

The 1883 Cholera Outbreak in British-occupied Egypt

This resource packet includes a selection of secondary and primary sources on the 1883 Cholera Outbreak in British-occupied Egypt. These resources were presented by University of Michigan [Center for Middle Eastern & North African Studies \(CMENAS\)](#) as part of the 2020 World History & Literature Initiative: Pandemics & Power in World History and Literature.

Secondary Sources:

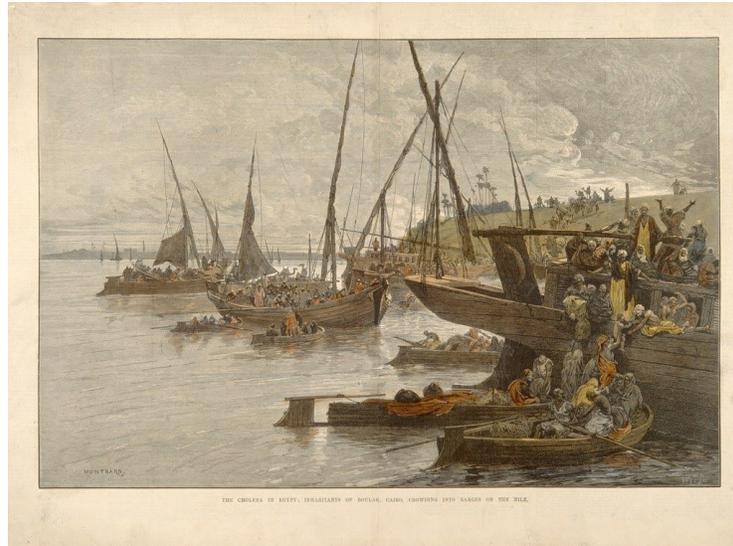
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Primary Sources:

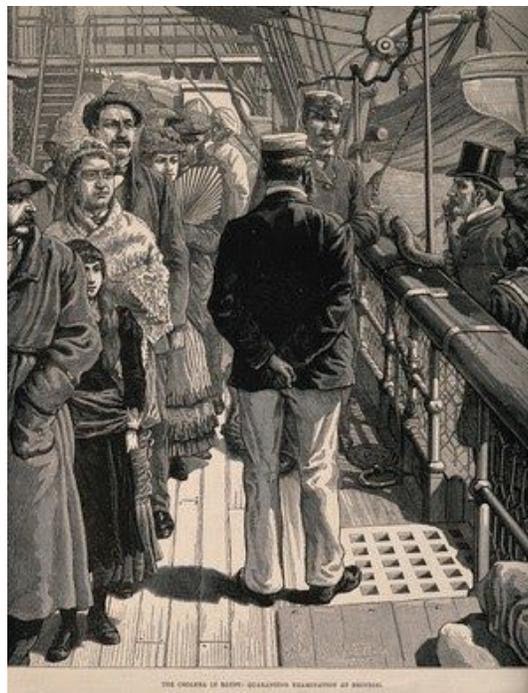
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A group of doctors parade a dummy with a skeleton's head representing cholera: a group of people run screaming from it. Coloured lithograph by H. Heath, 1832. The Wellcome Collection. Accessed November 18, 2020. <https://wellcomecollection.org/works/p7hx4397>.



Egyptians boarding boats on the Nile during a cholera epidemic. Coloured wood engraving by W.J.P. after C. Loye. Loye, Charles Auguste 1841-1905. The Wellcome Collection. Accessed November 18, 2020. <https://wellcomecollection.org/works/qtffs4q4>.



Passengers on a ship undergoing quarantine examination during the Egyptian cholera epidemic of 1883. Wood engraving, 1883. The Wellcome Collection. Accessed November 18, 2020. <https://wellcomecollection.org/works/b9tke2cp>.

PLAGUE AND PANIC.

HOW THE EUROPEANS AND THE ORIENTALS FACE DEATH.

