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ARTICLE

Sex work, containment and the new discourse of public health in French colonial Levant

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Abstract

This article addresses how French academics, doctors and state bureaucrats formulated sex work as a pathology, an area of inquiry that had to be studied in the interest of public safety. French colonisation in the Levant extended the reach of this 'expertise' from the metropole to Lebanon under the guise of public health. Knowledge produced by academics was used to buttress colonial state policy, which demanded that sex workers be contained to protect society against medical contagion. No longer drawing conclusions based on speculation, the medical establishment asserted its authority by harnessing modern advances in science and uniting them with extensive observation. 'Empirical facts' replaced 'opinions', as doctors forged new approaches to studying and containing venereal disease. They accomplished this through the use of statistics and new methods of diagnosing and treating maladies. Their novel approach was used to treat sex workers and to support commercial sex work policy both at home and abroad. Sex workers became the objects of scientific study and were consequently problematised by the state in medicalised terms.

Keywords: Sex work; Public health; Lebanon; French Mandate; Venereal disease; Colonialism

Introduction

Sex workers in the Ottoman Empire prior to the 1800s were always prone to becoming part of public debate in the wake of a moral crisis or a moral scandal.[1] While the discourse linking prostitutes to scandal and to morality persisted into the nineteenth century, a new discourse started to emerge alongside it, which framed sex work as an explicit public health threat.[2] Venereal disease was no longer constructed as a personal hygiene concern, but came instead to be considered a public health concern warranting state intervention. Government officials in Europe argued that sporadic regulation of the sex trade could not contain the risks that prostitution posed to the greater public, and they relied on medical evidence to substantiate state intervention. Primarily driven by concerns over the threat that venereal disease posed to male military personnel, the Ottoman Empire adopted strategies developed in France to ensure the health of the male military population at the expense of others affected, most significant among which

[1]For discussions on sexual morality under the Ottomans, see Leslie Peirce, *Morality Tales: Law and Gender in the Ottoman Court of Aintab* (Berkeley: University of California Press, 2003); Dror Ze'evi, *Producing Desire: Changing Sexual Discourse in the Ottoman Middle East 1500–1900* (Berkeley: University of California Press, 2006).

[2]Under the Ottomans prior to the turn of the nineteenth century, sex work served as a sexual outlet for the military, a revenue source for the state, and a convenient scapegoat when moral outrage reached its zenith. The work of Elyse Semerdjian demonstrates how Ottoman officials effectively normalised sex work through their implementation of an improvisational regulatory system. Elyse Semerdjian, *Off the Straight Path: Illicit Sex, Law and Community in Ottoman Aleppo* (Syracuse: Syracuse University Press, 2008), 94. See also Ebru Boyar, 'An imagined moral community: Ottoman female public presence, honour and marginality', in Ebru Boyar and Kate Fleet (eds), *Ottoman Women in Public Space* (Leiden: Brill, 2016), 198.

were women.[3] In terms of institutional reform, what ensued included the advent of medical management, bureaucratic oversight and regulatory enforcement.

This article addresses how academics, doctors and state bureaucrats construed sex work as 'pathology' and as an area of inquiry that had to be studied in the interest of public safety. Knowledge produced by academics was used to buttress state policy, which demanded the containment of sex workers as a matter of protecting society against medical contagion. Their innovative diagnoses and treatments centred on the commercial sex industry, and these were soon taken up by French politicians and inserted into public health policy and municipal administration – first in the metropole, and then in the Levant.[4]

One way to understand the politicisation of medicine during the nineteenth and early-twentieth centuries was provided by Michel Foucault, who explained that the 'doctor becomes the great advisor and expert, if not in the art of governing, at least in that of observing, correcting and improving the social 'body' and maintaining it in a permanent state of health'.[5] This shift constituted a significant departure for doctors, who went from being private practitioners to public consultants, a role that brought with it political prestige imbedded in social hierarchies. As Nelly Oudshoorn states, 'perceptions and interpretations' are mediated through espoused objective language produced by the biomedical sciences.[6] I intend to show in this article that the new medical discourses concerning sex work, which were first developed in France under physician Alexandre-Jean-Baptiste Parent-Duchâtelet and then carried to the Ottoman Empire's Levantine territory under the professor and doctor Benoît Boyer, evolved into comprehensive medical practices requiring the continuous surveillance of sex workers by local authorities. Doctors leveraged their 'expertise' to insert themselves into the governance of hygiene, cordoning off sex workers for the sake of public welfare. My argument is that sex workers became the objects of scientific study and were consequently problematised by the state in medicalised terms.[7]

To better understand how this transformation took place in the Levant, I examine closely some of the comprehensive scientific surveys produced during this period. Two public hygiene reports in the region, separated by approximately 30 years, are emblematic of the colonial state's rising concerns about contagion spreading through commercial sex. In hindsight, these studies also marked one of the ways in which biopolitics came to be woven into the fabric of modern society. Benoît Boyer published the first such report in the Levant in 1897 at the request of Ottoman officials prior to direct French intervention in the region. His survey of the region's social and medical hygiene in the late 1800s served as the basis for *Les Conditions hygiéniques actuelles de Beyrouth [The Current Hygienic Conditions of Beirut]*. The

[3]Scholarship links Ottoman officials' actions to military and political interests vis-à-vis sex work prior to the medical reforms. Semerdjian, *Off the Straight Path*, 136. This point is validated by Abdul Karim Rafeq, 'Public Morality in the 18th Century Ottoman Damascus', *Revue du monde musulman et de la Méditerranée*, 55–56 (1990), 189–90.

[4]I use the term Levant to refer to both Lebanon and Syria during the French Mandate period, while reserving the use of Greater Lebanon or Lebanon and Syria to refer to the individual states. Particularly useful for understanding how regulationism first came into being in the metropole are Jill Harsin's Policing Prostitution in Nineteenth-Century Paris (Princeton: Princeton University Press, 1985); Alain Corbin's Corbin, *Women for Hire: Prostitution and Sexuality in France after 1850* (Cambridge: Harvard University Press, 1990).

[5]Michel Foucault, 'The Politics of Health in the Eighteenth Century', *inPaul Rabinow (ed.),* The Foucault Reader (New York: Vintage Books, 2010), 284.

[6]Nelly Oudshoorn, Beyond the Natural Body: An Archaeology of Sex Hormones (New York: Routledge, 1994), 3–4. Scientific knowledge reified both patriarchal and class assumptions that were pervasive in the nineteenth and early-twentieth centries. See Catherine Gallagher and Thomas Laqueur (eds), *The Making of the Modern Body: Sexuality and Society in the Nineteenth Century*; G. Nigel Gilbert and Michael Joseph Mulkay, *Opening Pandora's Box: A Sociological Analysis of Scientific Discourse*; and Thomas Laqueur, *Making Sex: Body and Gender from the Greeks to Freud.*

[7]I argue elsewhere two predominant interpretations emerged regarding the 'problem' of sex work as either a danger to public health or a means of enslaving and exploiting women, constructing it in either medical or humanitarian terms. See Pascale Graham, *Sex Work in French Mandate Lebanon and Syria: A History of Representation and Interventions (1920–1946)* (Montreal: McGill University, 2020). Although equally important, the humanitarian discourses are outside the scope of this article. For two closely related books on the social issues relevant to the time period under consideration, see Liat Kozma, *Global Women, Colonial Ports: Prostitution in the Interwar Middle East* (Albany: State University of New York Press, 2017); Stephanie Limoncelli, *The Politics of Trafficking: The First International Movement to Combat the Sexual Exploitation of Women* (Stanford: Stanford University Press, 2010).

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second work of note was two volumes in length and produced by the Lebanese Ministry of Hygiene and Public Assistance under French colonial rule: the *Annuaire médical [Medical Directory] 1921–1924* and *1925–1928*. These texts argue for the critical need for public health reform and the tight regulation of sex work in order to contain venereal disease in the interest of maintaining high public hygiene standards.

The insertion of scientific vocabulary into the state apparatus: the 'truth' about sex work

On 19 April 1920, General Henri Gouraud, acting as the French High Commissioner of Levant, signed Decree 188. This order became the first under the French Mandate to regulate public health in the region. It encompassed predictable measures, from minimising stagnant water to outlining the delivery of public hygiene services. Yet Title VI of the document addressed something less obvious: regulatory prostitution. This three-page section entitled 'Réglementation de la prostitution' [Regulation of Prostitution] outlined official French colonial policy on sex work and that such policy was a matter of public health, safety and security. France had already begun the process of legislating public health during the period of occupation, at the end of 1918, through establishing hospitals in the Western Zone of the Levant.[8] In addition, French-style regulations over sex work were in force by the time France claimed its official stake in the region.[9] This reality illustrated the transformation from the Ottoman regulation of sex work to the French regulation of sex work in the Levant.

