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FROM *FRONTIER* TO *BORDER*: THE 1845 HEALTH CODE AND THE STRUCTURING OF GREECE'S QUARANTINE SYSTEM

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Abstract: How did health technologies influence border construction, identity formation and political developments in nineteenth-century Greece? The study focuses on the 1845 Health Code, which instituted a comprehensive system of coastal and inland lazarettos and health offices. It presents the development of the health border system prior to the enactment of the code and explains the timing of the enactment of that legislation. Compared to other important health legislation, the code had a long gestation as a result of the combined and often conflicting influences of five interrelated factors: commercial relations with the Ottoman Empire; the health preoccupations of Western European states; the significance of the plague; the cultural orientation of the Greek state towards "Western civilisation"; and the capacity of the Greek administration to exercise control over its territory. The code, a step towards the geographical and cultural reorientation of a former Ottoman province as a sovereign state, defines the slow passage from the empire's frontiers to the state border system.

Following Max Weber's definition of the state, the historiography of the state has paid particular attention to the spatial dimension of politics. Pierre Rosanvallon, for example, defines *territory* in terms of *sovereignty*. Territory is not a simple geographical space, but rather the space in which political sovereignty is exercised; it is both the condition and the result of this exercise: "The notion of sovereignty has been used to translate this double process of concentration of means and territorial delimitation of political power."[1] One way of studying this double process is to draw a distinction between *frontier* and *border*. The first concept refers to the no man's land that generally characterises empires and does not necessarily distinguish political entities. It is a large *space* that is not subject to any formal political control. The second notion describes a homogeneous and concrete *line* that distinguishes sovereign states and is under constant monitoring by specialised structures (port services, health offices, border guards). The two concepts hardly refer to clear differences. Both the frontier and the border are constantly susceptible to being crossed by individuals or groups of individuals. Their difference is of a formal and

[1] Pierre Rosanvallon, *L'état en France de 1789 à nos jours* (Paris: Seuil, 1990), 272.

legal nature. While empires are indifferent towards the exact regulation of the comings and goings around their frontiers, states *claim* strict control over the limits within which sovereignty is exercised.

Geographical space is not inert, a natural fact; on the contrary, it participates actively in the construction of political sovereignty to the same degree as it is influenced by it.[2] The pretension of states to control their geography by reducing the imperial space of the frontier to the linear form of the border requires structures that construct and concretise sovereignty over the entire territory depending on the threats that challenge this effort of spatial control (such as epidemics). The construction of the state is an incessant process that is not only "internal" to the territory but also "external". The state is also built from its frontiers, which are concretised by this same process of state-building. Consequently, what is integrated as "internal" to the territory and what rests "outside" of it depend on this process of border construction. As far as epidemics are concerned, the distinction relates to the two definitions of the plague at the time, namely as an endemic disease to a territory or as an imported one.

The article examines the health administration in Greece in line with these arguments.[3] The establishment of border health structures (lazarettos and health offices) depended on the willingness and ability of the Greek state's administrators to draw *borders*. Before 1845, the administrators' primary focus was on the control of epidemic outbreaks of endemic diseases and of the populations living within the territory. The article is thus situated in the most recent developments in the history of public health that underline the geographical basis of public health systems. Alison Bashford, for example, has coined the term "geo-body" to refer to the sovereign state because its health policies regulate bodies and draw boundaries in a unit that is both geographical and corporeal.[4] Patrice Bourdelais, on the other hand, discusses the gradual extension of the "epidemiological frontier" of the European continent towards the East.[5] This

[2] See, for example, the work of geographer Doreen Massey, "Politics and Space/Time," *New Left Review* 196, no. 1 (1992): 65–84.

[3] The article expands on part of my PhD dissertation, which was funded by the Foundation for Education and European Culture (Athens). See Athanasios Barlagiannis, "Hygiène publique et construction de l'État grec, 1833–1845: la police sanitaire et l'ordre public de la santé" (PhD diss., École des hautes études en sciences sociales, 2017), 258–69.

[4] Alison Bashford, *Imperial Hygiene: A Critical History of Colonialism, Nationalism and Public Health* (New York: Palgrave Macmillan, 2004), 123.

[5] Patrice Bourdelais, "L'épidémie créatrice de frontières," *Cahiers du Centre de Recherches Historiques* 42 (2008): 149–76.

idea is of particular interest to the present study because the development of the Greek public health system and the intensified epidemiological control of Greek frontiers had consequences that went beyond Greek territory. According to Patrick Zylberman, "the health imperative gave a principle of legitimacy to the demarcation of the continent. Public health thus participated in the definition of Europe's frontiers."[6]

Expanding the Kingdom's Health Authorities

On 25 November 1845, the Greek parliament passed a series of legislation (three laws and six decrees), by which it organised in a comprehensive manner the border health system. This body of legislation comprised:

1. Health Law XXII and Related Penal Provisions (Νόμος ΚΒ *Υγειονομικός και ποινικαί αυτού διατάξεις*)[7]
2. Law XXIII on Health Authorities in General (Νόμος ΚΓ *Περί υγειονομικών αρχών εν γένει*)
3. Law XXIV on Sanitary Tariffs and Quarantine Fees (Νόμος ΚΔ *Περί διατιμήσεως των Υγειονομικών και Λοιμοκαθαρτικών δικαιωμάτων*)
4. Decree on the Regulation of the Health Offices and Lazarettos of the Kingdom of Greece (*Διάταγμα Περί Κανονισμού των Υγειονομείων και Λοιμοκαθαρτηρίων του Βασιλείου της Ελλάδος*)
5. Decree on Ships that are Exempt from Quarantine (*Διάταγμα Περί συστάσεως ακοινωνήτων πλοίων*)
6. Decree on the Seat of the Health Authorities (*Διάταγμα Περί της έδρας των Υγειονομικών Αρχών*)
7. Decree on Pestilential Diseases (*Διάταγμα Περί λοιμωδών νοσημάτων*)
8. Decree on the Duration of Quarantine (*Διάταγμα Περί διαρκείας των καθάρσεων*)
9. Decree on the Appointment of Non-natives to Health Posts (*Διάταγμα Περί διορισμού εις υγειονομικές θέσεις μη εντοπίων*).[8]

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[6] Patrick Zylberman, "Civilizing the State: Borders, Weak States and International Health in Modern Europe," in *Medicine at the Border: Disease, Globalization and Security, 1850 to the Present*, ed. Alison Bashford (New York: Palgrave Macmillan, 2007), 29.

[7] The legislation was originally titled the law on health offices (*Νόμος περί Υγειονομείων*) before the Senate changed it.

[8] This decree was the only one that is dated 18 November 1845; the others are dated 25

Key contributors to the drafting and promotion of the texts were Ioannis Kolettis, minister of the interior, and Ioannis Bouros, a doctor and member of the Royal Medical Council.[9] According to medical historian Aristotle Kousis, the legislation contained French and Italian influences.[10] Before proceeding with the study of the Health Code, it is necessary to examine the development of the health border system from 1833 to 1845, so as to underline the special value of this legislative effort.

The 1845 Health Code was an important step in a twofold process: firstly, the sharp increase in the health control points in certain Ottoman communities from the beginning of the nineteenth century and, subsequently, during the Greek Revolution and, secondly, the gradual linking of these points in a network. Neither process was linear and indeed the two often contradicted each other, especially during the revolution. Finally, the Health Code definitively tackled another matter: it introduced uniformity in the practice of border health control.

It is difficult to trace the local development of the health authorities from the Ottoman era due to the lack of data and relevant studies and to the lack of interest on the part of the Porte in monitoring their functioning. In 1818, a communal lazaretto began operating on Hydra.[11] The community of Tinos had also one[12] and similar facilities existed in Crete and Chios. During the revolution, some health offices were created, for example on Spetses and in Nafplion, and two lazarettos were established, one on Syros by the local community and the other by Governor Ioannis Capodistrias on Aegina. The Aegina lazaretto was, in fact, the first central institution to appear in newly liberated regions. The revolutionary period also saw the first efforts to control all disparate communal sanitary structures by a political authority that was not local. The plague of 1828 seems to have been an important incentive for this development. In August 1828,

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November. The laws were published in the *Εφημερίς της Κυβερνήσεως* [*FEK*]) no. 31, 7 December 1845, and the decrees in no. 37, 31 December 1845. All dates follow the Julian calendar.

[9] General State Archives (GAK), Othonian Archive, Archive of the Ministry of the Interior, f. 192, doc. 9.

[10] Aristotelis Kouzis, "Αι μετά την ίδρυσιν του Βασιλείου της Ελλάδος πρώται παρ᾽ημίν αρχαί υγιεινομικής πολιτικής και οργανώσεως της δημοσίας υγείας," *Πρακτικά της Ακαδημίας Αθηνών* 21, vol. 2 (1946): 79.

[11] Ioannis Papamanolis, *Η οικογένεια Βούλγαρη της Ύδρας: σκιαγραφίαι – άγνωστοι σελίδες – αναμνήσεις* (Piraeus: Typ. Ioanni Sorotou, 1930), 143; J.-L. Lacour, *Excursions en Grèce pendant l'occupation de la Morée par l'armée française dans les années 1832 et 1833* (Paris: Arthus-Bertrand, 1834), 148.

[12] Marcaky Zallony, *Voyage à Tine, l'une des îles de l'archipel de la Grèce, suivi d'un traité de l'asthme* (Paris: Arthus-Bertrand, 1809), 20 and 150.

the governor promulgated a health regulation (*Διάταξις Υγειονομική*), which was inspired by a project of Corfiot lawyer Ioannis Genatas.[13] Nevertheless, despite the fact that "the Governor had several times wanted to limit the quarantine to a small number of lazarettos … each time he failed".[14] Thus, it can be said that "basically, the first efforts to build a network of lazarettos and health offices were made in the time of Othon".[15]

However, the Bavarian regents of King Othon found a number of facilities that were immediately returned to operation after the necessary renovations. Indeed, they relied heavily on preexisting practices and personnel: "In the ports of Piraeus and Chalkida," for example, the king learned that the health officers were "Messrs A. Gerontas and G.J. Alexandros", who had been appointed by "Special Commissioner Mr J. Rizos". "Their appointment was approved by Your Majesty and they will remain in their position until the establishment of the port officers."[16] Frequently, this royal intervention led to a change in status: the health structures became public and were supported by the royal budget and no longer by the municipal one: "The new health officer in Hydra, Mr Robert, presented his report through the Governor [prefect], in which he mentioned the great defects and needs … of the lazaretto in Hydra. Besides the defects of the parlours, there is no kitchen, no toilet, no locks on the doors, etc."[17] After being rebuilt, the lazaretto became public in 1837. This shift characterises the majority of the lazarettos in the country: local mobilisation attracted the attention of the central administration, which intervened, at first, to support the municipality financially and, ultimately, took direct charge of the lazaretto.

