

**FROM DISEASED BODIES TO DISORDERED BODIES POLITIC: REREADING
MEDICAL WRITING ON THE PLAGUE IN ENGLAND AND FRANCE, 14TH–18TH
CENTURIES**

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Abstract

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Submitted 2017

Centuries of devastating, recurrent outbreaks made the plague the archetypical disease of late medieval and early modern societies. Yet explanations of where it came from changed significantly over time. This dissertation examines how portrayals of the plague's origins and place in society evolved separately in England and France, from the fourteenth to the eighteenth centuries. It relies in particular on plague tracts, a long-lasting literary genre that offered standardized therapeutic and curative advice. Medical historians have studied these sources to trace the development of medical thinking and practice over time. This dissertation focuses instead on the tracts' changing discourses about the nature of the plague that are unique to time and to place.

The study elaborates a new analytical method to investigate the materiality and contents of these historical documents: it involves close reading and a codicological/bibliographical comparison of approximately 180 tracts in manuscript and printed form, set into their appropriate historical contexts.

Tract producers influenced how the plague was understood locally. England's centralised print industry fostered the idea that London was the *de facto* site and source of the disease; France's diffused industry, by contrast, encouraged the discussion and tracking of outbreaks in multiple cities. Understanding of the plague's origins also evolved: belief in malevolent celestial

events gave way, in turn, to blaming unhealthy local landscapes, then the living conditions of the poor, and finally the Ottoman Empire. By the mid-seventeenth century, tract writers pointed to the Ottoman Empire as the historical *and* geographical source of the disease. Especially during the tumultuous sixteenth century, religious discord, dynastic factionalism, and incapable rulers also appeared in the tracts as causes and effects of the plague.

Plague tracts are direct expressions and reflections of the short- and medium-term historical waves in which they appeared. It is possible to trace through them shifts in political, cultural, and intellectual worldviews. The spread of humanism in particular influenced how tract writers discussed the plague's origins and influence in society. This study thus demonstrates that understanding disease is a cultural construct specific to time and place. Observing the unique aspects of plague tracts enhances our ability to understand the place of disease in past human societies.

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This long and winding travel through the time and space of plague tracts would not have been possible without the support and encouragement of several people and institutions. First, I would like to express my gratitude to my supervisor, Dr. Kouky Fianu, who allowed me to convince her to take me on as her first PhD student. Kouky proved to be especially adept at finding in my early chapter drafts many of the tiny threads that, once picked at with some diligence and duly unravelled, revealed the extent of the complex tapestry of themes running through these works. *Viva il filo rosso!* She constantly challenged me to make my case more convincing and to be bolder. She encouraged me to undertake my analyses by blending traditional English and French approaches and this effort has, I hope, made my work stronger. Her very early support for the methodological “model” that I developed with this dissertation in mind, and her regular reminders to keep coming back to it, also paid off. I hope that Kouky found this journey as rewarding as I did, both personally and professionally.

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Transcription conventions and translation

This dissertation draws upon a combination of unedited and edited manuscript and printed texts. Where possible, I have cited from the original unedited sources, rather than from more recent editions that typically modernise spelling. In my transcriptions of the original material, I have respected the orthography of the authors and printers, in both English and French. I have preserved all original spelling (including of people's names, even when they differ from one version of a text to another), capitalisation, punctuation marks, letter substitution (i/j, y/i, y/p, and u/v), common orthographic abbreviations and usages (such as y^t and y^e for þat and þe, &, ß, and 3), accents (or lack thereof), and italics, with the following exceptions: I have substituted s for the long s, expanded word abbreviations (other than those noted above) inside square brackets, have omitted both paragraph marks and markers of word divisions, and have removed the extra spaces in early modern French punctuation. Unless indicated otherwise, all italics in quotations are in the original text.

Unless noted otherwise, all transcriptions and translations in the dissertation are my own.

I created the maps using Google's My Maps online module. All photos and graphics are my own unless indicated otherwise.

INTRODUCTION

WRITING THE PLAGUE

Overview

A new genre of medical literature appeared in 1348, in response to the massive epidemic later called the Black Death (1347–53). In broadly similar treatises, physicians attempted to explain the plague's causes, urged personal and environmental prophylactic measures, and suggested possible therapies for those who fell ill. As devastating outbreaks recurred frequently over the following three and a half centuries, plague tracts continued to appear and circulate in large numbers throughout Europe and the Middle East. Many tract authors claimed to provide something new, but the core contents of the genre remained largely static. Even when addressed to readers in a particular region or of a particular social class, the tracts typically repeated the same basic medical advice for hundreds of years.

The apparently timeless utility of standard plague advice is puzzling, since the societies that produced and used these treatises changed considerably between the mid-fourteenth and the early eighteenth centuries. Certainly by the late seventeenth century, tract authors held quite dissimilar views of the world, faced distinct concerns, and perceived the place of the plague in their societies in ways that were markedly unlike those of their predecessors in the 1350s and 1360s. Even so, as the last plague major outbreak erupted in continental Western Europe—in Marseille in 1720–22—printed treatises differed less from their older manuscript counterparts than one might expect. This dissertation, however, examines plague tracts from the perspective of what they reveal about short- and long-term social change and difference, rather than dwelling on their similar medical content and advice.

To make such a daunting task manageable, the dissertation focuses primarily on plague treatises generated or circulating in England and France between the mid-fourteenth and early

eighteenth centuries. Comparing and contrasting the tracts of two different societies allows locally-specific differences to be isolated, and brings to the foreground what can be seen as wider arcs of change across this important medical genre. By the early eighteenth century, plague in England (which became Great Britain in 1707 following union with Scotland) seemed consigned to the past, absent in the official records after the great plague of 1665 except for one small local outbreak in Cornwall. In France, too, the number and extent of plague outbreaks declined considerably during the second half of the seventeenth century. When the disease returned one final time in the early 1720s, the French government applied a military cordon around the Marseille hinterlands, like a tourniquet to an infected body part, and stopped it from spreading any further. Leaders and tract writers in both kingdoms agreed that this plague was a foreign presence, no longer seeing it as a punishment from God or the consequence of malevolent celestial events. The subtle deletion of a once-grand cosmological and providential framework for explaining plague is easy to miss in the treatises, because they otherwise replicated fundamentally similar advice and curative strategies for centuries. What else had changed in them and around them? This study exposes the value of these historical objects in tracing multiple levels of change and permanence across late medieval and early modern societies. It challenges the historical consensus that portrays the plague treatise as ahistorical and redundant primary sources, and offers in its place a new evaluation of the tracts' unique role and place in the production of local knowledge about the plague.

Deconstructing a medical literature genre

Historians know the Black Death as the beginning of a second, multi-century plague “pandemic” that affected Europe, the Middle East, and North (and possibly Sub-Saharan) Africa.

Despite their general familiarity with many other diseases, fevers, and incapacitating conditions, contemporaries seemed completely unacquainted with a widespread epidemic like the plague, with its rapid course of illness and high levels of mortality, and with its unusual symptoms. The legacy of an earlier, first “pandemic” (sixth through eighth centuries) had no clear lineage in medical learning. For eyewitnesses to the Black Death, the plague was both novel and terrifying, unlike any disease then known or written about.¹ Killing upwards of forty to sixty percent of Europe’s population during the initial outbreak, high-mortality plague epidemics returned locally at regular intervals for centuries. Although the plague never again affected nearly every locality concurrently within the span of a few years, contemporaries’ fear that it could and would reappear generated what Cristobal Silva has called an “epidemiological narrative,” in which the disease increasingly became a touchstone of memories and of literary output.² Other pandemic diseases have killed more people, cumulatively and in great epidemic outbursts, than the plague: the “Spanish Flu” of 1918–19 killed more people in one year than the Black Death did in seven, and measles and smallpox have both caused very high numbers of death worldwide. Experiences with the plague transformed societies so deeply, however, across such a wide expanse of time and space, that it ultimately gained sufficient cultural weight to become *the* quintessential metaphor of disease, catastrophe, and disorder.

As soon as the plague appeared in the European Mediterranean in 1348, university-trained physicians believed that the timing and the physical characteristics of the epidemic could be logically explained and rationally treated, even though its symptoms and its progression, whether

¹ Recurrences of the First Pandemic had led to long-lasting Christian religious responses and to some descriptive texts, but medieval scholars made no direct link between the two plague pandemics because the sheer breadth of the earlier one was not evident until much later.

² Cristobal Silva, *Miraculous Plagues: An Epidemiology of Early New England Narrative* (Oxford: Oxford University Press, 2011). Silva’s work focuses on the early New England experience of disease, but his observation that recurrent disease experiences caused deep social and religious turbulence applies as well to late medieval and early modern “Old World” societies.

through people's bodies or across kingdoms, did not fit neatly within traditional medical classifications.³ Their confidence was manifested in the plague tract. More than twenty medical manuscripts devoted to plague appeared before 1350, written and circulated in Italy, France, Spain, and the Holy Roman Empire. The treatises were largely formulaic in structure and layout, and presented contemporary medical theories and practices in three distinct sections: causes and signs of the plague, recommendations for preventing infection, and remedial treatments. The latter were optimistically called cures. Original, copied, translated, and adapted tracts appeared widely in manuscript and then in print throughout Europe and the Middle East as devastating plague epidemics occurred repeatedly over the subsequent centuries. The treatises' popularity was maintained by the medical optimism and familiar remedies that they offered against the very serious threat that the disease constantly posed to the health of people and their communities.

The objective of this dissertation is to comparatively uncover continuity and change in English and French tracts' production histories and in their unique, non-formulaic contents to better understand their contribution to the production of local knowledge about the plague from the mid-fourteenth century to the early eighteenth. It also seeks to expose these treatises' multiple functions in, and reflections of, the societies in which they appeared. For the non-formulaic contents, the study focuses in particular on ideas about the plague's historical origins and timelines, its geographical origins and sources, and its transition from a human disease to a societal disorder. A short examination of tracts written by John of Burgundy, Nicolas de Nancel, and Richard Mead, respectively, here provides evidence of the long-term formulaic response and medical continuity recognised in the historiography:

...the masters of the present day rely more on experience [for treating and preventing

³ Jon Arrizabalaga, "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 238.

the plague] than did their predecessors. And so it is said...that experience makes talent. — John of Burgundy, Liège, c.1365⁴

...it suits us all to make use of the proper remedies to extinguish such a burning fire...
— Nicolas de Nancel, Tours, 1581⁵

...proper Directions should be drawn up to defend our selves from such a Calamity...
[including] some new Regulations. — Richard Mead, London, 1720⁶

The treatises span a temporal distance of some three and one half centuries, and come from three different cities. The tracts appeared in three different languages.⁷ Each followed the genre's formulaic arrangement of explanation, prevention, and treatment. Each tract's author also touts his medical credentials, proclaims his humility, insists that he is writing for the broader public good rather than for individual gain, and inserts himself into the tract with personal vignettes.

In all three instances, the authors drew their explanations and advice from longstanding medical tradition and practice. But each also claimed to provide the most up to date evidence of successful plague prevention and management, confident that *his* treatment and preventive recommendations were effective and practical, and thus more likely to succeed than those of his predecessors. Writing in the 1360s, at the time of the plague's first severe reappearance after the Black Death, John of Burgundy considered that since some physicians had gained direct experience with the plague, there now existed a set of specialised medical skills and knowledge unknown to a long line of ancient authorities. Nicolas de Nancel downplayed problematic experience in actually treating plague victims with success, and advanced the general wisdom of

⁴ "...les maistres du temps present vsent plus es choses dessus dites de experience que ceuls qui nous ont passes. Et ainsi quil est dit...experience fait lart." Jehan de Bourgoigne, "Cest la preseruacion de Epidimie," Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.102r. The tract's colophon dates the original text to 1365.

⁵ "...il nous conuient tous courir aux remedes propres pour esteindre vn tel feu embrasé..." Nicolas de Nancel, *Discours tresample de la Peste* (Paris: Denis du Val, 1581), 3.

⁶ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods Used to Prevent It* (London: Sam. Buckley and Ralph Smith, 1720), A2v–A3r.

⁷ Although the exemplar used here for John of Burgundy is in French, the historiographical consensus based on early research is that it appeared first in Latin. See Dorothea Waley Singer, "Some Plague Tractates (Fourteenth and Fifteenth Centuries)," *Proceedings of the Royal Society of Medicine*, 9 (15 March 1916): 162–3 and Lister M. Matheson, "Médecin sans Frontières? The European Dissemination of John of Burgundy's Plague Treatise," *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 21.

late-sixteenth-century humanists: return to the traditional sources. For de Nancel, closely following the sacrosanct teachings of the ancient masters was more beneficial than relying on the trials and errors of modern apothecaries who “muddl[ed] innumerable Arabic words, and pervert[ed] in a number of places the intent of the good Greek authors whom [they] neither read, nor followed, nor understood.”⁸ Richard Mead’s early eighteenth-century turn to modern “Reason” caused him to reject what he considered to be the past’s misguided efforts to manage the disease. New approaches needed to reflect current knowledge rather than old errors and misunderstandings. Despite his appeal to the evolution and advancement of medical theory and practice over the centuries, though, many of Mead’s proposed treatments would not have seemed entirely foreign to those who read John of Burgundy or de Nancel’s tracts centuries earlier. In fact, all three offered the same basic recommendations: management of the six non-naturals,⁹ and the use of plasters, cold electuaries and cordials, theriac, herbs mixed with wine, and phlebotomy.¹⁰ Their temporal and geographical distance, then, had little impact on the tracts’ medical-therapeutic contents, despite their authors’ fervent claims to the contrary.

With these longstanding parallels in mind, the broad consensus among historians of medicine has been that plague tracts lack originality. This is the historical aspect of “writing the plague” that we have become accustomed to seeing: consistency, repetition, and conservatism. Paul Slack, for example, has called English plague tracts “almost entirely conventional and derivative,” one work copied directly from another, their blatant sameness reflecting “the fact

⁸ “...a suyui la descriptio[n] des Arabes, com[m]e il fait partout, broüillant infinis mots Arabiques, & peruertissant en plusieurs endroits l’inte[n]tion des bons autheurs Grecs: lesquels il n’a ni leu, ni suyui, ni entendu ...” De Nancel, *Discours tresample*, 164.

⁹ These were the physiological, psychological, and environmental elements that could affect health, and that traditional medical theory deemed to be controllable: exercise and rest, food and drink, repletion and excretion, sleep and wakefulness, air, and passions/emotions.

¹⁰ The first editions of Mead’s tract do not contain treatment recommendations, but are added to later versions. See, for example, Richard Mead, *Discourse on the Plague, 9th Edition Corrected and Enlarged* (London: A. Millar & J. Brindley, 1744), 151–64.

that there were few new discoveries to disrupt medical conventions.”¹¹ Pointing to the inherent internal consistency of sixteenth- and seventeenth-century English medical works broadly, including plague tracts, Andrew Wear suggested that they fit into a larger medical environment that is itself an “example of *l’histoire immobile*.” “no controversies or significant new arguments” were added to the tracts over the longer term, he argued, to indicate that these texts contain anything other than traditional and commonplace medical practices and theories.¹² Colin Jones likewise referred to the French treatises as “extremely boring, indeed quite stupendously tedious, and almost wholly bereft of literary merits.”¹³ Their contemporary writers and readers might have seen these tracts as healthy texts because of the traditional therapeutic advice and curative optimism that they provided. For many historians, however, plague tracts are instead more like unhealthy texts because they appear to be medically irrelevant, if not harmful, in light of today’s medical knowledge. Wear also pointed to the treatises’ fear-inducing, rather than beneficial, nature, noting that medical writers not only provided hope and advice for treatments and cures, but also “recognised and helped to spread abroad the fear and horror that the public had of plague.”¹⁴

Other scholars have taken a somewhat more generous approach, offering insightful observations about intellectual developments that can be traced in the treatises over time. Samuel Cohn, for example, highlighted two kinds of medical advances that he has traced to the Italian plague crisis of 1575–8: “(1) physicians’ sudden redefinition of their craft from one centred on the patient to new notions of public health directives, and (2) the efforts of plague writers...to understand disease by tracking its contagion and progress, anticipating developments in

¹¹ Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985), 24–5.

¹² Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 155.

¹³ Colin Jones, “Languages of Plague in Early Modern France,” in *Body and City: Histories of Urban Public Health*, ed. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 43.

¹⁴ Wear, *Knowledge & Practice*, 276.

epidemiology of the nineteenth century.”¹⁵ Even when noting particular changes to the specific content or varying audiences of plague treatises, however, medical historiography in recent decades suggests that we do not need to look closely at the small non-substantial changes that take place within plague texts over the more than 350 years of the plague’s recurrences.

This gap or weakness in the existing historiography stems, in large part, from the very ubiquity and constancy of the tracts themselves, factors that have long been taken for granted. So many copies of these texts have survived in both manuscript and print that historians typically portray them as commonplace and cheap works, perhaps too common and too cheap to generate much sustained interest. Most medical historians who have worked on plague tracts have engaged with relatively narrow time periods. The invisible wall between ‘medieval’ and ‘early modern’ historiographies has severely limited historians’ tendency to look at texts like these across a longer expanse of time. Perhaps too few historians have read a sufficiently large sample of tracts from beginning to end to have seen what is there aside from their commonalities. Those who have done so have mostly conducted their studies with the specific purpose of tracing the evolution of medical thought about the plague. At the same time, some studies of the tracts have either relied on making reference to the previous works of their peers or on drawing examples and quotes from the same small set of tracts. Finally, works like plague tracts often fall through the cracks of the historiography, seen to be neither particularly learned works—which attract the interest of historians interested in intellectual developments—nor patient-centred works—which attract the attention of historians more interested in cultural and social history.

I argue instead that continuous and diverse small changes comprise a set of non-trivial differences, and that by paying closer attention to something other than the medical framework

¹⁵ Samuel K. Cohn Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), 300.

of a plague treatise we begin to see these treatises as a site of significant innovation. Although each subsequent treatise offered much the same medical content as its predecessors, unique content did appear in them over time. This dissertation explores the ways in which tract authors responded to intellectual and cultural movements, to emergent geo-political and religious concerns, to local conflict, and to evolving perceptions of the plague as a problem not just of individual disease but also of societal health and (dis)order. Vernacularisation, the secularisation of authorship, changing styles and modes of production, and scribal and printerly agency also meant that the tracts targeted, appealed to, and reached different audiences over time and space.

The works discussed in this study reflect, with some imaginative rethinking, Fernand Braudel's three levels of historical time.¹⁶ Many medical historians have treated plague treatises as *immobile* in their assumptions and ideas, representing a sort of *longue durée*. This dissertation focuses, however, on Braudel's two shorter periods. The *moyenne durée*—which Braudel likened to deep-running ocean currents—is represented by the diachronic evolution of vernacularisation and secularisation, of new intellectual trends and movements, of travel, exploration, and colonisation, and of changing modes of material production. The *courte durée*—which Braudel compared to surface disturbances and tidal waves—is represented by singular, synchronic events that influenced tract production and the incorporation of unique content for short periods of time and in specific places, such as Henry VIII's divorce attempts (late 1520s–early 1530s), the French Wars of Religion (c.1562–98), or the Battle of Lepanto (1571, which largely ended the military threat posed by the Ottoman Empire).

The tracts are unique sources when considered in this light: while other medical historical objects such as the Italian health regimens recently examined by Sandra Cavallo and Tessa

¹⁶ Fernand Braudel, *On History*, trans. Sarah Matthews (Chicago: University of Chicago Press, 1980). In its original meaning, Braudel's *longue durée*, or *histoire immobile*, is about environment, which changes very little and remains unnoticed by most past human societies.

Storey have had similarly long and broad histories, few such sources were repeatedly reworked and republished to respond to immediately current events while still maintaining a central core of traditional, formulaic content.¹⁷ The very form (material, language, layout, illustrative features) of the plague tracts also differed from place to place, from one copy or edition to another, and from one production process to another. The publication of each tract was “a crystallization of social practices” that influenced both its content *and* its form; each tract is, in turn, a reflection of its local context.¹⁸ To date, the plague treatises’ historical value in these two senses—as representatives of multiple yet simultaneous changes across different levels of time and as reflections or symptoms of time- and location-specific social practices—has been overlooked.

To provide better resolution of the many and continuous changes that appeared in this novel medical genre, this dissertation reconsiders the place of English and French plague tracts in the cultural history of medicine, which Mary Fissell has neatly characterised as “the making of meaning” about the world, about society, and about human bodies. Such meaning is neither inherent in the text nor immutable, Fissell argues, but rather must be drawn out through careful analysis and is subject to “[being] unmade and remade” by both the historical actors themselves and the process of historical study.¹⁹ By emphasising the importance of meaning and how it is made and remade through the plague tract genre, this dissertation also engages at different points with intellectual history, social history, literary history, the history of ideas, and the history of the book. In doing so, it seeks to engage with the texts as they were written or, as Quentin Skinner

¹⁷ Cavallo and Storey likewise sought to overturn long-standing historiographical portrayals of health regimens as static, uninteresting, and unworthy of detailed analysis. These regimens certainly reflect *longue durée* and the *moyenne durée* developments, but perhaps less so those of the *courte durée*. See Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).

¹⁸ Joseph Morsel, “Traces ? Quelles traces ? Réflexions pour une histoire non passéiste,” *Revue historique* 4, no. 680 (2016): 858.

¹⁹ Mary E. Fissell, “Making Meaning from the Margins: The New Cultural History of Medicine,” in *Locating Medical History: The Stories and their Meanings*, ed. Frank Huisman and John Harley Warner (Baltimore: The Johns Hopkins University Press, 2006), 365.

exhorts, to read and interpret them through the intentions of their producers. It is in this last point, recognising the intentions of the tracts' producers—or unpacking what they were doing when they produced the tracts—that the greatest gap remains in plague tract studies. This dissertation instead follows Skinner's contention that "[any] impatience with what we think of as irrelevance or triviality may cheat us of just the historical understanding we seek."²⁰

This study is predicated on three intertwined methodological hypotheses. First, interrogating the social circumstances of a treatise's material production can open more of its contents to comparative analysis. Printers who dressed up, edited, or otherwise made an older text seem new to book buyers participated in the important cultural re-construction of the genre, and their role needs to be elucidated. Paying attention to the non-text and non-content aspects of a plague treatise—meaning its physical, material production including size, illustrations, marginalia, distribution, and so on—also reveals evidence of the value given to different works at different times. Second, even when they borrowed heavily from their predecessors, the authors of plague tracts betray their time and place circumstances. Ideas about the plague's historical and geographical origins, for example, were cultural constructions that responded to—and thus changed in line with—both available knowledge and locally-specific social concerns. Third, tract authors' alternative discourses about the role of the plague in their societies—as a human disease or as a social illness—shifted over time and differed by place. Overall, though, the tract genre demonstrates a marked transition from being concerned with diseased bodies in a disordered universe to being cognisant of disordered bodies politic²¹ at the societal level. Which bodies were deemed to be diseased and which bodies politic were deemed to be disordered were

²⁰ Quentin Skinner, *Visions of Politics*, vol. 1 (Cambridge: Cambridge University Press), 43.

²¹ The metaphoric body politic, or political body of society, regards a nation as a corporeal entity in which each level or social group is associated with particular anatomical parts of the human body. The French equivalent is the *corps-état*. Political and other writers used this metaphor throughout the later medieval and early modern eras to discuss the ways in which a well-functioning nation should operate, as well as to identify sources of and solutions for social order and disorder.

symptomatic of broader senses of malaise that were specific to local experiences. Recurrent outbreaks of the plague did not appear in a vacuum: which other events they were associated with, blamed on, or blamed for reveal as much about the underlying concerns of each era in which the tracts circulated as they do about the epidemiological circumstances in which a particular outbreak erupted and spread. Effectively mitigating shortcomings in the existing scholarship thus involves using an interdisciplinary methodology that facilitates the integration of various intellectual traditions and historiographies, and that explores these works as both texts and objects.

Plague tracts as sources of information ... about something else

One inspiration for this dissertation comes from Mark S.R. Jenner's recent work on seventeenth-century plague broadsheets in England, a single-sheet tract that he characterised with reference to their frequent banner, *Lord Have Mercy Upon Us*. Like more formal plague treatises, these broadsheets contained advice and basic prophylactics (both religious and medical) against plague. They also often discussed the historical and/or geographical trajectory of local plague outbreaks. Jenner effectively demonstrated that words were only one part of the content in plague-specific medical literature. He rejected the assumption of prior scholars that the broadsheets were repetitive, simplistic narratives meant for the marginally literate; instead, he argued that they show evidence of "considerable learning" and drew from a range of local and foreign pious, literary, official, and medical sources. Moreover, he contended that the broadsheets' textual contents should not be viewed as more important than their images, statistics, format, or materiality. Moving beyond the verbal narrative allows "a more capacious sense of the visual and the graphic." As Jenner did for broadsheets, this dissertation asserts that

all aspects of a treatise, whether printed or manuscript, “should be analysed as cultural artefacts in their own right and not simply as sources of information about something else, not even their apparent referent, plague.”²²

Taking Jenner’s insight and applying it to plague tracts over time yields some of the specific questions that this dissertation will address. What does a close examination of the material contexts *and* contents of plague tracts reveal about the ways in which the plague treatises simultaneously captured novelty and tradition? How did print and printers, for example, shape a different representation of the plague than that found in manuscripts? Historians have hitherto ignored both the treatises’ physical and textual adaptations across great expanses of time and space and the different ways that they were produced in different places and times; yet these very transformations indicate that significant changes occurred in the ways in which plague was perceived and understood, and in how that information was shared. A few of the tracts survived, with at-times substantial textual and material adaptations, for hundreds of years. This dissertation examines how changes in the physical and visual production of the information being shared, together with the particular location in which such changes were made, influenced the longer-term “success” of some tracts over others. It also demonstrates that the discontinuities in portrayals of the plague may have contributed to these tracts’ long lives as much as, or even rather than, their continuities in health care advice.

If Jenner’s work on plague broadsheets helped to inspire this study, Colin Jones’s tripartite model of plague tract scripts in early modern France makes the clearest argument for considering their utility beyond the medical information that they contain. Jones proposed that both the plague (as a particular and identifiable disease) and the plague tract (a time-honoured medical

²² Mark S.R. Jenner, “Plague on a Page: Lord Have Mercy Upon Us in Early Modern London,” *The Seventeenth Century* 27, no. 3 (2012): 261.

genre) must be understood through medical, religious, and administrative/political lenses.²³ For the tract, he noted, the appropriate lens that one should use depends on the specific combination of authorship, intended audience, response, proposed remedies, and stated or implicit objective of each exemplar. Selecting the correct lens enables one to better appreciate how “disease could be used to talk about...wider social concerns and cultural preoccupations.”²⁴ In particular, Jones argued that by the early modern era there were three scripts or narratives that could be read in plague tracts: medical scripts that addressed patients’ good health, religious scripts that targeted Christians’ salvation, and political scripts that were directed towards citizens’ communal integrity. In this sense, the mutual influence of medical discourses about disease causation and socio-cultural and religious responses to disease (and appropriation of disease metaphors) must be recognised and read into the tracts, as Claudia Stein suggested for similar early modern works on syphilis.²⁵ This dissertation argues that, in addition to its medical, religious, and administrative lenses, the plague tract corpus must also be viewed as an important reflection of the ways in which the plague was used as a rhetorical device to reflect larger socio-cultural and geo-political questions and concerns. Although heavily focused on the plague, the treatises incorporated and reflected evolving and locally-specific attitudes towards medicine, science, politics, religion, geography, and history, and the respective relationships between these forms of knowledge and perceptions of disease.

Jones rightly contended that historians have under-estimated the power, importance, and influence of the language used to describe the plague in these tracts. His argument that the tracts’ consistency and formulaic structure “make them a significantly flawed source for the

²³ Jones, “Languages of Plague,” 41–9.

²⁴ Colin Jones, “Plague and Its Metaphors in Early Modern France,” *Representations* 53 (1996): 101.

²⁵ Claudia Stein, “‘Getting the Pox’: Reflections by an Historian on How to Write the History of Early Modern Disease,” *Nordic Journal of Science and Technology Studies* 2, no. 1 (2014): 56.

social...history of the disease,”²⁶ however, underestimates the fact that the tracts do contain significant “social” or cultural information that can be gleaned through a closer reading of their contents. This dissertation argues that it is necessary to look beyond the response-remedy components of the tracts to tease out inherent inferences of where the plague had come from, and to understand how these inferences evolved over time in reaction to contemporary modes of thinking about the world. It also argues that plague tracts served as a vehicle through which writers could discuss their concerns about the health of the body politic. Drawing out these discussions and comparing them over time and space provides an entirely new narrative about the plague treatises themselves, as material and textual objects, and about other social roles that they might have served.

Nevertheless, Jones’s approach sets the following specific and important questions that will be addressed in this dissertation. In what ways did tract writers (and later, printers) perceive that plague outbreaks had a history and a geography? How did the different geographical, temporal, and intellectual backgrounds of treatise producers influence their “language of plague”?²⁷ How did tract authors use the plague as a frame through or against which they could discuss other sensitive matters of local concern? How are concerns about the body politic reframed through the plague tract?

If Jenner inspired and Jones suggested an organizational method for this dissertation, Samuel Cohn’s recent study of tracts published in the wake of pan-Italian plague outbreaks in 1575–8 provides the counterpoint with which my findings take issue. Cohn argued that this singular epidemiological crisis—the worst epidemic to threaten Italy since the Black Death—acted as a “creative crucible” and heralded the “most significant change in the writing about

²⁶ Jones, “Languages of Plague,” 41.

²⁷ The phrase comes from Kay Peter Jankrift, “The Language of Plague and its Regional Perspectives: The Case of Medieval Germany,” *Medical History* 52, no. S27 (January 2008): 53–58. I thank Ann Carmichael for the reference.

plague” since the mid-fourteenth century.²⁸ Ostensibly limited to Italian tracts, these changes included, among other things, a new focus on detailing the progression of the disease as it approached and spread through particular localities, on providing daily chronologies of local outbreaks, and on making comparative references to previous outbreaks. These new ways of describing plague outbreaks were, however, not simply a direct response to one particularly widespread outbreak. Rather, a perceptible shift in plague tract style and contents can be linked to broader social and cultural processes such as the humanist movement (circa late fifteenth to mid-seventeenth centuries), which generated a transformation in and mutual integration of various types of learning and knowledge (such as historical, geographical, and medical knowledge) throughout Western Europe.

I show that Cohn’s approach to novelty in plague treatises was unique to neither Italian medical authors of the later sixteenth century, nor to sudden differences in the epidemiology of the plague itself—a claim that Cohn also made. Cohn emphasised literary narrative over traditional styles of medical writing, finding this a distinctive feature of Italian plague tracts written in the 1570s. Nancy Siraisi’s survey of Renaissance medical learning and writing and their “turn to history” pointed to a different cause of the changes that Cohn highlighted: a plethora of new transcriptions and translations of ancient documents that provided wider access to and knowledge about events like disease outbreaks that had occurred in the distant past and in distant places.²⁹ Providing a longer, wider history and geography for the plague may be one of the single most important shifts within plague texts over the *longue durée*. Weakened acceptance of traditional wisdom, and the concurrent rise of a more observation- and evidence-based system of knowledge development, also changed the ways in which medical writers in particular

²⁸ Cohn, *Cultures of Plague*, 5, 18.

²⁹ Nancy Siraisi, *History, Medicine, and the Traditions of Renaissance Learning* (Ann Arbor: The University of Michigan Press, 2007).

approached their discussions of the plague. Authors incorporated new styles of writing, new methods of enquiry, and newly available information about the plague's longer history and broader geographical reach into the tracts beginning in the last quarter of the sixteenth century in Italy, France, England, and elsewhere.

At the same time, contemporary discussions of the plague were increasingly and more intimately bound up not only with attempts to understand both what the disease was and where it had originated, but also with reactions to other types of perceived societal threat. These included unhealthy (and particularly urban) landscapes, the poor, and religious and political enemies. Embedded in these reactions were new ways of thinking about and understanding the world. Distinct from theories about the disease's ostensible religious or medical *cause*, though, the question of where the plague originated illuminates how encounters with almost four centuries of recurrent outbreaks constructed contemporary understanding about the historical links between epidemics, the specific types of places and spaces that generated disease, and the shifting boundaries between diseased and non-diseased times and places. It also highlights the ways in which changing geo-political concerns played an integral role in shaping and re-shaping these discussions of the plague's origins in textual sources that otherwise focused largely on disease treatment and prevention.

Sources and methods

This dissertation seeks to answer the following types of questions: How did authors and (later) printers of plague treatises portray their own physical location and their particular moment in time? What particularised views of plague enjoyed the widest circulation? What were the natural channels and spaces of circulation? How and why did these channels change over time?

Identifying the changing portrayals of the plague's temporal and geographical nature proves to be especially revealing of the ways that access to new information and the evolution of new ways of thinking about the world influenced thinking about and understanding of the plague.

Similarly, plague treatises that coupled spatial origins to social disorder illustrate how contemporary medical writings about the plague were generated to respond to issues much broader than physical disease. The unique particularities of individual plague texts show that they were intimately tied not only to the geographical and historical contexts in which people encountered the disease, but also to what information was circulated to whom, in what format, and under whose direction.

A diachronic analysis of changing portrayals of the plague within plague tracts provides an important opportunity to re-explore contemporary understanding of epidemic disease and its broader spatiotemporal and socio-cultural features. The addition of a series of short synchronic analyses—mini-microhistorical narratives or case studies—offers a deeper exploration of the backstories of some of the individual tracts at particular places and moments of time, and allows illustrative examples to shine through the broader discussions. Furthermore, focusing on the changing discourses about the plague that are found in these texts increases our understanding about the broader contents and purposes of these treatises and reclaims their historical merit.

