Responses to Plague in Early Modern Europe: The Implications of Public Health

Author(s): PAUL SLACK

Source: *Social Research*, AUTUMN 1988, Vol. 55, No. 3, In Time of Plague (AUTUMN 1988), pp. 433-453

Published by: The Johns Hopkins University Press

Stable URL: https://www.jstor.org/stable/40970513

REFERENCES
Linked references are available on JSTOR for this article:
https://www.jstor.org/stable/40970513?seq=1&cid=pdf-reference#references_tab_contents
You may need to log in to JSTOR to access the linked references.

JSTOR is a not-for-profit service that helps scholars, researchers, and students discover, use, and build upon a wide range of content in a trusted digital archive. We use information technology and tools to increase productivity and facilitate new forms of scholarship. For more information about JSTOR, please contact support@jstor.org.

Your use of the JSTOR archive indicates your acceptance of the Terms & Conditions of Use, available at https://about.jstor.org/terms

The Johns Hopkins University Press is collaborating with JSTOR to digitize, preserve and extend access to *Social Research*

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

Responses to Plague in Early Modern Europe: The Implications of Public Health

BY PAUL SLACK

BETWEEN the Black Death of the fourteenth century and the great epidemics in Marseilles and Moscow in the eighteenth century, bubonic plague was responsible for a succession of the greatest epidemic disasters in recorded history. That is one reason why any symposium on past and present pestilences ought to consider it. Another is that these outbreaks of plague, extending over four centuries, elicited positive social responses. They stimulated deliberate defensive measures which were socially formative and profoundly controversial at the time, and which have shaped the concepts and practices of "public health" ever since.

It was during epidemics of bubonic plague that the towns of late medieval and early modern Europe first developed sophisticated mechanisms intended to control the spread of epidemic disease and to mitigate its effects. Plague victims were isolated and their contacts traced and incarcerated. There were restrictions on movement, bills of health, quarantine regulations for travelers and shipping. Bedding and houses were fumigated. All this necessitated the growth of local administrative machines and an expansion of state power, the

SOCIAL RESEARCH, Vol. 55, No. 3 (Autumn 1988)

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

invention of "medical police" in fact. It also implied serious restrictions on individual liberty and provoked opposition for that reason, among others. Those conflicts between public and private interests and between the dictates of medically informed prudence and the imperatives of popular morality, which arose in the case of later epidemics from cholera to AIDS, can first be fully documented in Europe in the age of plague.

The critical nature of the phenomenon to which early modern Europeans had to respond can be summarized very briefly. The mortality levels reached during outbreaks of plague were unparalleled. During the Black Death itself, between 1347 and 1351, it is estimated that something like a third of the population of Europe died. Bubonic plague never again caused that level of fatality over whole countries, but it continued to levy death tolls of similar proportions in individual towns and cities. In Venice in 1347–48 and Genoa in 1656–57, 60 percent of the population is estimated to have died; half the population of Milan died in an outbreak of plague in 1630, and perhaps half the population of Padua in 1405 and of Lyons in 1628–29; the death toll reached 30 percent or more in Norwich, England, in 1579, in Venice in 1630–31, in Marseilles in 1720, and in Moscow in 1771.[1] Furthermore, mortalities of this kind were achieved in a very short space of time, usually within six months, between June and December. There can be no question about the scale of the crises caused by plague.

These great and sudden disasters cannot wholly account for the developed response to plague in early modern Europe, however; for there was plainly little opportunity to do more

[1] R. S. Gottfried, *The Black Death* (New York, 1983), p. 48; C. M. Cipolla, *Fighting the Plague in Seventeenth-Century Italy* (Madison, 1981), p. 100; J. N. Biraben, *Les hommes et la peste en France et dans les pays européens et méditerranéans* (Paris, 1975–76), 1: 186, 189, 308; C. M. Cipolla, *Cristofano and the Plague* (London, 1973), p. 20; P. Slack, *The Impact of Plague in Tudor and Stuart England* (London, 1985), pp. 129–30; J. T. Alexander, *Bubonic Plague in Early Modern Russia* (Baltimore, 1980), p. 260.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

than flee from them, if one could. There are other features of plague which are equally important in shaping the social response. First, there is the fact that plague recurred again and again in the same places, over centuries. In London, for example, there were at least seventeen outbreaks of plague between 1500 and the last outbreak—the so-called "Great Plague of London"—in 1665. Second, several of these epidemics were of comparatively modest dimensions; and they thus gave people an opportunity to observe the disease in operation more coolly than they could in major crises. The death rate was probably less than 12 percent in the majority of the outbreaks in London, and it is in these relatively minor epidemics, in London and elsewhere, that we find most evidence of contemporaries deliberately planning administrative responses.[2]

