

British involvement and epidemic diseases during the 1908 - 1914 Hajj Pilgrimage: Evidence from British Documents

Halil Ersin Avcı

Canakkale Onsekiz Mart University
Education Faculty, Social Studies Education
halilersinavci@comu.edu.tr

Abstract

This study examines the role of British involvement and the impact of epidemic diseases during the Hajj pilgrimage from 1908 to 1914. Drawing upon a comprehensive analysis of British documents, the research sheds light on the extent of British engagement and its repercussions on the spread and management of epidemics within the context of the Hajj. By exploring the documented evidence, including official reports and correspondence, this paper offers valuable insights into the British perspective and its influence on the dynamics of epidemic diseases during this critical period. The findings contribute to a deeper understanding of the historical interplay between colonial powers and the challenges posed by epidemic outbreaks during religious gatherings.

Keywords: Hajj Pilgrimage, Muslim Hajj, Ottoman Empire, British Empire, India



<https://doi.org/10.31039/ljss.2023.5.94>

Introduction

The 19th century, also known as the Age of Colonialism, was a period in which the world began to shrink due to the development of communication and transportation, leading to the widespread occurrence of both positive and negative effects of globalization. During the 19th century, the replacement of caravans by railways in land transportation and the shortening of intercontinental distances by sea routes led to the rapid spread of epidemic diseases between countries and regions, similar to the way people and goods traveled.

The regular annual arrival of Muslims from various parts of the world to the Hijaz with Hajj caravans brought about the transportation, transmission, and potential spread of epidemic diseases, turning into an international problem from the mid-19th century onwards. During this period, major epidemics broke out, resulting in the loss of thousands of lives and the rapid spread of these diseases from one country to another, even across continents. This compelled governments, like in many other areas, to take numerous precautions to protect Muslims from epidemic diseases during their pilgrimage to and from Hajj.

From the mid-19th century onwards, the issue of epidemic diseases, which affected almost every country, was considered an internationally significant problem that was closely monitored and controlled towards the end of the 19th century, which can be regarded as the beginning of the Modern Age, and the early 20th century.

Especially during the period of 1908-1914, which is the subject of this paper, it is understood that the British Empire, which governed most of the world's Muslims along with most parts of the world, showed the greatest interest in this issue. With the exception of the Ottoman Empire, England, followed by France and Russia, had dominance over the regions where the Muslim population resided. Since the topic is prepared based on British documents, the aspects that primarily concern England will be touched upon.

1.The Internationalization of Epidemic Diseases and Hajj

The most significant epidemic disease of the 19th century is undoubtedly cholera. Cholera first drew the attention of doctors with a severe outbreak in Bengal in 1817, and from there, it spread throughout British India. Cholera outbreaks were observed in various places from present-day India-Pakistan-Afghanistan to China, Japan, Iran, the Caspian region, the Caucasus, Russia, Ireland, Spain, France, Italy, and even the United States, claiming the lives of thousands of people from 1820 to 1840. The initial effects of cholera outbreaks during Hajj were seen in 1831, followed by mild outbreaks in 1838, 1839, and 1840. One of the severe outbreaks during Hajj occurred in 1865. The epidemic, carried by pilgrims from British India, spread from Iran to Europe upon the return of pilgrims to their countries, resulting in the deaths of thousands of people. The outbreaks continued in the following years, continuing to affect the entire world. As an example of the severity of the situation, the cholera epidemic that spread across the Mediterranean from 1883 to 1887 serves as a good example. In this

epidemic, 25,000 people died in Egypt, 120,000 in Spain, 250,000 in Europe, and 500,000 in America¹.

In 1858, England officially annexed India and declared the British Indian Empire, which held vital economic and strategic importance for England. India, known as the 'Jewel in the Crown' of the British Empire, served as the epicenter of cholera outbreaks worldwide. On the one hand, England gained control over a territory with the largest Muslim population, while on the other hand, it became a major player in terms of both epidemic diseases and the Hajj pilgrimage.

England's role in this matter would become even more significant over time. From the late 19th century until 1908, England's acquisition of Egypt and Sudan, its presence in places like Mecca, Medina, and Kuwait, both from the east and west and its direct neighbor status to the Ottoman Empire, the ruler of the Hijaz region, made England directly involved in the Hajj pilgrimage issue. In order to maintain its dominion sympathetically among the Muslim population in the territories it controlled, England had to take measures rather than banning the Hajj. Of course, England did not take these measures solely to appear sympathetic to Muslims; it acted based on the need to protect its commercial and political interests in the territories under its control. On the other hand, the presence of a large number of Muslims and the Hajj under England's rule would also serve as a means to interfere in the internal affairs of the Ottoman Empire.