The regulation of sex work existed in the Ottoman Empire throughout the eighteenth century.[10] Beginning in the 1800s, the authorities in the Ottoman Empire – and in Europe as well – asserted a new control over commercial sex through the transmission of medical information validating the profession's public threat. Beyond the potential of prostitution to cause moral damage, as was the primary concern under the Ottomans, it introduced a new element that linked sex workers to disease. Medicine evolved as a new mode of social control, ascending into the realm of state administration, and exerting what Michel Foucault terms 'medico-administrative' knowledge.[11] As Jane Scoular observes, sex work has been historically stigmatised, so this much was not new with the advent of the French system. But '[w]hat does change at this juncture, and what *is* novel, is not the problematisation of prostitution per se but the *nature* of its problematisation'.[12] The French had long known about venereal disease, yet the acceleration of the spread of the disease thanks to modern transportation, military expansion and scientific and technological advances brought concerns about contamination and public safety to the forefront. New medical institutions were constructed as a result of these new fears, which operated in tandem with the moral condemnation of sex work. The introduction of modern tactics of identification and containment served as manifestations of power and control by the authorities over sex workers and, to a lesser extent, over the clientele that they served.[13] To situate the production of knowledge on sex work in the French colonial

[8]Direction de l'hygiène et assistance publique de l'État du Grand-Liban, *Annuaire médical 1925–1928* (Beirut: Direction de l'hygiène et assistance publique de l'État du Grand-Liban, 1929), 2. (Hereinafter, AM 1925–1928).

[9]Sous-secrétariat d'État du Service de Santé militaire, Services techniques, Section de médecine, 'Note pour l'état-major de l'armée–section Afrique', May 13, 1919, GR9NN7/1078, Levant et Proche-Orient, Ministère de la Guerre, Direction du service de santé (DSS), Archives Service historique de la Défense (ASHD). Vincennes, France.

[10]Regulation of sex work in the early modern period in the Ottoman Empire until the 1800s included the governmental usage of fiscal administration, neighbourhood regulation, and financial and physical penalties. See James E. Baldwin, 'Prostitution, islamic law and Ottoman societies', *Journal of the Economic and Social History of the Orient*, 55, 1 (2012), 117–52; Uriel Heyd, *Studies in Old Ottoman Criminal Law* (Oxford: Clarendon Press, 1973); Colin Imber, *Studies in Ottoman History and Law* (Istanbul: Isis Press, 1996); Abraham Marcus, *The Middle East on the Eve of Modernity: Aleppo in the Eighteenth Century* (New York: Columbia University Press, 1989); Rudolph Peters, *Crime and Punishment in Islamic Law: Theory and Practice from the Sixteenth to the Twenty-First Century* (Cambridge: Cambridge University Press, 2005).

[11]Foucault, 'The politics of health', 283.

[12]Jane Scoular, *The Subject of Prostitution: Sex Work, Law, and Social Theory* (New York: Routledge, 2015), 27.

[13]Judith Walkowitz's class analysis of sex work in her book *Prostitution and Victorian Society: Women, Class, and the State* focuses on the double standard set by the ill-fated Contagious Disease Act (CDA) in Britain, first passed in 1864. Male patrons of prostitutes in garrison towns were left unchecked, while poor, working-class women became the focus of state intervention. The effects of the enactment and the attempt to repeal this law were that sex workers became both *moral* and *medical* threats in need

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context, it is important to understand how certain discourses on sex work emerged in the metropole prior to being transported to the Levant.

The synthesis of medicine and state power in France coincided with the production of comprehensive medical texts on sex workers. The medical establishment asserted its authority by harnessing modern advances in science and extensive observation, distancing itself from prior methods that relied primarily on speculation. French hygienists forged new approaches to learning about venereal disease, using their newfound methods to recommend containing sex workers in the interest of public health and justify increasing state control over the sex trade. They translated old fears around corrupted morality into new fears around death and disease using the language of science.[14] Their innovative approach buttressed the metropole's and, subsequently, Lebanon and Syria's public health policy.

Although the French constructed regulationism in defence of (and because of) their military interests, they now recast it as seeking to protect the entire social body. In doing so, they managed bodies in a gendered fashion that explicitly prioritised dominant perceptions about men's sexual behaviour. It is assumed that men were there to act on their sexual 'needs' and women were there to meet these needs through service to men.[15] Therefore, as France expanded its empire into Lebanon and Syria, the imperial project expanded what Philippa Levine calls its 'fundamentally masculine enterprise' in the form of regulationism.[16] As Levine argues in the context of the British Empire, 'regulation and management of sex were key to maintaining and perpetuating the idea and the practice of [colonial] superiority'.[17] By inserting medicine into colonial administration, France legitimised itself as protector of the Lebanese and Syrian people, whose (supposed) lack of hygienic discipline allowed disease to flourish under the Ottoman Empire.[18]

Research on sex work in the metropole: the 'indispensable excremental phenomenon'

The work of Alexandre-Jean-Baptiste Parent-Duchâtelet (1790–1836) illustrates this new relationship between medicine and state power that originated in the metropole in the nineteenth century, and how state interventions in the name of public health developed in the colonies during the following century. The objective of these interventions extended beyond protection of armed service members to the protection of the entire civilian population. All this transpired at the cost of sex workers being construed as a threat to public safety and vilified as conduits of social contagion derived from their 'pathological female sexuality'.[19] Only the state and its experts could protect the public from their pollution. The rise of male doctors in the academies, influencing the state apparatus, simultaneously reified and influenced the

of intervention from opposing parties who articulated different constructions of the problem and of the required solution. Judith R. Walkowitz, *Prostitution and Victorian Society: Women, Class, and the State* (Cambridge: Cambridge University Press, 1980), 5, 191. Likewise, such tensions played out in the Levant.

[14]Foucault, *The History of Sexuality*, 55.

[15]The control over venereal disease promoted by the medical establishment was premised on the gendered notion of sexual prowess. As one example. Dr Pusey, professor of dermatology and former president of the American Medical Association and the American Dermatological Association, argued that '[t]he sexual appetite, after hunger, is the dominant influence of man in the whole conduct of life'. In this regard, it was the medical establishment's duty to treat medically that which could not be eradicated socially, addressing it as an issue of sanitation. See W.M. Allen Pusey, *The History and Epidemiology of Syphilis* (Springfield, IL: Charles C. Thomas, 1933), 105.

[16]Philippa Levine uses this description of the British Empire as one being about masculine sexual dominance and power and feminine passivity. Philippa Levine, 'Sexuality, Gender, and Empire', in Philippa Levine (ed.), *Gender and Empire* (Oxford: Oxford University Press, 2007), 137.

[17]Levine, 'Sexuality, gender, and Empire', 137.

[18]Sherry Sayed Gadelrab argues that too much credence has been given to European, primarily French, medical accounts of the Middle East. The legacy of relying on these accounts has been the characterisation of medicine under the Ottomans as being barbaric, disorganised, and primitive. See Sherry Sayed Gadelrab, 'Medical Healers in Ottoman Egypt, 1517–1805', *Medical History*, 54, 3 (2010), 365.

[19]Mary Spongberg, *Feminizing Venereal Diseases: The Body of the Prostitute in Nineteenth-Century Medical Discourse* (New York: New York University Press, 1997), 40.

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problematisation of sex work.[20] This dominance of Western biomedicine enshrined the gendered body into public health policy and therefore, as Alison Bashford argues, can be said to have 'managed gender itself'.[21]

Parent-Duchâtelet began his research into the links between disease and sex work in 1828. His work examined commercial sex and its consequences through the combined use of police archives, field research and hospital and prison records. First disseminated in 1836, *De la prostitution dans la ville de Paris, considérée sous le rapport de l'hygiène publique, de la morale et de l'administration* [*Prostitution in the City of Paris, Considered in Terms of Public Hygiene, Morals and Administration*] is a 624-page medical-anthropological volume that served as a model for comprehensive public health studies. His strategic documentation of the regulations enacted by the government and the quantification of their effects through the use of statistics was a practice that would come to characterise reports on the Levant later on in the nineteenth century.

Parent-Duchâtelet's work would become, according to Mary Spongberg, 'the canonical text of the study of prostitution in nineteenth-century Europe. [His] methodical analysis of the bodies and lifestyles of prostitutes set the pattern for subsequent studies' and soon became the authoritative text for discussing disease and sex work.[22] Premised on the common scientific understanding that numbers illustrated the truth, he derived his conclusions from rigorous, quantifiable tracking and observation, which presented him as an objective arbitrator of scientific information. The results of his studies distinguished sex workers as unique entities and their transmission of syphilis as being the greatest threat to humanity.[23] To contain this threat, sex workers needed medical controls and state interventions.