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[13] GAK, Archive of the Capodistrian Period, Archive of the Secretary/Minister for Justice, f. 38.

[14] GAK, Vlachoyannis Collection, Δ56, document dated 12 June 1832.

[15] Kostas Komis, *Χολέρα και λοιμοκαθαρτήρια (19ος–20ός αιώνας): Το παράδειγμα της Σαμιοπούλας* (Ioannina: University of Ioannina, 2005), 41. All these matters need to be studied more in depth and are the subject of research funded by the Hellenic Open University under the title *Ιατρική ιστορία της ελληνικής Επανάστασης (1821–1831): Οι απαρχές συγκρότησης της ελληνικής δημόσιας υγείας*.

[16] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 189, doc. 64.

[17] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 97–98. Compare with 1832–1833: "The building is regular, the courtyard spacious. Each individual chamber consists of a room with a camp bed, two wardrobes, a small square courtyard where there is a kitchen, a cistern, etc.; it is the only building one notices." Lacour, *Excursions en Grèce*, 148.

Table 1.
Lazarettos in Greece, 1844

Location	Date of construction	Status	Additional information
Regular lazarettos			
Hydra	1818	Public/Central (1837)	At Mandraki, a place half a league east of the port.
Ermoupoli	1825	Public/Central (1833)	1833–1835: ten barracks infested with rats, with difficult communications with the town; 1836: decision to construct a new one with plans by Wilhelm von Weiler; works began during the plague of 1837 and finished in 1849.
Taratsa (Lamia)	1836	Public	Plans by Eduard Schaubert (14 chambers, 5 stables, 3 stores, 4 watchtowers and the customs office). A guardian placed on the border, at two hours' distance, chose the individuals to be quarantined; functioned until 1881.
Skiathos	1836	Public/Central (1838)	The interior minister wrote in 1838: "The reports of the Governor of Evia, as well as the reports of the new superintendent of the lazaretto … warn me of the bad and imperfect state in which this central lazaretto of the kingdom is, which is not surprising, when one considers that the government bought this establishment with 2,500 drachmas from the municipality."
Piraeus	1837	Public	Construction started after 1834. Located in the same building as the customs office, the health office, the post and the admiralty in the south of the city.
Makrynoros	1838	Public	It was in operation in May; 1,000 entries per year.
Agrafa	1838?	Public	1838: it could house up to 60 people. Its first location was near the village of Moucha. Around September 1841 it was hastily transferred to Kleisto for reasons that remain unclear (possibly to treat Cretan refugees). At the same time, the Ministry of the Interior had already agreed to the construction of a new building, because the rent for the existing one was high. It then moved near Molocha until its final installation near Itamos. Its greatest problem was that communications ceased in the winter.

Nea Mintzela (Amaliapoli)	1839	Public	On an island in the Gulf of Volos, named Agios Nikolaos.
Anninos	1842?	Public	It is possible that it was not a building, but a location where people were quarantined and which developed into a lazaretto after 1845.
Tinos	?	Municipal	Quarter of an hour north of the village of San Nicolo.
Milos	?	Municipal?	
Thera (Santorini)	?	Municipal	1838: consisting of two buildings with 11 chambers for passengers, 2 chambers for aeration of goods, 3 stores and 2 latrines; located together with the health office, the customs office and the port authority in the port of Fira.
Special lazarettos			
Delos	1836	Public	The country's main special lazaretto.
Agios Sostis	1836	Public	Opposite Messolonghi, within an hour from the mainland. In February 1838, the interior minister wanted it to continue to function because "we do not have in these parts of the kingdom a lazaretto for the ships coming from Albania and Turkey in general, and that this provisional lazaretto will serve well in these provinces, as such, against the plague". The Medical Council, however, proposed its abolition.
Agia	1836	Public	Ready in December 1836; exact location unknown.
Aegina	1829/1838	Public	Function as a special lazaretto is unclear. In 1838, it was used to quarantine arrivals to Piraeus.

Source: Athanasios Barlagiannis, "Hygiène publique et construction de l'État grec, 1833–1845: la police sanitaire et l'ordre public de la santé" (PhD diss., École des hautes études en sciences sociales, 2017), 258–69.

This centralisation process is presented in table 1. The kingdom inherited at least five of its sixteen lazarettos from before the war – Hydra, Santorini, Tinos, Aegina and Ermoupoli – which were all port communal lazarettos except for Aegina. This means, first of all, that under Othon the system underwent an important expansion on the land borders (five lazarettos), as such frontiers did not exist before 1832. Secondly, all these lazarettos became public, except for the two on Tinos and Santorini. However, even though it is not evident from the data in table 1, other municipalities concerned for their trade and health – Piraeus, Lamia, Nea

Mintzela and Skiathos – also took the initiative to build lazarettos, either at their own expense or with the cooperation of the central government. Their lazarettos, however, were considered too important to be left to the management of the municipality and quickly became "government property". Moreover, the central government seems to have given other municipalities, especially on the islands, "where trade is considerable", the permission to accept in their ports ships under quarantine "that belong to them". The exception was introduced on condition that the island was far away from a regular lazaretto and that its port business was significant. For their part, these municipalities (Spetses, Skopelos, Andros, Eretria, etc.) had to erect the necessary structures and appoint the competent staff.[18] The facilities they built eventually developed into actual lazarettos later on (table 2).

Table 2.
Lazarettos in Greece, 1845

Place	*Status*	*Quarantine regime in application*
Ermoupoli	1st class	Maritime
Piraeus	2nd class	Maritime
Vonitsa	2nd class	Maritime
Anninos (Aitolia)	2nd class	Maritime
Patras	2nd class	Maritime
Skiathos	2nd class	Maritime
Hydra	2nd class	Maritime
Amaliapoli (Nea Mintzela)	2nd class	Maritime
Taratsa	2nd class	Mainland
Itamos	3rd class	Maritime
Platania	3rd class	Maritime
Spetses	Municipal	Maritime
Thera (Santorini)	Municipal	Maritime
Andros	Municipal	Maritime
Tinos	Municipal	Maritime
Mykonos	Municipal	Maritime

Source: Decree on the Seat of the Health Authorities, *FEK*, no. 37, 31 December 1845, 239.

[18] *Ο Σωτήρ,* 15 March 1836.

The Nea Mintzela lazaretto, whose archive preserves the correspondence between the mayor and the interior minister, offers an example. In 1839, a new lazaretto, which had been planned for a year, was put into operation on the nearby island of Agios Nikolaos, in the Gulf of Volos (Pagasetic Gulf). The aim was to control the comings and goings from the port of Volos, half of whose gulf "belongs to Greece" and the other "half to Turkey". The idea for a lazaretto was a local initiative, which the central government favoured because it could "attract from all over … a sufficient number of rich and esteemed families [*ευϋπολήπτους*]" to live in the town. Attracting new residents was crucial for a new municipality created in the framework of the country's colonisation programme. Most of the sum required for the project (8,000 drachmas) was granted by the municipality and the central government provided the rest (1,000–1,500 drachmas) since "this lazaretto is very advantageous and necessary for the development of this colony; and for all the commerce of the Gulf".[19]

In a letter to the king, the minister expressed himself in favour of a more dynamic intervention by the central government because, on the one hand, the municipality was not "in a state to construct" such a facility and, on the other, "the municipality's supervision does not offer much guarantees to the government", recalling the observations of Dr Marcaky Zallony on the Tinos lazaretto: "some people, at night, escape sometimes from the lazaretto … and allow themselves to go to sleep with their families".[20] There was the problem of intimacy between employees and people under quarantine. Thus, in order to avoid such scenarios, the staff of municipal lazarettos, such as the one in Santorini, although paid by the municipality, because it collected the sanitary fees, were chosen by the Ministry of the Interior.[21]

The same personnel policy, made official by the Health Code of 1845, was also envisaged for the Nea Mintzela lazaretto. In October 1838, it was decided that the ministry would ratify the construction plans and the budget and select the superintendent (*επιστάτης λοιμοκαθαρτηρίου*) and the two guardians. The municipality was to establish a health committee and appoint the doctor. All the staff would be paid by the municipality. However, a month later, the ministry had to pay the doctor's salary out of the sanitary fees it had received while the lazaretto was "open to all navigation in the kingdom". In November

[19] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 194, doc. 7 and 104 and f. 195, doc. 91, 133 and 136.

[20] Zallony, *Voyage à Tine*, 20 and 150.

[21] The other two municipal lazarettos were to operate in the same way. For example, in 1843, the doctor of the Tinos lazaretto requested leave from the Minister of the Interior. GAK, Archive of the Ministry of the Interior, Medical service, 6/13, f. 3 (1842), unclassified archives.

1838, the minister explained to the king: "the municipality will eagerly give this establishment to the government at cost price because, in this case, it will have the advantage of seeing the establishment become royal and general, which will greatly increase its trade". After it was bought by the central government, the Nea Mintzela lazaretto eventually operated as a public structure.

This case raises several points. Firstly, the lazaretto was not understood as a facility to stop communications but rather as one that allowed and encouraged them. Because of the sense of security it provided, the lazaretto was a strong administrative asset for any municipality that wished both to provide health security and increase its commercial activity. In other words, the lazaretto scrutinised the entry of humans and goods, cleansed them from bad smells, miasmas or contagions (*μόλυσμα*) and allowed the safe passage of what was healthy and profitable. For a mercantilist economy, such as that of the period, the control of transport and movements was not contrary to prosperity. On the contrary, it presupposed it in an idea of order and balanced happiness that envisaged stable and slow prosperity while avoiding any negative health effects.

This idea of order and balance did not remain unchallenged. Once a lazaretto had been established and trade had begun, it was possible that the border movement would exceed the capacity for health control that a municipal fund could support. In such cases, broader, public resources came into play. If the circle became virtuous, if health protection was coupled with ever-increasing trade activity, the process of centralising the health authorities became even more marked. The municipalities often objected to this process, as we will see, but in general they were in favour of centralisation because they would reap the commercial profit without having to foot the expense for construction, salaries and maintenance.

