The «Barbican of Europe»

The Plague of Split and the Strategy of Defence in the Adriatic Area between the Venetian Territories and the Ottoman Empire (Eighteenth Century)

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Introduction. In recent years the attention of the general public, the mass media and presiding governments has frequently been focused on the threats represented by the rise of new and terrible epidemics or by the return of plagues from the past. Threats which have also been shown as able to undermine the very foundations of our society. Keeping this attention alive is the fear of an inevitable crisis of the western model of development and the reading of such a crisis in a neo-Malthusian key as the re-emergence, within a new context, of the clash between resources and population. In such a context, the possible scenarios of the new forms of epidemics remind us of those of the past (Andreozzi 2015).

Nowadays there are scientific grounds for health alerts and fear of pandemics. Interest has grown in the study of germs which struck in the past and scientists have looked for comparable conditions which can throw light onto the behaviour and spread of the pathogens and the mechanics of contagion. Also because of the dynamics of humanities, such a form of interest has focused more on the scientific aspects of the issue rather than the social and economic relations in the places struck by such epidemics. In the case of the plague that has meant particular attention paid to the identity of the pathogen unleashing the scourge and to its epidemiological characteristics, searching for the causes and ways of its seemingly chaotic spreading, spatially and temporally. As a result the study of the strategies devised by contemporaries in order to contain the spread of the plague has been somewhat neglected[1].

Lacking any scientific basis, those strategies have sometimes been considered of scant importance. The present work, instead, focuses precisely on such strategies. They are considered key factors outbreak of epidemic and in how it spreads. This does not imply any devaluation of studies that have identified the main problem in the characteristics and identity of the germ. Rather, it means placing the anthropogenic factor within a frame of dense and complex relations with the natural data, which define the context in which the germ spreads. Since underestimating such relations may lead to incomplete analysis of the data, the reading of them must be accompanied by a thorough reading of the strategies that were carried out and the paths that led to the definition of such strategies.

First of all, one can not dismiss the confrontation taking place in such a field as an almost obvious juxtaposition between a State, entrusted with the public interest, on one hand and particular economic interests and traditional and/or deviant practices on the other. Similarly, the evolution of the health policies can not be viewed,

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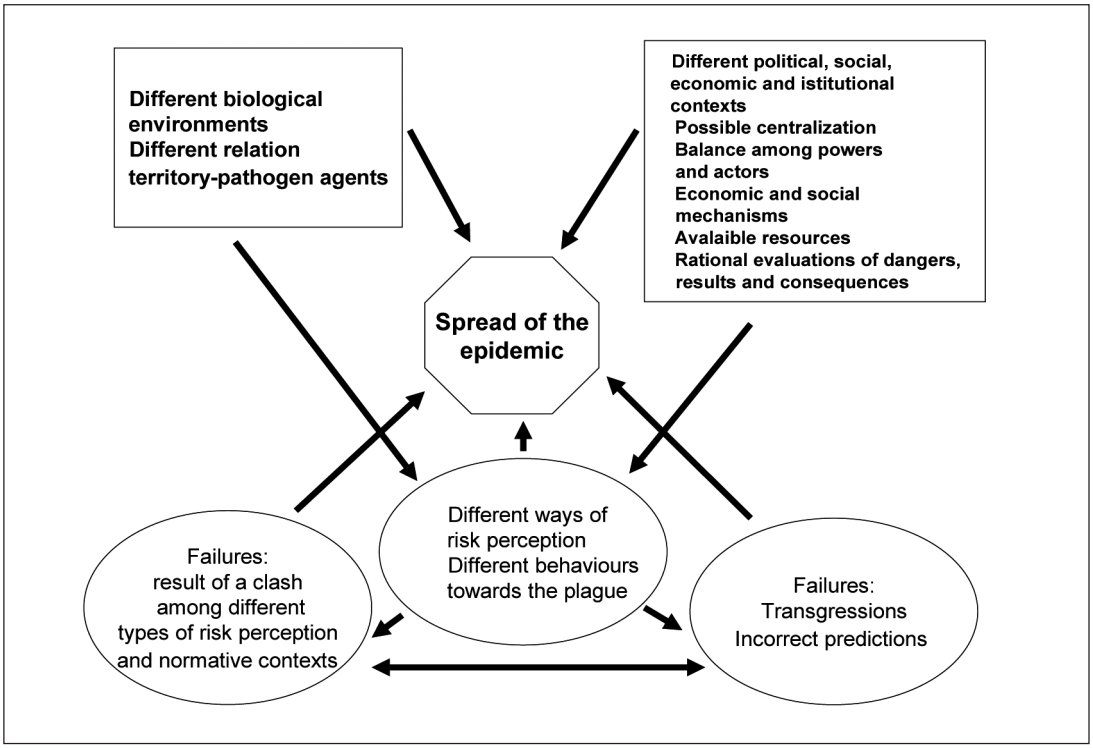
in teleological way, as the direct effect of the strengthening of the State (Cipolla 1977; 1981; 1986). The use of the categories of the success/failure of the State policies and of the opposition against the disciplining as the only analysis tool does not allow a full understanding of the mechanisms of controls and therefore of their failures as well. The same thing can happen when categories of the irrational and rational are used to analyze politics and behaviours.

The controls and strategies of containment and defence appear to be widespread among all the players involved. Just the same the transgressions, therefore the responsibilities for the failures are common amongst them. The hypothesis is that, next to the strategies put in action by the State, the strategies of all the other actors affect the possible outcomes of the plague as well. These were placed within complex 'regulatory environments' which were distinct, but connected by dense and multiple intersections. Each of them had its own codes, spaces of evasion and transgression and its own sanctions. Moreover they were connected to a specific form of perception of risk (Andreozzi 2012; 2014).

As Mary Douglas and Aaron Wildavsky have written «the perception of risk is a social process» (1983, 6). Values, creeds, interest and different social characteristics lead to different risk evaluation and choices of different systems of prevention. The differences in perception were surely more substantial at a time when there was scant knowledge of natural phenomena and the actual mechanisms of epidemics were totally unknown. However, scientific certainties have not made it possible for us to formulate 'objective strategies' towards risk in today's world either. So, for example, in the 21st century the risks inherent in disease and pollution make our times not unlike the period preceding the birth of science and modern medicine, re-emphasizing the 'political' aspect in strategies connected to the perception of risk and in the choice of possible systems of defence (Wildassky, Dake 1990; Douglas, Wilavsky 1983, 4-9; Alfani, Melegaro 2010). Moreover, the sudden outbreak of epidemics such as Ebola is the re-appearance of a complex confrontation in which the local level elaborates proposals, strategies, narration and behaviour of their own[2]. A confrontation that cannot be read using interpretative tools shaped by strict dichotomies, high/low, modernity/backwardness. In the pre industrial societies and in context of the different legal codes and different risk perception, people choose rationally to take risks in order to emerge victorious in the competition for material and immaterial resources. The outcome of such a choice could be fatal.

The goal is to evaluate the impact made by the institutions on the spreading of the plague and discover what that could reveal about the biological environment. I do not use the term 'institution' to identify specifically the State but rather the groups of norms – normative contexts – which were expression of the actors and interests involved – beyond the state, for example, the communities, merchants, families, factions, smugglers, and robbers etc. If the State is the normative system with the most strength and power – although not in all contexts and spaces – the factual context in which the contagion takes place is provided by the competing, thickening and layering of different normative contexts (figure 1).