Medical professionals like Parent-Duchâtelet produced the evidence that states needed to support the containment of sex workers that was already being implemented through municipal bylaws. As France regulated prostitution in 1802, it welcomed any 'prestige and professional approval' to justify the inscription of sex workers that was already in place.[24] *De la prostitution dans la ville de Paris* provided legitimacy for their containment in the interest of society. Parent-Duchâtelet declared that the risk of illness among sex workers meant there was a large risk that they would infect the general population. Significantly, he did not show any concern for the health of the sex workers themselves while formulating a plan for disease control.[25]

Parent-Duchâtelet's work is a clear example of the political power held by the scientists in directing and affirming state policy towards commercial sex.[26] In the third edition of his book, which was released in 1857, government officials provided updates and additional documentation and granted the use of their names on the book's cover, affirming the close and now official relationship between Parent-Duchâtelet and Parisian authorities.[27] Parent-Duchâtelet's reach extended beyond Paris. The book's editors claimed that his ideas influenced the health and administration policies of other major cities in

[20]Foucault notes the rise of doctors in academies that leveraged their abilities to exert social power. Foucault, 'The politics of health', 283.

[21]Alison Bashford, 'Medicine, gender, and Empire', in Philippa Levine (ed.), *Gender and Empire* (Oxford: Oxford University Press, 2007), 113.

[22]Spongberg, *Feminizing Venereal Disease*, 37. In the *Annales de l'hygiène publique et de médicine légale*, the excerpt states that Parent-Duchâtelet's book was read by administrators, doctors and magistrates. 'De la prostitution dans la ville de Paris annonce', *Annales d'hygiène publique et de médecine légale*, 2, 7 (1857), 478.

[23]There is a dissonance in his text over the characterisation of sex workers. For example, he simultaneously establishes them as distinct from society in their mannerisms, intellect and upbringing, and yet he says that they are physically indistinct from respectable women.

[24]Spongberg, *Feminizing Venereal Disease*, 37.

[25]Parent-Duchâtelet, DPVP, 275 (1857).

[26]Another prominent figure in France using newly established scientific methodologies to understand sex work was Gustave-Antoine Richelot (1806–1893). He broke new ground in comparative transnational studies on commercial sex and the rationale for its regulation in his *De la prostitution en Angleterre et en Écosse* published in 1857.

[27]M. A. Trebuchet and M. Poirat-Duval, whose names appear on the cover of the third edition, were Parisian government officials. Trebuchet served as the Head of the Health Department and as Secretary of the Health Council, while Poirat-Duval was the chief of the prefecture's vice squad. The editor's introduction states that Parent-Duchâtelet 'has taken rank among the most

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Europe.[28] Translations of his work became promptly available in English (1837) and German (1837), and later in Dutch (1890) and Japanese (1922). Scholars and politicians in the United States and the United Kingdom often cited it. Though it was not translated into Arabic, French officials exported the book's content to the region and medical practitioners from the Ottoman Empire who received training in France brought information back with them. This information would have been influenced by Parent-Duchâtelet, even if they did not directly encounter his text.[29] The influence of Parent-Duchâtelet assured prostitutes' marginalisation within society as the 'indispensable excremental phenomenon that protects the social body from disease' that permeated throughout Europe and, soon enough, throughout the Levant.[30]

The transmission of knowledge: the pathologising of sex work comes to the Levant

In his 1849 survey of the medical profession in the Levant, Cornelius Van Dyck declared: 'Small as is the amount of medical knowledge among the Arabs, at the present day, the means of obtaining it are still more limited'.[31] This doctor with the American Protestant Mission also noted with dismay that advancements made in Egypt under Mehmet Ali through French-style medical instruction were an exception to the rule when it came to the rest of the region.[32] Decades later, the establishment of two medical colleges in Beirut rectified this 'dearth' of Western-style medical practitioners: the Syrian Protestant College in 1867 and St. Joseph University in 1883.[33]

Out of St. Joseph University arose a prominent figure in public health reform under the Ottoman administration, the doctor Benoît Boyer. In 1889, Boyer relocated to Beirut after graduating from the Hospice civil de Lyon in 1881, where he served as an intern.[34] At St. Joseph, he served as a professor of

conscientious investigators of our era… . The work of which we publish in the Third Edition has been accepted … as establishing the law in this important area'. Parent-Duchâtelet, DPVP, v (1857).

[28]For the third edition of DPVP, doctors in 'high positions' were solicited to submit their data to complete the work set out by Parent-Duchâtelet, who died in 1836. Doctors from across Europe and one in Algeria heeded this call, which indicated that there was interest among medical professionals in furthering his work. 'De la prostitution dans la ville de Paris Annonce', 478–479.

[29]For example, Ottoman officials in Constantinople sent several doctors to France to receive training on the medical management of regulatory prostitution. In September 1899, the government of Sultan Abdul-Hamid sent a university medical professor to the *Conférence international pour la prophylaxie de la syphilis et des maladies vénériennes*. See Louis Fiaux, *La Prostitution réglementée et les pouvoirs publics dans les principaux états des deux mondes* (Paris: Felix Alcan, 1909), 195.

[30]Alain Corbin, 'The regulationist argument', in Roger Matthews and Maggie O'Neill (eds), *Prostitution* (Burlington, VT: Ashgate, 2003), 4.

[31]C.V.A. Van Dyck, 'On the present condition of the medical profession in Syria', *Journal of the American Oriental Society*, 1, 4 (1849), 569.

[32]*Ibid.*, 570. A. L. Tiwani shows how American and English physicians residing in Syria, like Van Dyck, 'not only confirmed the [American Protestant] mission's views but promised their cooperation' in 'expanding a more Europeanized style of education' through the Syrian Protestant College. A. L. Tiwani, 'The genesis and early history of the Syrian Protestant College'. *Middle East Journal*, 21, 1 (1967), 12. Van Dyck was a founder of the college in 1866 and among the founding members of the Society of Arts and Science in Beirut, which sought to promote Western sciences in the region. Adel A. Ziadat and Baba G Jallow. *Western Science in the Arab World: The Impact of Darwinism 1860–1930* (New York: Palgrave Macmillan, 1986), 6, 10. Yet, as Philippe Bourmaud demonstrates, there is a reciprocal relationship between Europe and the Near East that renders 'exportation' of Western medicine to the region as reductionist. Philippe Bourmaud, 'Médecine occidentale et définition des "Orientaux" au Proche-Orient à la fin de L'époque ottomane', *Histoire et Missions Chrétiennes*, 22, 2 (2012), 135–6.

[33]French authorities entered an agreement with the *Compagnie de Jésus* on 7 May 1883 and the medical school of St. Joseph University (USJ) opened in November. The institution granted French medical degrees until 1976. Pierre Farah, 'La Faculté de médecine de l'Université Saint-Joseph: 125 ans de coopération franco-libanaise au service de la santé', *Bulletin de l'Academie Nationale de Médecine*, 191, 4–5 (2007), 779. Rafaël Herzstein illustrates that USJ provided France an avenue to solidify its colonising power, ensuring a French education to counter the Anglo-American Protestant and Russian-subsidised Orthodox institutions. The medical school offered Maronites a pathway to hold influential positions in the region. Rafaël Herzstein, 'Une présence française en Méditerranée orientale: la fondation de l'Université Saint-Joseph de Beyrouth (1875–1914)', *Matériaux pour l'histoire de notre temps*, 99 (2010), 4–5, 7, 9, 11.

[34]The medical school in Lyon was known for its training in colonial medicine. Robert Ian Blecher, 'The Medicalization of Sovereignty: Medicine, Public Health, and Political Authority in Syria, 1861–1936' (PhD thesis: Stanford University, 2002), 51.

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therapeutics and hygiene in the Faculty of Medicine until his death in 1897.[35] Jens Hanssen contends that the medical faculty's foundation at the French university 'marks the entry of French officials into the realm of governance'.[36] As John Gagnon argues, colonial interventions went through stages in the nineteenth and twentieth centuries: first they operated through 'agencies of religion and proto-medicine' and then subsequently through the presence of permanent (military, government and commercial) personnel.[37] During the Mandate period, the medical interventions traditionally administered through 'medical missionaries' (to use Hanssen's term) morphed into more emboldened, direct 'official' interventions of colonial governance. Religious care was by no means eliminated from France's foreign policy directives, but direct medical, military and bureaucratic directives became more common. All these three kinds of interventions – medical, military and bureaucratic – intersected with one another when it came to issues of sexuality and sex work. It accomplished this through positioning 'experts' trained in French medicine in colonial society, who provided information on public health. Boyer was one such expert.[38]

In 1896, the Ottoman Governor of Beirut, Vali Nassouhi Bey Effendi, commissioned Boyer to produce a comprehensive volume on the current health conditions of the city and provide recommendations for the remediation of any issues he might find.[39] The resulting treatise discusses numerous topics and had sections on such disparate subjects as people's culinary habits and their causes of death. In its section on morbidity, *Conditions hygiéniques* not only endorses regulating sex work, but also states that the government should take additional measures to the ones that were currently in place. It is likely that Boyer benefited from Parent-Duchâtelet's research because of the latter's notoriety, and Boyer also possessed knowledge of the French regulatory structure that had already been in effect during his tenure. He wholeheartedly endorsed the metropole's position on medical surveillance, arguing that such surveillance should be *en vigueur* for the welfare of the Syrian region. Boyer premised his knowledge on the established rationale that sex workers' inherent flaws set them apart from respectable citizens. That sex workers in Beirut operated without adequate surveillance appalled Boyer. As he observed, 'about thirty women of the city come at night only, in these establishments, as auxiliaries'.[40] Inconsequential to his inquiry were the reasons why sex work existed in the first place and sex workers' countries or cities of origin, both of which became commonplace discussions in pathologising texts on prostitution.