Distrustful of the capability of local administrations, the Ministry of the Interior, for its part, relied on exactly this expectation of ever-increasing commercial profits to assume control of the system. From the outset, Greece's Bavarian administrators had been clear on this: it was forbidden for municipal lazarettos to accept a ship that did not have its home port in that municipality.[22] This provision (which was not based on any legislative act and is thus known from secondary sources) put an end to the aspirations of the mayor of Nea Mintzela to increase the traffic of his port without losing control over the lazaretto. Indeed, the mayor wanted his lazaretto to be recognised as a quarantine point for all ships from the Ottoman Empire, namely for all vessels "carrying passengers for the mountainous regions of the state, namely Agrafa, Karpenissi" and Fthiotida – where Nea Mintzela is located – and in general

[22] Daniel Panzac, *Quarantaines et lazarets: L'Europe et la peste d'Orient (XVIIe–XXe siècles)* (Aix-en-Provence: Édisud, 1986), 99.

for all passengers coming "from various parts of Turkey". In his opinion, if the minister did not accept this request and the lazaretto could only receive ships from Nea Mintzela (*επιτόπια πλοία*), then trade would not develop, the municipality would not grow and health would not improve. Yet, his economic ambition was the reason for his political failure. If the Nea Mintzela lazaretto was to accept all arrivals and transports, it had to become public, because the central government had more resources than the municipality to manage such a promotion in status and the resulting economic development.

A second point relates to the hierarchy among the public lazarettos, which were allowed to receive all Greek and foreign ships.[23] Among them, the lazarettos of Hydra, Skiathos and Ermoupoli were moreover considered as "central" or "general" because they accepted people specifically from the Ottoman Empire, which was considered the principal hotbed of the plague.[24] This explains indeed the importance of Ermoupoli's lazaretto. The largest health establishment of the country treated "all vessels connecting the western Mediterranean and the Levant, in particular the ports of Thessaloniki, Istanbul, Smyrna, but also Alexandria or Syria".[25]

Finally, none of these regular lazarettos (public or municipal) were allowed to accept cholera-infected vessels. These had to go to the special lazarettos on Delos, Agios Sostis, Agia and Aegina (the latter, in all likelihood, accepted ships bound for Piraeus). Of these, the most important was that of Delos, the only one in continuous operation throughout the nineteenth century to monitor the arrivals that were too risky for the public health of the kingdom. The others appear in the archives whenever rumours of cholera surfaced.

This border system was supported by the health offices (see the next section) and the cordon sanitaire (*υγειονομική γραμμή*) along the northern mainland border. From 1836, before the construction of a mainland lazaretto, along the "boundary line" (*οροθετική γραμμή*), "on the … points that are accessible in the summer months, parlours are set up which are very reminiscent of the Austrian *Rastelle*".[26] These were the military posts through which all travellers coming from Thessaly and Epirus had to pass and where they were quarantined. In September 1836, Othon requested the "frontier guard" and the military posts to establish a cordon sanitaire because of the rumours that the plague was in "Volos,

[23] Ibid.

[24] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 84.

[25] Daniel Panzac, *La peste dans l'Empire ottoman, 1700–1850* (Leuven: Peeters, 1985), 462. From 1832 to 1844, plague was detected on 13 ships that entered the port from the Levant. Panzac, *Quarantaines et lazarets*, 100. This is a proportion "close to that of the Marseille ships that frequented the Levant in the 18th century." Panzac, *La peste dans l'Empire ottoman*, 463.

[26] Panzac, *Quarantaines et lazarets*, 99.

Portaria and Trikala in Thessaly" and that " Cholera morbus had reached as far as Ragusa".[27] The cordon sanitaire left only three points open: in Taratsa, Itamos (Agrafa) and Makrynoros, that is, the points where lazarettos were erected. Since then, rumours of the plague alone were enough to cut off communications with Thessaly and Epirus.[28] Henri Dumont, a member of the Medical Council, was appointed "Health Inspector of the Boundary Line" (*υγειονομικός επιθεωρητής της οροθετικής γραμμής*).[29] A Swiss Philhellene and chief medical officer of the army, he had participated in the revolution, during which he held a similar position:

> In line with Royal Order of 5 7ber [September], which prescribes us to propose to Your Majesty a doctor as general inspector of the health facilities on the borders, I have the honour to propose to Your Majesty for this position Dr Dumont, who, having already fulfilled a similar mission during the plague of 1828, possesses at the same time all the necessary knowledge, activity and devotion.[30]

It is very likely that the medical post was initially limited to monitoring the health of the soldiers guarding the "parlours" and the cordon sanitaire.[31] At the same time, it is conceivable that it could monitor the manner in which quarantine regulations were applied by these same soldiers. After the establishment of the mainland lazarettos, it is very likely that this inspector continued to combine his role as medical inspector of the army with that of the health facilities. Dumont visited them at least once, in 1843.

The Health Code, specifically the Decree on the Regulation of the Health Offices and Lazarettos of the Kingdom of Greece, further organised the functioning of the sanitary system. It provided for two health inspectors (*επιθεωρητής*, *υγειονομοεπιθεωρητής*) attached to the Ministry of the Interior, with a monthly salary of 250 drachmas, at least one of whom would be a doctor.[32] The inspectors

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[27] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 193, doc. 104.

[28] Maria Korasidou, *Όταν η αρρώστια απειλεί: Επιτήρηση και έλεγχος της υγείας του πληθυσμού στην Ελλάδα του 19ου αιώνα* (Athens: Typothito, 2002), 40.

[29] *FEK*, no. 8, 4 May 1842, 49. Other terms used included "frontier inspector" (*επιθεωρητής μεθορίων*) and «*frontier* health offices inspector" (*επιθεωρητής των κατά τα μεθόρια υγειονομείων*), *Στρατιωτικός Άγγελος* 6 (1846–47): 94 and Kouzis, "Αι μετά την ίδρυσιν," 81.

[30] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 193, doc. 117.

[31] In 1838, the interior minister was "warned by the Ministry of War that Dr Dumont was appointed, by His Majesty, chief medical officer and placed on the borders." GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 194, doc. 1. *O Σωτήρ*, 3 February 1838, referred to him as "inspector of the health service of the armies at the frontier" (*επιθεωρητής της υγειονομικής υπηρεσίας των εις τα μεθόρια στρατευμάτων*).

[32] The issue of the medicalisation of the service is beyond the scope of this article. However, we note that the appointment of a medical specialist did not come naturally to contemporary

had to visit all health posts, a duty for which they received 500 drachmas per year (*οδοιπορία*). It is likely that no more than one inspector was ever appointed at any given time.[33] Any senior health employee (*ανώτερος υγειονομικός υπάλληλος*) of the Ministry of the Interior could be appointed as inspector. For his extra service, he received 50 drachmas in addition to his regular salary for each month that the inspection tour lasted. Thus, the persons who performed this service after 1845 are unknown. Apart from Dumont (in office, in all probability, until his death in 1852),[34] we know of the case of the physician, prefect, minister and consul Andreas Zygomalas, who soon resigned for political reasons during the political dominance of Kolettis, who was prime minister from 1844 to 1847. Finally, it should be noted that after 1845 the inspector was no longer dependent on the Ministry of War and his role was no longer limited to inspecting the cordon sanitaire in the north.

As for the lazarettos, the Health Code sought to pin them down on the map once and for all and to lay them out in a line. It was no longer a matter of responding to an immediate threat (especially cholera). The system would be stable, would not require significant expansion, and was designed to control border movements rather than merely monitor them closely. The same aspirations for geographical stability also applied to the health offices, but in their case the difficulties seemed almost insurmountable.

The situation with the health offices is complicated: they were often relocated, saw their importance fluctuate, as it depended on the unstable economic and commercial importance of the location, and their health officers were often officials from other authorities (municipalities, customs, lazarettos). In 1836, there were only three health offices (Syros, Hydra, Tinos), revealing a serious gap in the country's health surveillance (it is worth noting that in the same year there were only two lazarettos).[35] Two years later, the number of health offices had increased to thirteen. However, neither figure is representative because the service in other ports of the country was "entrusted to the port captains or to the customs officers" (table 3).[36]

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minds: the system functioned largely thanks to "the superintendents, the guardians, the gendarmerie and the military force". Doctors "follow, [they] present themselves at the borders after being called by the abovementioned employees and only after the disease has appeared." Korasidou, *Όταν η αρρώστια απειλεί*, 50.

[33] Theodoros P. Deliyannis and Georgios K. Zinopoulos, *Ελληνική νομοθεσία από του 1833*, vol. 3 (Athens: Ermou, 1862), 336.

[34] *Le Courrier d'Athènes*, 17 June 1852.

[35] *Ο Σωτήρ*, 15 March 1836.

[36] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 140.

Table 3.
Border authorities with health responsibilities, 1838

Health office	*Port authority*	*Customs office*	
Ermoupoli	Aegina	Amorgos	Oreoi
Hydra	Agia Marina	Anatoliko (Aitoliko)	Paliochalia
Kalavria (Poros)	Aigio	Antikyra	Panormon
Koroni	Andros	Astros	Porto Rafti
Nafplion	Astakos	Atalanti	Sabria (*sic*, Gavrio)*
Nea Mintzela	Chalkida	Chostia (Prodomos)	Serifos
Patras	Eretria	Corinth	Sifnos
Piraeus	Galaxidi	Elefsina	Skyros
Santorini	Gytheio	Epidaurus	Stylida
Skiathos	Ios	Epidavros Limira (Monemvasia)	Vatika (Neapoli Voion)
Spetses	Kalamaki	Ermioni	Vitrinitsa (Tolofon)
Tinos	Kalamata	Filiatra	Zacholi (Evrostina)
Vonitsa	Karystos	Gialtra	Zaverda (Palairos)
	Kea	Karvasaras (Amfilochia)	
	Koumi (Kymi)	Katakolo	
	Kyllini	Katochi	
	Loutraki	Kiato	
	Messolonghi	Kimolos	
	Methoni	Korthi	
	Milos	Kranidi	
	Mykonos	Kyparissia	
	Nafpaktos	Kythnos	
	Naxos	Leonidio	
	Oitylo	Limni	
	Paros	Loutraki	
	Petalidi	Megara	
	Pylos	Mytikas	
	Salamina	Neochori	
	Skopelos	Nisi (Messini)	
Total: 13	*Total*: 29	*Total*: 42	
Total: 84			

* "Sabria" is clearly a typographical error as this toponym only occurs in this issue of the *FEK*. In 1836, Gavrio was one of the three customs offices established in the administrative district of Tinos and Andros (*FEK*, no. 51, 26 September 1836, 270), along with Korthi and Panormon. My thanks to the journal's copyeditor for alerting me to this.

Sources: Decree on the Kingdom's Port Authorities, *FEK*, no. 4, 3 February 1838; GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 140.

Until 1845, there was a strong tendency for non-health authorities to assume health responsibilities. According to article 23 of the Decree on Internal Passports of 28 March 1835, the mayors of "coastal places or islands" could, for example, "visit the ships, which, in very urgent and extraordinary cases, dock in their ports". The mayors had the right, through a health superintendent (*υγειονομικός επιστάτης*), to retain the passports of passengers who were "not in order". In another example, the municipality of Kymi in Evia appointed a sanitary doctor (*υγειονομικός ιατρός*) to visit the ships in its port. Such a doctor, almost always an empirical one, mainly inspected ships of foreign origin. However, the same article provided for penalties for any authority that exceeded the limits of necessary embarrassment.[37] The mayor's office that sought, on the one hand, to fulfil its health role and, on the other, to avoid situations that were almost unavoidable when exercising control, was therefore faced with a difficult balancing act.

