CHOLERA IN THE MEDITERRANEAN SEA IN THE XIXth CENTURY

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INTRODUCTION

During the XIXth century, many epidemics threatened the Mediterranean basin. Cholera, in particular, focused the international attention, as the new rapid steam boats made it possible to transport the disease from its endemic homeland in India to Europe in just a few weeks.

In addition, between the 1830's and the 1860's, new regular maritime routes were opened between the Mediterranean and India. In 1869, the Suez Canal was finally achieved, making the junction between the Red Sea and the Mediterranean. Europe and in particular Britain understood that closing the Mediterranean Sea for sanitary reasons was necessary, but could also threaten their colonial, military and commercial interests in the region.

This study examines the Mediterranean Sea as a "colonial sea" that witnessed a fierce struggle of Europe against the spread of Cholera, coming from their colonies in North Africa and Middle East.

Why did Europe choose to close its ports in the Mediterranean Sea? To what extent were these restrictive measures accepted by the indigenous populations and authorities in the European colonies? How were diplomatic crisis resolved? Why did the issue of restriction of the movements of thousands of *hajji* transform the hygienist policy of Europe into a vision of "colonial Mediterranean Sea"? These are some of the questions to which I will try to find answers through my study.

The research is organized into three sections. The first one describes briefly the cholera epidemic in the Mediterranean in the XIXth century. The second part discusses the restrictive hygienist measures taken by Europe at that time. This part will focus on the different thoughts between the various European nations, explaining why Britain adopted such a specific policy and entered into conflict with France, Italy and Germany. The last part of the paper deals with the reactions of the colonized governments and local populations. The issue of the restrictions to the Mediterranean routes to *Mecca* will also be examined in this part.

1 / CHOLERA IN THE MEDITERRANEAN IN THE XIXth CENTURY

From the sanitary point of view, the XIXth century started in an optimistic way in Europe, for many reasons: the disappearance of plague since the last epidemics of 1720-1722, the decrease of mortality and in particular the reduced mortality due to typhus, smallpox and dysenteries, and the general enthusiasm of the Age of Enlightenment. The only sanitary problems in the Mediterranean Sea in the beginning of the XIXth century were minor morbidity cases due to

yellow fever imported from Gibraltar to Spain. Europe was considered as a fortress, and seemed to be protected against any kind of epidemics.

The Europeans were proud of this invincibility, and the general idea was that this was due to a high level of civilization, never reached by any other nation in the world. In fact, medicine and epidemiology were highly developed, and nobody at that time believed that epidemics could again threaten the overprotected Northern shores of the Mediterranean.

A / THE REPRESENTATION OF EPIDEMICS IN THE XIXth IN THE EUROPEAN SOCIETIES

There was a fierce debate concerning the representation of diseases and epidemics, and two schools of thought were quarrelling about the genesis of pandemics: contagion or infection.

a / CONTAGIONISM

Contagionists defend the idea that contamination is the exclusive result of a direct contact with an infected person, who is transporting the pathogenic bacteria. According to this theory, the virus of cholera (*vibrio chloerae*) could move from one place to another travelling with human, animals and merchandises.

As a result, the protection against epidemics could only be through segregation measures, and in particular the isolation of infected individuals in lazarettos and specialised hospitals, and the settling of quarantines all along both terrestrial and maritime routes. The sanitary policy proposed by the contagionists consisted in controlling, and if necessary interrupting the movements of vessels through the Mediterranean Sea.

Among the active contagionists of the XIXth century, the more famous were Alexandre Moreau de Jonnès[1], Bretonneau, Fracastor, Reimann[2], Delpech[3] and of course Robert Koch[4].

b / INFECTIONISM

Infectionists, also called miasmatics or aerists, considered at the contrary that cholera comes from the corruption of the air. According to this theory, new cases of cholera are the result of bad atmospheric and environment conditions. Wind, heat, water, or even planet positions were the exclusive reasons explaining why people could be infected by the disease.

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[1] Spokesman of the High Council for Health in 1830 in Paris
[2] Director of the police of Saint Petersburg in 1831
[3] Professor in the University of Montpellier in 1832
[4] Biologist who discovered *vibrio cholerae*, 1843-1910

As a result, the cure resides in improving the way of life, making the environment safer, purifying the air and chasing away the evil spirits. Fumigation, cannonades and circulation of air using windmills were common measures used during the cholera epidemics[5] in most European nations.