Boyer's account provides an illuminating picture of prostitution during the late-nineteenth century in Beirut: each brothel had, on average, five women. They were young and often from the local area. Others hailed from Damascus, Greece, Tripoli and Alexandria, while one was from France.[41] Boyer also noted an anomalous Greek matron within the group of mostly indigenous proprietors. The influence of increased travel throughout the Mediterranean provided for the diversity in origin that will continue into the following decades.[42] What is evident is that the French-style regulatory system found its way into the region at the invitation of Ottoman government officials, as his text was written in 1897 while the area

[35]M. Collangettes, *Faculté de Médecine, 1883–1908* (Beirut: Imprimerie Catholique, 1908), 49.

[36]Jens Hanssen, 'Colonial Anxiety, Scientific Missionaries and Social Containment in *Fin de Siècle* Beirut', *Archaeology and History in Lebanon*, 22 (2005), 52.

[37]John Gagnon, 'States, cultures, colonies and globalization: A story of sex research', in Samir Khalaf and John Gagnon (eds), *Sexuality in the Arab World* (London: Saqi, 2006), 38.

[38]In his introduction, Boyer positions himself as a French scholar who will bestow his knowledge onto the population of Beirut through the production of his book: 'This book, inspired by the works of French scholars and hygienists, which it has the ambition of popularising, has only one aim: to coordinate all efforts and to show that in hygiene, as elsewhere, goodwill is not enough'. Benoît Boyer, *Conditions Hygiéniques Actuelles de Beyrouth (Syrie) et de ses Environs Immédiats* (Lyon: Imprimerie Alexandre Rey, 1897), iii.

[39]Jens Hanssen, 'Sexuality, Health and Colonialism in Postwar 1860 Beirut', in Samir Khalaf and John H. Gagnon (eds), *Sexuality in the Arab World* (London: Saqi, 2006), 74.

[40]Boyer, *Conditions hygiéniques*, 134–5.

[41]The intermixing of country and city references were extracted directly from the report.

[42]Liat Kozma argues that sex workers followed opportunities where they presented themselves in the global economy, not unlike other types of labourers. Liat Kozma, 'Women's Migration for Prostitution in the Interwar Middle East and North Africa', *Journal of Women's History*, 28, 3 (2016), 95.

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was still under Ottoman control.[43] This transformed the Levant from its prior, more flexible socio-political environment in the eighteenth century. Yet, for Boyer, the adaptation of the French system under the Ottomans did not quite go far enough.

Boyer noted with alarm the proximity of the commercial sex trade to the greater public. Inspired by his French training, he recommended cordoning off all sex workers from the rest of society on a full-time basis, thinking that such a measure would be conducive to good public hygiene. In his mind, the current part-time system that he witnessed, wherein some prostitutes would reside in their own homes and go to their places of employment after sunset, allowed for disease to prosper.[44] Boyer only examined registered sex workers and did not survey clandestine activities since, as he claimed, Muslim tradition prohibited strangers coming into the home to conduct investigations. He stated: 'I shall speak here only of regulated prostitution, for morals, forbidding all inquiries or visits to women, renders clandestine prostitution very easy and as a result it has flourished'.[45] In effect, he blamed this moral sensibility for the fact that clandestine sex work was thriving in the city, for the domicile served as space free from outside intrusion, especially from intrusion from the government.[46]

Boyer recommended that officials consolidate the medical care that was being provided to the forty-odd *maisons de tolérance* [houses of tolerance, or brothels] in the city through specialised facilities in addition to centralising the locations of the city's *maisons*. In short, the 'houses of tolerance' would all move into one area, a move that Boyer thought would surely help contain the spread of venereal disease. This solution would allow for constant government surveillance of sex workers and for greater hygienic compliance. He noted that regular medical check-ups were being given to sex workers three times per week in the 1890s. The workers, along with proprietors, bore the cost of these visits through paying a monthly tax.[47] With the 200–225 registered prostitutes in Beirut in 1893, this appears to have been an ambitious medical inspection rate. Therefore, it may have been a measure that existed on paper was not fully carried out in practice.[48]

Like Parent-Duchâtelet, Boyer underscored the threat that the untreated and unregulated sex worker posed to the public and the need for state intervention in the interest of the safety and health of civil society. Syphilis occurred with 'extreme frequency' in Beirut; there were 632 cases in 1885–1896, according to his study.[49] This is 632 cases out of an approximate population of 120 000 or a rate of

[43]Boyer claims that, at the time of his report, the practice of *filles en carte* [registered prostitution] was no longer in existence in Constantinople due to the city's inability to control clandestine sex work. Boyer, *Conditions hygiéniques*, 134. Yet, according to Andrew F. Currier, in his 1891 book entitled *Unrestricted Evil of Prostitution*, brothels in Constantinople were registered with the municipality and workers underwent weekly medical inspections. Those who were found to carry a venereal disease were 'isolated for treatment'. Furthermore, he states that 'those who practice prostitution clandestinely are beyond public control … there is no evidence … that existing laws had succeeded in diminishing prostitution or checking the diseases which are associated with it'. Andrew F. Currier, *Unrestricted Evil of Prostitution* (New York: Philanthropist, 1891), 12. Several decades later, only 2 171 of the approximately 4 500 sex workers in Constantinople were registered. Clarence Richard Johnson, *Constantinople To-Day or the Pathfinder Survey of Constantinople: A Study in Oriental Social Life* (New York: The Macmillan Company, 1922), 363. I have been unable to find evidence on exactly when the French system, or its likeness, began in the Levant, only that it appears to have been in place at the time of Boyer's report in the late-nineteenth century.

[44]Boyer, *Conditions Hygiéniques*, 134–5.

[45]*Ibid.*, 134.

[46]Conversely, in 1900, Dr Portucalis wrote a book, *La Prophylaxie des maladies vénériennes par la religion musulmane [The Prevention of Venereal Diseases by the Mulsim Religion]*, based on his experience as a practitioner in Constantinople. Here, he claims that the Muslim protection of women in the home, as opposed to the lax morality of Christians in this regard, who allowed them to lounge in public spaces, is the reason why the former have lower venereal disease transmission rates. Dr Portucalis, *La Prophylaxie des maladies vénériennes par la religion musulmane* (Paris: A. Maloine, 1900), 10.

[47]Boyer, *Conditions Hygiéniques*, 135.

[48]The improbability of this rate of inspection is also noted in Blecher, 'The medicalization of sovereignty', 92.

[49]Gonorrhoea was placed as 'frequent', according to Boyer, amounting to 163 cases at the same time. Yet he underscored that this was undoubtedly a low number, as people can seek remedies from pharmacists and fake medical practitioners. Boyer's methodology was far from clear, as the data that he collected were based on numbers furnished by himself and colleagues in the Faculty of Medicine at St. Joseph. Each person submitted numbers for different years, some of them overlapping, and so this study cannot be construed as comprehensive. For example, Professor Hache submitted data from a hospital between the years

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0.53%.[50] In comparison, a contemporaneous survey of Turkey found a syphilis infection rate in the coastal region as high as 10%.[51] So his assertion that syphilis posed an enormous threat to the public in Beirut at the time could be interpreted as an overstatement. For Boyer, the rigorous surveillance of sex workers presented the only remedy to the 'great dangers of infection'. Workers should be required to go to a specialised hospital, as medical visits to *maisons de tolérance* proved in his view to be insufficient. He criticised the use of scheduled, routine medical exams at the *maisons de tolérance* due to the female sex workers' deceptive nature and ability to avoid inspection when they were infected.[52] Boyer also chastised the Ottoman government for its to properly regulate prostitution and allowing disease to spread. For example, referring to the closure of the Syrian *Hôpital des vénériennes* in April 1895, he stated: 'I can only deplore the closure of this hospital, which, from the point of view of venereal disease prevention, was evidently an excellent institution. It would even be desirable to see this hospital reopened and expanded'.[53] Yet Boyer also saw himself as an ally of the state, seeing the administrative authorities' intervention as being critical to the modern public health transformation that he was advocating.[54] While surveying the increased rate of gonorrhoea, syphilis and canker sores over the last 2 years of his study, he stated that he was 'convinced that the Municipality of Beirut will reconsider its original decision' of closing the hospital.[55] Boyer was resolved to have more governmental control over women. Nowhere in his texts, however, did he mention patrons (who were men) as being a source of disease or recommend that they too need to be regulated.

Boyer linked his hygienic approach to prostitution as part of a civilising project bringing modern healthcare to the Levant.[56] As such, he called for the expansion of sanitary inspectors' powers. He reserved moral condemnation for those who refused to embrace the progress made in medicine and those who embraced the regressive customs that inhibit Beirut from entering the modern era.[57] By implication, to be modern was to accept the presence of regulated commercial sex as part of the fabric of society. Therefore, in his argument to maintain municipal regulation, Boyer extolled the benefits that such a prophylaxis as containment would have for native Syrian society. As such, it was the responsibility of the state to mitigate the negative health consequences presented by sex work, as indigenous ignorance

1889 and 1894, and Professor de Brun submitted for 1885 through to 1894. Professor Hache was credited with providing an overview of morbidity, stating that malaria was the greatest threat, followed by syphilis. Boyer, *Conditions Hygiéniques*, 96–98, 105.

