The Barefooted Foreigner

A Case Study of the Scapegoat in Nineteenth-Century Gibraltar

Lawrence A. Sawchuk and Stacie D. A. Burke

Department of Social Sciences, University of Toronto, 1265 Military Trail, Scarborough, Ontario M1C 1A4, Canada (sawchukl@utsc.utoronto.ca)/Department of Anthropology, University of Manitoba, 435 Fletcher Argue Building, Winnipeg, Manitoba R3T 5V5, Canada (burkes@cc.umanitoba.ca). 13 III 08

In 1885, a cholera epidemic threatened the British fortress colony of Gibraltar. As opposed to previous cholera epidemics, this outbreak was marked by scapegoating, and Maltese immigrants were repeatedly blamed for the threat of disease in the colony. The historical evidence suggests that this scapegoating was more likely a by-product of sociopolitical tensions relating to immigration than any true medical or epidemiological reality.

One element of the human condition that may be unveiled during an epidemic is the singling out of a segment of a community as the source or carrier of disease. For example, McGrew (1962) reports that during the 1831 cholera epidemic in Russia, deaths from the disease were blamed on foreigners in general and Polish and German immigrants in particular. Evans (1987) discusses anti-Semitism, scapegoating, and cholera epidemics in nineteenth- and twentieth-century Hamburg, while Markel (1997) examines the quarantine of Jewish immigrants under the threat of typhus and cholera in the 1892 New York City epidemics. Craddock (1995) considers the social and structural factors that led to the scapegoating of the Chinese community when smallpox ravaged nineteenth-century San Francisco. Arnold (1986) describes the scapegoating of low-caste or tribal women in India and the ejection of them from their villages in the symbolic expulsion of disease from a territory. What distinguishes these groups is their perception as foreigners, outsiders, or vulnerable minorities, perhaps through cultural, linguistic, and religious distinctiveness, low social status, or unfair attributions of moral corruption. While these qualities provide an easy avenue for scapegoating of vulnerable groups, casting blame in times of disease and disorder is often more about power and control interests within communities.

Nearly two decades ago, Nelkin and Gilman (1988, 376) commented that "any disease that is poorly understood is freighted with social meaning" and could be perceived as a

© 2008 by The Wenner-Gren Foundation for Anthropological Research. All rights reserved. 0011-3204/2008/4903-0005\$10.00. DOI: 10.1086/588754

threat to communal power structures. As a result, "patterns of blame that prevail in different periods reflect the social stereotypes, fears, and political biases that are associated with threats of social or political change." The attempt to determine disease causation "becomes a way to protect existing social categories or power relationships, to define the boundaries of 'normal' behaviour, or to reinforce the norms that seem to be threatened by marginal groups." They conclude that by "placing blame people seek to create order, to reassert control over perceived threats, or preserve existing social institutions." According to Douglas's (1992, 87) analysis, accusations of illness, much like those of witchcraft, may be used strategically to buttress cultural regimes and control those who are threatening, problematic, or hated: "Whether the witch is really able to do harm or not, whether the person is really infectious or not, the attribution of a hidden power to hurt is a weapon of attack against them."

This case study investigates scapegoating and the importance of disease in defining power imbalances or weaknesses. It focuses on a British garrison town where civil liberties were subordinate to military needs and where power imbalances and vulnerabilities were both ingrained and exaggerated. Located at the gateway to the Mediterranean Sea in southern Europe, Gibraltar had great military and naval value in the British Empire. While the barren limestone of the Rock was unremarkable for any major local resources, Gibraltar's port did serve as a vital node in shipping networks, and as a result, commerce became highly lucrative. The unique context of Gibraltar's sociopolitical setting and nineteenth-century tensions over epidemic disease provide a rich context in which to examine scapegoating dynamics.

Gibraltar: Physical and Social Boundaries

Gibraltar was captured by Anglo-Dutch forces in 1704, but its colonization did not involve people and resources as much as the annexation of strategically valuable land. With the ingress of British military and naval personnel and the egress of the resident Spanish population, nationality was effectively reset under British rule. In addition to British forces, civilians were essential for provisioning the fortress and providing supplementary labour, and a small body of civilian immigrants took up residence during the eighteenth century. Following the Great Siege (1779-83), the local economy flourished, and increasing numbers of foreigners, attracted by steady employment and the promise of quick fortunes, seized the opportunity to emigrate to the Rock. As a result, population growth averaged an unprecedented 6% per annum for the next two decades. Overcrowding on Gibraltar's diminutive 3.6-square-mile landmass quickly became an issue, and for much of the nineteenth century the British authorities remained preoccupied with formulating increasingly complex immigration policies (Burke and Sawchuk 2001; Perera 2007).

