[29] This was especially fortunate, given the demand for water by pilgrims in the hot climate of the region.

24 Kasım İzzeddin, *Mekke-i Mükerremede Kolera ve Hıfzıssıhha* (Istanbul: Mahmud Bey Matbaası, 1911), 32.

25 Sarıyıldız, *Hicaz Karantina Teşkilatı*, 15–19.

26 Following the 1831 cholera pandemic, the Ottoman administration decided to establish quarantines across the empire. In 1838, Sultan Mahmud II (r. 1808–39) ordered the inauguration of the Ottoman Sanitary Council to oversee and administer quarantines. In 1872, there were a total of 148 quarantine stations serving the empire (30 in the Black Sea, 28 in Marmara Sea, 65 in the Aegean, 13 in the Adriatic, 9 in Syria, and 3 on the African coast). In addition, there were check points in Soulina, Trabzon, Batumi, Çanakkale, İzmir, Beirut, and Istanbul (Kavak, Büyükdere, Salacak, and Yenikapı) increasing the total number of facilities up to 159. See BOA, Bâbıâli Evrak Odası, 4314/323540. Also see Andrew Robarts, "Nowhere to Run to, Nowhere to Hide? Society, State, and Epidemic Diseases in the Early Nineteenth-Century Ottoman Balkans," (221–41).

27 Baldry, "Ottoman Quarantine Station," 22.

28 The five villages on the island were Kamaran, Yemen, Furra (Fourre), Mekrem (Makram) and Zeyla (Seila). See BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/17; The British Delegate on the Constantinople Board of Health "Some Turkish Lazarets I," 1189.

29 BOA, Şura-yı Devlet, 2255/12; "Kamaranda Müessesat-ı Sıhhiye-i Osmaniye," *Servet-i Fünun* 24, no. 603 (1902): 71.

Even though the plans to build a quarantine station were active since 1866, the actual construction did not take place immediately. During the pilgrimages of 1866 and 1867, Ottoman sanitary commissions of Muslim physicians were sent to serve in the Hijaz. After three years' experience in the Hijaz, a permanent sanitary administration was established. Physicians and sanitary officials were appointed to serve in Mecca, Medina, and Jidda. Temporary quarantines were set up on the coast of Jidda, Lit, and Yanbu.[30] A new cholera outbreak that started to spread in the Hijaz and that was particularly punishing in Mecca in 1881 prompted building a simple and temporary quarantine station to isolate Yemeni pilgrims, both on their way to pilgrimage and on their return journey.[31]

These steps to establish sanitation undertaken by the Ottoman administration were highly costly. Moreover, the Ottoman finances were exhausted by the Russo-Turkish war of 1877–78. Given the financial hardships of the Ottoman administration at the time and the great distance of Kamaran to Istanbul, the quarantine did not start until 1882. Dr. Duca, inspector general of the Ottoman Sanitary Council between 1902 and 1907, supervised the construction of the new quarantine complex.[32] This was a facility that could serve six thousand people at once.[33] The first year it was opened, it processed eight thousand pilgrims.[34] Kamaran was the largest of the Red Sea quarantines, both in size and the number of people it served.

As mentioned above, the island was initially part of the province of Yemen's *Luhayya* district.[35] After the establishment of the quarantine complex, however, its administrative status was changed. In 1884, the island was converted into a sub-

30 Kasım İzzeddin, *Hicaz Sıhhiye İdaresi Senevi Raporu, Hicaz'da Teşkilat ve Islahat-ı Sıhhiye* (Istanbul: Matbaa-yı Amire, 1328 [1912 or 1913]), 4–7.

31 IOL, V. 8644

32 As the inspector general for the Ottoman Sanitary Council, Dr. Duca (Pasha) represented the empire at the 11th International Sanitary Conference in Paris (1903) and at the 5th Sanitary Dues Tariff Commission (1904). He retired from his post in 1908. See BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 586/23, 599/24; BOA, Sadaret Mümtaze Kalemi, Mısır (05), 15–B/93; BOA, İrade Sıhhiye, 4/3; BOA, MUSM 1902–1903, 1903–1904, 1904–1905, 1905–1906, and 1906–1907.

33 BOA, İrade-Şura-yı Devlet, 4058; Bedi N. Şehsuvaroğlu, "Türkiye Karantina Tarihine Giriş: Türkiye'de Karantina Tesis ve Teşkilleri," *İstanbul Tıp Fakültesi Mecmuası* 3 (1957): 319–39; The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets I," 1188.

34 At this time, in addition to Kamaran, other Red Sea quarantines (al-Hudaydah, Abou Saad, and Vasta) also served the region. See Sarıyıldız, *Hicaz Karantina Teşkilatı*, 55.

35 BOA, Şura-yı Devlet, 2255/2.

Table 2. Number of Pilgrims Quarantined at the Kamaran Station (1882–1906). Source: "Some Turkish Lazarets and Other Sanitary Institutions in the Near East, I," *The Lancet* 169, no. 4365 (Apr. 27, 1907): 1189.

Year / H.	Year / C.E.	Pilgrims
1299	1882	9,067
1300	1883	20,016
1301	1884	12,746
1302	1885	17,303
1303	1886	15,031
1304	1887	13,707
1305	1888	20,932
1306	1889	18,723
1307	1890	20,184
1308	1891	23,464
1309	1892	24,032
1310	1893	31,907
1311	1894	22,417
1312	1895	23,378
1313	1895–1896	30,448
1314	1896–1897	14,210
1315	1897–1898	15,229
1316	1898–1899	14,075
1317	1899–1900	11,155
1318	1900–1901	18,336
1319	1901–1902	17,729
1320	1902–1903	15,822
1321	1903–1904	32,452
1322	1904–1905	22,349
1323	1905–1906	32,116

district (*nahiye*) by bringing a nearby village (*Salif*) under its control.[36] Then, it was declared to be part of al-Hudaydah.[37] With the order of the sultan, the Istanbul Sanitary Council appointed an administrator to the island to oversee all affairs of the quarantine. Two units of troops were sent to the island to guarantee the safety of the pilgrims and the quarantine.[38] The Porte was hoping to assert greater control over the island as a result of these administrative changes.

During the construction of the quarantine, there were discussions about evacuating the residents of the village. It was proposed that only the quarantine personnel remained on site, as a precautionary measure. In some years, as it would be the case in 1893, some thirty thousand pilgrims were quarantined on the island.[39] According to the decision of the Istanbul Sanitary Council, no individuals were to reside on the island other than quarantine officials. As it were, the island previ-

36 BOA, Şura-yı Devlet, 2255/10 and 2484/41.

37 BOA, Şura-yı Devlet, 2255/21.

38 BOA, Şura-yı Devlet, 586/21.

39 BOA, Dahiliye Mektubî Kalemi, 1607/17.

ously served as a site for keeping exiled individuals. Even though the Ministry of Health suggested that the exiles were transferred to the island of Farasan (north of Kamaran; off the western coast of Yemen), these individuals were allowed to stay on Kamaran Island on the condition that they were strictly isolated from quarantined individuals.[40] Initially, the quarantine complex was fully functional only for six months during the pilgrimage season (between May and October).[41] At other times, it was only staffed by watchmen in charge of safety and maintenance of the buildings.[42] In later years, the complex was kept open year around.