[50]*Ibid.*, 1.

[51]Fiaux, *La Prostitution règlementée*, 201. For studies on the particularities of sex work in Ottoman Turkey and the early Turkish Republic, see Gülhan Balsoy, 'Haseki Women's Hospital and the Female destitute of nineteenth-century Istanbul', *Middle Eastern Studies*, 55, 3 (2018), 289–300; Kyle T. Evered and Emine Ö. Evered, 'Syphilis and prostitution in the socio-medical geographies of Turkey's early republican provinces', *Health and Place*, 18, 3 (2012), 528–35; Emine Ö. Evered and Kyle T. Evered, 'Sex and the capital city: The political framing of syphilis and prostitution in early Republican Ankara', *Journal of the History of Medicine and Allied Sciences*, 68, 2 (2013), 266–99; Malte Fuhrmann, 'Down and out on the quays of İzmir: 'European' musicians, innkeepers, and prostitutes in the Ottoman port-cities', *Mediterranean Historical Review*, 24, 2 (2009), 169–85; Müge Özbek, 'The regulation of prostitution in Beyoğlu (1875–1915)', *Middle Eastern Studies*, 46, 4 (2010), 555–68.

[52]Boyer, *Conditions Hygiéniques*, 136.

[53]*Ibid.*, 135–6.

[54]*Ibid.*, i–ii.

[55]*Ibid.*, 136.

[56]While Boyer worked at St. Joseph, the idea of bringing 'modernity' to the Levantine population was apparent in the thinking of Daniel Bliss of the Syrian Protestant College. As Fruma Zachs shows, Bliss sought to bring a modern and secular education in its curriculum, including medicine. Fruma Zachs. 'From the mission to the missionary: The bliss family and the Syrian Protestant College (1866–1920)', *Die Welt Des Islams*, 45, 2 (2005), 263. Yet the secularisation of modern education and scientific practices still came at odds with institutions of the time, as in the case when Edwin Lewis, a professor in the medical school, mentioned the work of Charles Darwin in 1882 and was subsequently pressured to resign. See Donald M. Leavitt, 'Darwinism in the Arab World: The Lewis affair at the Syrian Protestant College', *The Muslim World*, 71, 2 (1981), 85–98.

[57]Like others engaged in the civilising mission of the Levant, he argued that local customs should be treated as regressive and he prioritised the eradication of 'superstitious' and harmful practices that impeded medical progress. Without irony, Boyer stated that he was going to abstain from passing judgment on the Syrian 'barbaric customs'. Boyer, *Conditions Hygiéniques*, 163.

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of proper hygiene would prevent disease from being adequately contained.[58] Confinement demonstrated an acceptable measure, which for Boyer meant having women live in *maisons de tolérance* and submit to regular examinations in specialised hospitals. It delineated the sphere of commercial sex from the rest of the social order.

Conditions hygiéniques' longest-lasting interventions included the reinstatement of specialised treatment facilities for venereal disease and the isolation of sex workers from the rest of the population. Even Boyer's recommendation for unannounced visits to *maisons de tolérance* came to fruition. Decree 188 of 1920, referenced at the beginning of this article, required that 'the doctor responsible for the visit of the prostitutes shall, at least once a month, ensure unexpected visits' in addition to the regular visits, which occurred two times a week. As Boyer strongly recommended, the treatment of disease ceased to be in the home, at least for sex workers, and the centralisation of service through hospitalisation came into effect. This was done in the interest of public health, that is, the task that Boyer was charged with advocating on behalf of the Ottoman state and that was carried out by the French administration when the Mandate came into effect. Boyer himself said: 'If I can contribute, for a modest part, to this magnificent result, my ambition will be satisfied'.[59]

The commission of medical reports with the same old message under the new regime

'The employment, and above all the arbitrary abuse of police force against one sex, which masses together a crowd of women in a vague manner, and often without any proofs against them, under the too elastic name of 'prostitute', is discredited, and can no longer resist the public indignation'.[60] Such are the words of Dr Charles Mauriac in 1896, who was protesting the regulationist system of his home country, France. Yet despite mounting criticism arising under the auspices of the International Federation for the Abolition of State Regulation of Vice, which was founded on 19 March 1875, France's regulatory structures were not only maintained, but also expanded during the following century, as the coloniser extended its territorial hold under the League of Nation's Mandatory system.[61] While France exported this practice to Lebanon and Syria initially through the invitation of the Ottoman government, as articulated by Boyer, it was the League's mandate that allowed state repression of sex workers to become the official practice in the region under the colonial authorities.[62] Once France solidified its control of the

[58]As Ellen Amster states, 'Medicine helped draw a climatological, biological and civilizational topography of the Mediterranean, a natural order for the subjects of the French Empire'. Ellen Amster, 'The syphilitic Arab? A search for civilization in disease etiology, native prostitution, and french colonial medicine', in Patricia Lorcin and Todd Shepard (eds), *French Mediterraneans* (Lincoln: University of Nebraska Press, 2016), 321.

[59]Boyer, *Conditions Hygiéniques*, ii.

[60]Association for Moral and Social Hygiene (AMSH), *A Doomed Iniquity: An Authoritative Condemnation of State Regulation of Vice from France, Germany, and Belgium* (London: Federation for the Abolition of the State Regulation of Vice, 1896), 10. Dr Charles Mauriac served as a physician at the Hôpital du Midi, in Paris, and publicly spoke out against regulation in France as an abolitionist contemporary of Josephine Butler.

[61]This is not to imply that the French system did not undergo any changes from its first incarnation under Napoleon. For the evolution of the French system, see Corbin, *Women for Hire*. France's first direct implementation of its policy in the Mediterranean occurred in Algiers in 1831. Taraud, *La Prostitution coloniale*, 20. Znaien, 'La Prostitution à Beyrouth sous le mandat français (1920–1943)' and Pastor 'Suspect Service: Prostitution and the Public in the Mandate Mediterranean' place the focus directly on the topic of prostitution under the French Mandate in Lebanon. Ismaël Maatouk's examination of venereal disease in Lebanon under the French Mandate is another contribution to this research. Ismaël Maatouk, 'Venereal Diseases in Lebanon during the French Mandate', *International Journal of Dermatology*, 55, 7 (2016), 819–20.

[62]France's position on the matter is succinctly stated by Robert de Caix, former Secretary-General of the High Commissariat of the French Republic of Syria and Lebanon. In his defence to the Permanent Mandate Commission (PMC) of France's right to dictate policy and law in the region, de Caix asserted that 'the text of the mandate undoubtedly granted the High Commissioner power to make decisions, even legislative decisions… . Otherwise, how could the Mandatory power, on accepting the mandate, have undertaken the responsibility of ensuring sound justice?' League of Nations Permanent Mandate Commission, *Minutes of the Twenty-Seventh Session Held at Geneva from June 3 to 19, 1935.* June 18, 1935. C.251.M.123.1935.VI. Geneva, Switzerland, 85.

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Levant through the Mandate, a comprehensive medico-administrative and legal structure unfolded that detailed where sex workers could live and under what conditions under the measures *Réglementation de la prostitution* and *Règlement sur la police des mœurs* [Morality Police Regulation].[63]

By the time the first *Annuaire médical* was published in 1921, Boyer's recommendation for the stringent medical examination of a *quartier réservé* had become a reality.[64] The swelling French military presence in the region in the 1920s coincided with an outbreak of syphilis. This provided legitimisation for state intervention regulating sex work in the name of public health, though Boyer was not alive to see his work bear fruit. Greater Lebanon, which was declared in 1920 and was the precursor to the modern nation-state of Lebanon, began to produce the *Annuaire médical*, which catalogued the Levantine country's medical system and covered the periods 1921–4 and 1925–8. While not a lot is known regarding the production of the texts, the newly created Ministry of Hygiene and Public Assistance published the documents with the intended purpose of educating the Lebanese public and foreigners about the services that had been rendered by the Lebanese state since the inception of the ministry. [65] It showcased the medical advances that were made in the region under the French. Whereas Boyer's *Conditions hygiéniques* was a treatise on 'what to do', the *Annuaire médical* was a treatise on 'what has been done'. It reflects the increasing institutionalisation of the Levantine medical community and conveyed the state's ability to harness scientific knowledge at the expense of sex workers.