Culturally, Gibraltar was described as a "motley" popula-

tion rich in character and notable for its tolerance. Its civilian community was largely Roman Catholic, with the majority of residents drawn from the local Mediterranean area, including Spain, Portugal, and Genoa. There was also a small but economically vital Sephardic Jewish community with ties to Morocco. Civilian British expatriates also took up residence in colonial Gibraltar. In addition, according to Garratt's (1939, 110) account, the allure of the Mediterranean ports drew in "seedy characters" of all descriptions. Because Gibraltar was an important fortress, a notable British power structure, immediately visible in the British military governor, the local representative of the colonial Home Office, overlaid all of its diversity.

Administrative concern over civilian population growth figured prominently in official correspondence. A population census taken in 1814 formed the basis of Lieutenant-Governor Don's ranking of eight main classes of civilians: old established mercantile houses; mercantile adventurers; British shopkeepers and tradesmen; foreign shopkeepers and tradesmen; Genoese; other Italians, Sicilians, and Portuguese; Jews; and Spaniards.1 According to Don's assessment, members of the old mercantile houses were generally "respectable people," while the mercantile adventurers were a "numerous and troublesome" lot opposed to government measures and the cause of "mischief between the military and the Inhabitants." While British shopkeepers and tradesmen were also considered "troublesome," foreign shopkeepers and tradesmen were generally "not turbulent, and tolerably easy to manage." The Genoese were viewed as an economically diverse group, some "lower class" and others with "opulent fortunes." While in financial dealings the Genoese were characterized as "always ready to take unfair advantage," overall they were easy to "manage." The other Italians, Sicilians, and Portuguese, on the other hand, were collectively "considered as a very bad class of people." Like the Genoese, Jewish residents were also differentiated; while "the old established families" were viewed as "opulent, and good subjects," the Jewish "hawkers and peddlers" were described as "a very bad set of people." British Jews were criticized for "insolently demand[ing] what they call the rights and privileges of British subjects." While some residents of Spanish descent were held in esteem ("some of the people of this nation are of respectable character"), most were identified as troublesome ("in general they may be considered as a nuisance to this place").

The lieutenant-governor's ranking suggests that the colonial authorities believed that this diverse population could be segmented, stratified, and more or less behaviourally characterized in terms of the fortress's social boundaries of acceptable behaviour. A central concern focused on perceptions of tractability (the characterization as "good" or "trouble-some" and respect for authority). Collectively, British colonial administrators viewed civilian Gibraltarians as a sort of nec-

1. CO 91/61, population of the town of Gibraltar, according to the census taken May 24, 1814, National Archives of the United Kingdom (NA).

essary evil. Though British subjects, colonial Gibraltarians were not *British* and were therefore viewed to exist on the liminal periphery of British citizenship. Their acquired British status fuelled feelings of resentment well into the twentieth century, as is evident in this British (military) bombardier's comments on civilian Gibraltarians in 1913 (emphasis added):

That conglomeration of ill natured humanity known as "Rock scorpions" do not seem to have or to have had the slightest idea or notion of the subject and purposes for which this fortress is maintained. After 200 years of British occupation and rule, the installation of institutions, laws, sanitation, &c., which allows no comparison to that of existing neighbouring towns, *these people* are and presumably always will be the most ungrateful and ignorant gang that exists in any Crown Colony. The English language is seldom or never heard. The military are looked upon as their lawful prey and treated accordingly.²

As British subjects, Gibraltarians benefited from the security of British citizenship. British status was also conferred upon residents in other imperial colonies and served as a passport of sorts, allowing diverse British subjects of one colony access to other British colonies.