From the London Spectator.

The panic which the cholera is apparently exciting in Egypt will hardly increase the respect in which the Western World is held by Orientals who have to submit to its guidance. The knowledge of life in which the West excels the East is in part compensated by the undignified dismay and confusion with which anything like a general notice to quit is received among the Western races by whom the art of living has been so effectually studied. Mr. Kinglake described, with even more than his ordinary vivacity, between 40 and 50 years ago, in his "Eothen," the contrast between the conduct of the Levantines at Cairo, pallid with terror, and shrinking from the touch of every fluttering garment or rag in the city, as if it were a sentence of death—and as if, too, but for the plague, men would be immortal—and the conduct of the Mohammedans, who calmly pitched their tents for the celebration of their religious festival, and hung swings for their children, in the very burial ground where the howls of the arriving funerals were heard, hour after hour, proclaiming the rapid depopulation of the great city. The Oriental, whatever his faith, does not seem to consider prolonged life as the only conceivable and intelligible contingency for himself, outside which all is unmeaning and chaotic—contingencies not even to be approached with dignity and presence of mind. On the contrary he seems to regard life and death as alike contingencies which he is bound to meet with the same equanimity—alternative branches of the same inscrutable decrees. But the average European can only die with dignity where the steady pressure of opinion and expectation in the class in which he lives supplies a stimulus that enables him to do so; and if that pressure is removed by the contagion of a general panic, such as is caused by the rout of an army or by a frightful epidemic, all restraints vanish at once, and the result is general demoralization and bewilderment, of which flight appears to be the only fixed idea. Mr. Kinglake contrasts with this undignified flight, the grave demeanor of the Mohammedans. "I did not hear while I was at Cairo that any prayer for a remission of the plague had been offered up in the mosques. I believe that, however frightful the ravages of the disease may be, the Mohammedans refrain from approaching heaven with their complaints until the plague has endured for a long space. Then at last they pray God, not that the plague may cease, but that it may go to another city!" We do not know how far this may apply to the attitude of Mohammedans of the present day, but nothing could express better the belief that the plague is sent to answer some specific purpose—of course, a purpose of destruction—but that that purpose will in all probability stop short of the complete destruction of a given city, and is likely rather to involve the partial depopulation of other cities. According to Mr. Kinglake, the deaths in Cairo had reached 1,200 a day before he left, and even that was not a point at which it was thought decent by Mohammedans to assume that the purpose of God in sending the plague had been sufficiently fulfilled to make it right to pray that it might pass on to a new place. Thus, the average Oriental evidently faces boldly the possibility that it may be the purpose of God that he and a great number of his companions should die, while the average European averts his mind altogether from such a possibility as purely unnatural, and bolts from the danger which he perceives, so soon as he understands its fatal character, just as, without discipline, he would bolt out of the line of fire of a mitrailleuse, the moment he saw his comrades falling thickly around him. And those words "without discipline" tell the whole secret of the average European's strength and weakness. A disciplined force would be kept in its place by the respect paid to the opinion of those who had been trained to value courage and fidelity to orders more highly than life itself. An undisciplined crowd flies, because there is no such respect for trained opinion, no knowledge that there is such a body of opinion worth respecting, and, finally, because there is no restraining instinct in the individual strong enough to take the place of that social discipline which governs a trained body of men. The Oriental does not fly; because there is in him such a restraining instinct—an instinct consisting in part, perhaps, of the feeling that life is hardly worth so ignominious a retreat from death; partly, again, of the feeling that life cannot ultimately be so rescued, but will be shortly forfeit again, under circumstances of still greater ignominy, even if for the moment death be delayed. In other words, the value for life is less vehement and potent in the Oriental, while the belief in a discernible destiny is stronger; the value for life is overwhelmingly predominant in the European, while the belief in a destiny that in any sense overrules human action is more theoretic than practical. The Oriental is less terrified by the prospect of death and more profoundly impressed by the impossibility of escaping it when the time comes. The European fears premature death as something altogether irrational, unnatural, and almost intolerable except under the social coercion of a professional instinct which has become a second and stronger nature; and, therefore, except when this social coercion is in full force, a European multitude is subject to much more disgraceful panics than an Oriental people, being both more tenacious of life and less tenacious of dignity.