Fig. 1. *The spread of the epidemic*



Obviously the available documentation tends to highlight the norms of the State, but – citing Edoardo Grendi (1977, 512) – «the normal exceptions» revealed by the events and their narration, allow us to delineate also the other normative contexts. Highlighting the ways in which the risk was constructed socially allows us to advance the hypothesis on the spreading of the plague, giving us a way to identify the actors capable of introducing and/or avoiding the norms. It is in fact an attempt to find anthropic factors (institutional behaviours and interventions) which, along with biological factors, allow us to offer explanations able to shed some light on the apparently casual ways with which the plague struck or spared cities, villages, homes and families.

1. The health policies of Venice. In the early modern period the Republic of Venice had devised a precise strategy to combat the spread of the plague (Vanzan Marchini 2004; Alfani, Melegaro 2010, 11-44). The pivot of its strategy was the separation and isolation of the infected areas – namely those where the plague was raging, and the 'suspicious' ones – namely those in which the epidemic could be expected to break out. A separation implemented with the help of the military control of the maritime and land routes and an 'informational disparity[3]' derived from a constant flow of accurate information regarding the health situation of the areas involved in the network of traffic. So Venice defined itself «The Barbican of Europe» claiming its ability to defend the continent especially from the epidemics that were approaching from the Levant and Balkans, by sea and by land (Andreozzi 2009).

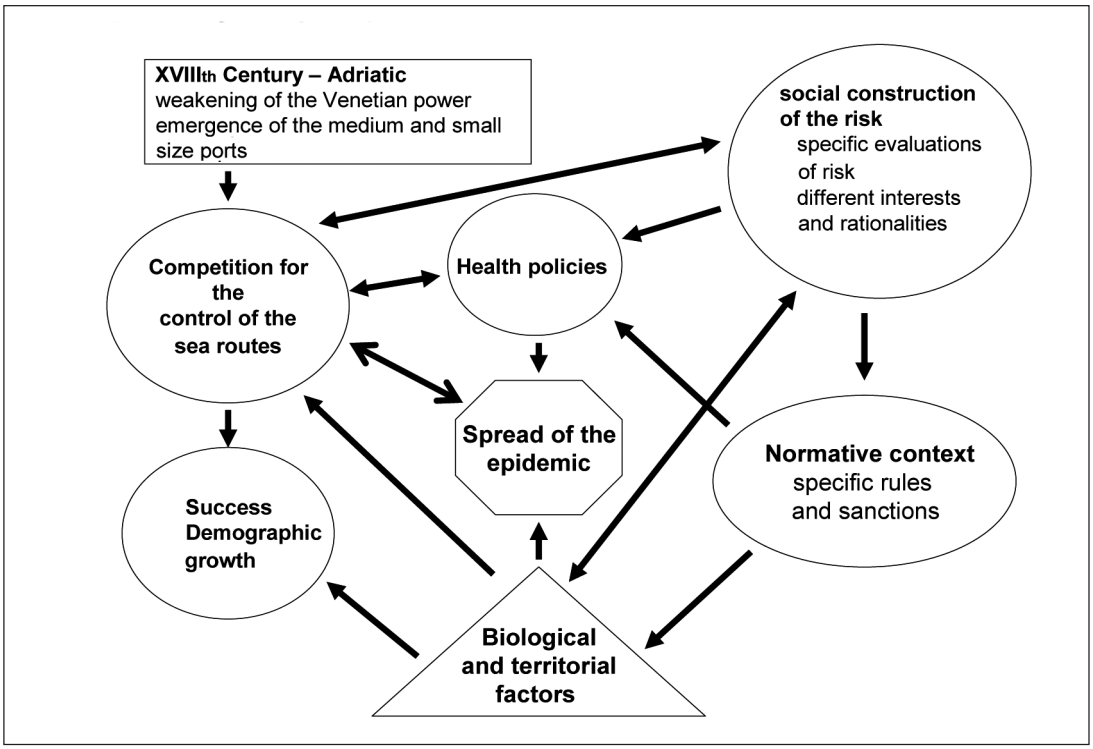
It was an exhausting, on-going confrontation as the authorities of the Ottoman empire were not adopting any strategies of containment and the plague was endemic (Panzac 1985; Varlik 2014).

However, the services offered by the Republic were neither 'neutral' nor universally and equally available to all actors of the trade. The technical aspects openly revealed its political character. Those services were in fact highly selective and favoured certain routes, ports, markets and merchants to the detriment of others, altering the duration, cost and possibility of the trade. They ensured a dominating position on the sea for the Republic that could also establish safety standards and appraise those adopting those standards. Moreover such standards were strictly determined by the perception of risk belonging to the political, economic and social system of Venice. Specifically Venice sought to ensure for itself the monopoly of the functions of interchange among goods coming from the Adriatic sea and from the Levant bound to the Padan plain and Europe and those going the opposite way. That way the Republic favoured direct trade among the ports along the Adriatic and Venice. Any commercial exchanges that were not respecting such direction were considered smuggling and the military control held by Venice over the Adriatic allowed control and punishment of transgressors. The health policies of the Republic had been shaped within the mercantile logic of Venice and only within those policies could they carry out their function effectively, strengthening at the same time the supremacy of the Republic (Andreozzi 2009; Fabijanec 2008). Because of such policies which took into special consideration the food and supply needs of the Republic, the needs of its economies, the dynamics of its internal powers and its position within the competition among ports, the interests of Venice were particularly well safeguarded.

In defence of its risk perception, Venice refined some instruments and practises to avoid the paralysis of trade and allow the Republic to formulate its health policies in step with its economic and political interests: lazarettos, quarantines, procedures of ventilation and handling of the goods. This suited the geographic and environmental shape of the Venetian lagoon perfectly, trade was not brought to a standstill and the goods and raw material, considered essential for the life of the city and its economic system, could flow freely to Venice. In addition, by ensuring access to some controlled passage, they minimized the dangers associated with the desperation that could have led to extreme attempts to break away from the rules (Vanzan Marchini 2004; Alfani, Melegaro 2010, 11-44; Andreozzi 2009).

The dominance of the Venetian model forced all western states active in the Mediterranean area to conform to it also because that was the yardstick used to measure the reliability of the cities and ports relating to the control of epidemics. Venice monitored the spread of the plague, so vessels that came from the safe ports were permitted «free practice», allowing the disembarkation of men and merchandise without any wait or precautionary measures. Instead vessels coming from dangerous ports were forced into quarantine periods of different lengths and, in the absence of lazarettos, they were rejected. Such Venetian decisions were not limited to the areas dominated by the Republic but had grave repercussions in the wider

Fig. 2. *The spread of the epidemic in the Adriatic context*



spaces of commerce, and the states and cities tended to act in accordance with the behaviours of Venice, both to protect themselves from epidemics and to avoid restrictive measures put in place by the Republic.