Gibraltar and Malta, separated only by some 1,826 kilometres of sea travel, were two such linked colonies. Of the two, Gibraltar gained the reputation for the promise of employment and wealth, and over time a number of Maltese emigrated to the Rock. Although Maltese immigration was limited in the first half of the nineteenth century (the 1834 census returns enumerated only 38 Maltese, representing less than 1% of about 15,000 civilians), by the 1860s it was on the rise, and between the censuses of 1871 and 1881 the number of immigrants grew from 203 to 702 (a growth rate of 12% per annum). The Maltese community reached its maximum size in the 1890s and declined thereafter.³

The rise of Maltese immigration in the 1860s occurred at a time when colonial authorities were tightening immigration policies to prevent the permanent residence of foreign labourers admitted on temporary permits (see Burke and Sawchuk 2001). Overcrowding concerns fuelled these new policies, which were particularly vexatious for Spanish labourers dependent on Gibraltar for employment. As these labourers were increasingly restricted, Maltese labourers filled the labour opportunities that emerged. In contrast to Spanish workers, however, as British subjects Maltese immigrants could not only settle in Gibraltar but also build their lives on the Rock. Through the tenets of the *jus soli* (nationality determined by place of birth), children of Maltese immigrants would be born Gibraltarian (Burke and Sawchuk 2001).

In Gibraltar, unbridled population growth and outbreaks

^{2.} Special files, no. 131, February 12, 1913, Gibraltar Government Archives (GGA).

^{3.} Calculated from nominative census returns.

of infectious diseases such as yellow fever (1804, 1810, 1813, 1814, 1828) and cholera (1834, 1860, 1865, 1885) were overlapping concerns. The British authorities understood that overcrowding and inordinate pressure on limited infrastructure could spell ruin for Gibraltar. It was determined that without sufficient measures to limit population growth, "the civil population will become a rendezvous for traitors, the city will become a hot bed for pestilence and Gibraltar, calculated under proper treatment to be the right arm of England's commercial, industrial, naval, and military strength, will be her greatest curse." Each new disease outbreak sounded an alarm concerning the state of the garrison, drew the scrutiny of authorities, and motivated inquiries into causation.

For much of the nineteenth century, notably before the solid foundations of a well-developed germ theory of disease were laid, disease causation was widely disputed (see, e.g., Baldwin 1999). In Gibraltar, thinking was divided between those who believed diseases such as cholera were imported with diseased individuals or diseased articles from diseased territories (contagionists) and those who believed in local origins and turned their gaze inward to the dangers of dirty, foul-smelling environments, tainted food, or improper sewerage management (localists). While at any given point there was spirited debate over disease origins, perceptions could change dramatically with the tenure of each new governor and his appointed advisor, the principal medical officer of health (a military physician). Broad-based responses addressing some combination of the two causal models were typical.

Cholera in Gibraltar

The sweep of nineteenth-century cholera epidemics punctuated Gibraltar's history with crisis and suffering (Sawchuk 2001). Although it was not clear at the time, Gibraltar's susceptibility to Vibrio cholerae was tied to its sea-based interconnection with other ports and, either directly or indirectly, with places where cholera was endemic. Indeed, British colonials had much experience with the disease in India; in 1817, for example, cholera moved "with great speed and destructiveness from the areas of Lower Bengal where it was (or became) endemic to almost every part of the subcontinent within three years" (Arnold 1993, 162). There is little doubt that the disease left an impression on British colonials and imparted a heightened awareness of cholera risks in other colonies. In Gibraltar, cholera was strictly a disease of importation, making its first appearance in 1834. The governor at the time, William Houston, observed a surprisingly communal response to the disease: "There has been no appearance of that panic fear, which so often accompanies the invasion

4. F. S. Flood. Police Office, Gibraltar, to S. Freeling, colonial secretary, April 13, 1866, GGA.

of cholera in other populous cities, no confusion in carrying into effect the necessary orders."⁵

Although cholera struck Gibraltar again in 1860, 1865, and 1885, it was only during the last outbreak that the response included scapegoating. Paradoxically, the 1885 epidemic was actually the least significant of all these outbreaks, with a diminutive 25 deaths in comparison with the 477 deaths in 1865 (Sawchuk and Burke 2003). The 1885 epidemic first appeared in late summer and lasted approximately four months, ending in November. Across the border in Spain, however, cholera raged, claiming an estimated 60,000 lives in the summer and fall of 1885 (Pollitzer 1959, 39).

