

الجمعية التونسية المتوسطة للدراسات التاريخية والاجتماعية والاقتصادية <i>Tunisian-Mediterranean Association for Historical, Social and Economic Studies</i>	المركز التونسي العالمي للدراسات والبحوث والتنمية <i>Tunisian World Center for Studies, Research, and Development</i>
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14th International Symposium on the theme:
Epidemics and Transmissible disease. Scourges throughout History

Béja (Tunisia): December 3, 4, and 5, 2024

Call for Papers

The Tunisian-Mediterranean Association for Historical, Social and Economic Studies (TMA for HSES) & *The Tunisian World Center for Studies, Research and Development* (TWC for SRD) will organize the Fourteenth International Symposium around the theme: “**Epidemics and Transmissible disease. Scourges throughout History**”, on December 3, 4, and 4, 2024.

The COVID-19 pandemic, which has spread worldwide since 2019, originating from China, draws attention to a recurrent phenomenon over the centuries, that of epidemics and transmissible diseases.

Firstly, it is important to define the terms of the subject. An endemic disease is one that persists permanently in a given region, such as malaria. An epidemic occurs when a contagious disease affects a large number of people at a specific time. A pandemic occurs when the disease rapidly spreads to a significant portion of the planet¹.

We cannot speak of an epidemic or pandemic when there is no human-to-human transmission, as in the case of tetanus, caused by a non-contagious bacterium from person to person. Non-communicable diseases such as cancer, diabetes, or cardiovascular disorders are not included in the subject. Likewise, epizootics affecting only animals should be excluded.

Researchers believe that epidemics existed during prehistoric times, but evidence is scarce. The earliest epidemics for which more precise information can be gathered occurred in antiquity. Examples include the Plague of Athens, possibly a form of typhus, between 430 and 426 BC, and the Antonine Plague, likely smallpox, which caused around 5 million deaths between 167 and 172 AD. In the 14th century, the Black Death, in bubonic form, resulted in 75 to 200 million deaths in Eurasia and Africa. The Spanish flu, which occurred between 1918 and 1920, was responsible for 80 to 100 million deaths worldwide. The COVID-19 epidemic, which has been ongoing since 2019, has affected, as of August 2023, more than 670 million people, with 7 million deaths, though, some estimates suggest even higher figures.

Transmission modes

Transmission modes are highly diverse: from person to person through aerosols, sneezing, coughing, as seen in tuberculosis; through an animal intermediary; through ingestion of contaminated food; through the environment, contact with contaminated surfaces, water, or air carrying infectious agents; through sexual intercourse or blood in the case of sexually transmitted diseases (STDs). Nosocomial diseases are contracted in those hospitals where sanitary precautions are insufficient.

¹. BERCHE Patrick, Faut-il avoir peur de la grippe ? Histoire des pandémies, Odile Jacob, Paris, 2012. BERCHE Patrick et PEREZ Stanis, Pandémies. Des origines à la covid 19, Perrin, Paris, 2021. FLAHAUT Antoine et ZYLBERMAN Patrick, Des épidémies et des hommes, Paris, 2008.

Some material and social factors facilitate the transmission of diseases. Unhealthy climates, specific conditions of heat and humidity, can act as triggering or accelerating factors. Dietary habits and malnutrition often exacerbate epidemics. This means that diseases spread more quickly and widely in poor regions, where living standards and education are inadequate. Human crowding, high population densities, ethnic, family, urban, and professional promiscuity favor the spread of diseases. This spread is also reinforced by movements, historically through great discoveries and colonization, in contemporary times through travel and globalization. Thus, smallpox and measles introduced to the New World by European explorers decimated Native American populations².

Prevention and Treatment

Prevention and treatment of epidemics and pandemics rely on a wide range of measures³. In the past, authorities enforced quarantines and sanitary cordons, documented in France as early as 1180. Port quarantines were first established in Ragusa in 1377 and shortly after in Venice. Individuals suspected of carrying dangerous germs were required to stay in mandatory isolation in lazarettos. The remedies used in ancient times were rudimentary: bloodletting, purges, hot baths, fumigation, ointments, poultices, ingestion of herbs and powdered stones, sometimes poisons believed to expel other poisons... Rapid burial of deceased patients was quickly deemed a necessary precaution, even if it meant abbreviating funeral rites⁴.