Third, and finally, there were features of plague which seemed regular and predictable, as it was observed over the years, in motion across continents and countries, traveling from one place to another. No one knew precisely how it moved. The etiology and epidemiology of plague were not worked out until the end of the nineteenth century. The role of rats and fleas as carriers of the disease was not yet appreciated. There were also puzzling features in the spread of plague. It missed some towns in its transit along major highways, some houses in its movement along a street, some individuals in its progress through a household. Yet it did move in what were, in the end, predictable directions: from ports to other cities, from cities to surrounding villages, from one house to another. In short, plague embodied in a perhaps extreme degree that combination of the predictable and the unpredictable which characterizes all epidemic diseases; and it was this combination—of frequent occurrence but irregular timing, of sometimes high and sometimes low mortality, of

[2] Slack, *Impact of Plague,* pp. 61–62, 206; A. G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge, 1986), p. 107.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

movement from person to person and town to town in haphazard ways—which meant that contemporaries both had to develop responses to it and were uncertain and divided over what those responses should be.

The Interpretative System

It is not surprising, in Christian Europe, that so severe and unpredictable a disease should be accorded a supernatural origin. Plague was a divine scourge, a retribution for the sins of mankind: sometimes for sins in general, more often for the specific misdeeds of the time or place of an epidemic. It was God's punishment for new-fangled women's fashions, for swearing and drunkenness, for heresy or atheism, for Protestantism or Catholicism, depending on which side you were on. Repentance and prayer were therefore universally recognized as the proper and first recourse against an epidemic of plague, and these were demonstrated publicly as well as privately, in processions in Catholic countries for most of the period, in public fasts and sermons in Protestant countries after the Reformation.[3] The battle against sin could also be waged against specific targets, by means, for example, of the sumptuary regulations and measures to reform popular manners which were sometimes elements in the response of civic magistrates to plague.[4]

If divine providence came first, however, it worked its purposes through natural causes, which could be understood and against which God had provided medicines and precau-

[3] E.g., B. Bennassar, *Recherches sur les grandes épidémies dans le nord de l'Espagne á la fin du XVIe siècle* (Paris, 1969), p. 55; G. Calvi, "A Metaphor for Social Exchange: The Florentine Plague of 1630," *Representations* 13 (1986): 140; E. Carpentier, *Une ville devant la peste: Orvieto et la peste noire de 1348* (Paris, 1962), p. 155; Slack, *Impact of Plague,* p. 229. For the role of providence more generally in perception of disease, see K. Thomas, *Religion and the Decline of Magic* (London, 1971), ch. 4.

[4] E.g., S. Schama, *The Embarrassment of Riches* (London, 1987), p. 336; Bennassar, *Recherches,* pp. 26, 55.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

tions which he intended men to use. The natural causes of plague were many—from disorders in the heavens to earthquakes and unburied corpses—but they all produced "miasma," the bad air of an infected place. This was the immediate cause of disease. It clung to infected towns, as disease did, and it could be attacked there by fumigants and perfumes of various kinds, by setting off guns or lighting bonfires in the streets, as in London in the sixteenth and seventeenth centuries.[5] But miasma could also be transported—in the clothes, bedding, baggage of infected people, or on their persons. It could be picked up from the proximity of the sick and absorbed through the pores of the healthy. Theories of miasma and concepts of contagion were thus combined. The disease could be transmitted from place to place and person to person, and that obviously had repercussions for action. The sick and anything connected with them should be avoided.

There was one final element in contemporary views of plague, as they were articulated in the first plague tractates of the later Middle Ages and transmitted in popular medical manuals down to the eighteenth century.[6] It was necessary to explain why, in an infected place, suffused by miasma, with the danger of contagion all around, some people succumbed to plague and others did not. The answer lay in predisposing causes. Individuals could be temperamentally prone to plague because of an imbalance in their humors. But they also made themselves vulnerable by the abuse of God's gifts, by neglecting the golden mean in their behavior, by too little or (more often) too much food, drink, exercise, emotion, or sexual activity. Here the explanatory wheel came full circle. For these excesses were sinful as well as unhealthy, morally as well as physically dangerous; and the two qualities were

[5] F. P. Wilson, *The Plague in Shakespeare's London* (Oxford, 1963), pp. 31, 169; J. Delumeau, *La Peur en Occident* (Paris, 1978), p. 103; E. Woehlkens, *Pest und Ruhr im 16. und 17. Jahrhundert* (Hanover, 1954), p. 27.

[6] Cf. A. M. Campbell, *The Black Death and Men of Learning* (New York, 1931), ch. 3.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

inseparable. The corruption which lay at the root of plague was not only a physical process but also a moral one. There were thus several facets to the concepts of "dis-ease," "disorder," "corruption," and "putrefaction" which contemporaries used to interpret plague; and these evocative terms echo through all the plague literature of early modern Europe, determining the ways in which the pestilence and its victims were regarded.