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Cholera In Egypt

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CHOLERA IN EGYPT.

TELEGRAMS TO THE BRITISH MEDICAL JOURNAL.

[FROM OUR SPECIAL MEDICAL CORRESPONDENTS.]

DR. MACKIE, C.B., Consular Physician at Alexandria, has forwarded the two following telegrams to the BRITISH MEDICAL JOURNAL.
Alexandria, July 25th.

Disinfection, after the regulations of the native authorities, is carried on in the following manner. An Arab enters a house in an infected district with a small portable fire, into which he puts some sulphur, he then walks quickly through all the rooms in the house, carrying the burning sulphur, and scattering a little chloride of lime on the floor. The state of the Alexandria Hospital is abominable; the wards reek with effluvia, and the patients lie on bedding covered with filth from the former occupants. Their diet is a soup made of rice boiled in water, which article of consumption is administered to them once in the morning and once in the evening. All severe cases of illness that have the misfortune to be admitted into the hospital, appear to contract cholera or, at least, typhoid fever, within its walls. One case of recovery from cholera was reported on Wednesday, July 25th, at Kaffr Dawar. At Cairo, the progress of the disease is slow compared to the rate of extension of similar previous epidemics. It is believed that the intensity of the outbreak is diminishing; the greatest comparative mortality was at Chibin-el-Koum, July 24th, where 117 died amidst a population of 16,000. Dr. Flood has again attempted to prove that the cholera was imported by the fireman of the *Tmar*, but without success. All accounts from the different districts in Egypt, agree that the outbreak was preceded by a large increase of sickness and mortality from other diseases, without any sporadic cases of true cholera having been observed; it seems that some general cause had simultaneously affected the whole population in the neighbourhood of Damietta and Mansourah. The special cholera-hospitals now established at Alexandria, outside the town, are very clean; the volunteer sanitary commission has done good work. At Cairo, sanitary matters are nearly at a standstill; the executive administration cannot enforce their orders. On Saturday last, the bad feeling between the mob and the executive administration nearly stirred up a rebellion, so that matters looked very serious. The Egyptian lower classes consider all precautions to be impious; "God is great," they cry, and all is predestined; hence they obstruct the very little sanitary work that has been carried into effect.

Two cases of infected refugees from the interior arrived at Alexandria on Tuesday. The mortality at Cairo (population 380,000) was 360 in the twenty-four hours ending on Wednesday morning, against 463 on the previous day. A seven days' quarantine is enforced at Alexandria upon all persons coming from the interior. A large number of non-residents were forbidden, on Tuesday, to enter the town, which, being still partly in ruins, has no accommodation for them. As the London papers have already announced, a few cases of the epidemic have occurred amongst the British and the native troops. On Monday, the authorities unsuccessfully attempted to effect a forcible evacuation of the inhabitants of the infected parts of Mansourah.

Alexandria, July 26th, 11 A.M.

There is no further increase. The daily mortality during the last epidemic at Cairo was 485, according to the official reports, but there is reason to believe it was still higher. It was confined mostly to the unhealthy regions of the town.

Cairo, July 25th, 7.30 P.M.