The Structure of the Quarantine Complex

At the time of its establishment, pilgrims were housed in simple bungalow-like structures (*ariş*). These were wooden huts covered with bamboo on the interior and exterior surfaces. The roof was covered with a thin layer of date palm leaves. The interior was divided with straw panels made of palm leaves. Pilgrims would spread straw or a rug to sit on the desert sand ground.[43] In addition to the bungalows, temporary tents were set up to house the pilgrims when necessary.

Given the tropical climate of the region, these simple structures offered some advantages. For example, they were inexpensive to build and could be easily replaced, if necessary. Although they could offer some protection from sunlight and heat, the porous material used for the walls and the roof could let in air, rainwater, and dust, as well as such pests as insects and mice. Moreover, they were difficult to disinfect. Open to damage, they required frequent repairs or rebuilding, which could be considerably costly, given the increased cost of labor, greater demand by increased number of pilgrims, demand for new personnel, and the like.[44] Neither the bungalows nor the tents offered adequate protection from

40 BOA, Şura-yı Devlet, 2566/8. In January 1889, the number of individuals exiled to Kamaran from the Yemen province was about 20. See BOA, Dahiliye Nezareti Mektubi Kalemi, 1627/97. During discussions in the International Conference of 1894 in Paris, the question of evacuating the island's population was brought up again.

41 BOA, Bâbıâli Evrak Odası, 146/10881; Kaymakam Dr. Mehmed Şakir, *Hindistan Kolerası ve Irak'ın Islahatı*, Istanbul University, Rare Books Collection, ms. TY 5071 (Istanbul, 1895), 663.

42 The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets I," 1189.

43 IOL, V. 8644(c); The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets and Other Sanitary Institutions in the Near East, III," *The Lancet* 169, no. 4367 (May 11, 1907): 1319–20.

44 BOA, Sadaret Mektubi Mühimme Kalemi, 570/17.



Figure 3. Old Hospital, Kamaran Island. Source: Istanbul University, Rare Books Collection; courtesy of Gülden Sarıyıldız.

tropical heat and rain.[45] Damage caused by fires and rain quickly deteriorated the huts, which had to be rebuilt in 1887.[46] Eventually, these structures were gradually replaced by more comfortable masonry buildings.

Renovation of the Quarantine Complex

According to official statistics of 1895, the quarantine complex processed about 24,000 pilgrims every year, on average.[47] The increasing number of pilgrims called for renovation of existing facilities. The extensive maintenance and repair held in 1887 did not meet the need. The repeated cholera outbreaks of 1890, 1891, and 1893 caused terrible damage in the Hijaz. The international conference that

45 The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets III," 1320.

46 Damage owing to the environment was greater in the sea-level bungalows that were on the outer circles. For example, the bungalows on rows 1, 3, and 6 were destroyed by water at times of heavy rain. Even though the island did not receive much rainfall around the year, heavy rains could occur a few times during the winter. Taking this into account, sea-level bungalows were built in a manner to withstand heavy rainfall. Newer bungalows were larger, much sturdier, and had porches. For the report of the administrator of al-Hudaydah dated August 19, 1884, see BOA, Şura-yı Devlet, 2255/12; The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets III," 1319.

47 BOA, Sadaret Hususi Maruzat Evrakı, 336/60.

met in Venice in 1892 emphasized the importance of securing sanitary control over the Suez Canal, Egypt, and the Red Sea for protecting Europe from infections coming from Asia. Improving the Sanitary Council of Alexandria and establishing a sanitary control center, a disinfection unit, and a hospital in the Suez Canal, as well as monitoring the ships that crossed the canal were among the proposals discussed and agreed upon in the Venice meeting. The new measures were implemented in November 1893, after the approval of the Khedivate of Egypt.[48] It should be pointed out that behind the adoption of these new sanitary regulations was the desire of European states to assert control over the maritimate traffic of the Red Sea, as much from north of it, as from the south.

In 1893, one of the deadliest cholera outbreaks killed between thirty to fourty thousand pilgrims in the Hijaz.[49] The dreadfully high number of fatalities was mostly caused by that year's being a Greater Pilgrimage—just was the case in 1865. Rumor had it that cholera first broke out among the Indian pilgrims in the quarantine of Kamaran, which was then carried to Mecca by Yemeni pilgrims.[50] In the conference held in Paris the next year, pilgrimage and the Red Sea quarantines were once again under scrutiny. But this time, there was also discussion about taking precautions in the Persian Gulf.[51]

The nature of Ottoman quarantines and the procedures followed in them also stirred discussion in the international meetings.[52] A major source of concern was that they followed older methods of disinfection. In Europe, the use of new machinery eased such procedures, whereas the Ottoman quarantines still used older equipment.[53] Being fully aware of the need for modernization, the Porte spent ten to twenty thousand *liras* every year to modernize the equipment and to renovate facilities. Yet a substantial modernization effort required as much as 100,000 *liras*.[54]

Sultan Abdulhamid II (r. 1876–1909) ordered comprehensive sanitary reforms. To that end, Cozzonis Efendi, the inspector general of Ottoman quarantines, was sent to Europe to examine the methods of quarantine and disinfection

48 Şehsuvaroğlu, "Türkiye Karantina Tarihine Giriş," 16.

49 Kasım İzzeddin, *Mekke-i Mükerremede Kolera*, 67; Proust, *Sıhhiye Politikasında Yeni Bir Cevelan Yani Sıhhiye Mesele-i Siyasiyesinin Hal ve Tesviyesi-Hicaz Hacları*, trans. Ahmed Nermi, Istanbul University, Rare Books Collection, ms. TY 4199, 111.