There are two general points worth stressing here. The first is the essential coherence of this interpretative system. It certainly contained inconsistencies within it, and these were sometimes brought to the surface when writers gave special emphasis to one element at the expense of others. A stress on contagion might seem to involve a denial of the importance of miasma, for example; and the precautionary measures of governments were sometimes taken to imply a rejection of the role of providence. But these tensions were generally suppressed with some success. The explanatory circle held together into the age of cholera. The second point of interest is the way in which this set of assumptions and arguments impelled public actions, in spite of—or perhaps because of—its acknowledgment of the prime role of providence. It is instructive here to compare Christian Europe with the Islamic world. In Moslem countries there was real fatalism in the face of plague: epidemic disease was regarded as a mercy sent by God, which should be welcomed, not combated. No effort was made to take precautions against it or to isolate its victims. In the Christian tradition, by contrast, plague was a punishment, which ought not to have been necessary, for sins which should be identified and rooted out. The Christian view therefore predisposed men to action of various kinds: a search for scapegoats, certainly, a condemnation of the infected, especially if they were poor or otherwise disreputable, but also the elimination of conditions which threatened moral and physical health: large and disorderly public assemblies, for example, or the unruly taverns and alehouses and dirty slums which were

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

the haunts of beggars and vagrants. Moral and social prejudices were a fundamental part—and not by any means always a wholly negative or unproductive part—of public responses to plague.[7]

Plague was thus made consistent with the intellectual presuppositions, the frame of mind, of early modern Europeans; and that enabled them to come to terms with it, to see it in proportion, as it were, as part of a providential order of things. The exceptional stresses which major epidemics imposed on individuals, families, and whole communities should not, of course, be underrated. But there was in fact much less blind panic in plague-time than some popular writers and even some historians have supposed. There was some rationale to most reactions to plague, whether private, popular, or public; there was surprisingly little in the way of simple crowd hysteria or individual psychopathology. Most books on the Black Death describe the bands of flagellants who wandered over much of Europe, scourging themselves, and the attacks on Jews, who were widely treated as scapegoats in that same initial disaster. But both reactions had precedents in the past and were reflections of the contemporary assumptions, first, that plague was punishment for sin and, second, that it was brought into a community by outsiders.[8] These extravagant phenomena were absent from later epidemics, though foreigners and witches were occasionally blamed for an outbreak. There were stories also of men deliberately spreading plague and rumors that people had been buried alive or murdered by their nurses.[9] But much of this was sensational gossip, with little basis in fact.

[7] M. W. Dols, *The Black Death in the Middle East* (Princeton, 1977), pp. 285–298; Slack, *Impact of Plague,* pp. 49–50.

[8] Gottfried, *Black Death,* pp. 69, 73–74; Biraben, *Les hommes et la peste,* 1: 65–71; Delumeau, *La peur,* pp. 132–133. It seems to me that Delumeau greatly exaggerates the collective panic caused by bubonic plague.

[9] Delumeau, *La peur,* pp. 133–134; Calvi, "Metaphor for Social Exchange," pp. 148–151; Slack, *Impact of Plague,* pp. 274–275, 293, 301.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

Public Authority

Much more common were two more pedestrian responses: first, flight from infected towns—a sensible precaution, and one which was recommended by most medical writers as the only sure preservative; and second, a hard-headed and sometimes ruthless care for the preservation of self and family even if that meant cruelty to more distant relations, dependents, or neighbors. Servants were turned out into the streets by their masters if they caught plague. Neighbors sometimes refused charitable help to one another, and the infected were denied a decent burial, so that they often had to be interred in their own gardens.[10] Again, however, these were perfectly comprehensible reactions to infectious disease: as one sixteenth-century theologian recognized, in a plague "that which is not so near must give place to the nearer."[11] In these circumstances, what is remarkable is not how often people resorted to *sauve qui peut* as a behavioral maxim but how frequently they ignored prudential precautions in order to help their friends and neighbors. As a result, the social supports of family and neighborhood were rarely demolished completely, even in the greatest disasters. More important for our purposes is the fact that structures of government were also maintained. Magistrates and councillors, those in public authority, generally remained in an infected town, or a sufficient number of them did so. They had sent away wives and children first. They stayed in greater numbers in minor epidemics than in major ones, and they observed the progress of plague more closely and fought it more tenaciously then.[12] But as time went on, they developed a policy for public health which testified to their dedication to strict government and public order even at some personal risk to themselves.

[10] *Ibid.*, pp. 79, 166–169, 288–289; Campbell, *Black Death*, p. 92; Delumeau, *La peur*, pp. 121, 126–127; Biraben, *Les hommes et la peste*, 2: 168–169.