In modern times, advances in science and particularly in epidemiology have led to the adoption of a new range of measures: vaccinations, use of drugs derived from cutting-edge pharmacological research, disinfection of wounds, places, objects, and suspect surfaces, development of public and private hygiene, ventilation of premises, waste and sewage disposal, improved nutrition, possible use of protective equipment such as masks, gloves, and goggles, condoms, implementation of barrier gestures, foot baths, and more⁵.

Consequences

The consequences of infectious diseases and epidemics are generally spectacular. The Black Death of the 14th century led to the death of a very large number of individuals, estimated by specialists to range from 75 to 200 million, with 25 to 45 million in Europe alone, nearly half of the continent's population. Some rural communities, entirely decimated, remained uninhabited for many years. The Marseille Plague of 1720 caused the disappearance of 40,000 to 50,000 people, half of the city's population⁶.

Such cataclysms, the omnipresence of death, and a significant depopulation led to obvious demographic consequences: increased mortality, decline in birth rates, and decreased life expectancy. In the economic domain, there are general recessions, a decline in artisanal and industrial production, desertification of rural areas, and the proliferation of wastelands. It

2. GUILLAUME Pierre, *Du désespoir au salut. Les tuberculeux aux XIX^e et XX^e siècles*, Aubier, Paris, 1986. VITAUX Jean, *Histoire de la lèpre*, PUF paris, 2020.

3. GRMEK Mirko et alii, *Histoire de la pensée médicale en occident*, le Seuil, Paris, 1995-1999.

4. THORWALD Jurgen, *Histoire de la médecine dans l'Antiquité*, Paris, 1966.

5. ZYLBERMAN Patrick, *Tempêtes microbiennes. Essai sur la politique de sécurité sanitaire dans le monde transatlantique*, Gallimard, Paris, 2013.

6. BIRABEN Jean-Noël, *Les Hommes et la Peste*, Mouton, Paris-La Haye, 1975-1977. PANZAC Daniel, *La Peste dans l'empire ottoman*, Peeters, Louvain, 1985. ZIEGLER Philip, *The Black Death*, Faber and Faber, 2010.

is generally considered that serfs can free themselves from the yoke that binds them. With labor becoming scarce, wages increase. Some historians argue that the rise in wage demands led to a greater reliance on slavery. In terms of politics, the multiplication of public regulations to prevent, contain, and cure diseases, as well as to limit or prohibit human gatherings that are sources of contamination, results in a curtailment of liberties. In the 18th century, individuals who illegally crossed sanitary cordons were sometimes shot on the spot. The psychological repercussions of pandemics are profound. Fears, anxieties, and irrational reactions abound. Some individuals attribute the responsibility for diseases to the maneuvers of obscure conspirators; they sometimes challenge modern means of combating diseases, such as vaccines⁷. Sick people and survivors turn more towards religion when they do not succumb to superstition or hysteria. They sometimes listen to charlatans and pseudo-healers, equip themselves with amulets and talismans, and organize processions of flagellants who voluntarily impose severities on themselves in expiation of their sins considered as the cause of the evil. The sick may even come to designate scapegoats held responsible for the epidemic, beggars, lepers, women designated as witches, Jews in some cases⁸. In his fable "*The Sick Animals of the Plague*," Jean de La Fontaine shows that the great beasts lay the blame for the epidemic on the most innocent and weakest, the donkey.

Epidemics require different treatments and responses depending on the locations. Poor countries do not have the same resources to fight diseases as wealthy countries, and the reception of disease-fighting measures is not universally accepted. Another difference lies in the division between rural and urban areas. Rural areas may be neglected, difficult to reach for healthcare, but they can also serve as a refuge, as shown, for example, in Boccaccio's "*The Decameron*": young people withdrew from the city to protect their health during the plague epidemic that hit Florence. More recently, during the COVID period, lockdown measures were found to be more challenging for urban dwellers than for rural ones.