50 Sarıyıldız, *Hicaz Karantina Teşkilatı*, 66.

51 BOA, MUSM, session dated June 13, 1893.

52 BOA, MUSM, session dated February 23, 1893.

53 BOA, MUSM, session dated January 17, 1892.

54 BOA, İrade Dahiliye, 96943.

practiced there.[55] A special commission was formed to assess the reform of quarantines. The commission prepared a report about reforming the quarantines at Kamaran, Abou Saad, and Vasta in the Red Sea, as elsewhere. It was submitted to the Council and approved in 1894.[56] However, the reform package could not be implemented immediately. In 1895, the Ministry of Health petitioned the Porte emphasizing the critical importance of the Kamaran quarantine and requested the implementation as soon as possible.[57] The next year, it was decided that the older bungalow-like structures on Kamaran Island be replaced by new masonry buildings, with the addition of shops, a warehouse, and a restaurant.[58] Toward the end of the construction work, a scientific sub-committee was to be sent to the island. The Porte appointed A. Rivet, the chief inspector of the Ministry of Trade and Public Works and the engineer of the sanitary reform project, along with Robet Land, a German engineer elected by European embassies, to serve in the committee. The committee was in charge of inspecting the facilities, auditing the funds used for reforms, verifying that the buildings were constructed according to plans, and preparing a report. Both Rivet and Land went to the island in June 1899, yet the latter died before constructions were completed. Rivet prepared the report himself and submitted it to the Council upon his return.[59]

In November 1902, the Ottoman newspaper *Servet-i Fünun* described the Kamaran quarantine station as follows: "The quarantine station was divided into four sections, which were apart from each other of about 200–250 meters. In addition, there were two spearate wards reserved for patients suffering from cholera, plague, and typhoid fever. Built on the sea shore, these facilities were situated at a distance of about 500–600 meters from each other and from other buildings, so as to minimize contacts between them. In the first section, there was a mosque and twenty brick-iron units, with domes that allowed adequate air flow inside. In addition, there was a unit reserved for elite pilgrims, as well as residences of physicians and the head guardian. Overall, the first section could house up to 1,000 pilgrims. The second section had ten units that could house up to 600 pilgrims. The fifth and sixth sections, both reserved for infected patients, were different than others. Five to six times larger than the other sections, they comprised eight subsections, each built about eighty meters away from the others. In each sub-section, there were three units that could house up to fifty pilgrims each. Each section was surrounded by a fence separating it from the others."[60]

Along with renovations in the facilities, disinfection machinery was also renewed. Three units were reserved for large and stationary disinfection machines.[61] Bought from Europe, this new machinery could disinfect up to one hundred people in fifteen minutes. In addition to clothing and other personal items, the steam machinery could disinfect such larger pieces as carpets, bedding, and straw chairs.[62] In the event of a failure in the units supplying water to disinfection equipment, water could be acquired from the wells of Kamaran, through the newly built channels.

A unit was reserved as the residence of the sanitary inspector. Another two-storied brick-and-iron building housed offices for sanitary secretaries, a pharmacy, and a large warehouse on the lower floor, and residences for officials and physicians on the upper. A coal storage of 700 tons was built further away from smaller residences reserved for the head guardians. Telephone lines were set up between the residences of sanitary inspectors and physicians in order to facilitate communication. A narrow tram line of eleven kilometers encircled the entire complex, transporting pilgrims as well as cargo.[63] In addition to this, a brick factory was built to supply new constructions and reduce building costs.[64]

Access to water was an important issue on the island. As a result, a number of precautions were taken. In order to supply distilled water to the pilgrims free of charge, a large distillation unit was built. The equipment could process up to sixty tons of water a day. It was supported by an additional water storage unit of 160-ton capacity and machines supplying up to five tons of ice per day.[65] Other hygienic

55 Cozzonis Efendi, an Ottoman doctor of Italian origin, served as a sanitary inspector at the quarantine of İzmir between 1885 and 1887, and as inspector general of Ottoman quarantines between 1888 and 1902. See Pelin Böke, "İzmir Karantina Meclisi'nin Kuruluşu ve Faaliyetleri (1840–1900)," *Çağdaş Türkiye Tarihi Araştırmaları Dergisi* 8, nos. 18–19 (2009): 137–59; BOA, Yıldız Resmi Maruzat Evrakı, 56/10.

56 On January 2, 1894. See BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/12 and BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/17.

57 BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/12.

58 BOA, Şura-yı Devlet, 586/21.

59 BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 578/2.

60 "Kamaran'da Müessesât-ı Sıhhiye-i Osmaniye: Üçüncü Makale Tahaffuzhane ve Aksamı," *Servet-i Fünun* 24, no. 605 (1902): 103.

61 The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets III," 1318–19.

62 BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/17.

63 BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 570/17; "Kamaran'da Müessesât-ı Sıhhiye-i Osmaniye," 106.

64 "Kamaran'da Müessesat-ı Sıhhiye-yi Osmaniye: Tahaffuzhâne ve Memurin," *Servet-i Fünun* 24, no. 604 (1902), 87.

65 "Kamaran'da Müessesat-ı Sıhhiye-yi Osmaniye: Tahaffuzhâne ve Memurin," 85–87;

measures were implemented as well. For example, flushable toilets were installed. Similar to Paris and other European cities, odor-free barrels were used for cleaning privy vaults, which were then disposed of in a distant bay.[66]

Quarantine Procedures at Kamaran

There were different quarantine procedures in place depending on where pilgrims were coming from. For example, pilgrims who came from India were quarantined up to ten days. In the event of a new outbreak of disease, the observation time could be extended. Those who came from Dutch India, Ceylon, and the Persian Gulf were kept under isolation for five days.[67]

Once arrived at the facilities, all pilgrims were to take showers, and their clothes and belongings to be disinfected, while the ships and their crew cleaned and disinfected. Pilgrims were kept in sections reserved for them, undergoing medical screening twice daily. Those suspected of being infected with plague or cholera were kept isolated from other pilgrims. If the infection was confirmed, they were sent to the hospital to receive treatment. The section where disease broke out was to be quarantined for twelve days for the first case and for ten days each time afterwards. After completing the isolation period and receiving approval from a physician, pilgrims were allowed to continue to the Hijaz. Before departing, they were disinfected once again.[68]

Pilgrims were required to pay a fee to the quarantine complex. They were also responsible for paying for their own sustenance during their stay. Those with the means, could eat at the restaurant or buy their needs from shops.[69] The island had a factory producing canned food, established by the initiative of French engineer Émile Roullet.[70] Pilgrims could cook their own food, granted they brought along rice and flour. Water was offered to all free of charge.[71]

Pilgrims undertaking the journey had to consider quarantine expenses. Thomas Cook and Son, a British transportation company that carried pilgrims between India and Mecca calculated the total cost for an Indian pilgrim as 300

Kasım İzzeddin, *Mekke-i Mükerremede Kolera*, 57.

66 "Kamaran'da Müessesât-ı Sıhhiye-i Osmaniye," 103.

67 Watts, "Cholera Politics in Britain," 331.

68 The British Delegate on the Constantinople Board of Health, "Some Turkish Lazarets I," 1188–89.

69 BOA, Şura-yı Devlet, 586/21.

70 Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 510.