The geography of the routes drawn by such regulations was mirrored and had its foundation within a geography of health control based around three main Venetian lazarettos: in Venice, Split (Spalato) and Herceg Novi (Castelnuovo) (Vanzan Marchini 2004). However, after the most difficult times of the crisis of the Eighteenth century, the Adriatic context underwent a profound change and the ability of Venice to control the sea lines declined. The void left by the Republic was not filled by other territorial States overlooking that sea, but by medium and small size ports along the Adriatic and the Mediterranean coasts. Such centres gave rise to a dense network of routes, which connected together from every direction; by doing so they were breaking and avoiding Venetian rules and were also bypassing the port in the lagoon. These routes were travelled by complex flows of goods, men and women. The economic relevance of commerce and the great mobility of people had a significant effect on the demographic dynamics in the Adriatic region (Andreozzi 2005, 153-168). On the one hand these flows appeared massive for the mechanisms of social reproduction and for the demographic trend of the centres that were involved. The protagonists of trade and the local communities determined how the rights of citizenship and residency were conferred (Bellavitis 1995; Prak 1995) and a large group of temporary residents played a decisive role in the demographic trends (Gatti 2005; Prak 1995). On the other hand remaining within

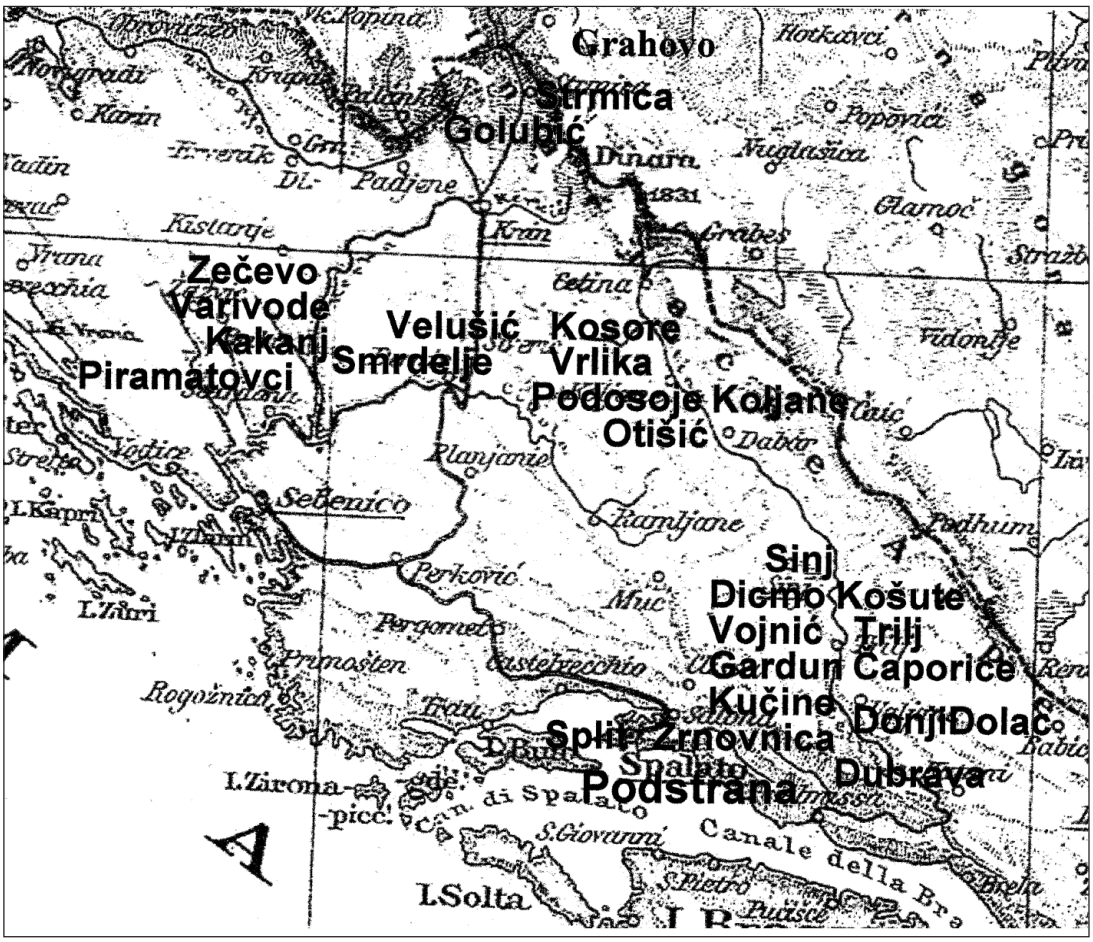
Fig. 3. *The path of the plague in the Ottoman domain*

Source: *Sclavonia Croatia Bosnia cum Dalmatiæ parte* from *Theatrum Orbis Terrarum, sive Atlas Novus in quo Tabulæ et Descriptiones Omnium Regionum*, Editæ a Guiljel et Ioanne Blaeu, 1645 [https://commons.wikimedia.org/wiki/File:Blaeu_1645_-_Sclavonia_ Croatia_ Bosnia_cum _Dalmati%C3 %A6_ parte.jpg]

the mercantile circuits was a determining factor for the demographic developments of the Adriatic centres (Andreozzi 2005).

I am not merely reiterating the obvious hypothesis of a direct correlation between the growth of ports and towns and their political and economic success, for this has long since been made by others (Boskers *et alii* 2008). Rather the point is to understand how such success was achieved within this competition. The ability to stay within the circuits of trade on the Adriatic was a determining element of the phenomena of demographic growth of cities and ports. This is the case of places like Trieste, Chioggia, Zadar (Zara), Papozze, Rimini, Riccione, Herceg Novi, and Ulcinj (Dulcigno) for example (Gatti 2005; Andreozzi 2005, 158-160). So, during the Eighteenth century health policies played a central role in the competition for supremacy. In fact as the Venetian control of the Adriatic sea weakened so also did the health policies, which were closely connected, and could no longer hold sway over a sea which had now become polycentric. The system of the lazarettos based around Venice lost its efficiency. The Republic found that the sea routes had become as difficult to control as the over-land ones and, since they could be crossed more quickly, they were also more dangerous. With the plague of Marseille in 1720

Fig. 4. *The geography of epidemic*



Note: it was impossible localize Krivachje, Brodarich and Cogliane.
Source: *Karte von Osterreich-Ungarn*, enteworfen von Gustav Freytag, Verlag v. G. Freytag & Beerndt, Wien, 1890; detail.

came the realization of the new situation that had been created (see fig. 2) (Biraben 1975; Andreozzi 2009).

2. The epidemic. Split, a Dalmatian port under the rule of Venice, and its lazaretto and port was the joining point for the land routes travelled by the caravans arriving from the Ottoman empire with their merchandise, heading for the Venetian territories and Europe (Paci 1971; Bajic-Zarko 2002; Carini Venturini 2004, 234-235; Perojevič 2002). The passage of these caravans was a perpetual threat since plague was almost endemic in the Ottoman territories and there was a clash between two very different health policies: the Venetian authorities based their policy on containment, while that of the Ottomans was based on non-intervention (Panzac 2004; 2010; Varlik 2014; Bajamonti 1786, 14-15).

After the epidemic of 1690, during the Eighteenth century Split was struck by the plague in 1731-32, in 1763-64 and in 1784 (Bajamonti 1776, 137-138; Johnsson 1929; Johnsson, Krekich 1928, 348-349; Frari 1811, 503-579)[4]. With the onset of

the epidemic in 1731 the Venetian authorities sent Simone Contarini, Governor-General in Dalmatia and Albania, with the task of blocking the spread of the epidemic (Asv-1, 15.9 and 2.10.1731). Thanks to his dispatches we can build up a clear picture, including details of individual homes, of the path of the epidemic and its effects. According to the Venetian authorities, the plague in Split and in the nearby region was the result of the failure of their health policies (Asv-1, 2.10.1731).