The segregation of infected persons was then considered as a dangerous policy, as it creates sources of disease and infects the environment, propagating the epidemics to the neighbourhood. Broussais, Villermé, Jachnichen, were considered as the main leaders of the infectionist school during the XIXth.

The official position of the governments was systematically against contagionism theories, in order to keep a social peace among populations. In fact, admitting that cholera was a contagion would drastically reduce the economic activity, via quarantines, rerouting of vessels, closing of shops, escape of businessmen, or closing of universities.

The general belief when cholera entered Western Europe in 1823 was then incredulity. In fact, Europeans felt they were untouchable and that epidemics were a phenomenon of the past. In addition, the sanitary policy was still uncertain, balancing between infectionist and contagionist theories.

European nations did not agree on a common sanitary policy, and even inside nations, conflicts raised between scholars, politicians, diplomats and business men. The main questions that created a major controversy were the following: is cholera a contagion? How to deal with the cholera epidemics coming from the Southern and Eastern shores of the Mediterranean? Is quarantine useful? To what extent can we close a major harbour as Marseille?

B / THE MEDITERRANEAN ROUTE

Seven distinct cholera pandemics have been traced throughout the world since 1817. All (but the seventh pandemics) have originated on the Indian subcontinent in the Ganges Delta. In 1823, during the so called first cholera pandemic, the virus, coming from the Oriental coast of Africa, crossed the Mediterranean Sea, reached Russia and then entered Europe.

Between 1826 and 1841, during what is known as the second cholera pandemic, cholera spread outward from Mecca[6], crossed the Egyptian desert and travelled through the Mediterranean until Europe.

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[5] Walter François, *Catastrophes, une histoire culturelle XVI^{ème}-XXI^{ème} siècle*, Seuil, France, April 2008, p. 144

[6] During the pilgrimage

Between 1846 and 1861 (third cholera pandemic), cholera epidemics started in China and crossed the Mediterranean Sea from East to West, ending on the Maghrebian shores. In the last stage, *vibrio cholerae* started from the Algerian colonies and crossed the Mediterranean, ending in Europe.

Between 1863 and 1876 (fourth cholera pandemic), cholera travelled once again across the Mediterranean, but this time in the opposite direction. The virus reached Northern Europe directly from India, through terrestrial routes, then it went South to reach Belgium and France in 1866. From France, *vibrio cholerae* crossed the Mediterranean and reached North Africa. In the last step, it travelled westward to South America.

Between 1883 and 1896 (fifth cholera pandemic), cholera started as it always did in India and spread East and West, reaching the Mediterranean region, both Europe and North Africa.

During the sixth cholera pandemic that took place between 1899 and 1923, the cholera pandemic started once again in India, reached Russia, Central and then Occidental Europe.

Last, since 1961, during the seventh cholera pandemic, *vibrio cholerae* reached Middle East and then Europe for the last time in 1965.

During all these pandemics, we clearly see that the Mediterranean Sea is a privileged route for the travel of the virus. This is probably related to the colonial expansion, which is based on huge maritime movements of soldiers, colonists, priests and traders. But this is more likely the result of the development of the steam boats. The new ships moving with steam power were able to transport more rapidly a greater number of passengers and merchandises, but also the cholera virus.

In fact, the Mediterranean Sea was just in the middle of the two main routes of cholera in the XIXth century: the merchant routes from America to Europe, and the transportation route of the pilgrimage to Mecca. This particular route will be the subject of next chapter.

C / THE MECCA ROUTE

The *hajj*[7] is one of the most important religious meetings in the world, grouping around 2.5 millions pilgrims, coming from over 160 countries. But it is also a major occasion of transmission of cholera, for many reasons.

[7] Pilgrimage to Mecca

First of all, during the *hajj* season, density goes over 16 persons/m² all around the *Kaaba*, and we know that promiscuity is a major source of insalubrities and transmission of cholera. The second reason is that a great part of the pilgrims come from risky countries, as India, Pakistan, or Mali, where cholera is endemic. Last, the difficult conditions of the travel, especially the hot weather, make pilgrims more vulnerable to all kinds of diseases.

For these reasons, hundred thousands of pilgrims died from the cholera virus since the second pilgrimage conducted by the prophet *Muhammad* in 630[8]. In the modern period, we have more precise data. We know that, between 1831 and 1912, cholera spread from Bombay and Calcutta to Mecca, and then was dispersed in the whole world by the returning *hajji*[9] who crossed the Mediterranean Sea.