According to prefectural legislation, prefects were also responsible for monitoring the proper functioning of health facilities and the application of health laws.[38] In the light of this requirement, in 1833 the prefect of the Cyclades appointed a three-member committee to administer the health affairs in his jurisdiction.[39]

However, neither the municipality nor the prefecture was able to monitor the maritime and trade routes of the Balkans and the eastern Mediterranean, unlike the specialised port authorities. In January 1834, a regulation on the port authorities divided the country's coastline into five sections around a main port (*πρωτεύων λιμήν*): Hydra, Syros, Skiathos, Messolonghi and Neokastro (Pylos). The regulation provided that the various marine officers (the five port captains [*λιμενάρχης*], the assistant port captains [*υπολιμενάρχης*] and the port superintendents [*επιστάτης λιμένος*])[40] could take direct responsibility for health obligations (*τα υγειονομικά [χρέη]*) provided that the port was not important enough to require the appointment of "special health officers" (*ειδικός υγειονόμος*). In such cases, seafarers in port service also served as

[37] *FEK*, no. 24, 20 May 1835.

[38] See article 11 (47), Decree on the Competence of the Prefects, and the Services of the Prefectures, 26 April 1833 (*FEK*, no. 17, 5 May 1833); article 51, Decree on the Competence of Governors and Vice-governors and their Services, 26 June 1836 (*FEK*, no. 32, 3 July 1836); and article 13 (45), Decree on the Responsibilities of the Prefects and their Services, 5 December 1845 (*FEK*, no. 35, 29 December 1845).

[39] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 60.

[40] In late 1837, three "port guards" (*λιμενοφυλακαί*) were added. Decree on the Kingdom's Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 140.

"health guardians" (*υγειονομικός φύλαξ, υγειονομοφύλαξ*). In conducting these specialised duties, all port officers were under the authority of the Ministry of the Interior and the prefects, not the Ministry of the Navy.[41]

The combination of various border tasks was a consistent feature throughout the period. The lack of a specialised health service weighed heavily on the country's health protection because any officer (such as a mayor, sailor or customs officer) with little competence in health matters, who had to combine several other responsibilities, could not be very effective. The functioning of the lazarettos depended on the health officers who examined the bills of health (*υγειονομική πιστοποίησις*) and had "the power to allow free pratique (*ελευθέρα κοινωνία*), or to impose quarantine, or to turn away ships, men, animals or goods".[42] In other words, there was no comprehensive interest in knowing who entered the territory of the kingdom apart from whether the arrival paid the customs duties and sanitary charges. The lazarettos alone were not sufficient, given to the country's extensive borders, and the other port and customs authorities were unable to succeed in tasks that they considered secondary to their primary responsibility.

That the priority was the collection of sanitary charges is demonstrated by the fact that most authorities with health responsibilities were customs officers. Economics trumped public health. Thus, the governor of Cyclades warned the interior minister that ships "of various flags" anchored at Thoriko without paying the "sanitary port" fees (*υγειονομολιμενικά*), which incurred a great loss on the economy.[43] The archival evidence shows that in order for the king to agree to extend the health offices system, the minister had to remind him of its economic benefits.[44] Moreover, the logic behind the institution of a health office was first and foremost to fight smuggling.[45] Thus, a health guardian was appointed for the deserted islands of Koufonisia, "in which clandestine abordage and smuggling are still taking place".[46]

The system established in late 1837, which already fell far short of the needs of a specialised health service, would get worse. The following year,

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[41] In the case of a disagreement between the orders of the prefect and those already received from the two ministries, the officer had to obey the former.

[42] Article 1, Health Law XXII and Related Penal Provisions, 25 November 1845 (*FEK*, no. 37, 31 December 1845).

[43] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 194, doc. 107.

[44] For example, GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 194, doc. 117, 122 and 130.

[45] Gerasimos Pentogalos, *Γιατροί και ιατρική Κεφαλονιάς στα χρόνια των ξενικών κυριαρχιών (1500–1864)* (Thessaloniki: University Studio Press, 2004), 433.

[46] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 127.

the port services were reduced and, according to the interior minister, "since these officers had also been in charge of the health service, now this service, so important for the happiness and the credit of the state, is not supervised at these points".[47] What is more, the state bankruptcy of 1843 led to the abolition of the health offices of Nea Mintzela, Patras, Spetses, Chalkida (established in 1839), Santorini, Poros and Nafplion. Their responsibilities, as well as port responsibilities, were transferred to a new officer, the port health guardian (*υγειονομολιμενάρχη*).[48] By combining port and health responsibilities, this title formalised a term in use at least since 1836.[49] The ministries of the navy and of the interior were involved in the choosing the name of the candidate to be submitted to the king.

The changes introduced by the Health Code were major in this respect. The code stabilised the system, specialised it, broadened its scope considerably and promoted the primacy of health over the economy. The Decree on the Regulation of the Health Offices and Lazarettos of the Kingdom of Greece stipulated that every health employee (*υγειονομικός υπάλληλος*) could also assume, "if possible", according to the wording, economic and/or port responsibilities without salary compensation. What differed from the past was that it was the health employees who assumed non-sanitary roles and not the other way round. The code recognised the superiority of the health officer's service over that of customs officers and port captains because he ensured both the collection of all fees and duties related to navigation and trade and the protection of public health against unsupervised border movement.

Furthermore, the code sought to impose its rules on the Mediterranean and Balkan trade routes in order to consolidate them. Until 1845, the health offices were subject to the trade changes in the eastern Mediterranean. Some localities declined economically while others improved their trade position and, hence, their health offices. By 1845, however, the opposite claim was being formulated. Traders, transhumant pastoralists, immigrants, refugees, ships, postal correspondence, and germs no longer had the "freedom" (unless they went underground) to choose the point of entry into Greek territory. The establishment of the borders in 1832 and the effort for their sanitary consolidation had international commercial dimensions and repercussions for epidemiological routes as well.

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[47] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 68.

[48] Decree on the Abolition of Some Health Posts, 29 May 1843 (*FEK*, no. 23, 21 July 1843).

[49] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 189, doc. 64.

Table 4.
Health offices in Greece, 1845

Place	*Region*	*Class*	*Place*	*Region*	*Class*
Syros	Syros	1st	Chalkida	Evia	3rd
Piraeus	Attica	1st	Itamos	Evrytania	3rd
Patras	Achaia	2nd	Gytheio	Laconia	3rd
Vonitsa	Akarnania	2nd	Thera (Santorini)	Thera (Santorini)	3rd
Anninos	Akarnania	2nd	Kalamata	Messenia	3rd
Kymi	Evia	2nd	Koroni	Messenia	3rd
Skiathos	Evia	2nd	Pylos	Messenia	3rd
Skopelos	Evia	2nd	Mykonos	Syros	3rd
Hydra	Hydra	2nd	Andros	Tinos	3rd
Spetses	Hydra	2nd	Tinos	Tinos	3rd
Amaliapoli (Nea Mintzela)	Fthiotida	2nd	Kalavria (Poros)	Hydra	3rd
Taratsa	Fthiotida	2nd	Galaxidi	Galaxidi	3rd
Messolonghi	Aitolia	2nd			
Nafplion	Argolida	2nd			

Source: Decree on the Seat of the Health Authorities, *FEK*, no. 37, 31 December 1845, 238.

The code established two first-class, twelve second-class and twelve third-class health offices (table 4). Each office was headed by a health committee (*υγειονομική επιτροπή*), a French-inspired measure. Its members were the health officer (as its chairman), the health office doctor, the mayor (or his substitute), the magistrate (if there was one) and a citizen, chosen by the central government for a period of three years. The citizen was to be literate, be respected by his fellow citizens and not be a shipowner. He was to be chosen among citizens whose family lived in the adjacent city and who owned substantial land in the location of the health office. Finally, he was expected to assume office without remuneration and to give priority to the health office over his own financial interests.[50]

Below the tier of the health offices, health stations (*υγειονομικοί σταθμοί*) were divided into two categories: the simple ones – which numbered 60, contrary to the law's provision which set their number at 64 – and the four stations with a health

[50] The interior minister believed that the citizen member could be a merchant provided the mayor was not. Thus, he could give his opinion on matters relating to trade without the risk of circumventing the law, because "only one trader among four other members of the committee cannot influence the majority". GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 191, doc. 3.

enclosure superintendency (*υγειονομικοί σταθμοί εις ους είναι προσαρτημέναι επιστασίαι υγειονομικών περιφραγμάτων*). The stations were under the direction of a health station director (*υγειονομοσταθμάρχης, σταθμάρχης, σταθμοφύλαξ*), who was paid 60 drachmas per month. There was provision for the appointment of regular health guardians (*τακτικοί φύλακες, υγειονομικοί φύλακες*) in all health stations, on a salary of 30 drachmas per month.

At the base of the hierarchy, there were 60 – although the law provided for 62 – health surveillance posts (*υγειονομικά φυλακεία*) under the authority of a health guardian, on a monthly salary of 40 drachmas.

Table 5.
Personnel and salaries in the health offices (according to class)

1st class		**2nd class**		**3rd class**	
Officer	*Salary*	*Officer*	*Salary*	*Officer*	*Salary*
Health officer	200 dr.	Health officer	120 dr.	Health officer	100 dr.
Doctor	120 dr.	Doctor	100 dr.	Doctor	80 dr.
Secretary	120 dr.	Secretary	90 dr.	Secretary (if necessary)	80 dr.
Clerk (*γραφεύς*)	80 dr.	Sergeant	45 dr.	Supplier (if necessary)	Paid from the sanitary charges
Help	60 dr.	Fumigator (if necessary)	45 dr.	2 regular guardians	30 dr. each
Sergeant (*αρχιφύλαξ*)	50 dr.	Supplier	Paid from the sanitary charges	Irregular guardians (when necessary)	Tips and other gifts (*τυχηρά*)[1]
Fumigator (*καπνιστής*)	50 dr.	2 regular guardians	35 dr. each		
Supplier	Paid from the sanitary charges	Irregular guardians (when necessary)	Tips and other gifts (*τυχηρά*)		
3 regular guardians	40 dr. each				
Irregular guardians (when necessary)	Tips and other gifts (*τυχηρά*)				

Table 6.
Personnel and salaries in the the lazarettos (according to class)

1st class		**2nd class**		**3rd class**	
Officer	*Salary*	*Officer*	*Salary*	*Officer*	*Salary*
Superintendent	200 dr.	Superintendent	120 dr.	Superintendent	100 dr.
Doctor	120 dr.	Doctor	100 dr.	Doctor	80 dr.
Secretary	100 dr.	Secretary	80 dr.	Secretary (if necessary)	60 dr.
Storekeeper (*έφορος αποθηκών*)	80 dr.	Guardian	45 dr.	2 regular guardians	30 dr. each
Sergeant (*αρχιφύλαξ*)	50 dr.	Supplier	Paid from the sanitary charges	Irregular guardians and aerators (when necessary)	Tips and other gifts
Supplier	Paid from the sanitary charges	2 regular guardians	35 dr. each		
3 regular guardians	40 dr. each	Irregular guardians and aerators (when necessary)	Tips and other gifts		
Irregular guardians and aerators (*αεριστής*) (when necessary)	Tips and other gifts				

Source: Health Law XXII and Related Penal Provisions, *FEK*, no. 31, 7 December 1845.