After eight months of border closures with Ottoman Bosnia, in August 1731 trade was reopened after news had arrived informing of the end of the epidemic. The fair of Grahovo, an Ottoman domain just a few kilometres from the border and not far from the Venetian Knin (Tenin), had opened on July 10th.

There, according to the Venetian magistrates, the plague had arrived transported by infected merchandise coming from Jaice (fig. 3). It had first shown up within the enclosure where the caravans and the goods were located and had quickly spread to the rest of the living quarters. The Venetian authorities, however, had not heard what was happening and the news travelled slowly. In the meantime the borders were reopened, on August 3rd, and closed again on September 10th. By then, hundreds of Venetian and imperial subjects had been to the fair and afterwards returned to their homes bringing woollen fabric, silk, leather and «Turkish» shirts and bands. Meanwhile the plague had also appeared inside the Venetian territory (Asv-1, 15.9.1731 and Asv-2, 29.9.1731). The Venetian magistrates dated the inception and end of the epidemic according to the first recorded infected person and the last recorded death, which may be imprecise indicators but significant enough to enable us to follow and evaluate the progress of the epidemic. Within the territories of the Republic the first case of plague was recorded on July 13th in Strmica (Stermizza) (Asv-1, 15.9.1731).

Strmica, with a population of 405, belonged to the district of Knin and was located not far from Grahovo, just the other side of the border. According to the Venetian authorities an Ottoman subject was responsible for the contagion, a servant in a local home. He had illegally crossed the borders that were still sealed. With the early signs of the «illness» the residents of that zone had attempted to burn the imported merchandise. According to Venice, that had caused even more damage because with the fear of its destruction, the merchandise had been hidden away and transported elsewhere, spreading the plague in more places. Often it was hidden inside caves or buried underground and the Venetians believed that it could therefore preserve and spread the disease even in the future. Some had got as far as Smrdelje, in the Šibenik (Sebenico) district; other goods were discovered right in Strmica and Golubić, still in the Knin district and along the road towards Šibenik and the sea from Grahovo (Asv-1, 15-9-1731). The epidemic followed precisely the same route, stopping before Skradin (Scardona), «a bishop city» located seven miles from the sea, over the Krka river «that forms the lake of Prokljan discharging in the port of Šibenik» (Bizozeri 1690, 465). After Strmica, the plague struck Golubić, located only a few miles from the former and also belonging to the jurisdiction of Knin. Then it moved towards Šibenik between the end of August and September striking, Piramatovci, Velušić and Kakanj (Asv-1, 15.9.1731 and

Tab. 1. *The numbers of the epidemic*

	Start date (first death)	End date (last death)	Inhabitant	Infected (% of inhabitans)		Dead (% of inhabitans)		Healed (%of Infected)		Houses	Infected houses (% of houses)	
Split					%		%		%			%
B. Luzaz	31/10/06	31/12/09	626	185	29,5	147	23,4	38	20,5	105	51	48,5
B. Manus	31/10/24	31/11/15	172	3	1,7	3	1,7	0	0	33	3	9,9
B. Grande	31/10/06	31/02/18	2.388	92	3,8	70	2,9	22	23,9	431	22	5,1
Lazzaretto	31/10/16	31/11/12	16	7	43,7	7	43,7	0	0	-	-	-
Ospedale	31/10/23	31/11/29	-	6	-	6	-	0	0	-	-	-
Total			3.202	293	8,9	233	7	60	20,4	569	76	13,3
Territory of Split												
Žrnovnica	31/10/12	31/12/16	296	70	23,6	65	21,9	5	8,4	38	13	34,2
Kučine	31/10/18	31/11/27	85	15	17,6	9	10,5	6	40	8	4	50
Total			381	85	22,3	74	19,4	11	12,9	46	17	36,9
District of Poljicka												
Podstrana	31/10/20	32/02/08	591	158	26,7	121	20,4	37	23,4	104	46	44,2
DonjDolac	31/11/03	31/11/13	27	2	7,4	2	7,4	0	0	4	1	25
Dubrava	31/11/20	31/11/28	336	1	0,2	1	0,2	0	0	51	1	1,9
Total			954	161	16,8	124	12,9	37	22,9	159	48	30,1
District of Sibenik												
Smrdelje	31/10/28	31/12/25	185	95	51,3	82	44,2	13	13,6	21	15	71,4
Kakanj	31/09/24	31/11/19	41	24	58,3	21	51,2	3	12,5	4	3	75
Piramatovci	31/09/03	31/11/19	158	14	8,8	14	8,8	0	0	18	4	22,2
Varivode	31/12/02	32/01/01	224	7	1,7	7	1,7	0	0	25	2	8
Zečevo	31/12/19	32/01/28	39	4	11,4	4	11,4	0	0	6	2	30
Total			647	144	22,2	128	19,7	16	11,1	74	26	35,1
District of Knin												
Strimca	31/07/13	31/08/31	405	58	14,3	53	13	5	8,6	40	12	30
Golubić	31/08/04	31/08/18	739	2	0,2	2	0,2	0	0	77	1	1,2
Velušić	31/09/08	31/12/24	182	70	38,4	67	36,8	3	4,2	22	16	72,7
Total			1.326	130	9,8	122	9,2	8	6,1	139	29	20,8
Vrlika and district												
Vrlika	31/10/22	32/01/09	202	38	18,1	37	18,3	1	2,6	45	15	33,3
Otisić	31/11/03	31/11/24	502	2	0,3	2	0,3	0	0	48	1	2
Kosore	31/11/01	32/01/13	100	10	10	9	9	1	10	14	3	21,4
Cucaglie	31/11/23	31/12/10	135	4	2,9	3	2,2	1	25	18	1	5,5
Podosoje	31/11/03	31/12/10	318	11	3,4	9	2,8	2	18,1	37	2	5,4
Koljane	31/12/10	31/12/01	287	3	1	3	1	0	0	27	2	7,4
Total			1.544	68	4,4	63	4	5	7,3	189	24	26,9

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	Start date (first death)	End date (last death)	Inhabitant	Infected (% of inhabitans)		Dead (% of inhabitans)		Healed (%of Infected)		Houses	Infected houses (% of houses)	
Sinj and district												
Sinj	31/11/17	31/11/30	445	7	1,5	7	1,5	0	0	98	1	1
Gardun	31/10/24	32/02/03	141	79	56	68	48	11	13,9	12	12	100
Košute	31/11/08	31/12/22	195	20	10,2	14	7,1	6	30	23	9	39,1
Vojnić	31/11/11	31/12/01	127	28	22	26	20,4	2	7,1	22	4	18,1
Krivachje	31/11/18	32/01/17	36	6	16,6	5	13,8	1	16,6	5	5	100
Brodarich	31/11/18	31/12/08	31	2	6,4	0	0	2	100	6	1	16,6
Čaporice	31/11/22	31/12/08	170	1	0,5	1	0,5	0	0	24	1	4,1
Dicmo	31/11/14	31/12/08	454	5	1,1	5	1,1	0	0	63	1	1,5
Trilj	31/11/23	31/12/22	23	11	47,8	9	39,1	2	18,1	2	2	100
Total			1.622	159	9,8	135	8,3	24	15	255	36	14,1
Total			9.676	104	10,7	879	9	161	15,4	1.431	256	17,8

Source: ASV-2.
Note: Among the inhabitants of Borgo Luzaz, there were twenty people that had come from outside to perform the to do the job of gravedigger and attendant.

