

Epidemic containment and social control measures in Portugal: the line of lazarettos protecting the land border (1884–1886)

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Abstract. Despite the frequent epidemics that affected the Iberian Peninsula, Portugal only set up a system of permanent lazarettos along its border with Spain in the late nineteenth century, during the cholera outbreaks of 1884–1886. Planned and rolled out by army doctors, the system consisted of five primary sites (located at rail crossing points and river boat stations that linked the two sides of the border) and smaller, secondary sites (“vigilance and isolation posts”) at every railway station in the country. This contribution will focus especially on the epidemic containment measures (observation, isolation, and treatment of the infected) implemented in the lazarettos and at the vigilance posts, most of which were refitted and turned into virtual high-security prisons under military guard after the 1884 cholera outbreak. It will also examine the interaction between these preventive measures, which were also aimed at social control and control of unauthorised movement, and the land border *cordons sanitaires* and the sanitary inspection posts and quarantine complexes that protected the seaports, which functioned as a permanent maritime cordon sanitaire along the Portuguese coast.

1 Introduction

In early summer 1884, rumours reached Lisbon of cholera outbreaks in Spain. After consulting the Public Health Board, the Interior Minister (*Ministro do Reino*) gave the order to prepare a cordon sanitaire along the land border with lazarettos at the railway stations and ferry landing stages that linked Portugal and Spain. Epidemics were highly disruptive in the regions they affected: society stopped functioning normally and national territorial integrity was put at risk. Governments therefore made securing their borders a priority and put together a variety of measures and resources to that end. Nothing in the Portuguese government’s actions this time departed greatly from its epidemic management strategies in previous centuries. The most striking feature on this occasion was that for the first time Portugal created a line of lazarettos along its land border, just as the traditional epidemic control model was facing sharp criticism in the international media. This unique feature is the topic examined in this contribution, the main aim of which is simply to place the land-border lazarettos of the 1884–1885 and 1885–1886 cholera “seasons” on the research agenda. A brief description of these sites and how they functioned is followed by a hypothesis that

attempts to explain why this controversial political decision was made by one of nineteenth-century Portugal's most progressive and reformist governments. [1]

2 Closing the border to cholera

The origins of the lazarettos on the Spanish border and how they operated are still obscure and have never been addressed by historians. Mapping the available data reveals that there was a small array of five lazarettos, which were linked with other elements in quite a complex system, comprising *cordons sanitaires*, support hospitals, police and public health checkpoints, and central government representatives in the provinces (civil authorities), all answering to the Interior Ministry. Only the lazarettos are discussed here.

Four of the lazarettos were located close to the railway stations used by cross-border trains: Elvas, Marvão, Vilar Formoso and Valença (the last one next to the international road-rail bridge across the River Minho, which was nearing completion). The fifth was in Vila Real de Santo António, where the River Guadiana meets the Atlantic Ocean. They all occupied strategic border crossing points between the two countries where cordon sanitaire command centres had previously been established.

The decision to implement these measures was taken speedily since the Spanish government was suspected of concealing information from the Portuguese, contrary to the understanding reached at the International Sanitary Conference of 1881. Officially, the work began with an agreement signed by the government and the railway company on 7–8 September 1884 detailing the procedures to be adopted for trains arriving from Spain. In early October, orders were given to set up *cordons sanitaires* along the land border and to prepare the lazarettos, where, by the end of the month, all travellers had to remain under observation for twenty-four hours. In November they were required to spend seven days in quarantine, or longer if “the defence of public health” so demanded¹. [2] In charge of the operations was the Interior Minister, Augusto César Barjona de Freitas, who called on the War Ministry and the army to carry out his orders. In practice it was a highly militarised process but one that remained in the hands of the Interior Ministry.

The urgency of the situation and the fact that resources were limited meant that the two military doctors appointed to set up the lazarettos made use of existing buildings: Santa Luzia Fort in Elvas and private properties in Marvão (*Herdade dos Pombais* manor house), Valença (five private houses and adjacent land) and Vilar Formoso. Vila Real de Santo António was the only site where the lazaretto occupied new premises (wooden huts²) [2], which could be extended with further modules as needed. Additional “tents and huts” were also erected in Marvão (seven), Vilar Formoso (three), Vila Real de Santo António and Valença – in the last case a “chalet-hut” with 84 second- and third-class rooms. In other wooden huts outside the main buildings were the disinfection units, storerooms, and “hospitals” for cholera in-patients (Elvas and Vilar Formoso each had a four-bed infirmary)³. The ‘quarantine buildings’ (which also included a cemetery and military quarters) were laid out internally in a manner that drew on the work of John Howard [3], albeit in minimalist fashion.

The quarantine arrangements were lifted in January 1885 without the epidemic having reached the country, but a renewed threat in June led to all the procedures of the previous year being reintroduced, but this time more swiftly and subject to tighter, more restrictive rules. At the beginning of 1886 everything was again dismantled, although at different rates

¹ This was in breach of the guidelines set by the Vienna International Sanitary Conference of 1874.