71 BOA, Sadaret Hususi Maruzat Evrakı, 336/60.



Figure 4. New Quarantine Unit, Kamaran Island. Source: Istanbul University, Rare Books Collection; courtesy of Gülden Sarıyıldız.

Indian rupees.[72] However, not all pilgrims could meet these expenses. For those who did not have the means, all expenses were met by the quarantine authority. The majority of "pauper pilgrims" from British India only paid small freight fees for their voyage and arrived at the Red Sea quarantines penniless. Regardless, the quarantine authority had to accept poor pilgrims and meet their expenses for sustenance while keeping them in isolation. Unable to pay necessary fees, destitute pilgrims inflicted large losses to sanitation revenues.[73] In 1893, the quarantine administration was authorized for an allowance of 20,000 *kuruş* to meet the sustenance of poor pilgrims returning from the Hijaz.[74] About one thousand destitute pilgrims from Yemen, Iran, and Iraq were offered help that year.[75]

72 "The Mecca Pilgrimage: Appointment by the Government of India Thos. Cook and Son Agents for the Control of the Movements of Mahomedan Pilgrems from All Parts of India to Jeddah for Mecca, Medina etc., and Back," IOL, V 8644 (a).

73 BOA, Şura-yı Devlet, 2674/3.

74 BOA, MUSM, session held on August 1, 1893.

75 BOA, Dahiliye Mektubî Kalemi, 180/43.



Figure 5. Rebuilt Hospital, Kamaran Island. Source: Istanbul University Rare Books Collection; courtesy of Gülden Sarıyıldız.

It is clear that these expenses were beyond what many pilgrims could afford. At times, pilgrims complained about excess sanitary fees charged and overpriced food sold at the quarantine.[76] The Ottoman documents suggest that such complaints were taken seriously and followed up in order to circumvent the abuse of the system.

Criticism of the Kamaran Quarantine

Since the time of its inauguration, there were ongoing criticisms about the Kamaran quarantine, primarily raised by Britain and India. The criticism pointed at inadequate medical conditions, insufficient and salty water, expensive food, short supply of gas and kitchen utensils, poor accommodation conditions, and the abusive attitudes of guards to the pilgrims. When Kamaran first opened, the Mohammedan Association, an influential Muslim organization in India, petitioned the government in Bombay to push against the mandatory quarantine at Kamaran. According to the Indian government, quarantine procedures at Kamaran were cruel and aimed at nothing more than raising revenue for the Ottoman administration. Moreover, it was claimed that the quarantine had no visible medical benefits. The Indian government took its allegations so far as to claim that "the conditions at Kamaran are so terrible that the chances of cholera spreading out of Kamaran is greater than those of Indian ports."[77]

In 1895, the Indian government conducted an inquiry about Kamaran. According to the government's statements, the regulations at Kamaran were found less than satisfactory. Arthur Alban, the British ambassador to the Porte, claimed that pilgrims faced pressure, overcrowdedness, and other problems at Kamaran and demanded that conditions be reformed. Moreover, the Ottoman pilgrim vessels were also criticized by the British for being crowded, unhygienic, and medically inadequate.[78] All of these criticisms called for the Ottoman government's investigation of the conditions on site and if allegations were indeed true, the problems had to be addressed.

It appears that the criticism raised by the British and Indian governments was highly inaccurate as it was clearly motivated by political and commercial interests. This was primarily owing to the financial burden caused by the Kamaran quarantine for shipping companies that did business in the Red Sea. The companies complained that the bill of health was too high and that their cargo were stolen during quarantine. The same year, Britain had to give in to international pressures and require new quarantine regulations on all ships leaving Indian ports, which caused considerable delays in commerce and travel. In particular, India suffered heavily from economic complications, as more than half of its imports were from Britain. The groups that suffered from the effects of the quarantine raised their frustration against those measures in the Anglo-Indian press outlets. *The Gazette* and the Indian government declared that quarantine had no medical basis but that it only was a result of Europe's jealousy for Britain's colonial trade.[79]

It was clear to the Ottoman administration that the Kamaran quarantine had significant shortcomings, which was the reason behind repeated efforts to reform it. Nevertheless, it appears that quarantine procedures were carefully followed on site. Archival records suggest that many Indian ships, both commercial and carrying the pilgrims, tried to avoid the quarantine by following alternative itineraries, sometimes illegally.[80] Dr. Spiridion C. Zavitziano, United States Sanitary Commis-

76 BOA, Sadaret Hususi Maruzat Evrakı, 336/60.

77 Mark Harrison, "Quarantine, Pilgrimage, and Colonial Trade: India 1866–1900," *The Indian Economic and Social History Review* 29, no. 2 (1992), 124–25.

78 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 136.

79 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 126.

80 For sanitary fugitives, see BOA, MUSM, session held on July 31, 1890; BOA, Sadaret Mektubi Mühimme Kalemi Evrakı, 575/14; BOA, Dahiliye Mektubî Kalemi, 2151/19.

sioner, observed that many Indian Muslims circumvented strict quarantine procedures at Kamaran by going to Muscat first, and then to Jidda with other ships, thus avoiding quarantine altogether. All of these efforts to avoid Kamaran can be taken as evidence that quarantine procedures were in fact being followed closely. It seems very likely that it was the strict quarantine administration that caused the resentment among its critics.

A report prepared by the Russian military engineer and geographer Leonid Artamonov, who was appointed by the Ethiopian emperor Menelik II to investigate a plague outbreak in 1899, discussed the Kamaran quarantine along with other Red Sea quarantines. Artamonov compared the Red Sea quarantines to those of the Indian Ocean. Although critical of the quarantine at Aden, he praised Kamaran by saying that sanitary controls were done properly and that the quarantine was reliable.[81] He wrote, "Camaran, with its magnificent quarantine structures and its complete disinfection plant, is unique as a Red Sea station, and constitutes the best and only real defence against the introduction of plague and cholera."[82]

Occasionally, there were warnings about the conditions of the quarantine. One of these was the observation about the presence of large numbers of rats on the island and the danger they posed in spreading disease. This observation by Dr. Creudiropoulos, a physician of the Ottoman sanitary service at Kamaran was included in a report prepared in 1899.[83] Another major shortcoming of the quarantine station was the lack of a bacteriological laboratory. This issue was brought up by quarantine physicians during meetings held for discussing how to reform Kamaran. In a meeting held in 1898, The British delegate E. D. Dickson objected to the proposal on account of the high cost of building such a laboratory and for potential conflicts with quarantine procedures already in place.[84] According to the testimony of Dr. Zavitziano, the British sanitary commissioner was opposed to the purchase and installation of disinfecting furnaces and the establishment of a bacteriology laboratory.[85]

81 Spiridion C. Zavitziano, "Turkey: Sanitary report from Constantinople," *Public Health Reports (1896–1970)* 14, no. 16 (1899), 573.