[11] Slack, *Impact of Plague*, p. 290.

[12] *Ibid.*, pp. 257–266.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

The first reaction of civic governments to outbreaks of plague at home was, nevertheless, a studied refusal to contemplate them, or at least a denial of their existence for as long as possible.[13] This was as much a matter of policy as of wishful thinking. Public acknowledgment of an epidemic meant the spontaneous flight of the richer inhabitants and immediate damage to commerce, when magistrates elsewhere took protective action. For the chief concern of all municipalities was to prevent plague arriving in the first place. Bans on the movement of goods and people from infected towns began in 1348 and became ever more sophisticated in the following centuries. An infected city found itself ostracized and was granted help from outside only on condition that it maintained itself in isolation. In the seventeenth century the magistrates of English counties arranged the provision of food for infected towns, provided that no one wandered out of them. By the eighteenth century *cordons sanitaires* around plague-stricken cities were common, often maintained by military force, as in the case of Marseilles in 1720.[14] Whatever their consequences for the infected communities themselves—and these were obviously very grave—there is considerable evidence that these measures could be effective in limiting the transmission of plague across space.[15]

Still more effective, certainly in the longer term, was control of shipping by means of bills of health and quarantine stations. That began in the fifteenth century, and by the seventeenth century ports in southern Europe were cooperating with one

[13] *Ibid.*, pp. 256–257; Delumeau, *La peur,* pp. 108–109; Bennassar, *Recherches,* pp. 56–57; E. Rodenwaldt, *Pest in Venedig 1575–1577* (Heidelberg, 1953), p. 41. Cf. C. M. Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge, 1976), p. 53.

[14] Carmichael, *Plague and the Poor,* pp. 99, 115–18; Slack, *Impact of Plague,* pp. 266–268; Biraben, *Les hommes et la peste,* 1: 245–251, 2: 88.

[15] Slack, *Impact of Plague,* pp. 315–321. For other examples, both of success and failure in such controls, see Alexander, *Bubonic Plague and Russia,* pp. 20, 33–35; J. Revel, "Autour d'une épidémie ancienne: La peste de 1666–70," *Revue d'histoire moderne et contemporaine* 17 (1970): 971–973.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

another to monitor the movement of suspect ships from the Levant, the usual source of new waves of infection.[16] The failure of such measures in Marseilles in 1720 led to the great epidemic there, but that is arguably the exception which proves the rule that controls on shipping might in the end limit the spread of plague. Certainly so far as northwest Europe is concerned, governments were able to watch the movement of ships from infected Mediterranean ports and isolate them or refuse them entry when they arrived.[17] Whether effective or not, controls on commerce and mobility necessitated an extension of the powers of the state: more interference in civic affairs, more paperwork, more officials to collect information and enforce new regulations.

The growth of state power was even more obvious, and more far-reaching in its impact, when municipal authorities tried to deal with plague once it circumvented these protective barriers and attacked their home territory. Infected houses were identified and contact with their inmates prevented—either by removing the sick to special hospitals (pesthouses or lazarettos) or by sealing the houses with the inhabitants still inside them for a fixed period, sometimes a month, sometimes a genuine quarantine of forty days. The infected and their families had to be supported, if poor, from public funds. Finance was needed also for the fumigation or destruction of the clothes and bedding of the sick. Special officials were appointed for these tasks and special commissions—boards of health—set up to undertake the day-to-day supervision which the endeavor demanded. Not all of this was achieved at once. But in Italian towns by 1500, in the rest of western Europe by 1600, in central Europe and Russia by 1700, measures of this kind were being taken in an effort to prevent the transmission

[16] Biraben, *Les hommes et la peste,* 2: 86; Cipolla, *Fighting the Plague,* pp. 33–34.

[17] Biraben, *Les hommes et la peste,* 1: 231–232; Slack, *Impact of Plague,* pp. 323–326; M. W. Flinn, "Plague in Europe and the Mediterranean Countries," *Journal of European Economic History* 8 (1979): 131–48. Cf. Alexander, *Bubonic Plague in Russia,* p. 18.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

of plague from person to person and household to household.[18]

This campaign had two important common features throughout Europe. First, it involved limitations on public assembly. Popular games and festivities were often banned; children were prevented from playing in the streets; in Italy there was sometimes a "general quarantine" of all who could be prevented from moving outside, especially children: they were confined to their houses. Attendance at funerals was commonly limited to a few close relatives of the deceased, and efforts were even made in some places to stop religious processions because of the danger of contagion.[19] Second, the sick and their relatives were strictly controlled. Where boards of health were most active and their regulations most sophisticated—in Italian towns—an ambitious model was recommended: the sick should be isolated in pesthouses, their contacts in other places of isolation. The empty houses should then be completely cleansed and fumigated. In cities where such expensive measures could not be undertaken, plague policy universally involved the compulsory isolation of an infected household inside its house, with doors locked, sometimes even nailed up, and food passed in through the windows.[20]