2. Hajj as an International Issue

The Hajj becoming an international issue occurred in 1831 with the cholera outbreak in the Hijaz region. In the same year, the Alexandria Health Office was established at the request of consuls in Alexandria to protect Europe's health. The first international step against cholera was taken in 1851 with the Sanitary Conference held in Paris. New quarantine measures were discussed during the conference, and the necessary precautions against this new situation were debated. The severe outbreak of the Hijaz in 1865, which spread and caused the deaths of thousands of people, brought the Hijaz and the Hajj into the international spotlight as an issue. The Ottoman Government sent health commissions to the Hijaz in 1866, 1867, and 1868, aiming to maintain control and protect the health of the pilgrims. From 1868 onwards, the Ottoman Empire established quarantines in Jeddah, Kufunda, Rabigh, Leith, and Yanbu in the Hijaz Province, as well as in Hodeida, Mocha, Al Hudaydah, Jizan, and Kamaran in the Yemen Province, and sent officials to these areas. The opening of the Suez Canal in 1869 made the Red Sea a route not only for pilgrims coming from the south but also for those coming from the north. Consequently, Egypt and the Suez Canal gained significant importance in Hajj journeys².

The British controlled the sea routes to Hajj, especially in the Indian Ocean, the Red Sea, and the Persian Gulf, while many European states operated in the Mediterranean. The mainland routes to Hajj were the Damascus Road, the Egypt Road, the Aden Road, the Amman Road,

¹ Gülden Sarıyıldız, *Hicaz Karantina Teşkilatı(1908-1914)*, TTK, Ankara 1996, pp. 1-3.

² G.Sarıyıldız, *op.cit*, pp.32-33.

the Mecca Road, the Basra road, and the Baghdad Road. Among these routes, the Damascus road was the most significant³.

In 1880, the Ottoman Empire issued a regulation regarding the steamships transporting pilgrims, and starting in 1890, the existence of quarantine stations became mandatory. For pilgrims coming from India and Java, the quarantine stations of Kamaran and Abu Saad were designated; for those coming from Oman, the Basra quarantine station was established; for those coming from the Red Sea and Mediterranean coasts, the quarantine stations of Kalazamun and Beirut were designated, and for those coming from the Black Sea, the use of the Bosphorus (Kavak) quarantine stations became mandatory⁴.

In 1893, a major cholera outbreak occurred in the Hijaz region, which led to the International Sanitary Conference in Paris convening in 1894. England, Germany, Austria, Belgium, Denmark, Spain, America, Greece, the Netherlands, Italy, Iran, Portugal, Russia, and the Ottoman Empire attended the conference. In April 1894, an agreement was signed, placing the issue of the Hajj under international supervision and control. Subsequently, a Joint Commission was established, and the Ottoman Sanitary administration became directly subject to foreign oversight⁵.

In the following period, states, especially England, used the Hajj and pilgrims as a means to interfere in the internal affairs of the Ottoman Empire. England's approach prompted intervention from other major European powers, and the issue further escalated with the construction of the Hejaz Railway. Whenever a cholera outbreak occurred, the major powers seized the opportunity to blame the Ottoman Empire and use it as a pretext to interfere in its internal affairs.

3. Precautions Taken During the Hajj Journeys in the Period of 1908-1914

3.1. the Year 1908

1907 marked the return of the Hajj pilgrimage, which coincided with the early months of 1908. The pilgrimage witnessed a significant participation, but a cholera outbreak occurred in the Hijaz region during the Hajj. Upon their return towards the European ports in the Mediterranean, pilgrims were subjected to health inspections and quarantine in El Tor, in accordance with the Paris Sanitary Convention. Haji ships bound for Turkish ports in the Mediterranean and Black Sea underwent a five-day quarantine and disinfection process at Turkish health centers. Ships destined for Istanbul underwent health screenings at the Dardanelles Strait and upon arrival in Istanbul. Ships heading to Russian ports passed through the Turkish Straits under quarantine measures. Ships bound for Yemen and Basra underwent a seven-day quarantine and disinfection at the Kamaran quarantine station. Furthermore, to facilitate the return of the pilgrims, the unfinished Hejaz Railway was utilized for the second time, transporting 12,000 pilgrims from Medain-i Salih to Tabuk. Additionally, a medical team consisting of a dozen doctors, nurses, a dispensary, disinfectors, caregivers, and guards

³ G.Sarıyıldız, *op.cit.*, pp.39-40.

