

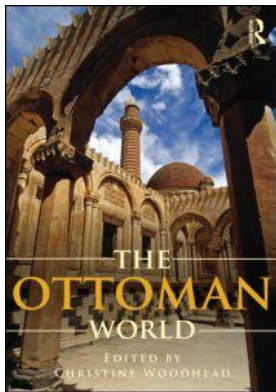
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The Ottoman World

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Conquest, Urbanization and Plague Networks in the Ottomane Mpire , 1453 – 1600

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CHAPTER SEVENTEEN

CONQUEST, URBANIZATION AND
PLAGUE NETWORKS IN THE
OTTOMAN EMPIRE, 1453–1600*Nükhbet Varlık*

An outbreak of plague in late sixteenth-century Istanbul was described in vivid detail from its outset by the contemporary historian Selaniki Mustafa Efendi (d. after 1600). After plague struck the city in 1597, Mehmed III (1595–1603) ordered a communal prayer for the lifting of the plague. Prayers for the deceased followed for three weeks, during which time victims included one of the sultan's favourite concubines, a son of the vezir Halil Paşa, and sixteen of the daughters of Murad III (1574–95). More than 128 people died in the Old Palace alone. Although the outbreak seems to have continued into the following year, it must have abated considerably in early autumn, as the sultan returned to the New Palace from his Bosphorus retreat in Küçükusu in October 1598.¹

How could such a dreadful state of affairs have come about when the empire was at its height of power and influence, and urbanization and commerce were thriving? Was there any correlation between the geopolitical expansion of the Ottoman sphere of influence, the intensification of urbanization throughout the empire, and the spread of devastating plague epidemics between 1453 and 1600? What frustrates the effort to explore these connections is the scanty evidence about the spread of plague in the Ottoman empire during this period. The example presented above is, for all its brevity, one of the more detailed accounts on record before the seventeenth century, and in many respects it is necessary to hypothesize on the basis of mere glimmerings of evidence. It has become commonplace to consider such questions in a global context in the light of the infamous pandemic of the mid-fourteenth century known as the Black Death (1347–52), which spread through the Old World with a shocking virulence and was only the first of a series of outbreaks which continued to affect the Mediterranean world until the mid-nineteenth century. Although there is some reason for optimism about the pertinence of general studies of pandemics to the Ottoman experience, there is also good reason to believe that, in the Ottoman case, recurrence of plague in the early modern era exhibited many features which are distinct from those associated with the global eruption of the Black Death itself.

Despite these difficulties, there are some grounds for confidence about our ability to understand the reasons for the spread of plague in the Ottoman empire between 1453 and 1600. Although it might appear that plague occurred in random bursts of

destruction, there are in fact three distinct phases, each one marked by a transition from what preceded it and closely correlated with the stages of Ottoman imperial development. This essay argues further that the rise and expansion of the Ottoman empire in respect of activities ranging from conquest to the establishment of new communication and trade networks was one of the most important factors in the recurrence of plague epidemics in the Mediterranean world during the early modern era.

The specific relationship between the growth of the Ottoman empire and the resulting expansion of plague has so far gone unnoticed. In his authoritative work on the history of plague epidemics in France and the Mediterranean world, Jean-Noël Biraben noted that, in Europe, the number of places infected by plague increased from the mid-fifteenth century until the end of the sixteenth. He also observed that the same pattern of expansion was applicable to a broader region including the Balkan peninsula, Ukraine, the Caucasus, Anatolia, Iran, the Levant, and all of North Africa.² It is no coincidence that much of this area came under Ottoman rule during the same period, though Biraben makes nothing of this connection. While the expansion of plagues was matched by a simultaneous economic growth and population increase throughout the Mediterranean world, in both Ottoman and non-Ottoman regions,³ it should be possible nevertheless to study the trajectories of contagion in relation to the growth of the empire. Ottoman expansion prompted an increased level of communication and mobility between individual regions bound together by the commercial interests and the administrative and military organization of an early modern empire. This, in turn, promoted widespread and persistent plague outbreaks in a manner shaped by the conditions of the empire's growth.

When the initial wave of the Black Death arrived in Anatolia in 1347, the Ottoman principality under the rule of Orhan (1324–62) was a small regional emirate on the eastern periphery of the Byzantine empire. Already in the early decades of the fourteenth century, the Ottomans had captured important Byzantine strongholds in Bithynia such as Bursa (1326) and Iznik (1331). On the eve of the Black Death, they had incorporated the lands of the neighbouring principality of Karesi, and thus had reached as far west as the Dardanelles. By the time plague arrived in Anatolia, Ottoman rule extended to almost all of the region south and east of the Sea of Marmara. Although the Black Death affected many areas of Anatolia – its presence in non-Ottoman cities such as Trabzon, Constantinople, Divriği (Tivrik), Antioch, Karaman and Kayseri (Caesarea) is well documented in historical sources⁴ – our current knowledge of its presence in Ottoman lands is still rudimentary. We do not know precisely to what extent the Ottoman dominions were affected by this first outbreak, though analogies suggest that it must have been very destructive.