It appears that cholera slid quietly into Gibraltar when, on August 6, 1885, the Gibraltar Chronicle reported an ill-defined case of "enteritis" in the Cheshire Regiment that culminated in a death and was subsequently recognized as cholera. The soldier's illness was publicly attributed to the consumption of unripe fruit and decomposed fish. The accusing finger was pointed at street vendors and, more specifically, Maltese vendors. The report suggested "that it [was] a common custom for Maltese to buy refuse fish, wash it the next morning, and sell it again to soldiers and others." On the same day, the first civilian case of cholera, occurring in the Maltese coalheaver Juan Maria Vasallo, was also publicly announced. A description of the case published in the Chronicle (August 7, 1885) suggested that he had been ill for 11 days "with gastric and intestinal irritation" but had not sought medical advice. He had been unable to work and was eventually placed in the hospital's segregation ward, where "under treatment he began to rally."6 Two days later, the first civilian cholera death was reported in Jose Milmanda, a 19-year-old Spanish servant employed by the chief justice. Despite enduring diarrhea for a number of days, Milmanda "took no medical advice, but continued to eat unripe vegetables and fruit in large quantities, and even bathed in the sea" on the morning of the day he was admitted to the civil hospital (Gibraltar Chronicle, August 9, 1885). Milmanda was admitted at 2 p.m. and died by 10 p.m. Despite the potential foreshadowing in these initial cases, there was no widespread epidemic, with only sporadic cases appearing until late November.

The very presence of cholera in the garrison town meant that Gibraltar was put on notice and unable to issue clean bills of health for any vessels landing in port. Trade stagnated because vessels had to remain in port for longer periods to prove that crews were healthy before sailing. Within days, Gibraltar's economy began to suffer, and the labouring class fell into destitution, initially without public aid. As early as September 6, the Gibraltar Relief Society reported that approximately 1,200 Maltese had been thrown out of work; since

 $^{5.\} CO\ 91/128,\ Acting\ Governor\ Sir\ William\ Houston\ to\ Colonial\ Secretary\ Thomas\ Rice,\ August\ 9,\ 1834,\ NA.$

^{6.} He was treated and discharged on August 17, apparently cured. CO 91/371, Governor Adye to F. A. Stanley, secretary of state, August 19, 1885, NA.

many worked as coalheavers, replenishing landed ships with coal for their boilers, the reduction in ship traffic had an immediate effect on their livelihood. Coupled with the rising burden of unemployed Gibraltarians, the heightened economic strain of supporting the Maltese attracted attention. By September 18, the situation had become grave, as the society was then providing relief to 947 families (3,625 individuals, or roughly 20% of the resident civilian population). The additional burden of recent Maltese immigrants served only to exacerbate intracommunity tensions.

When a special British correspondent for the *Times* arrived in to Gibraltar to investigate the epidemic, he found that it had worsened. Widely circulated pronouncements in the English press were devastating for the Maltese, as their living conditions, in particular, came to be associated with the threat of cholera (*Times*, November 12, 1885):

The house where the first case of cholera occurred . . . looks clean, and pleasant from the outside. The room, I found, measured 11ft by 11ft and was 8ft 6in high. Here 6 Maltese labourers lodged. It was easy to appreciate the result of such overcrowding. Even if they had all laid down on the floor there would be barely room for 6 persons—particularly during the heat and closeness of summer. Consequently several of the Maltese must have slept in the passage, just under the closet door, which opens inwards. Here is a leaking soil pipe. . . . This passage, further, overlooks the inner patio, which is an opening only about 12ft by 4ft, and where all the odours arise from this densely crowded tenement dwelling. It is said the Maltese labourer had been working on a coal hulk, where he came in contact with coalheavers from the Spanish lines.

This firsthand account not only is telling of the deplorable conditions under which poor Maltese labourers lived but also, in the last sentence, seems to suggest that a Maltese labourer may have imported the disease into Gibraltar after contact with Spanish coalheavers. Here the ambiguity of causation comes into play, since there were others, such as the governor, convinced that the disease was not one of contagion but one of impure locale. It is not surprising, therefore, that the quote reveals a continued ease of communication with neighbouring Spain, despite the ongoing cholera epidemic.

