

THE MALAYS HAJJ: HEALTH AND SANITATION ISSUES BEFORE WORLD WAR II

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Abstract

During the last century, performing the Hajj was a perilous and highly risky endeavour. Every year, thousands of pilgrims from around the world died from infections of epidemic diseases. For Malay pilgrims, the toughest challenge was the arduous journey from Malaya to the Holy land of Mecca. It was difficult and exhausting as they had to jostle and squeeze among the ship's cargos. The situation worsened as soon as they arrived in Hejaz. There, the state of cleanliness was pitiful. Apart from the unclean water supply, the poor disposal of animal waste and sewage system, the polluted air, and the filthy living condition aggravated the health of the pilgrims. The facilities and health services in Hejaz were also poor and limited due to the lack of equipment and medical supplies as well as the absence of trained medical personnel. Hence, the solution for these health problems which plagued the pilgrims was for each country to protect their own pilgrims respectively.

Keywords: Hajj, Hejaz, Malay pilgrims, Mecca, Health.

1. INTRODUCTION

Up until the early 20th century, the Muslims' pilgrimage was often blamed by the international community as the cause of disease outbreaks to every corner of the world. Every year, not just hundreds, but thousands of pilgrims died due to infectious diseases, such as cholera, measles, malaria, bubonic plague, to name a few. Lack of proper sanitation and health monitoring in Hejaz has led to the spread of diseases which were challenging to control. This was made even more problematic by the fact that pilgrims who had returned safely to their countries would subsequently spread the viruses to others in their hometown. Therefore, this largest Muslim gathering is often referred to as a cauldron of spreadable diseases to all over the world, forcing the eventual intervention of European powers in the matters of Muslims' pilgrimage.

2. HEJAZ AND THE SPREAD OF DISEASE OUTBREAKS

Diseases associated with pilgrims in the early 19th and 20th centuries were cholera, measles, bubonic plague, and malaria. Those diseases were the most serious threats at the Holy Land and had cost a huge loss of lives every pilgrimage season. The cholera outbreak was initially reported to spread in Hejaz during the pilgrimage season of 1931 in which a total of 3,000 pilgrims deceased within just three weeks (Peters, 1994). Within 81 years, there were 27 series of cholera outbreaks during the pilgrimage seasons and Hejaz was the centre of the outbreak (Ahmed Batoumi 1972). In 1893, the worst recorded cholera outbreak occurred in the pilgrimage season causing almost 33,000 deaths out of 200,000 pilgrims who performed Hajj in Jeddah that year. Dr. Chaffy, a Muslim medical officer from Egypt who was sent by the Quarantine Board of Egypt to deal

with the health issues in Mecca reported the result of tests carried out in Mecca revealed that at that time hospitals, private homes, and camps were crammed with cholera sufferers. Most bodies were found in a state of decay. An even more heartbreaking environment could be witnessed in Mina whereby bodies were found lying everywhere. The streets between Mina and Mecca were also filled with dead bodies that were not buried properly due to the lack of work force (Mackie, 1893). Table 1 shows the number of cholera victims during the pilgrimage season of 1893.

Table 1: Cholera Death Statistics, June-July 1893.

Date	Mecca	Mina	Jeddah	Total
June 8	35			35
9	46			46
10	46			46
11	51			51
12	58			58
13	87			87
14	70			70
15	75			75
16	85			85
17	120			120
18	124			124
19	179			179
20	231			231
21	221			221
22	102			102
23	-			-
24	-	220		220
25	-	455		455
26	500	499		999
27	955			955
28	-			-
29	511		42	553
30	443		55	498
July 1	452		86	538
2	290		134	424
3	257		486	743
4	214		406	626
5	148		255	403
6	131		220	351
7	136		181	317
8	110		136	246
9	121		117	238
10	61		86	147
11	81		66	147
12	40		36	76
13	34		18	52
14	26		21	47
15	-		18	18
	6,040	1,174	2,363	9,577

Sources: FO 881/6451, Statistical Table for Year 1893, dalam *RoTH*, Vol.9, hlm. 237.