Ottoman historical sources themselves provide little evidence for the presence of plague before the mid-fifteenth century. To convey the difficulties faced by historians working in this field, consider the following example. The historian Aşıkpaşazade (d. after 1484) mentions the plague in one single, but significant, instance. Recounting how the Karesi principality was integrated into the Ottoman territories after the conquest of Bergama, Aşıkpaşazade tells how the Karesi prince was brought to Bursa, where he lived for two more years until he succumbed to plague.⁵ Although the date of this event is not clear in Aşıkpaşazade's account, our modern knowledge of the annexation of Karesi dates it to 1346. Since the death of the prince is said to be two years later, this would have occurred in 1348 and provides some evidence that the

Black Death was in Bursa in that year. This brief and isolated reference illustrates the paucity of contemporary sources pertaining to the plague and the need to contextualize them with other corroborating evidence. In this case, corroboration is to be found in a historical calendar from the fifteenth century, which confirms the occurrence of this outbreak.⁶

In 1453, about a century after the initial wave of the Black Death, the Ottomans conquered the Byzantine capital, Constantinople. By the turn of the sixteenth century, they ruled large areas in Anatolia and the Balkans, and by 1600 they had further extended their dominions to include Syria, Egypt, Iraq, North Africa, parts of the Caucasus, most of the Black Sea coasts, and all of South-Eastern Europe. All of these conquests created greater opportunities for the spread of plague to Ottoman lands, by bringing them into contact with cities which were already established as centres of plague, such as Aleppo and Cairo. The conquest of Constantinople, a city with a notorious history of pestilence, was certainly one of the most significant turning points in this double process of simultaneous growth of empire and of disease. Located in the midst of trade routes connecting the Black Sea and its Eurasian hinterland, Anatolia, the Balkans and the Mediterranean, it was always at great risk of infection. Even though there had been plague outbreaks in Ottoman lands before 1453 – notably in Bursa again in 1429–30, an episode severe enough to be recorded in the historical calendars of the fifteenth century⁷ – both the frequency and the patterns of expansion of outbreaks after 1453 were dramatically different from those before that date. From the second half of the fifteenth century onwards, plague epidemics became a recurrent phenomenon in Ottoman cities and remained so until the mid-nineteenth century.⁸ More specifically, the period from the conquest of Constantinople in 1453 until the end of the sixteenth century was when both the trajectories of contamination and the patterns of recurrence of outbreaks in Ottoman domains were set.

What exactly was the nature of the relationship between the growth of the empire and that of the plague? The 147 years between 1453 and 1600 can be generally characterized, on the one hand, by the growth of Ottoman rule through the conquest of key points for international trade and, on the other, by the creation of new urban areas. In respect of the former, various forms of human spatial mobility all seem to have played a part in the process of spreading the plague. The entire period is marked by intense warfare and military campaigns, resulting in regular movement of large bodies of men over vast distances. As a result of conquests and vassalage relationships, the Ottomans began to exert control over long-distance trade from the early fifteenth century onwards, and in the sixteenth were particularly keen to promote both maritime and overland routes. Conquest not only stimulated trade by providing a secure flow of goods, but simultaneously introduced new commercial linkages into the existing networks of international trade. It also provided the main channel for the spread of plague. Additional factors included other means of spatial mobility in the form of long-distance pilgrimage and migration.

Urbanization is the other key characteristic. The fifteenth and sixteenth centuries witnessed the rapid rise and development of many new urban clusters throughout the Ottoman realm. Urban clusters with dense populations where people lived in close proximity provided the best environment for the local spread of disease. In the sixteenth century, several villages in Anatolia grew into new towns and previously undistinguished smaller cities developed into thriving larger ones, where new industries

developed apace alongside prosperous trade. For example, in 1520 the only large cities in Anatolia possessing 10,000 inhabitants or more were Bursa and Ankara. By 1580, eight more cities had reached that size: Konya, Kayseri, Kastamonu, Tokat, Sivas, Urfa, Ayntab and, in northern Syria, Aleppo. The number of medium-sized cities of between 3,000 and 9,000 inhabitants in Anatolia almost doubled in the sixteenth century.⁹ In each case, improved economic opportunities attracted new immigrants to cities and towns alike, which contributed to the manpower resources of emerging urban economies. As this new urbanization took hold, cities benefited from increasing civic and charitable enterprises. Building activities flourished in Ottoman urban centres, with mosques, schools, hospitals, bathhouses and hospices being constructed at break-neck speed. Such cities became magnets attracting constant immigration from the hinterlands, and preparing exactly the densely populated environment where plague would be most deadly.