In a follow-up article, the *Times* correspondent once again targeted the Maltese as the source of the epidemic, specifically stating (December 1, 1885) that "it was among the Maltese that cholera first occurred this year." Of course, the earlier case of enteritis in a soldier was overlooked.⁷ In the aftermath of crisis, the *Times* correspondent opted to air cultural tensions brewing in the community and, in so doing, fully stigmatized Gibraltar's Maltese community. In this instance, the assault became inherently more personal:

7. This is suggestive of the significance and power of labeling—enteritis is an ill-defined intestinal inflammation that also results in diarrhea, but the label of enteritis distanced this soldier from cholera.

These unwelcome British subjects, who speak a bastard Arabic, are a jovial but bloodthirsty set. They never wear shoes, but creep about silently on bare feet. The criminals among them, unfortunately, there is a goodly proportion . . . they are addicted to vices and crimes. . . . Many of them are the scum of Malta, and arrive as stowaways in the ships.

The correspondent concluded that through lack of hygiene and overcrowding, recent Maltese immigrants "gravely compromise[d] the public health," particularly in regard to cholera. If poverty was the real issue, it is important to note that there was also a large body of Gibraltarian poor, particularly in the "upper Rock" districts, who lived in unhygienic and overcrowded circumstances but escaped scrutiny despite the knowledge that these districts had suffered disproportionately in the 1865 epidemic (Sawchuk and Burke 2003). In such a diverse population, cultural or linguistic distinctiveness would be difficult to isolate. The Jewish community was distinct in the overwhelmingly Roman Catholic population (incidentally, of which the Maltese were members) and had certainly been scapegoated in previous epidemics (Sawchuk and Burke 1998), but for the most part it eluded scathing review in this outbreak. Furthermore, since cholera had raged in Gibraltar a number of times well before the rise in Maltese immigration, it is questionable why, in 1885, the Maltese were conveniently linked to this disease.

Erikson's (1966) model of the "deployment pattern" is relevant in this context, as both the *Times* correspondent and the local authorities attempted to link the Maltese permanently with deviant behaviour and disease; not coincidentally, the linkage seemed to cater to the unique sociopolitical tensions in the colony. The Home Office reacted quickly to the publication of the *Times* articles. Concerned with the sanitary state of Gibraltar and the "reference to overcrowding, which is said to be caused by the Maltese immigration," the secretary of state asked Gibraltar's governor whether "it would be possible and expedient to take any steps to restrain the immigration of British Subjects into Gibraltar." It quickly became clear that the crux of the problem was not really the Maltese themselves but, as British subjects, their unrestricted immigration.

Irritation over the Maltese had actually emerged years earlier, immediately after the 1865 cholera epidemic, when immigrants, overcrowding, and disease received special attention in a report commissioned by the Home Office (Sutherland 1867). Around this time, Solly Flood, Gibraltar's attorney general and acting police magistrate, fixed upon the Maltese, believing that they created "intolerable mischief" in the garrison. This first official statement that singled out the "de-

^{8. &}quot;Barefootedness" is used repeatedly in descriptions of the Maltese—likely a reflection of no more than their relative poverty.

^{9.} Despatch to Governor John Adye from Secretary of State Mauley, January 11, 1886, GGA.

^{10.} CO 91/285, Solly Flood on the need for marriage legislation, 1866,

viant" Maltese in an otherwise compliant society constituted a defining moment, setting the stage for a stronger perception of criminality among the Maltese. An 1873 police report portrayed them as deviants, suggesting that "a large number live by pilfering . . . hanging about the barracks conveying spirits to the soldiers and at night they herd together in a manner fearful to contemplate in case of epidemics." It is clear that by the time the next epidemic threat appeared with cholera in 1885, the authorities were already conditioned to think of the Maltese as a risk for disease.

Despite their similar Mediterranean and Roman Catholic roots and their common experience as members of the British Empire, Maltese immigrants were summarily placed outside of acceptable social boundaries in Gibraltar. With their distinctive Arab-influenced language, diet, and customs, they were an easy target. Demographically, the small Maltese immigrant community drew further attention, given an overwhelming preponderance of single male immigrants (see fig. 1) and the inevitable marriages of the Maltese into the community and the birth of their children in Gibraltar (see fig. 2). While libellous accusations undoubtedly helped to establish the distinctive Maltese scapegoat, it was likely the immigration and labour politics that rankled civil community and authorities alike.

