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I Space



Quarantine and territory in Spain during the second half of the nineteenth century

Quim Bonastra

Introduction

In this chapter, I seek to examine the evolution of the quarantine network in Spain during the second half of the nineteenth century, and to highlight the ideas underlying its configuration and evolution. This network evolved in tandem with the development of the transport–communication and economic–industrial infrastructures, and served as a gateway or checkpoint, physically marking borders and consolidating and protecting the national territory. Thus, the expansion and articulation of this network happened unevenly, generally in strategic ports or where the railway transport infrastructure was most developed. I also suggest that the gradual relaxation of quarantine in liberal Spain was periodically called into question by economic and political policies that defined the relation between the coastal and inland regions of the country. This, then, is a story of how – from the *Ley de Sanidad* (Health Law) of 1855 to the *Reglamento de Sanidad Exterior* (Border Sanitary Regulations) of 1899 – quarantine was about much more than attempts to protect against epidemics, but was also implicated in efforts to configure Spanish territory and the foreign trade policies of the Spanish liberal state.

In approaching this subject, I see quarantine as a form of spatial practice that is translated into socially constructed territorial production, which involves *maillage*, *noeud* and *réseau*, that is, the demarcation and division of areas, the establishment of nodes and network design. Such

territorial systems, hierarchically organised, allow – among other things – the integration and cohesion of space and constitute the mantle under which power relations are developed. In addition, as the geographer Claude Raffestin argues, territorial systems are simultaneously a means and an end. As a means, they denote a territory, a territorial organisation, but as an end they imply an organisational ideology.¹ Thus, quarantine networks, formed within the territorial confines of states to protect them from epidemics, are a vantage point from where to analyse underlying ideas in the configuration and planning of territorial systems. Their frontier location, either in the states' maritime or land borders, made them interdepend on other networks, such as those of ports, customs, railways or roads, and therefore capable of influencing their configuration and evolution. We should bear in mind that territorial networks are, by definition, in constant growth. As Raffestin again points out, they depend on the actors who manage and control different points within the network, or on the actors' position in relation to the flows circulating within each network.²

Major national and international debates

The concept of territory in liberal Spain

During the nineteenth century, Spain underwent a double process involving the loss of its overseas empire and the birth of the metropolitan nation-state. In this context, the new liberal state arising from the gradual collapse of the Old Regime delineated a territorial model in which, according to Francesc Nadal, both the interests and the internal logic found at its base were represented.³ The new Spanish liberal state championed a unitary, centralised and legalistic model of territorial administration based on egalitarian, uniform and rational criteria. However, as Nadal and other authors have shown, the introduction of the liberal territorial system was hindered by various factors: a defective articulation of the national market, the failure of the industrial revolution in vast areas of the Iberian Peninsula and the inefficiency of the central administration, which was awkward and oversized.⁴ During the 1830s, a provincial division was established throughout Spain, which abolished the old historic regions and undermined regional identities, albeit in different ways and to different extents across the nation. Certainly, the provincial division addressed key territorial needs of the

country, such as rationalising and standardising its administrative map. However, from about mid century, the debate over the country's territorial organisation began to revolve around the need to reframe the territory again in regions. This was due to a widely shared demand for decentralisation that was presented under different political guises, either as regionalisation of the state's peripheral administration, as administrative autonomism or as federalism.

On the other hand, one of the key novelties brought about by liberal regimes in Europe with regard to the earlier conception of territory introduced during the Enlightenment – although the idea had been used even before then⁵ – concerned the specificity and specialisation of the different areas and urban spaces of each country, and the understanding of their different needs, which in turn had to be subordinated to a general programme.⁶ During the nineteenth century, this conception ultimately came to mean the specialisation of the regions in those fields (agriculture, industry, mining, commerce, etc.) in which they possessed a greater comparative advantage or a lesser disadvantage in relation to other regions. This 'productive specialisation' would eventually benefit each of the regions involved in the subsequent exchange of their products. Spain joined this general tendency, though it would be affected by the same structural constraints outlined above.

The creation of an international consensus regarding maritime sanitary protection and its impact in Spain

The nineteenth century saw the establishment of the quarantine system on a truly global scale, beyond the few European countries that had previously adopted this sanitary institution. This expansion saw in parallel the search for an international consensus in order to standardise the application of quarantine regulations,⁷ owing to the fact that the system was being developed in different ways by a great number of countries, with the ensuing diversity in regulations and severity of their enforcement.⁸ The consensus was also meant to stop the use of quarantine as a diplomatic and commercial weapon in the relations between states. In this context, during the period from the 1830s to 1850s, national quarantine reforms, the first International Sanitary Conferences and the introduction of the 'English System' for the prevention of epidemics (which will be described below) all assisted in

the relaxation and standardisation of quarantine regulations on an international level.

Quarantine reform resulted from a combination of technological advances arising from the application of steam to maritime transportation, and novel scientific ideas about the aetiology and incubation periods of the main infectious diseases (cholera, plague, yellow fever). Progress, represented at this time by steam-powered navigation, was hampered by the lengthy quarantine procedures imposed on vessels across the Mediterranean. In 1841, England decided to reduce the period of quarantine to fourteen days, to be counted from the moment the ship departed.⁹ In practice, this meant that on the British coast quarantine against plague disappeared in the case of ships on which no deaths had occurred during the voyage. Austria and some Slavic countries followed the British example. In France, however, the response was more complicated, notably in Marseille where the *Intendance sanitaire* (sanitary board) was mostly composed of supporters of contagionism.¹⁰ The intense debate that followed resulted in the creation of an inquiry committee on plague in the *Académie Royale de Médecine*, headed by Clovis-René Prus (1793–1850), which reported in 1846, proposing a modified quarantine regime in which the length of quarantines for vessels arriving to French ports from the Ottoman Empire and North Africa should be substantially reduced.¹¹ The regime proposed by the Prus committee was adopted after eight months of deliberation at the *Académie* and was translated into the Royal Decree of 18 April 1847 that replaced the old ordinance of 7 August 1822, whose stringent regulations had been agreed in the context of the yellow fever epidemic prevailing in Spain at that time. This decision marked the beginning of quarantine reform in France, according to the Spanish hygienist and member of Spain's *Consejo de Sanidad del Reino* (Royal Health Council) Pedro Felipe Monlau (1808–71).¹²

The first International Sanitary Conference (ISC) held in Paris in 1851 sought initially to establish uniform quarantine measures for all the Mediterranean ports, but in practice came to be concerned mainly with fixing the minimum duration of quarantine. The conference debates were cut short by the different points of view expressed by the delegates, either on scientific issues, or regarding the political and commercial goals of the different states.¹³ The second ISC took place in 1859, again in Paris, and its main purpose was to revise the text of the failed convention prepared eight years earlier, which had only been

ratified by France and Sardinia. It was purely diplomatic in nature,¹⁴ with the main debate revolving around the tensions between free trade and 'sanitary protection'. In this case, and for the same reasons, it was again impossible to reach an agreement. In 1866, the third ISC, held in Constantinople, had cholera as the main subject of discussion. The conference had two main goals. First, to agree on the theoretical guidelines for sanitary protection in view of the latest scientific knowledge about the causes, transmission and propagation of cholera. Second, to create structures for the control of cholera epidemics on an international scale, which would be mainly deployed in Eastern countries to prevent the disease from reaching Europe.¹⁵ There was also a proposal to impose quarantine measures on some Asian and African countries in order to prevent the introduction of cholera into Europe by land or by sea, thus creating a first wall of defence and a 'cholera-free' European space.¹⁶