The *Annuaire médical*, each of its two volumes approximately one hundred pages, is similar to *Conditions hygiéniques* in many ways. It contained sections on the region's climatology and general physical characteristics in addition to the region's morbidity rates. The texts utilised statistics to highlight trends in mortality and in the spread of contagious diseases. Yet there are key differences in their composition and in their underlying messages. Boyer's text provided an elaborate account of the hygiene and habits of the population in order to advance his recommendations on how the state can improve its citizenry's health. The *Annuaire médical* was less interested in those details and instead stressed the infrastructural landscape of Lebanon. In effect, it demonstrated France's successes in expanding and improving upon the structures that they had inherited from the Ottomans. The preface to the second

[63]As Nessim Znaien acknowledges, the French did not invent regulation during the Mandate period, as the Ottoman Penal Code already addressed aspects of controlling commercial sex. Nessim Znaien, 'La prostitution à Beyrouth sous le mandat français (1920–1943)', *Genre & Histoire*, 11 (2012), 7. Regulations existed under the Ottomans but were consolidated, enhanced and reformed under the French, as Znaein states. Yet, John Bucknill and Haig Utidjian's 1913 annotated book on the OPC demonstrates that many articles of the OPC were modeled on articles in the French Penal Code (FPC). John Bucknill and Haig Utidjian, *The Imperial Ottoman Penal Code: A Translation from the Turkish Text with Latest Additions and Amendments Together with Annotations and Explanatory Commentaries … and … an Appendix Dealing with the Special Amendments in Force in Cyprus and The Judicial Decisions of the Cyprus Courts* (Oxford: Oxford University Press, 1913). Znaien also draws attention to Catherine Zilfi's work, which shows how two decrees regarding sex work date back to the late sixteenth and early seventeenth centuries, which therefore predate the nineteenth-century FPC and show evidence of nascent controls over sex work in the Ottoman Empire.

[64]While outside the scope of this article, the Levant went through significant transformations between the production of *Conditions Hygiéniques* and *Annuaire Medical*, including the impacts of the Armenian Genocide. The humanitarian efforts of the League of Nations through the Commission for the Protection of Women and Children in the Near East provided a mode of intervention in Syria and Lebanon prior to the French having their Mandatory holdings adhere to the League's International Convention for the Suppression of the Traffic in Women and Children in 1930. As Keith Watenpaugh argues, the Armenian Genocide and subsequent tragedies resulting from it drew in the League of Nations as a site of mobilisations on behalf of human rights. Keith Watenpaugh, *Bread from Stones: The Middle East and the Making of Modern Humanitarianism* (Oakland: University of California Press, 2015), 2.

[65]Dr Joseph Mandour, 'Preface', *Annuaire médical 1921–1924*, 1–2. 1SL/250/68. Centre des Archives diplomatiques de Nantes (CADN), Nantes, France (henceforth referred to as AM 1921–1924). The limited amount of information on the *Annuaire médical* is due to the scant details provided within the texts themselves. The title page on the first edition states that it was published by the Ministry of Hygiene and Public Assistance, which was established after World War I with the support of the French. Dr Joseph Mandour was the director of the Ministry.

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volume, which covers the period 1925–8, underscored this point, inasmuch as the phrases 'before 1918' and 'since 1918' served to establish the historical timeline.[66] The preface depicted the miserable state of public hygiene in the region when the French troops arrived. Furthermore, the preface to the first volume, written on 5 February 1925, by Dr Joseph Mandour, Director of Hygiene and Public Assistance for the State of Greater Lebanon, related that '[i]t is to France and its good deeds that this country owes its rapid recovery. It is also to it [France] that it [Greater Lebanon] owes the beginnings of our organisation of hygiene and public assistance'.[67] By this characterisation, while Boyer used his French training to recommend improvements in the administration of public health, Lebanese officials in the *Annuaire médical* blamed Ottoman ineptitude as the barrier to implementing public health reform.[68] The direct authority of the French allowed the centralisation that Boyer espoused to finally come into being.

Both the administrative apparatus and the 'brick and mortar' institutions constituted the subject material discussed in the *Annuaire médical.* With regards to the former, one aspect of the administrative structure highlighted at the outset of the issue published in 1925 was the instrumental role played in the French health establishment by Henri-Élysée-Daniel Escher, the *médecin-major* [chief medical officer] of the French forces: 'He is owed much gratitude from the country [Greater Lebanon] for the distinguished services he has rendered and we hope that he will be able to continue for a long time'.[69] The text extolled his specialties in dermatology and venereology, which were his areas of expertise until his death on 5 January 5 1958, in Beirut.[70] Escher occupied a critical role in the evolution of medical surveillance of sex workers in the Levant under the French.

Escher was appointed by the Lebanese government as a technical advisor on 6 July 1923, called to the Levant to serve as the colonial military's chief spokesperson on the issue of venereal disease. [71] As a co-director of the newly formed Ministry of Hygiene and Public Assistance, Escher was influential when it came to the regulation of sex work and the control of venereal disease.[72] Although listed in official documents as the technical advisor for the Ministry, in a 1923 letter Escher signed off, not coincidentally, as the head physician of the (unspecified) Centre for Dermatovenereology, the same position he held in Rhine while in the French army.[73] In the same correspondence, another person lists Escher as the 'Chief

[66]This demarcation is explicitly made in the second volume, which covers the period 1925–8. AM 1925–8, 1–4. In the initial bulletin of 1921–4, these contrasts were imbedded in the text. AM 1921–4, 1–2.

[67]AM 1921–4, 1.

[68]The complicated position of 'indigenous experts' under French colonial administration is illustrated in Geoffrey D. Schad, 'The figure of the native expert: Léon Mourad in the service of the high commission for Syria and Lebanon', in Philippe Bourmaud et al. (eds), *Experts et Expertise dans les Mandats de la Société des nations: Figures, Champs, Outils* (Paris: Presses d l'Inaico, 2020), 103–19.

[69]AM 1921–4, 1.

[70]Hrant T. Chaglassian, 'In memorium-annual report-Daniel Henri Elysse Escher 1877–1958', in *Annual Report 1957–1958 Faculty of Medical Sciences – The American University of Beirut*, Archives of the American University of Beirut (AAUB). Beirut, Lebanon.

[71]*Ibid.*, 22–3. Camila Pastor argues that '[c]olonial territories became opportunities for military dreams of extralegal social engineering' pertaining to sex work. Camila Pastor, 'Suspect service: Prostitution and the public in the Mandate Mediterranean', in Cyrus Schayegh and Andrew Arsan (eds), *The Routledge Handbook of the History of the Middle East Mandates* (London: Routledge, 2015), 186.

[72]According to an organisational chart in the *Annuaire médical*, the Minister of Hygiene and Public Assistance served alongside the technical advisor in overseeing the Lebanese Ministry of Health Services. AM 1925–8, 54. Elias Khoury states that when the state of Greater Lebanon was declared in 1920 and the Ministry of Hygiene and Public Assistance was created, the health administration was headed by a Lebanese doctor (at the time of its inception, this was Joseph Mandour) and a French advisor. Elias Khoury, *The Organization of Public Health in Lebanon* (Beirut: N. P., 1949), 10.

[73]*Rapport du médecin-major de 1e classe Escher sur les accidents de gandrene [sic] gazeuses survenus à la suite d'injections de lait, à l'Hôpital de Damas.* 4 June 1923. GR9NN/1078. DSS. ASHD. Vincennes, France.The connection with the model that Escher developed in the Rhine and the Levant was noted elsewhere as well. Gougerot states: 'You remember the remarkable results obtained in the antivenereal fight in Rhineland by our colleague [Escher]. He is pursuing with the same dedication the same effort in Syria'. Henri Gougerot, 'Correspondence', in *Bulletin mensuel Societé francaise de prophylaxie sanitaire et moral*, February 1925, 20. Escher wrote the manual *Organisation de la lutte antivénérienne* for the Levantine state in 1940. In it, he stated that the model for the *carnet de traitement* was a method of medical surveillance adopted by the Army of the Rhine and

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of Venerology Services of the Army of the Levant'.[74] In whichever capacity he served (and sometimes he occupied more than one role at a time), he advocated regulating sex workers in the name of public health.[75] Professor Henri Gougerot, as Secretary-General of the French Society of Sanitary and Moral Prophylaxis, stated that it was Escher's suggestions and recommendations that prompted the passing of the 1924 decree in Lebanon regulating sex work.[76] Noting Escher's contribution to the fight against venereal disease, Gougerot's review of the *Annuaire médical 1921–1924* referred to him as a distinguished colleague who 'continues the same calling [fighting against venereal disease] in Greater Lebanon'.[77]

Escher's capacity as a military officer and academic ensured his prominent and lasting contribution to medical surveillance throughout the French Mandate period, including the government's tracking of sex work and venereal disease through the Ministry of Health. He helped to organise the first training conference for members of the Beirut medical community at St. Joseph University. The conference courses 'treated syphilis in general and from a statistical point of view' to provide the medical establishment information on the dangers of venereal disease.[78] As a government official training the medical community, his message served to buttress the Ministry's claims on the threats that the disease posed. He illuminated the bureaucracy's response through the strategic use of numbers and charts to articulate the position that the public health response must comprise containment policies that prevent the spread of disease to the general population. And part of the solution relied on the perceived conduit of contagion – that is, unregulated sex workers.[79]

Showcasing the medical system's expansion is one method used in the *Annuaire médical* to solidify the state's claims of effectively protecting the public against disease. In response to the increased number of venereal disease cases, through its Ministry of Hygiene and Public Assistance, the state showed precisely how it was addressing the crisis.[80] For example, the Institute of Bacteriology's screening for syphilis showed a marked increase in the use of testing. Through the government's collaboration with the French Faculty of Medicine at St. Joseph, treatment and prevention of venereal disease increased. From 1919 to 1924, the annual total number of syphilis tests went from 138 to 643, a nearly fivefold increase. Not only was the demand for screening apparent, but also the results legitimised the existence of screenings: the rate of positive cases was 25.2%.[81] These tests were mandatory for all registered sex workers, *maison de tolérance* managers, and all *maison* personnel. The scope of mandatory medical

the Levantine troops in 1923. Le Médecin Colonel Escher, *Organisation de la lutte antivénérienne* (Beirut: Imprimerie Ohannessian, 1940), 33. While this method might have been revised, the obligation to carry a medical card was in effect under Decree 188, Article 77, which was signed in 1920.