To explore different ideas about, and interpretations of, the plague, this dissertation has drawn from a corpus of more than one hundred and eighty individual treatises, as well as approximately fifty additional contemporary texts that discuss particular outbreaks or perceptions of them. Of the plague tracts consulted for the study, seventy-two percent were either particularly noteworthy for their materiality and/or contained some type of reference to the plague's history, its geography, or the author's concern with declining societal health. The remaining tracts, which

focused entirely on traditional remedial or curative therapies, are not included in the list found in Appendix 1 and in the Bibliography. A number of the treatises exist in multiple editions, versions, and copies. Although I consulted as many of these variants as possible for comparative purposes, only those additional editions that appear in the footnotes are included in the Appendix and Bibliography; in most cases, the editions are not included in the figures noted above unless they are substantively different from the original. For example, I consulted more than one hundred individual manuscript versions of John of Burgundy's tract during the course of this research, but only a small number of them provided direct quotations or examples and are included in the Appendix and Bibliography; only three versions—the French and single examples of the two main forms of the English adaptations—are included in the count noted above. I consulted more printed French tracts than English ones, at a ratio of about 1.8:1. This reflects the much greater number of plague tracts that were produced in France after the later fifteenth century.

The study uses both Latin and vernacular tracts, although its main focus is on vernacular works. It addresses both the initial tracts that responded to the early, universal phase of Second Pandemic and those produced in the context of the longer, later stage of regional and local outbreaks. The long timeline thus begins with the Black Death and ends with the plague of Marseille in 1720–1, the last great Western European outbreak to threaten both France and England and to inspire a frenzy of plague treatise writing in both kingdoms.³⁰ It encompasses a long era during which plague treatises were particularly popular and through which it is possible

³⁰ The plague re-appeared sporadically in localised outbreaks until the 1770s. Writers continued to perceive and write about the plague as a threat, but more as a reaction against the larger outbreaks in Russia and the Middle East in the later eighteenth and nineteenth centuries. These later outbreaks are beyond the scope of this thesis, but their effect on Western Europeans' plague *mentalités* are persuasively explored in Nükhet Varlik, "'Oriental Plague' or Epidemiological Orientalism?: Revisiting the Plague Episteme of the Early Modern Mediterranean," in *Plague and Contagion in the Islamic Mediterranean*, ed. Nükhet Varlik (Kalamazoo: ARC Humanities Press, 2017), 57–87. I thank Nükhet for allowing me to read and comment on an early version of her chapter.

to trace the adaptations made to tracts that, first written in the fourteenth century, were still circulating hundreds of years later.

No comprehensive listing exists of all the plague treatises produced in either England or France. Bibliographic and cataloguing methodologies and practices vary significantly in the two countries, and this leaves some of the statistical comparisons undertaken for this study rather tentative. Nevertheless, even where key bibliographic information might be missing, or remains unknown, the broader conclusions presented here remain valid.

I used as my starting point the partial bibliographic lists generated by Karl Südhoff, Arnold C. Klebs and E. Droz, Dorothea Waley Singer, Alfred Coville, Rosemary Horrox, and Joël Coste. I identified additional tracts through catalogue searches and personally examined most of the tracts discussed here onsite at the Yale Medical Historical Library; the Bodleian Library; Balliol College and St. John's College Libraries (University of Oxford); the Cambridge University Library; Corpus Christie College, Gonville & Caius College, Jesus College, Magdalene College, and Trinity College Libraries (Cambridge University); the Fitzwilliam Museum; the British Library; the Wellcome Library; the Royal College of Physicians; the Royal College of Surgeons; the Society of Antiquaries of London; the John Rylands Library; Lincoln Cathedral Manuscripts and Wren Libraries; the Palace Green Library (Durham Cathedral); the University of Aberdeen; the University of Glasgow; and the Bibliothèque Nationale de France.

Microfilm copies of damaged tracts from Emmanuel College, Cambridge University and the National Library of Wales/Llyfrgell Genedlaethol Cymru in Aberystwyth provided additional information, as did digital facsimiles from the Bibliothèque Nationale de France, the digital collections of the Bibliothèque Mazarine, Paris Biusanté (Bibliothèque numérique Medic@), Early English Books Online, and Eighteenth Century Collections Online. Listings from the

online Incunabula Short Title Catalogue and Universal Short Title Catalogue likewise provided additional information. Unfortunately, the manuscript room at the Bibliothèque Nationale de France was undergoing construction during my visit there, and only a few of its manuscripts relevant to this study have been digitised; this limited my ability to examine French manuscript tracts in as much detail as I was able to do with the English manuscripts.

The geographical boundaries of present-day England and France define the comparative borders of this dissertation. In other words, I examined treatises produced or circulated within the current boundaries of these two nations. Contemporary political and geographical boundaries—and indeed any sense of unity (political or otherwise)—shifted several times across the period of time addressed here. In the mid-fourteenth century, for example, the territory of the Kingdom of France did not include the coastal city of Calais, the northern county of Ponthieu, or the southwestern region of Gascony, all of which the English controlled. While nominally within the French Kingdom, the eastern Duchy of Burgundy was not ruled as part of the royal domain but rather by a Duke who paid allegiance to the French King. The papal seat at Avignon was part of the Kingdom of Naples and County of Provence until 1348, when Pope Clement VI purchased the city from Joanna I of Naples and placed it under the direct control of the papacy. Montpellier was likewise a possession of the crown of Aragon until French king Philip VI purchased it in 1349 from James III of Majorca. Politically, France was less a centralised monarchy like England than an association of quasi-independent territories ruled by powerful counts and dukes. Nevertheless, for the purposes here, the French kingdom includes Provence, Languedoc, and Avignon, while occasional references are made to Scotland and Wales in the case of the English kingdom. This is not meant to blur or downplay the significant differences that existed throughout and within the two kingdoms—Montpellier, for example, was much more of a

Mediterranean cultural, linguistic, and intellectual cross-roads than it was a reflection of the royalist Île-de-France, while medieval Normandy, Picardy, and Gascony all had closer commercial and political ties to England than they did to Provence or to Lorraine.³¹

Relying on current boundaries allows for a wide-ranging comparative analysis both within and across the two kingdoms. Regularly at war and constantly in competition with each other, the ruling and aristocratic families in the two kingdoms nevertheless intermarried and shared many common cultural interests. English monarchs established a hereditary claim to the French throne in the 1340s, and continued that claim (often through warfare) until 1801, while the monarchical overlordship of significant regions in modern-day France shifted between the two kingdoms according to the vagaries of war. By the mid-seventeenth century, scientific competition between England and France, and between the different providers of health care (physicians, surgeons, and apothecaries, as well as other informal care providers) in each kingdom was fierce, as was the rivalry between the traditionalist and Catholic Paris Faculty of Medicine and the more Protestant- and innovation-tolerant University of Montpellier. All of these rivalries and competitions were played out through the plague treatises.

Analysing a large corpus that spanned such a long timeframe generated a set of analytical problems, and necessitated the development of a new interdisciplinary model that I discuss in Chapter 1. The model draws from history of the book approaches, considers the divergences in Anglo-American and French historiographical styles, and is predicated on comparative continuity and change. It blends historical analysis with codicology/bibliography and deep literary reading across a much longer period of time than existing models allow. Here it is most important to understand that recurrent outbreaks of the plague over this long period helped to

³¹ Serge Lusignan, *Essai d'histoire sociolinguistique: le français picard au Moyen Âge* (Paris: Classiques Garnier, 2012).

maintain the popularity of the plague tract genre as a whole. However, to ensure that particular texts remained (or became) relevant, *au courant*, and in demand to different types of readers, successive authors, copiers, and compilers also had to adequately respond to several layers of transformation, in addition to fears about the disease itself: changes in religion and political structure (Protestant Reformation and Catholic Counter-Reformation, together with the English Civil War and Interregnum and the French Wars of Religion), in intellectual tradition (humanism), in communications technology (printing press), in medical theory and practice (experimentation, chemical therapies, conflicts between physicians, surgeons, and apothecaries, new theories of disease causation, and challenges to traditional authority), in administrative responses to the plague, in geo-political alliances and rivalries, and in knowledge about the world more generally. This approach allows these various forces to emerge as significant yet often subtle influences on plague tract contents.

Chapter One is largely methodological. After providing a brief discussion of the existing historiographies of the Black Death and of plague treatises, respectively, it elaborates the reasoning for and development of the broad interdisciplinary approach to studying these textual objects on which this study is predicated.

The subsequent chapters address, in turn, specific components of this approach and each explores in depth a particular aspect of the plague tracts' materiality and contents. Each individual chapter engages with both a diachronic exploration of broad change over time (the *moyenne durée*), and a series of synchronic snapshots that illustrate the tracts' movement from universal to particular (the *courte durée*). Chapter Two looks at the changing modes and spaces of tract production. It considers the temporal and geographic realities of plague treatises by considering and mapping the evolution of who produced these tracts and where and how they did

so in England and in France.

Chapter Three focuses on the issue of time and the plague. It begins with an investigation of the ways in which conceptualizations of time and history have been used to explain “current” events and how such ideas influenced thinking about the plague. The chapter then examines the evolution of contemporary portrayals of the history of the plague over time and place, in part by comparing its discussion in plague treatises and other contemporary sources. It also investigates the extent to which medical writers themselves became engaged in writing plague history.

Chapter Four explores the topic of space and the plague. It begins by examining contemporary conceptualizations of diseased spaces and geographies, and discusses how these ideas influenced understanding of the plague. The chapter investigates the evolution of contemporary portrayals of the geography of plague over time and place, notably by comparing how it is described in the plague treatises and in other contemporary sources. It also tracks how the names of particular places appear and disappear in discussions of where the plague was either observed or perceived to exist.

Chapter Five looks at the ways in which plague tracts reflected social and political discord. It considers the many ways in which plague tract authors and producers were able to use the formulaic treatise structure to speak, sometimes almost silently, to their concerns about the health of the Christian body social and the civil body politic.

This dissertation is, in part, an expansion of my MA thesis. In “Exploring Concepts of Contagion and the Authority of Medical Treatises in 14th–16th Century England,” I concluded that it is necessary to look at plague treatises not just as what historians have purported them to be—medical advice for the public and fellow medical practitioners—but rather as multi-layered

texts situated within particular socio-political contexts.³² That work demonstrated that the treatises reveal as much about the construction of contagion and disease for political and other purposes as they do about contemporary theoretical concepts of disease. Examining here perceptions and objective realities of history, geography, and social discord as they are reflected in or affected by the production of plague treatises strengthens that conclusion by providing further information about the tracts' multi-dimensional meaning and use over time. Individual chapters also include excerpts from a paper previously published by the author.³³

Examining plague treatises as textual objects situated within specific literary and cultural contexts is crucial to avoid viewing them retrospectively. After all, as Irma Taavitsainen has argued, medicine

is a situated activity where meanings are not fixed but depend on context and can only be understood in relation both to the macrocontext of the period and its worldview and the microcontext of the communication process with its situational aspects and the sociohistorical background facts of the participants.³⁴

This dissertation takes this statement as its starting and ending points; what comes in between challenges and re-frames the current plague treatise historiography by offering new perspectives and approaches for reinterpreting both contemporary portrayals of the plague and the societal role and place of the treatises. It takes a step back from the static medical interpretation of epidemic disease to explore change, particularly as change was viewed from the pages of treatises that served a wider variety of functions.

³² Lori Jones, "Exploring Concepts of Contagion and the Authority of Medical Treatises in 14th–16th Century England" (unpublished MA thesis: University of Ottawa, 2012).

³³ Lori Jones, "The Diseased Landscape: Medieval and Early Modern Plague-Scapes," *Landscapes* 17, no. 2 (2016): 108–23.

³⁴ Irma Taavitsainen, "Expanding the Borders of Knowledge," in *Early Modern English Medical Texts: Corpus Description and Studies*, ed. Irma Taavitsainen and Päivi Pahta (Amsterdam: John Benjamins, 2010), 11.

CHAPTER 1

CREATING THE PLAGUE BOOK

The plague: challenging traditional knowledge and practice

I have been asked by some of my friends to write something about the cause of this general pestilence...and they asked that after explaining the cause I should discuss appropriate remedies, drawing on my own opinions and medical advice...I shall begin with the basics, as set forth by the wise authors, philosophers and astrologers who have had things to say on such matters. — Geoffrey de Meaux, 1349¹

As eyewitness reports, alarming rumours, and frightening warnings circulated throughout the Middle East and Europe about the impending approach of a mysterious and increasingly widespread epidemic in the mid-fourteenth century, there was a clear need for a comprehensive explanation of what was causing this deadly disease. Plague challenged the very foundations of late medieval knowledge: it presented highly distinctive yet unfamiliar bodily symptoms, and its catastrophic mortality levels overwhelmed all attempts to bring it under control. Even so, many contemporary writers were unwilling to state openly that they were facing a phenomenon that the ancient authorities had not already described in some way and that could not therefore be explained, treated, and cured through traditional medical and religious means. Instead, like the French physician and astrologer Geoffrey de Meaux, they drew equally from authoritative medical, astrological, and religious explanations to make sense of what they were seeing.

Medical, astrological, and religious approaches to addressing the plague were not completely distinct in the mid-fourteenth century. Health and disease were cultural constructions; that is, they were at once medical issues, astrological issues, religious issues, political issues, and societal issues, and each was intertwined in such a way as to blur today's distinctions between them. Secular medical practices operated alongside and in conjunction with religious healing. As

¹ “The Astrological Causes of the Plague, Geoffrey de Meaux,” in *The Black Death*, trans. and ed. Rosemary Horrox (Manchester: Manchester University Press, 1994), 167.

Katherine Park has argued, assuming an opposition of faith or religious healing to secular medicine is problematic: except for Christian “polemicists and apologists...and those with an obvious interest in denigrating the competition to their own healing saints and shrines,” most people would have seen secular and religious healing as complementary.²

A healthy person enjoyed balanced humours and avoided the conditions that caused illness.³ He or she lived moderately and enjoyed mental, physical, and spiritual equilibrium. Contemporary medical theory considered the body and soul to be inextricable. Righteous living, prayer, and repentance not only benefitted the soul but also offered protection against earthly disease. Illness and suffering—especially in the form of epidemics—was the punishment for sin.⁴ Carole Rawcliffe and Luke Demaitre have demonstrated that the disease called leprosy held a particularly tight intermixing of medical, religious, political, and social connotations.⁵ Throughout the later medieval period, political writers followed John of Salisbury in anatomizing the body politic with medical metaphors to strengthen claims that society, or some segments of it, had become corrupt or unjust; curing society of its ills required the same sort of medicinal and/or surgical therapies that human healing entailed. Religious writers such as Jacobus de Voragine also employed bodily and medical metaphors to explicate the degree of

² Katharine Park, “Medicine and Society in Medieval Europe, 500–1500,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), 64. Darrel W. Amundsen likewise counters the common claim that since the Church saw disease as a divine punishment and banned some medical practices among clergymen, attempts to cure disease defied God’s will. He notes that “no Christian document from the Middle Ages entirely condemns, on theological grounds, the Christian’s use of physicians and medicine.” *Medicine, Society, and Faith in the Ancient and Medieval Worlds* (Baltimore: The Johns Hopkins University Press, 1996), 7–8.

³ The body’s health depended on the harmony of four humours (yellow bile, mucous, black bile, and blood). When the body’s waste disposal was inadequate, or when one of the humours became corrupted, the body became imbalanced and illness followed. See Carole Rawcliffe, *Medicine and Society in Later Medieval England* (Stroud: Alan Sutton, 1995), 30–9 and Vivian Nutton, “Humoralism,” in *Companion Encyclopedia of the History of Medicine*, ed. W.F. Bynum and Roy Porter (London: Routledge, 1993), 1:281–91.

⁴ Rawcliffe, *Medicine and Society*, 8.

⁵ Carole Rawcliffe, *Leprosy in Medieval England* (Woodbridge: Boydell Press, 2006) and Luke Demaitre, *Leprosy in Pre-Modern Medicine: A Malady of the Whole Body* (Baltimore: The Johns Hopkins University Press, 2007).

suffering endured by Christian saints.⁶

Secular medicine's central task was to treat ill bodies and to help patients maintain their good physical wellbeing. Undertaking these tasks required health providers to have more than practical anatomical or physiological knowledge alone. Aristotelian logic, natural philosophy, astronomy, and astrology underlay formal university medical training. Since the universe acted as an integrated system, planetary conjunctions had the power to influence the state and health of people and everything else on earth. Some medical practitioners offered astrological predictions along with remedial therapies, and all "good physicians" took astral influences into account when making diagnoses and prescribing treatments. Medieval physicians who neglected astronomy appeared to their peers as incompetent or negligent.⁷ Above all, Nancy Siraisi has shown, "medicine remained irrevocably and intimately bound to the world of crafts, 'secrets' (magical or otherwise), skills, and techniques."⁸

By the late eleventh century, medical practice was becoming increasingly differentiated and stratified, leading to what Park called "an autonomous area of expertise, located in an increasingly well defined and differentiated body of practitioners."⁹ While the ill of the earlier medieval period had recourse to healing practitioners of all sorts—both male and female, and Christian, Jewish, and Muslim alike¹⁰—the later Middle Ages in particular saw the establishment

⁶ Jacques Le Goff, "Head or Heart? The Political Use of Body Metaphors in the Middle Ages," in *Fragments for a History of the Human Body*, Part 3, ed. Michel Feher (New York: Zone Books, 1989), 13–26; Marie-Christine Pouchelle, "Représentations du corps dans la *Légende dorée*," *Ethnologie française* 6 special volume: *Langages et images du corps* (1976): 293–308.

⁷ Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 67–8, 149. See Roger French, "Astrology in Medical Practice," in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 30–59 and Danielle Jacquart, "Medical Practice in Paris in the First Half of the Fourteenth Century," in *ibid*, 201–5. Jacquart's Appendix 3, which lists physicians in French royal service between 1300 and 1350, indicates those who were also astrologers.

⁸ Siraisi, *Medieval and Early Renaissance Medicine*, 16.

⁹ Park, "Medicine and Society," 60.

¹⁰ Options included herbalists, midwives, wise women, exorcists, saints, priests and monks, astrologers, apothecaries, surgeons, and classically trained physicians. On female medical practitioners, see Monica H. Green,

of clear standards and procedures for medical (and surgical) training, licensing, and practice in most large cities that sought to limit the number and variety of healers. The twelfth century witnessed the nascent establishment of a medical profession, in the sense of a recognised body of acknowledged experts with special qualifications who faced examination and regulation, and sometimes licensing, through distinct organisations or guilds.¹¹ The later medieval period also saw the emergence of specialised medical institutions: university medical faculties and urban guilds that provided training and oversight for medical practitioners, hospitals that offered care to the sick and poor, and public health commissions that sought to both prevent epidemic disease and maintain social stability and public order.¹² The authorities of some towns subsidised the provision of medical care, such as by directly contracting trained and licensed physicians to care for local residents.¹³ These developments—in particular the increased stratification and the establishment of guilds—were not unique to the provision of health care, but were rather part of broader urbanisation and commercialisation processes already underway.

Except in large urban centres with university medical faculties, university-trained doctors represented only a small minority of practitioners and their ability to control the activities of other practitioners remained limited. Most people continued to look to a much broader and diverse range of healers and practitioners—licensed and unlicensed, secular and religious—to meet their health care needs and practiced self-help, as they had for the previous millennium.

“Documenting Medieval Women’s Medical Practice,” in García-Ballester et al., *Practical Medicine*, 322–52. For non-Christian European medical practitioners, see Joseph Shatzmiller, *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994) and Michael McVaugh, *Medicine Before the Plague: Practitioners and Their Patients in the Crown of Aragon, 1285–1345* (Cambridge: Cambridge University Press, 1993).

¹¹ The professionalisation and regulation process began in Italy, and then slowly spread throughout Western Europe. Various institutions granted medical licenses, including guilds, political authorities, and ecclesiastical authorities. Regardless of the institution, a “university degree in medicine was everywhere recognized as a qualification to practice.” Siraisi, *Medieval and Early Renaissance Medicine*, 19. In Paris, by the early fourteenth century surgeons were also licensed following strict examination. Jacquart, “Medical Practice in Paris,” 186–210.

¹² For the public health commissions, see Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell Press, 2013) and Guy Geltner, “Healthscaping a Medieval City: Lucca’s *Curia viarum* and the Future of Public Health History,” *Urban History* 40, no. 3 (2013): 395–415.

¹³ McVaugh, *Medicine Before the Plague*.

The technical and intellectual contents of medieval medical knowledge across Europe built on a common tradition inherited from ancient Greco-Roman and Islamic textual sources. Both academic and popular—and both secular and religious—medicine largely drew from the same authoritative textual and practical sources and “formed a cultural unity.”¹⁴ All types of healing were efficacious, each in its own way.

The plague pandemic of the mid-fourteenth century shook all forms of healing to their core. It responded to neither secular nor religious treatments. According to contemporary literary writers like Giovanni Boccaccio, it so completely disrupted societal norms and standards that longstanding customs were abandoned, just as families and friends purportedly abandoned each other.¹⁵ The plague was thus not just a disease of the physical body; it was also a disease of the entire medieval social body.

Diseased times and places

The plague approaches: “None of them saw such strong epidemics reign in their time”

...long experience has shown me that modern masters, where ever they are, have more expertise in these pestilential diseases than all the doctors of medicine who descend from Hippocrates, because none of them saw such strong epidemics reign in their time... — John of Burgundy, c.1365¹⁶

Although the Liège-based physician John of Burgundy claimed that none of the ancient medical authorities had witnessed a plague epidemic, the Black Death was not, in fact, the world’s first catastrophic confrontation with the plague. The First Pandemic, known as the

¹⁴ Park, “Medicine and Society,” 60.

¹⁵ Among many examples, see Giovanni Boccaccio, *Decameron*, trans. G.H. McWilliam, 2nd ed. (Harmondsworth: Penguin Classics, 2003).

¹⁶ “...par longue exp[er]iience qui le ma monstré, que les maistres du temps present en quel terre que ilz soient en ces maladies pestilencieuses, experience y vault mieulx que tout li art de medicine qui de ca ypocras [Hippocrates] descendirent, car nuls en leur temps ne vit epidimie regner fors...” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.101v.

Justinianic Plague, had ravaged a wide area from Persia to the Mediterranean to Ireland in the mid-sixth century and had continued through localised outbreaks until the mid-eighth century.¹⁷ The Second Pandemic, commonly called the Black Death, continued in recurrent (regional and localised) waves for centuries after its initial outbreak in 1347–53.¹⁸ Although the plague largely disappeared from Western and Central Europe by the early eighteenth century—the last great outbreaks occurred in London in 1665, in Central Europe in 1708–13,¹⁹ and in Marseille in 1720–2—sporadic epidemics persisted in Southern and Eastern Europe for another century. The plague also continued to devastate North Africa and the Russian and Ottoman Empires throughout the eighteenth and nineteenth centuries.²⁰ After erupting in China's Yunnan Province in the 1850s, the Third Pandemic likewise spread globally, coming to an end only in the 1950s.²¹ The plague still exists as an enzootic disease among wild rodents in some parts of the world, such as Central Asia, Madagascar, and the southwestern United States; in all of these areas, it continues to affect human populations.²²

The plague is caused by *Yersinia pestis*, a single celled coccobacillus bacterium that occurs

¹⁷ See especially Lester Little, ed. *Plague and the End of Antiquity: The Pandemic of 541–750* (Cambridge: Cambridge University Press, 2008).

¹⁸ Scholars variously use the term Black Death to refer to both the initial wave of pandemic plague in 1347–53 and the Second Pandemic as a whole. The term appears to have been coined by sixteenth-century Danish and Swedish chroniclers and its use became common only following the publication of J.F.C. Hecker's *Der Schwarze Tod im Vierzehnten Jahrhundert* in 1832 and A. Philippe's *Histoire de la peste noire (1346–1350)* in 1853. Various theories of the term's origin exist. See, for example, Stephen d'Irsay, "Notes to the Origin of the Expression: «Atra Mors»," *Isis* 8, no. 2 (May 1926): 328–332 and Jacqueline Brossollet and Henri Mollaret, *Pourquoi la Peste? Le Rat, la Puce et le Bubon* (Paris : Decouvertes Gallimard, 1994), 133.

¹⁹ This large regional outbreak stretched from the Balkans, the Habsburg territories, Poland, and the Baltic States to Brandenburg-East Prussia, Denmark, and Sweden. For a discussion of reactions in Denmark in particular, see Peter Christensen, "Copenhagen 1711: Danish Authorities Facing the Plague," in *Body and City: Histories of Urban Public Health*, ed. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 50–58.

²⁰ See Alan Mikhail, "The Nature of Plague in Late Eighteenth-century Egypt," *Bulletin of the History of Medicine* 82 (2008): 249–75; John T. Alexander, *Bubonic Plague in Early Modern Russia: Public Health and Urban Disaster* (Baltimore: The Johns Hopkins University Press, 1980); and Daniel Panzac, *La peste dans l'empire ottoman 1700–1850* (Leuven: Peeters: 1985).

²¹ Myron J. Echenberg, *Plague Ports: The Global Urban Impact of Bubonic Plague, 1894–1901* (New York: New York University Press, 2007).

²² Nils Chr. Stenseth, Bakyt B. Atshabar, Mike Begon, Steven R. Belmain, Eric Bertherat, Elisabeth Carniel, Kenneth L. Gage, Herwig Leirs, and Lila Rahalison et al., "Plague: Past, Present, and Future," *PLoS Medicine* 5, no. 1 (2008): e3.

naturally among many species of wild ground-burrowing rodents, such as marmots, gerbils, rats, and squirrels. The bacillus has no mechanism of movement of its own and most commonly relies on fleas for its transmission between its wild animal hosts. The long-accepted rat-flea-human causal chain of human plague infection stems from the microscopic identification of the plague bacillus by Alexandre Yersin and Kitasato Shibasaburō in 1894, and the establishment a few years later of the rat and the flea as the bacillus's primary host and vector, respectively. Closely linked to this nineteenth-century explanatory framework is the three-fold model of plague types: bubonic, pneumonic, and septicaemic. Recent scientific research has added considerably to understanding how and by what means *Y. pestis* can be transmitted to humans, beyond the rat and the flea. In particular, hundreds of species of animals can host the fleas—and lice—that are capable of transmitting the bacillus, and there are also pharyngeal, cutaneous, and gastrointestinal points of entry for the disease.²³

Most typically acquired by fleabite, bubonic plague is characterized by fever, vomiting, and distinctively painful and malodorous buboes or swellings in the lymph nodes of the groin, armpit, and/or neck. Blisters or skin discolourations often accompany these symptoms. The death rate ranges from 60 to 80 percent, with most deaths occurring about eight days after infection. Pneumonic plague spreads through the aerosolized droplets of coughing and sneezing, and its symptoms include chest pain, breathing difficulty, and the coughing up of blood. Septicaemic plague results when a person's bloodstream becomes infected with the *Y. pestis* bacillus. While the bubonic form of plague is now relatively easily treatable with antibiotics, the pneumonic and

²³ On the variety of hosts and vectors for *Y. pestis*, see Yujun Cui, Chang Yu, Yanfeng Yan, Dongfang Li, et al., "Historical Variations in Mutation Rate in an Epidemic Pathogen, *Yersinia pestis*," *PNAS* 110, no. 2 (2013): 577–82; Saravanan Ayyadurai, Florent Sebbane, Didier Raoult, and Michel Drancourt, "Body Lice, *Yersinia pestis* *Orientalis*, and Black Death," *Emerging Infectious Diseases* 16, no. 5 (2010): 892–93; Andrey P. Anisimov, Luther E. Lindler, and Gerald B. Pier, "Intraspecific Diversity of *Yersinia pestis*," *Clinical Microbiology Reviews* 17, no. 2 (2004): 434–64.

septicaemic forms remain highly fatal to this day.

The Black Death has long fascinated historians. Since the end of the nineteenth century, generalist historians have hailed it as the marker of the end of the medieval era. The pandemic is one of the few aspects of disease history, aside from leprosy, that is regularly included in general works on the Middle Ages. Such accounts tend to be brief and limited to the more sensationalist narratives of the disease. The corpus of academic literature specifically on the plague, by contrast, is vast. Scholars have drawn on burial records, last wills and testaments, chronicles, letters and diaries, manorial accounts, administrative records, and contemporary medical texts and literary works to assess the disease's purported demographic, economic, socio-cultural, political, religious, and psychological impacts. Among other effects, these studies variously reveal abandoned settlements and depopulated towns, mass hysteria and the rise of flagellant movements, the end of feudalism, an increased cultural and artistic focus on death and decay, social unrest and violence, and, ultimately, the Reformation and the Renaissance. They regularly focus on claims made in contemporary narratives that highlight the culture of fear and despair that the plague wrought: the lack of enough people to bury the dead; the abandonment of families and friends; poverty and hunger; looting and violence; hostility and persecution of Jews, gypsies, and lepers; and the abrogation of moral responsibilities. In short, much of the historiography of the Black Death points to its widespread "economic and demographic repercussions [that] transformed society."²⁴

²⁴ Christiane Nockels Fabbri, "Continuity and Change in Late Medieval Plague Medicine: A Survey of 152 Plague Tracts from 1348 to 1599" (PhD diss., Yale University, 2006), 9. There is a similar body of literature that downplays the impact of the plague on medieval society. For an overview of these divergent opinions, see Faye Marie Getz, "Black Death and the Silver Lining: Meaning, Continuity, and Revolutionary Change in Histories of Medieval Plague," *Journal of the History of Biology* 24, no. 2 (1991): 265–89 and Jim Bolton, "'The World Upside Down': Plague as an Agent of Economic and Social Change," in *The Black Death in England*, ed. W.M. Ormrod and P.G. Lindley (Stamford: Paul Watkins, 1996), 17–78. For excellent overviews of the impact of plague more generally in England and in France, see especially Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985), Françoise Hildesheimer, *La terreur et la pitié: l'Ancien Régime à l'épreuve de la*

Underlying this scholarship has been decades of acrimonious academic debate about whether the Black Death was in fact “the plague” or some other disease. In 1894, Yersin and Kitasato claimed that what they had identified was not just the plague that was then affecting Hong Kong, but also the ancient bubonic plague that was the Black Death. Their retrospective diagnosis of the Black Death was subsequently accompanied by a retrospective assignment of late nineteenth- and early twentieth-century Chinese and Indian plague experiences onto the European past. However, there were obvious disconnects between medieval and early modern plague experiences in Europe and the Middle East and those of the then-modern outbreaks in Asia. These disconnects—which include discrepancies in the disease’s virulence and seasonality, the rapidity of its spread, and the apparent absence (or lack of mention) of rats in many Black Death-affected regions—fuelled the debates and led to a host of other diseases being suggested as the real culprits of the Black Death. Since the late 1990s, however, independent international teams of microbiologists working in separate laboratories have confirmed the presence of *Yersinia pestis* in ancient DNA (aDNA) taken from skeletal remains found in known plague gravesites in England, France, Italy, the Netherlands, and Germany. Although other diseases were undoubtedly also present, these scientific discoveries have proven that the plague did play a significant role in the high mortality levels of those years.²⁵

Contemporary physicians did not have the benefit of microscopic analysis to inform their interpretation of the plague. Instead, they drew on longstanding medical tradition that explained disease as the result of imbalanced humours. Stretching this explanation, which was most applicable to sick individuals, to the new and devastating epidemic that was raging “across the

peste (Paris: Publisud, 1990), and Monique Lucenet, *Les grandes pestes en France* (Paris: Aubier, 1985).

²⁵ For excellent summaries of both the debates and the microbiological studies that have ended them, see Monica H. Green, “Taking ‘Pandemic’ Seriously: Making the Black Death Global,” *The Medieval Globe* 1 (2014): 27–62 and Lester K. Little, “Plague Historians in Lab Coats,” *Past & Present* 213, no. 1 (November 2011): 267–90. aDNA is needed for areas outside of Europe to inform studies on the movement of plague across time and space.

whole world” required a universal precipitating cause. The plague was thus explained as the result of adverse astrological conjunctions, earthquakes, or other similar events that had produced evil vapours and corrupted the air. The infected air was then spread widely by the wind. To explain why some people in a community became sick and died while others did not, recourse was made to variations in individual humoral balances, which rendered some people more susceptible than others to the infected air. John of Burgundy analogized that just as fire could only burn in material that was combustible, so too could pestilential air only cause infection in those people in which “he fynde mater of ye body redy to receyve corrupcion.”²⁶ Physicians also recognized that close proximity to persons sick with the plague increased one’s chances of becoming ill. As Guy de Chauliac wrote in 1363, the disease was so contagious that people could catch it from each other through glance alone.²⁷

Most physicians distinguished between major and minor levels of disease transmission. The former entailed transmission of the disease from place to place, while the latter represented human-to-human transmission, which itself could occur by three different modes: breath, skin perspiration, or gaze. Theories that suggested that disease could be transmitted by corrupted air and by contagion were thus longstanding and were not contrary; they were, in fact, successive stages of the disease’s dissemination along a broad spectrum of possibilities.²⁸ Physicians’ suggested preventive measures were complex as a result, and aimed at identifying places that were or that could be protected from infected air, at correcting or purifying the infected air, at keeping the body resistant to infection, and at avoiding contact with infected people.²⁹ These

²⁶ John of Burgoyne, “ffor ye pestilens,” Oxford, Ashmole MS 1443, (15th century), f.376v.

²⁷ “*Et fuit tante contagiositatis, specialiter que fuit cum sputo sanguinis, quod non solum morando sed etiam inspiciendo unus recipiebat de alio...*” Guy de Chauliac, *Inventarium sive chirurgia magna*, ed. Michael McVaugh, vol. 1 (Leiden: Brill, 1997), 118.

²⁸ Jon Arrizabalaga, “Facing the Black Death: Perceptions and Reactions of University Medical Practitioners,” in García-Ballester et al., *Practical Medicine*, 259–260.

²⁹ Arrizabalaga, “Facing the Black Death,” 262–287. Similar ideas can be seen among Muslim medical practitioners.

approaches to disease management had been, with minor cultural and geographic differences, common reactions to deadly epidemic disease since the time of the Ancient Greeks and formed part of traditional medical theory and practice.