In general, France and the majority of Southern European countries took a pro-quarantine *status quo* position, while Great Britain voted against almost all measures tending to maintain quarantine and regulate commercial traffic. Britain had in fact practically abolished quarantine in its metropolitan territory, implementing it rarely or only lightly during the late 1840s and early 1850s while Edwin Chadwick (1800–90) still presided over the General Board of Health. In the 1870s, after a short period in which there was a reversion to quarantine in Britain,¹⁷ the so-called English system definitely replaced quarantines. Customary information about the vessel's country of origin and its sanitary status, the ports of call and other information were thereby substituted for a medical inspection of the whole vessel and crew coming into English ports. Thus, passengers were considered suspect only if they showed symptoms of an infectious disease. This was a much stricter understanding of the term than that of the classic quarantine system in which, as mentioned above, the place of origin and its sanitary condition were the main factors taken into consideration.¹⁸ With this new system, the detention of a ship would only last the time necessary to locate and isolate the sick or suspect individuals, and to carry out the disinfections deemed pertinent.

The fourth ISC, held in Vienna in 1874, represented a revision of the conclusions of the previous conference.¹⁹ Although no agreement was reached for an international sanitary convention on quarantine against cholera epidemics, or for the complete suppression of quarantines, it was recommended that both the quarantine system and the English

system should coexist at the international level.²⁰ The following sanitary conference, held in Rome in 1885, highlighted, among other subjects, the deployment of a systematic quarantine policy in the Near and Middle East.²¹ For half a century, in general, the International Sanitary Conferences had attempted to establish a peripheral sanitary network in some key dependencies of the Ottoman Empire that eventually fell under colonial control (Egypt, Tunisia, Yemen), while within Europe an effort was made to relax the quarantine system and even replace it with the English system or, to use Peter Baldwin's term, 'neoquarantinism' – as Dominique Bon, Christian Promitzer and other authors show in this volume. The latter would be finally adopted as the basis for international pre-emptive action after the conferences of Venice (1892)²² and Dresden (1893).²³

With regard to the case of Spain, the International Sanitary Conferences had hardly any practical repercussions on its maritime sanitary policy beyond the adoption of the quarantine reform enacted at the first conference, which became embedded in the text of the Health Law of 1855. Spain maintained strict quarantine regulations until the end of the century. Only in the last decade did the Spanish delegate at the Dresden conference, Dr Alejandro San Martín, accept, in his report of the meeting, the possibility of switching to a mixed system in some ports by adding elements of the English system to the existing quarantine structure. However, this would be done only in case the Spanish Government was put under diplomatic pressure to relax its strict maritime sanitary procedures.²⁴

Another important element in the international debate on quarantines was the foreign trade policies which the different governments adopted for their own economic interests. The economic theory of *laissez faire*, formulated in the second half of the eighteenth century, set the stage for the debate between the two types of commercial policies that competed against each other on the international scene throughout the nineteenth century: protectionism versus free trade. This economic debate would become intrinsically linked to the design and implementation of quarantine policies, which tended to slow the traffic of goods. England was the standard bearer and promoter of free-trade ideas, as the abolition of its protectionist Corn Laws in 1846 clearly demonstrated.²⁵

When it comes to Spain, it is possible to distinguish two fairly clear stages in the establishment of free trade. The first was characterised by a

strong protectionist tendency inherited from the previous century and which remained in force until approximately 1840, despite the liberal tendency of the Cádiz Cortes of 1810–14. The second stage began with the advent of the new customs duties in 1841 and 1849, which embodied some of the liberalising policies being introduced at the time in other European countries.²⁶ With the rise of liberalism in Spain during this decade, Spanish free-trade supporters launched a propaganda campaign to exalt the virtues of their cause,²⁷ which set the stage for Laureano Figuerola (1816–1903), then Minister for Finance, to introduce a bill into Parliament to eliminate restrictions on imports and exports and do away with the ‘flag tax’ for foreign vessels loading and unloading goods which imposed duties twice as high as those levied on Spanish vessels: Parliament passed this ‘free-trade tariff’. After 1890, and following international economic trends, Spain re-embraced protectionism, forced by the economic crisis, the rise of nationalism and imperialism and the mounting pressure of working-class demands,²⁸ although it could be said that protectionism had never been entirely abandoned.²⁹

Sanitary protection and the articulation of coastal territory in liberal Spain

The construction of the liberal state in Spain from the 1830s brought about a period of important transformations in the sanitary domain. Not only was the scope of public health defined, but a ‘framework of action for the different administrations of the state’ was also drawn up.³⁰ This modernising process was undertaken against the background of a constantly changing political climate that acted sometimes as deterrent, sometimes as catalyst, for sanitary reform. In 1855, with the Progressive party in power after the revolutionary uprising of the previous year, and cholera threatening rapid expansion throughout the peninsula, the first major sanitary regulation in our period of study was passed: the *Ley de Sanidad* (Health Law) of 1855. Inspired by the English Public Health Act of 1848, this law provided Spain with a health system designed along the lines of liberal thought on the subject.³¹ On the one hand, it ratified the structure laid down in the previous *Real Decreto Orgánico de Sanidad* (Royal Sanitary Decree) of 1847 and, on the other hand, it regulated how the health system should be administered, especially in the maritime health service. This meant in theory that the law created

the first comprehensive organisation of sanitary protection in Spanish maritime health; in practice, the organisation took longer to begin to realise its comprehensive ambitions. The subordinate decree that was to determine the actual location of the various facilities of the quarantine network would not be passed until 1860, and the budget needed for their development would come only in 1867. Moreover, the general rules governing the system created by the Health Law would not be ready until 1887. For all these reasons, the maritime sanitary service operated poorly, and infringement of regulations was the norm almost until the turn of the century.³²

As I have shown elsewhere,³³ the Spanish maritime sanitary network was fragmented and 'cumulative' (i.e. asystematic or largely unplanned) before 1855,³⁴ although it is also true that there were several attempts, projects and proposals to provide the state with a planned, uniform and hierarchical protection system. One of the main novelties of the new sanitary protection network resulting from the law of 1855 consisted in the *Direcciones Especiales de Sanidad* (Port Sanitary Inspections – DES) replacing lazarettos as the cornerstone of the system. The pre-eminence of the DES meant that the main lazarettos had to be located in second-tier ports that were less important for trade within the Spanish port network. Meanwhile, the DES, placed under the command of a port sanitary inspector, were to be set up in the most important ports authorised for trade, and divided into three categories depending on the port's commercial and sanitary relevance. Quarantines would be carried out in the so-called 'foul' or 'observation' lazarettos. Save for exceptional cases, vessels with a 'foul bill of health', due to plague or yellow fever, would undergo their quarantine in the former, and those with Asiatic cholera would do so in the latter. It is quite significant that the relaxation of quarantine for ships with cholera – which in the draft bill were still meant to be confined in foul lazarettos as those infected by plague and yellow fever – reflected the liberal positions promoted in the ISC of 1851 and came from an amendment to the legislative text proposed by Laureano Figuerola, the liberal Catalan politician who would later, as Minister for Finance, sanction the tariff that would start free trade in Spain. As we have pointed out, the legislative text did not specify in which coastal localities DES or lazarettos should be placed. The law left it up to the government to arrange things, and it wasn't until the *Reglas generales para el servicio de Sanidad* (General Rules of the Sanitary