Measles is also one of the serious threats to pilgrims in Hejaz. The outbreak of measles in Mecca between March to April 1929 had cost the lives of 250 pilgrims (FO 371/14456 Report on the Hajj of 1929). A total of 160 measles cases were reported in 1940 causing 73 deaths (FO 371/24585 Report on the Hajj of 1940). In 1949, the measles attack occurred again in Mecca, Jeddah, Jordan, and Palestine. Other than 200 Philippine pilgrims, hundreds of Hejaz citizens were also killed by the disease (FO 371/82698 Report on the Hajj of 1949). It is interesting to note that malaria cases were also recorded in areas where water supply was

scarce like Hejaz. W.H. Storm, a medical officer who has travelled and lived in various parts of the Arabian Peninsula positioned malaria at the top of the list of diseases occurring in the country. In 1935, 45% of outpatients at the government hospital in Jeddah were diagnosed with malaria (Buxton, 1944). Meanwhile, statistics released by the Indian government clinic in Hejaz also recorded malaria as the most treated disease in the same year, i.e. amounting to 32.75%. The number increased to 40% in the following year (FO 371/19002 Report on the Hajj of 1935).

Other than cholera, measles, and malaria, pilgrims in the 19th century were also threatened by the bubonic plague. Statistics reported by the Health Office of Jeddah revealed that there were a total of 51 deaths due to the bubonic plague from 8 to 30 June 1897. Due to the spread, a Bubonic Plague Commission was formed in Istanbul and was ordered to be brought to Hejaz to monitor the spread of the disease. Medical officers in the Bubonic Plague Commission had conducted cleaning and disinfection work on the pilgrims' houses that were suspected with the disease. Houses with several bubonic plague cases were closed because they were no longer considered suitable for occupation. 123 cases were recorded with 117 deaths in Jeddah and Yanbu between January to April 1908, while 178 cases were recorded with 160 deaths in Jeddah between December 1908 to April 1909. The same disease was also reported at the Holy Land in the year 1910 and 1911 (Anon 1908 and FO 195/235 Report on the Hajj of 1909).

3. SANITATION AND HEALTH CONDITIONS IN HEJAZ

The sanitary conditions at the Holy Land during pilgrimage seasons were extremely poor. Upon arrival in Hejaz in weary conditions after having to go through a long and tiring journey, pilgrims had to face improper sanitation and health issues. Lacks of clean water, poor animal and human waste disposal system, dirty pilgrimage housing areas, and polluted air in Hejaz had worsened the health conditions of the pilgrims (Aiza, 2009).

Water source in Hejaz was the main agent for the spread of cholera. The network of open wells was the main drinking source for pilgrims who use land roads to Mecca. Since clean water supplies were sold at exorbitant prices, pilgrims who did not bring enough water supplies would go and fetch the well water using containers made from animal skin. Relying this method, water pollution was unavoidable. Meanwhile, the main water source in Mecca comes from Ain Zobeidah aqueducts which flowed through a narrow underground cemented channel that crossed valleys and low land areas. Along the channel, well-like holes were made by digging the land and water was carried to the surface using bucket. In year 1880, Haji Abdullah Arab, an Indian merchant in Mecca who had given many personal contributions in the development of Ain Zobeidah aqueducts once reported that some of his workers found decayed bodies of donkeys, dogs, and sheep at broken pipeline areas when they were cleaning the Ain Zobeidah channel (FO 651/1 Report of the Hajj of 1882).

Another main water source in Mecca was the *Zamzam* well that is located near to the Kaaba. While giving his speech at the Muslim gathering at Hyderabad in March 1895, Sir Ernest Hart strongly condemned the complacent attitudes towards maintaining the sanitation condition of the water source. The majority of the pilgrims not only took the water by filling it into their containers, but also took the opportunity to take baths using the water. The act had caused water pollution, and thus contributed towards the fast spread of cholera (FO 371/4195 Report on the Hejaz Pilgrimage).

The spread of diseases in Hejaz was also caused by the water storage system in the *sahreejas* (tanks) which had never been cleaned and disinfected. Rain water mixed with dirt and dusts from the roofs and yards of houses flew into *sahreejas* and the water supply was stored throughout the year. The water supply was only used once a year by pilgrims. The conditions of *sahreejas* in Mina were even worse because sediments formed from the remains of decayed slaughtered animals were mixed with rain water and was absorbed into these tanks (Ochsenwald, 1984). The *Sahreejas* could not prevent the absorption process due to its construction system which was not robust. A large number of pilgrims used the water supply because its price was cheaper than the ones from Ain Zobeidah. The *Sahreejas* were also breeding grounds for mosquito and no efforts were made by health authorities to destroy the larvae (FO 651/1 Report on the Hajj 1882).

Slaughtered animal waste disposal systems in Mina contributed to the spread of diseases as well. There were nauseating smells from the first *qurban* (slaughtering) day. The situation got worse on the second day because drains around the slaughtering area were not properly covered. Roads and pilgrims' camping areas

were also filled with remaining and internal organs of slaughtered animals that were mixed with human and animal waste, causing the whole area to be filled with nauseating smells (FO 651/1 Report on the Hajj 1882). Most of slaughtered meats that were hung on pieces of wood or left to decay on land were taken by Indian and Javanese pilgrims to be dried and eaten. The remains of the slaughtered meats and rubbish were often taken by crows onto the roofs of houses (FO 195/879. British Vice-Consul, Jeddah to Consul-General).