A new genre appears: “Here begyns a nobyll tretys”

Here begyns a nobyll tretys mayde of a gude fisysyane John of Burdews for medicyn agayne ye pestlens yvell. — John of Burgundy, adaptation, late 14th century³⁰

Medieval physicians faced bitter and often satirical commentary about their apparent inability—and hence that of traditional medical theory and practice—to halt the plague epidemic. Boccaccio noted in his mid-fourteenth-century *Decameron*, for example, that “it seemed that all the advice of physicians and all the power of medicine were profitless and unavailing. Perhaps the nature of the illness was such that it allowed no remedy; or perhaps those people who were treating the illness...being ignorant of its causes, were not prescribing the appropriate cure.”³¹ Even so, the disease’s arrival provoked a few physicians to contribute to a new genre of medical literature: the plague treatise/tract. The importance of this development should not be overlooked: plague treatises were substantially different from earlier texts addressing illnesses and treatments in that they were typically based on broad first-hand experience or second-hand

Justin K. Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean* (Baltimore: The Johns Hopkins University Press, 2011), 69.

³⁰ John of Burdews, “No[ta] o[mn]ia ista,” Oxford, Bodleian Rawlinson MS A.429, (late 14th/early 15th century), f.85v.

³¹ Boccaccio, *Decameron*, 7. Other contemporaries were even less generous in their assessments. The chronicler Matteo Villani complained that “doctors from every part of the world had no good remedy or effective cure...To gain money some went visiting and dispensing their remedies, but these only demonstrated through their patients’ death that their art was nonsense and false.” Quoted in John Aberth, *The Black Death: The Great Mortality of 1348–1350: A Brief History with Documents* (Boston: Bedford/St. Martins, 2005), 37. Others blamed physicians for refusing to treat the ill or for running away. Tract writers also frequently condemned the theories and techniques of their colleagues and of non-university trained practitioners. Lori Jones, “Exploring Concepts of Contagion and the Authority of Medical Treatises in 14th–16th Century England” (unpublished MA thesis: University of Ottawa, 2012). See especially Chapter 3: Revisiting the Authority of Medical Treatises.

knowledge about this new disease. Their authors claimed to write the tracts for the benefit of the general public, rather than for other physicians as had been the practice with the individual case-based medical *consilia* that were not meant to have any lay or public function.³²

Through these new and specialised treatises, physicians (and later other medical and non-medically-trained writers) disseminated their ideas about what was causing the plague and offered advice to readers about both how to prevent it through personal and environmental maintenance and how to treat and cure it using remedial therapies. Jacme d'Agramont, a Catalan physician, wrote his 1348 treatise for the councillors and people of Lleida (Lérida) based on reports that he collected about the quickly approaching epidemic; d'Agramont remarked that if his readers were looking for theoretical explanations or pharmaceutical recipes, they should consult a learned physician since providing such information was not the goal of his treatise.³³ Gentile da Foligno, a physician and writer working in Perugia and Padua in 1348, wrote several tracts, each for a different audience, that reflected his experiences with the practical problems of combating the plague.³⁴ Abū Dja'far Ahmad ibn 'Alī ibn Muhammad ibn Khātima Al-Ansari (better known as Ibn Khātimah), a Muslim author in Almería (Andalusia), wrote his 1349 treatise based on a combination of his personal experience treating plague victims and knowledge that he had collected from others.³⁵ The Jewish physician Abraham Caslari of Besalú (Catalonia), by contrast, wrote a tract in 1349 that was clearly intended for readers

³² On the *consilia*, see Jole Agrimi and Chiara Crisciani, *Les consilia médicaux*, trans. Caroline Viola (Turnhout, Belgium: Brepols, 1994). Lynn Thorndike has presented the treatise written by Augustine of Trent in response to "the pestilence of infirmities" of 1340 as a precursor to the plague tracts that followed later that decade. "A Pest Tractate Before the Black Death," *Sudhoffs Archiv für Geschichte der Medizin*, Bd. 23, H. 4 (October 1930): 346–356.

³³ Jacme d'Agramont, "Regiment de Preservacio a Epidimia o Pestilencia e Mortaldats," trans. M.L. Duran-Reynals and C.E.A Winslow, *Bulletin of the History of Medicine* 23 (1949): 57–89. D'Agramont has been called the first plague tract author in C.E.A. Winslow and M. L. Duran-Reynals, "Jacme d'Agramont: The First of the Plague Tractates," *Bulletin of the History of Medicine* 22 (1948): 748–66, although his work also speaks to other diseases.

³⁴ A. Philippe, *Histoire de la peste noire, d'après des documents inédits* (Paris : à la direction de Publicité Médicale, 1853): 220–80; Lynn Thorndike, "Consilia and More Works in Manuscript by Gentile da Foligno," *Medical History* 3, no. 1 (1959): 8–19.

³⁵ Stearns, *Infectious Ideas*.

learned in both medicine and highly technical Hebrew.³⁶

The treatises varied in length: some were short and concise (one to five pages), while others provided extended and often detailed discussions of the meaning and nature of the disease that extended over hundreds of pages. Regardless of length, all were largely formulaic and typically contained three distinct sections. The first part elaborated on the causes and prognostic signs of the plague that were typically grounded in traditional theoretical and/or astrological frameworks. The second part provided guidance on how the disease might be avoided, and focused primarily on maintaining the six non-naturals and maintaining a clean home environment. The third part offered a range of therapeutic remedies, including herbals, cordials, plasters, and phlebotomy. The texts were based on traditional Galenic principles and drew heavily from the eleventh-century medical canon of the Islamicate natural philosopher Avicenna (Ibn Sīnā). Most of the early treatises in particular contained little discussion of specific disease symptoms, except those that could be specifically treated. As Christiane Nockels Fabbri's extensive study of plague medicine concluded, the uniformity of the treatises' arrangement and, to a large extent their contents, points to the evolution of a genre of medical writing in Europe and the Middle East that was predicated less on developing innovative theories or sharing locally-specific information than on extensive borrowing and copying.³⁷

The majority of the earliest plague tract authors, writing between 1348 and 1350, were university-trained physicians or surgeons; not surprisingly, they primarily composed their treatises in urban centres of learning and/or in major universities, including Bologna, Padua, Montpellier, Paris, and Lleida. Some authors, like Foligno, d'Agramont, and Khātimah, wrote as

³⁶ Susan Einbinder, *After the Black Death: Plague, Trauma and Commemoration Among Iberian Jews* (Philadelphia: University of Pennsylvania Press, 2017 forthcoming). I thank Susan for allowing me to read an early version of her chapter on Caslari's plague tract.

³⁷ Fabbri, "Continuity and Change."

individuals; many of these authors named themselves in their treatises, although a few remained anonymous. Others authors, such as the Faculty of Medicine in Paris, wrote as a collective.

Tracts continued to appear in response to recurrent outbreaks over the subsequent decades and centuries. By the later fifteenth century, tract production had moved beyond academic settings and into other urban centres, making what Colin Jones suggested was “a clear mark of their importance at the local level.”³⁸ The cadre of tract authors also expanded beyond those with university medical training to include clergy, political administrators, and other generalist or specialised writers. This secularisation of authorship indicates, in turn, that as the plague came to represent a socio-political phenomenon, rather than solely a medical or religious issue, a wider range of writers felt drawn to write and circulate their ideas about it.

The professional and popular utility of plague treatises is evident from their quick proliferation and uptake. At least twenty-four different tracts appeared between 1348 and 1350. By the later fourteenth and fifteenth centuries, hundreds of treatises (originals and copies or adaptations of originals) circulated throughout Europe.³⁹ By combining learned and authoritative medical knowledge and theory (that is, scholastic humoralism) with practical experience, the treatises responded to professional and public concerns about the disease. Many authors integrated their personal experiences and observations into the tracts, both to bolster their own credibility and authority and to make their works more appealing by appearing useful, pragmatic, and based on actual success.

Plague treatises were widely translated, adapted, and disseminated until at least the eighteenth century, their popularity maintained by recurrent outbreaks of a disease that continued to generate fear along with high levels of mortality. Texts on other specific conditions, sets of

³⁸ Fabbri, “Continuity and Change,” 30.

³⁹ Samuel Cohn estimated that as many as one thousand tracts appeared between 1348 and 1500. *The Black Death Transformed: Disease and Culture in Early Renaissance Europe* (Oxford: Oxford University Press, 2002), 66.

symptoms, or diseases—such as ague, various fevers, the pox (*morbis gallicus*), scrofula (king’s evil), epilepsy (falling evil), and leprosy—as well as texts that addressed particular topics such as midwifery and children’s illnesses were also common throughout the late medieval and early modern eras. Treatises on the plague, however, proliferated especially from the fifteenth to the early seventeenth centuries to a level that typically exceeded in some years the production of medical books on all other types of diseases or conditions. The plague was, then, *the* disease that required sustained textual attention, and *the* disease that ultimately came to represent the ills of contemporary society.

The first treatise authors wrote primarily in scholarly Latin, Arabic, or Hebrew, with only a few, like Jacme d’Agramont, writing in the vernacular. By the later fifteenth century, by contrast, the majority of plague tracts circulated in the vernacular (English, French, Italian, Spanish, Catalan, Flemish, German, Ottoman Turkish, Persian, and so on). These texts addressed not only medical professionals and scholars but also a varied lay audience that included wealthy patrons and, later, other literate readers.⁴⁰ Many plague treatises expressly included different recipes for their rich and poor target audiences; it is likely that the writers intended to assist not only practitioners who attended patients with different levels of financial means but also literate caretakers or patients who could use the advice directly.⁴¹ Some plague tracts circulated as individual texts, while others were copied into composite manuscripts and miscellanies. With the advent of printing, plague treatises circulated alone or appeared within larger compendia, including surgical and hygiene manuals as well as a variety of other works of interest to a general reading public. The earliest printed tracts circulated first as manuscripts; printers selected them based on their existing popularity republished them in the new print format for wider

⁴⁰ Fabbri, “Continuity and Change,” 33. Fabbri notes “There is evidence that some tracts were intended as professional training manuals.”

⁴¹ Jones, “Exploring Concepts of Contagion.” See especially Chapter 4: Reaching the Poor?

audiences. Printed plague tracts then contributed to a growing corpus of writing on the plague that became both increasingly moralistic and more literary.

The earliest studies of plague treatises in the early twentieth century generated a series of catalogues, partial transcriptions, and editions from modern-day Germany, Italy, France, Spain, and the British Isles.⁴² Transcriptions and analytical studies have produced invaluable information about the specific contents and dissemination of individual treatises and their authors—such as Lister M. Matheson’s work on John of Burgundy and George Keiser’s study of Thomas Moulton—or of smaller subsets of them. A number of works are particularly noteworthy here, including Jon Arrizabalaga’s detailed analysis of the earliest tracts produced by university-trained physicians; Ron Barkai’s preliminary examination of Jewish tracts on the Black Death; Melissa P. Chase’s exploration of plague disease classification debates among Montpellier tract writers; Michael Dols’ unpacking of early Islamic treatises; Christiane Nockels Fabbri’s study of the evolution of European plague medicine up to 1599; Joël Coste’s diachronic analysis of the causal explanations and treatment recommendations found in French printed tracts and Colin Jones’s elucidation of French plague scripts.⁴³ Modern editions and studies of Jewish tracts have

⁴² See, for example, Karl Südhoff, “Pestschriften aus den ersten 150 Jahren nach der Epidemie des ‘schwarzen Todes’ 1348,” *Archiv für Geschichte der Medizin*, 2–19 (1907–27); Arnold C Klebs and E. Droz, *Remèdes contre la peste : fac-similés, notes et liste bibliographique des incunables sur la peste* (Paris: E. Droz, E. Nourry, 1925; Genève: Slatkine Reprints, 1978); Arnold C. Klebs and Karl Südhoff, *Die Ersten Gedruckten Pestschriften* (Munich: Verlag der Munchener Druck, 1926); Dorothea Waley Singer, “Some Plague Tractates (Fourteenth and Fifteenth Centuries),” *Proceedings of the Royal Society of Medicine*, 9 (1916): 159–212; Dorothea Waley Singer, “Survey of Medical Manuscripts in the British Isles Dating from Before the Sixteenth Century,” *Proceedings of the Royal Society of Medicine*, 12 (1919): 96–107; Dorothea Waley Singer and Annie Anderson, *Catalogue of Latin and Vernacular Plague Texts in Great Britain and Eire in Manuscripts Written before the Sixteenth Century* (London: William Heineman Medical Books, 1950); and Anna Montgomery Campbell, *The Black Death and Men of Learning* (New York: Columbia University Press, 1931; New York: AMS Press, 1966).

⁴³ Lister M. Matheson, “John of Burgundy: Treatises on Plague”, in *Sex, Aging, and Death in a Medieval Medical Compendium. Trinity College Cambridge MS R.14.52, Its Texts, Language, and Scribe*, ed. M. Teresa Tavormina, (Tempe: ACMRS, 2006), 2:569–606; Lister M. Matheson, “Médecin sans Frontières? The European Dissemination of John of Burgundy’s Plague Treatise,” *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 19–31; George R. Keiser, “Two Medieval Plague Treatises and their Afterlife in Early Modern England,” *Journal of the History of Medicine and Allied Sciences* 58, no. 3 (July 2003): 292–324; Arrizabalaga, “Facing the Black Death,” 237–88; Ron Barkai, “Jewish Treatises on the Black Death (1348–1500): A Preliminary Study,” in *Medicine from the Black Death to the French Disease*, ed. Roger French, Jon Arrizabalaga, Andrew Cunningham,

also started to appear recently.⁴⁴

The ubiquity of plague treatises by the sixteenth century has led some historians to consider them as a reflection of largely unchanging contemporary medical doctrine. Fabbri noted that the European plague tracts “demonstrate striking continuity in plague medicine over the course of more than two centuries [1348–1599]. Neither prevention nor treatment of plague changed significantly from the first pandemic [that is, the Black Death] to the end of the sixteenth century.”⁴⁵ The treatises nevertheless helped to shape contemporary preventive public health strategies.⁴⁶ Scholars such as Samuel Cohn have used them to demonstrate the evolution of contagionist theories and medical practices, or compare them against what archival records have to say on such matters.⁴⁷ The fact that the tracts’ disease prevention and treatment regimens changed very little over time—or from place to place—until at least the later sixteenth century led historian Paul Slack to contend that these texts simply reflected broad contemporary beliefs and practices and can “be taken as a whole and plundered for evidence of the conventional view of epidemics.”⁴⁸

In the early 1980s, Lawrence Conrad had already proposed that plague treatises be

and Luis García-Ballester (Aldershot: Ashgate, 1998), 6–25; Melissa P. Chase, “Fevers, Poisons, and Apostemes: Authority and Experience in Montpellier Plague Treatises,” *Annals of the New York Academy of Sciences* 441, no. 1 (1985): 153–70; Michael Dols, “Al-Manbijī’s ‘Report of the Plague’: A Treatise on the Plague of 764–65/1363–64 in the Middle East,” in *The Black Death: The Impact of the Fourteenth-Century Plague*, ed. Daniel Williman (Binghamton, NY: Center for Medieval and Early Renaissance Studies, 1982), 65–76; Fabbri, “Continuity and Change;” Joël Coste, *Représentations et comportements en temps d’épidémie dans la littérature imprimée de peste (1490–1725): Contribution à l’histoire culturelle de la peste en France à l’époque moderne* (Paris: Honoré Champion Éditeur, 2007); Colin Jones, “Plague and Its Metaphors in Early Modern France,” *Representations* 53 (1996): 97–127.

⁴⁴ Einbinder, *After the Black Death*; Efrén de la Peña Barroso, “Un *Regimen sanitatis* contra la peste: El Tratado del licenciado Vázquez,” *Asclepio* 44, no. 2 (2012): 397–416; Gerrit Bos and Guido Mensching, “The Black Death in Hebrew Literature: Abraham Ben Solomon Hen’s *Tractatulus de pestilentia*,” *Jewish Studies Quarterly* 18, no. 1 (March 2011): 32–63; Gerrit Bos, “The Black Death in Hebrew Literature: Ha-Ma’amar be-Qaddahot ha-Dever (Treatise on Pestilential Fever),” *European Journal of Jewish Studies* 5, no. 1 (2011): 1–52.

⁴⁵ Fabbri, “Continuity and Change,” iii.

⁴⁶ Fabbri, “Continuity and Change,” 6.

⁴⁷ Samuel K. Cohn, Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010).

⁴⁸ Slack, *Impact of Plague*, 24.

considered as a literary genre, an important source of historical knowledge, and a mirror on contemporary public affairs.⁴⁹ Since his work focused on Arabic treatises, however, Conrad's ideas have not made much headway in the mostly Europe-focused studies (beyond Colin Jones's work). In fact, even though the plague tract genre was widespread in both Europe and the Middle East, few scholars have acknowledged seriously that the genre crossed major language, regional, and religious divisions. From a historiographical perspective, the implications of assuming that plague tracts are timeless, derivative, and interchangeable are highly problematic. First, as Jones aptly observed, applying a uni-focal medical text label limits recognition of other types of plague scripts. Worse, it inhibits serious study of any other contemporary concerns that might also be addressed in these texts, such as political discord, dynastic upheaval, or religious factionalism. Second, assuming uniformity of content has encouraged historians whose focus lies on the social and demographic impacts of the plague to simply mine the tracts for "snippets of information"⁵⁰ to support their broader interests, whether those be precursors of later medical advancements, the appearance of outbreaks in particular localities, or the eclectic mix of contemporary plague treatments. Jean-Noël Biraben's classic work on plague in Europe and the Mediterranean region, for example, considered plague treatises to be little more than documentary evidence that can be used to trace where and when outbreaks took place.⁵¹

In this sense, the tendency among generalist historians in particular has been to apply an outsider's (*etic*) approach to the texts without appropriately considering either the writers' personal experiences and mind-sets (*emic*) or the actual historical context within which each text was written. Some recent studies are now bringing the two approaches together by looking, for

⁴⁹ Lawrence I. Conrad, "Arabic Plague Chronologies and Treatises: Social and Historical Factors in the Formation of a Literary Genre," *Studia Islamica* 54 (1981): 51–93.

⁵⁰ Jones, "Plague and Its Metaphors," 122, fn. 29.

⁵¹ Jean-Noël Biraben, *Les hommes et la peste en France et dans les pays européens et méditerranéens*, 2 vols. (Paris: Mouton, 1975–76). Jones discussed this point in more detail in "Plague and Its Metaphors."

example, at what combining the material evidence of plague burial sites and contemporary documentary evidence can reveal about the social implication of plague in particular communities; applying such a broader approach to plague tracts is still needed.⁵² Third, dismissing the tracts as historically uninteresting has left much of the study of plague writing, broadly speaking, to literature and philology scholars, who tend to intermix the tracts with other types of literary writing on the plague. There are a number of fine studies on plague in early modern English literature, for example, but the writers have sometimes failed to situate plague tracts within the longer context of their unique development as a genre. They thus avoid the full historical discussion surrounding those tracts selected for discussion and miss or misconstrue the deeper historical and geo-political contexts that framed them.⁵³ Fourth, focusing on their textual contents alone and portraying them as author-driven misses both the implications of materiality on their circulation, value, and appeal and the role of other agents in their selection, publication, and dissemination, including scribes, printers, stationers, and booksellers. Finally, presuming that all tracts are repetitive of each other has created an image that they are largely ahistorical, and that excerpts drawn from a few examples in one time and place can be taken as evidence of the whole across long time frames and wide geographic and cultural spaces. Failing to deconstruct references to specific places and times, to specific local events, and to specific concerns and anxieties, however, means missing the locally relevant social constructions of the plague that

⁵² Anna Colet, Josep Xavier Muntané i Santiveri, Jordi Ruíz Ventura, Oriol Saula, M. Eulàlia Subirà de Galdàcano, and Clara Jáuregui, "The Black Death and Its Consequences for the Jewish Community in Tàrraga: Lessons from History and Archeology," *The Medieval Globe* 1 (2014): 63–96. For the importance of using both approaches together, see Monica H. Green, "Editor's Introduction to Pandemic Disease in the Medieval World: Rethinking the Black Death," *The Medieval Globe* 1 (2014): 9–26. For an overview of *emic* versus *etic* debates in the history of science more broadly, see Nick Jardine, "Etics and Emics (Not to Mention Anemics and Emetics) in the History of the Sciences," *History of Science* 42, no. 3 (2004): 261–78.

⁵³ Rebecca Totaro and Ernest B. Gilman, ed., *Representing Plague in Early Modern England* (New York: Routledge, 2010); Rebecca Totaro, trans. and ed., *The Plague in Print: Essential Elizabethan Sources, 1558–1603* (Pittsburgh: Duquesne University Press, 2010); Ernest B. Gilman, *Plague Writing in Early Modern England* (Chicago: University of Chicago Press, 2009).

appear in the tracts. Taken together, these problematic approaches to the tracts have significantly limited any deeper historical understanding of their contents, their meanings, or their purposes.

Not all historians have approached plague tracts as unchanging and timeless. Melissa P. Chase, Colin Jones, Christiane Nockels Fabbri, Joël Coste, and Samuel Cohn for example, have each examined particular and observable aspects of change in specific sub-sets of treatises. Chase argued that Montpellier authors' debates between the mid-fourteenth and mid-fifteenth centuries about which nosological category best suited the disease indicates that in the process of assimilating their observations into existing medical theory, these writers devised new explanatory models that helped to advance medical thinking.⁵⁴ Jones problematized long-standing statistical and pragmatic assumptions about treatises and proposed instead a narrative and literary analysis that recognises the plague tract as a distinct genre full of symbolic metaphor. In particular, he demonstrated that several distinct narratives, or scripts, existed in French treatises by the early modern era, each reflective of its author's medical, civil, or religious mindset and purpose.⁵⁵ Fabbri used her study of the medical practices and theories discussed in late medieval and early modern tracts to demonstrate that, for the historian, the real value of the treatises lies "as much in the record of medical tradition and conservatism, as in the serendipitous documentation of deep cultural and religious transformation."⁵⁶ Coste, for his part, traced changes in medical discourses about the plague in French tracts printed between 1490 and 1725, and explores what these changes suggest about evolving cultural attitudes towards the disease.⁵⁷ For Cohn, the pan-Italian epidemic of 1575–8 marked a visible rupture in plague tract writing; from this time forward, he maintained, the authorship, contents, language, and writing style of

⁵⁴ Chase, "Fevers, Poisons, and Apostemes."

⁵⁵ Jones, "Plague and Its Metaphors," 97–127; Colin Jones, "Languages of Plague in Early Modern France," in *Body and City: Histories of Urban Public Health*, ed. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 41–9.

⁵⁶ Fabbri, "Continuity and Change," 202.

⁵⁷ Coste, *Représentations et comportements*. Coste's analysis focuses solely on works catalogued electronically at the Bibliothèque Nationale de France and at the British Library.

Italian tracts changed.⁵⁸ Aside from these and a few other examples, though, the general scholarly impression of plague tracts is that “long-favoured texts” were often republished during multiple outbreaks; “novelty [was] rare” and even eighteenth-century tracts were “uncontroversial and traditional...[simply] summaris[ing] old ideas and old remedies.”⁵⁹

Chase, Jones, Fabbri, Coste, and Cohn all pointed to the importance of exploring not just continuity in plague tracts over time, but also change. As Coste noted in terms of reactions to the plague more generally, “many studies have uncovered the diversity of...reactions provoked [by the plague] according to place and time, and this diversity prohibits us today from approaching different outbreaks—for example, an English epidemic in the seventeenth century, an Italian epidemic in the sixteenth century, and the Black Death in Germany—in the same way.”⁶⁰ The same caution has yet to be applied seriously to the tracts themselves, though. Each of the above-noted scholars explored specific changes across a subset of treatises over discrete periods of time. Aside from Jones, they focused on changes related primarily or solely to medical theory or practice. Given each scholar’s particular temporal focus and area of expertise, whether it be the later fourteenth century, the medieval era, or the early modern, none traces change in the tracts from the Black Death until the plague of Marseille—across the span, that is, of Western Europe’s experience of the Second Pandemic. To be fair, doing so was not their intent. However, to truly understand the nature and degree of continuity and change that took place in the tracts between the first universal outbreak of the mid-fourteenth century and the last large outbreaks of early

⁵⁸ Cohn, *Cultures of Plague*, especially 95–139.

⁵⁹ Irma Taavitsainen Peter Murray Jones, Päivi Pahta, Turo Hiltunen, Ville Marttila, Maura Ratia, Carla Suhr, and Jukka Tyrkkö, “Medical Texts in 1500–1700 and the Corpus of Early Modern English Medical Texts,” in *Medical Writing in Early Modern English*, ed. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), 13; Slack, *Impact of Plague*, 329.

⁶⁰ “...plusieurs études ont en effet dévoilé la diversité du déroulement des épidémies et des réactions suscitées selon le lieu et le moment, et cette diversité interdit aujourd’hui d’aborder de la même manière – par exemple – une épidémie anglaise du XVII^e siècle, une épidémie italienne du XVI^e et la peste noire en Allemagne.” Coste, *Représentations et comportements*, 14.

eighteenth-century Western Europe, it is necessary to take a long view. This is especially crucial for examining the ways in which tract authors framed their discussions about the plague. In particular, the longer view allows for a deeper and more nuanced consideration of both historical context and the totality of plague experiences and perceptions. Combining individual snap-shots across time does not and cannot generate the same result.

My earlier exploration of selected treatises' unique contents demonstrated that underlying the standard and formulaic discourse about the plague—particularly in England's tumultuous fifteenth and sixteenth centuries—one can find commentary about on-going local socio-political and professional strife.⁶¹ Treatise authors used this specialised textual genre to legitimise both their political affiliations and their professions, sometimes at the same time. The epidemics simply (or conveniently) provided a useful backdrop against which some authors framed their broader dialogues about their place and role in society. Indeed, tensions within the professional medical community, religious beliefs, and, to an increasing extent in the latter centuries, nationalistic attitudes permeated a number of the treatises. In that light, plague treatises provide a view of contemporary responses and reactions to religious, cultural, social, and political change, and need to be deconstructed as such. Like more narrative accounts of and reactions to the Black Death, such as chronicles, literature, and letters, plague treatises offer a window into contemporary *mentalités* and should be analysed not solely as medical sources, but also as socio-political ones. As Fabbri rightly observed without taking the point to its logical conclusion, “the plague treatises trace at once continuity and change, and substantiate both the cultural construction and the social significance of epidemics.”⁶²

Exploring these works solely as texts, without considering their material features, also

⁶¹ Jones, “Exploring Concepts of Contagion.”

⁶² Fabbri, “Continuity and Change,” iv, 202. To this, Colin Jones would add political change.

means missing, if not ignoring, the very real meanings that the tracts' variant physical features held. Richly illuminated manuscripts were not meant for surgeons or lower gentry readers, but instead implied royal or aristocratic interest in, and acceptance of, the explanations and guidance provided in plague tracts. Heavily annotated remedies and worn pages implied both careful reading and regular reference being made to the prophylactic recipes contained in the treatises. The typefaces used in printed texts likewise implied certain anticipated audiences with specific reading abilities. And, as Kathleen Tonry has argued, material cheapness—suggested by thin paper and low quality printing techniques—could advertise that a book's value lay not in its “external signifiers of wealth but upon the good intentions of both publisher and reader.”⁶³

Interdisciplining plague tract studies

Moving beyond existing histories: “...of this infirmite [sic] .vii. thynges ought to be noted”

Here begynneth a litil boke the which traytied and reherced many gode things
necessaries for the infirmite a grete sekeness called pestilence the whiche often times
infecteth us made by the most expert Doctour in physike. — Bisshop [sic] of
Arusiens, c.1480⁶⁴

Historical research and teaching is typically organised around discrete temporal periods, with each period reflecting the idea of a unit of time during which historians perceive society to have been sufficiently different from the preceding and subsequent eras to warrant separate attention. Scholars concerned with the falsely divisive, static, and compartmentalised nature of chronological boundaries have already noted the barriers that such boundaries pose to

⁶³ Kathleen Tonry, *Agency and Intention in English Print, 1476–1526*, Texts and Transitions vol. 7 (Turnhout: Brepols, 2016), 35.

⁶⁴ Bisshop of Arusiens, *A Litil Boke the whiche Traytied and Reherced Many Gode Thinges* (London: William Machlinia, 1485), 1. The suheading quote appears on 1v. Although most references to this tract use “Canutus” as the author, I have used the authorial name provided in the text itself.

historians.⁶⁵ Particularly problematic with chronological approaches to historical study are the sticky issues of continuity—no clear lines exist between retrospectively created historical periods to denote that “a narrow strait has been crossed and a new continent entered”⁶⁶—and the fact that chronological periods assigned to one geographic region or historiographical tradition are not necessarily applicable, or even relevant, to another.⁶⁷

As Marc Bloch contended decades ago, periodization should depend on the phenomenon or issue that one is studying, not on pre-defined historiographical periods like medieval or early modern.⁶⁸ To take Bloch’s argument further, one’s geographic focus should also depend on the issue that one is studying. Pandemics and epidemics are, after all, temporal and spatial phenomena. The second plague pandemic consisted of multiple epidemics that occurred repeatedly across an extensive geographical area over the course of several hundred years. Some outbreaks were intensely local, while others spread across larger regions. Looking at people’s portrayals of the plague’s origins, or at their discussions of a diseased body politic, at only one particular moment in space or time reveals little about how cumulative and increasingly localised encounters with the disease continuously reshaped people’s ideas about it. Studying individual or small groups of plague treatises in isolation, without taking into account which sections of the texts were retained over multiple copies and editions and which were updated or revised, similarly does little to uncover how portrayals of the plague changed over time and place.

⁶⁵ For the complexities of medieval periodisation, see Jacques Le Goff, *The Medieval Imagination*, trans. Arthur Goldhammer (Chicago: University of Chicago Press, 1988), 18–23 and Marcus Graham Bull, *Thinking Medieval: An Introduction to the Study of the Middle Ages* (New York: Palgrave Macmillan, 2005), 42–61. For early modern periodisation, see Randolph Starn, “The Early Modern Muddle,” *Journal of Early Modern History* 6, no. 3 (2002): 296–307, and for the lack of clarity about the transition from one to the other, see Ronald Hutton, ed., *Medieval or Early Modern: The Value of a Traditional Historical Division* (Cambridge: Cambridge University Press, 2015).

⁶⁶ Luis García-Ballester, “Academicism versus Empiricism in Practical Medicine in Sixteenth-Century Spain with Regard to Morisco Practitioners,” in *The Medical Renaissance of the Sixteenth Century*, ed. A. Wear, R.K. French, and I.M. Lonie, (Cambridge: Cambridge University Press, 1985), 249.

⁶⁷ Starn, “The Early Modern Muddle,” 297–8; Steven G. Ellis, “From Medieval to Early Modern: The British Isles in Transition?” in Hutton, ed., *Medieval or Early Modern*, 15–18; Ronald Hutton, “Introduction,” in Hutton, ed., *Medieval or Early Modern*, 1–9.

⁶⁸ Marc Bloch, *The Historian’s Craft*, trans. Peter Putnam (Manchester: Manchester University Press, 1954), 156.

Instead, comparatively analysing those portrayals across the span of several centuries and across two politically and culturally intertwined yet separate kingdoms like England and France provides a much richer analysis. It highlights the different ways that people portrayed the disease in different places and at different times. It helps to elucidate particular issues or trends in the production and use of plague treatises as their formats and contents transitioned through time and space. It also avoids repeating the longstanding and oft-repeated historiographical assumption that these tracts were simply recycled *in toto* each time a new plague outbreak occurred.⁶⁹

The type of long and broad analysis proposed here required a wider set of historiographical traditions than has yet been used to study plague treatises. The cultural history of medicine, for example, explores the ways in which people's understanding of health, illness, and disease has been shaped by their specific contemporary contexts. The field differs from other types of medical history in its focus—the people who actually endured disease and the societies in which those encounters were framed, rather than the progressive achievement of important milestones in practice and theory—and in its methodological approach. *De rigueur* since the 1960s and associated with the history from below movement,⁷⁰ the cultural history of medicine resonates, in terms of its methodologies and sources, with social history and cultural anthropology. Medical historians like Paul Slack and Andrew Wear, for example, have already offered considerable insight into people's historical encounters with and reactions to the plague in England.⁷¹ However, in terms of plague treatises, most scholars have tended to use this approach to only situate the *medical* contents of the tracts into their appropriate *medical historical* context, such as

⁶⁹ Heikki Mikkeli and Ville Martilla, "Change and Continuity in Early Modern Medicine (1500–1700)," in *Early Modern English Medical Texts: Corpus Description and Studies*, ed. Irma Taavitsainen and Päivi Pahta (Amsterdam: John Benjamins, 2010), 19; Taavitsainen et al, "Medical Texts in 1500–1700," 13.

⁷⁰ Roy Porter, "The Patient's View: Doing Medical History from Below," *Theory and Society* 14, no. 2 (1985): 175–98.

⁷¹ Slack, *Impact of Plague*; Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000).

by framing their discussion of treatise production within specific medical communities or the larger heterogeneous framework of health care practices and beliefs. They have neither looked seriously at the unique contents or the broader socio-political contexts in which these texts were produced nor have they read beyond the integration of increasingly religious rhetoric during the Reformation and Counter-Reformation.

Looking more closely at how these treatises reflected changing ideas about the history and geography of the plague, for example, requires moving beyond the more obvious aspects of medical practice and religion. Historical epidemiologists and medical geographers track the characteristics and spread of disease outbreaks that occurred in the past, and their work could help to contextualise how contemporaries perceived the temporal and spatial origins of the plague against what was actually occurring. Some medical historians have questioned whether plague treatise authors' discussion of "universal" versus "particular" disease actually constituted a spatial understanding of epidemics.⁷² Other scholars have traced the movement of specific plague outbreaks, relying in part on contemporary descriptions of the plague's routes.⁷³ None, however, have fully examined the treatises' descriptions of the perceived movements of the epidemic disease over time and space and explored what these descriptions might reveal about changing perceptions of the relationship between history, geography, and disease.

Humanism played a large role both in renewing and reframing the longstanding idea of the body politic and in upending how people understood their history and its relationship to the

⁷² See, for example, Ann G. Carmichael, "Universal and Particular: The Language of Plague, 1348–1500," in *Pestilential Complexities: Understanding Medieval Plague*, ed. Vivian Nutton (London: Wellcome Trust Centre for the History of Medicine, 2008), 17–52.