Note: * In addition to these personnel, the law provided for the possibility of the appointment of boatmen with an individual salary of 25 dr. per month. However, there was a restriction that their total number throughout the country could not exceed 15 men.

Source: Health Law XXII and Related Penal Provisions, *FEK*, no. 31, 7 December 1845.

The staff of the entire border health system is listed in tables 5 and 6; they correspond to the legislative provisions, and they are difficult to relate to actual appointments. However, Casimir Leconte estimated that there were 387 civil servants in the system in 1845, thus confirming the data in the tables (389 people plus the staff of the municipal lazarettos, for which no information is available).[51] This was a considerable development compared to the 107

[51] Casimir Leconte, *Étude économique de la Grèce, de sa position actuelle, de son avenir; suivie de documents sur le commerce de l'Orient, sur l'Égypte, etc., avec une carte de la Grèce* (Paris: Didot, 1847), 113.

employees recorded in 1842, of whom 20 worked on Syros, 10 on Skiathos, 10 in Piraeus and 9 on Hydra.[52]

Furthermore, the staff of the neighbouring health office were permitted to assume lazaretto services, in return for a supplement to their salary: for the health officers it varied between 40 and 80 drachmas, for the doctors between 30 and 50 drachmas and for the secretaries between 15 and 30 drachmas per month. Finally, it was possible for a secretary – from the lazaretto or from the health office – to assume the role of lazaretto superintendent. His supplement was between 15 and 30 drachmas per month.

The Ministry of the Interior appointed all regular staff (secretaries, fumigators, helpers, suppliers and regular guardians), while the subprefects organised temporary staff as the need arose (irregular guardians and those who aired the objects in the lazarettos). In addition, the Decree on the Appointment of Non-natives to Health Posts sought to combat favouritism. Thus, it prohibited people from being appointed to health posts in their or their wife's native locality. In other words, the health posts were closed to people who were linked to local family networks and, therefore, "to local sympathies or to conflicts and passions existing in the area of responsibility of the said health authority", as the decree stated.

The Search for Regulation (οργανισμός)

How should the port, health, customs and municipal authorities act in practice? What regulations should they apply? How long did quarantine last? How were the authorities able to distinguish between who and what had to be quarantined and who and what could enter the territory freely?

Answers to such questions were not given in a uniform, stable and comprehensive manner until 1845. Appendix 1 includes the 40 legislative texts (proclamations [*δηλοποίησις*], circulars and decrees) related to the issue promulgated between 1833 and 1844. Three of them aimed to homogenise one of the most important matters of the period – sanitary charges and thus public revenue – and 15 dealt with the subject

[52] Frederick Strong, *Greece as a Kingdom or a Statistical Description of That Country, from the Arrival of King Otho, in 1833, Down to the Present Time; Drawn Up from Official Documents and Other Authentic Sources* (London: Longman, Brown, Green, and Longmans, 1842), 95. We must not, moreover, forget the priest, who was required to administer Last Communion. He was not a permanent employee but was the communal priest, who was summoned for the occasion. According to a testimony prior to 1833, the priest, before entering the Tinos lazaretto, wore a long gown and boots while his spoon was long enough to avoid him coming in contact with the patient. Ioannis Moschonas, "Η νοσηλευτική περίθαλψη στην Αθήνα κατά την περίοδο 1800–1850" (PhD diss., National and Kapodistrian University of Athens, 1993), 85.

of reciprocity between the navigation and sanitary charges paid by ships from Greece in foreign ports and those paid by foreign ships in domestic ports. This very important subject, which explains the large number of legislative documents, will be dealt with later. These 15 proclamations do not, however, concern the functioning of the lazarettos and health offices of the Greek state, but its international relations. In this line, there are three other circulars that sought to strike a balance between the movements of the Western European war fleets and the health needs of the country. Among the remaining 19 pieces of legislation, it is difficult to identify any attempt to issue concrete quarantine rules, as in a comprehensive technical manual that would be useful to personnel with little specialisation in health matters. A study of the legislative output of the period shows that the law dealt with only some aspects of the quarantine system whenever a relevant question arose. For example, the need to face the movements of European fleets in the Mediterranean led the Greek state to issue the first document of the declaration (*εξομολόγησις*) that the captains had to sign after filling in all the details about their route from the port of departure to the Greek port.

An important measure was put in place by the Decree on the Health Measures to be Taken at the Borders of the State of 8 April 1836. The decree was the first to concern itself with the northern land borders and the first to call for the armed surveillance of the traffic on them. Initiated by the Ministry of the Interior as early as December 1835, it required travellers coming from Thessaly and Epirus to provide for themselves and for their goods (*πραγματείαι*, *πράγματα*) documents proving the sanitary state (*κατάστασις της υγείας*) of the places of origin and passage (*αποδεικτικά περί της υγείας του τόπου*) and of the place where the goods were bought. Only on presentation of such documents could the passenger and his goods be quarantined. These documents had to be issued by the Greek consulates or by one of the representatives of a European power or, where appropriate, by "other competent local authorities". However, although the decree was issued amid the threat of cholera, it dealt with only one eventuality: that of passengers from regions whose sanitary state did not raise suspicion (*ανύποπτος*) of contagion. It was difficult to define this kind of sanitary state; this situation was quite characteristic of the prevailing confusion. According to later practices, the sanitary requirements defined it as a place that was not contaminated by an epidemic disease. These travellers from Thessaly and Epirus had to remain in quarantine for three days. If their belongings were liable to contamination (*πράγματα επιδεκτικά μολυσμού*), they had to be washed or fumigated. If they could not withstand such means of disinfection, they had to be aired for seven days and also shaken (*να τινάζωνται*).[53]

[53] *FEK*, no. 14, 14 April 1836. It is instructive to determine here a practice of quarantine,

The 1834 Penal Code was also important. It was repressive and not preventive in nature, as demonstrated by articles 318–320, entitled "Personal Offences, and Dangers due to Violations of Quarantines and the Spread of Contagious Diseases" (*μολυντικών νόσων*).[54] Article 318 foresaw penalties for three types of quarantine violation: capital punishment, if there was contagion; temporary hard labour (*δεσμά πρόσκαιρα*), if there was no contagion but the accused came from a place where either the plague (*λοιμός*) or another pestilential disease (*λοιμώδης νόσος*) had appeared, against which Greece had applied health measures. Moreover, the disease had to have been evident at the time of the departure of the accused person, meaning he must have been aware of it; and imprisonment (*ειρκτή*) in all other cases.

However, the overriding question remains: how long did quarantine last and according to what rules was it imposed? The information is patchy. In the Gulf of Vonitsa (Ambracian Gulf) and as long as "the sanitary state of the neighbouring … Ottoman province does not raise suspicion of contagion", the duration is reduced from 11 to 7 days for passengers and from 20 to 14 days for goods liable to contamination. The reference to a reduction is inexplicable, as this is the first official reference (1836) to quarantine at sea. Perhaps Capodistrias' health regulation was still being applied. At least one document in the archives refers to it, even though it suggests that the regulations were not complete and uniform.[55] According to this 1835 document, quarantine of 14 days was envisaged "for men who come with a clean bill of health, and 28 days for passengers coming from an infected country". In 1838, however, the duration of quarantine for passengers coming from a place infected by the plague (*un endroit infecté de peste*) was 17 days.[56] In March 1839, the Medical Council tried to classify the bills of health of ships into four categories:

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the *surino* (*προκάθαρση*). A measure taken in the port of Trieste, it refers to the days of quarantine that begin after the declaration of the ship's captain and the medical examination of the passengers. If there was a suspicion of plague, all were isolated on the ship. The surino began from the moment the goods were exposed to the open air on the vessel. Once the surino was completed, the goods were unloaded to the lazaretto's stores and the passengers entered the lazaretto to continue the quarantine for the remaining days. John Purdy, *The New Sailing Directory for the Gulf of Venice and the Eastern or Levantine Division of the Mediterranean Sea; Together with the Sea of Marmara and the Euxine or Black Sea Comprehending the Eastern Coast of Italy, the Illyrian Coast, the Coasts of Dalmatia and Greece, the Ionian and Grecian Isles, the Archipelago and Levant etc.* (London: R.H. Laurie, 1834), 13.

[54] Also relevant are articles 24, 72 (6), 97 and 449–489 regulating the service of each civil servant.

[55] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 192, doc. 83. Report of the interior minister on the health regulations of the country, 15 June 1835.

[56] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 192, doc. 92.

clean (*καθαρά*), doubtful (*αμφίβολα*), suspected (*ύποπτα*) and foul/contaminated (*μεμολυσμένα*).[57] The outcome of this proposal is unclear. However, the whole system described in the first part of the article could not function without a strict definition and a uniform classification of the bills of health and the correspondence between them and the duration of the quarantine period.

The issue of bills of health is complicated and, although it was the concrete basis of quarantine, remained without regulation. A bill of health described the sanitary state of the regions of departure and passage until the arrival of an individual or an object before a Greek border authority. A wide international network of informants was thus necessary, a network which essentially required and led to the application of uniform procedures at all crossing/border areas.[58] A health officer had to be aware of any disease or death that occurred during the trip, he was required to examine closely and critically access the captains' testimony and had to be in direct and continuous contact with other countries, through consuls (therefore through the Ministry of Foreign Affairs) and other inhabitants (merchants, local magistrates, journalists). Once the bill of health had been established, he had to decide on the duration of the quarantine that corresponded to the level of risk the bill represented and had the power and legitimacy to impose the quarantine. These matters were only settled in the Health Code.

In the place of the slow resolution of specific problems, of patchy regulation, of the frequent transfers of health officials and of the constant adaptation to the needs of place and time, the code introduced predictability, geographical stability (which is also economic and epidemiological), uniformity, formalisation and prevention. In 1845, the state demonstrated the capacity to formalise and control its borders while integrating them into the interstate political, economic and epidemiological geography that was under construction.