Two excellent examples illustrate this urban and migrational dynamic vis-à-vis the spread of contagion: Bursa, which connected the Persian segment of the silk road with Eastern Europe, and Edirne, which stood at the centre of trade between Istanbul and the Balkans. As the capital of the Ottoman principality in the fourteenth century, Bursa was its first major urban centre. Its role as a transit point for international trade in the fourteenth and fifteenth centuries is confirmed in the accounts of travellers who visited the city.¹⁰ The commercial dynamism of Bursa can also be traced in court records of the late fifteenth century.¹¹ By the mid-fifteenth century, Bursa had probably grown to have the same population range as Constantinople.¹² The development of Bursa as a centre of international trade began immediately after its conquest. This is represented by such factors as the building of hospices for immigrants, the expansion of the city outside the walls, the construction of imperial and religious edifices and, as early as the 1430s, the cultivation of a resident community of foreign merchants, especially Florentine and Genoese silk merchants. It was reported in the late fifteenth century that more cloth was manufactured in Bursa than in the whole of Italy.¹³ Raw silk was brought from Iran and processed into cloth in the local industries of the city. Italian merchants would acquire processed, dyed and ornamented silk in exchange for Florentine woollen cloth.¹⁴ This trade in textiles appears to have been an especially important factor in the spread of contagion, as woollen cloth can harbour long-surviving, infected fleas. So too can fur, and it is therefore possible that the furs brought by Russian merchants from the late fifteenth century onwards could also have conveyed the deadly infestation.¹⁵

Another important urban centre, Edirne, developed rapidly in the early fifteenth century, when new residential areas began to spring up and transformed it from a provincial garrison town to an important nexus of trade and industry.¹⁶ The emergence of new residential quarters outside the old city walls probably indicates that the city had begun receiving an influx of immigrants attracted to its thriving economy.¹⁷ In fact, throughout the fifteenth century it attracted Venetian, Genoese, Catalan and Florentine merchants, some of whom reported that Edirne was equal in size to Florence.¹⁸ The rising importance of Edirne is further illustrated by the fact that many sultans throughout the fifteenth and sixteenth centuries sponsored the construction of new buildings and religious establishments there, including mosques, schools, hospices, dervish lodges, bridges, bathhouses and hospitals.¹⁹

Although at first glance it may seem contradictory that the populations of Bursa,

Edirne and other Ottoman towns and cities were increasing while, at the same time, plague was causing a significant death toll in urban areas, a closer look resolves this seeming contradiction. Firstly, pre-industrial population studies suggest that it is the birth rate, not the death rate, that accounts for demographic increase and decrease.²⁰ Loosely speaking, to understand population fluctuations it is not enough to know how many people die; rather, it is necessary to know how many are born. Therefore, although the earlier, shocking wave of the Black Death might have had a dramatic effect on urban populations, it ended abruptly; later recurring episodes of plague, on the contrary, might have served as a temporary check on rising urban populations, but did not necessarily determine a long-term decrease. Secondly, the population of towns, throughout the early modern period, was sustained with a constant influx of migration from rural areas. Every time plague hit an urban centre and killed a certain proportion of its population, there would be an increased demand for labour and therefore renewed incentive to move there once the plague receded. Repeated outbreaks served merely as a momentary obstruction of population growth and, curiously, even offered urban centres the opportunity to increase population through migration and thus revitalize their commercial standing. The case of Istanbul after the Ottoman conquest perfectly illustrates this pattern.²¹

Immediately after the conquest, the repopulation of the city was one of the primary concerns of Mehmed II, who, for this purpose, announced that any fugitive who returned would be allowed to live there freely again. This was accompanied by the practice of demographic engineering known as *sürgün* – that is, compulsory resettlement of people in a different region under Ottoman control, including newly conquered lands. Istanbul after 1453 was a principal beneficiary of this policy. Still, despite these efforts, the increase in the city's population was initially slow. A decade later, in 1466, one of the worst onslaughts of plague broke out there and continued, on and off, for about a decade until 1476. However, according to Halil İnalçık, despite the loss caused by plague, the census of 1477 shows that the population of Istanbul was still as numerous as that of any city in the Mediterranean.²² The following century was, however, a time of exceptional growth for Istanbul, where the rate of population increase was even greater than the average increase of 80 per cent among all Ottoman cities. During this period, new neighbourhoods were formed and old ones became more heavily populated, by merchants, craftsmen and urban labourers from even the more remote corners of the empire. Beyond economic enticements, the welfare systems of the city provided by pious foundations also made it attractive for migration. These foundations met the needs for food, water, paved roads, public security, hospitals, clean streets and comfortable shelter for the city's poor and impoverished travellers alike.²³

PERIODIZATION

Having surveyed the antecedent conditions for outbreaks of plague between 1453 and 1600, it is now possible to view this period in three distinct phases, mostly determined by the scale and frequency of contagion: the first phase, from 1453 to 1517, witnessed the emergence of the principal east–west Mediterranean axis; the second phase, from 1517 to 1570, is characterized by the addition of a north–south axis and the gradual integration of multiple networks along the existing east–west axis; and in the third

phase, from 1570 to 1600, Istanbul emerges as the nexus of both east–west and north–south axes (see map 6). By ‘network’ is meant here the systemic connection between two or more places (towns, cities and regions), consisting of commercial, military and administrative linkages through which the spread of plague is facilitated.