⁷³ See, for example, Samuel K. Cohn Jr., "Epidemiology of the Black Death and Successive Waves of Plague," *Medical History* 52, Supplement 27 (2008): 74–100 and Élisabeth Carpentier, "Autour de la peste noire: famines et épidémies dans l'histoire du XIV^e siècle," *Annales Economies, sociétés, civilisations* 17, no. 6 (1962): 1062–1092. Two more recent works explore the historical movement of plague in innovative ways: Kathleen Coyne Kelly, "Flea and ANT: Mapping the Mobility of the Plague, 1330s–1350s," *Postmedieval: A Journal of Medieval Cultural Studies* 4 (2013): 219–232 and David Mengel, "A Plague on Bohemia? Mapping the Black Death," *Past & Present* 211 (2011): 3–34.

present, including human experience with the plague. It did so in part by reviving interest in the classical past and by seeking to eliminate Arabic and medieval influences on and interpretations of that past. Increased access to historical manuscript texts following the flight of *émigrés* from Constantinople after the Ottomans captured the city in 1453 engendered a significantly new awareness among contemporary scholars that the Black Death of their past was not in fact as unique an historical episode as had long been thought. By the early sixteenth century, there was also a growing sense that socio-economic, political, and religious changes were “extending beyond the normal range of mutability in human affairs.”⁷⁴ Greater knowledge of the past and recognition of the immediate problems of economic and social change in the present combined to create a sense of longer-term historical change,⁷⁵ in which the plague increasingly played a role as both the product and symptom of change and social disorder. Especially after the later fifteenth century, changing patterns of commercial and intellectual exchange, political and religious alliances, and travel and exploration also reshaped and altered the spaces within which people lived their lives. These spatial-perceptual alterations likewise fostered new conceptions of Others and influenced ideas about the places in which and from which diseases like the plague arose. This study is the first work that combines the cultural history of disease with contemporary historical and geographical intellectual traditions as a lens through which to consider how contemporary observations and ideas about the plague’s origins and role in society—and thus understanding of plague itself—changed over time.

Examining textual changes alone is insufficient. At times, images played a critical role in medieval and early modern portrayals of the plague. Beyond simply replacing the text for non-

⁷⁴ Keith Wrightson, *Earthly Necessities: Economic Lives in Early Modern Britain* (New Haven: Yale University Press, 2000), 3. Contemporary English writers commenting on economic and social change in the sixteenth century include Sir Thomas More (*Utopia*, 1515–6), Sir Thomas Smith (*Discourse of the Common Weal of the realm of England*, 1549), and William Harrison (*Description of England*, 1577).

⁷⁵ Phil Withington, *Society in Early Modern England: The Vernacular Origins of Some Powerful Ideas* (Cambridge: Polity, 2010).

readers, images had an intricate relationship with the text, and acted as reminders to deepen existing knowledge rather than creating new (or separate) knowledge.⁷⁶ The ways in which authors communicated images and contemporary audiences perceived them changed over time, particularly as stationers recreated manuscripts as books in greater numbers for a wider reading public. Art historians have typically taken the lead in exploring the link between image and text and in seeking to understand the role that the image and the illuminator/illustrator played in the production, use, and reception of books; they have largely done so, however, without engaging with textual historians.⁷⁷ Only Joël Coste's study of plague treatises has explored the meaning or purpose of images contained within the tracts, and this only for printed French texts.⁷⁸

The materiality of the plague tracts—their physical form and format—and their variant modes of production—manuscript or print, authored as originals or adapted by others, centralised or diffused production centres—likewise had an impact on the messages that they contained. The history (and geography) of the book is a particularly appropriate field of study to use for an examination of plague tracts. It examines “how forces within the media culture of any era have acted upon the authors and compilers who produced the works” that circulated as books or other types of textual objects.⁷⁹ It draws upon a variety of disciplines and methods and approaches “the book” as not just a text, but also as a material object, a cultural transaction, and an experience.

“As material artefacts,” Sidney Shep argued, plague tracts (like other books)

can travel long distances, define different ideological spheres...as texts [they] can be translated, repurposed, remediated, their intellectual content appropriated, adapted and transformed over time and space...as transactions [they] chart complex and often

⁷⁶ Lawrence G. Duggan, “Was Art Really the ‘Book of the Illiterate’?” in *Reading Images and Texts: Medieval Images and Texts as Forms of Communication*, ed. Marielle Hageman and Marco Mostert (Turnhout: Brepols, 2005), 63–107.

⁷⁷ A recent collection of multi-disciplinary papers explores images as only one component of a broader set of medieval communication practices. Hageman and Mostert, eds., *Reading Images and Texts*.

⁷⁸ Coste, *Représentations et comportements*, 69–73.

⁷⁹ Leslie Howsam, “The Study of Book History,” in *The Cambridge Companion to the History of the Book*, ed. Leslie Howsam (Cambridge: Cambridge University Press, 2015), 3.

fluid networks between authors and readers, producers and consumers. And...as cultural metaphors [they]...provoke affective experiences, both sacred and secular, that inspire ritual and revelation, memory and renewal.⁸⁰

Following in the footsteps of Lucien Febvre et Henri-Jean Martin's innovative study on the impact of print, more recent book studies by Adrian Johns and by Miles Ogborn and Charles W.J. Withers have focussed on the significance of location or place in the production, meaning, and reception of books and of the effects of the movement of those works through space.⁸¹ However, both history and geography of the book studies focus primarily on printed books, to the exclusion of works produced in manuscript (just as manuscript studies typically ignore printed works). They also pay scant attention to texts like plague treatises—primarily, it appears, because such works are considered to be neither literary nor books in the traditional sense.⁸² Labelled by historians as medical texts, plague treatises also tend to get ignored beyond specialised fields of study. While medical historians have produced impressive and substantial scholarship on works of all types and eras, there remains a gap between the conventional emphases of the history and geography of the book—which is focused primarily on literary works situated in particular times and places—and more specialised or practical texts, like plague treatises, that nevertheless have a long historical and broad geographical presence. This neglect is especially relevant with the recognition that although the tracts' strictly medical contents remained largely unchanged over four centuries and across a wide geographic space (contrasting with other scientific advances over the same period),⁸³ their other contents did change, and

⁸⁰ Sydney Shep, "Books in Global Perspectives," in Howsam ed., *Cambridge Companion*, 53.

⁸¹ Lucien Febvre et Henri-Jean Martin, *L'apparition du livre* (Paris: Les Éditions Albin Miche, 1958); Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998); Miles Ogborn and Charles W.J. Withers, eds., *Geographies of the Book* (Farnham: Ashgate, 2010). On the movement of books, see also Shep, "Books in Global Perspective."

⁸² Book lists generally omit plague tracts, as do compendia on the history of the book. See, for example, Simon Eliot and Jonathan Rose, eds., *A Companion to the History of the Book* (Oxford: Blackwell, 2007); *The History of Books and Libraries: Two Views*, ed. John Feather and David McKitterick (Washington: Library of Congress, 1986).

⁸³ Roger French and Andrew Wear, eds., *The Medical Revolution of the Seventeenth Century* (Cambridge:

sometimes quite starkly.

Drawing together the disparate threads of these various disciplines requires a coherent methodological model. Despite its neglect of the plague tract genre, the most obvious starting point is the already interdisciplinary history of the book since plague treatises are in effect books.

Modelling plague tracts: “Directions that are very different from the methods [of] former times”

...concerning the *suppressing [of the] Infection here* [I recommend directions that] are very different from the Methods taken in former Times among *Us*, and from what they commonly *Do Abroad*. — Richard Mead, 1720⁸⁴

In 1720, Richard Mead, Fellow of the College of Physicians and of the Royal Society, responded to the government’s request for advice about how best to protect England from any possibility that the plague outbreak in Marseille could spread there. In doing so, he made it clear which current practices and procedures he believed were still useful, which could be adapted from elsewhere in Europe, and which needed to be different from both historical and current methods. In that sense, Mead proposed a new model for plague prevention and control. Although his recommendations were never fully implemented because the plague did not arrive on England’s shores, Mead built upon what he considered to be the best practices already available. Writing some fifty years earlier, in 1666, the English physician, medical writer, and pamphleteer George Thomson had done likewise, railing against traditional medical approaches and their ineffectiveness against the plague. Thomson rejected Galenic explanations and treatments in particular, insisting that “the *First-fruits* of my *Difficult Labours*”—referring to the anatomies

Cambridge University Press, 1989); Charles Webster, *The Great Instauration: Science, Medicine, and Reform, 1626–1660* (Oxford: Peter Lang, 2002).

⁸⁴ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods Used to Prevent It* (London: Sam. Buckley and Ralph Smith, 1720), A3r.

that he had performed on plague corpses the previous year—had plainly proved the errors of traditional medical assumptions and practices.⁸⁵ He was also a leading figure in the ultimately unsuccessful attempt to create a College of Chemical Physicians to rival the established (and traditionalist) Royal College of Physicians. Both Mead and Thomson were very public and controversial figures in their respective times, but their rejections of long-standing medical models because of their evident shortcomings can be appreciated. A similar, although less controversial, approach is taken here, by examining the inadequacy of existing models or frameworks for the close study of plague tracts.

Robert Darnton provided the first history of the book model in the early 1980s, calling it a “communications circuit” because it centred on the process of communication that takes place across the production-to-consumption chain of book manufacture, dissemination, and utilization (Figure 1).⁸⁶ Darnton’s model focused on the people involved in this circuit, on how they transmit ideas through books, and on the effects of those ideas on people’s thoughts and behaviours.

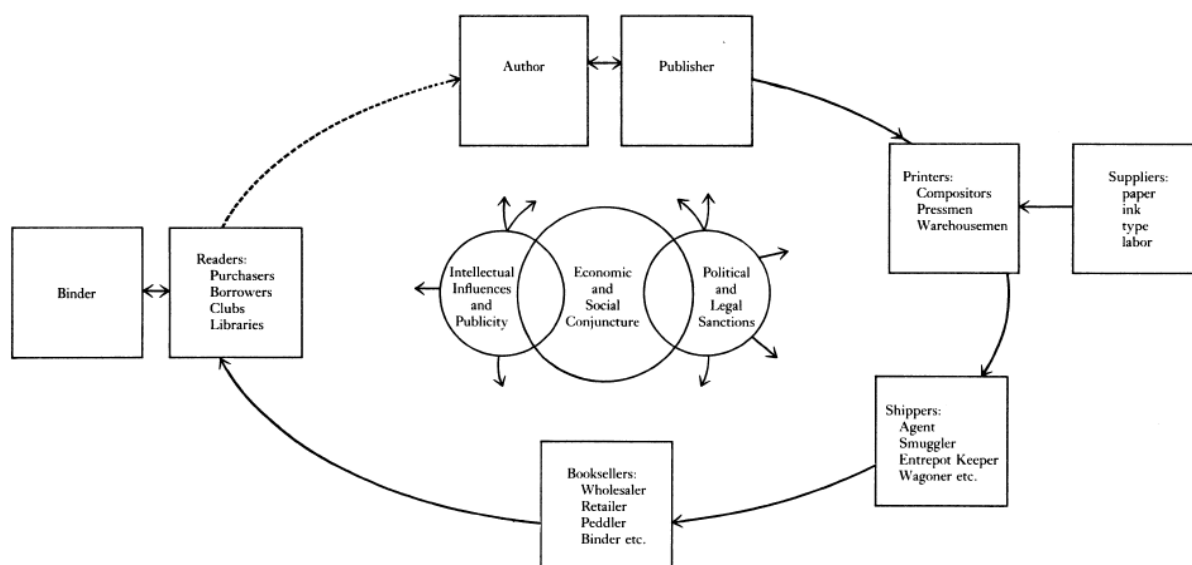


Figure 1: Darnton’s communications circuit

⁸⁵ George Thomson, *Loimotomia, or, the Pest Anatomized* (London: for Nathaniel Crouch, 1666), A4.

⁸⁶ Figure 1 is taken from Robert Darnton, “What is the History of Books?” *Daedalus* 111, no. 3 (Summer 1982): 68.

Not surprisingly, bibliographers—whose work addresses the physicality of books as artefacts—took exception to Darnton’s model and his dismissal of the importance of materiality. Bibliography focuses on books in their original physical form and incorporates the study of material culture. It cannot, bibliographers like G. Thomas Tanselle asserted, be sharply separated from the broader history of books. Every text is altered in the process of its transmission: virtually every copy of every early printed book is unique, even within the same edition. There can be no study of the transmission of ideas without a simultaneous study of the physical objects that transmit those ideas.⁸⁷

Responding to these rancorous debates, Thomas R. Adams and Nicolas Barker proposed a reconfigured schematic that recast the book as a living bibliographic tool. They agreed with Darnton that the history of the book is about “all aspects of the history of production, publication, and distribution [of books], from the initial stages of authorship to the impacts of books on their readers and society.”⁸⁸ However, they placed their model within a joint examination of a book’s life events (publishing, manufacture, distribution, reception, and survival) and stages (initial, rest period, and rediscovery) (Figure 2).⁸⁹ This approach followed a book and its impact throughout historical time and geographic space. It focused on the book as a material object that has a life history, rather than, as Darnton proposed, on the people involved in its production and circulation. Indeed, Adams and Barker’s model omitted one of the key players in the book’s life: its author.

⁸⁷ G. Thomas Tanselle, “Bibliographical History as a Field of Study,” *Studies in Bibliography* 41 (1988): 33–63; G. Thomas Tanselle, “Printing History and Other History,” *Studies in Bibliography* 48 (1995): 269–89.

⁸⁸ Thomas R. Adams and Nicolas Barker, “A New Model for the Study of the Book,” in *A Potencie of Life: Books in Society: The Clark Lectures 1986–1987*, ed. Nicolas Barker (London: British Library, 2001), 7.

⁸⁹ Adams and Barker, “New Model,” 14.

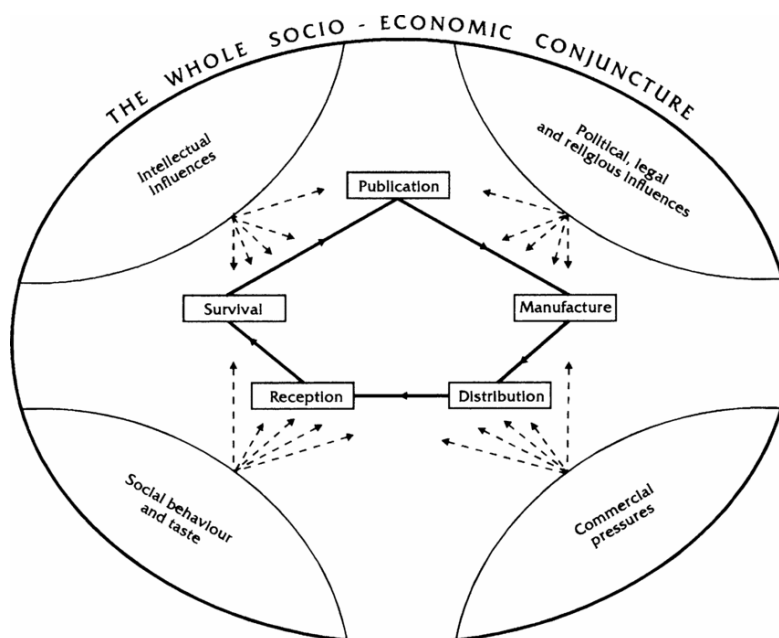


Figure 2: Adams and Barker's socio-economic conjuncture

Further refinements followed. D.F. McKenzie's work is particularly notable for proposing an evolved bibliography—what he termed “the sociology of the text”—that encompasses the study of texts as recorded forms and the contextual processes of their production, transmission, and reception.⁹⁰ In essence, McKenzie took a step further than Adams and Barker: in addition to putting the physical book object back into the history of the book, McKenzie put the text back into it. Other scholars have taken these models further by emphasizing the impact that individual actors' cultural and social status had on the production and circulation of books, by using the term “literary replication” to describe how authors, publishers, and readers reinvented a book through variant editions and multiple readings, and by emphasising the social lives of books.⁹¹

⁹⁰ Donald Francis McKenzie, *Bibliography and the Sociology of Texts*, (Cambridge: Cambridge University Press, 1999).

⁹¹ Peter D. McDonald, *British Literary Culture and Publishing Practice, 1880–1914* (Cambridge: Cambridge University Press, 1997); James A. Secord, *Victorian Sensation: The Extraordinary Publication, Reception, and Secret Authorship of 'Vestiges of the Natural History of Creation'* (Chicago: University of Chicago Press, 2000); William H. Sherman, “The Social Life of Books,” in *Oxford History of Popular Print Culture, vol 1: Cheap Print in Britain and Ireland to 1660*, ed. Joad Raymond (Oxford: Oxford University Press, 2011), 164–70.

Leslie Howsam's orientation guide to the history and culture of the book approached the field from yet a different perspective. She conceptualized the history of the book as being rooted in three major but overlapping academic disciplines: history, literary studies, and bibliography (Figure 3).⁹² Each discipline brings something specific but still contributes to a larger and more comprehensive whole by exploring the "connecting tissue between readers and writers."⁹³ By exploring issues such as agency, power, and experience, Howsam used History to examine books as cultural transactions, by which she meant "the relationship of communication and exchange that operates within a culture and a political economy."⁹⁴ Literary studies focused on textual criticism and perceived books as literary texts. Bibliography conceived of books as objects and explored them as material artefacts. As Howsam's simple triangular schematic shows, the book is best understood when all three disciplines are applied simultaneously to its study.

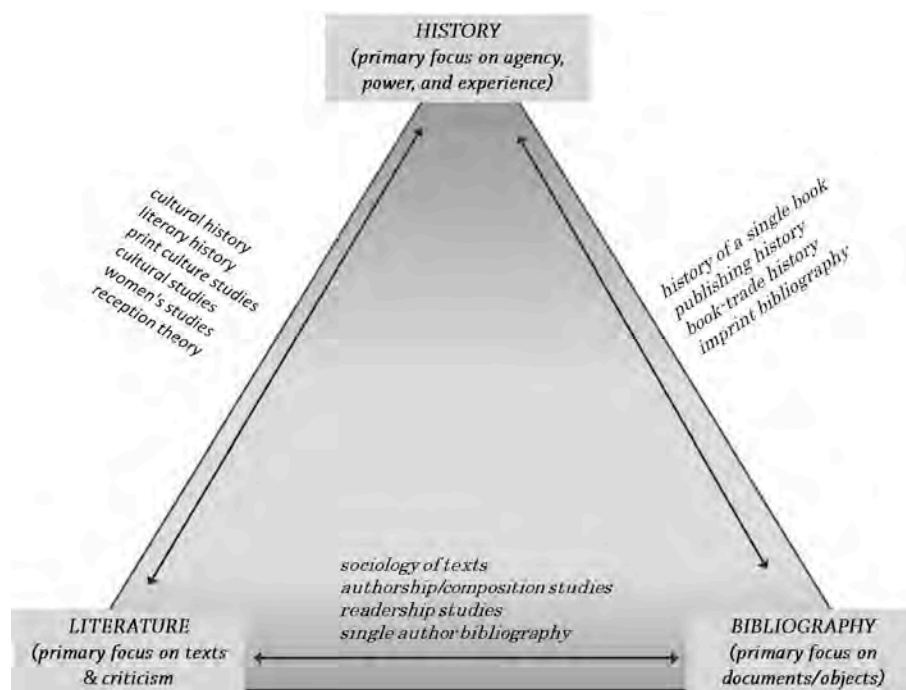


Figure 3: Howsam's history of the book triangle

⁹² Adapted from Leslie Howsam, *Old Books and New Histories: An Orientation to Studies in Book and Print Culture*, (Toronto: University of Toronto Press, 2006), 18.

⁹³ Howsam, *Old Books*, 18.

⁹⁴ Howsam, "Study of Book History," 4.

Howsam admitted that it was challenging “to integrate the circuit of authorship, publishing, and reading” into a single model, since each core discipline tends to approach the same issues from very different perspectives. Nevertheless, she argued, “it is impossible” to truly study a book by separating any of its three aspects (bibliographic object, literary text, or historical-cultural transaction).⁹⁵ The triangle’s three points thus were meant not to work in isolation, but rather to provide the axes along which other disciplines (geography, communication studies, political science, sociology, etc.) or interdisciplinary fields (cultural studies, classical studies, medieval studies, women’s studies, national studies, etc.) engaged in book studies intersected with (or, in Howsam’s words, “may be mapped onto”) the three core disciplines.⁹⁶

The most recent model, developed by Sydney Shep, move away from the “narrow focus...of literary criticism, history or bibliography” and looked instead at the inherent mobility of books, ideas, and people (Figure 4).⁹⁷ By engaging with transnationalism, post-colonialism, and new imperial histories, Shep argued that the most useful way to examine books is to look beyond both traditional comparative studies—which are often too simplistically synchronic—and individual case studies—which are often teleological and erroneously diachronic. Instead, Shep situated the book within the more complex ideas of translocality and *histoire croisée*, which together suggest webs or networks of constantly shifting and transforming links and connections.

Shep’s model conceptualised the history of the book through three overlapping circles that explore the “dynamic intercrossings” between prosopography (people), placeography (places), and bibliography (objects). At the centre of the model lies a “zone of investigation” or “event horizon,” which Shep likened to a “multidimensional contact zone” in which a scholar identifies

⁹⁵ Howsam, “Study of Book History,” 8–9.

⁹⁶ Howsam, *Old Books*, 72. Roger Chartier also uses a triangular model to describe the history of reading, focusing on text, book, and reader. Roger Chartier, *The Order of Books: Readers, Authors, and Libraries in Europe between the Fourteenth and Eighteenth Centuries*, trans. Lydia G. Cochrane (Stanford: Stanford University Press, 1994).

⁹⁷ Shep, “Books in Global Perspective,” 67. The model is found on page 66.

and focuses on “a unique node [or object of study] in the [book’s] space-time continuum” but remains continually connected to all other elements in the model through the “constant, energetic interplay between people, places and things.”⁹⁸ In short, this model focused on the intertwined relationships that exist between books, people, places, and the “ways and means by which books travel and transform through space and across time.”⁹⁹



Figure 4: Shep’s model for situated knowledge

It is not clear how far scholars have in fact adopted and used any of these models to actually study particular books or genres of book. Indeed, the models continue to evolve. Darnton, for example, revisited his earlier model and suggests that it should now (i) integrate the sociology of the text to explore how textual meaning can change over time; (ii) recognize the importance of paratextuality and intertextuality; and (iii) take a comparative history approach to study particular books across geographic and linguistic boundaries.¹⁰⁰

Further complicating the development of a coherent methodological model for the history of

⁹⁸ Shep, “Books in Global Perspective,” 66–7. Shep’s “event horizon” draws from theories of general relativity and quantum mechanics, rather than from the “horizon of expectation” of Hans Robert Jauss’s theory of literary history.

⁹⁹ Shep, “Books in Global Perspective,” 66.

¹⁰⁰ Robert Darnton, ““What is the History of Books?” Revisited,” *Modern Intellectual History* 4, no. 3 (November 2007): 495–508.

the book are the disparate national academic traditions engaged in the field, particularly Anglo-American and French. While the English and French traditions draw upon many of the same or similar theoretical perspectives, methodologies, and seminal works, the two traditions have largely evolved in parallel, not conjointly.¹⁰¹ Aside from language barriers, they are predicated on fundamentally different assumptions about the role of writing and texts in society and how those roles should be studied. French histories of the book situate “the book” within larger and longer historical trends and contexts, while English histories of the book typically study “a specific book” and (most often) its textual contents within more immediate contexts.¹⁰² Until the 1980s, the French approach also gave little attention to either bibliography (the object) or literary analysis (the text), which has complicated cataloguing and attempts to trace the production of specific works over time and space. Over the past several decades, French scholars have shifted their focus to the sociological and historical writing practices (*des pratiques de l’écrit*), and to reading and writing as performative acts and practices.¹⁰³ This includes the production, dissemination, consumption, reproduction, and transformation of texts and their dynamic use in a broader context than is typically seen in English studies. It also takes greater consideration of the historical uses and meanings of writing than do English studies of writing and reading, which have tended to be ethnographic in nature.

An additional, and fundamental, problem with existing history of the book models is that they include only printed books, using Gutenberg and his press in Mainz as their critical starting

¹⁰¹ Key works underlying both traditions include Febvre et Martin, *L’apparition du livre*; Jack Goody, *The Logic of Writing and the Organization of Society* (Cambridge: Cambridge University Press, 1986); Jack Goody, *Interface between the Written and the Oral* (Cambridge: Cambridge University Press, 1987); Chartier, *The Order of Books*.

¹⁰² Coste’s work, for example, “*propose une étude panoramique et quantitative*” of printed French plague tracts over the period 1490–1725. *Représentations et comportements*, 37. Compare that to the work of Matheson or Keiser, which address the history of specific English tracts. Matheson, “Médecin sans Frontières?” and Keiser, “Two Medieval Plague Treatises.”

¹⁰³ See, for example, Roger Chartier, *Forms and Meanings: Texts, Performances, and Audiences from Codex to Computer* (Philadelphia: University of Pennsylvania Press, 1995) and Armando Petrucci, *Public Lettering: Script, Power, and Culture* (Chicago: University of Chicago Press, 1993).

point.¹⁰⁴ There was no direct transition from manuscript to print, as the two forms of book production existed in tandem throughout much of the fifteenth, sixteenth, and even seventeenth centuries.¹⁰⁵ Indeed, many features of the printed book claimed as “new” by print historians had long been common in manuscripts. Despite the fact that “manuscripts and printed books [co-existed as] products of and participants in the same social, cultural, and aesthetic context,”¹⁰⁶ researchers on the one have rarely studied the other or the relationship between them. Calls to dismantle the historiographical barriers that have created these false temporal boundaries and artificially separated manuscripts from printed books are only recently being heeded.¹⁰⁷

The interdisciplinarity of manuscript studies in many respects mirrors that of book history, in that it explores physical materiality, textual contents, origin, purpose, and the socio-economic contexts of production and diffusion. But here too existing methodological models are insufficient. Sub-disciplinary boundaries and disparate national academic traditions continue to hinder both true interdisciplinarity and the development of comprehensive models. The same terminology has different meanings in English and in French, which limits the uptake of research studies between the two traditions.¹⁰⁸ Like their counterparts who study printed books, English manuscript scholars focus more on individual codices, while French scholars like Ezio Ornato

¹⁰⁴ For useful critiques of this problem, see Adrian Johns, “The Coming of Print to Europe,” in Howsam, ed., *Cambridge Companion*, 107–24 and Andrew Pettegree, *The Book in the Renaissance* (New Haven: Yale University Press, 2010).

¹⁰⁵ For the continued production of manuscript texts for outside readers after the rise of print technology, see Margaret J.M. Ezell, “Handwriting and the Book,” in Howsam, ed., *Cambridge Companion*, 90–106.

¹⁰⁶ Sandra Hindman and J.D. Farquhar, “Introduction,” in *Pen to Press: Illuminated Manuscripts and Printed Books in the First Century of Printing* (Baltimore: The Johns Hopkins University Press, 1977), 5.

¹⁰⁷ Hindman and Farquhar, “Introduction,” Jessica Brantley, “The Prehistory of the Book,” *PMLA* 124, no. 2 (March 2009): 633. Some scholars are now working on incunables and the manuscript-to-print transition. See, for example, Emma Cayley and Susan Powell, eds., *Manuscripts and Printed Books in Europe, 1350–1550: Packaging, Presentation and Consumption* (Liverpool: Liverpool University Press, 2013). Also *Cambridge History of the Book in Britain*, 6 vols. (Cambridge: Cambridge University Press, 1999–2010), the *Journal of the Early Book Society for the Study of Manuscripts and Printing History*, *Gazette du livre médiéval*, and *English Manuscript Studies*, all of which address all aspects of manuscript and printed book history in the medieval and early modern eras.

¹⁰⁸ For example, in English the word codicology denotes the physical details of a manuscript’s production and often includes palaeography, the study of scripts. In French, however, the word denotes everything that encompasses the manuscript book and its history.

tend to undertake *longue durée*, statistical/quantitative, and contextually deeper studies of a large number of manuscripts.¹⁰⁹ Recent efforts to recast manuscript culture in a fashion similar to book history culture, such as Michael Johnston and Michael Van Dussen's collection of essays, have generated some laudable results, although they largely maintain the separation between manuscripts and books.¹¹⁰

A number of models thus exist already, but all ultimately prove to be insufficient on a number of levels. What has been required, instead, was the elaboration of new, comprehensive, and adaptable framework that allows for a fully integrated and thorough study of seemingly innocuous yet deeply insightful texts and material objects like plague tracts. These treatises are textual objects that existed over long historical and broad geographical spaces. They appeared in both manuscript and print. They circulated in a variety of formats, and were reproduced by a variety of authors and printers whose textual modifications reflected particularly local issues and concerns. A few of the earliest treatises continued to be circulated in different textual adaptations, languages, and styles for at least three hundred years. They are, in short, a long-lived and specialised genre of text that was embedded in a variety of socio-cultural contexts, that served a variety of purposes, and that may be used to explore continuity and change in portrayals of the plague's origins and its role in society over space and time. To paraphrase Jerome McGann, plague tract production was "not an autonomous and self-reflexive activity; it [was] a social and an institutional event."¹¹¹ The most comprehensive way to examine these treatises is to use a multi-faceted framework that considers how historical context, textual (and, where

¹⁰⁹ See Carla Bozzolo and Ezio Ornato, *Pour une histoire du livre manuscrit au Moyen Âge. Trois essais de codicologie quantitative* (Paris: CNRS, 1983) and Ezio Ornato, *La face cachée du livre médiéval* (Rome: Viella, 1997).

¹¹⁰ Michael Johnston and Michael Van Dussen, eds., *The Medieval Manuscript Book* (Cambridge: Cambridge University Press, 2015). See also Patrick Andrist, Paul Canart, and Marilena Maniaci, *La syntaxe du codex : Essai de codicologie structurale*, *Bibliologia* 34 (Turnhout: Brepols, 2013).

¹¹¹ Jerome J. McGann, *A Critique of Modern Textual Criticism* (Chicago: University of Chicago Press, 1983), 100.

relevant, pictorial) content, and material production intersect and overlap.

Given its simplicity and its grounding on a broad disciplinary base rather than in either human-centred processes or book-centred events, Howsam's triangular model provides the most useful starting point. It can be modified to recognise that both the particular material form in which books appeared (manuscript versus print) and the particular producer who published them (author versus scribe versus printer) affected not only who had access to them but also how they were used. It can be adjusted to facilitate an exploration of both universal and local historical contexts and the influences that particular contexts would have had on how tract producers portrayed the plague's origins. It can foster a deeper reading of the texts to reveal underlying socio-political commentary that is obliquely embedded in many writers' explanations of the plague. It can also be made three dimensional to appropriately recognise Shep's keen insights into the inherent mobilities, transformation, and evolutions of books over time and space and to the intimate interconnections between places, peoples, and their books.

Instead of conceiving of history as a reflection of human "agency, power, and experience" as Howsam has done, the revised model presented here (Figure 5) adopts a comparative cultural history approach. Much like Darnton's "communications circuit," Howsam's history focused specifically on the people who

...inspired the book's composition, and who intervened to change and distort and revise the words and the material form that in turn influenced people who used it to shape their world view...What of those who made their living by producing the artefact, by marketing it, or by managing its disposition in libraries?¹¹²

While these important questions are explored and discussed here, cultural history goes deeper by analysing the specific cultural, religious, social, political, ideological, legal, medical, and scientific contexts in which people perceived and portrayed the origins of the plague, *and* in

¹¹² Howsam, *Old Books*, 4.

which they produced and disseminated plague treatises. Alongside seemingly typical or generic explanations of what caused the plague and how it could best be treated, many plague tract writers made references or allusions to the plague in the context of events, persons, or belief systems that might have been comprehensible only to a specific local audience.¹¹³

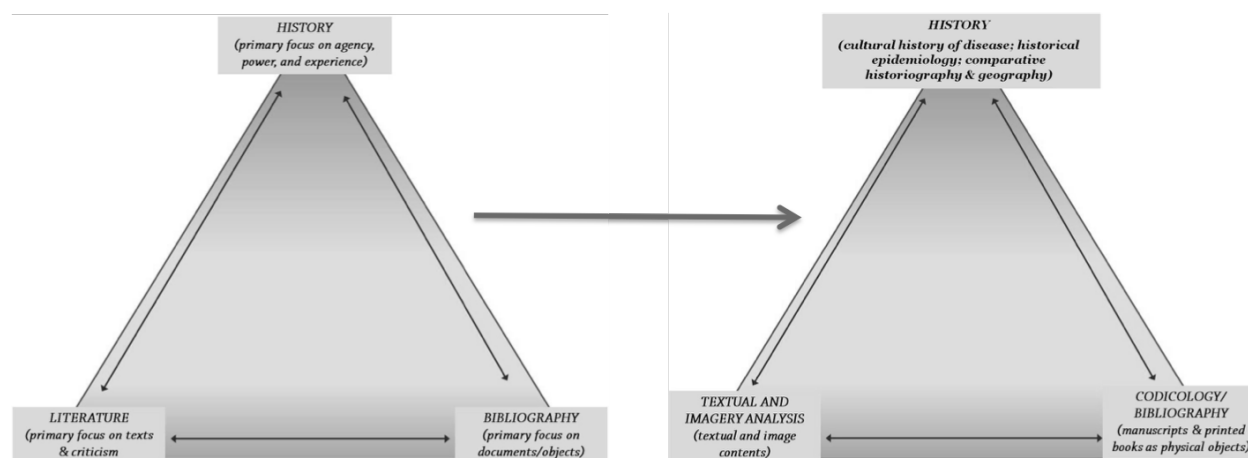


Figure 5: From Howsam to a new methodological model

This new axis point thus incorporates the evolution of contemporary thinking about the plague and its local and global histories and geographies into different contexts. It considers not just advances in medical theory and practices, but also broad and regional socio-religious movements like the Reformation and the Counter-Reformation, the rise and spread of intellectual movements such as humanism, emerging ideas of state- or nationhood and the internal and external threats posed to the body politic, and the expansion of the Ottoman Empire and other geo-political dangers. All of these factors influenced how people perceived disease, its origins, and its place in their societies. More than just exploring *who* wrote what, then, this reconfigured

¹¹³ In medieval literature, the linguistic model called “discourse community” is gaining ground in the place of text and audience or readers. A discourse community includes all those who have texts or practices in common, including those who write, read, or listen to readings of a text. See Claire Jones, “Discourse Communities and Medical Texts,” in *Medical and Scientific Writing in Late Medieval English*, ed. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2004), 23–36. For simplicity, I have tended to use the term audience.

axis adds the critical theme of *why* and *how* they wrote what they did.