Resistance

It is perhaps unnecessary to stress that all this was ideal and

[18] For practice in Italy, see Cipolla, *Public Health,* ch. 1 *passim;* A. Carmichael, "Plague Legislation in the Italian Renaissance," *Bulletin of the History of Medicine* 57 (1983): 508–525; Cipolla, *Cristofano,* pp. 85, 168–169; Cipolla, *Fighting the Plague,* pp. 15–16; Carmichael, *Plague and the Poor,* pp. 114, 120; R. J. Palmer, "L'azione della Repubblica di Venezia nel controllo della peste," in *Venezia e la peste 1348/1797* (Venice, 1979), pp. 103–111; and for practice elsewhere: Biraben, *Les hommes et la peste,* 1: 206, 2: 103, 138–40, 169–174; Bennassar, *Recherches,* p. 47; Alexander, *Bubonic Plague in Russia,* p. 31.

[19] Cipolla, *Cristofano,* p. 99; Cipolla, *Fighting the Plague,* p. 17; Rodenwaldt, *Pest in Venedig,* pp. 56, 57, 124–125; Bennassar, *Recherches,* pp. 122–123; Carmichael, *Plague and the Poor,* p. 109; Biraben, *Les hommes et la peste,* 2: 169; Carpentier, *Orvieto,* pp. 94–95; C. M. Cipolla, *Faith, Reason and the Plague in Seventeenth-Century Tuscany* (London, 1977), pp. 47–51.

[20] Cipolla, *Fighting the Plague,* p. 68; Cipolla, *Cristofano,* pp. 29–30; Alexander, *Bubonic Plague in Russia,* p. 31; Bennassar, *Recherches,* p. 47; Slack, *Impact of Plague,* pp. 276–279.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

not reality. Superhuman efforts were sometimes made: 15,000 people were reported to be in the lazarettos of Milan in the plague of 1630; one quarter of all the households in the English city of Salisbury were isolated at some point in the epidemic of 1604. But in a major outbreak even the richest cities could not provide pesthouses for all the sick and their contacts; neither could they be supported from public funds in their own homes. In London in 1625 and again in 1665 the regulations for household isolation broke down at the height of the epidemic and the sick were soon wandering in the streets, much to the horror of observers like Samuel Pepys.[21] With only small police forces, authorities could not prevent all public gatherings: "unlawful assemblies," groups of neighbors drinking together, crowds at funerals, were features of plague epidemics everywhere. But the ideal existed on paper, in published regulations in town after town in Europe; it was justified by increasing government stress on contagion as against miasma as time went on;[22] and its publication and the attempts to enforce it in practice were sufficient to cause controversy. For the regulations were widely resisted, partly because all new forms of government interference were bound to be opposed, partly, and more significantly, because they raised issues of principle.

Some of the resistance was led by the clergy and rested on half-concealed theological grounds. There was naturally ecclesiastical resistance to bans on religious processions or restrictions on numbers at them: several conflicts over this issue in seventeenth-century Italy culminated in 1630 with the pope's excommunication of all officers of the board of health in Florence.[23] If public religious exercises were designed to assuage

[21] Cipolla, *Cristofano,* pp. 79–80; Slack, *Impact of Plague,* pp. 278–279; R. Latham and W. Matthews, eds., *The Diary of Samuel Pepys* (London, 1970–83), 6: 224, 233. Cf. Alexander, *Bubonic Plague in Russia,* p. 172.

[22] Slack, *Impact of Plague,* pp. 202–203, 208; Carmichael, *Plague and the Poor,* p. 107; Alexander, *Bubonic Plague in Russia,* p. 208.

[23] Cipolla, *Public Health,* pp. 36–37; Cipolla, *Faith, Reason and the Plague,* p. 56 and *passim.* Cf. Alexander, *Bubonic Plague in Russia,* pp. 186–195 on the disorders in

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

God's wrath, how could they at the same time be culpable causes of contagion? On occasion, in some countries, these tensions were taken to their logical conclusion: secular precautions were seen to be incompatible with a belief in the sovereignty of divine providence. If God intended a man to die from plague, some English puritans asserted, all the precautions in the world could not save his life. Other ministers were even alleged to have said that all public-health regulations were impious, obvious interferences with God's will. It is, in fact, extremely difficult to find writers who openly expressed such views. It is easier to find examples of the ecclesiastical establishment taking an increasingly secular stance even against processions, and individual clergymen refusing to visit the infected because of the danger of contagion.[24] In general, when it came to the point, the church supported the state, and the compromise between religious and secular interpretations outlined at the beginning of this paper was maintained. But the inconsistencies within the compromise were exposed from time to time.