ASV-2, 25.2.1732). The end of this wave was Smrdelje where the epidemic manifested itself around mid October. However, after a brief intermission, in December also Varivode and Zečevo were smitten (tab. 1 and fig. 4).

The plague was halted inside the first two villages to be struck at the end of August and in Golubić especially it was quite mild and brief, causing only two fatalities out of 739 residents and a state of alert that lasted just 14 days. It was worse in Velušić, where 38% of the population were infected, and in Kakanj, a very small town comprising only four homes with a total of 41 residents, where the deaths totalled over 51% of the population. In the villages where the epidemic had erupted between the end of August and the middle of September the duration varied from just under two months to two and half months in the case of Piramatovci. That village was particularly badly hit also for the total number of deaths which accounted for more than 44% of the 185 residents. In those villages the plague disappeared between November and December. Only in the last two villages to be affected the epidemic dragged on until January of 1732. In the case of Zečevo, a village counting 39 residents, the fatalities – four in total – occurred over a span of 40 days, in Varivode the epidemic lasted only a month and the damage was limited (tab. 1).

In the meantime, starting in October, a second front had opened up in Split and along the route of the caravans from the Ottoman border heading towards Split, the autonomous community of Poljica (Poglizza) and the sea through the pass of Mount Prologh and Sinj (Sign) (fig. 4).

In that case, again according to the Venetian authorities, the breach was blamed on poor organization. The norms regulating the arrival of caravans were very precise and restrictive. They were supposed to enter the tèrritories of the Republic on selected days and be escorted along an established route without coming in contact

Tab. 2. *Epidemic and size of the villages*

Number of inhabitants per village	Inhabitants	Infected (% of inhabitans)		Dead (% of inhabitans)		Heales (% of dead)		Duration (days)	Houses	Infected Houses (% of houses)		Average density per houses
1-99	282	64	22,6%	50	17,7%	14	6,2%	67,4	35	18	52,9%	8
100-199	1.393	321	23%	284	20,3%	16	4,9%	70,3	172	65	37,7%	5,7
200-299	1.009	118	11,6%	112	11,1%	6	5%	54,2	135	32	23,7%	7,4
300-399	653	12	1,8%	10	1,5%	2	16,6%	29,5	88	3	3,4%	7,4
400-499	1.304	70	5,3%	65	4,9%	5	7,1%	37,3	201	14	6,9%	6,4
500-599	1.093	160	14,6%	123	11,2%	37	23,1%	73.5	152	47	30,9%	7,1
600-	739	2	0,2%	0	0%	0	0%	15	77	1	1,2%	9,5

Source: ASV-2.

with anyone straight to the lazaretto in Split for the necessary quarantine. However those rules had not been followed for some time. The caravans crossed the border without being escorted and not respecting the timetables; during the trip not only they come into contact with the locals but also much of the merchandise and merchants took other roads abandoning the caravan and did not reach Split and the lazaretto (ASV-2, 23.12.1731). On September 17th a caravan from the Ottoman territories had arrived in Split (ASV-1, 15.9.1731). However the plague did not affect the lazaretto, where the members of a caravan, with their animals and cargo should have been kept. In fact some woollen cloth from that cargo – sold prior to entering the lazaretto – was held to be the vector of the contagion.

According to data from the Venetian authorities, on October 6th the first instances of death were recorded inside two of the four hamlets of Split placed outside the urban walls, «Borgo Lusaz» and «Borgo Grande». On October 16th the first death occurred inside the lazaretto where the contagion might have been caused by two residents of «Borgo Lusaz» who had been admitted there. Subsequently on October 23rd the hospital was also struck by the plague and on the following day the first fatality was recorded in a third hamlet, «Borgo Manus» (ASV-2, 14 and 17.10.1731). The city and the fourth hamlet, «Pozzobon», managed to avoid the epidemic. Meanwhile on October 12th and 18th two villages inside the territory of Split, Žrovnica and Kučine, were affected and on October 20th it was the turn of Podstrana, a village of Poljica near the sea and not far from the city (tab. 1 and fig. 5).

Inside Split the duration and course of the plague varied: at «Borgo Manus», inhabited by 172 residents, after the first fatality on October 24th there were only two others, on November 11th and 15th, and the epidemic ended along with them. In «Borgo Lusaz», with its 626 residents, the epidemic ceased in December recording the highest number of casualties, 23,4% of the residents. On October 6th two deaths were recorded, three on the 7th and ten on the 8th. Afterwards the casualties tended to slow down somewhat oscillating between one and three a day up until a new peak. On October 17th six deaths were recorded, eight on the next day and thirteen on the third day. Then fatalities started to decrease again, oscillating between two and four a day. Only on two days, on October 12th and 26th, were no

Fig. 5. *Split and its hamlets*

Source: *Plan général de la ville et des environs de Spalatro*, in *Voyage pittoresque et historique de l'Istrie et de la Dalmatie*, rédigé d'après l'itineraire de L[uois]-F[rançois] Cassas par Joseph Lavallée, De l'imprimerie de Pierre Didot l'ainé, au Palais des Sciences et Arts, 1802; detail [http://www.internetculturale.it/jmms/iccuviewer/iccu.jsp?id=mag_GEO0018814&mode=all&teca=GeoWeb+-+Marciana].

deaths recorded and the daily average number during the period between the 6th and the 31st of that month was 3,68. In November fatalities reached much lower peaks on the 14th and the 16th when 4 and 5 deaths were recorded for each of those two days. On November 10th, no death occurred and on the following days between one and three were recorded. The average during that period was 2,25. Then fatalities became less frequent. From November 22nd until December 9th nine deaths were recorded with intervals of 2 to 4 days between each one. Subsequently, after a long interval, on December 26th the last fatality occurred, but it was the case of an attendant who had recently left the lazaretto. In «Borgo Grande» instead the plague dragged on until mid February and the fatalities, although numerous, were a low proportion of the 2.388 residents, only 2,9%. Another difference between the two was the time it took the epidemic to spread. After the first death on October 6th, nobody died for the following nine days, then until the end of November the fatalities continued at an average of one or two a day, with four short intervals of two or three days during which no victims were recorded. The peak of fatalities was recorded on November 27th and 29th with three deaths. In December eleven people died within eight days with intervals of one to five days. Then in January fatalities dropped further to a steady trickle that ended only in February. The victims were mainly those thought to have been suspected of being infected already. Instead in the lazaretto and the hospital the plague

lasted for about a month, from the middle of October until mid November (ASV-2, 1 and 24.11 and 24.12.1731 and 10.1.1732).

During that month two more villages in Poljica, Dubrava and Donji Dolac, became infected. Among the villages belonging to the community of Poljica, Podstrana remained infected until February of 1732 and that is where the plague struck more significantly (121 deaths and 37 recoveries in a population of 621), while in Donji Dolac and Dubrava it disappeared within a few days causing just one and two fatalities respectively (tab. 1 and fig. 4).