Howsam's second axis point—Bibliography—is replaced with a more-inclusive Codicology and Bibliography category to navigate the transformation that took place from manuscript to print during the fifteenth and sixteenth centuries, while also capturing the specifics of each. Plague treatises circulated by the thousands; they were disseminated bound and unbound, illustrated and un-illustrated, deluxe and plain, and in both manuscript and print formats until the early eighteenth century. In some instances, they circulated individually, while in others they formed part of larger miscellanies created either at the time of their production or later. Such different formats, with the inherent visual and tactile dissimilarities that they entail, suggest that the treatises were meant for, and reached, disparate audiences, especially in the years before the printing press. Thereafter, the printed tracts tended to acquire a more standardised layout and materiality, designed to attract (and to be affordable for) a more “middling” audience. Even here, though, variances are evident: letter type, the inclusion or absence of images, physical dimensions, and so on are all suggestive of the continued targeting of particular audiences for particular tracts.

Tracing the variety of physical forms in which plague treatises appeared over their lifespans—including their transition from manuscript to print or from print to manuscript—is thus as important as tracing their textual variation over space and time: it contributes to an understanding of the different ways that people processed these textual objects. It also demonstrates the value given to them and, ultimately, their role and purpose in society, at different times and in different places. As I chose to focus on the tract producers, their motivations, their contexts, I do not engage with reception theory directly: exploring how readers might have interpreted these texts would have taken the dissertation in an entirely different

direction. Nevertheless, the points noted above are reminiscent of Hans Robert Jauss's "horizons of expectation," in which what a reader "expects" to experience with a given text—or, in this case, in which what a producer expects to project through that text—will change according to his or her time and place.¹¹⁴ Blending codicological perspectives with bibliographic perspectives is critical for understanding the entire lifespan both of the genre as a whole and of individual textual objects.

The transition from manuscript to print is particularly important to consider. The printing press as a technology both enabled the dissemination of more and different information to a wider audience, and also changed the ways in which information circulated, in what form it did so, and who managed that circulation. Manuscript plague tracts that were often produced or copied for and by singular readers or groups of readers gave way to printed treatises that more often carried claims of having been produced for the common good of all people.

Perhaps more importantly, the advent of the press also gave rise to a new actor who had a novel kind of agency in the production and dissemination of information: the printer. In the early years of print in particular, the printer acted rather like a medieval scribe had done by copying existing works. However, the printer held rather extraordinary influence in determining *which* manuscript texts made the transition to print and thus became available to a wider reading public, and how the authorship of those texts was presented or erased. As Kathleen Tonry's recent study of early English print underscored, printers often inserted themselves directly into their works by claiming moral responsibility for the works that they produced and by delineating the "robust physical connection" between themselves and their books.¹¹⁵ This attestation of moral responsibility created a visible link between the books and the printer, and weakened the pre-

¹¹⁴ Hans Robert Jauss, *Toward an Aesthetic of Reception*, trans. Timothy Bahti (Minneapolis: University of Minnesota Press, 1982).

¹¹⁵ Tonry, *Agency and Intention*, 10.

existing link to the original author, especially when that author's name was removed from the text altogether. Adrian Johns also pointed to the fact that printers' agency and reputation shaped which books acquired a sense of authority due to their association with the output of a particularly well-known and credible printer—such as the King's Printer.¹¹⁶ The good reputation of printers, and their link to the government and/or the monarchy, likely imputed a higher level of value, or sense of officiality, onto the plague treatises that they published.

Finally, Textual and Imagery Analysis replaces Howsam's third triangular point (Literature). Literature too often focuses on highly visible and valued pieces of writing, such as novels, poems, drama, and novellas. It typically excludes other types of written documents, such as plague treatises, that scholars see as having had practical and utilitarian purposes rather than any inherent literary value. The textual variance of plague tracts—tied in part to their mobility across time and space—is noteworthy, however. As Iain Higgins noted in the context of deconstructing multiple versions of the same text, “reading for textual variance allows us to see things that we would otherwise miss and draws our attention to the active and engaged nature of much cultural production and reproduction.”¹¹⁷ Some plague treatises had a much longer life in print than in manuscript, while the popularity of others did not survive the transition to print. Those that had long lives rarely, if ever, survived without some level of textual modification. Sometimes modifications were purely dialectal, meant to ground a particular text in its reader's local space. Other adaptations were more substantial, required to update broader local belief systems or to include references to specifically local concerns. For the genre as a whole, the incorporation of discourses about the threat that the plague presented to the body politic—especially during and after the sixteenth century as religious discord and political upheaval coalesced with rapidly

¹¹⁶ Johns, *Nature of the Book*.

¹¹⁷ Iain Macleod Higgins, *Writing East: The 'Travels' of Sir John Mandeville* (Philadelphia: University of Pennsylvania Press, 1997), viii.

changing social and economic systems—reflected conceptual shifts in thinking about contemporary society and the menaces that it faced from within and from without. Literary, or textual, analysis must stretch, then, from the individual text to the tract genre as a whole.

Current literary analysis also rarely, if ever, addresses the purpose or relevance of images in textual objects. Images had multiple functions and levels of function, and acted as a fundamental component of the plague treatises' contents: they complemented texts, they commented on (glossed) text, they gave a different meaning to a text, they encapsulated the meaning of a text, and, in some cases, they provided commentary on contemporary issues. As such, where they exist in plague treatises, images must be analysed alongside and in conjunction with the text. The new model presented here thus argues that scholars should explore texts and images in their full socio-cultural historical and material contexts.

Making this new model three-dimensional—making it a tetrahedron rather than a triangle—allows for the inclusion of further major, inter-related considerations: a comparative exploration of continuity and change across space and time, and a blending of English and French intellectual traditions. Any attempt to examine how tract writers wrote about the plague's origins and the ways in which the disease reflected concerns with the body politic benefits from adopting (or rather, adapting) Fernand Braudel's three levels of historical time.¹¹⁸ The *longue durée* here represents historians' tendencies to see the medical contents of plague tracts as *immobile*. Focussing on the *moyenne durée* and the *courte durée*, however, offers the opportunity to explore change at two distinct levels. Across the *moyenne durée* it is possible to trace the influence of diachronic, incremental, and widespread change on plague tract production and contents: the slower but permanent processes of vernacularisation of texts and secularisation of authors; of the rise and adaption of new intellectual trends, theories, practices, and movements;

¹¹⁸ Fernand Braudel, *On History*, trans. Sarah Matthews (Chicago: University of Chicago Press, 1980).

and of increasing travel, exploration, and colonisation and the way that such movements of people influenced ideas about the Other. While the rise and spread of the printing press took place over a relatively short period of time, its implications—changes in materiality, in readership, in agency—took longer to become ingrained.

Across the *courte durée*, by contrast, appear singular, synchronic events or concerns that were largely localised, temporary, and whose tracks thus appear only in treatises published at particular places and times. Here one might find references to dynastic factionalism, warfare, religious uprisings, and so on. Tracing the entry and exit of references to specific local matters in the tracts—and especially in those tracts that moved and were adapted from one location to another, being what Shep called “books without borders”¹¹⁹—provides evidence that these treatises, while largely generic in their medical sense, are also representations of time- and location-specific social practices, beliefs, and affairs. Cutting across the two main levels of change is the broad shift in the plague “blame game,” from “us” and “here” to “them” and “there.” This shift in blame resulted from a combination of *moyenne durée* changes—humanism, travel, colonisation, the spread of the Ottoman Empire, for example—and those of the *short durée* (specific battles).

At the same time, focusing on the evolution of specific treatises and their descendants—and treating them as textual objects—benefits from English codicological, bibliographic, and literary analyses. Although the tetrahedron’s points continue to be disciplinary, the true value of this approach lies in its axes. The intersections and interactions between and amongst disciplines, methodologies, and approaches allow for the continuous identification, development, and negotiation of new conceptual configurations that are relevant to different genres of text.

The model presented here draws upon several recent efforts to unite the English and French

¹¹⁹ Shep, “Books in Global Perspectives,” 61.

book history intellectual traditions. In 2010, a conference of English and French book historians proposed the “anthropology of writing” as a means to bring the two intellectual traditions together. This approach integrates English new literary studies and French sociology of writing, and explores writing both as a contextualized cultural and social practice and as a performative act.¹²⁰ While it has been used primarily to explore relatively modern (nineteenth and twentieth century) examples of writing, the anthropology of writing approach is useful in that it sees written texts as tools for understanding how societies operate and how cultures and cultural beliefs are produced and reproduced, negotiated and adapted.

Pierre Chastang’s “archaeology of the text” provides a further suggestive blending of intellectual traditions.¹²¹ Focusing primarily on medieval texts, this idea draws from anthropological ideas of writing as a cultural and historical act. It uses writing as an entry point to describe and explain the intellectual life of a given place and time period, while also tracing the evolution of *mentalités* to understand that specific writing cultures of specific time periods produce specific types of texts. It incorporates the English history of an individual book and the French collections of books. It also explores the history of the production and transmission of texts by looking at the successive stages of a text’s development, rewriting, dissemination, and reception. Taken together, the anthropology of writing and the archaeology of the text approaches provide innovative concepts that broaden the parameters through which plague tracts might be explored.

Predicated on a spatiotemporal base, the new analytical model proposed here (Figure 6)¹²² restores a sense of time and place to the production and dissemination of plague treatises and to

¹²⁰ David Barton and Uta Papen, eds., *The Anthropology of Writing: Understanding Textually Mediated Worlds* (London: Continuum, 2010).

¹²¹ Pierre Chastang, “L’archéologie du texte médiéval : autour de travaux récents sur l’écrit au Moyen Âge,” *Annales. Histoire, Sciences Sociales* 68, no. 2 (May 2008) : 245–269.

¹²² In this final version of the model, the two bottom axis points have been reversed; this allows the dissertation’s arguments to follow the model in a clock-wise fashion, beginning with the left hand axis.

their contents. On their own, each of the framework's four anchor points—history, codicology and bibliography, textual and imagery analysis, and the cross-comparative—helps to illuminate the long and varied lives of plague tracts. The axes that join the four points facilitate a much deeper investigation, and underlie the chapters that follow. Blending history and codicology/bibliography enables the thorough examination of the changing production processes and materiality of the treatises in their historical contexts that is the focus of Chapter 2. Combining history and textual/imagery analysis allows for a deep reading of changes in the tracts' non-formulaic contents, in this case specifically related to discussions of the plague's temporal and spatial origins (Chapters 3 and 4). Bringing together textual/imagery analysis and codicology/bibliography informs Chapter 5's study of the ways in which tract producers used these books for different purposes, such as to discuss the failing health of, and medical solutions for, the body politic. Underscoring these chapters are three additional axes tied to cross-comparison: evolutions, transformations, and mobilities across time and space. Re-framing and remodelling the historiography of plague treatises in this way thus offers new perspectives and approaches for reinterpreting the role and place of the treatises—and of the plague itself—in late medieval and early modern societies.

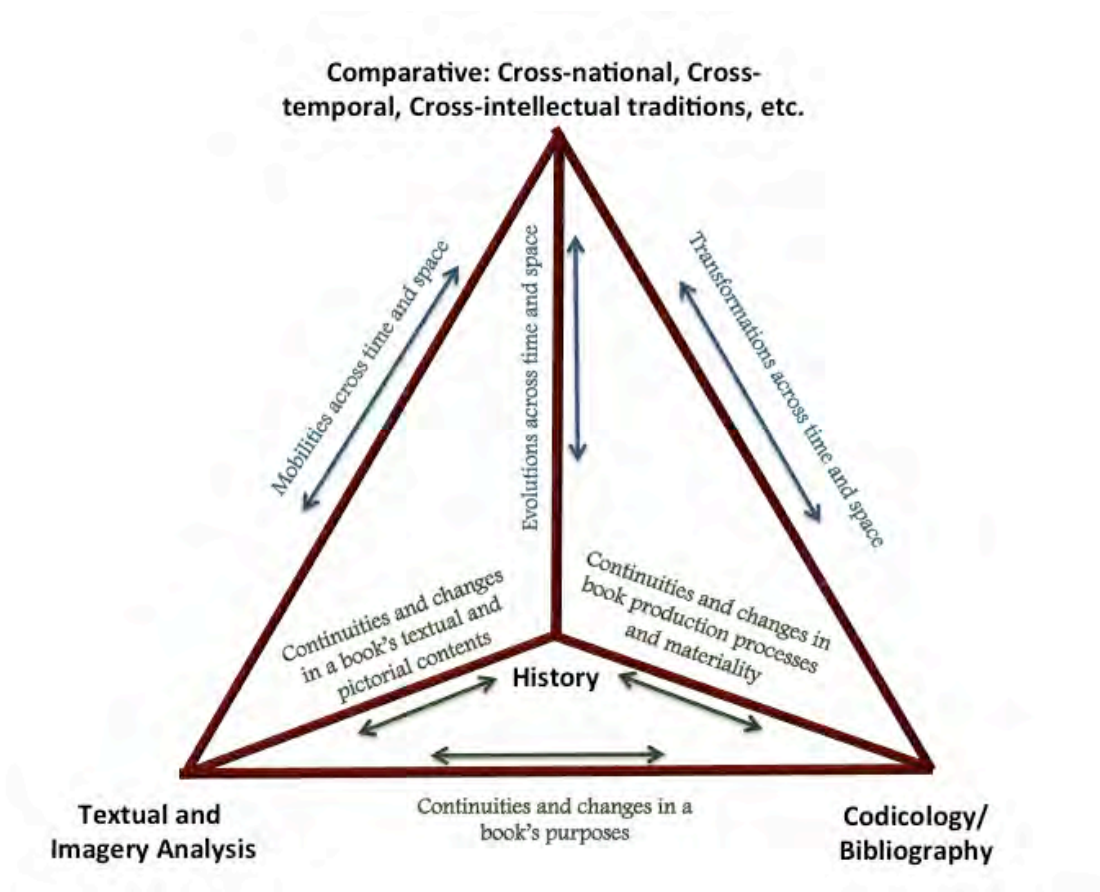


Figure 6: Modelling plague tracts: crossing time, space, and disciplines

CHAPTER 2

FROM AUTHOR TO STATIONER, FROM MANUSCRIPT TO PRINT: PRODUCING THE PLAGUE

Multiple producers, multiple functions

I intende vnder y^e correction of my auntyente maysters and doctours, to write...agaynst pestilence, the which dothe very often inuade, trouble, & vex mens bodys. And agaynst these thinges after my poore lernynge, I wyll ordinatly wryte, as here after dothe folowe. — Thomas Paynel, 1534¹

In 1534, Thomas Paynel—Austin friar and canon at Merton Abbey in Surrey, religious diplomat, and chaplain to England’s King Henry VIII—added a plague treatise to his growing list of published works. Paynel was a prolific translator, and most of his works focused on providing his non-Latinate readers with either moral guidance—especially in the form of advice literature and religious texts—or practical medical and household instruction.² Aside from the plague treatise, his early medical translations included an edition of the *Regimen sanitatis Salerni* in 1528 and another about the “Frenche Pockes” in 1533; both of these saw repeated reprinting in subsequent decades. The plague treatise that Paynel offered in translation had first appeared in the early decades after the Black Death, almost two hundred years previously. The original manuscript tract, written by Johannes Jacobi, a chancellor at Montpellier’s medical faculty, provided a response to the second and third waves of the plague (c. 1360s–70s). It reflected how university-trained medical practitioners in southern France understood the disease at that time.

Jacobi’s tract circulated widely in manuscript in Latin throughout Europe until at least the late fifteenth century, including in England where it first appeared during the latter decades of the century. Around 1480, a Parisian printer reworked the tract, removed Jacobi’s authorial

¹ Thomas Paynel, *A Moche Profitable Treatise Against the Pestilence Translated into E[n]glyshe* (London: Thomas Berthelet, 1534), A2.

² Helen Moore, “Gathering Fruit: The ‘Profitable’ Translations of Thomas Paynell,” in *Tudor Translation*, ed. Fred Schurink (Houndsmills: Palgrave Macmillan, 2011), 39–57. In many cases, of course, moral guidance and practical advice overlapped in the same texts.

attribution, and replaced his name with a fictitious one. Printed versions of the modified tract thereafter circulated throughout Europe in Latin and in the vernacular. The modified treatise was translated twice into English and printed six times in London before the 1530s. It also appeared in numerous sixteenth-century manuscript versions that had been copied from the printed English text. Paynel nevertheless translated it anew—from a French exemplar—for, he claimed, the profitable benefit of the English “common weale.” He removed the prologue that appeared in the exemplar, and in its place claimed much humility—his “poore lernynge”—and emphasised his willingness to be corrected by “auncyente maysters and doctours.”

George R. Keiser has suggested that Paynel’s translation may have been carried out at the instigation of his printer, Thomas Berthelet.³ From 1530 to 1547, Berthelet was the King’s Printer and Bookbinder, and in that role was responsible for printing the king’s statutes and proclamations, as well as other works that the king and his council deemed to be important for broad dissemination. The King’s Printer operated under rules, privileges, and legal and political principles that were separate from those of London’s Stationers’ Company, which within two decades (under the name Stationers’ Guild) was to acquire the almost exclusive national monopoly to print books in England. Berthelet was thus a printer who held considerable status and authority in London, and anyone reading works that he printed “would have understood that the text was doing official service.”⁴ In addition to official texts and statutes, Berthelet printed all of the works written by the humanist diplomat and scholar Sir Thomas Elyot, various religious tracts, and a number of learned legal treatises. He had also printed all of Paynel’s earlier translations, and the two enjoyed a beneficial working relationship since Paynel’s works

³ George R. Keiser, “Two Medieval Plague Treatises and their Afterlife in Early Modern England,” *Journal of the History of Medicine and Allied Sciences* 58, no. 3 (July 2003): 319–20.

⁴ James Christopher Warner, *Henry VIII’s Divorce: Literature and the Politics of the Printing Press* (Woodbridge: Boydell Press, 1998), 83.

provided good economic returns.⁵ In the preface to his translation of Ulrich von Hutten's *De morbo gallico*, in fact, Paynel had reflected on this close collaboration between translator and printer, claiming to having been "at London to talk with" Berthelet about his work on the *Regimen sanitatis* when Berthelet asked "if I wolde take so moche peyne as to translate into Inglysshe" the German treatise on syphilis. "I shulde, sayde he, do a verye good dede...For almoste into euerye parte of this realme, this mooste foule and peynfull disease is crepte."⁶ Paynel's translations thus served both economic and humanist (that is, charitable) moral impulses, and Berthelet's printing assigned to them a sense of officiality and importance.

A similar motivation likely spurred Berthelet's decision to suggest retranslating and reprinting the plague treatise. Berthelet certainly would have recognised the profitability of the tract's earlier editions, given both its economic returns and the remedial benefits that it offered. In light of the plague epidemics that continued to trouble London's population in the early sixteenth century, there would have been attractive financial and humanist incentives to produce a modernised version of the treatise.⁷ Aside from the earlier—and now dated—English editions of the fourteenth-century treatise (the most recent of which had been printed a decade and a half earlier, in 1520), the only other printed plague tract then in wide circulation was Thomas Moulton's late fifteenth-century retranslation and adaptation of a different mid-fourteenth-century treatise, one written by John of Burgundy.⁸ Moulton's tract had already gone through at least two print editions in recent years. That tract's printer, Robert Wyer, had updated the text to reflect newer concerns about the way that plague outbreaks reflected dynastic turmoil. It was a

⁵ On Thomas Paynel, see Albert Frederick Pollard, "Paynell, Thomas," in *Oxford Dictionary of National Biography, 1885–1900*, Volume 44, [https://en.wikisource.org/wiki/Paynell,_Thomas_\(DNB00\)](https://en.wikisource.org/wiki/Paynell,_Thomas_(DNB00)), accessed 15 May 2017. On Thomas Berthelet, see K.F. Pantzer, "Berthelet [Berthelot], Thomas (d. 1555), printer," in *Oxford Dictionary of National Biography*, <http://www.oxforddnb.com.proxy.bib.uottawa.ca/view/article/37187>, accessed 16 May 2017.

⁶ Cited in Keiser, "Two Medieval Plague Treatises," 319.

⁷ On early Tudor ideas about profitability, see Moore, "Gathering Fruit" and Daniel Wakelin, *Humanism, Reading, and English Literature, 1430–1530* (Oxford: Oxford University Press, 2007).

⁸ Thomas Moulton, *This is the Myrour or Glasse of Helthe* (London: Robert Wyer, <1530).

reasonable bet that English readers would eagerly purchase another tract to guide them in their ongoing fight against recurrent and deadly outbreaks of plague and other diseases.⁹ Berthelet produced the tract with an architectural-style frontispiece, with the title of the tract and Paynel's name set as a text block within the bounds of an intricately decorated baroque monument that resembles a triumphal arch or an epitaph. Nicholas Herman's study of contemporary Italian frontispieces argued that title pages defined the status of a book's text;¹⁰ an elaborately decorated title page, like the one that Berthelet used, implied that the enclosed text carried weight and authority. This type of style was more common in Italy than it was in England, and Berthelet's use of it therefore stood out from the publishing efforts of other English printers. Indeed, Berthelet used similar architectural frontispieces on many of his works, and doing so both visually marked out his productions from those of his competitors and signalled the particular importance of his work. The body of the tract contained only one other illustration, a woodcut with two figures entwined by vines around the opening letter F on the opening page.

Berthelet seems to have miscalculated in this case, however: unlike Paynel's other medical translations (and unlike Elyot's oft-reprinted *The Castel of Helth*), the plague tract proved to be less appealing to purchasers than anticipated and only one edition appeared in print. Keiser suggested that it was Paynel's (and thus Berthelet's) decision to stick with a straight translation rather than adapting the older French text to address new politico-religious concerns that rendered the tract unappealing to readers.¹¹ Moulton's tract, which had been the more successful product of another printer's calculated risk, had attracted readers by recasting the plague as a sign of divine rebuke in an era fraught with political and religious uncertainty.

⁹ Little has been written about plague outbreaks of the early sixteenth century; however, sweating sickness epidemics wracked London four times before the late 1520s.

¹⁰ Nicholas Herman, "Excavating the Page: Virtuosity and Illusionism in Italian Book Illumination, 1460–1520," *Word & Image: A Journal of Verbal/Visual Enquiry* 27, no. 2 (2011): 190–211.

¹¹ Keiser, "Two Medieval Plague Treatises," 322.

By briefly unpacking the particular contexts, people, processes, and materialities involved in the production of one particular plague tract, this short vignette points to weaknesses in the historiographical view that these treatises were rehashed, recycled, and reproduced without change, or indeed without much thought, during each new outbreak. First, it exposes the various roles that authors, copyists, and translators played in first producing and then adapting tracts to meet their local audiences' needs and expectations. Second, it reveals printers' agency in deciding (or guiding the process to decide) which tracts were printed and which were not, as well as which needed updating. Third, it uncovers the movement and circulation of plague tracts across time and space and the various locations of their production. Fourth, it unveils the various formats and styles in which the tracts were produced, including transition of some tracts' physical format from manuscript to print and, in some cases, back again. Finally, and most importantly, it speaks to the significant and very real implications that these various features had on the ways in which the plague itself was discussed in the tracts. The vignette demonstrates, in short, that each tract was not simply interchangeable for the next, but rather that each was the product of a particular time, place, and set of circumstances and must be understood as unique historical texts *and* objects that responded to specifically local ideas about the plague.

Some of the individual issues raised here have previously drawn the attention of other scholars. Several decades ago, Andrew Wear lamented that “when discussing the nature of a particular type of medical literature [most historians] concentrate on the general structure of the books in question and on their authors' intentions as seen in prefaces and introductions and rarely look at the subject matter in any detail.”¹² In what was then a novel and exploratory approach, Wear sought to trace how the *practica* (practical medical handbook or primer) had

¹² Andrew Wear, “Explorations in Renaissance Writings on the Practice of Medicine,” in *The Medical Renaissance of the Sixteenth Century*, ed. A. Wear, R.K. French, and I.M. Loney (Cambridge: Cambridge University Press, 1985), 118.

changed over time, looking specifically at alterations in its form, its function, and its literary presentation from medieval manuscript to sixteenth- and seventeenth-century printed text.

Wear's study focused entirely on writers and editors, although his arguments implicitly suggested that printers worked hand in hand with editors to continuously modernise the *practica* and to ensure that these books remained useful and appealing to readers (and thus profitable).

Nancy Siraisi's work on the material and literary evolution of Avicenna's *Canon* likewise emphasised how the various print editions of this eleventh-century work demonstrate the wide range of choices that editors made when reformulating texts for new audiences. She highlighted the different components of the text that were included, omitted, or completely updated. Particularly notable, she argued, were those editions whose substantial changes revealed "an enterprise in which, collectively, a good deal of time and effort on the part of scholarly editors, revisers, and in a few instances translators, and of money on the part of publishers was evidently invested."¹³ Like Wear, though, Siraisi neglected to explicitly include printers among those people whose time, effort, and intellectual contributions might have been crucial to the publication of these books. As Adrian Johns's work on the production and dissemination of knowledge about the natural world has clearly established (after Wear and Siraisi's articles had appeared), the question of *who* did the actual printing (and reprinting) of books was as important for their success as were their purported authors. It was only through the agency of printers and stationers that printed materials came into being and reached their audiences; the decisions that printers made in structuring books determined both how the book ultimately looked and how the material contained within it was presented—even when the core of that material remained, as in the medical contents of plague tracts, largely unchanged from one edition or exemplar to another.

¹³ Nancy G. Siraisi, "The Changing Fortunes of a Traditional Text: Goals and Strategies in Sixteenth-Century Latin Editions of the *Canon* of Avicenna," in Wear, French, and Loney, eds., *Medical Renaissance*, 17.

The indispensable agencies of printers, Johns argued, were an inextricable component of any book's manufacture and thus of its very character.¹⁴ Ignoring them means missing the very means by which the book came to exist.

More recently, medievalist Carrie Griffin has explored the ways in which the physical materiality of late medieval recipes influenced how they were read and used. Like it has for plague tracts, the scholarship has largely dismissed these texts as too non-literary and overly formulaic or utilitarian to be of much interest. As Griffin rightly noted, however, this disdain is the result of having examined the recipes completely outside the historical contexts of their production, and of having divorced them from both their companion texts and their material forms. Instead, by looking at recipes as unique textual objects that are individually situated within different types of compendia, rather than simply as undifferentiated texts within a single genre, it becomes clear that they survive in a surprising variety of forms. They also served a variety of separate yet overlapping functions: informative, reflective, and performative. As such, recipes have as much to tell about contemporary society and culture as they do about the consumption and organisation of knowledge and information.¹⁵

Sandra Cavallo and Tessa Storey have also shed new light on the ways in which printers, rather than just authors, initially drove the changing contents of Italian healthy-living advice manuals in the early modern era. Long downplayed as yet another set of static, cheap, and portable books, these regimens were, in fact, witnesses to the development of a widespread culture of preventive health care. Through an in-depth diachronic analysis of the manuals' contents and formats, Cavallo and Storey uncovered significant transformations in both the

¹⁴ Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998).

¹⁵ Carrie Griffin, "Reconsidering the Recipe: Materiality, Narrative and Text in Later Medieval Instructional Manuscripts and Collections," in *Manuscripts and Printed Books in Europe 1350–1550: Packaging, Presentation and Consumption*, ed. Emma Cayley and Susan Powell (Liverpool: Liverpool University Press, 2013), 135–49.

advice that these books provided and the role that they played in informing and influencing a local urban culture of healthy living. Recurrent bouts of plague fed into an increasing emphasis on disease prevention, but so too did a rising urban aristocrat culture and the increased production and circulation of material goods, including books. Printers controlled the physical visibility of books. By making books much more numerous, affordable, familiar, and available in a variety of formats, printers and booksellers engaged with multiple levels of society simultaneously, and both generated and spread the healthy living message in a way that could not have been possible before print. Overseeing editorial changes such as additions, cuts, and reorganizations of existing texts—including ones that were more than one hundred years old—enabled printers to regularly issue new editions of these manuals that were, in effect, “new” books that contained slightly “new” messages and advice.¹⁶

The analytical model proposed here brings together the various approaches and perspectives of the above-mentioned scholars, and aims to deconstruct the details of plague tract production in England and France. Following an overview of the chronology and geography of that production, first by author/copier/translator and then by printer and by location, the chapter offers a discussion of the tract’s evolving materiality. It then uses one axis of the new methodological model proposed in Chapter 1—the intersection between history and codicology/bibliography through which it is possible to explore continuities and changes in the production and materiality of books—to demonstrate the ways in which time and place affected and influenced the writing and publication of plague treatises. The chapter highlights the fact that plague tract authors and producers often faced very different influences in England than they did in France. Despite the general historiographical consensus that plague tracts are interchangeable, one for the other, a

¹⁶ Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013).

comparative study of plague tract production and materiality reveals that they were, in some ways, very different textual objects in the two kingdoms.

Tracing and mapping plague tract production in England and France

Authors/translators/copyists: "This treatise (gentle reader) I have penned, and present vnto thee"

...nothing is more necessary nor more desired in the time of dangerous sicknesse and perill of death, then to present vnto the person so standing, the meanes to preserue him from the violence of the same, and to restore the sicke from imminent perill of death, vnto his former estate of health. — Thomas Thayre, 1625¹⁷

Responding in 1603 to what John Graunt, the mid-seventeenth-century haberdasher-turned-demographer, later deemed in his analysis of the Bills of Mortality to be one of London's worst outbreaks,¹⁸ Thomas Thayre, a self-described (but unrecorded and thus unlicensed) surgeon and medical writer, promised to provide his readers with the "most excellent and approoued remedies...the true and perfect cure of the pestilence."¹⁹ The second edition of Thayre's tract appeared in July 1625 during another serious outbreak, just as the number of deaths started to increase significantly. In the later edition, Thayre claimed to be drawing upon his personal experiences in treating the disease, and counseled his readers to use the recommended medicines early, "for delay breedeth danger; and death commonly followeth, and medicine comes too late when nature is ouercome by the sicknesse."²⁰

Although Thayre asserted that "no man had as yet written any treatise wherein was contayned such speciall and excellent medicines," few of treatments that he offered differed from

¹⁷ Thomas Thayre, *An Excellent and Best Approoued Treatise of the Plague* (London: Thomas Archer, 1625), A2r. The heading quote is found on A6r.

¹⁸ John Graunt, *Reflections on the Weekly Bills of Mortality for the cities of London and Westminster...* (London: Samuel Speed, 1665), 32.

¹⁹ Thayre, *Excellent and Best Approoued Treatise*, A6r, F2v.

²⁰ Thayre, *Excellent and Best Approoued Treatise*, A4r.

those presented by his contemporaries. Indeed, some sections of his tract are almost identical to those found in tracts that had appeared some decades earlier. Thayre's treatise likewise offered the same blend of spiritual, medicinal, lifestyle, and administrative recommendations that were common to this era of English plague tracts. Even if these similarities suggest that his early seventeenth-century work was altogether unremarkable, though, Thayre was among the first generations of English authors who penned their own tracts, rather than translating Continental sources and adapting them to their local readers.

The oldest extant plague treatises produced in England date to the late fourteenth or early fifteenth centuries, decades after the Black Death and the subsequent second, third, and fourth waves of outbreaks. The vast majority of manuscript tracts circulating prior to the late fifteenth century were direct Latin copies, English translations, and/or adaptations of the tract written (according to the tract itself) in 1365 by the Liège-based physician John of Burgundy. Manuscript copies of this tract continued to appear and circulate into the early seventeenth century, long after the appearance of printed tracts. More than ninety percent of the more than one hundred extant copies of the John of Burgundy tract were produced in England.²¹ This was, in essence, *the* English plague tract: due to its ubiquity in manuscript and print for more than two hundred years, John of Burgundy's treatise is considered to be "the parent of a whole host of variants and descendants, and [it therefore] provides a key to much of the [plague tract] literature" in England.²²

The translated manuscripts are commonly found in medical miscellanies used by university-trained physicians, rural doctors, barber-surgeons, and lay practitioners, or in general

²¹ Lister M. Matheson, "Médecin sans Frontières? The European Dissemination of John of Burgundy's Plague Treatise," *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 19. My own research has identified several more that were incorrectly catalogued (or not catalogued at all) in different British libraries.

²² Dorothea Waley Singer, "Some Plague Tractates (Fourteenth and Fifteenth Centuries)," *Proceedings of the Royal Society of Medicine*, 9 (15 March 1916): 161.

miscellanies produced and/or used by clergymen, gentry families, and (later) antiquarians. A significantly adapted version of the tract, written by the Dominican friar Thomas Multon during the last quarter of the fifteenth century,²³ was subsequently modified again and printed around 1530. This later version of the tract then became the most commonly printed English plague treatise for the next half century.²⁴ John of Burgundy's tract thus dominated the English plague treatise "market" in one adaptation or another for two hundred years.

Adapted and translated versions of a fourteenth-century tract originally written by the Montpellier University chancellor Johannes Jacobi were also popular in England in the later fifteenth and early sixteenth centuries. In 1544, physician, lawyer, and Member of Parliament Thomas Phayer published a large volume of medical works that contained his translation and adaptation of Nicolas de Houssemaine's French tract that had appeared in print some two and a half decades earlier.²⁵ An expanded edition of Phayer's book appeared in 1553, and became another of the most widely circulated English medical texts of the sixteenth century. Thomas Lodge's 1603 tract was likewise a translation of a fifty-year-old French original penned by François Vallériole.²⁶ Between 1485 and the early seventeenth century, translated and (sometimes) adapted Continental tracts dominated the English plague tract market. Thereafter,

²³ Thomas Multon, "This tretý following fore the pestilence," London, British Library, Sloane MS 3489 (c.1475–1499), ff.44r–51r. Keiser dates the tract to c.1475 on paleographical grounds, but Kathleen L. Scott, who has studied the larger miscellany of which it once was a part, suggests that the "last quarter of the fifteenth century" is a better estimate. The implications of this wider time frame are significant, and are discussed especially in Chapter 5. Kathleen L. Scott, "Newly Discovered Booklets from a Reconstructed Middle English Manuscript," in *English Manuscript Studies 1100–1700*, vol. 14 *Regional Manuscripts 1200–1700*, ed. A.S.G. Edwards (London: British Library, 2008), 121.