The first phase: 1453–1517

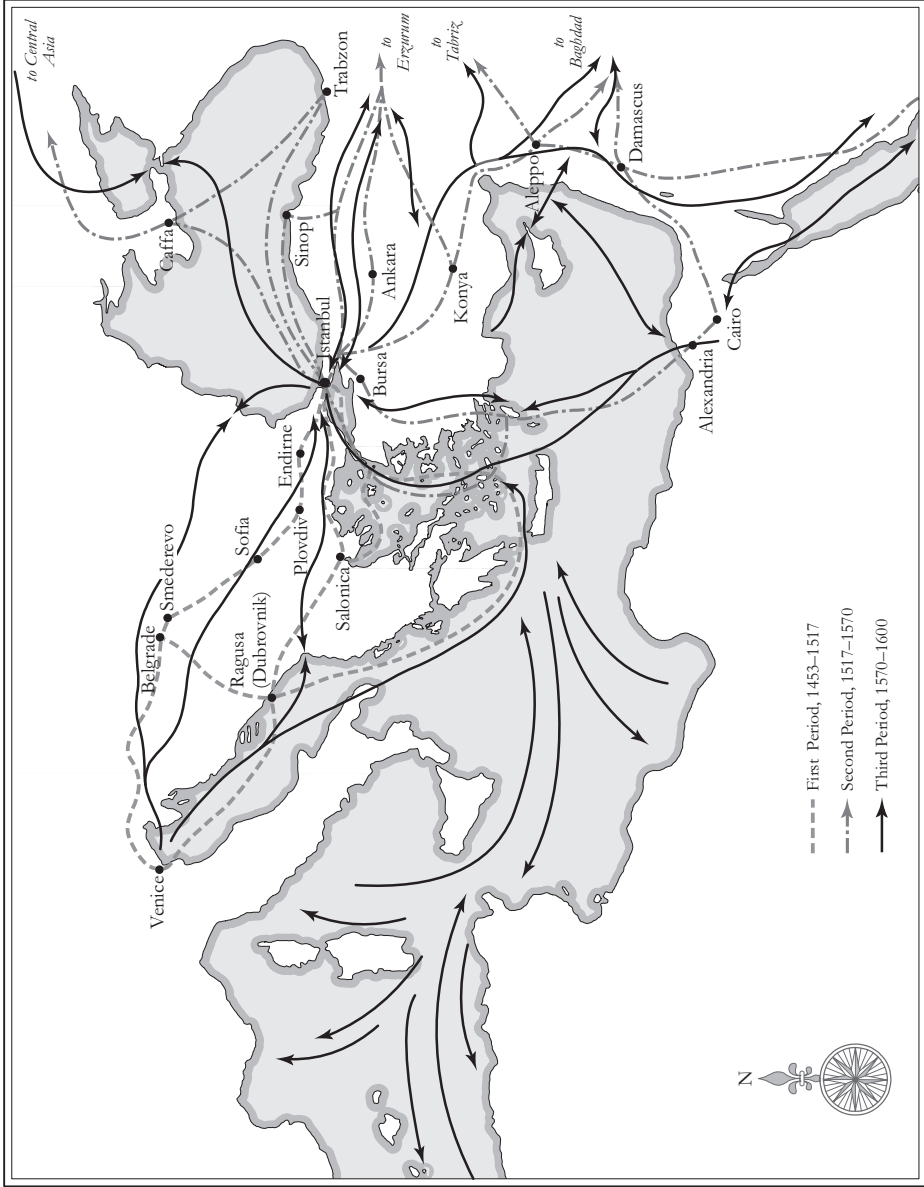
During this first phase Ottoman lands witnessed two main waves of plague for a total of around twenty-five years. The first wave lasted for about a decade, between 1466 and 1476. It broke out initially in Europe and was then communicated to Ottoman lands through Mediterranean ports, following both maritime and overland caravan routes through the Balkans. The infection most probably travelled from Venice to Ragusa (Dubrovnik), and then via Bosnia, Herzegovina, Macedonia and Thrace to reach Edirne, Gallipoli, Bursa, and possibly western parts of central Anatolia.²⁴