In the meantime, between October 24th and Novembe 23rd the disease also appeared in Sinj and eight other villages in its district, all of them next to the routes of the caravans. While the outbreaks of the plague were almost simultaneous, they ended at different times. In Sinj the epidemic ended on November 30th and between December 1st and 22nd in six other locations. In Krivachie instead it ended only in January and in February in Gardun. In that area too the effects of the plague varied from one single case in Čaporice to 47% of the population infected in tiny Trilj and the 56% in the more populated Gardun (tab. 1).

In the meantime one third and final front opened in the Vrlika district, near to the border with the Ottoman dominions about 70 kilometres from Split, on the shores of Lake Peručko and on the road from Knin to Sinj. The first village to be affected was Vrlika, in October, where the epidemic lasted until the following January causing a considerable number of fatalities (18,1% of the residents). Then Kosore followed on November 1st and it remained infected until January, on the third of the same month it was Otišić, and on the twenty third Cucaglie. In those three locations the plague was quite mild and between the end of November and early December it disappeared. The last location to be struck was Koljane in December. The alarm lasted for a month and the effects were mild; only three deaths occurred (tab. 1 and fig. 4).

The contagion therefore remained contained within these three areas without affecting other locations inside the jurisdiction of Split, and Contarini's aim to stop the epidemic by taking advantage of winter conditions was realised. Thanks to that, the work done by Contarini could be counted a success. The contagion did not reach the sea, the city was saved and the defence lines, made up by professional military units and members of the local communities, were not involved in the epidemic.

On balance it is difficult to establish correlations between information such as the duration of the epidemic, the date of its onset, the size of the villages, the number of homes in them and the average density of population on one hand and the virulence of the contagion on the other. The only correlation would seem to emerge out is that, in percentage terms, the larger the village the less the impact of the plague. Maybe in the smaller villages the effects of initial outbreak might be, in percentage terms, more devastating. The mortality rate was affected less from the actions taken to contain the plague. Inside the affected areas, out of the total population 10,7% were infected; 9% died and 15,4% managed to recover (tab. 1). Finally, for the districts of Split we have only partial data that allows us to make a rough estimate of the effects of the plague based on gender and age ranges. It is an estimate compiled by Contarini on November 25th when 188 deaths had occurred. Of these, 46,8% were males – 38%

of whom were less than 14 years old, and 53,1% females – 41% under 14, making a total of 39,3% of fatalities under 14 years of age (Asv-2, 24.11.1731).

3. Health policies and failures. On the morning of October 15th, when Contarini landed in Split, in Borgo Lusaz the number of dead amounted to 39, 16 people were sick and 22 the homes were infected; in Borgo Grande 3 had died and 3 were sick in two separate homes (Asv-2, 17.10.1731).

For Contarini the most dangerous carriers of disease were people, animals – cattle, sheep, horses, cats and dogs – and merchandise; particularly products derived from animals, such as leather, and wool and other textiles. Among all the possible vectors those were considered the most dangerous because it was thought they could spread the plague further and wider and could continue to be contagious for a long time. Strong with such convictions and following orders received, Contarini did his best to limit the chances of contagion as much as possible by attempting to keep the healthy from coming into contact with the vectors of the disease and those already infected or suspected of being so. He tried to ensure that the sea routes were kept safe; that the centre of Split, surrounded by walls, could not be infected by the suburbs located nearby; that the city suburbs and the centres of the province that had not yet been infected remained healthy and, within the infected areas, that the healthy homes and people could avoid the disease. To that end he forbade communications with and ordered the isolation of infected and suspected areas and instituted defence lines manned by soldiers and armed guards to guarantee the separation and protection of the healthy areas in the province, the city and the coast. Furthermore, to reinforce his policy, he also set up a care scheme for the purpose of gathering information and supporting infected areas so they did not lack for food, medicine, undertakers, and religious assistance (Asv-2, 17.10.1731). The availability of adequate resources to Contarini, also to support the local communities and the sick, appears to have been an essential feature of the health policies, prompted by the need to ensure that those who had been involved in epidemic should not, out of desperation, flout or ignore the norms established by the authorities (Asv-2, 4, 10 and 17.10.1731).

The same applied to Contarini's policy involving merchandise and the caravans. To stop the merchants from hiding their goods or disposing of them elsewhere, for fear of financial loss, he said it was necessary to sanitize those that had been handed in to the authorities rather than burn them. He also believed that it was necessary to let the caravans enter the lazaretto in Split as it was not possible to stop them or to prevent them from making detours. (Asv-2, 4 and 14.10.1731).

His goal was to prevent any breeding grounds for the epidemic before the arrival of winter so as to avoid the spread of «sparks» which could develop into a «universal fire impossible to extinguish in the spring» (Asv-2, 12 and 14.10.1731). However, focusing on the Contarini's policies alone, and their relative success or failure, is not enough to evaluate how the plague spread. Moreover the final results cannot be read as the outcome of relations between a rational pole – Venice and its norms – and an irrational one – the local residents. In the struggle against the plague not only Contarini's health policies but also other forms of risk perception and other norma-

tive contexts played a role, often in contradictory ways. The Venetian rules were not the only ones to determine the behaviours towards plague. Features of the epidemic such as its prevalence, rate of attack and secondary attack and cumulative effect, are to be placed within the context formed by the interaction of all these behaviors and norms. Within that frame, the quality, identity and status of primary and secondary cases, played a central role (Figà-Talamanca 1981, 57-59).

The skirmishes between the Governor-General and the residents of Split and its jurisdiction were not a question of favouring either rigid rules or lax regulations, and were often not the result of an attempt to break the rules imposed by Venice, but were instead the outcome of the clash of different policies – and the policies of the Republic were not the strictest.

In Split, the city had isolated itself from the suburbs before the arrival of Contarini, as had the suburbs among themselves. That had caused strong tensions and the residents of the suburbs, had armed themselves and tried to enter the city by force (ASV-2, 14.10.1731). Inside the suburbs the sick had been confined to a «very small place», while those suspected of being infected had been forced to abandon their homes and relocate to the countryside near the urban centre, where they were abandoned, confined inside small huts they had built themselves, with no food and assistance and constantly inveighing against those who were leaving them to die in such misery (ASV-2, 14 and 17.10.1731).

Contarini immediately took steps to improve the standard of living of the inhabitants of the suburbs (ASV-2, 17.10.1731). However, the situation was extremely unstable due also to the ruinous condition of the fences separating the districts from the city and the abject state of the city walls (ASV-2, 12.10.1731). «Eaten by time» in many spots, low and occupied by vegetable gardens in others they were difficult to defend. The Governor-General gave orders to repair what was feasible and to improve the fences, but there were constant attempts at invasion by those excluded. Therefore he mounted cannons on top of the walls threatening to open fire on the houses, at night he had patrols watching over them, doubled the number of guards and created guardhouses (ASV-2, 17.10.1731). Even though there is no record of successful trespasses, there were certainly some unexplained events, like when three people threw a guard off the wall in the middle of the night (ASV-2, 24.11.1731).