⁴ G.Sarıyıldız, *op.cit.*, pp. 47 and 91-92.

⁵ G.Sarıyıldız, *op.cit.*, pp.102-111.

under the command of Selami Pasha was dispatched from Istanbul to establish a temporary center in Medain-i Salih to monitor the pilgrimage caravans. Turkish medical units effectively implemented preventive measures against cholera by disinfecting wells with potassium permanganate along the route from Mecca to Medina. As a result of the serious precautions taken by Turkish medical units, the cholera outbreak in the Hijaz was contained, with only a few cases reported among railway workers, soldiers, and certain incidents between Medina and Medain-i Salih. In 1908, following the recommendation of the Mixed Sanitary Commission, it was decided to establish a hospital with a capacity of 10,000 beds in Tabuk. As a first step, during the 1908-1909 Hajj pilgrimage, around 700 tents were sent to Tabuk, along with a portable disinfection pavilion housing two large disinfection ovens, another disinfection pavilion for personnel needs, wire fencing to enclose the health center, and other necessary supplies. Thus, a major quarantine center was established in Tabuk and put into operation⁶.

During the Hajj pilgrimage of 1908-1909, the greatest health threat originated from Russia and British India. Dr. Damaskin, the Russian Sanitary Director in the Black Sea region, assured that quarantine measures would be implemented on behalf of the Russian government. However, it was observed that sufficient precautions were not taken. The required measures for Russians included a five-day quarantine for cholera and a seven-day quarantine for plague, as well as the disinfection of pilgrims' belongings and clothes, and their own personal hygiene. However, no measures were taken in Theodosia, while a hospital was established in Odessa with certain precautions. The Russian government approached the Turkish government to supervise this hospital. Insufficient measures were also taken in Batum, prompting Turkish authorities to treat the Russian pilgrim ships coming from Russia at the Sinop Hospital in accordance with the Turkish Sanitary Regulations. No cases of cholera were reported among the pilgrim groups coming from Russia. However, a cholera case was detected on the British ship *Alavia*, which arrived from Bombay to Kamaran on November 24, 1908. According to British Ambassador Sir Gerard Lowther, inadequate preventive measures were taken in British India, leading to eleven cases over a six-year period between 1890 and 1895. Lowther believed that "more preventive measures should be taken in British India, and the entire matter should not be left to the health measures in the Hijaz." The pilgrims on this ship were quarantined for twelve days at the hospital in Kamaran, and a new ship was brought in to transport the pilgrims to Ebu Saad (Jeddah), where they underwent an additional three days of quarantine⁷.

3.2. the Year 1909.

In late 1908, a cholera epidemic broke out in Russia, spreading to the entire European part of Russia and the Caucasus, then to Germany, the Netherlands, Belgium, and Galicia. Additionally, a plague epidemic was observed in Baghdad from May 1908 to February 1909.

⁶ TNA(The National Archives)/FO(Foreign Office)/9458/7053, No.105, Sanitary Administration, Turkey 1908, Sir Gerard Lowther to Sir Edward Grey, 22 February 1909, pp.56-65; Halil Ersin Avcı, **İngiliz Gizli Raporu, Türkiye 1908**, Emre Yayınları, İstanbul 2005, pp.206-209 ve 213-215.

⁷ TNA/FO/9458/7053, No.105, Sanitary Administration, Turkey 1908, Sir Gerard Lowther to Sir Edward Grey, 22 February 1909, pp.65-70; H. E. Avcı, **age**, s.209-211.

Despite these outbreaks, due to the measures taken, the Hajj season of 1908-1909 did not witness a major epidemic in the Hijaz region. Although an outbreak occurred in Jeddah during the 1908-1909 pilgrimage, strict measures, disinfection, and quarantines implemented in Tebuk during the return of the pilgrimage successfully contained the spread of the outbreak. During the 1909-1910 pilgrimage, many new methods were implemented, resulting in the pilgrimage being reported as "clean" for the first time. However, the outbreak in Jeddah dampened the overall success of the pilgrimage. Some of the new methods applied during this period included reducing the quarantine period for pilgrims coming from India from ten days to seven days, inspecting the food brought by pilgrims and disposing of suspicious items, and subjecting ships transporting pilgrims from the Mediterranean to strict inspections. Permission to transport pilgrims was granted only to designated ships operated by specific companies with proper authorization. Furthermore, the commencement of Hajj transportation by the Hijaz Railway, along with the measures taken on trains and railways, also helped prevent the spread of epidemics.⁸