To worsen matters, the human waste disposal system in Hejaz was also found to be improperly managed. The Report on the Hajj of 1929 reported the failure of Hejaz government to take initiative in providing public toilets for the use of pilgrims who camped at the roadsides, causing them to defecate at public areas (FO 371/14456 Report on the Hajj of 1929). Until the year 1931, public toilets as suggested in the report were still failed to be set up (FO 371/15291 Report on the Hajj of 1931). In Mina, most pilgrims disposed their bodily waste near their camping areas because they were afraid to go farther. Some of them did those activities near the water source so that it is easy for them to clean themselves. Even though there were several public toilets in Mina, their conditions were very poor. The toilets were full of human waste, which produced very nauseating smells. They were never cleaned and disinfected. Furthermore, the availability of toilets seemed pointless since the nearby area was still full of littered human waste (Ochsenwald, 1984; FO 651/1 Report on the Hajj 1882).

Apart from that, the conditions of the pilgrims' living areas were also very crowded and did not comply with the regulated room capacity, with the absence of proper toilet and bathing facilities, the pilgrims in Hejaz needed to face an even worse condition (FO 406/77 Report on the Hajj of 1939). Many pilgrims were cramped in houses that were also very inferior, dirty, and did not have good ventilation and lighting system. Since it was too crowded in the house, some pilgrims had to cook at corridors and stairways. Most pilgrims' houses were closed up as soon as the pilgrimage season ends and they were never opened and cleaned until the next pilgrimage season (FO 881/4845 Assistant Surgeon Abdur Razzack, Jeddah to Acting Consul). No efforts were made by the *mutawwif* (hajj guide) to clean the waste disposal area. As a result, the area had become a spot for mosquito breeding and consequently contributed further towards the increased numbers of malaria and dysentery cases (FO 371/15291 Report on the Hajj of 1931).

Based on discussions above, it can be clearly seen that sanitation and health conditions in Hejaz were indeed out of control. From the issues of polluted water supply and unsystematic slaughtering activities to the poor management of pilgrims' placement, it is a fertile ground for those diseases to spread rapidly and cost a large number of lost lives.

4. MEDICAL SERVICES IN HEJAZ

Until the beginning of the 20th century, medical services in Hejaz were very limited and poor. During his visit to a government hospital in Jeddah in the year 1910, the Acting British Vice Consul in Jeddah, Abdur Rahman, criticized the condition of the hospital which was very unhygienic and neglected in various aspects. Patients complained that they were not given any medicine for days. The hospital attendants also admitted that there was no medicine given to patients two days before the visit. Patients were only provided with rice porridge that was mixed with a little bit of salt and ghee. As for those patients who were unable to move, they were abandoned on their bed with soiled and unchanged clothes (FO 195/2350 Report on Municipal Hospital).

On 14th October 1911, a pilgrimage hospital was opened in Jeddah, offering free services to pilgrims and Jeddah citizens. Unfortunately, its location which was far from the city had made it difficult for patients to get treatments (FO 195/2376. Acting British Consul, Jeddah to British Ambassador). Along the journey between Jeddah and Mecca, there was only one treatment room at Bahra rest station which was only handled by one 15-year old attendant from Jeddah hospital (FO 371/4195 Report on the Hejaz Pilgrimage).

Medical services in Hejaz were also described as very unsatisfactory due to limited equipment and medicines as well as the lack of trained medical officers. Most medical officers were from Turkey and Syria who were relatively young and graduated from Beirut medical college and had served as military medical officers before they graduated (FO 371/15290 Report on the Hajj of 1930; FO 371/16857 Report on the Hajj of 1933). Due to this, many patients at the hospital could rarely be saved. According to the Report on the Hajj of 1926, due to the unsatisfactory reputation of the hospital and medical officers, the Bedouin (*Badwi*) people would rather hide in the desert whenever they were advised to be hospitalized. Due to the small hospital building, patients with infectious diseases, such as leprosy, also could not be quarantined away from

other patients (FO 371/11436 Report on the Hajj of 1926; FO 371/15290 Report on the Hajj of 1930). Until 1933, little efforts were made to improve the quality of medical services and to increase the number of medical staffs. The situation was not in line with the pledge written in the pilgrimage guide book issued by the Hejaz government which promised to provide good facilities in terms of qualified medical officers, specific wards, emergency treatment centres along the road, as well as free consultation and medicines. Yet, all those statements remained only on paper. In a report by the Indian medical officer, it was stated that charges were imposed on all medicines. Poor people did not receive any treatment; on the other hand, those who were rather financially able to pay would sometimes receive free treatments in the hope of getting their financial donations for the respective hospital and medical officers. The report also confirmed that no specific hospital ward was provided. Even the central hospital in Mecca which was considered to be one of the comprehensive hospitals in Hejaz at that time was also not supplied with any vaccine. The hospital could not provide food other than bread to the patients (FO 371/16018, "Report on the Hajj of 1932).