²⁴ Moulton, *Myroure or Glasse of Helthe*. Although the entire compendium is typically attributed to Thomas "Moulton," only the plague tract is his.

²⁵ Thomas Phayer, *The Kegiment (sic) of Life Wherunto is Added a Treatyse of the Pestilence, with the Booke of Children Newly Corrected and Enlarged by T. Phayer* (London: Edward Whitchurche, 1546); Nicolas de Houssemaine, *Régime singulier contre la peste* (Troyes: Jehan Lecoq, 1520). De Houssemaine's tract was one of the few French works to be printed repeatedly. Phayer's book was reprinted in at least nine editions until as late as 1722.

²⁶ Thomas Lodge, *A Treatise of the Plague* (London: for Edward White and N.L., 1603); François Valleriole, *Traicté de la peste* (Lyon: Antoine Gryphivs, 1556).

translated tracts appeared less frequently but nevertheless continued to appear.²⁷

Paul Slack has estimated that some eleven percent of the medical-related books printed in England before the beginning of the seventeenth century were plague treatises; this estimate is low, however, as including the tracts that were incorporated in larger compendia raises the figure to seventeen percent.²⁸ Why the majority of these works were translations and adaptations of Continental works, rather than original treatises written in England, is a question that has not been adequately addressed in the scholarship. The term “original” refers here to texts that an author wrote himself rather than translating or copying/adapting someone else’s work. Unattributed translation, adaptation, and copying were common in late medieval and early modern Europe; such actions reflected the “great store on the authority and authenticity [that was] bestowed on a text by the *auctor*. In this view, texts were given truth and authority by dint of having been written long ago by famous men.”²⁹

Plague tracts were, in many cases, formulaic and derivative, full of medical theories and recommendations that circulated widely; however, the clear absence of English tracts written by English authors to address English audiences is striking. There was no shortage of medical-related texts circulating in England in Latin and in the vernacular, including learned treatises and

²⁷ In addition to Lodge’s tract, few examples of Continental treatises that were translated into English after 1600 include Ambrose Parey, *A Treatise of the Plague, Contayning the Causes, Signes, Symptomes, Prognosticks, and Cure Thereof* (London: R.Y and R.C., 1630); Isbrand van Diemerbroeck, *Several Choice Histories of the Medicines Manner and Method Used in the Cure of the Plague* (London: Matthew Keinton, 1666); Paul Barbette, *The Chirurgical and Anatomical Works of Paul Barbette...Together with a Treatise of the Plague* (London: J. Darby, 1672); and Anonymous, *A Succinct Account of the Plague at Marseilles...Translated from the French by a Physician* (London: for S. Buckley, 1721).

²⁸ Paul Slack, “Mirrors of Health and Treasure of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England,” in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 243. For the higher number, see Lori Jones, “Exploring Concepts of Contagion and the Authority of Medical Treatises in 14th–16th Century England” (unpublished MA thesis: University of Ottawa, 2012), 112–3.

²⁹ Alistair Pennycook, “Borrowing Others’ Words: Text, Ownership, Memory, and Plagiarism,” *TESOL Quarterly* 30, no. 2 (1996): 205. For broader discussions of medieval authorship, see Stephen Partridge and Erik Kwakkel, eds., *Author, Reader, Book: Medieval Authorship in Theory and Practice* (Toronto: University of Toronto Press, 2012) and Alistair Minnis, *Medieval Theory of Authorship: Scholastic Literary Attitudes in the Later Middle Ages*, 2nd ed. (Philadelphia: University of Pennsylvania Press, 1988).

manuals, herbals, remedy books, guidebooks, and receipts/recipes. English physicians wrote authoritative and widely circulated texts that focused on the diagnosis and treatment of illnesses before and after the mid-fourteenth century, but none survives that directly addressed the topic of the plague. The later start to formal medical education in England than on the Continent and its subordination to theological study—theological studies were deemed to be more prestigious than medical training—meant that there were fewer English university-trained physicians at the time of the Black Death. The medical faculties at Oxford and Cambridge were established only in the early fourteenth century, some time after similar institutions were operating on the Continent; these remained the smallest faculties in both universities until at least the fifteenth century. By extrapolation, there were fewer English university-trained medical writers like those who wrote the earliest plague treatises on the Continent.³⁰ Learned medicine in this era was Europe-wide, however, so political boundaries did not hinder the sharing of ideas and information and the linguistic region encompassing southern England and northern France ensured a lively interchange of medical information (along with trade goods and other exchanges) across the Channel.

This still does not explain why there are so few survivals of English medical authors' writings about the plague during the Black Death or the epidemic outbreaks that followed in the 1360s and 1370s. The plague had spread quickly through Western Europe in 1347–8, and it

³⁰ There were several key English medical writers. Bartholomeus Anglicus and Gilbertus Anglicus, two of the most famous thirteenth-century encyclopaedic and medical writers from England, produced their respective works in Latin on the Continent (*De proprietatibus rerum*, c.1240, and *Compendium Medicinæ*, c.1230–50). A century later, John of Gaddesden, author of the popular medical treatise *Rosa Medicinæ* (c.1307), and John of Ardene (1307–92), the famous surgeon, lived, worked, and produced written medical works in England but neither wrote about the plague. On the circulation of written medical knowledge in medieval England, see Anne Van Arsdaal, "The Transmission of Knowledge in Early Medieval Medical Texts: An Exploration," in *Between Text and Patient: The Medical Enterprise in Medieval & Early Modern Europe*, ed. Florence Eliza Glaze and Brian K. Nance, (Firenze: SIMSEL, 2011), 201–15; Irma Taavitsainen and Päivi Pahta, eds., *Medical and Scientific Writing in Late Medieval English* (Cambridge: Cambridge University Press, 2004); Faye Getz, *Medicine in the English Middle Ages* (Princeton: Princeton University Press, 1998); Tony Hunt, *Popular Medicine in Thirteenth-Century England: Introduction and Texts* (Cambridge: D.S. Brewer, 1990).

arrived on England's southern shore and started to spread through its southern counties in the summer of 1348 before the earliest French treatises had been written in anticipation of the disease. In advance of its arrival, knowledge about the disease was already available in England, as witnessed in papal, episcopal, and royal letters dispatched on the topic.³¹ In late July 1348, for example, the Archbishop of York wrote "There can be no one who does not know, since it is now public knowledge" that the epidemic was moving across the world.³² Yet it appears that no English writers made formal attempts (that is, through the new tract genre) to explain the approaching epidemic in medical terms or to provide suggestions for possible treatments. Nor did they do so for more than one hundred years. Rather, since the English already had a long tradition of importing and adapting medical learning, teaching, and texts from the Continent, the production of plague treatises followed this same pattern: import, and adapt as necessary. Linguistic scholars Päivi Pahta and Maura Ratia have claimed that all English plague tracts produced after 1500 "are original vernacular texts and not translations. The texts were written by English authors and they focus solely on the epidemics in England."³³ This is in fact not the case. Most English tract producers until the late sixteenth century provided only translations or adaptations of Continental originals that were as much as 150 years old. They might have been responding to England's epidemics, but they did not write their own tracts. These observations point to a larger question about English medical writing, and about English medical writers and their interests and motivations, that deserves further attention than can be given here.

An important qualification to this observation may be made by reinterpreting the authorship ascribed to John of Burgundy in the majority of the copies of his tract that circulated in England.

³¹ Barney Sloane, *The Black Death in London* (London: History Press, 2011), 22–4; Rosemary Horrox, trans. and ed., *The Black Death* (Manchester: Manchester University Press, 1994), 111–7.

³² "Intercessionary Processions (1)" in Horrox, *Black Death*, 111.

³³ Päivi Pahta and Maura Ratia, "Treatises on Specific Topics," in *Early Modern English Medical Texts: Corpus Description and Studies*, ed. Irma Taavitsainen and Päivi Pahta (Amsterdam: John Benjamins, 2010), 98.

At least sixty manuscript copies survive of a shortened version that circulated in both English and Latin in which John of Burgundy's name appears as "John of Bordeaux" or one of several variants thereof.³⁴ Early twentieth-century scholarship by Dorothea Waley Singer suggested that this shorter tract was compiled or created by a resident of England, and not by John of Burgundy himself.³⁵ Certainly, all known copies of the treatise were produced in England after the 1390s, some thirty years after the original tract appeared on the Continent. A number of the tracts include the date 1390 in place of the original 1365. Lister Matheson has suggested that the switch to John of Bordeaux from John of Burgundy "probably stems from a scribe's misreading of '*Johannis de Burgundia*,' that is, Burgundy, as '*Johannis de Burdegalia*,' that is, Bordeaux, especially if the place name had been abbreviated."³⁶ This assumes that the short version of the tract—whether produced first in either English or Latin does not matter—was condensed from a longer Latin version in which the place name was abbreviated. It could not have evolved from a Latin copy that used the full word Burgundia—as many of them do—nor could it have been developed from an English copy that had retained the original John of Burgundy authorship. No English copy of the longer tract includes the name John of Bordeaux.

A different possibility is worth considering. Several English chroniclers note that a deadly pestilence devastated England in 1390–1, and the short version of this tract first appeared in England shortly thereafter. This outbreak likely accounts for the new date that was added to many of the tracts: a later date would have made it clear that the tract was reacting to a more recent outbreak. At least one of the earliest known copies of the short tract refers to King Richard II (r.1377–99), who was also called "of Bordeaux" since he was born in that city. In the late

³⁴ There are a variety of spellings found in the manuscript copies, such as John of Burdeaux, John of Burdose, John of Burdeuz, and John of Burdews, along with the occasional John de Burgeyne.

³⁵ Singer, "Some Plague Tractates," 173.

³⁶ Matheson, "Médecin sans Frontières?" 25.

fourteenth to early fifteenth century, the city of Bordeaux was located within the English-ruled region of Gascony in southwestern France. Historian Andrea Ruddick has demonstrated that English national sentiment was strong in the fourteenth century, and that a deeply embedded sense of identity included the special commercial, political, and almost familial relationship that existed between Bordeaux and the English crown. The ongoing Hundred Years War—which was predicated on English claims to the French throne—served to further enhance the sense of identity that intimately linked the English kingdom to its territories in Gascony (and by extension, Bordeaux).³⁷

Serge Lusignan has rightly argued that the attachment of fourteenth-century English kings to French language and customs contributed to and reflected the very legitimacy of their claim to the French crown.³⁸ Ardis Butterfield has also convincingly demonstrated, however, that despite the predominance of French in England's legal, diplomatic, parliamentary, literary, religious, and even medical circles until at least the end of the fourteenth century, English identity was already increasingly turning toward the English vernacular and the English territory.³⁹ A scribal copyist less attuned to the politics of royal power may well have decided to relocate the tract's author from lands associated with the French crown (Burgundy) to what was more clearly English territory (Bordeaux). None of John of Burgundy's other geographic identifiers—his self-identification as a citizen of Liège, his reference to the disease newly returning there, and his claim to have received a remedy whose ingredients can only be purchased from a certain

³⁷ Andrea Ruddick, *English Identity and Political Culture in the Fourteenth Century* (Cambridge: Cambridge University Press, 2013).

³⁸ Serge Lusignan, *Essai d'histoire sociolinguistique: le français picard au Moyen Âge* (Paris: Classiques Garnier, 2012), 42. See also Serge Lusignan, *La langue des rois au Moyen Âge: Le français en France et en Angleterre* (Paris: Presses Universitaires de France, 2004).

³⁹ Ardis Butterfield, *The Familiar Enemy: Chaucer, Language, and Nation in the Hundred Years War* (Oxford: Oxford University Press, 2009).

apothecary in Liège—appear in the shorter version of the tract.⁴⁰ The change in authorship might thus have been a deliberate act not only to translate and copy the tract in the English language, but also to actually recreate the tract as one that was definably English. Certainly this version of the tract appeared nowhere outside of England. The tract was also further Englished by other local authors who inserted their names (or fictitious local names) into the same tract in the place of John of Burgundy/Bordeaux: John of Bardendy, John Stanford of Sysson, Oxford physician Henry Horne, and, as discussed below, Thomas Multon, among others.⁴¹ This hypothesis is speculative, but remains a valid enquiry until more precise dating and linguistic analysis can be done on the many surviving manuscript copies of the tract.⁴²

Two original treatises on the sweating sickness replicated the plague tract structure and repeated much its contents, one written by Norman physician Thomas le Forestier in 1485 and the other by the royal physician and council member of the College of Physicians John Caius in 1552.⁴³ It was not until the plague epidemics of 1578, 1603, 1625, 1636, and 1665, however, that English tract writers responded to current outbreaks with their own clearly original tract writing. By this time, tract writers included not just physicians and clergymen as the earlier translators

⁴⁰ Although it was a prince-bishopric and nominally part of the Holy Roman Empire rather than the Kingdom of France, Liège nevertheless had a complicated relationship with the Duchy of Burgundy in the late Middle Ages. That the tract author identified himself “of Burgundy” suggests that he had some familial link to the Duchy, which was ruled by the Burgundian branch of the House of Valois (the French royal family).

⁴¹ London, British Library Additional MS 14251 (15th century), ff.215r–v; London, British Library Sloane MS 2172 (17th century), ff.241–4v; Oxford, Bodleian Library Ashmole MS 393 (15th century), f. 43r; London, British Library, Sloane MS 3489 (c.1475–99), ff.44r–51r.

⁴² In what appears to be an early Latin copy of the longer tract produced in England around the end of the fourteenth century (Durham University MS Cosin V.IV.I (late 14th/early 15th century), ff.2–4v), the explicit attributes the work to *Magistri Johannis de Burdegalia*, although within the text itself he is referred to *Johannes de Burgundia*. This muddies the discussion somewhat, as this manuscript does not contain the shorter version of the tract (which is almost invariably attributed to “John of Bordeaux”) and other Latin copies of the longer version of the tract do not make the same error. Only six versions of the short tract dating to the mid-fifteenth century and later attribute the tract to John “of Burgoyne”; Matheson traces three of these tracts, through linguistic analysis, to work that passed through the hands of the well-known fifteenth-century scribe John Shirley. Whether Shirley “corrected” an earlier scribe’s mistake, as Matheson argues, or simply chose to establish a connection between the long and short versions of the tract, is not known. “Médecin sans Frontières?” 24.

⁴³ Thomas Forestier, “Illustrissimo ac maximo p[ri]ncipi Henrico,” British Library Additional MS 27582 (c.1485), f. 70r–77v; John Caius, *A Boke, or Counseill Against the Disease Commonly Called the Sweate* (London: Richard Grafton, 1552).

had been, but also apothecaries, surgeons, lawyers, civil servants, professional writers (that is, men who made their living through writing), pamphleteers, naturalists, and botanists. Discussing the plague and its role in society through the tract genre, then, had become secularised by the late sixteenth century. These later writers again followed the formulaic structure and contents of the tracts, but many added their own perspectives by focussing on aspects of plague prevention that appeared most important (or, alternatively, most ridiculous) to them and/or on contemporary concerns that they linked to the plague outbreaks.

The outbreak of plague in Marseille caused significant concern in England and spurred the production of a new and larger output of plague tracts: between July 1720 and March 1722 alone, more than fifty plague texts appeared in English. Of these, the work of Dr. Richard Mead is particularly interesting, not just for its harsh preventative recommendations that centred on quarantines, *cordons sanitaires* around infected towns, the isolation and removal of suspected cases to plague hospitals, and even the possibility of death penalties for resisters, but also for the fierce debates about contagion to which it gave rise.⁴⁴ Several of the English texts compared Marseille's "last dreadful plague" with London's outbreak of 1665, and in doing so rehashed the contents of the mid-seventeenth-century treatises. A compilation entitled *A Collection of Very Valuable and Scarce Pieces Relating to the Last Plague in the Year 1665*, for example, was published in 1721 as a direct reminder of the previous London outbreak. Another eighteenth-century tract writer deliberately repackaged early to mid-seventeenth-century tract writers' opinions about how the plague was spread to refute Mead's contention that plague could be

⁴⁴ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods Used to Prevent It* (London: Sam. Buckley and Ralph Smith, 1720). For the debates, see Lori Jones, "The Diseased Landscape: Medieval and Early Modern Plague-Scapes," *Landscapes* 17, no. 2 (2016): 108–9; Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985), 326–31.

transmitted via imported merchandise.⁴⁵

Plague tract production evolved quite differently in the regions that are located within the borders of modern-day France. Of the twenty-four extant plague treatises written anywhere before 1350, at least one quarter were composed in France. Pierre de Damouzy, former regent of the Paris Medical Faculty (1325–8), wrote the first one as the plague approached Reims in August 1348.⁴⁶ At the request of King Philip VI, the Paris Faculty of Medicine produced its own tract in October of the same year. Like Damouzy, the members of the Paris Medical Faculty did not have any direct experience with the plague when they wrote about it, although by then the epidemic was already causing high mortality in surrounding regions. The plague tract was the Faculty's first major scholarly work and its contents reflect the Faculty's pre-eminent position in astrological science.⁴⁷ Several other writers associated with either the Paris Medical Faculty or the renowned Faculty of Medicine at Montpellier, which attracted scholars from across the Continent, also produced tracts during the Black Death: Alfonso de Córdoba, an Andalusian physician (1348); Johannes von Göttingen, a German physician, bishop, and astrologer (1348/9); an anonymous Montpellier author who addressed his tract to the University of Paris (1349); and the physician and astrologer Simon of Covino (1350).⁴⁸ Another treatise, written in 1349 by the

⁴⁵ Anonymous, *A Collection of Very Valuable and Scarce Pieces Relating to the Last Plague in the Year 1665* (London: J. Roberts, 1721); Joseph Browne, *A Practical Treatise of the Plague and All Pestilential Infections that have Happen'd in this Island for the Last Century...* 2nd ed. (London: for J. Wilcox, 1720).

⁴⁶ Petrus de Amousis, "Tractatus de epydemia," Bibliothèque Nationale, Fonds latin MS 11227 (14th century), f. 212v–214v. The contents of the tract are discussed in Alfred Coville, "Écrits contemporains sur la peste de 1348 à 1350," in *Histoire littéraire de la France* 37 (Paris: Imprimerie National, 1938): 325–90. At the time he wrote the tract, Damouzy was receiving several prebends in Reims.

⁴⁷ While the Paris Medical Faculty authors claimed that it was their "desire to achieve something of public benefit," their academic style of writing clearly targeted a more learned audience. The tract was translated into several vernacular languages, and survives in at least twenty-five manuscript and print copies or adaptations in libraries throughout Europe.

⁴⁸ Jon Arrizabalaga, "Facing the Black Death: Perceptions and Reactions of University Medical Practitioners," in *Practical Medicine from Salerno to the Black Death*, ed. Luis Garcia-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 241–2; Melissa P. Chase, "Fevers, Poisons, and Apostemes: Authority and Experience in Montpellier Plague Treatises," *Annals of the New York Academy of Sciences* 441, no. 1 (1985): 156; Dominick Palazzotto, "The Black Death and Medicine: A Report and Analysis of

physician and astrologer Geoffrey de Meaux, focused almost exclusively on the astrological causes of and remedies for the plague. Although not typically included in studies of early tracts due to its astrological focus, it does address both the causes of and treatments for the plague.⁴⁹ Alfred Coville also notes two additional anonymous short tracts that through textual analysis appear to have been written prior to 1350.⁵⁰

New plague treatises appeared in response to subsequent outbreaks. The medical faculty at Montpellier alone produced some twenty-five original tracts before the mid-fifteenth century.⁵¹ Among the most well known and influential authors whose treatises circulated widely over the succeeding centuries are the Montpellier- and Paris-trained papal physician Guy de Chauliac, who in 1363 included discussions about the plague epidemics of 1348 and 1361 in his surgical treatise *Chirurgia magna*, and Montpellier medical faculty chancellors and court physicians Jean de Tournemire (Johannes de Tornamira) and Jehan Jacme (Johannes Jacobi), who each wrote plague treatises in the second half of the fourteenth century.⁵² Some authors, like de Chauliac and Jacobi, based their explanations of the plague's cause and appropriate treatment on their personal experience of contracting the disease, while others relied on their professional

the Tractates Written between 1348 and 1350" (PhD diss., University of Kansas, 1973), 38–50; Anna Montgomery Campbell, *The Black Death and Men of Learning* (New York: Columbia University Press, 1931; New York: AMS Press, 1966), 22–3; Coville, "Écrits contemporains sur la peste," 360–1; Simon de Covino, "De Judicio Solis," in Horrox, *Black Death*, 165–7.

⁴⁹ "The Astrological Causes of the Plague, Geoffrey de Meaux," in Horrox, *Black Death*, 167–72. Chase also notes that another Montpellier physician, Bernard Alberti, discussed pestilential fevers in his larger compendium about fevers; I have not included that work here, as it did not follow the plague tract structure.

⁵⁰ *Causa epydimie et preservatio ejusdem*, written in Paris, and *Compendium breve contra epydimiam*. Coville, "Écrits contemporains sur la peste," 363–7.

⁵¹ Chase, "Fevers, Poisons, and Apostemes," 154.

⁵² Karl Südoß dated Jacobi's treatise to 1373, but Arnold Klebs and E. Droz put it in 1357, and Dorothea Waley Singer suggested 1364. Winslow and Duran-Reynolds noted that the original version of the tract was written in French verse in 1357 and read to the clergy in the diocese of Montpellier; Jacobi then later rewrote the tract, first in French prose and then in Latin prose. Karl Südoß, "Pestschriften aus den ersten 150 Jahren nach der Epidemie des 'schwarzen Todes' 1348. XVIII. Pestschriften aus Frankreich, Spanien und England," *Archiv für Geschichte der Medizin* Bd. 17 (1925): 30; Arnold C Klebs and E. Droz, *Remèdes contre la peste : fac-similés, notes et liste bibliographique des incunables sur la peste* (Paris: E. Droz, E. Nourry, 1925; Genève: Slatkine Reprints, 1978), 5, 53; Singer, "Some Plague Tractates," 179; C.-E.A. Winslow and M.L. Duran-Reynolds, "Jacme d'Agramont and the First of the Plague Tractates," *Bulletin of the History of Medicine* 22 (1948): 751.

observations of it.⁵³ Almost all of these early plague tract writers were associated with seats of authority: the universities, the court, and/or the papacy. As such, their proclamations about the plague, its causes, and its remedies were presented not just with a sense of medical authority, but also with shades of religious and political authority.

Several manuscript tracts reappeared in print in the late fifteenth century, including several adaptations of Johannes Jacobi's tract. Thomas le Forestier also translated his tract on the *sudor anglicus* (the English Sweating Sickness) into Latin and French in the early 1490s and expanded it to include the plague.⁵⁴ Between the first quarter of the sixteenth century and the first quarter of the eighteenth, hundreds of new plague texts appeared, primarily in the French language and almost all written by unique authors.⁵⁵ Some of these authors—such as Nicolas de Houssemain, the physician and dean of the faculty of medicine in Angers—were high profile, university-trained writers like their predecessors. The majority of tract writers in fact continued to be physicians but, as in England, their occupational affiliations after the fifteenth century expanded to include civic administrators, health commissioners, apothecaries and surgeons, Jesuits and other religious authors, professional writers, and the like. A statistical calculation of how the number of plague tracts compared to total medical book production is difficult to make, as a detailed analysis of French medical publishing has yet to be done. Colin Jones has argued that in the 1620–30s at least, plague tracts “constituted an established and fairly significant sector of French medical publishing,” although it declined thereafter.⁵⁶ The 1720 outbreak in Marseilles

⁵³ Chase, “Fevers, Poisons, and Apostemes,” 162.

⁵⁴ Johannes Jacobi, *Regime de lepidimie* (Lyon: Guillavme le Roy, c.1476); Anonymous, *Regimen contra pestilentiam* (Paris: Ulrich Gering, c.1480); Thomas le Forestier, *Tractatus contre pestilentiam thenasmonem et dissinteriam* (Rouen: Guillaume le Talleur, 1490) and Thomas le Forestier, *Le regime contre epidemie et pestilence intitule au povres...* (Rouen: Jacques le Forestier, 1495).

⁵⁵ Colin Jones counted 264 tracts printed in French or Latin between 1500 and 1770 that were written by two hundred individual authors (plus a further forty anonymous writers). “Plague and Its Metaphors in Early Modern France,” *Representations* 53 (1996): 102.

⁵⁶ Jones, “Plague and Its Metaphors,” 104. For the English statistics, see Slack, “Mirrors of Health,” 237–74 and

generated the greatest upsurge in plague tract writing and production than any previous outbreak had done—almost forty original works appeared between 1720 and 1722 alone—even though that epidemic’s actual effects were limited to the south.

This short comparison has revealed some clear differences in the authorship of plague tracts in England and in France (Table 1). Whereas French authors existed from the moment of the Black Death, none can be clearly identified in England as original writers until the later sixteenth century. The reliance on “Englished” tracts imported from the Continent explains this discrepancy in part, but the late start to plague tract circulation in England overall is an issue that deserves further examination.

	England	France
<i>Earliest extant tracts</i>	Late 14 th / early 15 th c.	1348
<i>Earliest original tracts</i>	Late 15 th / early 16 th c.	1348
<i>Primary mode of production</i>	Translation/copying/adaptation common until late 16 th c.	Original production
<i>Types of authors</i>	Few “authors” until later 16 th c.; mostly physicians but also clergymen, other health practitioners, lawyers, civil administrators, professional writers, pamphleteers, naturalists, botanists	Primarily university-trained physicians 14 th /15 th c.; expanded after 15 th c. to other health practitioners, civic administrators, clergymen, and professional writers

Table 1: Plague tract authorship, England and France

Authors, translators, and copyists were not the only ones who influenced or guided plague tract production. Although manuscript copying and circulation continued well beyond the advent of print, printers played an increasingly dominant role in deciding which tracts were published and which, therefore, became the most widely circulated after the late fifteenth century.

Jones, “Exploring Concepts of Contagion,” 112–3. Mary Fissell has suggested that after the early seventeenth century, the proportion of plague titles declined against the total number of medical books. “Popular Medical Writing,” in *Oxford History of Popular Print Culture, vol 1: Cheap Print in Britain and Ireland to 1660*, ed. Joad Raymond (Oxford: Oxford University Press, 2011), 422.

Printers and publishers: “This treatise hath...[been] vindicated from obscurity and darknesse”

This treatise hath pass’d the view and approbation, both of judicious Physitians and Chirurgians, and hath been judged worthy to have a new vesture put upon him, and to be vindicated from the obscurity and darknesse it hath lain involved and eclipsed in this many years. — Gertrude Dawson, 1652⁵⁷

In 1652, the London printer Gertrude Dawson claimed to have recovered, redressed (that is, put a new vesture on), and published a plague treatise that had lain neglected for decades.

Although the treatise had “formally [been] commended to publick view” by one of King James I’s surgeons and subsequently “confirmed, strengthened, and approved” by the experiences of later physicians, it was only now being published “on purpose for the publick good.”⁵⁸ Dawson noted in her opening preface to the reader that she had no doubt that the original, unnamed author had had charitable intentions in writing the treatise and, given the various epidemic dangers that still faced London’s residents, she now felt that it was time to make use of the remedies that the tract proposed. The last serious plague outbreak in London had occurred in 1636; there was a smaller outbreak in 1641, and the next was not to appear until 1665. Dawson’s impetus in printing this old tract might have been instead the outbreaks of 1650–1 in other parts of the kingdom (Bristol, Shrewesbury, and Newcastle) or the outbreaks of smallpox, measles, and fevers that were affecting various parts of southeast England in 1652.⁵⁹ Or she might just have decided that it was a profitable time to put a new plague tract on the market, since only a small number of them had appeared since the late 1630s.

Gertrude Dawson was a prolific printer. Among her many publications were other medical works, including an obstetrical treatise, household remedy books for women, a tract on urine, more preservatives against the plague and smallpox, and intellectual treatises written by

⁵⁷ Anonymous, *A Treatise Concerning the Plague and the Pox...* (London: Gartrude Dawson, 1652), Ddd2.

⁵⁸ Anonymous, *Treatise Concerning Plague and Pox*, Ddd2–3.

⁵⁹ On the former, see Slack, *Impact of Plague*, 62; on the latter, see Mary J. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge: Cambridge University Press, 1997), 403.

members of the Royal Society. In 1657, five years after publishing the plague tract, Dawson printed the first English medical dictionary entitled *A Physical Dictionary* for John Garfield, another printer and bookseller of medical titles. Garfield was apprenticed to Hannah Allen, herself a prolific printer of radical puritan works and a friend of Dawson's. Dawson had printed works for Allen to sell in 1649. Both women were the widows of printers of medical texts; Dawson's husband, John Dawson, for example, had printed Stephen Bradwell's plague tract, *A Watch-Man for the Pest*, in 1625. All three still-living printers—Dawson, Garfield, and Allen—had personal connections in the local empiricist medical and apothecary communities.⁶⁰

Most of the books that these printers produced had clearly named authors who actively sought to have their works published and sold; in other cases—as with this plague tract—the printer used her own voice to assume agency and to declare that she was printing the treatise for the public good. Kathleen Tonry's recent examination of printerly agency and intention emphasised the intellectual investments that early English printers (for Tonry meaning pre-Reformation) often made—and openly declared—in their works in the ethical name of common profit (meaning common benefit). Eager to identify themselves with the common good that their intellectual and physical labour both created and served, printers such as William Caxton appended long narrative prologues and colophons to the books that they printed. Such paratexts both articulated the printer's identity and acted as a marker of the quality and thus value of his work. They also highlighted the printer's self-perceived role in a collaborative relationship with

⁶⁰ Jukka Tyrkkö, "A Physical Dictionary (1657): The First English Medical Dictionary," in *Selected Proceedings of the 2008 Symposium on New Approaches in English Historical Lexis (HEL-LEX 2)*, ed. R. W. McConchie, Alpo Honkapohja, and Jukka Tyrkkö (Somerville, MA: Cascadia Proceedings Project, 2009), 175–6, <http://www.lingref.com/cpp/hel-lex/2008/paper2175.pdf>. On other women printers, see Martha Driver, "'By Me Elysabeth Pykeryng': Women and Book Production in the Early Tudor Period," in Cayley and Powell, eds., *Manuscripts and Printed Books*, 115–119 and Maureen Bell, "Hannah Allen and the Development of a Puritan Publishing Business, 1646–51," *Publishing History* 26 (1989): 5–66.

the work's author—even when the author himself was long dead.⁶¹ Printers conventionally used the phrase “printed by me” in the early decades of print to emphatically identify themselves with their works.⁶²

The notion or presumption of serving the common good was integrated into a wide variety of spiritual and secular late medieval manuscript books.⁶³ Plague tracts, for example, often contained proclamations of having been written for the self-help benefit of the “common man, woman, and child” who had no recourse to a physician. What separates the manuscript tracts from the printed ones, however, is that even when scribes removed colophons or other paratextual markers of authorship during the manuscript copying process, they did not often insert their own name deliberately in its place. Printerly agency, by contrast, served to promote the printer's identity as the producer of the tract—and thus of the common profit that it delivered—in the place of an otherwise anonymous (and perhaps long dead) author. Tonry argued that what she called the personality of print—the promotion of personal printerly ethical agency—disintegrated during the Reformation as “the identities and voices of printers collapsed into the identity of print technology itself...[in] the post-Reformation era...there was little cultural need, space, or expectation for the kinds of agencies expressed in medieval book production.”⁶⁴ Dawson's direct engagement with her tract, however, and her declaration of having deliberately produced the anonymous plague tract for the public good demonstrates that the practice was still ongoing in the mid-seventeenth century. Printers also enacted their agency through other means, such as by presenting old works as new ones by deliberately obfuscating authorship, or by creating and then meeting market demand for particular texts.

⁶¹ Kathleen Tonry, *Agency and Intention in English Print, 1476–1526*, Texts and Transitions vol. 7 (Turnhout: Brepols, 2016).

⁶² Driver, ““By Me Elysabeth Pykeryng”” 118.

⁶³ On common good as a key aspect of political thought, see, for example, M.S. Kempshall, *The Common Good in Late Medieval Political Thought* (Oxford: Oxford University Press, 1999).

⁶⁴ Tonry, *Agency and Intention*, 70.

The earliest plague tracts printed in both France and England were copies or adaptations of Johannes Jacobi's fourteenth-century treatise. Around 1476, the Lyonnais printer Guillaume le Roy published Jacobi's French version of the tract, with his authorship intact.⁶⁵ Le Roy was born in Liège and, under the patronage of Barthélémy Buyer, established the first printing press in Lyon in 1472–3 after being trained by German printers in Venice. He is credited with being the first European printer to specialise in publishing vernacular books; he printed the first book in the French language, Jacobus Voragine's *La légende dorée*, in 1476 around the same time that he printed Jacobi's French plague tract. He also printed a French edition of Guy de Chauliac's surgical manual.⁶⁶ This version of Jacobi's tract, however, did not circulate beyond the single edition that le Roy printed, and no Latin copy of Jacobi's work appeared in print under his name.

Around 1480, the first printer to establish a press anywhere in France—Ulrich Gering—issued an adapted and abridged edition of the Latin version of Jacobi's tract.⁶⁷ In this version, Gering not only removed Jacobi's name as the author, but added a colophon that attributed the tract to an entirely different author: “Kamiti, Bishop of the city of Arusiens in the Kingdom of

⁶⁵ It is on this point of the earliest printed plague tracts that Joël Coste's decision to begin his detailed examination of printed French tracts only in 1490 is curious (*Représentations et comportements en temps d'épidémie dans la littérature imprimée de peste (1490–1725): Contribution à l'histoire culturelle de la peste en France à l'époque moderne* (Paris: Honoré Champion Éditeur, 2007)). Coste presumably opted to align his period of study with the oldest tract that he found in the Bibliothèque Nationale de France's electronic catalogue (“Benedictus Canuti, Remèdes tres utile contre fièvre pestilencieuse...”). However, the bibliographic information that he provides for that tract (Paris: chez Le Dru, vers 1490) comes from neither the tract nor the BNF catalogue—neither of these indicates any location, printer, or date; rather, the information comes from a 1925 facsimile which itself provides no justification for the suggested printer or date of publication (Arnold C. Klebs and E. Droz, *Remèdes contre la peste : fac-similés, notes et liste bibliographique des incunables sur la peste* (Paris: E. Droz, E. Nourry, 1925; Genève: Slatkine Reprints, 1978), 32).