[74]*Rapport du médecin inspecteur Emily sur une série d'accidents, dus a des injections sous cutanées de lait, pratiquées à l'hôpital militaire de Damas.* 2 June 1923. GR9NN/1078. DSS. ASHD. Vincennes, France.

[75]Escher held overlapping appointments with the French colonial military (from which he retired as colonel in 1936), was a professor at Syrian Protestant College (renamed AUB in 1920 but some documents still referred to it by its former name) and St. Joseph, was Chief Medical Officer of the French Army Hospital, was an advisor to the Lebanese Ministry of Health Services and the municipality of Beirut, and was a delegate of the French Red Cross to Lebanon. Hrant T. Chaglassian, 'In memorium-annual report-Daniel Henri Elysse Escher 1877–1958', in *Annual Report-1957–1958, Faculty of Medical Sciences – The American University of Beirut*, Archives of the American University of Beirut. Beirut, Lebanon.

[76]Henri Gougerot, 'Correspondance', in *Bulletin de la Société française de prophylaxie sanitaire et morale*, July 1925, 80–81. Gougerot was referring to *Arrêté 2346 portant la réglementation de la prostitution* that was enacted in March 1924, according to the *Annuaire médical.*

[77]Gougerot, 'Correspondance', 80.

[78]AM 1921–4, 66.

[79]In fact, charts and statistics used in the *Annuaire médical* are seen in the internal correspondence of the French administration in the Levant.

[80]For example, a report by the High Commission, *La Lutte antivénérienne dans les États du Levant sous mandat français*, articulates the effectiveness of diagnostics in the fight against venereal disease. Haut-Commissariat de la République française en Syrie et au Liban, *La Lutte antivénérienne dans les États du Levant sous mandat français*, N. D. GR9NN/1078. DSS. ASHD. Vincennes, France. The table embedded in the report was the exact one that was used on page 64 of the *Annuaire médical 1921–1924* in addition to the exact language.

[81]AM 1921–4, 28.

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inspections extended beyond the confines of those explicitly engaging in the business of prostitution to include those suspected of operating clandestinely as such, incorporating dancers, singers, musicians and anyone detained by the Beirut Police Department, the *police des mœurs* [literally, morality police or loosely translated as vice squad], on suspicion of engaging in illegal sex work.[82] Subsequently, during the period 1925–8, the rate of cases testing positive for syphilis increased to 28%.[83] Yet, even considering the increased presence of venereal disease among its population under municipal regulation, the government defended its process of medical surveillance of sex workers. The authorities employed, in their opinion, an effective strategy of disease containment. As the report states, screenings of *filles soumises* [registered sex workers] occurred at a frequency that was rather efficient at detecting contagions.[84] If their containment strategy, which was examined for over a period of almost a decade in the charts displayed in the two editions of the *Annuaire médical*, was successful, it left unanswered why the number of diagnosed infections increased, albeit slightly.

The treatment and physical containment of those diagnosed with venereal disease concerned both Boyer in the 1890s and the Lebanese government several decades later in the 1920s. According to the official statistics tracking the number of sex workers in the city of Beirut, their number doubled between these two decades. It is worth noting that the 1921–4 volume of the *Annuaire médical* cited Boyer's text almost verbatim when describing the situation in the city in 1893.[85] Lebanese officials contrasted the situation in Boyer's time to the contemporary situation and concluded that the dramatic increase in sex workers necessitated a corresponding increase in the amount of surveillance by police and public health officials. Mockingly, the report stated that 'public women … occupy a whole district, in the very centre of the city. Several streets access this area, so that it hardly deserves the name of "*quartier réservé.*"'[86] Even with tightening surveillance of the red-light district, venereal disease flourished. Clandestine activities, not the colonial policy or the patrons of the sex workers, became the focal point of blame for officials. The strategy of containment meant increasing control though the use of medical facilities and better enforcement mechanisms.

As noted above, Boyer lamented the closure of a treatment facility that was specifically dedicated to treating venereal disease and strongly recommended that remain open. The *Annuaire médical* made a point of situating the current French administration apart from the prior Ottoman administration. It is noted that the facility designated under the French for venereal disease treatment 'belonged to the Turks and without any special assignment' when it was constructed 20 years earlier. The French found a purpose for the space, wanting the *Hôpital des Sablons* to be 'intended exclusively for the treatment of venereal disease [that] can hospitalise … public girls'. Moreover, the facility's location evinces the realisation of Boyer's strategy of isolation and containment. Government authorities situated the hospital in a 'neighbourhood … constituted by houses isolated from each other by empty spaces; the density of the neighbourhood is low and the hygienic conditions of the neighbourhood perfect'.[87]

The nascent Lebanese Ministry of Hygiene and Public Assistance used official documents like the *Annuaire médical* to convey health policy priorities worthy of the public's support. These official reports on the medical condition of Lebanon framed public policy as investing in the population's welfare through medicine, which necessitated the republic's increased and continuous financial support.[88] As one example of such framing, the 1925–8 *Annuaire médical* highlighted the expansion of medical services to treat venereal disease, such as the opening of the Beirut polyclinic in July 1925. The Ministry

[82]Per Decree 188, Title VI, Articles 75, 78, 82, 84, and 85.
[83]AM 1921–4, 28.
[84]AM 1925–8, 77.
[85]See Boyer, *Conditions Hygiéniques*, 134; AM 1921–4, 63.
[86]AM 1921–4, 63.
[87]*Ibid.*, 35.
[88]The authors noted that the Ministry of Hygiene and Public Assistance in the state of Greater Lebanon was able to accomplish a sufficient amount with a relatively low budget when compared with the health ministries of other countries. See AM 1925–8, 95.

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framed this initiative as an answer to a demand for health services in impoverished areas. The clinic provided ninety-six health screenings in 1925, which rose to 947 in 1928.[89] Within that 3-year period, the use of syphilis screenings increased eightfold. Using charts to illustrate the widespread use of screenings, the *Annuaire médical* underscored the necessity of the provision of this public health service. Any acknowledged failures in the colonial state's policy were framed in such a way that the policies did not go far enough. Further strengthening of surveillance was always deemed to be in order. For example, the high occurrence of gonorrhoea (46 out of 100 tests submitted tested positive) and syphilis from 1925 to 1928 meant that Decree 2346, 'Règlementation de la prostitution' passed in 1924, proved 'slightly insufficient to ensure the antivenereal struggle; [therefore] an additive draft bill was drawn up by a technical committee' to address the gaps.[90] For the colonial government, this meant generating more regulations that further constrained sex workers' autonomy rather than recognising the failures of medical surveillance in reducing the number of cases of venereal disease.

In fact, visits of sex workers to the Beirut dispensaries and the subsequent diagnosis of venereal disease did not indicate a correlation between mandatory health checks and the effective containment of illness. The number of registered women required to undergo examinations did not vary dramatically from 1925 to 1928. In fact, these bookend years in the above report reveal the same number of registered prostitutes: 170.[91] Although the number of cases of syphilitic cankers increased from 56 to 98, the number peaked in 1926 with 122 cases and plummeted to 29 the following year. In addition, rates of gonorrhoea oscillated among the same population between 267 and 193 over the 3-year period. If anything can be concluded from these data, it is that screening registered sex workers did not consistently reduce the number of cases of venereal disease. But still the medical authorities insisted that the numbers would diminish only through additional reforms controlling the activities – and hence the bodies – of sex workers.[92] And the state did impose new regulations. We can see this from the fact that the initial healthcare regulation that pertained to sex work, Decree 188, stated that 'public houses' may be 'found or not in a reserved quarter'. Yet, 11 years later, the amended regulation eventually became a law, which stated that 'women who are subjected to medical examination by an ordinance of the special committee and who practice prostitution in an open way are obliged to live within the limits of the reserved quarter'. In addition, the Lebanese Governor Charles Debbas (under the watchful eye of the High Commissioner's Office) gave doctors increasing control over sex workers. As Article 32 of the updated 1931 law stated, 'it is the obligation of physicians commissioned to control venereal diseases and to take whatever measure they see fit and necessary to safeguard public health'.[93]

Conditions hygiéniques and the *Annuaire médical* contained similar approaches to controlling prostitution. They promoted the use of surveys and data collection to track the population. They produced recommendations based on perceived best medical practices of the time, use pedigreed medico-administrative professionals to administer the state's programmes, and recommended an infrastructure to accommodate these programmes. The underlying message of these texts was that sex workers were the source of disease. And they promoted the view that the state can only protect its population through monitoring them.