Service) were passed by the Royal Decree of 6 June 1860 (Figure 1.1) that the configuration of the network was finalised as follows:

Port Sanitary Inspections (DES):

- 1st class: Alicante, Barcelona, Cádiz, Málaga, Santander and Valencia.
- 2nd class: Almería, Bilbao, Cartagena, Coruña, Las Palmas (Canarias), Mahón, Palma (Mallorca), Sanlúcar de Barrameda, Santa Cruz de Tenerife (Canarias), Tarragona, Torrevieja (Alicante) and Vigo.
- 3rd class: San Sebastián, Sevilla, Carril, Palamós, Rivadeo, Huelva.

Quarantine stations:

- Foul lazarettos: Mahón, San Simón (Vigo).
- Lazarettos of observation: Alicante, Barcelona, Cádiz, Málaga, Santander and Valencia.

If we compare the sanitary network with other infrastructural networks deployed in the Spanish coastal system, we can observe, with some exceptions, a series of overlaps between their most important nodes. For example, the localities where a first-class DES was to be set up usually happened to be 'ports of general interest' for the Ministry of Public Works.³⁵ When comparing both networks we can see that, except for Alicante, the other five ports assigned a first-class DES were among those of 'general interest', either for trade or for the berthing/shelter of vessels. Thus, the sanitary network gave preference (by placing a first-class DES) to those ports that in most circumstances acted as indispensable stops for merchandise and passengers before these were re-routed to other ports of the peninsula, with all the benefits that this entailed. With regard to commercial imports, one can observe again a visible coincidence between those ports where first-class DES were to be established and those considered of 'general interest'. Barcelona led the way, receiving twice as much import trade as Cádiz, which came second. These two were followed in order by Málaga, Alicante, Santander, Cartagena, Sevilla, Bilbao and Valencia.³⁶

On the other hand, the list of ports with first-class Maritime Customs included all the localities with first-class DES, the two with foul lazarettos and a series of ports with some relevance for local trade, the general idea being once again 'to articulate a trade policy to foster the development of the Spanish economy'.³⁷ Furthermore, each DES matched an

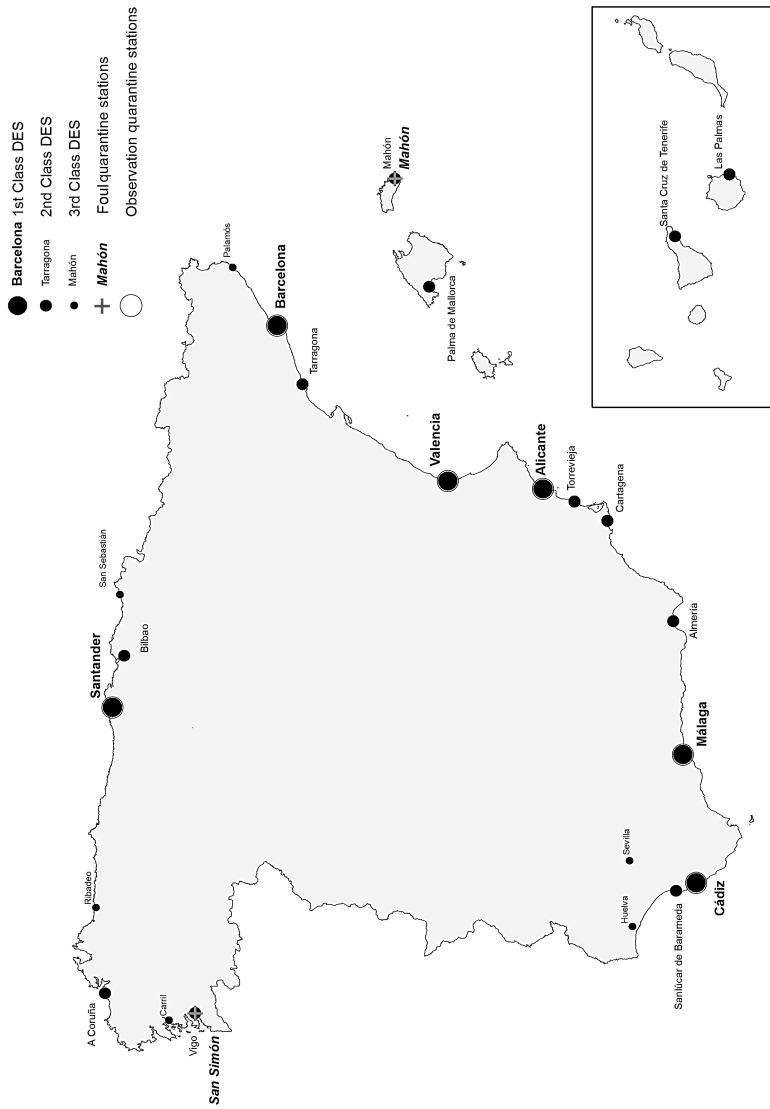


Figure 1.1 Map of the maritime sanitary network proposed in the Health Law of 1855 and the Royal Decree of 6 June 1860.

important node within the urban network as it was then configured, that is, the major cities in the Spanish coastal system. These had an important degree of functional diversification, meaning that they were administrative, economic and military centres.³⁸ This made them also the terminal stations of the 'general interest' railway lines established by the 1855 Railway Law. By contrast, when it came to the territorial network of the Navy, one observes a strategy of complementarity, a plan to distribute functions among the different ports. In this case, the territorial network of the Navy, well defined since the late eighteenth century, departed ostensibly from all the other networks, which were ultimately related to trade, including the sanitary network. Ports with a first-class DES were thus exempt from Navy-related matters, the great exception to all this being the port of Cádiz, where civil and military functions had traditionally overlapped.

In general, we are dealing with a scheme in which, save for a few exceptions, it is evident – at least on paper – that the authorities possessed an idea of how Spain's coastal territory ought to be articulated. The different networks imbricated in the coastal system overlapped in their most important nodes, except where complementary functions were sought between different ports, as we have seen was the case for the territorial network of the Navy. This was not incompatible with the existence of far fewer overlaps in secondary nodal points. In any case, the political and economic misfortunes suffered by Spain throughout the century – the French invasion of 1808, the loss of the American continental colonies and three civil wars, among other things – and the chronic malfunction of the government prevented in practice a satisfactory territorial cohesion that would help articulate a national market, extend industrialisation all over the peninsula and, ultimately, contribute to the development of the most depressed regions.