Nowhere was this outbreak more devastating than in Istanbul in the summer of 1467, as described graphically by the Greek historian Kritovoulos of Imbros. He records that, as the death toll reached 600 deaths per day, many fled fearfully from the city, never to return, while others confined themselves to their residences and never went out, which made the city look deserted. According to Kritovoulos, many corpses remained unburied for days, since there were no workers to remove them, and even then two or more corpses would be buried in a single coffin without religious rites, as there were too few coffin-makers and men of religion to meet the demand.²⁵

It is very hard to make any reliable estimate of the population of Istanbul in this period. If we accept the figure given by Kritovoulos, 600 deaths per day, and assume that the outbreak lasted with the same intensity for one month, this gives a total of 18,000 deaths. More realistically, perhaps, since the outbreak lasted until early autumn, an estimated overall total of 15,000 to 20,000 deaths can be suggested. The population of the city has been estimated at around 50,000 in 1453. A census taken after the plague in 1477 shows a population of between 60,000 and 100,000, though probably closer to the lower figure.²⁶ Therefore, the death rate for this first outbreak could have been at least one-third.²⁷

A second major wave of infection lasted from 1491 to 1503. Like the previous one, this was also introduced from Mediterranean port cities in Europe, either through overland or maritime trade routes, or both. In terms of scale, this wave affected an even larger area in Anatolia, which might be indicative of an increase in communication and mobility. Ottoman sources mention this outbreak as one of the most destructive plagues of the fifteenth century. According to the chronicler Oruç, a most devastating plague ravaged Anatolia, the Balkans, Egypt, Syria and Iran in 1492.²⁸ The historian Mustafa Ali (d. 1600) also mentions (mostly on the basis of the account of Oruç) this great pestilence that killed thousands.²⁹ Bernardo Michelozzi and Bonsignore Bonsignori, two Florentine gentlemen travelling in the Levant, confirm its presence in western Anatolia in the spring of 1498.³⁰ Independently, the Florentine merchant Giovanni Maringhi witnessed multiple outbreaks between 1497 and 1502.³¹ After 1503, outbreaks continued sporadically for another decade in Ottoman and neighbouring regions.³²

In this first phase, until 1517, plague almost always spread to Ottoman lands through commercial contact with European port cities in the Mediterranean and



Map 6 Plague networks, c.1453-1600

generally proceeded from coasts to inland regions. This pattern of propagation suggests that the networks through which plague spread to Ottoman cities functioned along a main east–west Mediterranean axis. The plague trajectory during the sixty-four years between 1453 and 1517 correlates closely with the formation of new trade and communication networks connecting Istanbul to the European port cities of the Mediterranean.

Equally significant in the first period are the intervals between outbreaks in the Ottoman lands. Such outbreaks seem to have occurred with an average interval of ten years, which is similar to the intervals between outbreaks in both eastern and western Mediterranean cities in the post-Black Death era. An average interval of recurrence for plague outbreaks in Egypt between 1347 and 1517 has been calculated as between eight and nine years and in Syria as 9.5 years.³³ Intervals of eleven to twelve years occurred in France for the period 1347 to 1536.³⁴ However, the intervals between plague outbreaks in Ottoman lands decreased in duration from 1517 onwards, when new mobility networks and pathways for the spread of plague arose simultaneously.

The second phase: 1517–70

The conquests of 1516 and 1517 mark a major turning point in Ottoman history, not least in the doubling of the geographic size of the empire and of its population. The acquisition of Syria, Egypt and the Hijaz was important not only for bringing the former Mamluk lands and the Muslim Holy Cities under Ottoman control, but also because it enhanced the position of the Ottomans in the Mediterranean as a whole.³⁵ Via the Red Sea, the Ottomans also gained access to the Indian Ocean and to its lucrative trade in spices and textiles. It is possible, too, that eastern acquisitions served as new channels of plague contamination, even in territories beyond the easternmost periphery of the Ottoman world. There was a twofold effect of such conquest and expansion: on the one hand, there were more intensified outbreaks in regions already struck by plague as well as eruptions in regions hitherto unaffected by it, and, on the other hand, in major urban centres intervals between episodes reduced from an average of ten years to three.³⁶

This second phase is dominated by several major waves of plague, the three most important of which took place between 1520 and 1529, 1533 and 1549, and 1552 and 1567.³⁷ In order to have a sense of the death rates during the last of these outbreaks, consider the account of Ogier Ghiselin de Busbecq, Habsburg ambassador to the Ottoman empire between 1554 and 1562. One of his servants and his doctor having succumbed to plague, Busbecq was granted permission by the sultan to take refuge outside the city. Visitors from Istanbul informed him that, during the course of three months, at its height 1,000 to 1,200 people died each day and at its lowest point near the end of that period merely 500 died per day, which was interpreted to mean that the plague was receding.³⁸ It is important to note here the alarming increase in death rates compared with the figures of the previous century.