Other tensions had arisen around the management of the lazaretto. In early October the Prior had refused to use it to accommodate the sick, saying that the location was intended for commercial use (ASV-2, 4.10.1731). However the impending arrival of a caravan from the Ottoman regions heading for Split caused an even greater furore. Against the advice of the Governor-General, the residents declared their intention of repelling the caravans with the use of weapons and they also threatened to set fire to the merchandise. In order to avoid trouble, Contarini was forced to give in and ask the convey to withdraw to Solin (Salona) (ASV-2, 14 and 17.10.1731). Furthermore, to keep the peace with a powerful Ottoman merchant who wanted to sell merchandise that been stored inside the lazaretto, he bought it on the State's account (ASV-2, 17.10 and 11.11.1731). However, an outbreak of the epidemic inside the lazaretto revealed further complications. Inside the warehouses, meant to stock

the merchandise, were several families from Split, recruits from Albania and «other numerous people who were entirely occupying them» (Asv-2, 11 and 24.11.1731). It becomes clear therefore why the superintendent had denied the request of some Bosnian merchants for permission for their families to relocate from the Ottoman areas and take refuge inside the lazaretto (Asv-2, 17.10.1731), it had been transformed into a shelter of sorts. According to Contarini, it was the combination of occurrences such as this, relations with the outside and the behaviour of patients who were breaking the rules by frequenting each other, that had favoured the contagion.

The diverse perception of the risk also caused other differences in behaviour.

Although Contarini deemed it necessary to kill all cats and dogs, the locals protected their pet cats (Asv-2, 17.10.1731). The Governor-General was not able to find the personnel needed to bury the dead and manage the infected merchandise because people assumed that such work was too risky. However, the foot soldiers who had to carry the furniture from the infected homes to the lazaretto, stole the objects and buried them with a view to recovering them when it was safe to do so (Asv-2, 24.11.1731). Contarini closely observed the behaviour of individuals, especially those who had been the first to fall sick, sometimes even attempting to gather information from the patients themselves. The first family struck by the plague in «Borgo Lusaz» included a woman who had illegally bought a «schiavina» who had been smuggled into the suburb, hidden inside a basket of smoked meat (Asv-2, 16.1.1732). Textile articles of dubious origin had been found in the homes of many infected people. When the contagion reached the hospital suspicion fell on the whereabouts of the surgeon in charge and his cat, and also on his wife. It transpired that she had died without anyone knowing that she was a victim of plague, moreover she was suspected of usury and of having accepted pledges from some residents of Borgo Lusaz (Asv-1, 24 and 30.11.1731).

In fear and desperation the families of early victims could attempt to cover up the presence of the plague by hiding the bodies of the deceased or by locking up suspected individuals in confined spaces leaving them to die without any form of support. In «Borgo Lusaz» the early dead were «concealed» and buried in the church and the funerals were conducted in accordance with the families (Asv-2, 17.10 e 30.11.1731).

Throughout the province the picture remains the same. The different legal codes, logics and risk perception led to similar results and, as in the city, possibilities, quantity and quality of the contacts and status and identity of primary and secondary cases played a central role.

Contarini feared that the over-riding interest in commerce could encourage gambles which could be dangerous even for the city of Venice, because the products of Ottoman origin and the caravans were bypassing Split where they were bound by regulations, and reaching the sea at different locations.

However, within different communities of the jurisdiction under Contarini, the «Collegetti di Sanità», the institutions managed by the local elites in charge of matters of health, had such strict rules imposed upon them that, fearing they might cause a widespread famine, he tried to convince them to streamline such rules (Asv-

2, 1.11.1731). Moreover, Contarini could be more flexible concerning those goods and trade that were vital for Venice and Venetian interests. For example, the citizens of Zadar, then in the Venetian Dalmatia, were in favour of the total blockade of the trade in cattle destined for consumption in Venice. Such a blockade could have serious repercussions in the city on the lagoon, so he tried to stop this measure (ASV-2, 1.11.1731). At the same time, people went from the city to the countryside for the grape-harvest. The only obligation they had undertaken was to avoid contact with anyone.

The Governor-General tried to make sure the inhabitants of the region had adequate spiritual, health and material assistance so that they would not move from place to place and thus spread the infection. He created military lines to surround the places where the sick and the suspects were rounded up and the infected homes and villages, impeding people's mobility and in order to seal the borders with the Ottoman empire. The implementation of such measures caused repeated clashes between different logics and 'regulatory environments'. It was difficult to block the passage of bandits and smugglers, on account of the fact that they were often being helped by local authorities and military personnel. They followed their own codes during their movements and in managing the risk of contagion (ASV-2, 11 and 24.11 and 11.12.1731 and 15.1.1732).

This gave rise to continuous conflict and a series of arrests, escapes, armed confrontations and executions. It was also difficult to control the movement of the cattle breeders and shepherds who followed their practice of transhumance, and their families who were scattered on both sides of the border. Here, too, there were complicities, clashes, even ruthless forms of repression and bargains struck within a frame partly determined by the power and status of the people involved. Two brothers faced the firing squad in Knin for having travelled with a few steers among the homes of members of their family located on both sides of the border (ASV-2, 12.10.1731). One village had to solve the problem of the arrival of a large group of people accompanied by a lot of livestock and escorted by a local nobleman, all demanding shelter (ASV-2, 12.11.1731). Another problem was confronting the shepherds who were armed, ready to clear the path so that they could return with their herds towards Zadar with help on the Hapsburg side of the border (ASV-2, 1.11.1731). Contarini therefore monitored constantly the behaviour of officers and soldiers, moving them around and substituting them, aware that the illegal flow of people was partly made possible by the complicity and disposition of the individual officers and their connections with the territory (Asv-2, 25.11.1731). The same applied to implementing the isolation of various villages. This did not always comply with the orders of Contarini for reasons usually dictated by the local powers, economy and logics. The epidemic was blamed on the introduction of merchandise from the Ottoman territories also by thieves who brought back their ill-gotten gains, as, according to Contarini, had happened in the area of Knin and Vrlika (ASV-2, 1, 11 and 24.11.1731). In some instances, once the first attack had been brought under control, another outbreak had occurred due to the repetition of the same behaviour.

Moreover, as already mentioned, Contarini made every effort to stop the practice of burning the merchandise arriving from areas where the epidemic was raging. He advocated quarantine and procedures of ventilation and handling and attempted to discourage people from burying merchandise near the border or in deserted areas, for fear that it could cause a future outbreak. Merchandise which had been concealed in this way was discovered frequently. The Governor-General maintained a similar approach on numerous occasions. The Morlacchian people used pieces of leftover cloth to make their poverty-stricken dwellings warmer. Such a practice was deemed a possible cause of infection. So, they requested that their houses be burned rather than have to treat them. Facing these requests Contarini studied the economic feasibility of different solutions (Asv-2, 11.12.1731).

Even seemingly random episodes and actions apparently the result of inexperience increased the danger of infection. However, also in these cases, identity and status of the primary and secondary cases and the strategies of the community had great importance.

It was the initial reaction to the plague which proved crucial. In Velušić the pest was not immediately recognized, and the first man to fall sick had been confined at home but not placed in isolation, and those who went to visit him were not checked in any way. So, within six days four people had died and many more were infected (Asv-2, 12.10.1731). Also in Sinj and Žrnovnica the symptons went unnoticed and the first fatalities were buried inside the church without any type of precaution. So, the progress of the plague was also determined by the status and identity of the first people to be infected. In Žrnovnica one of the first victims was part of an extended kinship that was apparently influential, and participation in the funeral was deemed necessary also by the residents of other villages who subsequently carried the disease back to their own homes (Asv-2, 1.11.1731).