The 1866 amendments to the Health Law

In 1866, the concerns of several local health boards about the new major epidemic of Asiatic cholera ravaging Europe led to major changes in the Health Law of 1855, now deemed to be too much influenced by anticontagionist ideas.³⁹ After the publication of the amendments in the *Gaceta de Madrid* (the central government's bulletin) on 24 May 1866,

the machinery in charge of creating the new quarantine network was promptly set in motion. Just weeks after the legislative sanction, the Home Office issued a series of regulations and interim provisions. The quarantine network was configured in less than a year, at least at the legislative level (the actual consequences that such provisions entailed for the design and erection of infrastructure deserve a separate study). On 8 June 1866, the government issued a Royal Order establishing a provisional network – while the necessary studies to create the permanent system were carried out – following the lines of article 27 of that decree. Foul lazarettos, which would double as observation stations during this interim period, would be located in the Balearic Islands (Palma and Mahón) and in Galicia (Vigo and Tambo). The ports of Santander, Cádiz and Cartagena would serve as lazarettos of observation too. On 25 January 1867, a Royal Order arranged the creation of another lazaretto of observation at the port of Barcelona, and a final one would be established at Santa Cruz de Tenerife, in the Canary Islands, through a Royal Order of 5 April of the same year.

The Port Sanitary Inspections proposed in the Health Law of 1855 were finally established in 1867.⁴⁰ It seems that, apart from an interest in ensuring the proper functioning of the Spanish quarantine system, another influential factor in this decision was the fact that income derived from sanitary taxes during the three preceding years had far exceeded the personnel salaries and current expenses.⁴¹ It was argued that ‘while our ports are not diminished in standing, every day more national and foreign vessels sail our seas, coming to facilitate mercantile and commercial transactions, and providing true and desirable development to the nation’s public wealth.’⁴² These words did nothing to hide the protectionist ideas of the time which still prevailed in Spanish economic policy. The last expression of this short-lived ‘regulative fever’ would be, first, a Royal Decree issued on 24 April 1867 establishing, after the sanction of the Royal Sanitary Council, the ports that were to act as ‘foul’ lazarettos and those that were to function as ‘observation’ quarantine stations. On 26 April, another decree was passed regulating the maritime sanitary service in a provisional fashion until a final version of the regulations would be approved. This decree included the sanitary classification of the ports. After new observation lazarettos were added by a Royal Order of 2 August of the same year, the network presented this configuration (Figure 1.2):

Port Sanitary Inspections:

1st class: Barcelona, Valencia, Alicante, Cartagena, Málaga, Cádiz and Santander.

2nd class: Tarragona, Almería, Sevilla, Vigo, Coruña and Bilbao.

3rd class: Mahón, Palma de Mallorca, Torrevieja, Águilas, Algeciras, Las Palmas, Santa Cruz de Tenerife and San Sebastián.

4th class: All other ports not authorised or included in the preceding division.

Quarantine stations:

Foul lazarettos: Mahón, San Simón (Vigo) and Tambo (Pontevedra).

Lazarettos of observation: Barcelona, Tarragona, Valencia, Alicante, Torrevieja, Cartagena, Almería, Málaga, Ceuta, Cádiz, Santa Cruz de Tenerife, La Coruña, Santander, Bilbao and San Sebastián.

The sanitary network created under the Health Law reform of 1866 brought about a great change in the planning and articulation of Spain's coastal territory. The five foul lazarettos (the fifth one was to be set up in Gando, in the Canary Islands) stipulated by the original law were reduced in practice to the three that had been in operation during the cholera epidemic of 1865. Two of them, San Simón and Tambo, were built in contiguous tidal inlets on the Galician coast, missing the opportunity to serve Spain's Atlantic coast with a more balanced territorial distribution of facilities. The San Simón lazaretto had been in operation since 1842⁴³ and the choice of Tambo seemed natural, as it had existing quarantine facilities dating back to the above-mentioned epidemic. This did not make the latter's choice any more rational, since a new foul lazaretto would have made more sense in one of the eastern ports of the Bay of Biscay.⁴⁴ On the other hand, the new distribution of observation lazarettos also introduced great changes. The previous allocation was based on the pre-eminence of six ports for health and trade. Four of them were on the Mediterranean coast (Barcelona, Valencia, Alicante and Málaga), one on the South Atlantic coast (Cádiz) and one in the Bay of Biscay (Santander), a reasonable distribution if we consider the importance of foreign trade at each port at the time. The creation of a quarantine station in Santander had actually been an exercise in 'territorial balance', aimed at completing a territorial network that was very hierarchical and had great internal coherence.

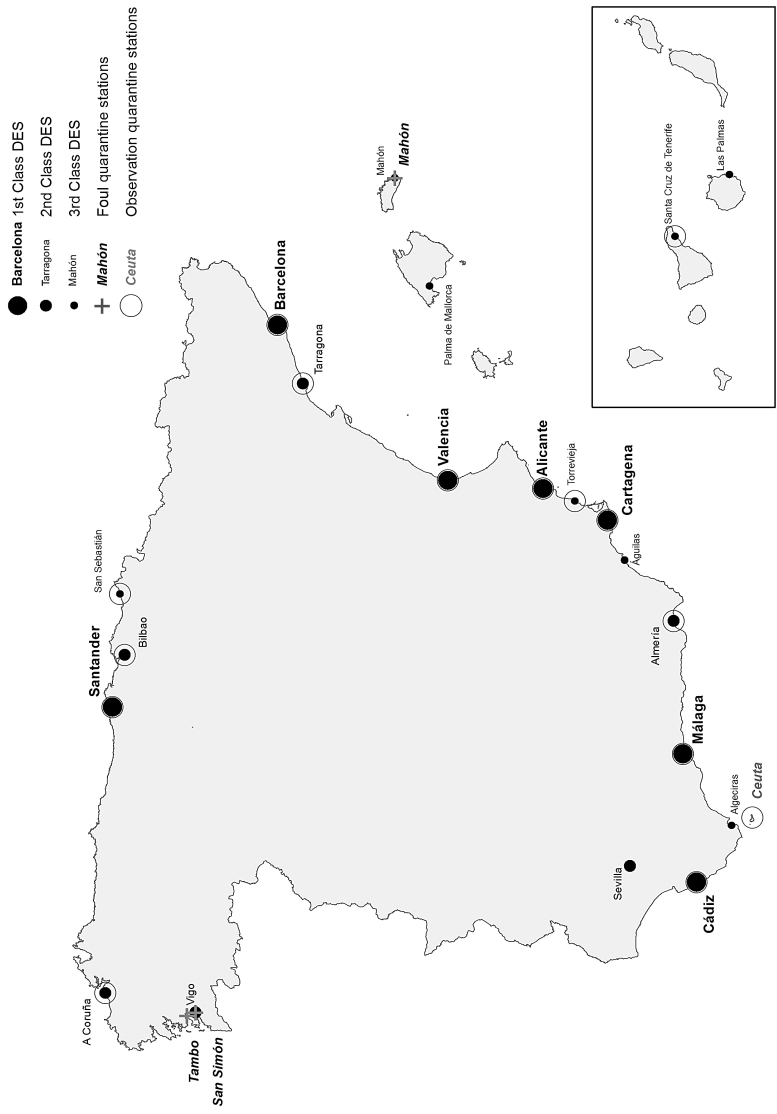


Figure 1.2 Map of the quarantine network arising from the amendments of 1866 to the Health Law.