In contrast to the first phase between 1453 and 1517, when outbreaks of plague spread along the main east–west axis of the Mediterranean, the second phase is best characterized, firstly, by the emergence of a new north–south axis and, secondly, by the incorporation of further tangential networks of trade and communication along the existing east–west axis. An additional factor which may have supplemented both

the north–south but especially the east–west axis of exchange after 1518 was the spectacular rise of piracy in the Mediterranean – a claim supported by Biraben.³⁹ Generally speaking, the spread of outbreaks now followed a more complex pattern of expansion, limited not merely to the Mediterranean basin but including also the networks of the Black Sea and its Eurasian hinterlands, the Red Sea and the Indian Ocean. All urban centres, among them Cairo, Aleppo, Damascus, Salonica, Edirne, Trabzon, Erzurum, and many others, were repeatedly affected.

However, of far greater importance for north–south interaction within the Mediterranean in particular is the increased significance of maritime trade and communication under direct Ottoman control. Following the conquests of 1516–17, the Ottomans needed to maintain a large fleet to communicate safely between Egypt and Istanbul, particularly for the provisioning of Istanbul with the produce of the Nile valley, and for securing the pilgrimage route to the Muslim Holy Cities. The conquest of the island of Rhodes in 1522 was essential to ensure the unobstructed passage of Ottoman ships. A north–south administrative and commercial connection in the eastern Mediterranean then developed, which, already in the early 1520s, served as a new north–south channel for the spread of plague.

An early example is connected with the conquest of Rhodes. Although there is little definite evidence to support it, there are indications that plague could have been brought from Rhodes to the Ottoman mainland immediately after the siege. A certain İsa made a claim in court that his brother, a military commander, had died of plague in Iznik while returning to Istanbul from the Rhodes campaign.⁴⁰ However, we do not know if this soldier and others contracted the disease in Rhodes or at another point on their journey home, which passed through Marmaris, Muğla, Sultanhisar, Alaşehir, Akhisar, Mihaliç, Mudanya, Gemlik and Üsküdar on their way to Istanbul.⁴¹

To offer a more general illustration of the prominence of the newly established north–south network, consider the relationship between Istanbul and Cairo. Before 1517, when there was no regular or direct maritime connection between these two cities, plague probably did not circulate between them; when it did break out in each city between 1511 and 1514, it was probably the result of their individual contacts with European port cities, especially Venice. However, after 1517, whenever there was an outbreak in Cairo, it typically spread to Istanbul, and vice versa. This provides additional evidence of the new north–south connection. Furthermore, the presence of plague in 1522–3 in several locations in the Aegean and Adriatic regions and the western Anatolian coast, as well as Epirus, Morea, the Venetian colonies of Crete, Corfu and Zante, and in the Archipelago,⁴² indicates that, immediately after the conquest of Rhodes, the north–south network for the spread of plague was being integrated into the previously existing east–west network.

In the period 1517 to 1570, two factors conditioned the development of an Anatolian urban network. Firstly, the urban population of Anatolian towns roughly doubled between 1520 and 1580.⁴³ Secondly, the incorporation of eastern Anatolia and territories beyond meant that, by the 1530s, the entire peninsula had become a relatively well-integrated area under Ottoman rule. The first eastern military expedition during the reign of Süleyman (1520–66) was undertaken between 1533 and 1536, resulting in the conquest of the eastern Anatolian cities of Bitlis, Erzurum and Van.⁴⁴ A direct link was thus provided to Tabriz, which is of singular significance here in that plague may have been brought to Tabriz by Ottoman armies.⁴⁵

After these conquests, all of Anatolia experienced an explosion of urban growth, and solid links were forged between existing Ottoman possessions and newly conquered cities.⁴⁶ So, it could be hypothesized that, while in the first period plague outbreaks had not spread far into central and eastern Anatolia, in the second period the entire peninsula began to suffer widespread outbreaks. A plague outbreak in 1542 affected several towns in eastern and south-eastern Anatolia. Evidence for this is found when the fearful flight of soldiers from a plague outbreak in the fortress of Hınıs is mentioned in an order sent from the central administration in March 1545 to the director of the provincial treasury (*mal defterdarı*) of Diyarbekir and the governor-general (*beylerbeyi*).⁴⁷

Later in the mid-sixteenth century, a similar process occurred around the Black Sea. Süleyman annexed lower Moldavia, Transylvania became a tributary state, and the conquest of the coastal strip of the lower Danube allowed land contact with the vassal state of the khanate of Crimea.⁴⁸ By the mid-sixteenth century, the Black Sea had fallen wholly under Ottoman control. This offered the additional benefit of safeguarding the Muslim pilgrimage route from Central Asia and encouraging the revival of Anatolian cities on the Black Sea coast, such as Trabzon and Sinop, both as important urban centres and as trade entrepôts. Therefore, the revitalization of the Black Sea network, in particular its integration into both the north–south network of the eastern Mediterranean through Istanbul and into the Anatolian tangential network, provided yet another set of connections for the propagation of plague. The outbreak of 1565–6 in Trabzon, when travel and trade were briefly disrupted, the elite fled the city, and even its environs were affected, clearly illustrates this case.⁴⁹

The third phase: 1570–1600

The definitive characteristic of the third phase is the situation of Istanbul as the principal nexus of the various communication, commercial and plague networks, concomitantly serving as the hub for the transmission of disease from one region of the empire to another. These networks had functioned semi-autonomously in the pre-1570 period; they lacked precisely the primary locus that Istanbul would provide after that date.