82 Zavitziano, "Turkey: Sanitary report from Constantinople," *Public Health Reports (1896–1970)* 14, no. 18 (1899), 668.

83 In the same report, it is also stated that the Ottoman administration did not attempt to poison the rats and that the residents of the island had to be evacuated. See "Plague cases at the lazaretto of Camaran," *Public Health Reports (1896–1970)* 14, no. 23 (1899), 888–89.

84 "Current Quarantine measures," *Public Health Reports (1896–1970)* 13, no. 43 (1898), 1220.

85 Spiridion C. Zavitziano and Cozzonis, "Turkey: Drought in the Hedjaz," *Public Health Reports (1896–1970)* 15, no. 4 (1900), 198.

A laboratory, however, was sorely needed at Kamaran. In a report dated May 25, 1899, the Ottoman sanitary inspector Dr. Creudiropoulos wrote, "a fully-equipped bacteriological laboratory in Camaran is indispensable."[86] He stated that it would be nearly impossible to identify epidemic diseases like plague and cholera without a microscope. He also emphasized the importance of making the right diagnosis in a timely manner for preventing the spread of epidemics. For him, Kamaran had a critical role to play in the larger sanitary effort. He wrote, "Camaran is an exceptional place," and continued, "unique for the scientific problems to be solved. Science will profit very much from the bacteriological experience at Camaran, which must not be fitted only for epidemiological, but for hygienic work also."[87]

Britain often opposed the diagnosis of epidemics at quarantine stations, including at Kamaran. While discussing the diagnosis decisions of quarantine physicians at the latest meeting of the Superior Sanitary Council, Dr. Zavitziano noted the attitude of the British delegates. In a report dated September 15, 1899, it was stated that Dr. Creudiropoulos made a diagnosis of plague at Kamaran and warned that the disease was going to continue. But the British sanitary representative disagreed with that diagnosis. The latter believed that this was not plague since no previous epidemics of plague had been observed in the city of Chittagong where pilgrims-to-be had come from. In a similar case, a British delegate opposed the diagnosis of Dr. Moschides, the quarantine physician at Basra, about the disease seen at the ship named *Haydari* being plague, whereupon he forced the commission members to vote against that diagnosis. Critical of the commission's decision being manipulated by the British delegate's opinion, Dr. Zivitziano wrote, "By said decision the superior sanitary commission shows that the sanitary physicians in the Ottoman service are not able to make a diagnosis, which diagnosis can only be made by the members of the superior sanitary commission," and warned against future embarrassment, as long as the commission continued making decisions in like manner.[88]

It seems unreasonable to argue that the British attitude was motivated by medical reasons. It had become customary in British politics to criticize and complain about the Ottomans internationally, in a manner to call for sustained European pressure over it.[89] At the same time, Britain tried to discredit the reputation

86 Zavitziano, "Turkey: Sanitary report from Constantinople, Plague in Jiddah," *Public Health Reports (1896–1970)* 14, no. 35 (1899), 1446.

87 Zavitziano, "Turkey: Sanitary report from Constantinople, Plague in Jiddah," *Public Health Reports (1896–1970)* 14, no. 35 (1899), 1447.

88 Zavitziano, "Turkey: Sanitary report from Constantinople, Sanitary condition of Constantinople," *Public Health Reports (1896–1970)* 14, no. 37 (1899), 1542.

89 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 136.

of the Ottoman caliph over Muslims, by criticizing that the Ottoman sanitation regulations in Jidda and Mecca were inadequate and by claiming that the Ottoman quarantine officials treated pilgrims badly and abused them.[90]

British Politics in the Red Sea and on the Island of Kamaran

Despite being a small island, Kamaran had been subjected to Mamluk, Portuguese, and Egyptian invasions in its history, largely owing to its strategic location. In the nineteenth century, it was Britain, France, and Italy that were politically active in the region.[91] By this time, the Red Sea had become the site of conflicting interests of European states. Britain, in particular, had interests in the region not only to secure the trade routes leading to India but also to control the Indian Ocean trade via the Red Sea. The British were involved in profitable arms trade on the coast of Yemen and Ethiopia. In addition, British ships transported coffee from Yemen to England.

Since the early nineteenth century, the British interest in southern Arabian Peninsula was expanding. Napoleon's invasion of Egypt facilitated Britain's pursuit of power in the area. It first established power in the Gulf of Aden and on the coast of Somalia. In the 1830s, it sought to control islands, such as Socotra (east of the Horn of Africa), Perim (in the Bab-el-Mandeb Straits), and Kamaran, as well as ports like Mocha (on the Red Sea coast of Yemen). In 1839, the acquisition of a small but strategically important base in Aden afforded Britain to expand its power in the area. From there, it could exert control over the Bab-el-Mandeb Straits and the Red Sea. Aden was indeed an important addition to the British possessions. As a natural port, it was an important stop for merchant vessels and a trading *entrepôt*. For the British ships coming from India, this was an ideal stop to replenish supplies. To that end, a coal station was built there. Aden also became an important hub for postal services. Mail sent from cities like Bombay or Calcutta was first brought here and sorted before being forwarded to their final destination.[92]

The advent of the steamship and the opening of the Suez Canal in 1869 contributed to the rising commercial potential of the region. In addition to trading goods, British, Egyptian, and Dutch vessels also carried large numbers of Muslim pilgrims. Every year, about twenty to twenty-five thousand pilgrims were ferried from India to Jidda and the other ports of the Hijaz. The demand for travel was so

90 For further details, see Harrison, "Quarantine, Pilgrimage, and Colonial Trade."

91 J. E. Peterson, "The Islands of Arabia," 24.

92 Sarah Searight, "A Waghorn Letter Book for 1840," *Journal of the Royal Asiatic Society* 7, no. 2 (1997): 240.

high that steamship companies started to offer scheduled pilgrimage voyages for the Muslims of South and Southeast Asia. The opening of the Suez Canal almost entirely replaced the already declining traditional caravan routes. While in 1865, the number of pilgrims that traveled over land was about 50,000, there was a steep decline after that.[93] Ferrying pilgrims had become a profitable business in the last decades of the nineteenth century. Yet this was not the only reason for the European interest in the region. Mecca and Medina were great markets for selling European goods because of an increasing number of pilgrims who went there every year. During pilgrimage season, products from Britain and the Low Countries were highly sought by the pilgrims. The commercial vitality of the region attracted to the area, not only the British but also other European merchants, including the French, Italian, and the Dutch—all seeking to receive a better share from this market.[94]

Fully cognizant of these changes, the Ottoman Empire pursued an active policy to strengthen its military and administrative presence in the region. The proposal made during the International Sanitary Conference in Istanbul for building a quarantine station at the entrance of the Red Sea was perfectly compatible with Ottoman interests. It was understood that this strategically important quarantine station could promote the Ottoman political and administrative power in the region. This was also an opportunity to curb possible military interventions of European powers, especially that of Britain. Hence the Porte recognized the establishment of the quarantine station as a critical enterprise for preserving its interests in the area.