The principle text of the code is Law XXII. A penal code, it included all the provisions of the 1834 Penal Code relating to health (for example, article 318 was replaced by article 37 of the new law) and expanded them to treat almost all possible transgressions (18 articles). The severity of the prescribed penalties is generally proportional to the consequences of the illegal action. The text, which has gone largely unnoticed in the literature, was thus critical not only for public health but for the legal system, the functioning of the police, defining crime, and medical practice in Greece.

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[57] Kouzis, "Αι μετά την ίδρυσιν," 80.

[58] The work of the International Sanitary Conferences is significant in promoting such a unification. See Valeska Huber, "The Unification of the Globe by Disease? The International Sanitary Conferences on Cholera, 1851–1894," *Historical Journal* 49, no. 2 (2006): 453–76.

The law divided places of origin and transport (if objects were involved) into two categories: immune places (*άνοσοι τόποι*) and places "not considered immune from a sanitary point of view" (*μη θεωρούμενοι υγειονομικώς άνοσοι*). All arrivals and transports (*τα ερχόμενα ή μετακομιζόμενα*) from the latter were divided into three types: those with a clean bill of health (*κατηγορία της καθαράς πιστοποιήσεως*), those with a suspected bill of health (*κατηγορία της υπόπτου πιστοποιήσεως*), and those with a foul bill of health (*κατηγορία της ακαθάρτου πιστοποιήσεως*). Quarantine was envisaged for all three of them (table 7).

Table 7.
Duration of the quarantine in Greek lazarettos, 1845 (in days)

Costal lazarettos					*Mainland lazarettos*	
Bill of health	Ships	Crew and passengers		Objects liable to contamination	Individuals	Objects liable to contamination
		Without *spoglio*	With *spoglio*			
Clean	7	7	5	11	5	7
Suspected	12	12	7	17	11	17
Foul	21	21	17	28	21	28

Source: Decree on the Duration of Quarantine, *FEK*, no. 37, 31 December 1845, 240.

The legislation provided the criteria for establishing the sanitary state of a region: Firstly, immune places were regions that had a regular and effective public health system and were not contaminated by disease. All arrivals and transports from them were granted free pratique, that is, they were exempt from quarantine as long as their bill of health was clean (*ελευθέρα υγειονομική πιστοποίησις*) and if there was no communication (*συγκοινωνία*) or other suspicious event during the trip.

Second, an arrival or transport with a clean bill of health was one that had come from a place which, although not protected by a regular public health system, did not raise suspicion of being contaminated by a pestilential disease (*λοιμώδης νόσος*). In addition, the place of origin must not be in free pratique with places where such a disease was present. In order for these individuals and objects to maintain this kind of bill, they must not have had, en route, any direct or indirect communication with suspicious or contaminated (*υπόπτους ή ακαθάρτους*) localities or with people, animals or goods coming from suspicious or contaminated premises.

Thirdly, an arrival or transport with a suspected bill of health had come from places where there was a suspicion of a pestilential disease. They also include places where there had been no epidemic cases for 15 days, but not for more than 40 days, and places that were in free pratique with contaminated sites. Finally, all arrivals and transports, even if they had originated in a place that was immune or had a clean bill of health (*άνοσος ή καθαρός*), obtained a suspected bill of health if they had come into direct or indirect contact, en route to Greece, with localities or people, animals, boats or goods suspected of contamination.

Fourthly, arrivals or transports with a foul bill of health had come from places where plague (*πανώλις*) or any other pestilential disease existed, either in their midst or in their vicinity, or where there was a serious suspicion for its existence. Another possibility was localities where the last case of plague (*λοιμός*) had been reported within the preceding 15 days. In addition, in the case of arrivals from immune places or places with a clean or a suspected bill of health, they obtained a foul one if they had come into direct or indirect communication, during their journey, with contaminated or even impure places, people, animals, boats or goods (*μεμολυσμένα ή και ακάθαρτα*). The same category included arrivals which were confronted, en route, with a case of disease.

The law recognised wide margins of authority for health officers, who could use force against any person or ship that, after being ordered to turn back from the border, sought to enter Greece or come into contact with anyone at the border, and also against anyone that wanted to leave a place under quarantine in transgression of the country's health laws. The "health authorities can postpone the execution of orders, which come from higher authorities, if there is a danger of contagion spreading through this activity." They would maintain "the registers of marriages, deaths and births in the area where the lazaretto is located". They could also "in case it is requested … draw up the wills of individuals in the lazaretto" and, finally, had the power to assume the responsibility of police inspector (*ανακριτικός υπάλληλος*) for violations of any degree committed in the lazaretto area or, more generally, in the area under quarantine.

Moreover, all construction within 30 minutes' distance of the border was prohibited. In addition, health authorities could, on the advice of the Medical Council, burn any goods contaminated with the plague (*μόλυσμα λοιμού*) that could not be disinfected or transported safely for disinfection. The same principle applied to animals that had to be slaughtered. The owners of the goods or animals had no right to compensation. Finally, article 31 required consuls, sub-consuls and other agents abroad to participate actively in informing the government, or face severe penalties, about the incidence of plague, or other pestilential

diseases (*λοιμώδες νόσημα*), in the place where they were posted and about "any circumstances on which the measures taken by the health authorities in Greece depend" (*των εν Ελλάδι Υγειονομικών Αρχών*).

A final decree sought to tackle a specific issue: the facilitation of coastal maritime trade with the Ottoman Empire (*δια την ευκολίαν της ακτεμπορίας της Ελλάδος με την Οθωμανικήν επικράτειαν*).[59] The purpose was to balance health surveillance with commercial affairs (*δια την ευκολίαν της τε επιτηρήσεως και εκτελέσεως των υποθέσεων των πλοιαρίων*).[60] To this end, it was accepted that small boats of up to five tons could stay in a port without coming into contact with land (*ακοινώνητα πλοία*), provided they were not contaminated (*ακάθαρτα ή μεμολυσμένα*). This category of vessel could exercise this right only in the ports of Ermoupoli, Nea Mintzela and Vonitsa. In concrete terms, this right allowed these vessels to remain, without quarantine, in a certain delimited and fenced area of the beach (*πλησίον του παραλίου*), under the constant control of one or more health guardians. In this way, the vessels in question could conduct their business without their passengers leaving the designated boundaries. Meanwhile, a surveillance boat (*επιτηρητική λέμβος*) would monitor the sea day and night to ensure that maritime communications were avoided. In addition, the decree provided for the installation – outside the fenced enclosure – of a military post. Passengers on this ship could go out on land only after the guardian had given his permission and provided that there would be no large concentration of people. According to article 12, food and water would be provided on board, either by suppliers from other vessels or by persons designated by the passengers.

The Significance of the Timing of the Health Code in 1845

How do we explain these deficits in the health surveillance of the country's borders? Alternatively, why was the Health Code promulgated as late as 1845? This is not a theoretical question. The absence of a regulation for the country's border quarantine was in direct contradiction to the proliferation of legislation that meticulously organised and structured public health within the territory.[61] The contradiction ought to be explained in terms of why there had been such a

[59] Decree on Ships that are Exempt from Quarantine, 25 November 1845 (*FEK*, no. 37, 31 December 1845).

[60] These small boats conducted significant trade. In the 1850s, they represented 5,400 annual entries in Piraeus and 45,000 tons. Vassias Tsokopoulos, *Πειραιάς, 1835–1870: Εισαγωγή στην ιστορία του του ελληνικού Μάντσεστερ* (Athens: Kastaniotis, 1984), 158.

[61] See Athanasios Barlagiannis, *Η υγειονομική συγκρότηση του ελληνικού κράτους (1833–1845)* (Athens: Estia, 2018).

delay and why the regulation was promulgated in 1845. After all, many interior ministers before Kolettis tried to push the situation towards formalisation and unification. In 1835, the minister wrote that as "all the health regulations of the country … are still only provisional and, for this reason, defective and badly executed", the king should therefore accept his legislative proposals in this matter.[62] A few years later, in 1838, Interior Minister Georgios Glarakis, in collaboration with the Athens Chamber of Commerce, made changes to a regulation "for the health offices and lazarettos … which has been waiting more than four years to be implemented."[63] A year later, in March 1839, the Medical Council once again considered the question of regulation.[64]

To understand the royal hesitation, it is necessary to return to the time of the Bavarians' arrival in Greece. The regency was interested in the subject of lazarettos from the beginning. Informed of "[their] thoughts," Alexandros Mavrocordatos and Kolettis adopted opposite strategies. In the words of Georg Ludwig von Maurer, Mavrocordatos, "as a Phanariot supported economic interests and said that communication with the East should be maintained", but "Kolettis, who studied in Italy, gave more importance to the intellectual development of the country, proposing that stricter health measures be applied for the East, since in this way communications with Europe would multiply".[65]

It is necessary to decipher these arguments. Mavrocordatos supported a commercial argument which, until 1845, was opposed to the promulgation of a comprehensive quarantine regulation. The Ottoman Empire, which bordered the north, east and south of the Greek state, was an important economic partner, but did not have lazarettos. Until 1860, 22 percent of the total value of Greece's imports came from the Ottoman Empire, placing it ahead of imports from France and Britain.[66] The notion of sanitary and economic reciprocity was at play. Neither traded goods nor voyagers and merchants should pay sanitary charges in the ports of one country and be freely admitted to the other. Commercial competition would not be balanced in such a case. Maurer acknowledged that "Greek trade has its greatest activity even today with the Eastern states" and if

[62] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 204, doc. 9.

[63] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 192, doc. 112 and doc. 118.

[64] Kouzis, "Αι μετά την ίδρυσιν," 79. The subject preoccupied the Medical Council during several meetings in January 1834, on 3 September 1834 and 9 January 1835.

[65] Georg Ludwig von Maurer, *Ο ελληνικός λαός: Δημόσιο, ιδιωτικό και εκκλησιαστικό δίκαιο από την έναρξη του Αγώνα για την ανεξαρτησία ως την 31η Ιουλίου 1834*, trans. Olga Rombaki (Athens: Tolidi, 1976), 2:489.

[66] Tsokopoulos, *Πειραιάς*, 158.

"communication with these states is excluded with strict health measures, Greek trade would be doomed to decline".[67] Thus, the novelty of the "health ordinances" resulted in an economic crisis for Ermoupoli in 1836–1837.[68]

In addition to these commercial concerns, there were other economic priorities. The colonisation of the country and attracting foreign professionals would only be possible if certain facilities were provided for them. They were thus "exempt from customs duties" and could "freely" bring in clothes, horses, furniture and utensils.[69] Faced with such necessities, no comprehensive health regulation could be promulgated and the matter dragged on, leaving many aspects of the country's health protection unresolved.