DR. GRANT BEY telegraphs to the BRITISH MEDICAL JOURNAL: "Cholera spreading in Upper Egypt. Bulletins only approximate. Four thousand have died since my telegram of July 18th, including 680 in Cairo, 225 in Old Cairo, and 1,189 at Boulak, where the scenes are most heart-rending. The death-rail is heard in every

house, and families are leaving their burning hamlets. All classes, from the Khedive downwards, are lending a helping hand. The malarial attacks natives principally. Doctors, professors, and rich and noble families, all experience its ravages. There is no fever with the disease. The mortality at Boulak is decreasing; at Cairo, it is increasing. Disinfectants are being burnt in the streets throughout the city. The Egyptian and British armies are infected. The weather continues fine. The doctors are overworked; and some are *hors de combat*, whilst some are absent."

OUR special correspondent at Cairo, writing on the 10th instant, says that the disease has now attacked the European population; and that a good many Greeks have died at Mansourah, and an Austrian subject at Alexandria.

The following is a table of mortality from cholera alone, the numbers given being rather under than over the actual number, as deaths take place from the disease without a doctor seeing the patient, and certificates are granted without such consideration, but the error is always sure to be on the least panic-making side.

Damietta, from 22nd June, to 8 A.M. July 9th,	1,803
Mansourah, " 25th " " " "	317
Port Said, " 25th " " " "	11
Tantah, " 27th " " " "	1
Samanoud, " 30th " " " "	67
Alexandria, " 2nd July, " " "	3
Shirreen, " 2nd " " " "	25
Menzaleh, " 9th " " " "	31
	1,758

The soldiers and gendarmes on duty are not keeping Ramadan, but all the other Mohammedans are observing the fast as usual. The Sanitary Board proposed that the fast should be put off. The people are constantly breaking through the *cordon*, but whenever they are found they are immediately isolated and put in quarantine. In Alexandria the panic is very great, but at Cairo everyone is coming forward to volunteer his services if required.

The soldiers forming the *cordon* have permission to fire on any who may attempt to break through them. The river is patrolled by a steamer, under the orders of an English inspector, who has the charge of keeping the Nile and the canals clear of dead cattle. The dead bodies are taken out and buried.

Two "flies" or tug-boats are stationed at the *cordon*, to prevent their being broken through riverways. General sanitary commissions have been formed in Cairo and Alexandria, and these towns have been divided into districts. House-to-house visitation is made, and disinfectants are freely distributed to the poor.

The weather is exceedingly fine, and a constant north-westerly breeze is blowing. The ordinary mortality of Cairo is less than it was last year at this time.

The bulletin, July 9th, 8 A.M., to July 10th, 8 A.M., is as follows: "Deaths from cholera: Damietta, 49; Mansourah, 101; Samanoud, 8 (July 9th, 8 A.M. to 6 P.M.); Sherbeen, 1; Menzaleh, no news; Port Said, 0; Alexandria, 0."

There have been no cases at Port Said for six days. Menzaleh is situated much out of the way, there being neither railway nor telegraph to it. News, however, has been received that there had been a general and spontaneous depopulation of the place before the sanitary *cordon* was formed. A great proportion of the Damietta people are living under canvas in the fields, and the death-rate is diminishing fast. There have been complaints about lack of doctors and medicines, and also food; but as the complaints come to the knowledge of the authorities, they are immediately attended to. The Minister of the Interior and the President of the Sanitary Board have worked energetically and amicably together. Here there is an unmistakable proof that, in carrying out hygienic measures, the people must be, at least, partially educated; and the Minister of Public Instruction must educate the Egyptians before hygienic rules and regulations are launched amongst such an ignorant race as he has to deal with in that country.