Disease, considered as a social phenomenon, can thus be studied through an anthropological lens. Specialists dedicate themselves to "medical anthropology" or "ethnomedicine," a science that decodes social, psychological, and cultural logics in the broad sense⁹. This helps to better understand perceptions of epidemics, the acceptance or rejection of health measures, rituals surrounding illness and death, and regional specificities¹⁰.

The echoes of major epidemics resonate strongly in artistic expressions. Creators often either describe diseases or interpret them as signs of moral, religious, social, or even cosmic disorder. They may present them in the form of allegories and symbols. Major works of art illustrate the inspiration during epidemics. In painting, one can cite Raphael's "*The Plague of Phrygia*" (1506) and Brueghel's "*The Triumph of Death*" (1562). Christian painters and sculptors show less of Christ triumphing over death on the cross and more of the suffering Christ, on the brink of agony. The Virgin Mary is increasingly depicted as an image of compassion, known as the Virgin of Pity or the Virgin of Mercy. Death often appears in

7. SALVADORI François et VIGNAUD Laurent, *Antivax. La résistance aux vaccins du XVIII^e siècle à nos jours*, Vendémiaire, Paris, 2019.

8. BARDET Jean-Pierre et alii, *Peurs et terreurs face à la contagion. Choléra, tuberculose, syphilis*, Fayard, Paris, 1988. RANGER Terence and SLACK Paul, *Epidemics and Ideas*, Cambridge University Press, 1992. SNOWDEN Franck, *Epidemics and society. From Black Death to the Present*, Yale University Press, 2019.

9. Anne Marie MOULIN, « L'anthropologie au défi de l'Ebola », in *Anthropologie & Santé*, 11 | 2015. <https://doi.org/10.4000/anthropologiesante.1954>

10. Claude RAYNAUT, 1997, « L'Afrique et le sida : questions à l'anthropologie, l'anthropologie en question », in *Sciences Sociales et Santé*, Année 1997, 15-4, pp. 9-38.

artworks in the form of a skeleton wielding a scythe. Dance of Death motifs become a common theme, as well as paintings called "Vanitas," drawn from the Bible: "*Vanitas vanitatum, omnia vanitas*" (Vanity of vanities, all is vanity)¹¹, sometimes accompanied by the formula "Memento mori" (Remember that you will die). These works illustrate the fragility of life and the vanity of all things by depicting a skull, a withered flower, a burned-out candle; sometimes depicted are precious objects, books, crowns, and scepters showing that nothing, be it wealth, knowledge, or power, can hold onto life¹².

In literature, numerous works can be cited, such as the poems of Ibn al-Wardi, Boccaccio's "The Decameron" (1353), Thomas Mann's "The Magic Mountain" (1924), and Albert Camus's "The Plague" (1947). Operas like Verdi's "La Traviata" and Puccini's "La Bohème" (1896) feature heroines afflicted with tuberculosis. Cinema also explores the theme, with films like F.W. Murnau's "Nosferatu the Vampire" (1922), Ingmar Bergman's "The Seventh Seal" (1957), and Steven Soderbergh's "Contagion" (2011).

The theme of "Epidemics and Transmissible Diseases: Scourges Throughout History" could be approached along the following lines:

1. General History

- General history of communicable diseases, epidemics, and pandemics, seasonal cycles, geography of diseases, spread in space.
- Examples: Plague of Athens (430-426 BC), Antonine Plague (167-172), Justinian Plague (561-767), Smallpox in Mexico (1520), Italian Plague (1629-1656), Great Plague of London (1665-1666), Smallpox in Iceland (1707-1709), Plague of Marseille (1720), Bosnian Plague (1729-1739), Persian Plague (1772-1773), Cholera pandemic (1817-1824), Plague and cholera in the Ottoman Empire (1818-1865), Plague of China (1855), Measles in Fiji (1875), Plague of China (1894), Spanish flu (1918-1920), Asian flu (1957-1958), AIDS (since 1980), Surat Plague (1994), H1N1 pandemic (2009-2010), Ebola virus (2018), COVID-19...
- Great physicians and researchers in history. Examples: Hippocrates, Galen, Abu Bakr Al-Razi, Ibn Tufayl, Ibn Al-Bitar, Ibn Al-Nafis, Avicenna, Paracelsus, Ambroise Paré, Edward Jenner, René Laennec, Louis Pasteur, Robert Koch, Jonas Salk, Albert Sabin, Alexander Fleming.