By contrast, in 1867 a total of fifteen observation lazarettos were set up around the peninsula, both on the Mediterranean and Atlantic coasts, the North African possessions and the Canary Islands. The major novelty resided in the sharp increase in their number, a fact which apparently contradicted the spirit that had inspired the legislative reform, since re-directing the arrival of vessels with cholera on board to foul lazarettos aimed at drastically reducing the operations of observation quarantine stations. However, it must be borne in mind, as before, that income from sanitary taxes largely exceeded the cost of the service, which explains, together with eventual lobbying by local authorities, this profusion of observation quarantine stations. It is also true that this helped improve the service in some regions which, lacking commercial relevance, had previously been pushed into the background, such as those on the coast along the Bay of Biscay, which had few facilities, the North African Spanish possessions and the Canary Islands. As for the DES, the situation changed from a scenario in which the first-class DES coincided with observation lazarettos and second-class DES with foul lazarettos, to a new one in which quarantine facilities were located at any of the four existing categories of ports.

The years preceding the 1868 *Gloriosa* Revolution were marked by a return to ultra-conservative positions, great instability and a high degree of corruption in the political sphere. There was also a profound economic crisis resulting from a period of increased market, speculative and protectionist positions with a few free-trade overtones, all of it resulting from adverse circumstances in the field of tariff policies. With regard to epidemic prevention, the belief in the contagious character of cholera, the disease that most worried the public at that time, was strengthened and for this reason barriers were reinforced to prevent its entrance into the country. All these elements resulted in demands for the revision of some of the articles of the 1855 Health Law – in particular those dealing with the organisation of the quarantine system. The wording of the contested articles in the law made the contagious character of cholera appear quite mild. Claims for revisions of the law intended cholera to be treated as a disease as contagious as plague and yellow fever.

The new network's design did away with the hierarchy of ports in the previous network, even more so if we bear in mind that the latter coincided (with very few exceptions) with the port classification made by

the Ministry of Development in 1852.⁴⁵ According to that classification, those ports ‘through which trade of interest to a large number of provinces is carried out, which are in direct communication with the main inland production centres in the peninsula facilitating the import and acquisition of the objects they lack, and which are necessary for the prosperity and promotion of agriculture and industry’ were supposed to be counted among the general interest ports. Also of general interest were those capable of providing shelter to vessels in the event of storms. Of ‘local interest, first order’, were those ‘of interest not only to the city or province where they are located, but to other cities, territories or provinces; and which, according to their trade, can be eventually declared of general interest.’⁴⁶ In the 1855 Health Law, quarantine stations were located in ports of general interest, whereas in the network established in 1866–67, they were set up both in ports of general and local interest. From the administrative point of view, this presented a problem as not all of them enjoyed the same rights in the eyes of the Ministry of Public Works. This Ministry only took charge of the full cost of building, operation and cleaning expenses at ports of general interest. In the case of ports of local interest, the responsibility for such expenses was shared with the local administrations.⁴⁷ This situation meant that two ports belonging to the same category from the sanitary point of view could be considered differently by the Ministry.

When we contextualise the network emerging from the legislative reform of 1866 and the subsequent regulations in the territorial system, it is clear that the idea of a general programme is lost. As I have already argued – when comparing the quarantine network with other networks – there was no longer any an overlap or hierarchical complementarity in the key nodal points between the system’s networks. This resulted, for example, in a lack of correspondence between the network of main ports of the Ministry of Public Works, the territorial network of the Navy and the sanitary network, or even within the sanitary network itself where there existed a mismatch between the lazarettos and the Port Sanitary Inspections. There was, however, a correspondence – by no means absolute – between the observation lazarettos, the main foreign trade ports and the railway network. In general, we are dealing with a network designed at a moment of profound economic crisis; therefore, the rationale behind the multiplication of observation quarantine stations must be interpreted as a means to favour the flow of

goods through a greater number of ports (and therefore to increase and diffuse the sources of income), regardless of the general programme existing in the previous territorial system.

The Border Sanitary Regulations of 1899

It would take too long to review the different changes that were introduced in the sanitary network between 1867 and 1898, and in any case this would be a diversion from the main purpose of this chapter. Thus, I will focus my analysis on one last issue: the sanitary network set up by the *Reglamento de Sanidad Exterior* (Border Sanitary Regulations) of 1899. These regulations came about at a time of deep economic, political and social crisis. The Spanish monarchy had just lost its last overseas colonies and the economic effort demanded by the wars in Cuba and the Philippines, together with the deficient development of the country's industrial production, commerce or public health, resulted in an intensification of the so-called 'regenerationist' movement, which, as Francisco Javier Martínez also argues in his contribution to this volume, aimed at rescuing Spain from the secular backwardness in which it was stuck. In light of all this, the Border Sanitary Regulations of 1899 should be seen as one of the many convergent attempts to regenerate the country⁴⁸ and take it back into the ranks of the most-developed nations.

In this context, the new conservative cabinet in power from March 1899 issued a Royal Decree on 5 October ratifying a previous one issued on 15 August which re-established the *Dirección General de Sanidad* (National Health Board), suppressed in December 1892. The new Royal Decree was aimed at reorganising the sanitary administration in Spain and improving public health. In addition, as the project for a new Health Law (*Proyecto de bases para una ley de sanidad*) had been postponed by Parliament, as had happened on many other occasions in the preceding decades, a Royal Decree was issued on 28 October approving the Border Sanitary Regulations which would later be incorporated into the *Instrucción de Sanidad* (Public Health Act) of 1904. These regulations stemmed from two major facts. On the one hand, Spain had adhered to the convention resulting from the tenth ISC held in Venice, thereby committing itself 'to put our health legislation, particularly in the Border or International Sanitary aspect, in consonance with the agreed and accepted conclusions.'⁴⁹ On the other hand,

as had been characteristic of the history of epidemic prevention in Spain, the legislative change came about due to pressure from a renewed sanitary emergency: the threat posed by the third plague pandemic, which, spreading worldwide from China since 1893, had just caused a major outbreak in the Portuguese city of Porto in the summer of 1899.⁵⁰