It is especially important to understand this change in conjunction with what proved to be the most terrible plague outbreak of the sixteenth century. Beginning in 1570, plague attacked areas as remote from one another as the Black Sea region and the North African coast, Western Europe and the Persian Gulf. It is possible to document the presence of plague in at least one location of the Ottoman empire for each year between 1570 and 1600.⁵⁰ This sustained eruption peaked in 1578, 1586, 1587, and between 1597 and 1599, but continued well after 1600.⁵¹

The centrality of Istanbul with respect to plague is systematically attested in administrative documents. *Mühimme* registers ('registers of important affairs'), which contain copies of orders sent from the Ottoman central government to provincial administrators, are particularly useful for tracing the movement of plague, especially in the last three decades of the sixteenth century.⁵² Several *mühimme* cases contain striking evidence to suggest that the flow of information within the empire followed a similar trajectory to that followed by plague. Furthermore, these registers illustrate that, with the development of new networks of communication, there was a faster flow

of information throughout the empire, always through Istanbul. This enabled the centre, now much better informed of what was happening throughout its domains, to monitor needs and respond to them in a timely fashion. Examples from Salonica prove the point. When hit by plague in the summer of 1572, the woollen cloth weavers of Salonica petitioned for permission to leave the city because of the outbreak; this was granted by the central administration in Istanbul on the condition that they finish their weaving duties on time.⁵³ The central administration sent another order during an especially virulent eruption of plague in 1576–7, which killed many in Salonica and reduced its workforce dramatically.⁵⁴ Two years later, yet another order authorized only those who maintained looms outside the city to leave, in order to prevent delays in the weaving of woollen cloth.⁵⁵ Istanbul was therefore closely involved in Salonica's experience of plague on three occasions in approximately seven years. This involvement illustrates not only the centrality of Istanbul but the rapidity of the flow of information between the centre and the provinces.

After 1600

Although it is beyond the scope of this study, it may be useful to comment briefly on how the processes described in this third phase paved the way for later developments in the history of plague in the Ottoman empire.⁵⁶ Speculatively, once Istanbul became the primary commercial and political hub of the Ottoman empire, land travellers and ships that would already have stopped at other cities or ports now visited Istanbul in greater numbers. One can only speculate about how far the number of plague-carrying agents, namely rats, would have increased in the city as a result of this visitation. It is possible that plague became endemic in Istanbul, which is to say in this context that the city was its own self-sustaining plague-producing engine. But it bears repeating that this is merely speculation. What we do know is that plague continued to recur almost every year throughout the seventeenth century, becoming even more of a routine or seasonal event. Of these the most important outbreaks took place in 1603, 1611–13, 1620–24, 1627, 1636–7, 1647–9, 1653–6, 1659–66, 1671–80, 1685–95, and from 1697 into the early years of the eighteenth century. Subsequent eighteenth-century outbreaks were reported as mostly minor, though major ones took place in 1713, 1719, 1728–9, 1739–43, 1759–65, 1784–6 and 1791–2. However, although major outbreaks took place in 1812–19 and 1835–8, plague epidemics gradually disappeared during the course of the nineteenth century, which is generally credited to the adoption of quarantine measures and their implementation from 1838 onwards.⁵⁷

CONCLUSION

It has been argued here that, when the Ottoman empire consolidated its intersecting trade networks in the eastern Mediterranean, establishing contact with some of its remotest adjacent regions between 1453 and 1600, a new set of conditions conducive to the spread of plague pandemics was established. This period can be divided into three different phases. During the first phase (1453–1517), outbreaks of plague almost always spread to Ottoman lands from European port cities of the Mediterranean. The networks, through which plague spread to Ottoman cities with an average

interval of ten years, operated along the main east–west axis in the Mediterranean world. With the conquest of southern regions such as Egypt and northern regions such as the Black Sea basin, outbreaks of plague started to spread in a more complex network of trajectories. It was during this second phase (1517–70) that multiple networks of trade and communication tied the Mediterranean basin to regions as far away as the Indian Ocean, and the intervals between outbreaks were reduced to three years. The consolidation of these multiple networks showed its fullest results with the outbreak of 1570, which continued almost unremittingly until the early decades of the seventeenth century. During this third phase (1570–1600) Istanbul emerged as the centre of intersection and communication between the multiple networks formed in the previous periods, and plague became almost a routine or seasonal event in most Ottoman cities. On such evidence, it is reasonable to conclude that the rapid growth of the Ottoman empire in the fifteenth and sixteenth centuries, through conquest, urbanization, and the establishment of trade and communication networks, was a significant factor facilitating the geographic spread of plague epidemics both in Ottoman lands and in adjacent regions in the early modern era.