To the local Gibraltarian population, the poor labouring Maltese ranked no higher than the Spanish day labourers involved in Gibraltar's coal trade. Under Solly Flood's law-

11. Police Magistrate N. Kendall, Police Office, Gibraltar, to the colonial secretary, October 31, 1873, GGA.

making influence, the loss of civilian employers' control over the hiring of Spanish labourers led to significant tensions. An unlikely but outspoken enemy of the Maltese was Gibraltar's Roman Catholic Vicar Apostolic, Bishop Scandella. In correspondence with the governor the bishop commented that "with some honourable exceptions, only the scum of that people betakes itself hither," including "the worthless, and ... those who, on the expiration of their imprisonment, have to look elsewhere for that subsistence which they cannot honestly earn in their own country."12 He believed that "employers have no means of satisfying themselves as to the honesty, ability and activity" of Maltese workers and that, confident in the rights of their British status, they could not be kept tractable through threats of deportation in the same perfunctory manner as the temporary alien (mostly Spanish) workers. He went on to complain that "once they have landed here, it is not easy to send them back to their island home or to get rid of them, particularly as they are excessively hardy and inured to want, so that they need but little to live on." He argued that the Maltese were "a lasting calamity for this place" and, playing on the concerns of British authorities, added that "they cannot be compelled to leave the Garrison, [and] they may prove a source of a very serious evil in time of war or epidemic." The bishop's public statement reinforced the growing public perception that the root cause of overcrowding, crime, and unemployment lay at the feet of the Maltese. This characterization as unwanted social deviants

12. Bishop Scandella to Governor Napier, October 7, 1876, GGA.

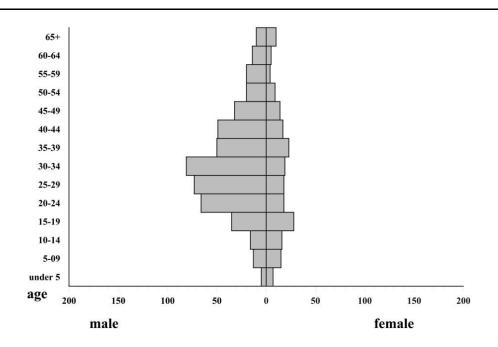


Figure 1. Age and sex distribution of the Maltese community in Gibraltar, 1891.

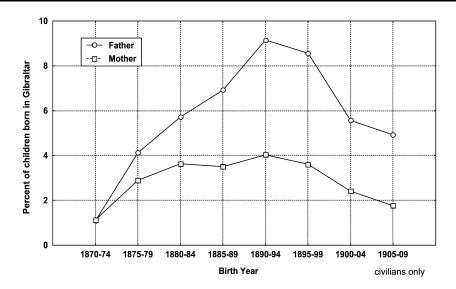


Figure 2. Births to Maltese parents in Gibraltar, 1870-1909.

remained so ingrained that it was quickly accepted by a new governor (Lothian Nicholson) when he assumed his post in 1891.

During the volatile times of the 1870s and 1880s, the Maltese, already predisposed to government disapproval, could further compromise their standing in Gibraltar. Under the threat of cholera in 1885, Maltese labourers drew criticism for their involvement in an outspoken (possibly "troublesome") civil group calling for the implementation of a sanitary cordon to restrict communication with Spain. The question of a cordon was discussed at an Exchange Committee general meeting attended by 400 to 450 people, described mockingly in the foreign press, The Guardian (August 24, 1885), as the "most 'select' of the population . . . coalheavers, the most of them barefooted Maltese, some porters, and about a dozen persons most of them clerks in commercial houses dealing in coal." Further scrutiny suggested that the committee was calling for a cordon not because of any fear of cholera the disease itself but because of concerns about the lack of employment that might ensue if the outbreak worsened. Attendees openly called for a cordon to shut off La Linea and the rest of Spain, described at that time as "infested with cholera."13

In response to queries raised by the secretary of state, the governor (Adye) reported that the Exchange Committee was really dominated by a few "noisy agitators" who were "not either in this or in other matters, really representative of the intelligence, the commerce or the general feelings of the inhabitants" (the more prominent local merchants had broken away from this group and formed a separate chamber of

commerce).¹⁴ Adye further argued that, even if the poor were calling for a cordon, it was because of their deeper foreign (non-British) connection (emphasis added):