Several years before the quarantine was built, Britain had tried to acquire the island in order to use it as a coaling station. When the establishment of a new quarantine in southern Red Sea was proposed at the 1866 conference in Istanbul, Britain was displeased. During the conference, the British delegates firmly denied that cholera spread from India, as they saw this claim conflicting with their commercial interests.[95] If the origin of cholera pandemics were to be acknowlegded as India, Britain would have to be most adversely affected. Any disease known to have originated in and spread from India would have been regarded as Britain's responsibility. This could involve establishing quarantines and imposing sanitary surveillance procedures to companies. From an economic point of view, this could be a major drawback for the British shipping companies that ferried tens of thousands of passengers every year without taking any sanitary precautions. Quaran-

93 Kuneralp, "Osmanlı Yönetimindeki (1831–1911)," 499, 504.

94 Miran, "Space, Mobility, and Translocal Connections," xix.

95 Foreign Office Records [hereafter FO], 195/864, session held on February 22, 1866, 2; FO, 78/2006, 1. Also see FO, 78/2008; Kılınç, "Isolating the Subject," 44, 57–60.

tines could interfere with the business. The long wait during quarantines could cause major loss of revenue for companies. Moreover, quarantines could disrupt the trade between India and Europe. From a political point of view, Britian was concerned that Muslims in India would find quarantine restrictions to pilgrimage offensive and that this would create widespread resentment, which would pose a challenge for the British rule in India.[96] Given the calculated outcomes of the position, the British denied that cholera spread from India but instead argued that it was a problem endemic to the region. Nevertheless, this position was not accepted at the international conference.[97]

Notwithstanding, Britain was not alone in defending its own interests in the region. Throughout the conference, European states used cholera as a political tool to negotiate their ambitions to control Egypt and the Hijaz. Several European states used medical concerns in a manner to mask their political interests. This was especially transparent in the case of discussions on cholera's spread. The emerging consensus among the delegates was that cholera spread to Europe via the pilgrimage route. Hence, it was decided that the Porte would meet this challenge by implementing rigorous sanitary control in the region. This way, they could continue to exert pressure, if indirectly, on Egypt and the Hijaz where only Muslims were allowed to enter.[98]

For the Ottoman administration, the decisions reached at the Istanbul conference were mixed. On the one hand, the establishment of quarantine stations in the Red Sea and instituting sanitary regulations in the Hijaz would be a heavy blow to the already frail Ottoman economy. Such an effort would require careful financial planning. Moreover, there was increasing international pressure about a timely and resolute response. On the other hand, the Ottoman administration could acquire great political advantages from this venture. The quarantine and other sanitary regulations could promote Ottoman presence and power in the Red Sea and the Arabian Peninsula. In particular, sanitary success in the Hijaz could increase the Ottoman prestige in the Holy Cities and along pilgrimage routes.[99] The Ottoman administrators seized this opportunity to use sanitary efforts for political ends. Starting in 1870s, they actively used the ideology of pan-Islamism, by using the press to reach out to Muslims. Sultan Abdulhamid II pursued this ideology more adamantly, adopting it as the ideology of the state and reenacting

96 Low, "Empire and the Hajj," 271.

97 FO, 78/2006, 1; FO, 78/2008, 18; Harrison, "Quarantine, Pilgrimage, and Colonial Trade."

98 Kılınç, "Isolating the Subject," 85–88.

99 Low, "Empire and the Hajj," 280.

the power of the caliphate among the Muslims of the world. In doing so, he greatly benefitted from quarantines and politics of sanitation. The Ottoman efforts to impose quarantines and maintain sanitation in the Red Sea and the Hijaz to check the spread of epidemics, turned Abdulhamid into a "protector" and "patron" of all Muslims.

In order to improve the monitoring and record-keeping of Indian pilgrims, the Porte issued a new regulation in 1880 that required all passengers arriving to Jidda to possess a passport. Those without a passport were to be denied admission at the port. It was also announced that all pilgrims-to-be had to have sufficient funds to cover their return journey. From now on, pilgrims-to-be were required to present at Jidda the passport they had acquired from their country of departure and the funds for their return trip. The purpose of this new regulation was to solve the problem of the pauper pilgrims and the burden they brought to the Ottoman economy. The Porte also announced that very strict procedures were to be followed for screening pilgrims' sanitary conditions.

These changes forced the hand of British India to reform its procedures. Starting in 1874, the British Consul at Jidda was to oversee the movement of all pilgrims ferried on British-flagged vessels.[100] The new regulation about requiring the pilgrims to secure funds for return trips was difficult to impose. The Indian administration was unwilling to enforce it, fearing the reaction of the Muslims. However, it had to endorse the passport requirement for the pilgrims, owing to international pressures.[101] On July 12, 1882, the Indian Ministry of the Interior announced that all Indian pilgrims were to be issued passports. This service was going to be limited to Indian citizens only. The Indian government declared that all other pilgrims who wished to travel from Indian ports were responsible for securing their own travel documents. In order to regulate the pilgrimage traffic, changes were made in 1883 to the the Native Passenger Ships Act of 1876, reforming the equipment, acquisition of victuals, and sanitary conditions of vessels ferrying Indian pilgrims. It became mandatory to have a health official on board, for vessels carrying over hundred pilgrims. The Indian authorities also printed pamphlets, such as *A Manual for the Guidance of Officers and Others Concerned in the Red Sea Pilgrim Traffic* and distributed to all units. A new vice consul was appointed to Jidda to facilitate the accommodation and other needs of Indian pilgrims in the Hijaz. A Muslim consul was appointed to al-Hudaydah to assist their problems while undergoing quarantine procedures. In addition, manuals were prepared in English, Hindi, and Persian for distribution to the pilgrims, informing them about the cost of the pil-

100 Baldry, "The Ottoman Quarantine Station," 29.

101 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 124.

grimage journey, the difficulties of travel, the mandatory ten-day quarantine on Kamaran Island, and the expenses related to it.[102]

All these regulations focused on improving the travel of pilgrims on vessels and railways. The British envisioned consolidating pilgrimage business, which would then be contracted to a British company. The sanitary conferences of Istanbul (1866) and Vienna (1874) had underscored the necessity of regulating the ferrying of pilgrims and called for a reform package, based on the British model. Responding to this call, the Ottoman Sanitary Council prepared a new statute in 1879 that limited the authority of consuls. According to the new statute, the consuls were not allowed to interfere in the execution of the provisions; they were only to assist the sanitary officials.[103] The statute also mandated that the 24-hour precautionary quarantine (practiced since 1866 to vessels pronounced to be healthy) be increased after the inauguration of the Kamaran complex, to five and at times to ten days (depending on circumstances).[104]