THROUGH the courtesy of the Director-General of the Medical Department of the Navy, we have received a copy of a meteorological table for June, with comments, drawn up by Dr. Gilbert Kirker, surgeon of H.M.S. *Fris*, at Port Said, and forwarded by him for the information of the department. The observations were made daily at 9.30 A.M., and at 11 P.M.; and comprise the barometric pressure, the temperature in the shade, as gauged by the dry and

wet bulb thermometers; the dew-point; the relative humidity; the directions of the wind; and the amount and characters of cloud. They were taken at Port Said during the greater part of the month, and at Alexandria from June 19th to 23rd. The table shows that, as regards wind and humidity, there were two well marked periods in the month. In the first period, from June 1st to 23rd (with which must be included the last three days of May) the winds were variable. There were occasional calms at night, and the humidity was excessive (several times reaching the point of saturation, 100, and never falling below 85). In the second period, commencing on June 24th and continuing up to the date of Dr. Kirker's communication on July 6th, the summer sea-breeze was established. The wind blew, during the day, from about north-west, and varied generally towards south-west in the night and early morning. There were no calms, and the humidity was moderate (in June, from 71 to 88). The mean relative humidity of the first period, both at 9.30 A.M. and 11 P.M., was 94; in the second, it was 78 and 81 respectively. Dr. Kirker thinks that, independently of the notorious unsanitary conditions prevailing at Damietta and elsewhere, meteorological conditions have probably been an important factor in the development of the cholera in Egypt. The epidemic was announced to have appeared at Damietta about June 22nd, at the end of a period of twenty-five days, during which the air was often stagnant, and always moist, frequently to saturation.

REPORT OF THE CONSULAR PHYSICIAN AT ALEXANDRIA TO THE FOREIGN OFFICE.

WE understand that the following report has been received at the Foreign Office from Dr. Mackie. In a similar report, published in the last number of the JOURNAL, page 134, the heading should have been "Consular Physician," and not "Consul," and the name of Dr. Grant Bey was erroneously substituted for that of Dr. Mackie in the short paragraph preceding the report.

Alexandria, July 15th, 1883.

Since my report of the 9th instant, there has been a notable decrease in the mortality from cholera in the two villages which have suffered most severely—Damietta and Mansourah—in the course of the disease, however, seems to continue unmitigated, if I can rely on reports which reach me from intelligent correspondents. The Board of Health at Cairo can give no information, and I am obliged to glean my information from other sources. Reports have been sent to me from both Damietta and Mansourah of cases of death in from two to three hours, in which there had been neither vomiting or diarrhoea. This seems to have occurred so often, that many inhabitants of those villages do not believe it is cholera, but some new disease. I remember, in my own experience and practice here in the cholera of 1865, many such cases. Though the number of victims in the villages first attacked has diminished, and no very severe outbreak has shown itself in any of the other villages, yet, from slight outbreaks occurring here and there, the disease shows a great tendency to spread. Up to the present, the route it has taken is along the Damietta branch of the Nile southwards, in the direction of traffic and prevailing wind. The only deviation from this line of progress as yet being Port Said, Menzaleh, Chibin-el-Koum, and Alexandria, and at none of these places, except, perhaps, Menzaleh, have there been more than a few cases. If this steady, though slow, progress continues, it is likely to find its way along the Nile to Cairo. The cases which have occurred at such places as Chibin-el-Koum and Port Said may be accounted for by persons escaping from the infected villages, but I have no authentic information. With regard to the first case which occurred in Alexandria, the circumstances are as follows. A man left Mansourah on June 22nd (cholera being officially declared there on the 25th), and the same day joined his family in Alexandria. His family, consisting of wife and daughter, and another woman, lived in a wooden shanty, one of a number of wooden erections huddled together in a waste open space in a healthy well-aired part of the town; but the shanties have no sanitary arrangements whatever, and are densely crowded by washerwomen and ironing-women, poor work-people and their families. Running parallel with these, and separated from them by a narrow lane, is a row of badly kept offensive stables or mews. Part of this open space on which there is no building, is occupied by faecal matter, being used by the families living in the tenements. The woman who lived in the family was taken ill on July 1st, and died next day, the death being certified "very probably cholera." The

inhabitants of these huts were at once turned out, and sent to Gabari on July 4th, to perform quarantine, amongst them being the daughter of this man. On July 10th, she was taken ill at Gabari, with vomiting and diarrhoea, stated by the sanitary authorities to be choleric; but, in two days, was well. The man himself left for Syria a day or two after his arrival from Mansourah, and, as far as is known, is alive and well, and had no symptoms of diarrhoea nor cholera.