The great novelty of the 1899 Regulations consisted in the adoption of a mixed system that began to embrace health inspections, while maintaining the quarantine system for all passengers of ships with an infectious disease on board⁵¹ – in agreement with the statements made by the Spanish representative at the eighth ISC in Dresden, Alejandro San Martín. Furthermore, these regulations established a new system of territorial division and a new hierarchy in the quarantine network. The Spanish coast was divided into a series of ‘sanitary districts’ under whose jurisdiction were placed first- and second-class ‘sanitary stations’ and ‘local inspections’ varying in number according to each district (see Table 1.1). This new territorial division was novel in its attribution of territorial boundaries to each of its divisions, be they districts or sub-districts. This fact is important if we consider two points: on the one hand, during most of the eighteenth century, as part of the early establishment of a centralising administration of quarantines, there existed a fairly decentralised configuration of the network, with a port of reference for quarantines located in each of the old ‘kingdoms’ (Aragón, Castilla, Granada, León, Navarra) which used to make up the State. On the other hand, we must remember that from the mid nineteenth century the idea of a need to reorganise the territory into regions had been gaining ground, a need interpreted in decentralisation terms and which matched the growing appeal of local nationalist movements in some of the abovementioned ‘old kingdoms’. During this period, we also find several regionalisation projects, some of which coincided to a great extent with the plan presented in the Border Sanitary Regulations of 1899. We are referring to territorial projects such as the one included in the Federal Constitution of 1873, or the one presented by the Liberal party member Segismundo Moret in 1884.⁵²

Regarding the integration of the network of quarantines with others, particularly that of the railway – as had been happening since mid century – one observes that the first-class sanitary stations were all located at the final destinations of the railway lines (Figure 1.3). In addition, many of the second-class sanitary stations (Tarragona, Alicante,

Table 1.1 The quarantine network resulting from the Border Sanitary Regulations of 1899

	1st class sanitary stations	2nd class sanitary stations	Local inspections	Provinces
Palma de Mallorca Sanitary District	Palma de Mallorca	>> Mahón, with the quarantine station of the same name	Puerto Colón Alcudia Ibiza Manacor Andraitx Ciudadela	Baleares
Barcelona Sanitary District	Barcelona	>>	Cadaqués Rosas La Escala Palafrugell Palamós	Gerona
		>>	San Feliu de Guíxols Tossa Blanes Malgrat Mataró Villanueva y la Geltrú	Barcelona
		Tarragona	Vendrell Torredembarra Salou Tortosa San Carlos de La Rápita	Tarragona

Table 1.1 The quarantine network resulting from the Border Sanitary Regulations of 1899 (continued)

	1st class sanitary stations	2nd class sanitary stations	Local inspections	Provinces
Valencia Sanitary District	Valencia	>>	Vinaroz Benicarló Graó de Castellón Burriana Cullera Denia Jávea Altea Torrevieja Mazzarón Águilas San Pedro del Pinatar	Castellón Valencia Alicante
Cartagena Sanitary District	Cartagena	>>	Almería Garrucha >> Adra	Murcia Almería
Málaga Sanitary District	Málaga	>>	Albuñol Motril Almuñécar Torrox Torre del Mar Fuengirola Marbella Estepona	Granada Málaga

Table 1.1 The quarantine network resulting from the Border Sanitary Regulations of 1899 (continued)

	1st class sanitary stations	2nd class sanitary stations	Local inspections	Provinces
Santa Cruz de Tenerife Sanitary District	Santa Cruz de Tenerife	>>	Puerto de la Cruz (Island of Tenerife) San Sebastián (Island of la Gomera) Valverde (Island of El Hierro)	Canarias
		Santa cruz de la Palma (Island of la Pala)	>>	
Las Palmas Sanitary District	Las Palmas, with the quarantine station of Gando	>>	Puerto de Cabras (Island of Fuerteventura) Reef of Lanzarote (Island of Lanzarote)	Canarias

Source: *Border Sanitary Regulations of 1899*

Almería, Algeciras, Huelva and San Sebastián) were also connected to this network. The classification of ports by the Ministry of Public Works gives us, by contrast, an idea of the problems in the functioning of the country's infrastructure. Many towns and economic interest groups lobbied the government in different ways to have certain ports promoted to the category of general interest, as this guaranteed the government took full charge for their improvement projects. As a result, several laws were passed in the second half of the century reclassifying ports. The disastrous result of the central government's

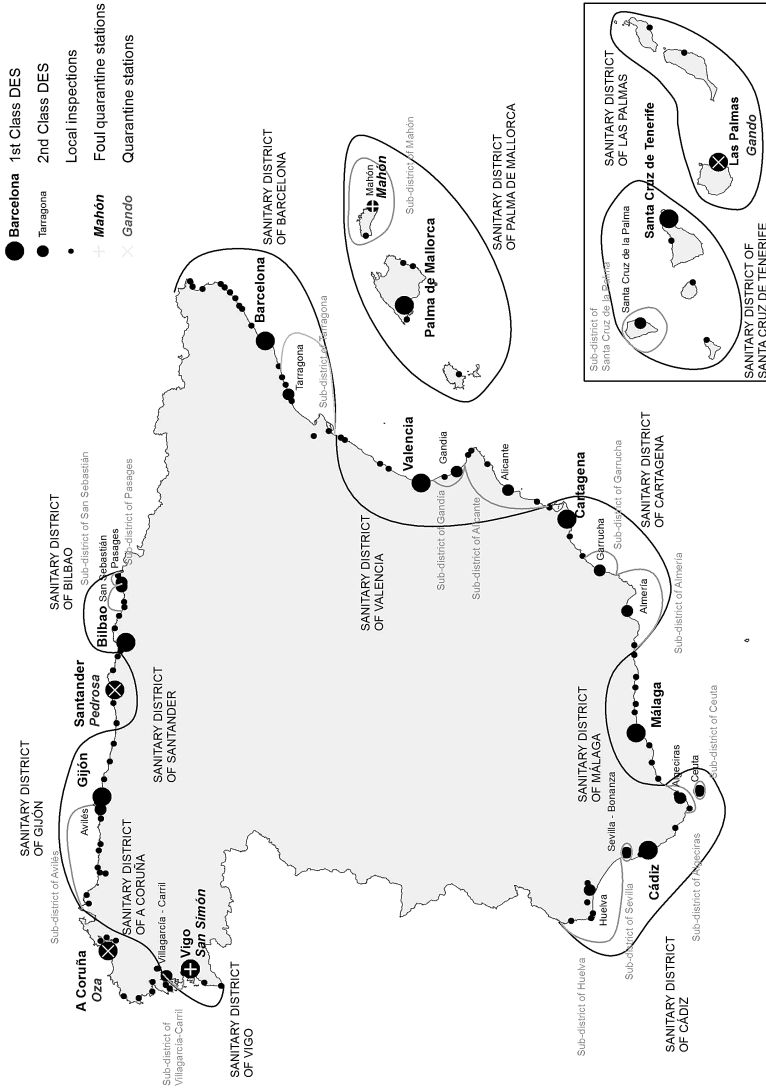


Figure 1.3 Map of the quarantine network resulting from the Border Sanitary Regulations of 1899.

yielding to local pressures and accepting most of these petitions can be summed up in the fact that, in 1903, Spain had 121 ports declared of general interest, most of which had no maritime traffic, works or services to justify such a classification. In this way, the government fell short of its goal to develop some major ports with direct funding from the state.