² It had been quite common for lazarettos to use huts in the eighteenth century.

³ These ‘hospitals’ were to be subject to military hospital rules wherever possible. The terms on which these buildings were taken from their owners are unknown, but expropriation for public health reasons had been permitted in law since the cholera outbreak of 1854.

depending on the local conditions at each site. The last lazaretto to close – in March – was the one in Vila Real de Santo António, because some Portuguese fishermen who had only recently been repatriated from Spain had had to be quarantined there.

3 Quarantine in the lazarettos

Passengers arriving in Portugal were informed that quarantine was compulsory unless they chose to turn around and go back to Spain instead. If they decided to stay in Portugal, the quarantine procedures began under infantry and cavalry escort. The passengers were taken to the disinfection unit beside the landing stage or arrival platform, where they were given an initial medical examination by the military doctor who was the head of the lazaretto. There they were triaged according to their state of health, followed by disinfection⁴. They were then taken to the lazaretto, where they were registered and had to pay for their stay in advance. The poorest were admitted without payment, although in Marvão at least they were given the “option” of serving higher-class detainees in exchange for a waiver of payment or even a “gratuity”.

A common feature of all the lazarettos was the concern to separate the social classes, not only through physical distancing – for example, the first floor of the *Herdade de Pombais* manor house was reserved for “special quarantines for persons of higher distinction”, while the poor were put in the huts – but also in tableware, bedding, type of mattress and especially food, in terms of both quality and the number of dishes and even meals served. It was made clear, however, that nobody would be left hungry even if there were doubts about their declaration of poverty.

Although “filthy detainees” were the targets of special hygiene measures to prevent the quarantine facility becoming “infested with parasites”, the requirement of strict cleanliness extended to all those confined as well as the premises themselves. The procedures used are well known. Particular care was taken to treat and bury ‘loose stools and vomit’ and to inter the dead, especially in known or suspected cases of cholera.

The rules governing the day-to-day running of the lazarettos (including medical inspections) reveal a general concern to segregate each set of detainees from the others and from the staff. The 1885 revised regulations for lazarettos required employees to wear armbands: yellow for ‘restricted’ staff, who worked in areas with hospitalised detainees and were therefore a potential source of infection, which meant they could not be allowed free movement; and blue for “unrestricted” personnel who could move around freely, although they would lose that status if they had any contact at all with sick inmates. The revised regulations introduced not only more complex management arrangements but also tougher policing measures, virtually turning the lazarettos into high-security prisons.

With the exception of hospitalised inmates, whose quarantine period only began when they were discharged from hospital, detainees could be allowed to take short walks around the lazaretto on their fourth or fifth day. On coming out of quarantine, they were escorted back to the railway station or landing stage, where they showed the health card that proved they had completed the isolation period. They would have to produce this card at the railway junction checkpoints they encountered on the way to their final destinations.

4 Final considerations

⁴ Any hand luggage that passengers wanted to take with them into quarantine was opened and fumigated with sulphur and irrigated with corrosive sublimate solution.

Although the government claimed that its quarantine measures had kept Portugal free of cholera during the 1884–6 outbreaks, which had cost hundreds of thousands of lives across Europe, especially in Spain, the arguments it used to support its claim were widely contested both by the opposition parties and by doctors and other social actors. [4] A common point in all the criticism was the government’s adoption of very costly temporary measures of questionable efficacy instead of measures to improve sanitation infrastructure and public health, areas in which the country remained extremely backward. In an article published in the literary and arts magazine *Ilustração Portuguesa* on 10 August 1885, Casimiro Dantas satirically described the situation from personal experience: “while our neighbouring country’s quacks are inventing cholera vaccines, our troops are busy extending and retracting *cordons sanitaires* all along the border” and opening and closing lazarettos. Yet the government could not get the water company to ensure there was running water in Lisbon’s taps so that he could “wash and escape from the microbe”. In another written record revealing similar concerns, Ricardo Jorge, a doctor, questioned the relevance of fighting the ‘imported microbe’ while doing nothing about the “microbes at home – smallpox, typhoid, tuberculosis, a permanent destructive legion”. [5]

On the international stage, the Portuguese government, like its predecessors, asserted that every country had the right to act in the way it considered most suited to its circumstances. Its decisions, therefore, were framed in the context of Portugal’s current political fragility and bankruptcy: the thoroughgoing sanitary reforms that the country desperately needed would require a political consensus to raise funds through external borrowing that the parties were not prepared to negotiate. The government therefore opted for a kind of hybrid system, which took from the British model (designed for shipping) the medical inspection of arriving passengers, the segregation and compulsory internment of the sick, and the disinfection of the healthy and their luggage. But as it did not entirely trust the methods of diagnosis and, above all, because it was acutely aware of the country’s sanitary and medical deficiencies, it added mandatory quarantine to the mix.

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