When the cholera appeared in Spain and threatened Gibraltar there was no doubt some alarm amongst a considerable number of inhabitants. It must be borne in mind that the chief population of this city, especially the poorer classes, although *British subjects*, are in reality Spanish in language, religion and race. They are loyal and proud of being British subjects, but still in feeling, and to a great degree in education, they are Spanish, and take their tone from the Spanish people and its press.¹⁵

Governor Adye himself did not believe in contagion or the necessity of sanitary cordons or quarantine and dismissed these as the "precipitate actions of nervous foreigners." It is not surprising, therefore, that by condoning a cordon, the Exchange Committee, including its Maltese members, was openly challenging the authority of the colonial officials. As to the underlying motives of the Exchange Committee, Adye cynically believed that they wanted the cordon simply to keep out the Spanish workforce, since competition with upwards of 3,000 Spanish workers entering Gibraltar each day, most of whom were coalheavers and general labourers, tended to keep wages low. He believed that "when a 'cordon' is drawn and the Spanish excluded, the value of labour is enhanced, wages rise considerably, and in that sense . . . the poorer

^{14.} Governor Adye to Right Hon. Mr. A. Stanley, secretary of state, Gibraltar, September 2, 1885, GGA.

^{15.} Adye to Right Hon. Mr. A. Stanley, secretary of state, Gibraltar, September 4, 1885, GGA.

classes . . . can then command their own terms." About a week later, on September 12, 1885, the governor formally acknowledged cholera as a "disease of locality." As a result, he naturally ordered the evacuation of infected houses and the use of "disinfection and cleanliness to destroy the causes of the disease" (*Gibraltar Chronicle*, September 12, 1885). Of course, there were instances in which families would not leave their homes, in which case sanitary police would proceed with fumigation until they were literally "smoked out" (*Gibraltar Chronicle*, September 11, 1885).

Strangers in Their Own Land

Following the epidemic, concern over population growth and overcrowding continued to receive special attention as Gibraltar's status as a garrison remained paramount. In an 1892 correspondence from the governor to the secretary of state, Gibraltar's singularity in the empire was reinforced:

[It] is distinctly different in every way possible from other Colonies; the whole and sole reason for its existence as a British possession is for Imperial strategic purposes, and it cannot be for a moment admitted that those, who for their own reason have settled themselves herein, should be granted the privileges of self government which are recognized elsewhere. . . . British subjects, in name, fully two-thirds of the civilian residential population are foreigners by origin, by connexion and in language. 17

Even those individuals and families granted the rights of Gibraltarian citizenship as far back as the early 1800s (see Burke and Sawchuk 2001) continued to be excluded from full British unity and recognition, effectively perceived as foreigners in their own homeland. Frustrated, if the authorities could not easily rewrite laws of citizenship and nationality (in order to limit population growth), then they targeted the next best thing, housing, and in the late 1880s began to place prohibitions on any additional construction.¹⁸ Naturally, the value of real estate escalated, and the feasibility of migrating to Gibraltar declined. The Maltese, as ever, continued to shoulder the brunt of the blame for the issue of overcrowding, voiced in complaints raised by local sanitary commissioners. In 1883 the governor had introduced a special amending ordinance allowing sanitary commissioners the freedom to enter and assess lodging houses in the evening hours.¹⁹ In a confidential 1893 despatch to the home secretary on the subject of overcrowding, the governor reaffirmed the Maltese as the least desirable in a society rife with "questionable British subjects":

Of the Maltese, there are known to be within the Fortress about 700 engaged as Goatherders, drivers of Cabs, in menial employ. . . . Gibraltar is well known to be a sort of refuge for Maltese . . . and our returns of crime go to prove this, as it appears from our Prison Returns that during the years 1890-91-92, more than 5% of the Maltese population were in prison. The departure of the Maltese from Gibraltar would be productive of unmitigated good; they are not required here; they do work which would naturally fall to the lot of the natives, and they, as shewn above, provide the greater number of the Criminal Class.²⁰

Since their arrival in Gibraltar, the Maltese remained stigmatized as a group located outside acceptable social boundaries. The perceived linkage of the "barefooted foreigner" to criminality, population growth, overcrowding, and disease would continue to meet little opposition from both inside and outside Gibraltar well into the twentieth century.