More serious than half-hearted appeals to divine providence, however, was the more general moral argument which some divines put forward against public-health regulations. Many of those precautions, it was correctly stated, offended against Christian charity. When people were prevented by authority from visiting their sick neighbors, attending their funerals, or comforting the bereaved, well-established social norms were being flouted; and, we might add, useful mechanisms for maintaining social cohesion in an epidemic crisis were being undermined. "Do you in this sort love your neighbour as yourself?" asked an English tract critical of prevailing measures of household-isolation: "When as at no time . . . there is greater need of fellowship, company, comfort and help, than in the time of plague." One English divine issued a similar warning: people

Moscow when efforts were made to control crowds gathering at an icon at a gate of the city.

[24] Slack, *Impact of Plague,* pp. 228–236, 286; P. Burke, *The Historical Anthropology of Early Modern Italy* (Cambridge, 1987), pp. 218, 231; Bennassar, *Recherches,* p. 31.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

should not be encouraged by government to neglect "the duties of humanity" in time of plague: "For if we break these bonds I see not how human societies may continue."[25]

This indictment was especially threatening to public authority when it seemed to justify popular resistance. It is scarcely surprising that the people who suffered most from plague opposed the efforts of authority to impose control. They broke out of pesthouses and their isolated homes. They abused constables and watchmen and rubbed out the crosses which marked the doors of infected houses. All the efforts of the English government could not prevent the "meaner sort" of people in London "flocking" to funerals.[26] Not all of this resistance was altruistically motivated, of course. People broke into infected houses to loot them, as well as to visit the sick. The people who were against regulations when their own house was infected were often the first to notify the presence of infection in the house of an enemy. Epidemics were marvelous opportunities for paying off old scores. Yet there are enough references to the moral perceptions of the poor to suggest that sometimes at least there was a popular appreciation, however dim and inarticulate, that authority's reactions to epidemics of plague contradicted traditional codes of charity. The poor of London in 1637 were reported to "hold it a matter of conscience to visit their neighbours in any sickness, yea, though they know it to be the infection."[27]

The Social Dichotomy

Such arguments could make little headway, however,

[25] Slack, *Impact of Plague,* pp. 226, 309.

[26] *Ibid.,* pp. 295, 302; Biraben, *Les hommes et la peste,* 2: 117, 118; Cipolla, *Fighting the Plague,* p. 76; Cipolla, *Faith, Reason and the Plague,* pp. 30, 54; Calvi, "Metaphor for Social Exchange," pp. 151–154; J. Chartier, *La peste à Bruxelles de 1667 à 1669* (Brussels, 1969), pp. 84–88.

[27] Slack, *Impact of Plague,* p. 232.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

because they were faced on the other side by a moral standpoint quite as tenacious and equally mixed with self-interest and social prejudice. The paradox is that popular resistance to regulation simply confirmed the governors in their association of plague with disorder, and particularly popular disorder, and strengthened their determination to cleanse society of all the evils which threatened public health. There is no doubt that plague regulations were designed as more than instrumental measures against contagion. They were methods of social control. In Florence they were developed at the same time as a campaign against prostitutes and beggars, other sources of pollution in the civic body. In Venice they were formulated as part of a reaction against all the diseases of the poor which seemed to threaten civic health. In England they moved hand in hand with the Poor Law and exhibited the same concerns: anyone wandering out of an infected house could be whipped as a vagrant; if he had a plague sore on him, he could be hanged as a felon. The plague-infected poor were to be incarcerated, supported, and if necessary punished in the interest both of public health and of public order, broadly defined.[28]

This interaction between fear of the poor and fear of plague was a two-way process. The threat from the poor in early modern towns seemed all the greater because they were perceived to be sources of infectious disease, not just plague, but also typhus, the "sweating sickness," and above all syphilis, that virulent "new disease" of the late Renaissance. The danger of contagion was employed to justify the new social policies of sixteenth-century municipalities. At the same time, however, the isolation procedures taken against plague would not have been so savage if the poor had not presented a conspicuous target which was subject to attack for other reasons. It is