As a solution for countries which do not have enough medical staffs and hospital facilities, each country would protect their own pilgrims by themselves. The Egyptian government was ahead in providing medical assistance to their pilgrims. By the year 1929, their medical group had a large clinic in both Mecca and Medina which were equipped with various equipment and facilities. During the pilgrimage seasons, mobile hospitals were used and operated in Jeddah, Mina, and Arafat. Two ambulances were ordered to be used in Mina, but the delivery was blocked by the Hejaz government. By the year 1931, the medical group had owned three ambulances and many medical officers, including a woman. When the group departed to Arafat, one ambulance and one medical officer had to be left behind under the instruction of local authorities and had to operate under the Hejaz flag (FO 371/14456 Report on the Hajj of 1929).

The appointment of Dr. Abdur Razzack in 1878 had given new impetus to the pilgrimage institution. Among the important responsibilities that he assumed was to report on sanitation and health conditions in Hejaz during the pilgrimage seasons as he did in March 1879. Dr. Abdur Razzack's dissatisfaction of the situation in Hejaz was expressed extensively in a report which was submitted after his appointment as British Vice Consul in Jeddah in the year 1882 (FO 685/1 Report on the Hajj 1882). His proposal to build a hospital for Indian pilgrims could not be implemented due to the difficulty in obtaining permission from the Ottoman Empire authorities, including the *Sultan*. Nevertheless, he was finally allowed to open a clinic supplied with medicines from the Indian government. In 1927, a total of 1,083 pilgrims had sought treatments from the Indian government's clinic and this led to the approval for the proposal to appoint another additional medical officer at the clinic (FO 371/12248 Report on the Hajj of 1927).

In 1929, the proposal to place a surgeon assistant who was seconded by the Federated Malay States to assist all medical treatment requirements among Malay pilgrims in Hejaz was approved. He was suggested to be placed with other surgeon assistants from India who served in Mecca because he was not qualified to open his own clinic. The issue which was often raised was the suitability of placing a surgeon assistant from the Malay Peninsula at the Indian government clinic which was located far from the Malay placement area. It was considered more beneficial to build a clinic in the Malay placement area which was handled by a qualified Malay medical officer and several medical staffs. However, the matter was put under consideration, dependent on the availability of funding and readiness of the medical officers to serve in the Holy Land. In 1930, another surgeon assistant from the Malay Peninsula was sent to serve in the Indian government clinic. Once again, his presence did not seem to contribute much benefit due to his inability to speak Hindi (FO 371/14456 Report on the Hajj of 1929). Interestingly, the Hajj Annual Report of 1931 showed that government clinics from India and other countries received attentions from citizens of Mecca themselves who did not use services provided by their local medical officers and medical sources, provided by local hospitals since the medical cost was comparatively higher (FO 371/15291 Report on the Hajj of 1931).

The Malay pilgrims finally felt relieved when the medical group from the Malay Peninsula was placed in the Holy Land of Mecca firstly in the year 1948 with a medical group led by Dr. Baboo and two medical staffs. This medical group was sent by the Malay Peninsula government and the medical team comprised of medical staffs who served at hospitals all over the country. Members of the medical group arrived at the Holy Land in the first ship and departed in the last ship. They stayed at the Holy Land for about six months and their headquarters was a house owned by Sheikh Mustapha Indragiri which was located in the North of Mecca, i.e. Gararah.

Starting from the year 1951, staffs of the medical team increased to four people, consisting of one medical officer, one hospital assistant, one attendant, and one female nurse. However, the number was still not

enough to handle the extremely hot weather and increased number of patients. The medical group from Sudan comprised of one medical inspector, one medical officer, two assistant medical officers, one midwife, one chief health supervisor, and one health supervisor. Meanwhile, the medical group from Indonesia consisted of two medical officers and four hospital assistants. In 1952, the number of medical staffs was increased to six people in order to monitor a total of 6,000 pilgrims from the Malay Peninsula. The number was still considered small compared to the medical team from Sudan which comprised of 11 staffs. Indonesia also sent two medical officers and 16 hospital assistants (Selangor Secretariat 276/1952 Report on the Pilgrim Medical Mission to Mecca, 1951; Selangor Secretariat 42PT/1953 Report on the Malayan Medical Mission, 1954).

