5. The Yellow fever and the Italian States in 1804*



Italy in 1804 (https://pages.uoregon.edu/mapplace/EU/EU19%20-%20Italy/Maps/EU19 116.jpg)

HISTORIOGRAPHICAL NOTE

Divergent reactions to the same epidemic phenomenon have been investigated by Erwin Ackerknecht, who studied the reaction of European states to cholera in the nineteenth century. He proposed an explanation based on a congruence between economic interests, political systems, medical theories and health policies. In terms of medical theories, there were two major positions regarding the nature and origin of the disease. Proponents of the first claimed that the disease was contagious and circulated because of human contact. Advocates of the second argued that its origins were environmental, that it is unhealthy environments that generate

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¹ Erwin Ackerknecht, 'Anticontagionism between 1821 and 1867', *Bulletin of the History of Medicine* 22 (1948): 562–93.

miasmas. Two corresponding sets of health policies were in conflict: quarantines aimed to contain the epidemic by limiting the movement of people and goods, while sanitation strategies sought to purify spaces through urban planning measures. Ackerknecht also highlights the connections between the contagionism/quarantine duo, agricultural and industrial interests, and states with an authoritarian tradition, for example in the Germanic world. On the other hand, he considers that anti-contagionism and cleansing characterize the more liberal states where commercial interests are predominant, such as Great Britain. Akerknecht thus underlines the coherence of two sets: on the one hand, contagionism / Quarantine / Authoritarian states / Agricultural and industrial interests; on the other hand, anti-contagionism / Sanitation / Liberal states / Commercial interests.

Peter Baldwin has since pointed out certain limitations of Ackerknecht's thesis. He has shown, for example, that it was difficult to explain why states such as France changed their policies during the century.² He also remarked that the two attitudes often coexisted and that concrete policies were rarely limited to the strict and unambiguous application of one principle. Baldwin therefore favoured a multifactorial explanation, highlighting the crucial part played by cultural factors and the proximity of countries to the source of infection. Among the former, he explains that countries with mass smallpox vaccination were more likely to consider it legitimate to put the interests of the community ahead of individual freedoms.

CASE-STUDY

Italian states reacted differently to the epidemic of yellow fever that struck the Tuscan port of Livorno in 1804 for three reasons. First, the Tuscan authorities tried to minimise the seriousness of the situation to avoid an economically devastating quarantine, making it harder for other states to get a clear picture of the epidemic.³ Second, medical experts in each country did not all agree on the nature of the disease, which added to the confusion. In Milano, doctors claimed that the fever was the contagious yellow fever of America while Roman practitioners questioned both the identification of the disease and its contagiousness. Third, sanitary measures were taken for medical purposes, but economic and political stakes also had to be taken into consideration. The Republic of Liguria seized the opportunity to harm the trade of the rival Kingdom of Etruria, putting very strict sanitary measures in place. Tuscan authorities then sought to make these more flexible by putting in place health measures that were *medically useless* but *diplomatically effective*.

This is particularly clear in the exchanges between the Governor of Pisa, Angelo Carmignani, and Tuscan State Secretary Guiseppe Giunti. The former was furious that his city was isolated from the rest of the Kingdom and that it had to take in thousands of refugees who had fled Livorno.⁴ He wanted the sanitary cordon surrounding Livorno and Pisa removed, arguing that

the establishment of this line was intended to prevent the spread of Livorno fevers to Pisa, and then from Pisa to the rest of the state [...] [Yet] The [sanitary cordon] can in no case confine the disease to Livorno, nor prevent its spread to Pisa or to the rest of the State. In such a case, such an extensive line is impossible to guard effectively, as Your Excellency will understand in his great wisdom.⁵

² Peter Baldwin Contagion and State in Europe, 1830-1930 (Cambridge: Cambridge University Press, 2009).

³ Similar state efforts to minimise the importance of an epidemic are being studied in Franck Snowden, *Naples in the Time of Cholera. 1884-1911* (Cambridge: Cambridge University Press, 1995).

⁴ Carlo Maria Cipolla, Contre un ennemi invisible : épidémies et structures sanitaires en Italie de la Renaissance au XVII^e siècle, trad. Marie-José Tramuta (Paris: Balland, 1992); Jean Delumeau, La Peur en Occident (XIV^e-XVIII^e siècles). Une cité assiégée (Paris: Fayard, 1978), especially pp. 98-142.

⁵ Archivio di Stato di Firenze, Segreteria di Stato (1765-1808), 135, 'Angelo Carmignani to Giuseppe Giunti', 26 December 1804.

In a confidential note, Giunti confessed implicitly that the cordon played a primarily diplomatic and economic role: 'The duration of the quarantine will soon be reduced and the time when we will be able to reopen communications by cutting the health cordon is close, but on this point it is nevertheless necessary to take into consideration the situation in which we find ourselves with regard to the neighbouring states; our smallest actions can greatly influence theirs'. 'This epidemic tested the solidarity of the Italian states and was instrumentalized in political and economic rivalries. Health policies diverged because of scientific dissensus as well as political clashes and economic competition. Only a detailed and comprehensive study can capture all that is at stake in the states' responses to the epidemic.

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⁶ Ibid., 'Giuseppe Giunti to Angelo Carmignani', 29 December 1804.