3.3. the Year 1910

In 1909, a cholera epidemic that started in Russia and spread to Germany and Galicia continued to claim lives, taking 100,000 lives in Russia alone. It further spread to all of Eastern Europe, Italy, then to Tripoli, Trabzon via the Caucasus, and Erzurum on the Turkish-Russian border. By September 1910, the cholera epidemic crossed the border and spread throughout Anatolia, Ottoman Iraq, and Syria. In Istanbul, out of 1,200 reported cases, 700 resulted in death. On December 26, 1910, the first case was observed in Mecca, and by early 1911, it had spread to Medina, Jeddah, Yanbu, Hodeidah, and other locations. Despite all the precautions taken, they proved insufficient against this major outbreak. Additionally, on January 5, 1910, a plague epidemic began in Jeddah, lasting until May 1910, with 97 out of 99 cases resulting in death. During this period, plague outbreaks were also observed in Bushehr in the Persian Gulf, Basra, and Beirut. In the summer of 1910, plague outbreaks spread from Odessa to Astrakhan, to the steppes of Kyrgyzstan, into the depths of Inner Asia, and as far as Manchuria and Eastern China. These epidemics also reached Egypt. The most significant measure taken that year was keeping the pilgrim ships coming from Russia away from Istanbul and implementing quarantine measures on the ships. However, due to the extensive spread of the outbreaks, the quarantine and isolation facilities in the Ottoman Empire proved inadequate, leading to a request for assistance from British Egypt. The British Egyptian Government opened its ports and quarantine facilities to the pilgrim ships and did its best to help. The Hajj pilgrimage of 1910-1911 began unaffected by these epidemics⁹.

3.4.- the Year 1911

In January 1911, the cholera epidemic in Istanbul came to an end. By this date, the number of cholera-related deaths in Istanbul reached 793 out of 1318 reported cases. In May 1911, cholera outbreaks reappeared in Ottoman Europe and Asia, reaching their peak in September

⁸ **TNA/FO/9624/4235**, No.55, Sanitary Affairs, Turkey 1909, Sir Gerard Lowther to Sir Edward Grey, 7 February 1910, s.50-51.

⁹ **TNA/FO/9811/4235**, No.103, Sanitary Affairs, Turkey 1910, Sir Gerard Lowther to Sir Edward Grey, 20 February 1911, s.53-55.

and spreading throughout Ottoman Arabia and Tripolitania. However, during this year, the number of cases in Russia notably decreased. While there were 216,000 cases in 1910, the number of cases in 1911 remained at 3,313. Nevertheless, the epidemic continued in other parts of Europe, including France, Spain, and Italy. The outbreak in Jeddah was contained through measures such as transporting some cholera cases to Tebuk via the Hejaz Railway and quarantining them there, preventing the spread of the epidemic to other regions of the Ottoman Empire. During the 1910-1911 Hajj pilgrimage, a total of 20,435 pilgrims arriving via the Hejaz Railway underwent screening at the Tebuk isolation facility, while for the 1911-1912 Hajj pilgrimage, the number so far has been 16,294. The effectiveness of the Hejaz Railway and the quarantine measures implemented on it is noteworthy¹⁰.

3.5. the Years 1912-1913

In February 1912, sporadic cases of cholera were observed in Istanbul. In the early months of 1912, partial outbreaks occurred in Adana, Tarsus, and the basins of the Euphrates and Tigris rivers in northern Ottoman Syria, as well as in Ottoman Albania. However, it was in November 1912, influenced by the Balkan Wars, that the main epidemic emerged. Cholera cases brought by Balkan refugees, especially in Çatalca and Yeşilköy, rapidly spread within the Turkish army stationed there, weakening the Turkish defense. Due to the lack of space in Istanbul to accommodate the soldiers and patients who died from the epidemic, many major mosques, including the Hagia Sophia, had to be converted into temporary hospitals. From November 5 to December 26, a total of 2,342 cases were reported in Istanbul, with 1,146 resulting in death. The possibility of the retreating army from Çatalca towards Istanbul further exacerbating the spread of the epidemic raised concerns. However, the halt of the Bulgarian army in Yeşilköy alleviated this concern. Although the cholera epidemic in the Hejaz during the 1911-1912 Hajj pilgrimage caused great sorrow, it did not receive much attention as the entire Islamic world was grappling with epidemics, as mentioned earlier. Furthermore, the functioning of Turkish isolation facilities and quarantines prevented the spread of these epidemics beyond the Hejaz. Despite a negative start due to these epidemics, effective quarantine measures kept the outbreaks under control during the 1911-1912 Hajj pilgrimage. A total of 15,370 prospective pilgrims passed through the Tebuk isolation facility during this pilgrimage. In 1912, the Tebuk Isolation Facility was expanded to accommodate up to 10,000 people at once. In 1913, the epidemics continued, and cholera outbreaks during the Balkan Wars and the cases that occurred in Istanbul became the most important agenda of the year. Effective quarantine measures in the Hejaz largely prevented the entry of epidemics from outside or their spread to the surrounding areas¹¹.