5. CONCLUSION

It is undeniable that health problems are some of major challenges that were faced by not only the Malay pilgrims, but also other pilgrims from all over the world. The spread of diseases had caused a great devastation and loss. The lack of facilities and monitoring on the level of cleanliness, health, and medical facilities in Hejaz led to the rapid spread of diseases which was hard to control. Several countries, including Malaysia, had taken various steps in the efforts to deal with health and medical problems in Hejaz and consequently protect each group of pilgrims, such as by sending medical teams from their own countries. Failure to tackle problems related to the spread of diseases in Hejaz had consequently led to the intervention of European powers in handling pilgrimage matters. Various procedures began to be introduced to pilgrims, including the quarantine and vaccination procedures. Even though the intervention had given rise to dissatisfaction and received criticisms among the Muslim communities, the quarantine and vaccination procedures have finally been made as a compulsory to all pilgrims.

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REFERENCE LIST

- Aiza Maslan @ Baharudin (2009). *Dari Tabung Buluh ke Tabung Haji: Sejarah Pengerjaan Haji Orang Melayu, 1860-1984*. PhD Dissertation, University of Malaya, Malaysia.
- Anon (1908). "Cholera in The Pilgrimage and Elsewhere". *The Lancet*, 29 February.
- Mackie, J. (1893). "Cholera at Mecca and Quarantine in Egypt". *The British Medical Journal*, 29 July.
- FO 371/14456. "Report on the Hajj of 1347AH (1929)", dalam *Records of The Hajj*, Vol. 6.
- Buxton, P. A. (1944). "Rough Notes: Anopheles Mosquitoes and Malaria in Arabia". *Tropical Medicine and Hygiene*, 38 (3).
- Farid, M. A. (1956). "Implications of the Mecca Pilgrimage for a Regional Malaria Eradication Programme". *WHO Bulletin*, 15.
- FO 651/1. "Report of the Hajj of 1882 (Part 1) by Abdur Razzack, Assistant Surgeon, British Vice-Consul, Jeddah". In *Records of The Hajj, A Documentary History of the Pilgrimage to Mecca* (1993) London: Archive International Group, Archive Edition, 1993, Vol. 9.
- FO 371/11436. "Report on the Hajj of 1344AH (1926)". In *Records of The Hajj*, Vol. 6.
- FO 371/14456. "Report on the Hajj of 1347AH (1929)". In *Records of The Hajj*, Vol. 6.
- FO 371/15290. "Report on the Hajj of 1348AH (1930)". In *Records of The Hajj*, Vol. 6.
- FO 371/16857. "Report on the Hajj of 1351AH (1933)". In *Records of The Hajj*, Vol. 6.
- FO 371/15291. "Report on the Hajj of 1349AH (1931)". In *Records of The Hajj*, Vol. 6.
- FO 371/16018. "Report on the Hajj of 1350AH (1932)". In *Records of The Hajj*, Vol. 6.
- FO 406/77. "Report on the Hajj of 1357AH (1939)". In *Records of The Hajj*, Vol. 7.
- FO 881/4845. "Assistant Surgeon Abdur Razzack, Jeddah to Acting Consul". In *Records of The Hajj*, Vol. 9.
- FO 371/4195. "Report on the Hejaz Pilgrimage". In *Records of The Hajj*, Vol. 9.

- FO 195/879. "British Vice-Consul, Jeddah to Consul-General, Alexandria", 12 Mei 1865. In *Records of The Hajj*, Vol. 9.
- FO 195/2350. "Report on Municipal Hospital, Jeddah by Acting Vice Consul, Jeddah", 28 February 1910. In *Records of The Hajj*, Vol. 9.
- FO 195/2376. "Acting British Consul, Jeddah to British Ambassador, Constantinople, enclosing copy of Sanitary Inspector's Notice", 16 October 1911. In *Records of The Hajj*, Vol. 9.
- Ochsenwald, W. (1984). *Religion, Society and the State in Arabia: The Hijaz Under Ottoman Control, 1840-1908*. Columbus: Ohio State University Press.
- Selangor Secretariat 276/1952, "Report on the Pilgrim Medical Mission to Mecca, 1951"
- Selangor Secretariat 42PT/1953, "Report on the Malayan Medical Mission, 1954".