Economic reductionism, however, does not suffice to explain why the Health Code was finally enacted since the economic arguments were still relevant. If the existence of the Ottoman Empire on three cardinal points of the Greek Kingdom prevented the promulgation of the regulation, other empires and states extending to the West demanded the opposite: it is desirable, wrote Maurer, that "Europe … completely abolish the health measures that were rigorous against" Greece.[70] To this end, the new state had to enforce quarantine at its borders:

> Not only is it necessary for the security of the kingdom, it is the manifest interest and policy of Greece to be exceedingly exact in the observance of her quarantine regulations, in order to gain by degrees the confidence of the other European states, with a view of eventually obtaining a relaxation of that vexatious, but necessary measure, the quarantine, and being ultimately admitted to free pratique.[71]

Although the plague had been extinct in Western Europe since 1721, it continued to wreak havoc in the Ottoman Empire until the mid-nineteenth century, and Greece was struck by it once in 1837. Already at that time, the Medical Council was conscious of the importance of strict regulations. It proclaimed that quarantine measures implemented against the plague were "aimed at saving … not only the rest of the places of the Kingdom of Greece, but foreign states":[72] the Greek state was advertising its system and its relevance

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[67] Maurer, *O ελληνικός λαός*, 488.

[68] Theodoros Sakellaropoulos, *Οι κρίσεις στην Ελλάδα 1830–1857: Οικονομικές, κοινωνικές και πολιτικές όψεις*, vol. 1, *1830–1845* (Athens: Kritiki, 1993), 116.

[69] Maurer, *O ελληνικός λαός*, 484.

[70] Ibid., 488.

[71] Strong, *Greece as a Kingdom*, 93.

[72] Proclamation of the Medical Council of 8 July 1837. Karl Wibmer, *Ιστορική έκθεσις*

for European security. Fear of the plague was strong enough for Western European countries not to accept eastern arrivals to their ports, including Greece's, without guarantees. In 1838, France, for example, scrutinised the Greek system: "Mr Ségur, Inspector General of Health Establishments in France, came to Greece to inquire about the state of quarantine in our country, and, as a result of this examination, to bring about, if possible, a reduction of quarantine in France against Greece." The inspector was not entirely satisfied with the situation he found. While he certified the effectiveness of the Greek system and proposed a reduction in the duration of quarantine in French ports, he "observed that the most urgent and necessary thing was to *issue a law and health regulations*, without which no confidence could be placed in the Greek government".[73]

In 1838, the government of Sweden and Norway, which regarded Greece as a country suspected of having the plague, announced that it no longer believed that the plague had a permanent presence in the country.[74] At this time the Ministry of the Interior was under the control of Glarakis, who, like Kolettis, was doctor. In fact, Glarakis prepared the ground for the establishment of the Health Code in 1845. Under his supervision from 1837 to 1839, the system underwent a major expansion and a large body of legislation was passed. The second cholera pandemic (1826–1837; it reached Greece's borders around 1836), the plague epidemic of 1837 and the changes in Ottoman frontier policy after 1838 all played a crucial role. It would appear that Greece's quarantine developed alongside the respective efforts of the Ottoman Empire (as a matter of reciprocity), even though more research is required in this area. It is no coincidence, for example, that the Ottoman quarantine council was created in 1838 (even though it began operations in 1840), that is, four years after the establishment of the Greek Medical Council, or that six years after the Greek Health Code the Ottomans promulgated similar regulations, the health offense law, which would not be implemented until 1884.[75] Even Serbia began to establish a quarantine system

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της εν Πόρω πανώλους κατά τους Απρίλιον, Μάιον και Ιούνιον του 1837, και των παρά μήνας Κυβερνήσεως ληφθέντων μέτρων, εκδοθείσα κατά επίσημα της επί των Γραμματείας έγγραφα, κατ' έγκρισιν της A.M. (Athens: Royal Printing House, 1837), 61.

[73] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 143. Emphasis in the original.

[74] Proclamation of 10 December 1838 on the free pratique of vessels from Greece with Sweden and Norway.

[75] Nuran Yıldırım, *A History of Healthcare in Istanbul: Health Organizations, Epidemics, Infections and Disease Control, Preventive Health Institutions, Hospitals, Medical Education*, trans. Rainer Brömer (Istanbul: Istanbul University, 2010), 21 and 28.

between 1836 and 1838.[76] Controlling the state's territory was not just an "internal" matter but an international one as well. Reciprocity was a key notion behind these parallel developments in the Aegean Sea, behind which also lay Western European pressure and also the cultural orientations of each individual state in the region.

Quarantine in most political discourses was not an economic issue; it was ideological and political/administrative. The "reputation" (*υπόληψις*) of the Greek state, for example, depended on its implementation. As the interior minister wrote to King Othon, "With regret I am obliged to report to Your Majesty that the health service in Amaliapoli is suffering to such a degree, that it is necessary for it to be organised, because otherwise public health is threatened and the reputation of the Government suffers."[77] Moreover, according to Maurer, Kolettis discussed the subject in terms of the "intellectual" interests of the country which required a comprehensive and well-established quarantine system. The government took pride in its proclamations from 1833–1844 that introduced sanitary reciprocity between Greek and Western European ships, not for the economic benefits that would result from them but because they attested to the recognition by the Western states "of the authority of the laws of the Greek State which extends to all administrative branches".[78] Indeed, one after the other, Western states gradually treated the country as an equal partner in the health system that was being constructed by the progressive integration of individual territories (we will return to this process below).

However, during the first 12 years of the Greek state's existence, there were other priorities. The focus was on securing its interior against endemic diseases as well as against political opposition. Upon completion of these tasks, the territory was gradually delineated, sovereignty established and the basis for Greece's integration into the interstate system was put in place as other states became confident in the efficiency of its public health system. From this perspective, the nature of the plague changed in Greece. Until 1845, it was considered an endemic disease to Greece – even by its own administrative and political authorities. Hence the eagerness to meticulously organise public health within the territory. Fighting the plague, and other diseases that threatened to spread geographically, was part of the process of administrative anchoring in the space that thus gradually became the space for the exercise of state sovereignty. Maurer explains the regency's dismay at "the geographical configuration of Greece, with

[76] Panzac, *La peste dans l'Empire ottoman*, 460.

[77] GAK, Othonian Archive, Archive of the Ministry of the Interior, f. 195, doc. 197.

[78] Proclamation of 2 September 1834 on the facilitation of relations between the Kingdom of Greece and the Austrian State.

its extensive coastline and numerous islands, [which] required enormous expense for effective surveillance, and for poor Greece it was not yet the time to assume such costs".[79] The fact that the Health Code was enacted after the bankruptcy of 1843 shows that the morphology of the country was no longer frightening in economic terms: with it, control over the frontiers was asserted.

Seen from another respect, the process of state construction "from within" was linked to the control of political resistance or cultural inertia against the unification of Greek territory. Letters from Peloponnesian local authorities to Kolettis complained about the taxation that the construction of lazarettos in Central Greece demanded. Local communities could not yet grasp the idea that a lazaretto constructed in another part of the country could indeed serve common health interests. Another example comes from the merchants of Syros. During the economic crisis of 1836–1839, they proposed the abolition of "useless ordinances", such as those of health, because they limited the freedom of trade. Their counterproposal was to make Syros a free port. The government's reply was swift, and showed that it was not a simple economic affair, but a larger political one: "Syros is not in a position to concentrate Greek trade forever."[80] The inhabitants of Syros did not understand their new place in the state, which sought to establish a unified economic and health space, whose direction was a matter for central government. Basically, the traders on the island with the largest lazaretto in the kingdom were upset by a process that, in their eyes, did not serve their own local interests.

A consideration of the orientation of the lazarettos, furthermore, attests that the process of constructing sovereignty was coupled with the geo-epidemiological and ideological construction of the European continent in opposition to the "Orient". First, the cordon sanitaire to the north was the geographical continuation of the cordon sanitaire which had separated the Ottoman from the Habsburg empire (4,000 soldiers were regularly deployed on the frontier between the two empires) since the Treaty of Passarowitz. Second, only one Greek lazaretto, that of Patras, was oriented towards the west. Between 1833 and 1850, Britain, through the Ionian Islands, represented on average 57 percent of the total movement of the port of Patras, placing it ahead of imports from the Habsburg Empire, Malta and the United States. It also exceeded imports from the Ottoman Empire and Egypt, which represented around 1 to 2 percent of the total imports.[81] As a result of this orientation towards the "healthy" west, it had no lazaretto

[79] Maurer, *Ο ελληνικός λαός*, 488.

[80] Sakellaropoulos, *Οι κρίσεις στην Ελλάδα*, 127–28.

[81] Nikos Bakounakis, *Πάτρα 1828–1860: Μια ελληνική πρωτεύουσα στον 19ο αιώνα* (Athens: Kastaniotis, 1995), 163–64.

until 1845, while in 1843 its health office was abolished. In the health office of Nafplion, furthermore, the arrivals of 1842 from the interior of the country or the west (Malta, Trieste and Corfu) were in free pratique. On the contrary, the quarantined ships were all of Ottoman origin.[82] In the port of Ermoupoli, on the other hand, after the 4,618 Greek ships that represented the majority of entrances in 1837, came the 266 ships from the Ottoman Empire whereas only 184 came from the ports of Britain (and the Ionian Islands), France, the Habsburg Empire and Italy.[83] Thus, the importance of Ermoupoli's lazaretto is clear.

The 1845 code institutionalised, on the one hand, the cultural orientation of the country towards the west and, on the other, the fear of the plague represented by the Ottoman Empire. The code designated clearly and officially all countries of Western Europe as immune places while, on the opposite side of the map, it imposed strict quarantine conditions on the Ottoman Empire. After 1845, it seemed that whatever entered from the "Orient" (a notion constructed by the practice of quarantine) "purified" itself on Greece's borders and in its territory according to the observed rules of public health. Subsequently, it was able to exit freely and continue its journey towards the "West" (also constructed as such by the code). In this way, the Western European states were assured that the kingdom was in geographical continuity with them. As Leconte observed, "Greece has responded with dignity to the needs of the time, and … completely justifies its admission among the nations whose provenances enjoy free pratique."[84]

Kolettis was apparently able to understand these interstate issues of quarantine more clearly than Mavrocordatos, who, although in favour of the European orientation of the country, did not envisage the rupture of his familial and economic ties with the Ottoman Empire. On the contrary, in 1845 Kolettis could finally proclaim the plague, Asiatic cholera and yellow fever as epidemics that came from "outside," and indeed from the Ottoman Empire, which by that act became the "oriental" neighbour of "western" Greece (Decree on Pestilential Diseases). Kolettis was, moreover, the statesman who formulated the Great Idea, which is no mere coincidence. As Vassilis Kremmydas has noted, "Around 1840 Ioannis Kolettis was ready to combine and link his patriotic/Enlightenment past with romantic 'nationalism' [*εθνισμός*], to overcome the notion of the 'fatherland' of the 'genos' and to put in its place the globality of the nation and to understand

[82] GAK, Archive of the Ministry of the Interior, vaccinations, 1/12, f. 2 (1842), maritime health laws, unclassified archives, Περίληψις των καταπλευσάντων και αποπλευσάντων πλοίων κατά το 1842 έτος.