In response to this new statute implemented by the Porte, the British sought to promote their consul in Kamaran to an official position.[105] Also, they reviewed the privileges of shipping companies in order to create a monopoly in the business of ferrying pilgrims. Until that time, no hygienic regulations were followed on British vessels, not least against the spread of cholera.[106] For this reason, cases of cholera, dysentery, tuberculosis, and bronchitis were commonly seen in the vessels. Pilgrims suffered from the poor hygiene of the vessels, which they often complained about.[107] The Indian government was subjected to endless complaints from the Muslims. The terrible conditions of pilgrimage journeys were being criticized internationally. As an attempt to stop widespread criticism and to gain the support of Muslim leaders in the country, Indian autorities passed the Bombay Pilgrims Bill in 1886. The new law aimed to regulate pilgrimage to stop overcrowded, uncontrolled, and overpriced journeys. This reorganization was also expected to suppress unlicensed pilgrimage business and fraud. In the framework of this new law, British India granted the monopoly of pilgrimage to the British shipping company Thomas Cook and Sons. The company was expected to offer transportation for pilgrims, reorganize the administration of pilgrimage, provide sustenance, and improve sanitary conditions with the support and guidance of the government. The government relied on the company's prestige to overcome these problems.[108]

102 IOL, V 8644 (a).

103 BOA, İrade Meclis-i Mahsus, 3071. Also see Sarıyıldız, *Hicaz Karantina Teşkilatı*, 50.

104 BOA, MUSM, session held on April 3, 1895.

105 In January 1903, two British ships sailed to Kamaran after taking the British consul in al-Hudaydah and attempted to raise the British flag in the building where the consul resided. The Ottoman administration contested this attempt and sent Captain Veli Bey to oversee the crisis. See BOA, Bâbıâli Evrak Odası, 1969/147649.

106 Kuneralp, "Osmanlı Yönetimindeki (1831-1911)," 506-7.

107 IOL, V. 8644 (c).

The agreement signed with Thomas Cook and Sons was published as an ordinance in the *Gazette of India* and in other local newspapers. It was claimed that the agreement was expected to reform the current conditions radically. According to the agreement signed with Thomas Cook and Sons, the company was granted the right to manage pilgrimage trips and fares both on steamships and on railways. The passports prepared and authorized by Indian authorities would be then forwarded to local company officials. The company was to keep records of the pilgrims' identity information. In this effort, local authorities in India were tasked to assist company officials. The extensive consessions granted to Thomas Cook and Sons testify to the British scheme for exercising greater control over pilgrimage traffic through British companies.

Soon after the agreement, Thomas Cook and Sons opened new offices in Bombay and Jidda. The company promised to offer a safer, more comfortable, and affordable pilgrimage journey. Yet it took some time for the company to launch its pilgrimage trips in compliance with new procedures. In a letter sent to A. McKenzie, the Secretary to the Government, John Mason Cook, the owner of the company, stated that the company was working hard to have the vessels and trains ready for the 1887 pilgrimage season. Cook also mentioned that he had been in touch with local officials, observed the difficulties faced by pilgrims during their journeys, and that he had plans to remedy the problems.[109]

In 1887, a revised Native Passenger Ships Act was passed. This new law required improved sanitary conditions on vessels and imposed heavier penalties for failure to execute them. Nevertheless, the anticipated improvements did not seem to occur. Depsite all the regulations, pilgrimage trips suffered from overcrowdedness, unsatisfactory sanitation, and other problems. A testimony to the miserable conditions of the journey comes from Muhammad Yakub Alikhan, a retired hospital inspector, who in 1889 observed the terrible conditions of the pilgrimage vessel named *Tanjore*. The disclosure of his testimony was scandalous for Thomas Cook and Sons that admitted overselling pilrimage trips to maximize profit. Similar scandals followed suit. The company officials indirectly accepted the allegations by stating that the business was not as profitable as had been expected, they were carrying pilgrims at a loss, and they did not receive the antici-

108 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 132.

109 IOL, V 8644 (a).

pated support from the Muslim community. Despite the company's declaration, the Indian government continued to defend it and pay for its losses. When cholera broke out on a ship named *S. S. Deccan* in the year 1891, it became clear that this arrangement could not be maintained for much longer.[110] The company declared the business unprofitable and quit in 1893.[111]

In July 1915, British war ships bombarded and invaded the island. This meant the acquisition of the island which they saw as strategically important. During the invasion of Kamaran, the British forces captured recalcitrant Ottoman officials and exiled them to Hyderabad. According to the information supplied by the guardians of Medina, the sanitary physician and engineer of the Hijaz, as well as the inspector and chest-keeper of Jidda were taken as war captives and sent to Aden.[112] This, however, was against international conventions.[113] In retaliation, the Ottomans captured British civilians and treated them as prisoners of war. Eight British civilians from Istanbul were sent to exile in Afyonkarahisar.[114] Before a mutual agreement could be reached between Britain and the Porte, two of the eight Ottoman sanitary officials captured at Kamaran had died in exile in Aden and the remaining six were sent to Thayetmyo in Burma. In December 1915, the two states agreed to exchange their prisoners of war.[115] On August 12, 1916, when Britain informed the Porte that the captives in Thayetmyo were being shipped from Egypt to Athens, the Ottoman authorities decided to send five of the eight British prisoners to Istanbul.[116]

For the Ottomans, the British occupation of the island was not only a political exploit. It also had a religious implication. A correspondence dated July 17, 1915 between the Ottoman Ministry of the Interior and the Ministry of Foreign Affairs states that the reason behind the British occupation of the island was to disturb the pilgrims and obstruct their religious duty. For Ottoman officials, this meant defiance of Islamic law.[117] A telegram dated August 1, 1915 sent from Istanbul to the embassy in Tehran voiced criticism about the British occupation as an

110 Harrison, "Quarantine, Pilgrimage, and Colonial Trade," 133.

111 Low, "Empire and the Hajj," 271.

112 BOA, Hariciye Nezareti Siyasi, 2187/9, inset 7.

113 This was contrary to the principles of the Geneva Convention of 1906, which offered protection to military health personnel and civilians that provide medical assistance to military personnel. See Atalay Kocatepe, *Silahlı Çatışma Hukuku Açısından Cenevre Sözleşmeleri ve Ek Protokolleri El Kitabı* (Istanbul, 2006), 13.