But the most terrible crisis happened during the *hajj* of 1865. In April of that year, Bengali pilgrims brought the cholera virus to Mecca during the *hajj* season. Between 19th May and 10th June, 30 000 *hajji* died; but before dying, they had the time to take steam boats from Jeddah to Suez, where they used the train to reach Alexandria. A couple of hundred pilgrims died in the boats and were tossed overboard, but the majority of them arrived in Alexandria, where they died, spreading the virus in town.

On 11th June, 61 192 Egyptians died officially from cholera in Egypt[10], but the real number is probably higher. On 29th June, the virus crossed the Mediterranean Sea to Istanbul, then Trabzon and Odessa. From Odessa, cholera reached, through terrestrial routes, the hinterlands of Russia and Eastern Europe[11].

In the same time, vessels transported the cholera virus through the Mediterranean Sea from Alexandria to Marseille on 11th June, to Smyrna on 23rd June and to Ancona on 7th July. From Marseille, the cholera travelled to Valencia on 8th July and spread in the Provinces of France, reaching finally Paris by train on 3rd September. The chain reaction ended in New York in November 1865.

Because of the rapid steamboats and the railways, it took no longer than 7 months for the virus to travel from Mecca to New York, transiting by the Mediterranean Sea. Finally, the epidemics that started from the *Kaaba* square killed more than 200 000 persons in major cities[12], and we still do not know much about what happened in the rural areas. This number is very high,

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[8] The first one took place in 628, but with a reduced number of pilgrims
[9] Pilgrims
[10] De Beauregard Réveillé, *Notice historique et statistique sur l'épidémie du choléra en Egypte en 1865*, Marseille, 1878
[11] Proust Adrien, *La défense de l'Europe contre le choléra*, Paris, 1892, pp. 78-87

particularly when we know that the total number of pilgrims varies from an estimated 112 000 persons in 1831 to some 300 000 in 1910[13].

2 / THE STRUGGLE AGAINST CHOLERA MORTALITY

This section examines the main guidelines of the European colonialist sanitary policies, and to what extent conflicts between European governments broke out.

A / THE COLONIALIST STRATEGY

As we have explained previously, the Mediterranean was considered as a breeding ground for the travel of cholera and its entry from India to Europe and the North African colonies. For that reason, the crossing the Mediterranean Sea was at the centre of many legislations and regulations passed on the subject of sanitation by the colonial states.

a / THE INTERNATIONAL SANITARY CONFERENCES

One of the first decisions taken by the European empires was to arrange a series of international sanitary conferences, the first one being held in 1851 in Paris. Turkey and Egypt participated to this conference, as representatives of the Eastern gates of the Mediterranean.

From that moment, 14 international sanitary conferences took place between 1851 and 1938, with the objective of improving and harmonising the international agreements on quarantines at the national borders. These conferences had also the objective of opening sanitary offices with the mission of controlling the movements of vessels and passengers all along the Mediterranean.

Two main offices have been opened in the Mediterranean region: the first one was settled in 1838 in Constantinople. The second major sanitary office was created in 1881 in Alexandria, after the opening of the Canal of Suez. In fact, since the opening of the canal in 1869, the scare of the occidental nations increased, as the Red Sea was henceforth directly linked to the Mediterranean Sea.

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[12] Firmin Duguet, *Le pélerinage de la Mecque au point de vue religieuse, social et sanitaire*, Paris, Reider, 1932, pp. 126-128; see also F.E. Peters, *The Hajj: the Muslim Pilgrimage to Mecca and the Holy Places*, Princeton, Princeton University Press, 1994, pp. 301-302

[13] Long, *The Hajj Today*, 127; Adam Mc Keown, Global Migration, 1846-1940, *Journal of World History* 15, no. 2, June 2004, p. 162

As a reaction to the terrible cholera epidemics caused by the pilgrimage of 1865, the French government decided to organise urgently an international sanitary conference in Galatasaray, from 13th February to 6th September 1866. At that time, the Mediterranean Sea region was considered as the open gate of cholera to Western Europe, and it was urgently needed to close it efficiently.

b / THE SANITARY SEGREGATION

Two main decisions came out from the 8 months discussions of the 1866's conference: the first one was to implement quarantine stations in both maritime and terrestrial routes to and from Mecca. Thus, lazarettos governed by a European commission were built in *El Tor*[14] and *El Wajh*.