NOTES

- 1 Selâniki Mustafa Efendi 1989: II, 759–62, 768.
- 2 Biraben 1975: I, 124–9.
- 3 Faroqhi 1984: 1.
- 4 Schamiloğlu 2004: 265–6.
- 5 Aşıkpaşazade 2003: 104, 372.
- 6 Turan 2007: 71.
- 7 Atsız 1957: 21; Turan 2007: 25.
- 8 For an in-depth study of plague epidemics in the Ottoman empire between 1700 and 1850, see Panzac 1985; for a summary list of plagues 1500–1850, see Varlık 2008b; see also note 56 below.
- 9 Faroqhi 1984: 14.
- 10 Lowry 2003b: 9, 64.
- 11 İnalçık 1960b.
- 12 Lowry estimates the population of Bursa in the mid-fifteenth century as *c.*27,500. It exceeded 35,000 in the late fifteenth century, was over 42,000 in 1530, and was around 90,000 in the late sixteenth century: Lowry 2003b: 22–3, 26, 28, 37. Cf. population figures for Istanbul in İnalçık 1975.
- 13 Borsook 1973: 163; Lowry 2003b: 9–10.
- 14 Lowry 2003b: 42, 44; İnalçık 1960a.
- 15 İnalçık 1960b: 139–40.
- 16 Kuran 1996: 121–2.
- 17 Among Edirne's industries were dyeing, tanning, soap-making, distillation of rose extract, carriage-building and bookbinding (Gökbilgin 1965).
- 18 Heyd 1967: 352; Borsook 1973: 158.
- 19 Kuran 1996: 120–2.
- 20 Erder 1975: 287.
- 21 Varlık 2008a: 49–52.
- 22 İnalçık 1975.
- 23 Ibid..
- 24 Varlık 2008a: 24–7.
- 25 Kritovoulos 1954: 220–1.
- 26 Kafesçiğlu 2009: 16, 178; İnalçık 1975.

- 27 Compare this with figures given by Lowry (2003c: 123), who suggests a death toll between 50,000 and 75,000.
- 28 Oruç Bey 2008: 153.
- 29 Âli 2000: 868.
- 30 During their journey from Constantinople to Rhodes via Bursa and Aegean coastal cities, Michellozzi and Bonsignori had to change their plans for visiting ancient sites upon receiving news of plague in the region. They took refuge on the island of Chios, where they stayed for a month waiting for the plague to abate (Borsook 1973: 168).
- 31 Lowry 2003b: 71–2.
- 32 E.g., plague was in Philippopolis/Filibe and Salonica in 1503; in Wallachia between 1506 and 1511; in Moldavia in 1512; and in Istanbul between 1511 and 1514 (Varlık 2008a: 56–8).
- 33 Dols 1979: 168–9.
- 34 Biraben 1975: I, 121.
- 35 Hess 1973.
- 36 For an insightful criticism of the historiography of plague in Egypt and the effect of the Ottoman conquest in bringing much increased frequency of plague, see Mikhail 2008: esp. 250–3.
- 37 Varlık 2008a: 71–81, 102–15.
- 38 Busbecq 2005: 180, 182–90.
- 39 Biraben 1975: I, 106, 109.
- 40 Seng 1991: 45.
- 41 Pitcher 2001: 162.
- 42 Schreiner 1977: 563–4; Biraben 1975: 442; Sticker 1908: I, 90; Varlık 2008a: 77–9.
- 43 Faroqhi 1984: I, 14.
- 44 Van was lost to the Safavids the following year, only to be reconquered in 1548 (Veinstein 2005a).
- 45 Hasan Rumlu 1931: 153.
- 46 Faroqhi 1984: 13.
- 47 Sahillioğlu 2002: 235–6, 272.
- 48 Veinstein 2005a.
- 49 Jennings 1999: 670.
- 50 Varlık 2008a: 121–46.
- 51 Biraben 1975: 368–9.
- 52 Varlık 2008a: 122–44.
- 53 BOA, Mühimme Defteri [MD] 19, 201/417.
- 54 Faroqhi 1986a: 68; BOA, MD 27, 275/655.
- 55 BOA, MD 36, 281/738.
- 56 For the seventeenth to the nineteenth centuries, see the recent dissertations on Ottoman plague history by Ayalon 2009, Bulmuş 2008 and Shakow 2009.
- 57 Panzac 1985; Varlık 2008b.