The problem of cholera in the Ottoman Empire (spreading elsewhere): Outbreaks occurred regularly during the yearly Muslim pilgrimage (hajj) to Mecca and Medina in Arabia, an area that was part of the Ottoman Empire. Epidemics broke out as pilgrims traveling from India in which the disease was endemic, brought the illness, which spread rapidly in the crowded conditions of the hajj.

“There were two conflicting schools of thought. The first claimed that cholera was imported from India. British delegates strongly repudiated this assertion even when faced with concrete facts and insisted that the disease bred locally. The Conference concluded that though the disease was imported to the Hedjaz from abroad, mainly from India, it found a propitious ground to expand owing to the unfavourable sanitary state of the country during the pilgrimage.

It is a fact that cholera appeared in the various towns of the Hedjaz only during the hajj season and that it died away after the departure of the pilgrims. The conditions that prevailed during the hajj — lack of water, over-crowded lodgings, insufficient sanitary structure — did of course encourage the irruption of any disease. The carcasses of the animals sacrificed during the pilgrimage — numbering 200,000 some years and left to putrefy under the sun in the Mouna valley were of course breeding-grounds for any disease, let alone the dreadful stench emanating from the rotting corpses.” (p. 75)


International Sanitary Conferences met throughout the 19th and early 20th centuries to consider this issue and other world health problems. Europeans and Americans wanted to impose controls on the Ottomans (enforced quarantines, imposed controls on the Muslim pilgrimage). The Ottoman government felt that some of these measures were only developed in order to increase British – and other European powers’ – control in the region. It is a difficult question: How do you balance a country’s independence with the need to protect world health?