Conclusion

Building on the theoretical constructs of Nelkin and Gilman (1988) and Douglas (1992), this case study provides further support for the idea that casting blame and scapegoating in times of disease can sometimes be less about medical or epidemiological reality than about sociopolitical tensions in communities. Issues surrounding Maltese immigration first surfaced in Gibraltar in the 1860s, and a foreshadowing of potential Maltese influences on the health of the garrison emerged in this context. Seemingly waiting for the next major disease outbreak and their chance to cast blame, the colonial authorities would have that opportunity in 1885 with the outbreak of cholera. Even then, this was an extremely mild outbreak, and, as a result, the Maltese were scapegoated for the mere threat rather than any real impact of the disease.

This research also confronts a much larger issue in the historiography of colonization, specifically the difficult placement of colonial subjects who gained British status and associated rights and privileges but continued to exist on the periphery of full British recognition. The colonial authorities may have desired to restrict these rights and privileges in the garrison town of Gibraltar, but because they were bound by the tenets of British law, they could not. This case study highlights the uniqueness of place in illustrating how liminality not only impacted the experiences of British subjects but also undermined colonial agendas.

References Cited

Arnold, D. 1986. Cholera and colonialism in British India. *Past and Present* 113:118–51.

20. Confidential despatch of Sir Lothian Nicholson to the Marques of Ripon, May 18, 1893, GGA.

^{16.} Adye to Right Hon. Mr. A. Stanley, secretary of state, Gibraltar, September 5, 1885, GGA.

^{17.} Correspondence respecting the amendment of the Gibraltar Sanitary Order in Council. London: Eyre and Spottiswoode. Despatch from Sir Lothan Nicholson to Lord Knutsford, Gibraltar, April 11, 1892, GGA.

^{18.} Despatch to Governor Hardridge from the commander of the Royal Engineers, May 28, 1887, GGA.

^{19.} Amending ordinance to the Sanitary Order in Council of 1883, November 16, 1889, GGA.

- ——. 1993. Colonizing the body: State medicine and epidemic disease in nineteenth-century India. Berkeley: University of California Press.
- Baldwin, P. 1999. Contagion and the state in Europe, 1830–1930. Cambridge: Cambridge University Press.
- Burke, S. D. A., and L. A. Sawchuk. 2001. Alien encounters: The *jus soli* and reproductive politics in the 19th-century fortress and colony of Gibraltar. *The History of the Family* 6:1–31.
- Craddock, S. 1995. Sewers and scapegoats: Spatial metaphors of smallpox in nineteenth-century San Francisco. *Social Science and Medicine* 41:957–68.
- Douglas, M. 1992. *Risk and blame: Essays in cultural theory.* London: Routledge.
- Erikson, K. T. 1966. Wayward Puritans. New York: Wiley.
- Evans, Richard J. 1987. Death in Hamburg: Society and politics in the cholera years, 1830–1910. Oxford: Clarendon Press.
- Garratt, Geoffrey T. 1939. *Gibraltar and the Mediterranean*. London: J. Cape.
- Markel, H. 1997. Quarantine! East European Jewish immigrants and the New York City epidemics of 1892. Baltimore: Johns Hopkins University Press.
- McGrew, R. E. 1962. The first Russian cholera epidemic:

- Themes and opportunities. Bulletin of the History of Medicine 36:220-44.
- Nelkin, D., and S. L. Gilman. 1988. Placing blame for devastating disease. *Social Research* 55:361–78.
- Perera, Jennifer Ballantine. 2007. The language of exclusion in F. Solly Flood's "History of the permit system in Gibraltar." *Journal of Historical Sociology* 20:209–34.
- Pollitzer, R. 1959. *Cholera*. Geneva: World Health Organization.
- Sawchuk, L. A. 2001. *Deadly visitations in dark times: A social history of Gibraltar*. Gibraltar: Heritage Publications.
- Sawchuk, L. A., and S. D. A. Burke. 1998. Gibraltar's 1804 yellow fever scourge: The search for scapegoats. *Journal of the History of Medicine and Allied Sciences* 53:3–42.
- ——. 2003. The ecology of a health crisis: Gibraltar and the 1865 cholera epidemic. In *Human biologists in the archives: Demography, health, nutrition, and genetics in historical populations*, ed. D. A. Herring and A. C. Swedlund, 178–215. Cambridge: Cambridge University Press.
- Sutherland, J. 1867. Report on the sanitary condition of Gibraltar with reference to the epidemic cholera in the year 1865. London: George Edward Eyre and William Spottiswoode.