If we turn our attention to the urban network,⁵³ we realise that on the Mediterranean coast, the first-class sanitary stations coincided with the key cities in the network, except for the cases of Cartagena and Palma, which were only important cities at the provincial administration level. On the Atlantic coast, only Cádiz and Bilbao were major cities in the Spanish urban network. The rest fell into the provincial administrative category, except for Gijón, which was a major industrial city. Thanks to the adoption of the English system in the 1899 Regulations, the new sanitary law was more extensive than the previous ones, a fact reflected in its design. It is interesting to note, however, that on the whole southeastern coast of the peninsula, which carried most weight within the Spanish urban network, there were no lazarettos – a fact to which Francisco Javier Martínez refers in more detail in his Chapter 3. This area was covered by Mahón, which serviced arrivals from the Mediterranean, and Gando, which serviced arrivals from the South Atlantic. We see in this a clear strategy to free the most important trade ports from the ‘threatening presence’ of lazarettos. This also occurred, to a certain extent, on the northern Atlantic coast of the peninsula.

Conclusion

The Spanish quarantine network during the second half of the nineteenth century was an essential element in the hierarchical organisation of the state’s coastal territory by way of the three main configurations of 1855, 1866–67 and 1899 which we have presented in this chapter. In this process, it interacted in various ways with other networks being deployed by the liberal state, mainly those of the main commercial ports and the railway network which started to be built from 1855. It also came to reflect the periodic shifts between the officially sanctioned provincial organisation of the state and alternative regional or federal models of political and geographical structuring. Finally, the quarantine network was mainly defined in this period by the Health Law of 1855

and the Border Sanitary Regulations of 1899, both of which brought forward measures aimed at the relaxation of detention procedures, especially with regard to cholera, agreed in the ISCs of 1851 in Paris and of the 1890s in Venice, Dresden and Paris.

The three configurations of 1855, 1866–67 and 1899 reveal different ideas with regard to territorial organisation, the main focus of my chapter. The first, quite rational in nature, aimed at harmonisation with other complementary networks (both on the Spanish coastal system and within the urban system), promoting a nodal overlap within the different networks of both systems. The second configuration, drafted in a climate of crisis, broke the coherence, balance and complementarity of the previous one's general programme in favour of a maximalist solution. It tried to make the most of all the business opportunities favoured by trade through a large number of ports, making it in essence a solution based on compromise. The last configuration, which can be defined as realistic, adapted to inherited circumstances and took advantage of new ones. For example, it gave up on achieving total articulation with other networks, but adapted to the novel regionalising trends of the territory, and left a great number of ports ready for trade thanks to its partial adoption of the English system.

Notes

- 1 Claude Raffestin, *Pour une géographie du pouvoir*, Paris, LITEC, 1980, 135–136.
- 2 Ibid., 141 and following.
- 3 Francesc Nadal, *Burgueses, burócratas y territorio, la política territorial en la España del siglo XIX*, Madrid, Instituto de Estudios de la Administración Local, 1987, 21.
- 4 Ibid., 21–45.
- 5 In late sixteenth-century Spain, Castillo de Bovadilla already talked of the possibilities which the soil and climate conditions of the peninsula offered for productive specialisation. Jerónimo Castillo de Bovadilla, *Política para Corregidores y Señores de Vasallos, en tiempo de paz, y de guerra ...*, Madrid, Luís Sánchez, 1597.
- 6 With regard to this, see Carlos Sambricio, *Territorio y ciudad en la España de la Ilustración*, Madrid, Ministerio de Obras Públicas y Transportes, 1991, 36. On Spanish territorial policy in the late eighteenth century, see also Antonio T. Reguera, *Territorio ordenado, territorio dominado, Espacios*,

políticas y conflictos en la España de la Ilustración, León, Secretariado de Publicaciones de la Universidad de León, 1993.

- 7 For an overview of the early period of this consensus-building effort against quarantines, see Mark Harrison, 'Disease, diplomacy and international commerce: the origins of international sanitary regulation in the nineteenth century', *Journal of Global History* 1, 2, 2006, 197–217.
- 8 These used to be less stringent in those countries that were more dependent on trade, as can be seen in Richard J. Evans, 'Epidemics and Revolutions: Cholera in Nineteenth-century Europe', in Paul Slack and Terence Ranger (eds), *Epidemics and Ideas*, Cambridge, Cambridge University Press, 1992, 149–174, 168–169.
- 9 E.A. Heaman, 'The rise and fall of anticontagionism in France', *Canadian Bulletin of Medical History* 12, 1, 2005, 16.
- 10 Ibid. See also Francisco Javier Martínez, 'International or French? The early International Sanitary Conferences and France's struggle for hegemony in the mid-nineteenth century Mediterranean', *French History* 30, 1, 2016, 77–98.
- 11 René-Clovis Prus, *Rapport à l'Académie royale de médecine sur la peste et les quarantaines: fait au nom d'une commission*, Paris, Chez J.-B. Baillière, 1846.
- 12 Pedro Felipe Monlau, *Elementos de Higiene Pública ó arte de conservar la salud de los pueblos*, 2nd edn, Madrid, Impr. and Est. de M. Rivadeneyra, 1862, 265.
- 13 Oleg Schepin and Waldemar Yermakov, *International Quarantine*, Madison, International University Press, 1991, 66–70.
- 14 Ibid., 75.
- 15 See the *Annexe au Procès-verbal no 44* from the second tome of the conference proceedings: *Annex au Procès-verbal de la Conférence Sanitaire Internationale ouverte à Constantinople*, Constantinople, Imprimerie Centrale, 1866, Tome II.
- 16 Ibid., *Procès-verbal no 30*, 17; adopted by unanimity. Ibid., *Procès-verbal no 31*, 14. Ibid., *Procès-verbal no 33*, 15; adopted by thirteen votes in favour, three against and four abstentions. Ibid., *Procès-verbal no 34*, 14, Inter alia.
- 17 See Peter Baldwin, *Contagion and the State in Europe, 1830–1930*, Cambridge, Cambridge University Press, 1999.
- 18 On the English system, see Anne Hardy, 'Cholera, quarantine and the English preventive system, 1850–1895', *Medical History* 37, 3, 1993, 250–269; and Krista Maglen, *The English System: Quarantine, Immigration and the Making of a Port Sanitary Zone*, Manchester, Manchester University Press, 2014. On the shift to the 'English system' and the change from a disciplinary power mechanism to one with a focus on security, see Quim Bonastrá, 'La sanidad internacional en el siglo XIX. Entre la disciplina y