⁶⁶ Jacobi, *Regime de lepidimie*. Le Roy also printed the first illustrated book in France. Bonnie Millar, “LeRoy, Guillaume (c. 1450–c. 1529),” in *The Late Medieval Age of Crisis and Renewal, 1300–1500: A Biographical Dictionary*, ed. Clayton J. Drees (Westport, CT: Greenwood Press, 2001), 286–7.

⁶⁷ Gering was one of three German partners invited to establish the first printing press in Paris, located at the Sorbonne in 1470, to produce Latin texts for the university's students. After 1472, he no longer worked under the patronage of the Sorbonne, but continued to print until 1508. Philippe Renouard, *Répertoire des imprimeurs parisiens, libraires, fondeurs de caractères et correcteurs d'imprimerie depuis l'introduction de l'imprimerie à Paris (1470) jusqu'à la fin du seizième siècle* (Paris: J. Laget, 1965), 168–9.

Denmark, expert professor in medicine.”⁶⁸ Karl Südoﬀ suggested that this was an unintentional (or accidental) printer’s error; Kari Anne Rand has argued instead, however, that the Parisian printer, always “on the lookout for new material to supply to an ever-increasing demand” for such works in an era of recurrent epidemic outbreaks, may have been more calculating in his appropriation of the text. Although Gering did not add personal commentary or his own name to the tract, the very act of inventing a new author for an already widely circulated manuscript plague tract—a new author who presented both expert medical and authoritative religious credentials—points to printerly agency and intention in generating a fiscal “common profit.” That this agency was implemented in Paris, when the original author of the tract was affiliated with the prestigious medical faculty at Montpellier, may not have been accidental given the ongoing rivalries that existed between the university medical faculties in Paris and Montpellier.

The majority of the other incunables of this Latin tract (printed in Antwerp, Leipzig, Cologne, Paris, and London, and all copied from the original Paris version) note the author variously as Kamitus, Kamintus, Kamiutus, or Ramitti.⁶⁹ German and Portuguese versions of the tract attributed to Kamiti also appeared before 1500; in England, William de Machlinia printed an English version in London in 1485 that assigned authorship to “the most expert Doctour in phisike Bisshop of Arusiens in the realme of Denmark” (without naming Kamiti specifically).⁷⁰

Within a few years of printing the Latin Kamiti tract, either Gering himself or possibly one

⁶⁸ “*kamiti epi[scopi] arusien[sis] ciuitatis: regni dacie, artis medicine exp[er]tissimi p[ro]fessoris.*” Kamitus [Johannes Jacobi], *Regimen contra pestilentiam* (Paris: Ulrich Gering, c.1480).

⁶⁹ Kari Anne Rand, “The Elusive Canutus: An Investigation into a Medieval Plague Tract,” *Leeds Studies in English* New Series XLI (2010): 188. Rand’s article provides a clear and well-argued discussion of the failed (and ultimately misguided) attempts to identify the fictitious “Kamiti/Kamitus” (later transcribed to “Canutus” at the British Library; this latter name is the one with which the tract is now most commonly identified). Manuscript copies of the Kamiti tract post-date the first printed edition and repeat the same colophon. See, for example, Cambridge, Fitzwilliam Museum MS 261 (c.1485–1509), ff. 1r–9r. The printed tract appeared in a greater number of editions in Latin in Antwerp, Leipzig, and Cologne than anywhere else, reflecting Gering’s professional training and his connections in those cities.

⁷⁰ Bisshop of Arusiens, *Here begynneth a litill boke necessarye & behouefull agenst the Pestilence* (London: William Machlinia, 1485), 1. This tract was the first medical text printed in English and was republished a further seven times before 1536.

of his subsequent partners (Johannes Higman) produced a French translation. In this version, he removed the authorial attribution to Kamiti, noting simply that the remedies contained in the tract had been “approved by many doctors in medicine.”⁷¹ Between 1490 and 1520, that French version was reprinted in Paris at least seven more times by five different printers (Antoine Caillaut, Estienne Jehannot, Jacques Nyverd, Guichard Soquand, and Jean de Pré), some with slightly variant titles. In dropping the Kamiti attribution from the French edition, Gering may have sought to publish different tracts for different audiences. Another adaptation of le Roy’s Jacobi tract appeared around 1505, under yet another fictitious name: a Greek named Atila.⁷²

In 1501, the Lyonnais printer Martin Havard published another unauthored tract that he proclaimed had been “composed and approved by many doctors and other great clerks in medicine in Avignon when the great pestilence reigned there.” This tract, he said, contained numerous recipes “very profitable for the conservation of human bodies.”⁷³ By 1520, that tract had been reprinted four times: twice by the Lyonnais printer Claude Nourry, and twice in Paris (once by the frères Marnef and once by another unnamed printer). Citing Jean-Noël Biraben, Joël Coste links this treatise to the Kamiti tracts;⁷⁴ however, it is in fact quite dissimilar in both its layout and its contents and this, along with its reference to Avignon, renders the link extremely unlikely. Moreover, midway through the tract is a discussion of “anti-plague pills” whose formulation is attributed to “Master Jacques, Jew of Avignon.”⁷⁵ Jewish physicians living and

⁷¹ “...approuue par plusieurs docteurs en medecine.” Anonymous [Johannes Jacobi], *Remede tres utile contra fievre pestilencieuse* (Paris: Ulrich Gering, c.1480–90), Air.

⁷² Joël Coste noted that Atila “reste un auteur mystérieux” (*Représentations et comportements* 798), but a close reading of the text and a comparison of it against the le Roy’s publication of 1476 shows it to be an adaptation of the latter. Atila is a fictitious Greek author, likely invented by the printer.

⁷³ “composé de plusieurs docteurs et autres grans clerks en medecine dedans auignon ou temps que la grant pestillence y regnoit et est approuué. Auec aulcunes receptes tresprouffitables po[ur] la conseruation des corps humains.” Anonymous, *Souuerain remede co[n]tre Lepidimye bosse et mauuais aer...* (Lyon: Martin Havard, c.1501), 1.

⁷⁴ Coste, *Représentations et comportements*, 119. It appears that Coste confused the title of this tract—“Souuerain remede contre Lepidimye”—with some editions of the Kamiti tract, which used a very similar title.

⁷⁵ “Pilules contre lepidimye et mauuais air composees et approuuees par maistre Jaques iuif en auignon.”

working in Avignon around the time of the Black Death wrote plague tracts, the most notable being Isaac ben Todros whose treatise of 1377 contained a recipe that could be used in pill form. Ironically, Todros actually claimed to be opposed to the use of anti-plague pills because they would not transport the medicine to the extremities quickly enough; he nevertheless described in his tract how his own recipe could successfully be converted into pill form.⁷⁶

The Lyonnais printer Claude Nourry is notable for also printing five editions of an anonymous plague tract (between c.1514 and 1530) that he attributed to doctors from Basle.⁷⁷ The most commonly reprinted French plague tracts until the mid-sixteenth century, then, were the various versions of Johannes Jacobi's fourteenth-century treatise, the "Avignon" text, and the "Basle" tract. These three works were the products of the printers who first published them, presumably drawn from manuscript texts and adapted for readers of print. They were not written by contemporary tract authors reflecting on their own encounters with the disease and their understanding of it. There appears to be little that links the various printers who published these tracts, and more in-depth study of local printing practices and relationships is needed to assess how these particular tracts came to dominate the French treatise market. The value of being able

Anonymous, *Souverain regime*, 5.

⁷⁶ At least twelve Jewish physicians practiced medicine in Avignon during the fourteenth-century outbreaks of plague. I thank Susan Einbinder for discussing with me the possibilities of who Havard's Jacques might have been. The name Isaac (Yitzhaq) often turns up in Romance languages as "Haqin," which could have been misconstrued as "Jacques." Jacob b. Solomon, physician to the pope's brother, also survived the plague outbreaks of 1361 and 1382 in Avignon and wrote about his experiences, but not in a plague tract. On Jewish physicians in Avignon, see Joseph Shatzmiller, *Jews, Medicine, and Medieval Society* (Berkeley: University of California Press, 1994); Ernest Wickersheimer, *Dictionnaire Biographique des Medecins en France Au Moyen Age* (Geneva: Librairie Droz, 1979); Pierre Pansier, "Les medecins juifs à Avignon aux XIII^{me}, XIV^{me} et XV^{me} siècles," *Janus* 15 (1910): 421–51. On Jewish plague tracts more generally, see Susan Einbinder, *After the Black Death: Plague, Trauma and Commemoration Among Iberian Jews* (Philadelphia: University of Pennsylvania Press, 2017 forthcoming) and Ron Barkai, "Jewish Treatises on the Black Death (1348–1500): A Preliminary Study," in *Medicine from the Black Death to the French Disease*, ed. Roger French, Jon Arrizabalaga, Andrew Cunningham, and Luis García-Ballester (Aldershot: Ashgate, 1998), 6–25.

⁷⁷ Anonymous, *Regime contre la pestil[enc]e ce faict et compose par messieurs les medecins de la cite de Basle en allemande* (Lyon: Claude Nourry, c.1514). Nourry was a prolific printer of a wide range of topics, and among his many medical works were six editions of Arnaldus de Villanova's *Regimen sanitatus*. Although it misrepresents his medical production, an overview of Nourry's production can be found in Christiane Lauvergnat-Gagnière, "Claude Nourry, imprimeur populaire?" *Bulletin de l'Association d'étude sur l'humanisme, la réforme et la renaissance* 11, no. 1 (1980): 84–91.

to do so becomes evident in the discussion below of printed English plague tracts.

The original treatises produced in the age of print—meaning those newly authored—were rarely reprinted. Overall, the number of editions of French tracts was rather small: Coste's examination of the catalogues at the Bibliothèque Nationale de France and the British Library suggest that only six printed French tracts appeared in more than four editions; two of these are the tracts noted above and only one other, written by Nicolas de Houssemain in 1514, first appeared in print before the seventeenth century.⁷⁸ Detailed analysis of French plague treatises held at other libraries in France (and elsewhere) is needed to further substantiate these findings. It is evident, though, that a large number of printers produced plague tracts in France, especially after the first quarter of the sixteenth century: Coste's analysis indicates that, at a minimum (given the parameters of his study) two hundred and four different printers can be identified from the printer's colophons included in at least two hundred and fifty separate tracts. Of these printers, only thirty-two printed two or more different tracts.⁷⁹ After the early decades of tract printing, then, printerly agency became less of a factor in producing French plague tracts than the authors' own agency in writing them.

In England, the translated Kamiti tract was the first medical text printed in English. It was reprinted a further seven times before 1536, and re-translated again by Thomas Paynel in 1534, pointing to a level of popularity similar to that in France.⁸⁰ Even more popular was Thomas Multon's adaptation of John of Burgundy's tract. Although Multon's manuscript tract survives in only one copy, the printer Robert Wyer incorporated the tract into a larger medical miscellany entitled *The Myrour or Glasse of Helthe* (with Multon's name now spelled as Moulton) before

⁷⁸ Coste, *Représentations et comportements*, 49; De Houssemaine, *Régime singulier contre la peste*. De Houssemaine's manuscript tract was added to the printed medical texts of Jean Goëvrot, the physician of François I, and it is Goëvrot who is most often credited as being the tract's author.

⁷⁹ Coste, *Représentations et comportements*, 48.

⁸⁰ Bisshop of Arusiens, *Here begynneth a litill boke*.

1530. Wyer and ten other printers republished the tract more than twenty times by 1580, with most editions showing some textual and organisational changes. Given its long life in print, Paul Slack and other historians declared *The Myrour or Glasse of Helthe* to be “the most popular [English] medical work of the sixteenth century.”⁸¹ Excerpts from Moulton’s tract appeared again in the seventeenth century surgical work *The Compleat Bone-Setter*. These two sets of tracts, the Jacobi and John of Burgundy adaptations, completely dominated the English printed treatise market until the second half of the sixteenth century.

Irma Taavitsainen has characterised early London printers and stationers as being particularly conservative, preferring “to produce lots of editions of established [manuscript] texts which had already enjoyed success in Latin [or in English] in the fifteenth century rather than [risk profits] with new texts [written] by contemporary authors.”⁸² The earliest medical books to appear in print for a lay audience resembled their manuscript predecessors in both format and content; printers published and republished regimens, recipes, books of secrets, and other household aids that were taken directly from manuscript sources. More technical medical books were imported from the Continent until the later sixteenth or early seventeenth centuries.⁸³ Like many other forms of medical writing—and indeed most forms of writing—significantly new or original titles, as opposed to editions and adaptations of older works, started to appear in larger numbers only after the late sixteenth century. As Mary Fissell has noted, it was not until as late as the 1650s that there was a “real break with the late medieval manuscript tradition” in medical-

⁸¹ Slack, “Mirrors of Health,” 237.

⁸² Irma Taavitsainen Peter Murray Jones, Päivi Pahta, Turo Hiltunen, Ville Marttila, Maura Ratia, Carla Suhr, and Jukka Tyrkkö, “Medical Texts in 1500–1700 and the Corpus of Early Modern English Medical Texts,” in *Medical Writing in Early Modern English*, ed. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2011), 12–13. Similar arguments might be made of the French printers, although they showed an earlier willingness to publish original works than their English counterparts.

⁸³ Fissell, “Popular Medical Writing;” Slack, “Mirrors of Health,” 238. See also H.S. Bennett, *English Books & Readers*, vol. 1: *1475 to 1557: Being a Study in the History of the Book Trade from Caxton to the Incorporation of the Stationers' Company* (Cambridge: Cambridge University Press, 1969).

related printing.⁸⁴ The same trend characterised printed plague tract production: the most commonly printed tracts for the first century of London printing were either adaptations of medieval manuscript tracts that had already seen long lives or translations of older (printed) Continental treatises. This both limited the publication of new ideas and ensured that the same messages were repeated over and over.

The particular agency of English printers—their habits, their practices, and their intentions—means, however, that it is necessary to challenge Paul Slack’s notion that Moulton’s work was “the most popular” of the sixteenth century. As Gary Kelly has argued, the term popular holds several at times conflicting meanings: “cheap, much frequented, widely-admired, speaking to or for ‘the people,’ having certain distinctive features of form, style, material embodiment, and so on.”⁸⁵ Slack’s use of the word popular implied most desired by purchasers and readers. Was this the case with Moulton’s tract, that its repeated publication was due to some sort of market demand? The half-century and more over which Thomas Moulton’s tract dominated the English market for printed plague treatises does more than simply demonstrate the tract’s “popularity” *per se*, its ability to effectively respond to English anxieties and concerns (as George Keiser has argued),⁸⁶ or even the conservatism of London printers. Instead, the repeated reissuing of the same tract in the same medical compendium underscores the relationships that tightly connected those engaged in London’s commercial print industry. A closer look at their biographies reveals that each of the eleven printers who published at least one edition of the tract can be linked: through widow inheritances, marriage, apprentice/successor relationships, business partnerships, or, interestingly, through landing in gaol at the same time and place for

⁸⁴ Fissell, “Popular Medical Writing,” 419. On the long lives of medieval literature, musical texts, religious works, and scholarly literature, see *Accès aux textes médiévaux de la fin du Moyen Âge au XVIII^e siècle: Acts de colloque établis sous la direction de Michèle Guéret-Laferté et Claudine Poulouin* (Paris: Honoré Champion Éditeur, 2012).

⁸⁵ Gary Kelly, “General Editor’s Introduction,” in Raymond, ed., *Oxford History of Popular Print Culture*, viii.

⁸⁶ Keiser, “Two Medieval Plague Treatises.”

transgressing privy council publication rules (Figure 7).⁸⁷

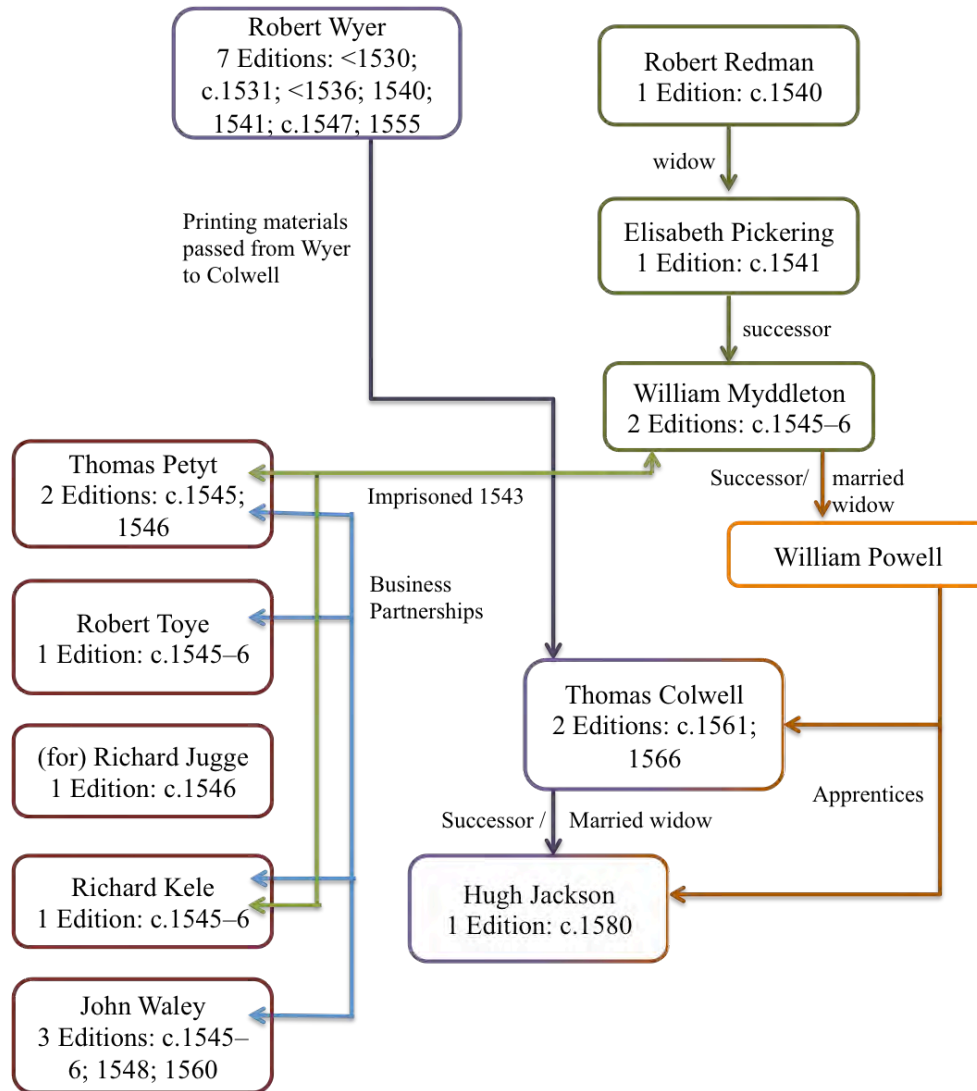


Figure 7: London printers of Thomas Moulton's plague tract

The tract's original printer, Robert Wyer, published the most editions of the tract, making subtle textual and /or format and material changes with each new edition before passing his materials, equipment, and printer's device on to Thomas Colwell around 1560. In his editions of the tract, Colwell uses Wyer's printer's device as his own; Hugh Jackson, who succeeded

⁸⁷ Some dates in Figure 7 are approximate, as the information in the various *Short Title Catalogues* do not always correlate exactly the various holding institutions' catalogues. The printer's names given in the catalogues likewise do not always match with the colophons in the books themselves; here, I have used the names and dates as they appear in the tracts themselves, where they exist. The connections between the printers are well attested: information about the various printers comes from the *British Book Trade Index* <http://bbti.bodleian.ox.ac.uk>, accessed 1 April 2017 and the *Oxford Dictionary of National Biography* <http://www.oxforddnb.com>, accessed 21 May 2017.

Colwell, also used the same printer's device. Colwell also inherited materials indirectly from Robert Redman, the second printer to publish Moulton's tract, and Redman's successors.

Redman is known to have pirated other printers' works, and it is reasonable to assume that he did the same with Wyer's plague tract before passing it on through his wife Elisabeth Pickering and her successor, William Myddleton.⁸⁸ In 1543, Myddleton, Thomas Petyt, and Richard Kele were imprisoned together for almost one month in Poultry Compter, along with a few other printers, for allegedly publishing unlawful books.⁸⁹ Petyt, Kele, Robert Toye, and John Waley ran neighbouring print shops and engaged in several joint/collaborative projects. Each one of them (Petyt, Kele, Toye, Waley, and Myddleton) printed the tract at least once in 1545–6. All of the named printers of Moulton's tract thus had at least one direct connection, and sometimes more than one, to the others.

Tracing the exact passage of one printer's edition of the tract to the next is difficult, since in some cases the printer's colophon and/or date of printing is missing from the extant copies. Most editions of the tract use slightly different layouts, spelling, and woodcuts. Nevertheless, comparing page layout and spelling and woodcut choices is revealing. Most of the tracts produced after about 1540 use the same layout on the first page, with differences notable only in word breaks and spelling. Since Wyer also produced a tract with this layout around the same time, it is reasonable to speculate that it was this format that Redman pirated (if in fact he did so) and that was then adopted by almost all subsequent printers. Redman's wife, Elisabeth Pickering,

⁸⁸ Warner, *Henry VIII's Divorce*, 83–5. Edward Hodnett noted that Redman “drew liberally on blocks that belonged to other printers.” Edward Hodnett, *English Woodcuts, 1480–1535* (London: Printed for the Bibliographical Society at the Oxford University Press, 1935), 66. Redman and Thomas Berthelet had a particularly acrimonious rivalry. Although he does not discuss Robert Redman directly, Adrian Johns's work on intellectual piracy and the battles for legitimacy between early modern printers is instructive here. Johns, *Nature of the Book* and Adrian Johns, *Piracy: The Intellectual Property Wars from Gutenberg to Gates* (Chicago: University of Chicago Press, 2009).

⁸⁹ Poultry Compter was a small prison run by the Sheriff of London. The prison housed a variety of non-violent offenders, including those charged with religious dissention. The list of books these men are accused of having printed no longer survives, unfortunately, but since all of them were Protestants one can assume that their banned books were reformist in nature.

made a few orthographic changes in her version of the tract, which Myddleton then reproduced exactly before producing a second, slightly different version. This was typical, as successors tended to copy successful editions. Kele, Toye, and the unnamed printer who published “for Rychard Jugge”—none of whom were successors to any of the tract’s earlier printers—adopted the second of Myddleton’s editions almost wholesale.⁹⁰ Waley’s editions are also very similar to Myddleton’s. Petyt’s tract, though, has more in common with one of Wyer’s earlier editions than with those published by the other printers; he also used the same woodcuts that Wyer had used in the earlier version. Colwell, who inherited Wyer’s works, repeated Wyer’s c.1540 layout, spelling, and iconography. Jackson’s later edition was also much the same, although he added an entirely new title page.

The period c.1545–6 saw the greatest production (in terms of number of editions) of Moulton’s tract (as many as nine) by the largest number of different printers. It is specifically in this period that the prison connection between Myddleton, Petyt, and Kele, combined with the partnerships that Petyt and Kele enjoyed with the other printers, led to the tract becoming more widespread. There was a plague outbreak in London in 1543, and additional outbreaks in other towns between 1543 and 1547 (Reading, Salisbury, Bristol, Exeter, Worcester, Norwich, Lincoln, and Newcastle, among others).⁹¹ Were any of these outbreaks the spur for this sudden outburst of tract printing? The 1543 outbreak coincided with the printers’ time in prison. This was also a period of intense religious and economic uncertainty and warfare (with Scotland and France), and the treatise might have also served as a way for printers to respond (incongruously) to these troubles. After 1560, only those printers who had inherited the tract directly from Robert Wyer continued to publish it. The tract excerpts that were incorporated into the surgical manual

⁹⁰ The unnamed printer “for Rychard Jugge” has not been identified, but given that their tracts are identical, it may well have been Myddleton, Kele, or Toye. On Queen Elizabeth’s accession, Jugge was appointed Royal Printer.

⁹¹ Slack, *Impact of Plague*, 61.

in the mid-seventeenth century were then printed multiple times by the same printer (Thomas Rooks) for the same bookseller (Nathaniel Crouch).⁹²

In this light, Moulton's tract—and the larger miscellany of which it was a part—might be considered more as standard house stock that was passed down from one printer to another than as a work that was repeatedly reprinted solely because of customer demand and “popularity.” Similar types of connections can be seen with the repeated publishing of the two other most commonly printed plague tracts of the late fifteenth and sixteenth centuries. Of the eight editions of the adapted (that is, Kamiti/Bisshop of Arusiens) version of Johannes Jacobi's tract printed between 1485 and 1536, six were the product of three Low Country printers: William de Machlinia, Wynken de Worde, and Jan de Doesborch.⁹³ De Machlinia and de Worde were among England's earliest printers, and each enjoyed patronage from the first Tudor monarchy; de Doesborch collaborated with both de Machlinia and de Worde in selecting the English texts that he then published in Antwerp.⁹⁴ Five of the nine editions of Thomas Phayer's treatise came from the shop of one man, Edward Whitchurch, who had been arrested along with Myddleton, Petyt, and Kele in 1543 for printing heretical books. Two other printers of Phayer's tract, Abraham Vele and Henry Myddleton, were also linked to the printing of Thomas Moulton's tract: Vele received a bequest in Thomas Petyt's will and Henry Myddleton was the son of William Myddleton.

Since none of London's printers and stationers was willing to take the risk of printing a new, original plague tract, one might reasonably argue that they in effect created, and then supplied,

⁹² This is the case for the three 1665–6 editions of *The Compleat Bonesetter*. The initial edition, published in 1656/7, was printed and sold by a printer (J.C.) and bookseller (Martha Harison) whose connections with the subsequent ones is unknown.

⁹³ As noted above, Thomas Berthelet printed Thomas Paynel's new translation in 1534. In 1536, Thomas Gybson printed the final edition.

⁹⁴ P.J.A. Franssen and A.E.C. Simoni, “Jan van Doesborch (?–1536), Printer of English Texts,” *Quaerendo* 16, no. 4 (1986): 259–80.

the most “popular” plague tracts in the first century of English print. After the later sixteenth century, as more original English plague tracts appeared, and as the English print industry expanded, the number of printers engaged in publishing these works also expanded. Few, if any, printers published more than one plague tract, though. This suggests both that printers might have worked only with particular authors, and that there was a large enough selection of printers willing to publish the tracts that authors had choices. It also suggests that there was no monopoly in the production of tracts (or in the production of medical titles more broadly). The genre was secularised to the point where many different authors and printers could gain some profit from it. Most of the later, original tracts circulated in only one print edition, and only a small number lasted in circulation much beyond the epidemic to which they responded. By the seventeenth century, unlike in the first century of English tract production, writers, printers, and readers viewed the older treatises as out-of-date. In an age in which the plague increasingly became associated with the broader ills of a society wracked by religious and political controversies, newer tracts purported to address modern concerns, reflected changing socio-economic conditions, and spoke to new issues when and as they arose.

Printers were not simply passive producers of books that others had authored. Especially in the early decades of print, they played an integral role in determining which tracts were printed (Table 2), to whom they were attributed, and what they looked like. Printers acted as translators and editors, as well as the purveyors of mechanical production. Printerly agency was thus critical in the transition of plague tracts from manuscript to print. Looking deeper into the practices of printers in England and France also highlights reality that, at least in some cases, the very structure of the print industry influenced production to such an extent that current notions of book “popularity” must be re-examined.

	England	France
<i>Earliest printed tract — date</i>	1485 (Johannes Jacobi, as “Bisshop of Arusiens”)	1476 (Johannes Jacobi as himself)
<i>Earliest printed tract — language</i>	English	French
<i>Most commonly reprinted tracts (15th–16th centuries)</i>	☞ “Bisshop of Arusiens”: 8 editions 1485–1536; 5 printers ☞ Thomas Multon (John of Burgundy): 20+ editions <1530–80; 11 printers ☞ Thomas Phayer (translation of French tract): 9 editions 1543–96; 4 printers	☞ “Kamiti” (Latin): 3 editions 1480–1500; 2 printers ☞ Anonymous (“Kamiti”): 8 editions 1480–1520; 6 printers ☞ Anonymous (Souverain remède): 5 editions c.1501–20; 4 printers

Table 2: Plague tract printers, England and France

A spatial examination of plague tract production and mobility reveals further significant differences that influenced how the genre developed in parallel, yet quite separately, in England and in France.

Mobilities and places of production: “I haue faithfully gathered [this treatise]...out of certaine notes which I receiued from [a] doctor of phisique in Arles, in Prouince”

Thou maist wonder perhaps (Gentle Reader) why amongst so many excellent and learned Phisitions of this Citie, I alone haue vndertaken to answeere the expectation of the multitude, & to beare the heauy burthen of contentious Critiques and deprauers...
— Thomas Lodge, 1603⁹⁵

At the height of a serious outbreak of plague in London in 1603, Thomas Lodge—lawyer turned author turned playwright lately turned physician—published his first medical work, a plague tract. His objective in writing the treatise, he claimed, was to help the poor who had no recourse to “greedie” professional medical help and so suffered inordinately from the disease for lack of self-help knowledge. With an apparent desire to elicit some goodwill, and a little profit, for himself, Lodge requested London’s Lord Mayor and aldermen take “especiall care” to ensure “that this charitable intent of mine may be furthered by your discreet orders, in such manner that

⁹⁵ Lodge, *Treatise of the Plague*, 3. The subheading quote is found on 4.

these bookes may be dispearsed [with a little charge] among those families that are visited” by the disease.⁹⁶

Lodge also detailed another reason for his need to publish this tract: to re-establish his good credentials. A neighbouring unlicensed practitioner had posted a series of unaddressed advertisements for miracle cures outside of Lodge’s business; while this generated a significant influx of patients into Lodge’s shop seeking these cures, it also overburdened him. Worse, he felt, it “prostitute[d]” his profession to the “base and seruile desire of mony” and tarnished his own reputation as a serious and honest medical practitioner. To restore his good name (so that “the world might conceiue of me...that I preferre a common good”) and “vnder a great desire to doe good vnto my neighbors,” Lodge claimed to have “faithfully gathered out of the most approued Authors” the true explanations of and cures for the plague. Furthermore, he stated, all other tracts that were currently available were so “confusedly hudled vp, without either forme or Methode” as to be not only useless but also harmful to those who tried to read them.⁹⁷

Nowhere in his tract did Lodge mention that what he had really done was to translate and loosely adapt a fifty-odd year old French plague tract written by François Vallériole and have it printed under his own name.⁹⁸ Nor, of course, is it true that he was the only “excellent and learned Phisitian” in the city of London to produce a plague tract that year: at least six other treatises written by medical practitioners appeared in 1603. Although he presented the work as his own, Lodge did refer to Vallériole several times in the tract, notably when trying to reframe the original tract’s recommendations to fit his circumstances in London. Referring to the need to relocate slaughter houses, for example, Lodge wrote “This aduice [by] the nobles of *Arles* [was]

⁹⁶ Lodge, *Treatise of the Plague*, 2.

⁹⁷ Lodge, *Treatise of the Plague*, 3–4.

⁹⁸ Eliane Cuvelier, “‘A Treatise of the Plague’ de Thomas Lodge (1603): Traduction d’un ouvrage médical français,” *Études Anglaises* 21, no. 4 (1968): 395–403. The original tract is François Valleriole, *Traicté de la peste* (Lyon: Antoine Gryphivs, 1556).

observed by VALERIO LAES [to be] to the great good of their commone-weale.”⁹⁹

Lodge’s plague treatise resulted from mobility. The tract’s original author, Vallériole, was born in Montpellier, trained in Paris and Montpellier, and worked in Valence and Arles. His treatise, likely written in Arles during an outbreak there, was printed in Lyon and made its way to London in the possession of Thomas Lodge. For his part, Lodge had most likely “faithfully gathered” the notes—or rather the tract itself—from Nicolas Vallériole, the original author’s son, while he pursued a diploma in medicine at the University of Avignon in the final years of the sixteenth century. The younger Vallériole was himself a physician in Arles, but spent time in Avignon where he met Lodge.¹⁰⁰ Lodge expressly requested London’s mayor to facilitate the tract’s further dissemination and movement throughout the city.

Such mobility of people and their objects is a common theme of the entire late medieval and early modern era. Medieval and early modern societies were mobile over a broad distance, not just the people but also their “goods...technologies, religions, cultural and political knowledge, social, economic and military ideas and practices”¹⁰¹—and, one might add, their diseases. As Sydney Shep forcefully argued, books are also intrinsically mobile, and this movement physically transported ideas across all kinds of boundaries: political, cultural, social, and psychological.¹⁰² Most plague tracts circulating in England before the later sixteenth century—like medical books more generally—had been transported from the Continent. Just as the plague moved and circulated along trade and communication routes, then, so too did the treatises written to explain and address it.

⁹⁹ Lodge, *Treatise of the Plague*, 44.

¹⁰⁰ Cuvelier, ““A Treatise of the Plague,”” 395–6.

¹⁰¹ Marianne O’Doherty and Felicitas Schmieder, eds., *Travels and Mobilities in the Middle Ages: From the Atlantic to the Black Sea* (Turnhout, Brepols, 2015), xiv.

¹⁰² Sydney Shep, “Books in Global Perspectives,” in *The Cambridge Companion to the History of the Book*, ed. Leslie Howsam (Cambridge: Cambridge University Press, 2015), 54. As Shep pointed out, the entire book production process is mobile: its machinery, its people, and its products.

The plague tract attributed to John of Burgundy is another case in point. The treatise was originally written, according to its author, in 1365 in Liège following a recurrence of the plague in that city. The oldest extant copy of the tract, however, comes from the French royal court in the early 1370s. Here, the royal physician Gervaise Crestien commissioned a vernacular copy of the tract for presentation to King Charles V. While three Latin copies can possibly be traced to France,¹⁰³ most of the more than one hundred extant versions come from England; of these, the majority is written in English. To comprehend this tract's movement across space, one needs only to look to other contemporary types of mobility.