The second decision was to build 2 hospitals in Jeddah and Yambo. Later on, a monitoring station was built in Perim Island, in the Mediterranean Sea, and in 1881, two new lazarettos were built in Kamaran Island[15] and in the straits of Bab el Mandeb. The goal was to control and isolate the pilgrims in their way to and from Mecca, transforming the Mediterranean into the lazaretto of Europe.

The Europeans did not seem to have scruples about imposing the quarantine system on persons living outside Europe, even in Middle East. For them, it was a way of exporting the more embarrassing hygienist measures far away from the European frontiers. The argument was that the *fellah*[16] living in Africa and Middle East were accustomed to move slowly, and that these measures would not change drastically their traditional way of life[17].

These aggressive hygienist policies were significant of the geopolitical relations around the Mediterranean during the XIXth century. In fact, the European empires shared out the world into colonies, and were ready to do anything to protect these empires.

It was clear that the only way to settle efficiently this colonialist policy was to have a perfect control on the whole Mediterranean Sea, which was considered as belonging to Europe. As cholera is systematically originating from India, it was necessary to secure the open gates from the endemic homeland to the Mediterranean: the Dardanelles Detroit, the Red Sea passage and the Canal of Suez.

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[14] This site in Sinai will give its name to the *vibrio* El Tor
[15] Governed by the Ottomans
[16] Farmers
[17] Bourdelais Patrice, *Les épidémies terrassées*, La Martinière, France, 2003, p. 122

As a reaction to the opening of the Suez Canal in 1869, the European governments asked the Ottoman Empire[18] to be more vigilant, and to close immediately and totally any communication route between Mecca and the Egyptian harbours, each time an epidemic was reported among pilgrims. The argument was to let the returning pilgrims pursuit their travel through the desert, which takes a long time and is thus a natural way of observing quarantine.

Achille Proust, Professor of Hygiene at the Faculty of Medicine at the University of Paris, resumed the European fear at that moment, writing: "*Europe realized that it could not remain like this, every year, at the mercy of the pilgrimage to Mecca*"[19].

In 1885, European increased the sanitary controls on the boats going to Mecca through the Mediterranean, and imposed quarantine for all the passengers of any boat whenever an infection is observed on board. The control was very strict, as the infected ships were escorted by soldiers who had the order to shoot any passenger trying to disembark. The delays occurred made it impossible for thousands of pilgrims to reach Mecca on time and to achieve their religious duties.

During the last quarter of the XIXth century, the Mediterranean became a chaotic check point and concentrated groups of unhappy Muslims coming from all over the world. This rising pan-Islamism sentiment was considered politically dangerous, especially by the British, because of the supposed impact it may have on each individual pilgrim, who could come back with an intense hatred of the Christians and infidels. It is important to note here that these religious hatreds were carried into the most remote mountain village in the wild Muslim nation.

Among the proposals that emerged through the numerous sanitary conferences that took place at the end of the 19th century, one was to reduce the number of pilgrims, but in the same time to increase their "quality". The term "quality" refers to the economic situation of the *hajji*, and indirectly his capacity to travel in good hygienic conditions, to eat and drink safe food and beverages, and to be accommodated individually. The recommendation that came out of the discussions was to administrate a kind of "means test"[20] and make a selection among the *hajji*.

[18] Until 1924, the Hashemite controlled the city of Mecca, under the authority of the Ottoman empire
[19] Achille Proust, *Essai sur l'hygiéne, avec une carte indiquant la marche des épidémies de choléra par* les routes de terre et la voie maritime, Paris, 1873
[20] This is what European or American consulates do today prior to give a visa to travellers from the South

B / THE BRITISH REACTION

These decisions raised a sharp debate, even inside Europe: many voices argued that such coercive measures reduced navigation through the Mediterranean Sea, with negative consequences on trade and business between Europe and Middle East. In particular, the British were afraid to lose their economic hegemony on the Mediterranean markets. In addition, restricted access to the Sea would threaten the business between India and England. Last, the transport of millions of pilgrims constituted for the British a traditional, lucrative activity, and such measures were against their economic interests.