The response to Contarini's orders also varied from one community to another. If in some villages the lazarettos were built and the sick and the suspected kept and adequately assisted, in other villages this did not happen. Within the infected villages in the district of Šibenik, nobody took steps to decontaminate the homes and bury the dead and the few who were buried «were dragged along the naked ground», which was believed to be a source of possible contagion (Asv-2, 14.10.1731). In Vrlika the lazaretto had been built in a few days; in Velušić it had taken over a month, and progress was also very slow in Knin (Asv-2, 17 and 25.11.1731). Not only had shelters and lazaretto not been built but there was no lime mortar to bury the dead and there was a lack of doctors and personnel to handle infected people and objects and corpses. In other areas like Knin, Trogir (Trau), Makarska (Macarsca) orders to isolate different residential zones were not carried out (Asv-2, 25.11.1731). Sometimes different strategies were adopted. In Makarska and Omiš (Almissa) the sick stayed in their homes while the healthy individuals left the villages (Asv-2, 17.10.1731). In some cases the social structure of the community collapsed entirely under the pressure of the epidemic. In Podstrana, a village of Poljica, Contarini struggled to impose a minum of order because the people had taken up the «disorder of wine and spirit» and refused the presence of troops (Asv-2, 24.12.1731). The course of the contagion

could even be affected by cases of insanity. In Smerdelje the lazaretto was set on fire and in another village an eldery lady, who was a suspected victim and had been locked up, tried unsuccessfully to set the building ablaze (ASV-2, 24.11.1731).

From by the point of view of Split, the different legal codes, logics and risk perception and the local communities also had an important role regarding the spread of the plague inside the Ottoman dominion. There, according to the reports made by Contarini's informers, the state did not practice health policies. However that does not mean that at a local level defensive strategies were not being adopted. The most common being the escape of healthy individuals from their infected villages, to which they returned only when they believed the epidemic had ended. However there were also areas in which policies of isolation and separation were being adopted as a community initiative. Furthermore strategies were being devised based also on religious backgrounds (ASV-2, 19.5.1732)[5].

4. Conclusions. Contarini believed that it was the failure of the Venetian health policies that was responsible not only for the spread of the plague, but also its initial entrance inside the borders of the Republic: the fabrics illegally transported, the stealthy border crossings, the wrong policies, the unimplemented isolation, the illegal use of the lazaretto etc. Whereas what Contarini saw as failures appear in fact to have been the result of a clash of different perceptions of risk and normative contexts. Moreover, according to the information available to Contarini, the extent and mortality rate of the plague inside the Ottoman Empire were far greater and there does not seem to be any evidence of immunization. It is possible, therefore, to deduct that the variations in behaviour in the face of the plague could be founded on the one hand in the different biological environment and in the relation between territory and pathogen, on the other in the different political-institutional contexts (balance among powers and limitations to the possible centralization). Even within the Ottoman territories, in fact, if a specific initiative from the State was lacking, defence strategies were put in place by sections of the communities and individuals.

The complex relations among strategies, reasoning, norms, epidemic factors, qualities and behaviour of primary and secondary cases, contributed to shape the geography of the epidemic by determining the amount of possible points of contact and therefore the possibilities of contagion. In the face of the certainty of the malfunction of social and economic mechanisms upon which people based survival and success, they could rationally believe convenient to deal with the risks of the epidemic. Such evaluations were also the result of the normative contexts of which the individuals were part. However, within those contexts failures and transgressions were recorded. So, in the context given by the characteristics of the pathogen and by the biological environment, the interaction of different normative contexts and how the risk was perceived can be useful indicators of how the plague spread.

[1] On this debate, see Alfani (2010) and (2013); Alfani, Cohn (2007); Alfani, Melegaro (2010); Duncan, Scott (2001); Cohn (2008) and (2010); Campbell (2010); Kelly (2005); Varlik (2014).
[2] Robtel Pailey, *Ebola and the Myth of White Saviours*, «Al Jazeera», online version, 8 November 2014 [www.aljazeera.com/indepth/ opinion/2014/11/nigeria-ebola-myth-white-saviours-201411654947478.html], and Kai Kupferschmidt, *Nigerian virologist delivers scathing analysis of Africa's response to Ebola*, «Science. American Association for the Advancement of Science», News online, 3 November 2014 [http://news.sciencemag .org/africa/2014/11/nigerian-virologist-delivers-scathing-analysis-africas-response-ebola]. I would like to thank Adriana Nannicini for the indications of this debate and of these articles.
[3] I borrow this expression from economic theory, to indicate a situation of asymmetrical information which gave Venice an edge over competing powers.
[4] To place the plague of Split in the Mediterranean and European context see Restifo (2001) and (2005), Panzac (1985), Alfani (2010), Biraben (1975), Varlik (2014), Speziale (2013).
[5] For example, according to the Venetian informants, the different religious groups in the Ottoman Empire behaved in different ways when affected by the plague. Moreover, the Venetian official reported that orthodox merchants showed particular strategies.

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Summary

The "Barbican of Europe". The plague of Split and the strategy of defence in the Adriatic area between the Venetian territories and the Ottoman empire (Eighteenth century)

In 1731 Split, a Dalmatian port under the rule of Venice, and its province were struck by the plague which, according to the Venetian magistrates, had arrived transported by infected merchandise coming from Jaice, an Ottoman domain. With the onset of the epidemic the Venetian authorities sent Simone Contarini, Governor-General in Dalmatia and Albania, with the task of blocking the spread of the epidemic. This article focuses on such an outbreak. The goal is to evaluate the impact made by the institutions on the spreading of the plague and discover what that could reveal about the biological environment. Highlighting the ways in which the risk was constructed socially allows us to advance hypotheses on the spreading of the plague, giving us a way to identify the actors capable of introducing and/or avoiding the norms. The analysis of anthropic factors (institutional behaviours and interventions) side by side with biological factors allows us to offer explanations able to shed some light on the apparently casual ways with which, in the context of Venetian health policies, the plague struck or spared cities, villages, homes and families.

Riassunto

L'Antemurale d'Europa. La peste a Spalato e la strategia di difesa nell'area adriatica tra i domini veneziani e l'Impero ottomano (XVIII secolo)

In 1731 Split, un porto della Dalmazia sotto il controllo di Venezia, e il suo territorio furono colpiti da una pestilenza che, stando ai magistrati veneziani, era stata trasportata da merci infette provenienti da Jaice, un possedimento ottomano. All'inizio dell'epidemia le autorità veneziane inviarono Simone Contarini, Governatore Generale della Dalmazia e dell'Albania, con il compito di arrestarne la diffusione. Questo articolo è dedicato a questa pestilenza. L'obiettivo è valutare l'impatto dell'azione delle istituzioni sulla diffusione della peste e mettere in luce quanto ciò rivela circa l'ambiente biologico. Evidenziare le modalità con cui il rischio veniva costruito socialmente consente di avanzare ipotesi sulla diffusione della peste, fornendoci un modo per identificare gli attori capaci di introdurre e/o ignorare norme e decreti. L'analisi dei fattori antropici (comportamenti e interventi istituzionali) assieme a quelli biologici ci consente di offrire spiegazioni atte a gettare un po' di luce sulle modalità apparentemente casuali con cui, nel contesto delle politiche sanitarie veneziane, la peste colpiva o risparmiava città, villaggi, abitazioni e famiglie.

Keywords
Plague; Health policies; Commerce; Split; Venice.

Parole chiave
Peste; Politiche sanitarie; Commercio; Spalato; Venezia.