Conclusion

All the documents reviewed in this article posit a direct connection between sex work and venereal disease. Through a close examination of these documents, we can also see how particular public health policies emerged as the way to identify and eventually solve this 'problem'. Underscoring this supposed crisis was the implicit notion that women were solely responsible for the spread of disease; they therefore

[89]AM 1925–8, 113.
[90]*Ibid.*, 121.
[91]*Ibid.*, 122.
[92]*Ibid.*, 121.
[93]*Loi portant règlementation de la prostitution*, Beirut, 6 February 1931. 1SL/1/V/875. CADN. Nantes, France.

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became 'problematised' in new ways. Any consideration of a conduit other than the female sex worker was markedly absent. The idea that the men who frequented sex workers also contracted the disease and therefore needed containment was never a part of the driving policy. A rare exception was when the French military intervened in 1919 as venereal disease cases spiked in the Levant, threatening the colonial authority's supply of healthy soldiers. A memo issued by the French Ministry of War from that year called for an increase in the frequency of medical checks on soldiers, recommending there be one every 15 days.[94] What state bureaucrats and academics alike *did* present was the soldier as physically threatened by the unregistered sex worker. In the medical reports covered in this article, demands for more surveillance of patrons did not receive any attention, only punitive measures to be taken against 'threats' to men's well-being. To put it in Keely Stauter-Halstead's terms, it was sex workers, particularly those belonging to the working classes, who became the 'subjects of expert commentary and the objects of medical coercion'.[95]

The government and the medical establishment's anxieties over the spread of venereal disease translated into extensive monitoring and reporting on citizens through the instrument of surveys. Using empirical knowledge, scholars and state officials substantiated their assertions with objective verification based on data. The regulatory system, which emphasised the public health benefits of the administration, relied on the control of commercial sex in the sanitised, neutral language of 'good medicine' to legitimise its existence.[96] Thus, the French colonial state justified its regulations over sex work not on moral but on medical grounds. Administrators presented the issue not as an endorsement of legalised sex work, which held complicated moral implications, but as a practical public hygiene measure to protect the social body.

Parent-Duchâtelet stated: 'Where the government of men is concerned, it is good to know their weaknesses and to use them in order to govern them'.[97] The sexual prerogatives of men were determined to be their weakness, and so the state intervened to govern them not directly, but indirectly through the regulation of sex workers. Therefore, the 'problem' with sex work lay not within the men who solicited the services, but within the women who offered them. The state determined that, in order to protect its military interests by keeping a healthy army free of venereal disease, sex workers required medico-legal interventions that held material consequences. The discourse soon shifted from protecting the army to safeguarding the general public from contagion, an objective that provided the rationale for the wholesale adoption of regulationism in the interest of social hygiene. The French colonial state relied on doctors and academics to provide the expert knowledge to buttress its position. This new, exclusively male, professional class exercised a great deal of social power by shaping government policies, which called for the registration, medical examination, and incarceration of female sex workers. Conversely, in one of the few comprehensive texts investigating French colonial prostitution in the Mediterranean, Christelle Taraud demonstrates how the regulations imported into North Africa contributed to the professionalisation of the 'prostitutes', who were drawn from the ranks of women who had been previously working primarily as courtesans, artists, and singers in precolonial times. This professionalisation contributed to their marginalisation under the regulatory system, and it illustrated 'the profound nature of male and colonial domination' under the French.[98]

Experts drew on the developing field of statistics, which made ample use of surveys, as a rationale for why sex workers must be cordoned off and medically regulated unlike the rest of respectable society, including their male patrons.[99] Statistics shifted the focus away from the moral discourse on sex work to a

[94]Sous-secrétariat d'État du Service de santé militaire, Services techniques, Section de médecine, 'Note pour l'état-major de l'armée–section Afrique', 13 May 1919, GR9NN/1078. DSS. ASHD. Vincennes, France.

[95]Keely Stauter-Halstead, 'The physician and the fallen woman: Medicalizing prostitution in the Polish Lands', *Journal of the History of Sexuality*, 20, 2 (2011), 274.

[96]See Levine, *Prostitution, Race and Politics*, 41, on how this was used to defend the CDAs in the British Empire.

[97]Parent-Duchâtelet as quoted in Corbin, *Women for Hire*, 16.

[98]Christelle Taraud, *La prostitution coloniale: Algérie, Tunisie, Maroc (1830–1962)* (Paris: Payot, 2003), 350.

[99]In fact, the League of Nations used the work of Parent-Duchâtelet when drawing conclusions about sex workers. League of Nations Advisory Committee on Social Questions, *Enquiry into Measures of Rehabilitation of Prostitutes.* Part I: *Prostitutes: Their Early Lives.* 1 July 1938. Geneva, Switzerland, 21.

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scientific one.[100] According to James Scott, 'statistical facts were elaborated into social laws … [as a] progressive nation-state … set[s] about engineering its society according to the most advanced technical standards of the new moral sciences'.[101] No more clearly was this illustrated than in the production of comprehensive reports that employed facts and figures to validate control over marginalised sex workers. Those conducting the surveys, such as Boyer and Escher, positioned themselves as expert academics within the government infrastructure, wielding authority over knowledge production on sex work. This, sometimes reciprocal, relationship between academics and the state contributed to the marginality of sex workers.

Surveys placed primacy on what diseases needed targeting and the infrastructural development required to meet the state's goals. For example, as seen in Boyer's *Conditions hygiéniques*, government officials solicited French doctors and academics for their knowledge of public health and hygiene. While not all of Boyer's recommendations came into immediate effect, those pertaining to sex workers' containment eventually came to fruition under the Mandate. Of more lasting impact was the influence of Escher, whose position within the French bureaucracy evolved from a technical advisor on public health to an academic advising the government on controlling the spread of venereal disease. 'Prostitutes' became a designated topic for health initiatives looking to manage and contain disease, inasmuch as they were believed to be the source of venereal disease. They were therefore a worthy topic of observation and intervention for the state and academics alike.[102] Sex became the site of imperial policy, or, as Levine puts it, 'part of the politics of Empire' and 'central to the functioning of imperial governance'.[103] In post-World War I Levant, containment was thought to be the ultimate answer, keeping commercial sex in concentrated areas in garrison towns and city centres where it could be surveilled and tracked. The state was ultimately the party in position to carry out this task, yet it relied on modern medicine and academics to support the development, application and enforcement of its policy.

[100]For information on how statistics are manipulated during this time regarding sex work, see Aurore François and Christine Machiels, 'Une guerre de chiffres: l'usage des statistiques par les discours abolitionniste et réglementariste sur la prostitution à Bruxelles (1844–1948)', *Histoire & Mesure*, 12, 2 (2007), 103–34; Benoît Majerus, 'La concurrence des experts: ou qui a le droit de dire ce qu'est la 'traite des blanches' dans l'Allemagne de Weimar', *Recherches Sociologiques et Anthropologiques*, 39, 1 (2008), 41–53; Christine Machiels, '"The Truth about White Slavery": Présentation d'une enquête réalisée par Theresa Billington-Greig pour *The English Review*', *Recherches Sociologiques et Anthropologiques*, 39, 1 (2008), 27–40.

[101]James Scott, *Seeing Like a State: How Certain Schemes to Improve the Human Condition Have Failed* (New Haven, CT: Yale University Press, 1999), 92.

[102]Vocal dissenters to regulatory prostitution emerged in the nineteenth century, refuting the medical rationale for state containment of sex workers. One of the most prolific of these dissenters was Louis Fiaux (1847–1936), a former member of the Parisian municipal council and French delegate to the International Medical Conference held in Brussels in 1910. Using his authority as a doctor, politician and researcher, he accused advocates of licenced prostitution of producing superficial studies: 'The study of prostitution would in fact be the lowest of the masked curiosities in the name of studies in their failures to examine the complexity of the profession'. Louis Fiaux, La Prostitution *"Cloitrée": Les maisons de femmes autorisées par la Police, devant la Médecine publique, Étude de biologie social* (Brussels: Henri Lamertin, 1902), 15.

[103]Levine, 'Sexuality, gender, and Empire', 134. Sex work's intersection with colonial histories have been considered in various contexts, most extensively under the British. Noteworthy contributions to the field include Philippa Levine, *Prostitution, Race and Politics: Policing Venereal Disease in the British Empire* (New York: Routledge, 2003); Philip Howell *Geographies of Regulation: Policing Prostitution in Nineteenth-Century Britain and Empire* (Cambridge: Cambridge University Press, 2009).

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