[83] Panzac, *La peste dans l'Empire ottoman*, 463.

[84] Leconte, *Étude économique de la Grèce*, 113.

in its kerygma of unity the unifying and general idea of the nation-state."[85] Kolettis represents indeed the passage from the imperial frontier to state border. His familiarity with quarantine practices dated to his medical work alongside Ali Pasha, one of the two pashas who, in a rupture with the sultan, implemented quarantine measures.[86] He had learned from Ali Pasha that, if one wanted to make a political break with Constantinople, the quarantine was a necessary measure.[87] By trying to draw distinct frontiers with the empire, Greece embarked in the direction of establishing territorial and health sovereignty and of orienting itself culturally and geographically towards the "West". Using its territory as a basis, the Greek state could then progressively expand at the expense of Ottoman territory, as Nikos Svoronos has noted.[88] The Great Idea, like the Health Code, demonstrates that the construction of sovereignty is also a matter of borders and interstate relations.

Conclusion

Throughout the period under review, the application of quarantine measures was monitored by the European powers. The key concept was sanitary reciprocity between ships and individuals of various nationalities that crisscrossed the Mediterranean and the Balkans and around which hierarchies of states and empires were established. Being accepted into the interstate sanitary system that was controlled by Western European countries depended on political sovereignty and vice versa. In the end, the system of quarantines created an "us" against "them". In 1845, the Greek Kingdom designated a clear chronological and territorial demarcation line from its Ottoman past, when "Oriental" diseases reigned, and could thus proclaim its territory in continuity with "our" "European" space. The system was clearly oriented against the Ottoman Empire, because it was from it that the Greek state wished to distinguish itself. As a result of this new orientation, Greece became a sovereign Western European state. Yet, the Health Code was not the end

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[85] Vassilis Kremmydas, *Ο πολιτικός Ιωάννης Κωλέτης: Τα χρόνια στο Παρίσι (1835–1843)* (Athens: Typothito, 2000), 125.

[86] Kolettis was also health officer on Spetses during the revolution. Korasidou, *Όταν η αρρώστια απειλεί*, 33.

[87] Quarantine was more than once used to impose political separations. For example, the cordon sanitaire imposed by the Habsburgs on the Polish borders in 1770–1771 was used "as an exercise in the partition of that nation [Poland] in 1771." Peter Baldwin, *Contagion and the State in Europe, 1830–1930* (Cambridge: Cambridge University Press, 1999), 27.

[88] Nikos Svoronos, *Histoire de la Grèce moderne* (Paris: Presses Universitaires de France, 1953), 53–54 and 58.

of the process; it represented the basis for all future developments. However, although the plague was expected from the East, it was nonetheless from the West that cholera came in 1854 and challenged the borders of the country. This appearance of cholera was the result of the violation of quarantine regulations by the Anglo-French troops that were occupying Piraeus.[89]

Between 1833 and 1845, quarantine regulations underwent major changes. Initially, they were adapted to health threats, especially cholera, and to changes in trade routes. As the question of sovereignty was open, the commercial argument against adopting a quarantine system was just as important as domestic political disputes. Controlling territory was not easy and the Health Code of 1845 was a conclusive first step in this direction. Economic concerns were not abandoned, yet they were of secondary importance or at least they were of the same value as health concerns. The duration of the quarantine adopted in 1845 tried to strike a balance between commercial and navigational interests (*το εμπόριον και την ναυτιλίαν*), that is, "the prosperity of the king's subjects" (*προς την ευημερίαν των Ημετέρων υπηκόων*), and the protection against the invasion of pestilential disease (*προφυλάττοντες συγχρόνως και τον τόπον από πάσαν εισβολήν οιουδήποτε λοιμώδους νοσήματος*). Moreover, after 1838, the Ottoman Empire also began to apply quarantine measures on its frontiers, thus rendering Mavrocordatos' commercial argument obsolete.

The study of the country's quarantine system between 1833 and 1845 demonstrates the complexity of the subject. Its main dimensions, however, are clear and persistent over time. The present Covid-19 pandemic may be understood through the interplay of the factors that this article has highlighted, that is, the economy and commercial networks (relevant also to the 2010 financial crisis), sovereign power (such as the political confrontations since 2010; and, conversely, the state's effort to reassert itself by enforcing a quarantine), which is closely related to geography (Turkey's questioning of Greece's eastern borders and the migratory and refugee movement); epidemics; European cultural orientation; and the subject of Grexit and the international questioning of the country's "creditworthiness".

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[89] Athanasios Barlagiannis, "Μια πόλη σε κρίση: η επιδημία χολέρας στον Πειραιά το 1854," *Τα Ιστορικά* 69 (2019): 37–58.

APPENDIX 1

BORDER HEALTH LEGISLATION, 1833–1844

Title	*Date*	*Notes*	*Source*
On the seven-day quarantine for Greek vessels bound for the Ionian Islands	11 October 1833		*FEK* 34, 1833
On the abolition of quarantine by the Ionian Islands [for Greek ships]	26 October 1833		*FEK* 37, 1833
On the reduction of the quarantine for vessels traveling from Greek ports to ports beyond Faro in the Kingdom of the Two Sicilies	9 January 1834		*FEK* 9, 1834
That vessels from Greece carrying cargo not liable to contamination [*πραγματείας ανεπιδέκτους μολυσμού*] are freely accepted in the port of Brindisi	27 February 1834		*FEK* 12, 1834
That the deceased on board ships bound for Austrian ports from quarantined ports must be committed to sea	7 March 1834		*FEK* 12, 1834
On the permission for commercial vessels to purge their quarantine in the Ragusa lazaretto in Dalmatia	21 March 1834		*FEK* 17, 1834
On the facilitation of relations between the Greek Kingdom and the Austrian State	2 September 1834		*FEK* 34, 1834
On the new tariffs of fees to which Greek merchant ships will henceforth be subject	6 December 1834		*FEK* 5, 1835
On the fees to which Greek merchant ships are subject in the Ionian State	3 January 1835		*FEK* 3, 1835
On the reciprocity concerning port dues for Greek vessels announced by the government of Sweden and Norway	6 February 1835		*FEK* 5, 1835
On the reciprocity concerning ships with the flag of His Imperial Majesty of All Russia	3 April 1835		*FEK* 18, 1835
On the reciprocity with regard to port dues between Greece and the Netherlands	19 April 1835		*FEK* 13, 1835

On the reciprocity voted concerning port dues between Greece and the Free City of Bremen	22 July 1835		*FEK* 5, 1835
Concerning relief for petty trade	24 July 1835	Grants certain liberties to ships coming from Ottoman regions with no incidences of plague	GAK
On health fee tariffs	19 October 1835		*FEK* 16, 1835
On the treaty between the Greek government and the Free City of Lübeck concerning reciprocity in port dues	11 November 1835		*FEK* 18, 1835
On the reduction of quarantine in Ancona	24 March 1836		*FEK* 11, 1836
On the reduction of quarantine in Malta	29 March 1836		*FEK* 12, 1836
On the health measures taken at the borders of the state	8 April 1836	Obliges travellers from Thessaly and Epirus to provide for themselves and their goods bills proving the state of health of the places of origin and passage; institutes first border military posts	*FEK* 14, 1836
On the quarantine imposed in the Gulf of Vonitsa	9 April 1836	If the neighbouring Ottoman province was not suspected of infection, the quarantine was reduced from 11 to 7 days for passengers and from 20 to 14 days for goods liable to contamination	*FEK* 14, 1836
On letters and envelopes arriving from outside the Kingdom	10 August 1836	Concerns the postal service	*FEK* 47, 1836
On health fee tariffs	10 August 1836		*FEK* 47, 1836
On the spoglio [*απόδυσις*] of people in quarantine	8 December 1836	A proclamation of the Medical Council determining the procedure for unclothing people who agreed to it so as to reduce the length of their quarantine	*FEK* 84, 1836
Concerning the appointment of a secretary to the port service of Gytheio	7 June 1837		*FEK* 24, 1837
On the quarantine of warships	10 June 1837	Attempted to control the navigation of foreign warships by alleviating health-related obstacles	GAK

On facilitating Greek merchant ships regarding their navigation and customs documents and their bills of health	15 November 1837	The customs and health documents of Greek merchant ships destined for abroad no longer have to be checked by the Ministry of Foreign Affairs	*FEK* 41, 1837
On the kingdom's port authorities	22 December 1837	The first published list of health authorities	*FEK* 4, 1838
[Title unknown]	18 July 1838	The quarantine of any ship – war or merchant – coming from a region affected by cholera was only to take place in general lazarettos, except for Piraeus, where ships could enter but neither people or goods could disembark. The Aegina lazaretto had been designated for this purpose. The quarantine was set at 14 days, including three days for *surino* (*προκάθαρση*)	*Ο Ελληνικός Ταχυδρόμος*, 24 July 1853
On the free pratique of vessels from Greece with Sweden and Norway	10 December 1838		*FEK* 43, 1838
On the transport of non-contaminated [*καθαρών*] goods by quarantined ships	3 January 1839	The Greek consul had to take the merchandise to his home, pack it up with tar and return it on board after the ship terminated its quarantine. In that way the merchandise would not be quarantined in Greece	GAK
On health measures concerning warships	28 July 1839	The circular aimed to alleviate "unnecessary obstacles in the way of fleets stationed in the Mediterranean"	GAK
On the health responsibilities of customs officers	14 October 1839		GAK
On the quarantine of warships	13 January 1840		French Foreign Ministry Archives (MAE)

Concerning the transformation of the orphanage in Aegina into a place of quarantine for Cretan refugees	18 July 1841		GAK
On the appointment of a health guardian on the island of Gioura	19 August 1842		*FEK* 21, 1842
On health statistical information	1 October 1842		GAK
On reducing the duration of quarantine	20 November 1842	The quarantine for ships arriving from areas in North Africa (*αρκτώαν Αφρικήν*) occupied by France and with a clean bill of health was reduced to three days	*Ο Ελληνικός Ταχυδρόμος*, 22 November 1842
On the abolition of some health posts	29 May 1843		*FEK* 23, 1843
On the dismissal and the appointment of various port health guardians	27 June 1843		*FEK* 23, 1843
On lazaretto stores [*οψοπωλεία*]	27 July 1843		*FEK* 29, 1843