The second case was an Abyssinian (a servant), who lived at some distance from the house where the first case happened. He was taken to the native hospital, where he died. I enclose the statement of the doctors, which contains all the information they can give. The third and last case was the Austrian referred to in my last report, who died last Sunday. He had been thinking of an emigration, and a heavy supper, chiefly sardines, went to bed, and was taken ill about midnight, and died next day at 7 P.M., having had all the symptoms of cholera.

The statement with regard to Mohamed Khalifa, reported by the sanitary physician of Port Said to have probably been the means of introducing the cholera from Bombay, a statement which was countenanced by the Cairo Board of Health, has been disproved. An inquiry was instituted, at which the following facts were elicited. Mohamed Khalifa shipped on board an English steamer as fireman, went to Bombay with the vessel, remained there three weeks, and returned in the vessel to Port Said, all being in perfect health, nor had he heard cholera mentioned while at Bombay. The voyage from Bombay to Port Said lasted twenty days. He left the vessel at Port Said and went to his house, where he remained four days. After this, he was three days in prison for having engaged in a quarrel. He then left for Damietta, where he arrived by boat on Sunday, June 24th, after a passage of twenty hours, and was there in perfect health on July 1st. It is thus shown that he arrived in Damietta in perfect health two days after cholera was declared, having left a healthy ship. A great many of the soldiers forming the *cordons sanitaires* have taken the disease, notwithstanding the care taken, and stringent orders issued by the English officers. A letter from Colonel Sartorius of the 12th instant states: "One man Damietta cordon taken ill to-day. One officer, eleven non-commissioned officers Mansourah cordon, taken ill to-day. Tanka cordon, one soldier, one officer and nine men Samanoud cordon taken ill to-day, and two men dead. Chibin-el-Koum cordon, four taken ill and two dead three days ago." A paragraph, presumably authentic, in the *Egyptian Gazette* of this date states "that it was found necessary to change the position of the cordon at Samanoud. In doing so, it was necessary to cross a native grave-yard, where victims to the prevailing disease had only recently been interred. During the one night that the sentinels remained in the cemetery, they caught the malady."

The disease has now been raging in Egypt for twenty-four days in as fatal a form as the cholera of 1865, judging from the published bulletins; and, with the exception of the few cases at Port Said, most, if not all, of which the sanitary physician declares occurred in refugees from Damietta. The route across Egypt, from Asia to Europe, has been free. The origin of the outbreak at Damietta remains as obscure as ever. The Sanitary Board of Cairo has now announced, almost officially, its belief that the disease has been imported from Bombay. Others also express the same belief, holding the opinion that cholera invariably spreads from India, while those who are not bound by opinion, and ask investigation and proof, are inclined to find in the unsanitary state of the country where the disease first broke out, sufficient to account for an outbreak without importation. If the substance or germ necessary for the production of cholera can be produced or evolved from decaying animal matter, a local origin can easily be found at Damietta. What constitutes cholera, even in India, the means by which it is propagated, are now generally understood; but there must be a first beginning. What is it? If it has had its first beginning in unsanitary India, why not in unsanitary Damietta, with a river flowing through it supplying it with water sufficient with rotting carcasses of animals which have died of cattle-pague, four hundred of which, according to authentic information, have been fished out and buried since the disease appeared. The soil around is also the best that could be for the propagation of cholera, being loosely alluvial and faecal, and the water often nearly stagnant from the idleness of the sea. Under such circumstances, cholera could dwell and thrive. The question still is, how could it originate? The study of this epidemic will be epidemiologically, commercially, and politically of most interest, and the investigators will have to be independent men, free from all political influence, if truth is to be arrived at. I am not aware that a case of cholera has occurred in