[28] Carmichael, *Plague and the Poor*, ch. 5; B. Pullan, *Rich and Poor in Renaissance Venice* (Oxford, 1971), pp. 219–238; Slack, *Impact of Plague*, pp. 211, 303–309. Cf. Rodenwaldt, *Pest in Venedig*, pp. 55–57.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

significant that plague regulations were most clearly and strictly formulated when the socially discriminatory incidence of the disease became conspicuous. It was not obvious in the Black Death itself, since mortality was then so high that its distribution seemed relatively uniform. But it was obvious by the sixteenth century when towns were larger, the virulence of plague less severe, and its concentration in slums and suburbs ever more pronounced; and when long experience seemed to have shown that the disease was often spread by beggars and vagrants.[29] By then the social prejudices behind plague regulations were being clearly articulated. In England the disease was associated with the "sins of the suburbs" and of the London poor, and respectable people prodded urban governments into taking action against them: in Norwich in 1603, for example, the "better sort of people" were "much grieved and offended that the under sort" would not be "restrained by the magistrates."[30] If one is looking for social tensions in plague-time, their most striking manifestation was not, as has sometimes been suggested,[31] the hatred of the poor for the rich who largely escaped infection; rather it was the contempt of the respectable for the masses who presented a threat to their health, their social position, and their peace of mind.

It might seem therefore that the European battle against plague presents us with a neat social dichotomy: on the one hand, civic rulers and patrician elites employing and enhancing state authority in order to control the threat from below; on the other, the poor, subject to infection, striving to resist regimentation and doing so, at least in part, in the cause of social cohesion and the traditional moral norms which supported it. There is certainly much in the historical evidence which would sustain such an interpretation. But it is, in the

[29] Slack, *Impact of Plague,* pp. 192–195; Bennassar, *Recherches,* pp. 46, 53–54; Cipolla, *Fighting the Plague,* p. 53; Rodenwaldt, *Pest in Venedig,* p. 185.

[30] Slack, *Impact of Plague,* pp. 304, 306.

[31] Cf. R. Baehrel, "La haine de classe en temps d'épidemie," *Annales E.S.C.,* 7 (1952): 351–360.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

final analysis, *too* neat. Social prejudice and vested interests cannot explain everything, or rather they can explain away too much. Historical circumstance is never as simple as that. If it were, it would be easy to know which side we should be on in the conflicts which arose during epidemics. In fact, of course, the threats to public health were real, and they demanded responses, even if those responses were bound to be fashioned in part by extraneous social and moral presuppositions.

Right or Wrong?

Furthermore, the measures taken against plague had, as we have seen, an empirical rationale. Their efficacy was never certain. They were far from infallible, given the limitations of contemporary medical knowledge. Some of them could even be attacked as counterproductive. It was strongly argued, for example, that shutting up the victims of plague with their families in infected houses increased rather than reduced contagion.[32] There is much to be said for that. It was and is equally plausible to argue, however, that some sacrifices had to be made for the common good. The quarantining of ships was plainly often effective. *Cordons sanitaires* around whole cities could equally succeed in protecting other towns, despite the costs it involved for those who were shut in.[33] Even the most criticized part of the program—household isolation—might on occasion serve to confine the disease to a single house or street and protect a whole town.[34] The policy was not infallible. It

[32] Slack, *Impact of Plague,* pp. 215–216, 251; Cipolla, *Public Health,* p. 61. Cf. Rodenwaldt, *Pest in Venedig,* pp. 199–200. The disputes about plague policy in Venice in 1575–76—in which two Paduan doctors argued against household sequestration and in favor of moving the poor out of the city altogether—show that while social prejudices may stimulate bureaucratic and regulatory action, they do not determine precisely what sort of action it should be: *ibid.,* pp. 180–203; Pullan, *Rich and Poor in Venice,* pp. 315–322.

[33] See the references in note 15 above.

[34] Slack, *Impact of Plague,* pp. 315, 317–319.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

was open to question and dispute, and that is one of the historically interesting features of it. But it could reasonably be defended because it was likely to work.

Even with the benefit of hindsight, therefore, the plague policies pursued by early modern governments cannot be judged wholly right or wholly wrong. It is certainly possible in retrospect to try to discriminate between their various elements. We may seek to apply a cost-benefit analysis, and conclude that the social and economic expense of one procedure—household quarantine—was far greater than any likely benefit accruing from it.[35] Although such an exercise is of dubious validity, given the difficulties of investigating what would have happened if this procedure had not been employed at all, it is arguable counterfactually that mortality levels in infected towns would have been much the same without pesthouses and household isolation. But to ask contemporaries to abandon these devices is surely to ask the impossible. Given the relative success of controls on the long-distance movement of plague—on which most historians are agreed—one can scarcely criticize civic governments for locally employing isolation policies which were based on precisely the same principles.