In addition, the British had the obligation to support the Muslim community, under the pressure of the Muslim lobbies in the Indian colonies. They used to facilitate the pilgrimage in every way possible so as to assure the Indian Muslims of their good intentions. Even during the Balkans War and World War I, when ships were required urgently for war purposes, the British managed, despite of protests by their own Military Department, to arrange some steamships for the *hajj*[21].

For all these reasons, admitting that cholera was contagious, and that the *hajj* was a privileged way for the cholera virus to travel through the Mediterranean Sea, was certainly the last thing to do from the British side. That is why, until Robert Koch discovered the bacillus *vibrio cholera* in 1884, the British government denied systematically the human-to-human transmission. In fact, this obstruction position was held by the British government until the signature of the sanitary convention of Paris in 1894.

As a reaction, the *hajj* and its relation with cholera epidemics has been used by some European nations as a pretext to place restrictions on British trading vessels. This created the conditions to see the British trading dominance to pass into European hands[22].

Next section will focus on the reaction of the colonised populations.

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[21] Denys Bray, Secretary of the Foreign and Political Department wrote that 'if the departments concerned decide that it is not necessary to press for the withdrawal of shipping from more essential services to meet the requirements of the *hajj*, this departments will place the facts of the case before the Secretary of State.' Foreign and Political Department, 1918, Secret-War, File no. 438-490

[22] Mishra Saurabh, The politicization of a holy act : the hajj from the Indian subcontinent during colonial times, Oxford, p. 1

3 / THE REACTIONS OF THE COLONISED NATIONS

As we have seen, the successive cholera pandemics occurred all along the XIXth century changed the political and diplomatic relations between Europeans. Let's try to understand now happened in the other side of the Mediterranean.

A / HYGIENIST REACTIONS

In Egypt, the vice-king Mohamed Ali realised during the cholera epidemics of 1831 that the virus was a serious threat to his expansion projects. In particular, in 1831, 11 000 soldiers died from cholera in Alexandrette, then 6 000 habitants in Smyrna, threatening Constantinople[23]. He decided to adopt the European hygienist strategy. In particular, he installed lazarettos in the Mediterranean Sea, and settled the sanitary council of Alexandria. This council was in charge of producing bills of health to ships, *id est* the authorization for the crew and merchandise of a vessel to disembark in a port[24]. The same measures were taken in 1835 by the *Bey* of Tunis[25].

In 1835, the Sultan Mahmoud II created the Ottoman Empire Sanitary Council and settled lazarettos all along the seas until the *hijjaz*. In 1840, the sultan of Morocco settled the sanitary council of Tangier, with a control on the Western entry to the Mediterranean Sea. But in the same time, the monarchs in the Maghreb were afraid to be considered as the servants of Europe, and be accused by the public opinion to be the executants of the Christians.

At the end of the XIXth century, a complete line of sanitary stations stretched along the Mediterranean, with the goal of controlling the traffic of persons and merchandises, from Tangier to Constantinople.

Paradoxically, these sanitary measures were not favourably accepted by the European governments, for two main reasons: first of all, Europeans were sceptics about the capability of the colonies governments to manage such measures, which were new for them. But the most important reason was that these measures were considered as additional, humiliating controls on the European vessels. The Europeans were afraid to lose their hegemony on the Mediterranean trade. Indeed, consulates became the ground of negotiations between local authorities, diplomats, scientists, traders and masters.

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[23] Panzac Daniel, *La peste dans l'empire ottoman 1700-1850*, Peeters, Louvain, 1985, pp. 413-423
[24] L. Kuhnke, *Lives at risk, Public health in XIXth century Egypt*, California University press, Berkeley, 1992; S. Jagailloux, *La médicalisation de l'Egypte au XIXème siècle*, ADPF, Paris, 1986
[25] N. Gallagher, *Contagion and quarantine in Tunis and Cairo, 1800-1870*, the *Maghreb review*, 1982, pp. 108-111

It appeared then clear that medicine and biological sciences could be a source of power in the Mediterranean Sea. In fact, in the framework of the struggle against cholera, the colonies were in a position to control the maritime routes from Europe to Asia and Africa.

B / "REBEL" REACTIONS

Little by little, a sentiment of frustration spread among the populations living on the Southern shores of the Mediterranean Sea. A stigmatisation raised, and the Mediterranean split the world into two distinct areas: at North, a Christian, civilised, rich and healthy Europe, and at East a Muslim, dirty, poor, ill Middle East.