- la seguridad', in I. Porras (ed.), *Transmisión del conocimiento e internacionalización de las prácticas sanitarias: una reflexión histórica*, Ciudad-Real, Sociedad Española de Historia de la Medicina, 2011, 267–271.
- 19 Norman Howard-Jones, *The Scientific Background of the International Sanitary Conferences 1851–1938*, Geneva, World Health Organization, 1975, 35.
 - 20 'Ces deux systèmes, qui ont leurs mérites et leurs inconvénients propres, on été soutenus avec une égale ténacité et finalement proposés, l'un et l'autre, comme pouvant servir de base à une entente, d'une part, entre les Etats partisans de la simple inspection médicale ou révision, et, d'autre part, entre ceux qui persistent à croire à l'utilité des quarantaines appliquées en Europe contre le choléra.' *Procès-verbaux de la Conférence sanitaire internationale, ouverte à Vienne le 1 juillet 1874*, Vienne, Impr. Impériale et Royale, 1874, 374.
 - 21 *Protocoles et procès-verbaux de la Conférence sanitaire internationale de Rome, inaugurée le 20 mai 1885*, Rome, Imprimerie du Ministère des affaires étrangères, 1885, 341–366.
 - 22 *Protocoles et procès-verbaux de la Conférence sanitaire internationale de Venise inaugurée le 5 janvier 1892*, Rome, Impr. Nationale de J. Bertero, 1892.
 - 23 *Procès-verbaux de la Conférence sanitaire internationale de Dresde, 11 mars–15 avril 1893*, Dresde, Impr. B.G. Teubner, 1893.
 - 24 Alejandro San Martín, *Conferencia sanitaria internacional de Dresde: memoria presentada por...*, Madrid, Ricardo Rojas, 1893, 29–30. See also Josep Lluís Barona and Josep Bernabeu-Mestre, *La salud y el Estado. El movimiento sanitario internacional y la administración española (1851–1945)*, Valencia, Publicacions de la Universitat de València, 2008, 47–49.
 - 25 A new approach to the ideological and political framework behind this decision can be read in Cheryl Schonhardt-Bailey, *From Corn Laws to Free Trade. Interests, Ideas and Institutions in Historical Perspective*, Cambridge, MIT Press, 2006.
 - 26 *Ibid.*, 631–632.
 - 27 Rocio Román Collado, *La escuela economista española*, Sevilla, Servicio de Publicaciones de la Universidad de Sevilla/Servicio de Publicaciones de la Universidad de Cádiz, 2003, 189–196.
 - 28 Juan Martín Fernández, 'La economía española y la articulación de su mercado (1890–1914): los orígenes de la vía nacionalista del capitalismo español', PhD thesis, Universidad complutense de Madrid, 2002, 124–125.
 - 29 On this subject and the different stances taken by economic historians on it, see Antonio Tena, 'Por qué fue España un país con alta protección industrial? Evidencias desde la protección efectiva 1870–1930', *Documentos de*

- Trabajo. Universidad Carlos III. Serie de Historia Económica e Instituciones*, 01–72 (04), november 2002, 1–40.
- 30 Carmen Barona, 'Organización sanitaria y de la higiene pública en la provincia de Valencia (1854–1936)', PhD thesis, Universidad de Valencia, 2002, 39.
- 31 *Ibid.*, 44 and 49.
- 32 *Ibid.*, 42.
- 33 Bonastra, 'Recintos sanitarios y espacios de control', 453–472.
- 34 '(...) our (health) legislation, dating from different times and circumstances, pieced together as a puzzle if you will, without harmony or coherence (...)' (phrase taken from the introduction to the 'Draft Health Bill presented before the Courts on March 27, 1855', in *Diario de Sesiones de la Cortes Constituyentes ...*, 1880–1881, Tomo IV, apéndice tercero al no. 119, 3372).
- 35 See *Regulations for the implementation of the orders in the Royal Decree from December 17, 1851 regarding the administration, construction service, cleaning and conservation of trade ports in the peninsula and adjacent islands*, 30 January 1852.
- 36 Weight of imports in each one of those ports in percent: Barcelona, 24%; Cádiz, 13.5%; Málaga, 8.6%; Alicante, 7.8%; Santander, 7.7%; Cartagena, 7%; Sevilla, 4.8%; Bilbao, 4.2%; Valencia, 3.6%. Calculations based on the *General Statistics of Foreign Trade of Spain, 1860*.
- 37 Juan Pro Ruiz, 'Inventario y extracción de los recursos: Reclutamiento, recaudación y estadística en la construcción del estado nacional', in Joaquín del Moral, Juan Pro and Fernando Suarez Bibao, *Estado y territorio en España, 1820–1930*, Madrid, Libros de la Catarata, 2007, 579.
- 38 Gaspar Fernández Cuesta, 'Crecimiento urbano y modernización en España entre 1857 y 1900', *Ería* 84–85, 2011, 5–46.
- 39 The debate is reviewed in depth in Quim Bonastra, 'Del programa general a la solución de compromiso. Cuarentenas y territorio en la modificación de la ley de sanidad de 1866', in Quim Bonastra and Gerard Jori (eds), *Imaginar, organizar y controlar el territorio. Una visión geográfica de la construcción del Estado-Nación*, Barcelona, Icària, 2013, 123–165.
- 40 Royal Order of 17 April 1867.
- 41 In the budget passed on 25 June 1867, total personnel expense for the maritime sanitary service was 135,000 *escudos*, expense on materials 89,000 *escudos* (section 6, subsections 11/2 and 12/2), while the income expected from taxes generated by the sanitary police amounted to 300,000 *escudos*.
- 42 This is the introductory text to the Royal Order signed by González Bravo. See *Colección Legislativa Española*, Primer semestre de 1867, Tomo XCVII, 1867, 676.

- 43 Antonio Meijide, 'Orígenes de la prevención sanitaria marítima en Galicia. El lazareto de San Simón (1838–1857)', *Medicina Galaica* 37, 38, 1987, separata, 1–12.
- 44 This case confirms, on an intra-state scale and with regard to the infrastructures, Baldwin's geo-epidemiological argument, according to which geographical proximity to the sources of contagion and the countries' cultural traditions carried more weight than political and economic arguments when it came to implementing epidemic-prevention strategies. The Spanish coast along the Bay of Biscay, being the furthest from the usual foci of contagion, lacked important quarantine infrastructures until the lazaretto of Pedrosa was built in Santander. We should not forget that in spite of this, during our period of analysis, that section of the Spanish coastal territory was integrated into the protection system we have described, and was subject to its regulations, which means that we should consider it part of the quarantine system (see Baldwin, *Contagion and the State in Europe*).
- 45 Regulations of 30 January 1852.
- 46 Article 4 of the above regulations.
- 47 Royal Decree from 17 December 1851, article 5.
- 48 On this subject and in relation to public health, see, for example: Esteban Rodríguez Ocaña, 'La salud pública en España en el contexto europeo, 1890–1925', *Revista de Sanidad e Higiene Pública* 68, 1994, 11–27 and Delfín García Guerra and Víctor Álvarez Antuña, 'Regeneracionismo y salud pública. El bienio de Ángel Pulido al frente de la Dirección General de Sanidad (1901–1902)', *Dynamis* 14, 1994, 23–41.
- 49 *Colección Legislativa Española*, tomo IV, vol. 2 from 1899, 398.
- 50 *Ibid.*, 399.
- 51 See Chapter XI of the Regulations, entitled *Medidas sanitarias en los puertos de llegada*.
- 52 On these and other territorial division projects, see Jesús Burgueño, 'Geografía política de la España constitucional. La división provincial', Madrid, Centro de Estudios Constitucionales, 1996.
- 53 Fernández Cuesta, 'Crecimiento urbano y modernización en España', 22.