2. Origins of Epidemics

- Epidemics and environmental conditions, climate, humidity, pollution
- Epidemics and Demographics: Birth Rate, Mortality Rate, Life Expectancy
- Epidemics and Wars
- Epidemics and Colonization
- Epidemics and economy, agricultural, artisanal, industrial production, commercial exchanges
- Epidemics and working conditions, labor, serfdom, slavery, working hours, hygiene in the workplace
- Epidemics and standard of living, daily life, educational establishments, clothing, sociology of patients
- Epidemics and housing conditions, population densities, slums, shanty towns, favellas
- Epidemics and food, diet, distribution of drinking water, waste management

¹¹. L'Ecclésiaste, 1/2.

¹². MEISS Millard, La Peinture à Florence et à Sienne après la peste noire, Hazan, Paris, 2013.

- Epidemics and human movements, great discoveries, colonization, travel
- Epidemics and towns/countrysides; rich countries / poor countries

3. Prevention, Treatment, and Understanding the Consequences

Health policy, debates, laws, regulations

- Traditional measures, quarantines, sanitary cordons, traditional remedies
- Healthcare establishments, hospitals, sanatoriums, leprosariums, lazarets
- Modern prevention and care, medical research, vaccination, public and private hygiene, health monitoring, barrier gestures, health equipment
- Management of the dead, mortuary rites
- Epidemics and education, prevention teaching, public and private hygiene measures
- Epidemics and politics, democracy, freedoms, movement of people and goods, right of assembly
- Epidemics and psychology, private and public behavior, fears and anxieties, search for scapegoats
- Conspiracy, fake news, anti-vaccine movement
- Epidemics and religion, practices, funeral rites, pilgrimages, irrational practices, and superstitions
- Epidemics and cultural life, artistic expressions, painting, sculpture, literature, music, cinema.

Keywords: Epidemics, Contamination, Prevention, Treatments, Hospitals, Consequences of epidemics.

Terms of submission

- Individual proposal: must be a new topic that has not already been published or presented at a scientific symposium.
 - Fill the registration form carefully.
 - Proposals may be submitted in *Arabic, English, French, Spanish and Turkish*.
 - Detailed abstract: one page at least in WORD 2003 or Word 2007 format (Font: Times New Roman 12 / Line spacing: single, justified alignment, margins 2.5 cm),
 - A detailed and up-to-date **CV** of the author,
 - A full English translation is compulsory for summaries in French, Spanish and Turkish (one page at a minimum).
 - A full translation in English or French is mandatory for Arabic abstracts (one page at least).
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Important Dates

- Deadline for submission the proposals to: tunisian.mediterranean.associ@gmail.com : **June 30, 2024.**
- Notification of the Scientific Committee's decisions to the authors (abstract acceptance or abstract rejection) + information on registration fees for the conference: **July 10, 2024.**
- Deadline for submission the Final Text: **November 10, 2024** (Text: Times New Roman 12.5 / line spacing: single / alignment: justified / References: Garamond 11 / Margin: Up + Down: 4,5 cm, Right + Left: 4 cm).
- Fourteenth International Conference: **December 3, 4, and 5, 2024.** Beja, TUNISIA.

Selected papers by the Scientific Committee will be published in the *Tunisian-Mediterranean Review of Social and Economic Studies* (Refereed multidisciplinary journal / ISSN: 2233-2502) or elsewhere (Series: knowledge without Frontiers).