With the rising number of epidemics victims, Europe - excluding Britain - increased its pressure to raise barriers between the two sides of the Mediterranean Sea, provoking rebellion reactions in the colonised nations in both Southern and Eastern shores.

The Muslims public opinion argued that under the cover of hygienist principles, Europe closed the Mediterranean, with a disastrous effect: preventing the pilgrims from accomplishing their sacral travel towards Mecca. A religious war was about to start between frustrated Muslims and scared Christians.

In particular, the European governments settled the "means tests" procedure, which consisted in selecting the candidates to pilgrimage according to exclusively social criteria, and permitting only to rich Muslims, having sufficient means, to cross the Sea. The principle was that travelling in good conditions was the best way to avoid the transportation of cholera.

From a scientific point of view, this idea was not so bad, but from a human point of view, it was unacceptable. The Muslim pilgrims, especially the poorer, were conscious that they constituted a "dangerous class[26]", and the "means tests" were considered as scandalous, as Islam advocates an equal chance for everybody to accomplish the *hajj*, whatever is the social rank. W. Hunter, Director General of Statistics to the Government of India wrote in 1872: "*while India's pilgrim masses might "care little for life or death," their "carelessness imperils lives far more valuable than their own*"[27].

In 1886, even the Ottoman government started to refuse to support the European health strategies, arguing that they aimed only at isolating the Mediterranean region, and asking why

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[26] David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Berkeley, University of California Press, 1993, pp. 186-189

[27] W.W. Hunter, *Orissa*, London, Smith, Elder and Co., 1872

such measures were not simultaneously taken in other frontiers of Europe. In fact, the Ottomans understood suddenly that they became the guardians of the health of Europe, but as Muslims they were in the same time the gatekeepers of the *Kaaba*.

The Ottomans reminded that the British army brought cholera to Nepal and Afghanistan in 1818, and that the British commercial navy was the one who transported the virus from East Africa to China in 1820. The Ottomans also reminded that both British and French armies brought cholera from Europe to the oriental shores of the Mediterranean in 1854 when they participated to the Crimean War, and that no sanitary measures were taken at that time.

The Ottomans also argued that closing the Mediterranean routes was like condemning those thousands of "*barefooted believers*"[28], who were thus obliged to cross the desert. Even the modern, europeanized elite living in North Africa raised their voices, refusing that the Mediterranean becomes the lazaretto of Europe.

Last, it seems that these difficult conditions, and the hard position adopted by the European Empire, strengthened the Muslim spirit among the pilgrims, especially those coming from North Africa, West Africa and the Middle East or Eastern Asia.

Isabel Burton, a British lady who sailed from Bombay to Mecca on a pilgrim ship in 1879, wrote the following: "*Mecca is not only a great center of religion and commerce; it is also the prime source of political intrigues, the very nest where plans of conquest and schemes of revenge upon the infidel are hatched; and, as I have before said, the focus whence Cholera is dispersed over the West*"[29].

[28] Famous expression used by Ali Shariati in *Hajj: Reflections on its Rituals*
[29] Mullan William, *Arabia Egypt India: A narrative of travel*, London, 1879

CONCLUSION

This study showed that the Mediterranean was, during the XIXth century, an open gate of cholera to Europe. In fact, thousands of persons used to cross the Sea from South to North and vice versa, but also from East to West, bringing with them the deadly *vibrio cholerae*. In this framework, the pilgrimage to Mecca was one of the main routes of the epidemics through the Mediterranean.

This brief reflection showed also the differences between the various strategies settled by both colonising and colonised nations to control the cholera epidemics in what could be considered as a colonised Sea. But the more interesting was to observe to what extent the European governments themselves did not always agree on a unified health policy in their Mediterranean colonies.

The particular and unexpected position of the British government shows that the Mediterranean Sea was without context the ground of a fierce scientific, political, economical but also cultural conflict between nations. The shifting position of the Ottoman Empire was an additional evidence of the importance of the stakes involved in the circulation through the Mediterranean all along the XIXth century.

Last, we had the opportunity to observe through this study that there is a vast interpretative and analytical potential offered to historical, social and anthropological studies by examining the representation of the Mediterranean as a frontier between the North and the South.

Today, decades after the disappearance of cholera in the region, we can assume that this physical and virtual frontier still exists in the Mediterranean, but for other reasons, related to globalisation, migration policies or unemployment.

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