114 BOA, Dahiliye Nezareti Emniyet-i Umumiye, 5. şube, 81/53, inset 1.

115 BOA, Hariciye Nezareti Siyasi, 2187/9, inset 27.

116 BOA, Hariciye Nezareti Siyasi, 2187/5, inset 29.

117 BOA, Hariciye Nezareti Siyasi, 2187/4, inset 9.

act targeting Muslim pilgrims and interfering with the performance of their religious duty. The telegram called for spreading the word as much as possible in Iran and in other Muslim countries.[118] The Ottoman response to the British occupation of the island can be better understood in the political context of the time. Too exhausted for military response to the occupation, the Ottomans were seeking support from other Muslim countries. For their part, the British were fully aware of the possible consequences of occupying the island, close to the pilgrimage season. It was clear that this would interfere with quarantine procedures and cause health problems locally as well as internationally. Yet Britain's political interests outweighed its concern for sanitation.

Conclusion

The Kamaran quarantine station was established by the Ottoman Empire in 1882 following the agreement reached at the International Sanitary Conference in Istanbul (1866). All Muslims coming for pilgrimage to the Hijaz from South and Southeast Asia, as well as those coming from eastern Africa, the Persian Gulf, and the Yemen were quarantined at Kamaran. Quarantine was not only for pilgrim vessels; all ships coming from south of the Red Sea had to stop at Kamaran Island for sanitary inspection. To meet the high volume of traffic, Kamaran was built as a large quarantine complex. The physical structures and the disinfection plant were renovated and upgraded twice to meet the growing needs and techological changes of its time, making Kamaran the largest and most advanced quarantine station in the world.

Kamaran was seen as a *cordon sanitaire* that could stop cholera from spreading to Europe, which made it the focus of attention for European states. The quarantine procedures and renovation works often became the subject of discussion in international sanitary conferences, which turned Kamaran into a political site. The Red Sea trade had become increasingly important in the nineteenth century, especially after the advent of the steamships and the opening of the Suez Canal. The Red Sea basin was critical for the British and Dutch empires, in particular, for political and commercial reasons. In addition to transporting raw materials and commodities to Europe, they also made large profits ferrying tens of thousands of Muslim pilgrims every year. Moreover, British and Dutch products were in high demand in the markets of Mecca and Medina during pilgrimage season. This demand made this area gradually more attractive to European merchants and entrepreneurs, as the Red Sea trade continued to grow throughout the nineteenth century. In conjunction with this, the region grew in political importance,

118 BOA, Hariciye Nezareti Siyasi, 2187/9, inset 7.

becoming a site of conflicting political interests of European states. The Ottoman Empire observed the increasing importance of the region and used this opportunity to build a presence for itself in the region in a manner to protect its own political interests against those of the European powers.

In this context, the decision of the International Sanitary Conference held in Istanbul was very important. In 1865, one year before the conference, cholera had brought devastating results globally. Research suggested that the source of the pandemic was India. It was critical to develop adequate preventive measures against a new cholera pandemic that could arrive from this region. Hence the discussions at the conference largely reflected sanitary anxieties of Europe. However, it was clear that European powers tried to use the threat of cholera to serve their own political interests. Even though the Kamaran quarantine was established by the Ottoman Empire as a result of pressures coming from European states, the Ottomans would not be allowed to govern it alone, given the island's strategic importance. European states in general, and Britain, in particular, tried to have a say over quarantine procedures, renovations, and even the administration of the quarantine station. To this end, Britain tried to promote the British consul at Kamaran to an official rank. At the same time, it pursued an active policy to bring the Red Sea pilgrimage trips under its control. One significant step in this direction was to entrust a British shipping company with the transportation of pilgrims between British India and the Hijaz.

Kamaran quarantine was a strategic point for the political interests of the Ottoman Empire in the region. Not unlike European states, the Ottomans also saw Kamaran as a critical institution for asserting political power. It carried out quarantine procedures and preventive health measures with great care in order to protect Kamaran from external interventions. Even though this was a time when the Ottoman state was financially bankrupt, it allocated the necessary budgetary resources to support Kamaran's renovations. At international sanitary conferences, it maintained an uncompromising attitude toward attempts for intervention from European states. Moreover, to protect the island from a possible British invasion, the Porte supplied Kamaran with military support and sent the navy to the island, using the excuse of securing the quarantine. However, these efforts of the Ottoman Empire failed with the onset of World War I. In 1915, Britain invaded Kamaran Island and hence its quarantine. Given its circumstances, the Ottoman state did not entertain any hopes of getting Kamaran back from Britain. Instead, it protested the invasion of the island, not by political means but by way of religious propaganda. In letters sent to Muslim countries, the Ottoman state proclaimed that the British invaded the island to stop Muslim pilgrimage and that this was a major attack on Islamic law. Curiously, neither the Ottomans nor the British made any explanations to address medical and sanitary concerns.

Gülden Sarıyıldız (guldensariyildiz@yahoo.com) is Professor in the Department of Information and Document Management at Istanbul University, where she has been teaching since 2000. Previously, she taught at Trakya University. Prof. Sarıyıldız is interested in the history of Ottoman bureaucracy, state organization, and medicine. She has published widely on epidemics, sanitary policies, and quarantine in the nineteenth century, especially in the Hijaz region. In addition to numerous articles and book chapters, she is the author of *Hicaz Karantina Teşkilatı (1865-1914)* (Quarantine Organization in the Hijaz (1865–1914)) (1996), *Sicill-i Ahval Komisyonunun Kuruluşu ve Faaliyetleri (1879–1909)* (2004), *Sokak Yazıcıları: Osmanlılarda Arzuhal ve Arzuhalciler* (2010), and editor of *Nezihi Aykut Armağanı* (Festschrift to Nezihi Aykut) (2011), *Prof. Dr. Ali İhsan Gencer Anısına Osmanlıdan Cumhuriyete Sosyo-Kültürel Siyasi Yansımalar* (2015). She holds a PhD from Istanbul University.

Oya Dağlar Macar (oyadr@ticaret.edu.tr) is Associate Professor of History in the Department of Political Science and International Relations at Istanbul Commerce University, where she currently teaches. Previously, she was a post-doctoral fellow at Fort Hays State University (Hays, KS) and visiting scholar at Hellenic College Holy Cross Greek Orthodox School of Theology (Brookline, MA). Her research focuses on twentieth-century Ottoman political and medical history. Along with several articles and book chapters, she is the author of *War, Epidemics, and Medicine in the Ottoman Empire: From the Balkan Wars through the Great War (1912-1918)* (2008) and *Balkan Savaşları'nda Salgın Hastalıklar ve Sağlık Hizmetleri* (Epidemic Diseases and Health Services during the Balkan Wars (1912-1918)) (2009), as well as co-author of *Rus Ordusu Türkiye'de* (Russian Army in Turkey) (2010). She holds a PhD from Boğazici University.