Where there is perhaps room for retrospective judgment is in our assessment of the ways in which the policies were implemented rather than their essential strategy. If the spread of plague was to be halted, plague victims and their contacts had to be identified and access to them controlled. But how rigid should their isolation be? It is noteworthy that the English practice of total household incarceration was more ruthless than parallel procedures in the Netherlands. There the inmates of infected households were allowed visits from clergymen or specially appointed "comforters," and they were

[35] For an attempt at a cost-benefit analysis, see Cipolla, *Public Health,* pp. 57–66, and for some qualifications to it, Cipolla, *Faith, Reason and the Plague,* pp. 79–80.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

incarcerated only during the day, being allowed out at night.[36] More flexibility of this kind could surely have been allowed than the English made room for. We might notice also the evident double standards applied in Italian towns, where only the poor were forcibly removed to crowded, anonymous plague hospitals; the rich were permitted to stay with their servants and domestic comforts at home.[37] Yet even here kindness might be cruelty in disguise. It has been reasonably argued that movement from home and therefore away from domestic rats, and the total destruction of clothing and bedding and therefore of fleas, which the practice of the best Italian lazarettos provided, were the safest precautions against the further transmission of plague.[38]

In short, no matter how much fine-tuning there might have been, hard choices had to be made. That is perhaps the greatest, if also the most obvious, lesson in the history of European responses to plague. The circumstances of epidemic disease were tragic and so were some of the consequences of the battle which was waged against. But they could not be avoided. The dilemmas were perhaps best expressed in England in the scare of 1720–22 when the disease threatened London from Marseilles. If plague arrived, the government planned to move the infected by force to pesthouses and to station troops around London and shoot anyone who escaped, in order to protect the rest of the country. There was a vast public outcry. Such measures were unnecessary, it was argued, since plague was plainly the product of local miasmas, not of

[36] Slack, *Impact of Plague,* pp. 210–211, 272–273; M. A. Van Andel, "Plague Regulations in the Netherlands," *Janus* 21 (1916): 412, 414.

[37] Cipolla, *Fighting the Plague,* p. 76; Biraben, *Les hommes et la peste,* 2: 169.

[38] R. J. Palmer, "The Control of Plague in Venice and Northern Italy," unpublished Ph.D. thesis, University of Kent, 1978, pp. xi, 141–143, 147, 180–182, 316–317. It is relevant to note that a modern authority on plague advocates much the same procedures in the absence of a direct attack on rats and fleas (which was not possible in the early modern period), although he also advises against the use of "forceful means" in order to obtain "the goodwill and co-operation of the people": R. Pollitzer, *Plague* (Geneva, 1954), pp. 597–598.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

international contagion. They were damaging to the commerce of a trading nation. Above all, they were foreign expedients borrowed from an absolute government in France; they were totally unsuited to the "free constitution" of Britain. The plans had to be withdrawn, but not before the government's apologist, Edmund Gibson, bishop of London, had put their point forcefully: "Where the disease is desperate, the remedy must be so too," he wrote, and there was no sense in dwelling "upon rights and liberties, and the ease and convenience" of mankind, when there was "plague hanging over our heads."[39]

It was during the same crisis that Daniel Defoe, in his *Journal of the Plague Year,* reflected on the great London epidemic of 1665, on the cruel measures which had then been taken to control infection and on the popular opposition which they had aroused. He sympathized with both sides, as the historian must do, and refused to condemn either. "There was no remedy," he perceptively concluded: "self-preservation obliged the people to those severities they would not otherwise have been concerned in."[40]

Postscript

Some reflections on this essentially historical discussion of plague, in the light of other contributions to the conference, are perhaps appropriate. The most obvious difference between the societies attacked by bubonic plague in the past and the Western countries threatened by AIDS today is the difference between popular and public ignorance of the medical facts in the past and the present awareness of at least some of the features of newly discovered viruses and how they operate. Combined with modern facilities for public education and discussion in democratic societies, this knowledge holds

[39] Slack, *Impact of Plague,* p. 333.
[40] *Ibid.,* p. 337.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms

out the hope that responses to the threat will be more rational and more carefully planned, less haphazard and "hit or miss" than in the past. At the same time, however, the historical experience abundantly shows that reactions to threats to public health are never purely "scientific," carefully judged instrumental responses to precisely identified dangers; and they always involve restrictions on civil liberties of a more or less severe kind.

In this connection, perhaps the most important point made at the conference was that any such measures which are taken—involving, for example, the compulsory screening of certain groups in the population—must have a clearly identified useful purpose. Otherwise the opportunities for the expression of what is merely social and moral prejudice are legion. It is not for the historian to say what those measures should be. He can only suggest that the area in which prejudice and stigma are in danger of operating (or seeming to operate) should be kept as small as possible, and warn of the hard choices that have to be made and the fine-tuning that will be necessary in the application of public policies. Public debate and discussion of the kind encouraged by the contributors to "In Time of Plague" can only help that process.

This content downloaded from
69.242.68.179 on Fri, 13 Sep 2024 20:54:32 UTC
All use subject to https://about.jstor.org/terms