Conclusion

In conclusion, cholera and plague epidemics that originated especially in the territories under British and Russian control had a negative impact on the Ottoman Empire and Muslim pilgrims. While the countries that should have taken preventive measures against the

¹⁰ TNA/FO/10000/4966, No.100, Sanitary Affairs, Turkey 1911, Sir Gerard Lowther to Sir Edward Grey, 5 February 1912, s.49-50.

¹¹ TNA/FO/10280/18383, No.315, Sanitary Affairs, Turkey 1912, Sir Gerard Lowther to Sir Edward Grey, 21 April 1913, s.43-44; TNA/FO/10523/79138, Mr. Beaumont to Sir Edward Grey, 4 December 1914, s.3-7.

epidemics, namely Britain and Russia, failed to do so, they pressured the Ottoman Empire in this regard. This issue was repeatedly used as a pretext by major powers to intervene in the Arabian Peninsula, Syria, and Iraq of the Ottoman Empire. Particularly, the failure of Britain to take precautions regarding the pilgrims and the constant preoccupation of the Ottoman Empire with cholera cases transmitted by pilgrims traveling to the Hijaz region could be considered as an attempt to weaken the Ottoman Empire. Considering that the cholera epidemic was one of the significant reasons for the defeat of Turkish troops in Catalca during the Balkan Wars, it can be argued that the epidemics in the Hijaz region and its surroundings served the purpose of weakening the Ottoman Iraq, Yemen, and Arabia, which were the target regions of Britain, especially in World War I.

It can also be observed that this issue was used as a means of continuous surveillance on the Hijaz Railway, particularly by countries such as Britain, France, and Russia, who feared damage to their interests on the railway. On the other hand, these pressures also contributed to the development of the Turkish public health administration. As seen, despite the irresponsibility of other countries, the quarantine measures in the Hijaz region were effectively implemented and successful parallel to the development of the Turkish public health administration.

Lastly, it is noteworthy that when the First World War began, the first places the British occupied in Yemen, Basra, Hijaz, and Jordan were these quarantine and isolation facilities, indicating the importance and validity of these locations¹².

¹² G.Sarıyıldız, *age*, s.142.

References

TNA (The National Archives)/FO (Foreign Office)/9458/7053, No.105, Sanitary Administration, Turkey 1908, Sir Gerard Lowther to Sir Edward Grey, 22 February 1909.

TNA/FO/9458/7053, No.105, Sanitary Administration, Turkey 1908, Sir Gerard Lowther to Sir Edward Grey, 22 February 1909.

TNAFO/9624/4235, No.55, Sanitary Affairs, Turkey 1909, Sir Gerard Lowther to Sir Edward Grey, 7 February 1910.

TNA/FO/9811/4235, No.103, Sanitary Affairs, Turkey 1910, Sir Gerard Lowther to Sir Edward Grey, 20 February 1911.

TNA/FO/10000/4966, No.100, Sanitary Affairs, Turkey 1911, Sir Gerard Lowther to Sir Edward Grey, 5 February 1912.

TNA/FO/10280/18383, No.315, Sanitary Affairs, Turkey 1912, Sir Gerard Lowther to Sir Edward Grey, 21 April 1913.

TNA/FO/10523/79138, Mr. Beaumont to Sir Edward Grey, 4 December 1914.

Avcı, Halil Ersin, (2005). **İngiliz Gizli Raporu, Türkiye 1908**, Emre Publishing, İstanbul.

Sarıyıldız, Gülden, (1996). Hicaz Karantina Teşkilatı (1908-1914), TTK(Turkish Historical Society), Ankara.