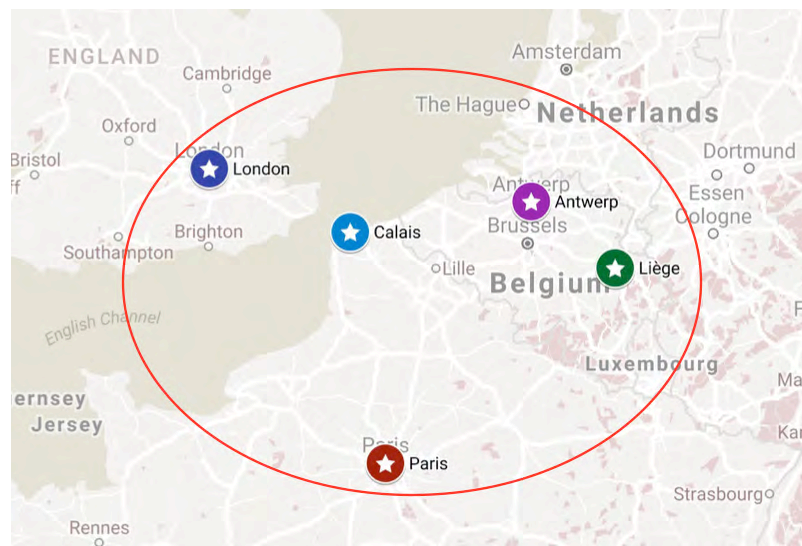


Figure 8: Spaces of circulation

Serge Lusignan relied on sociolinguistic history (*l'histoire sociolinguistique*) to argue that southern England was intimately connected through language, trade, diplomacy, and familial ties to an area of northwestern Europe that ran approximately from Abbeville in the west to Troyes in the south to the northern Low Countries in the east. The English Channel served not as a barrier, but as a channel or space of circulation (Figure 8). Throughout the region up to the later fifteenth

¹⁰³ Matheson, "Médecin sans Frontières?," 21. The French tract is in Paris, Bibliothèque Nationale, Fonds français, nouvelle acquisition MS 4516 (c.1371), ff.97r–102v. Most scholars have agreed with Singer that the French copy is a translation of a Latin original; however, no Latin copy datable to earlier than 1371 has yet been identified.

century, French was the primary language of politics, commerce, and diplomacy. Even in the largely German-speaking territories to the region's eastern edges, the rule of francophone princes ensured that French—in this case the Picard form of the language—had a strong presence.¹⁰⁴

England's wool trade kept its merchants tightly connected with Flemish markets. A plague tract written in Liège could reasonably move to Paris and to London. Whether the tract that moved to England came directly from Liège, from Paris, or from some other intermediary place is not yet clear; nevertheless, this reconceptualisation of the space of northern Europe—together with similar politico-economic-socio-linguistic zones that linked north to south, east to west—paints a clearer picture of how the mobility of plague tracts was enacted.

Locally, plague tracts were also mobile, circulating as manuscripts that were reproduced by and for a wide range of owners. In England, for example, the ownership—and presumably the production of—some of the treatises can often be mapped. Copies of the John of Burgundy tract are found in medical miscellanies used by university-trained physicians, rural doctors, barber-surgeons, and lay practitioners, and in general miscellanies used by clergymen, gentry families, and antiquarians. Sample sites/owners indicated on the map (Figure 9)¹⁰⁵ include the Barber-Surgeons of York, a number of abbeys and priories – including at Peterborough, St. Mary's (Coventry), Muchelney (Somerset), the Durham Cathedral, Inchcolm (Fife, Scotland), Paisley

¹⁰⁴ Lusignan, *Essai d'histoire sociolinguistique*. Lusignan calls this region the Picard nation (*la nation des Picards*).

¹⁰⁵ (i) Guild Book of the Barber-Surgeons of York: London, British Library Egerton MS 2572 (15th c.), ff. 67–9; (ii) Chronicle and Cartulary of the Peterborough Abbey: London, British Library Additional MS 39758 (tract added late 14th c.), ff. 283–9; (iii) Medical compendium of St. Mary's Priory, Coventry: London, British Library Royal MS 12.G.IV (late 14th c.), ff. 158; (iv) Breviary of Muchelney Abbey: London, British Library Additional MS 43405 (tract added 15th c.), ff. 7v–9; (v) Medical compendium of Durham Cathedral Priory: Durham, University Library Cosin MS V.IV.I (15th c.), ff. 2–4 and ff. 37–39; (vi) *Scotichronicon* of Inchcolm Abbey: Cambridge, Corpus Christi College MS 171 (tract added 15th c.), ff. 363v–364r; (vii) *Scotichronicon* of Paisley Abbey: London, British Library Royal MS 13.E.X (tract added 15th c.), ff. 24v–25; (viii) Cartulary of St. Mary's Abbey, Kelso: Edinburgh, National Library of Scotland (tract added likely in the 15th c.); (ix) Cambridge University Library MS Ii.1.31 (15th c.), ff. 211r–v; (x) Oxford, Bodleian Library Wood MS D.8 (c.1485), ff. 247v–251r; (xi) Oxford, Bodleian Library Rawlinson MS A.393 (early 16th c.), ff. 95r–96r; (xii) Yale Center for British Art, Paul Mellon Collection, John Porter MS (c.1450), ff. 71r–72r; (xiii) Lincoln, Lincoln Cathedral MS A.5.2 (before mid-15th c.), ff. 300v–303r; (xiv) London, British Library Lansdowne MS 285 (late 16th c.), ff. 214r–v; (xv) London, British Library Sloane MS 706 (c.1532), ff. 267v–271v; (xvi) Cambridge, Fitzwilliam Museum MS 261 (c.1485–1509), ff. 23r–26v.

(Renfrewshire, Scotland), St. Mary's, Kelso (Roxburghshire, Scotland), and the English royal family (possibly in and around London, but also possibly at royal estates elsewhere). Ownership can likewise be traced to a variety of individuals spread across the kingdom, such as a monk in Norwich, a rector in Writtle (Essex), a parson in Leicestershire, a Member of Parliament from Worcester, a minor lord in the North Riding of Yorkshire, a London-based herald and antiquary, a citizen and barber-surgeon of London, Margaret Beaufort (mother of King Henry VII), among many others. With further linguistic and dialectal analysis, it will be possible to map the production of many other copies of the tract.

While most copies of the English tract appear to have been prepared directly by and/or for their owners, a few have also been traced to professional commercial manuscript book production in London.¹⁰⁶ These observations point to the existence of a wide social range of readers and persons interested in plague tracts, a trait that is common to most types of medical works. Scholastic medical knowledge was disseminated well beyond the learned university environment in the fourteenth century, and Latin medical works were collected by the elites and highly educated townspeople. By the fifteenth century, a broad variety of medical information was disseminated to non-university-trained medical practitioners and other literate readers through vernacular texts, from simple single ingredient herbal remedies to complex theoretical discourses. Plague tracts were rarely the only medical-related texts found in composite manuscripts, even in general miscellanies. Mapping plague tract production also reveals the presence of a well-connected network of scribes and of information sharing, and the tract's general availability, all of which facilitated its extensive dissemination and circulation.¹⁰⁷

¹⁰⁶ Alpo Honkapohja, *Alchemy, Medicine, and Commercial Book Production: A Codicological and Linguistic Study of the Sloane Manuscript Group* (Turnhout, Belgium: Brepols, 2017). I thank Alpo for sharing a pre-print version of his book.

¹⁰⁷ Thomas le Forestier's 1485 treatise on the English Sweating Sickness, by contrast, exists in only a single



Figure 9: Sample sites of origin of MS copies of John of Burgundy's plague tract

Before the Black Death, manuscript book production had been wide-ranging, found in various centres such as the universities at Oxford and Cambridge, the royal court, episcopal

manuscript copy; it is bound in a medical miscellany that has been traced to a chantry priest at Exeter Cathedral, compiled between 1504 and 1523.

courts in York and Canterbury, in many monasteries, and in some aristocratic households. Before the early fifteenth century, however, many of the people who were engaged in book production—such as scribes, limners, parchminers, binders, and stationers—as well as in book importation and sale began to converge in London.¹⁰⁸ London's increasing population—together with rising literacy rates and the clustering of the kingdom's legal, government, mercantile, and large religious institutions in the city—created a growing demand for manuscript books that made commercial copying profitable.¹⁰⁹ In Oxford and Cambridge, the concentrated university population fuelled a similar commercial process there, albeit one focused on production for the academic community. At the same time, the introduction of paper as a less expensive substitute for parchment made books increasingly affordable for literate but non-aristocratic or religious readers, such as tradesmen, merchants, and artisans.¹¹⁰ By the 1390s, the area around St. Paul's Cathedral had become a well established “book-craft neighbourhood” and, by 1403, a single craft fraternity or guild (Stationers Company) united the interests and oversight of all aspects of book production and sale. Over the course of the fifteenth century, this region of London, clustered around Paternoster Row, became the *de facto* centre of manuscript book production in England.¹¹¹ Nevertheless, tracing the production of the John of Burgundy tract shows that even as manuscript book production in England became increasingly centralised and commercialised in London, the tract continued to be widely copied and disseminated for personal and

¹⁰⁸ C. Paul Christianson “The Rise of London's Book-Trade,” in *The Cambridge History of the Book in Britain*, vol. III, ed. Lotte Hellinga and J. B. Trapp (Cambridge: Cambridge University Press, 1999), 128. See also C. Paul Christianson, “Evidence for the Study of London's Late Medieval Manuscript-Book Trade,” in *Book Production and Publishing in Britain 1375–1475*, ed. Jeremy Griffiths and Derek Pearsall (Cambridge: Cambridge University Press, 1989), 87–108. For another examination of the production and distribution of manuscripts leading up to and during the transition to print in England, see Alexandra Gillespie and Daniel Wakelin, eds., *The Production of Books in England 1350–1500* (Cambridge: Cambridge University Press, 2011).

¹⁰⁹ Honkapohja, *Commercial Book Production*, 23–4.

¹¹⁰ Kate Harris, “Patrons, Buyers and Owners: The Evidence for Ownership, and the Role of Book Owners in Book Production and the Book Trade,” in Griffiths and Pearsall, *Book Production*, 216–17.

¹¹¹ Christianson “The Rise of London's Book-Trade,” 128–9.

institutional use.

In the last quarter of the fifteenth century, this same part of the city near St. Paul's Cathedral came to house England's nascent print industry. There was thus direct continuity from the establishment of a commercial book production centre for manuscripts in London to one that was dominated by the printing press. In 1557, by which time printers far outnumbered manuscript producers, the Guild of Stationers received a Royal Charter of Incorporation that gave it significant power and authority to control printing in the kingdom. Outside of London, other printers had established themselves before the mid-sixteenth century under the patronage of local monastic or university institutions, at Westminster, Oxford, St. Albans, Tavistock (Devon), Cambridge, Canterbury, York, Ipswich, and Worcester.¹¹² These were small operations, though, and other than the printing houses established in Oxford, Cambridge, and York, all were ultimately unsuccessful.¹¹³ This geographically concentrated printing industry—accompanied perhaps by the slow spread of booksellers outside of London—likely accounts, at least in part, for the continued production of the John of Burgundy tract in manuscript in the decades following the rise of print: the availability of printed alternatives would have been limited. Some English tracts were also printed on the Continent, such as the Bisshop of Arusiens treatise that was printed in Antwerp.

In France, fourteenth- and fifteenth-century manuscript production was also done by and for a wide range of institutions and individuals across the kingdom. The medical faculty at the University of Montpellier was a particularly active centre of plague tract production in the

¹¹² John Feather, *A History of British Publishing*, 2nd ed. (London: Routledge, 2006), 18–19. The presses in Westminster, Oxford, and St. Albans were actually established before the ones at London, but were quickly overtaken by them.

¹¹³ John Feather called the failed presses outside of London “the last heirs of the medieval tradition of localised book production for local use.” *History of British Publishing*, 19. The Printing Act of 1662 renewed the restriction of printing to London, Oxford, Cambridge, and York. The *British Book Trade Index* only shows nineteen printers in York, for example, over the two hundred year period between 1493 and 1700. For a broader discussion of the development of England's print industry, see Raymond, ed., *Oxford History of Popular Print Culture*.

fifteenth century, but the repeated copying and circulation of these tracts was likely widespread. Unlike for England, however, no studies have yet been done on the copying and dissemination of specific manuscript plague tracts here, or even of the genre more generally before the age of print. Catalogue information is also often vague, making detailed provenance tracing of extant copies difficult; such work is sorely needed, though, and would contribute to a better understanding of who copied these tracts, where they did so, and with what intentions. Two exceptions to this paucity of information concern King Charles V's interest in plague tracts, including elaborately illustrated translations of the tracts written by the Paris Medical Faculty and by John of Burgundy.¹¹⁴

Paris became a major centre for commercial manuscript production in Northern Europe, beginning in the thirteenth century. Growing lay literacy, the presence of schools (eventually to become the University of Paris), and increasing willingness among Paris's aristocratic class to spend money on courtly culture encouraged the concentration of manuscript producers in the city. The commercial book trade was largely market-oriented; in its earliest days, the University of Paris, rather than guilds, controlled and oversaw much of the production of books that was concentrated around the colleges on the left bank of the Seine and in l'île de la Cité. During the fourteenth and fifteenth centuries, the University's monopolistic control weakened and book production proliferated in areas outside traditional trade-dominated neighbourhoods.¹¹⁵

By 1470, printers set themselves up in Paris, taking advantage of the structures and markets already established for manuscript book production. A number of other important printing

¹¹⁴ The Paris Medical Faculty tract is found in Paris, Bibliothèque Nationale, Fonds français MS 12323 (c.1373), beginning on f.135v, and the John of Burgundy tract is found in Fonds français, nouvelle acquisition MS 4516 (c.1371), ff.97r–102v.

¹¹⁵ For the topography of Paris's commercial book industry, see Kouky Fianu, "Métiers et espace: topographie de la fabrication et du commerce du livre à Paris (XIII^e–XV^e siècles)," in *Patrons, Authors and Workshops: Books and Book Production in Paris Around 1400*, ed. Godfried Croenen and Peter F. Ainsworth, (Louvain: Peeters, 2006), 21–46.

centres were also set up in or shortly after the 1470s; by 1500, print industries of various sizes existed in twenty-one different cities, as well as in various smaller towns. This attests not only to the kingdom's less formally centralised system of government and commerce—wherein large regional cities such as Lyon, Rouen, Orléans, Toulouse, and Marseille acted as political and economic centres¹¹⁶—but also to the vibrant manuscript book production centres that were already well established in these cities and upon which printing could easily be built. Parisian printers dominated production, but the kingdom's print industry was heavily decentralised.

The real success of provincial printers came during the religious and political conflicts of the sixteenth century. In particular, presses established in Rouen, Orléans, La Rochelle, Montauban, Montpellier, and Nîmes emerged as significant Protestant printing centres, while publishing houses in Reims, Le Mans, and Tours, among other places, focused on supporting the production of Catholic works as well as official mandates and acts.¹¹⁷ Compared to London's almost complete dominance in plague tract printing, less than one half of the plague tracts published in France between 1490 and 1725 came from Parisian printers. Over that same period of time, about fifteen percent came from Lyon, seven percent from Toulouse, and five percent from Rouen. Small numbers of tracts were also printed in Troyes, Poitiers, Anvers, Vienne, Douai, Caen, Angers, Poitiers, Bordeaux, Montpellier, and Dijon, among other cities (Figure 10).

¹¹⁶ Philip Benedict, "French Cities from the Sixteenth Century to the Revolution: An Overview," in *Cities and Social Change in Early Modern France*, ed. Philip Benedict (London: Routledge, 1992), 8–9.

¹¹⁷ Andrew Pettegree, Malcolm Walsby, and Alexander Wilkinson, eds., *French Vernacular Books: Books Published in the French Language before 1601 / Livres vernaculaires français: Livres imprimés en français avant 1601*, vol. 1 A–G (Leiden: Brill, 2007), xiii.

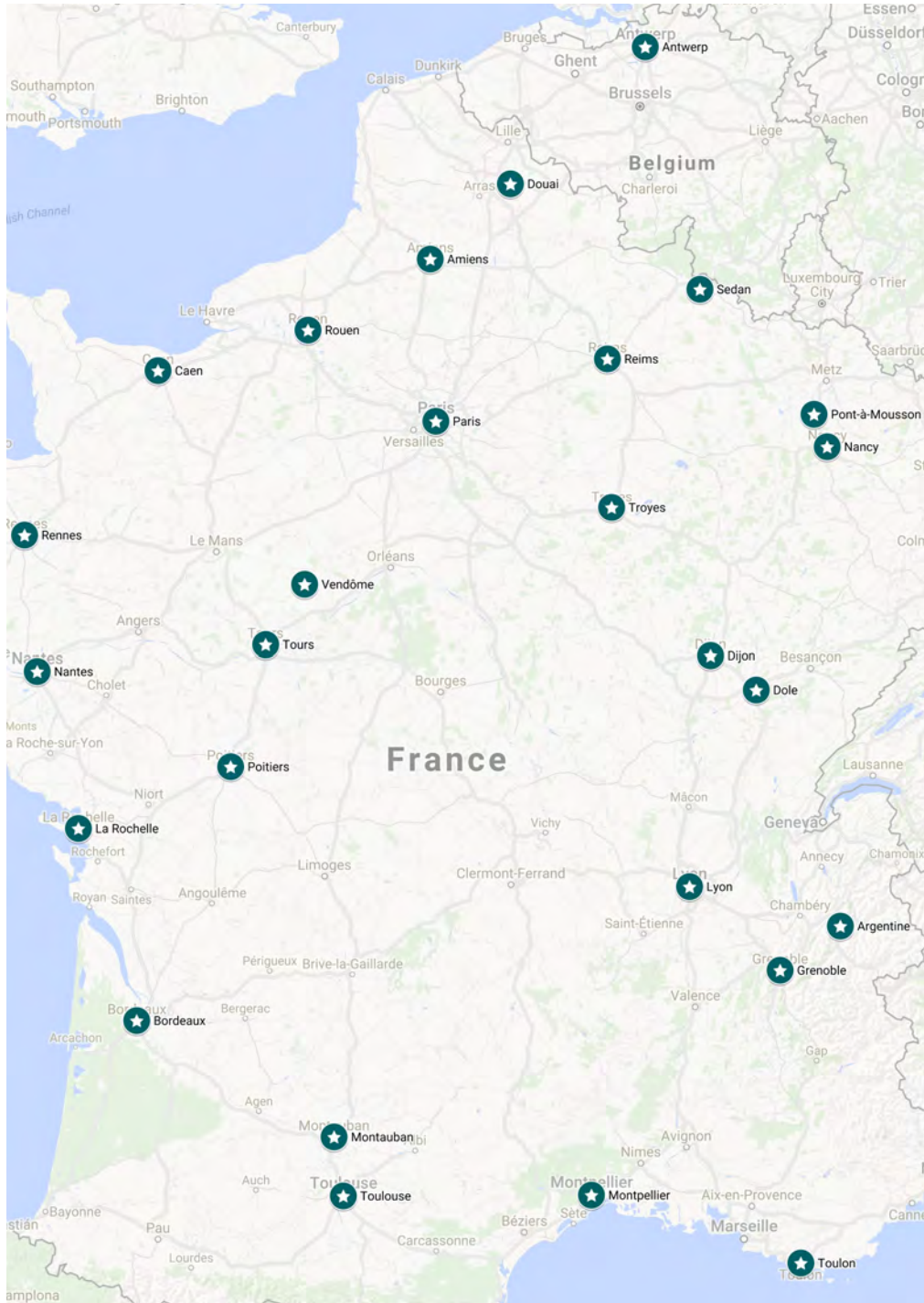


Figure 10: Location of printers of plague tracts in France

French-language tracts were also printed in Amsterdam, Leiden, Lausanne, Geneva, Zurich, Strasbourg, Tübingen, Heidelberg, Cologne, and even London.¹¹⁸ Colin Jones argued that this

¹¹⁸ Coste has suggested that Parisian printers produced forty-two percent of all of the kingdom's plague tracts,

significant production of plague tracts outside of Paris points not only to the vitality of the printing industry outside of Paris, but also to “the significance and importance of the [plague tract] text in urban society throughout France.”¹¹⁹ A market clearly existed for this type of book, both within the cities in which the treatises were printed and throughout nearby towns.

The circulation of the books, from author to printer to bookseller to purchaser (and onward to other readers in other places and times) was a critical aspect of the tracts’ lives as textual objects. Even in England, one can assume that plague tracts reached readers well beyond the city of London, carried and distributed by chapmen and women after the mid-seventeenth century alongside the more formal bookselling networks that linked London to the provinces and that facilitated the tracts’ mobility. Without solid provenance evidence for the extant treatises in England or France, however, it is not yet possible to fruitfully examine, as Ezio Ornato recommended, the full extent of the links between where these books came from and where they went after they were produced.¹²⁰

Plague tracts were thus inherently mobile (Table 3), although the nature of that mobility changed over time and from manuscript to print. It also differed significantly between England and France. In France, the widespread local production of plague tracts in manuscript continued into print. A decentralised print industry ensured that tract authors were able to publish their

increasing their volume and importance between 1560 and 1719, before falling in 1720. *Représentations et comportements*, 47–8. Using a slightly different timeline—1500 to 1770 instead of 1490–1725—and including Latin tracts, Colin Jones lowered Paris’s overall contribution to thirty-seven percent, suggesting that its dominance declined in the face of the increasing importance of provincial printers. “Plague and its Metaphors,” 104, 123, fn. 42.

¹¹⁹ Jones, “Plague and its Metaphors,” 104.

¹²⁰ Ezio Ornato, “La production livresque au Moyen Âge: problèmes et méthodes d’évaluation,” in *La face cachée du livre médiéval: L’histoire du livre vue par Ezio Ornato ses amis et ses collègues* (Rome: Viella, 1997), 163–77. Ornato’s argument is related to manuscript books, but it is equally applicable to printed ones. On the role of chapmen and women in the distribution of books of various types in England, see Lori Newcomb, “Chapbooks,” in Raymond ed., *Oxford History of Popular Print Culture*, 471–86; Margaret Spufford, *Small Books and Pleasant Histories: Popular Fiction and Its Readership in Seventeenth-Century England* (Cambridge: Cambridge University Press, 1981). For France, see Laurence Fontaine, *Histoire du colportage en Europe: (XV^e–XIX^e siècle)* (Paris: Editions Albin Michel, 1993). Plague tracts are not included among the types of works discussed by these authors, but it is not difficult to imagine the treatises being distributed in this way, along with almanacs and other small medical books.

reflections on local (non-Parisian) plague outbreaks. In England, by contrast, the mobility of Continental tracts and their adaptation to local needs continued into the sixteenth century, but was replaced by the centralisation of printing—and of writing—in London. The patterns of print production and mobility in the two kingdoms reflected vastly different demographic levels and distribution: France was the most populated kingdom in Europe and its total population was five times larger than that of England. Its four largest cities (Paris, Rouen, Lyon, and Marseille, each exceeded 50,000 persons, while in England only one city, London, boasted a population over 15,000. The distribution of printing centres also reflected England and France’s equally different systems of governance. The concentrated print industry in England mirrored that kingdom’s centralised monarchy and government, while France’s decentralised print industry echoed its more diffused power system that was fed by feudalism and regionalism (despite the trend towards absolute monarchy). These patterns also contributed to inherently divergent portrayals of the disease in the early modern era: London’s concentration of population and tract producers meant that its urban experiences with and perceptions of the disease were those that appeared in print; in France, by contrast, the treatises reflected the experiences and concerns of writers and producers from throughout the kingdom. The dominance of London’s Stationers Company also contributed to some extent to the normalising of English tract production and kept publication local to England; the fact that French tracts were produced in not insignificant numbers outside the kingdom, by contrast, allowed more authors to see their works circulated in print.

	England	France
<i>Tract Origins</i>	Primarily Continental until the later 16th century	Local; multiple cities
<i>Manuscript production</i>	Widespread	Widespread
<i>Print production</i>	Limited almost exclusively to London; at least one English tract printed in Antwerp	Widespread in 25+ cities, large and small; French tracts also printed in the Low Countries and in the Holy Roman Empire

Table 3: Plague tract mobilities, England and France

The physical features of plague tracts—their size, their illustrations, the materials used to make them—are additional aspects of their production that historians have long taken for granted. Rather than looking at one set of features that are representative of a single moment in time—cheap print, for example—a diachronic exploration of the evolution of the treatises’ materiality reveals that, at least in their early incarnations, these works appealed to a much broader segment of late medieval and early modern society than has been recognised before now.

The subtleties of materiality: “And furthermore, this little book is very useful because it is portable”

I dedicate this book to the living and to posterity. If it is censured by the learned and the curious, I will patiently suffer their judgment and stop my pen, excusing myself upon the prayers of my friends who desired this first part of my Opuscles. If they judge it to be acceptable, I will pursue my plan and will soon provide the second part. The first tract on the plague is only an excerpt, or an abridgement of the larger work that I prepared in Latin. — François Ranchin, 1640¹²¹

In 1640, François Ranchin, Chancellor and professor in the Faculty of Medicine at the University of Montpellier and an avid antiquities collector, produced a large medical book—more than eight hundred pages long—that contained a plague tract as its core. At close to four hundred pages, the tract was, he claimed, an excerpt of the apparently much longer treatise that he had written first in Latin. The book, octavo in size and loosely bound in quires inside a (now) worn and torn vellum cover, is weighty. To guide his readers, Ranchin provided a detailed table of contents; or rather, several tables of contents, since the first table breaks the book down by ten simple parts while the subsequent tables provide more detail about the contents of each

¹²¹ “*Je donne ce Liure aux vivans, & à la posterité; S’il est censuré par les sçavans, & curieux, ie souffriray patiemment leur iugement, & arresteray ma plume en m’excusant sur la priere de mes amis, qui ont désiré ceste premier piece de mes Opuscles : Que si on le iuge passable , ie poursuiueray mon dessein, & donray bientost au iour la seconde Partie. Le premier Traicté de la Peste, n’est qu’un extraict, ou vn abregé du grand que i’ay préparé en Latin.*” François Ranchin, *Opuscles, ou Traictés divers et cvriex en medecine* (Lyon: Pierre Ravavd, 1640), 2. The opening quote (“*Car tel a le moyen d’achepter ce petit liure, qui n’a dequoy achepter toutes mes œuures. Et outre ce qu’il est portatif, il est tresutile...*”) comes from Ambroise Paré, *Traicte de la peste, de la petite verolle & Rougeolle: avec vne briefue description de la Lepre* (Paris: Gabriel Buon, 1580), Aiii.

individual section. The text is printed in several different typefaces, each used for a separate organisational function: headings, prefaces, chapter summaries, and main text. Atop each section heading is a woodcut that resembles the upper portion of an ornamental, architectural arch. Each chapter begins with an enlarged capital letter set within vines. Other minor ornamentation separates prefaces from the body of each chapter and signals the end of each section. In many respects, Ranchin's book looks like others of its era. It bears little physical resemblance, however, to the plague tracts of earlier centuries from which it was descended.

Manuscript plague tracts appeared in various sizes and formats, each designed to suit its intended audience. They ranged from small, portable, and unadorned tracts written in tiny and cramped script and most likely made in monasteries and for/by physicians and clerics, to medium-sized manuscripts with basic capital letter rubrication created for individual libraries and personal consultation, to large folio-sized works with carefully written scripts and elaborate decorations meant for aristocratic or royal owners. Some tracts were written on vellum, while others appeared on less expensive paper. Lister Matheson has suggested that plague tracts may have originally circulated as individual pamphlets, but if so none have survived.¹²²

French King Charles V owned copies of at least two plague tracts, one written by the Paris Medical Faculty in 1348, and the other by John of Burgundy c.1365. Both copies, dated to the early 1370s, are richly decorated, vernacular, folio-sized manuscripts. The king's physician, Gervaise Crestien, commissioned them for the king. In addition to many elaborate marginal decorations, the John of Burgundy treatise includes a miniature of a robed physician sitting at a lectern consulting a large manuscript (possibly the tract itself) (Figure 11 A),¹²³ while the Medical

¹²² Matheson, "Médecin sans Frontières?" 27.

¹²³ Figure 11(A): Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.97r. Parchment, 230mmx155mm. Image from BNF Gallica <http://gallica.bnf.fr/ark:/12148/btv1b84557895/f9.item.zoom>, accessed 20 April 2015.

Faculty tract includes a miniature of a seated king speaking with (or being instructed by) three robed physicians. In both instances, the importance of the physician is highlighted, as is the physician's relationship with the king. No other French manuscript tracts consulted for this dissertation contained illustrations.



Figure 11: John of Burgundy's plague tract, (A) Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.97r; (B) Oxford, Bodleian Rawlinson MS A.429, (late 14th/early 15th century), f.85v; (C) New Haven, John Porter Manuscript, Yale Center for British Art, Paul Mellon Collection (c.1450), ff.70v-71r

In England, copies of the John of Burgundy tract and its shorter adaptation were typically inserted into miscellanies (often duodecimo to octavo in size) with little internal marking to clearly distinguish them from the texts that preceded or followed, aside from (sometimes) a rubricated title or initial (Figure 11 B).¹²⁴ In these cases, the tract was most likely copied for personal or institutional use from a borrowed exemplar and inserted into the available space of an existing compendium. In the mid-fifteenth century, for example, John Porter, the Member of Parliament for Worcester, made a copy of the John of Burgundy tract for himself in a composite manuscript that he compiled for his personal use (Figure 11 C).¹²⁵ In other cases—such as with the cartularies or chronicles produced in Scottish abbeys—scribes added the tract to the empty leaves at the end of the manuscript. These methods of production continued in the sixteenth and early seventeenth centuries, with the tract typically being added into existing manuscripts and/or squeezed into existing blank spaces on pages that had not yet been filled. The scripts are rarely neat and careful, suggesting that these tracts were produced neither for outside use nor for sale, but were rather for personal use.

Recent studies of a group of related manuscripts reveal that some copies of the John of Burgundy tract were also produced commercially. This collection of works is commonly known as the “Voigts–Sloane Group” because of Linda Ehrtam Voigt’s discovery of them among the British Library’s Sloane manuscripts. The collection of eleven mid- to late fifteenth-century Latin and Middle English manuscripts contains medical and alchemical texts are either “characterised by an almost identical *mise-en-page*,” a “recurring anthology of texts,” or both. The group also demonstrates a number of other codicological and linguistic resemblances that

¹²⁴ Figure 11 (B): Oxford, Bodleian Rawlinson MS A.429, (late 14th/early 15th century), f.85v. Paper, quarto, provenance unknown.

¹²⁵ Figure 11 (C): New Haven, John Porter Manuscript, Yale Center for British Art, Paul Mellon Collection (c.1450), ff.70v–71r. Paper, 230mm x (unknown). Image from Yale Center for British Art, 31 July 2015.

suggest that they were produced if not together then in sequence. One of the manuscripts (British Library Sloane MS 2320) links the six manuscripts that share similar physical features with a second group of six that contain the same contents but that are physically distinct (Figure 12).¹²⁶

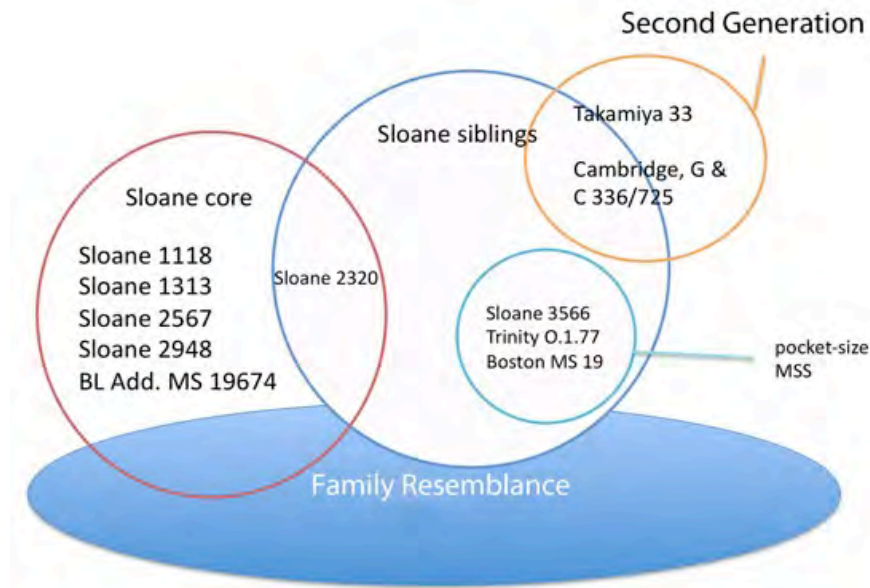


Figure 12: Voigts-Sloane group of manuscripts

Of particular interest here is the second group of six manuscripts labelled as the Sloane siblings and the Second Generation in the figure; each of these manuscripts contains three different versions of the John of Burgundy tract: the long version in Latin, the shorter English version attributed to John of Bordeaux, and an even shorter (anonymous) epistolary version.¹²⁷ While most extant copies of the tracts appear to have been made individually as basic personal or institutional copies, this particular group has been traced to London- or Westminster-based commercial production, most likely as bespoke commissions. All “display good craftsmanship” and some level of decoration, which “suggests that they were up-market items” produced by

¹²⁶ Figure 12 adapted from from Honkapohja, *Commercial Book Production*, 6.

¹²⁷ Honkapohja, *Commercial Book Production*, 5–15. See also Linda Ehrensam Voigts, “The ‘Sloane Group’: Related Scientific and Medical Manuscripts from the Fifteenth Century in the Sloane Collection,” *The British Library Journal* 16 (1990): 26–57. The six manuscripts are: London, British Library Sloane MS 2320; London, British Library Sloane MS 3566; Boston, Countway Library of Medicine Ballard MS 19; Cambridge, Trinity College MS O.1.77; Cambridge, Gonville & Caius MS 336/725; and Tokyo, Takamiya MS 33.

“professional scribes.”¹²⁸ Plague tracts thus circulated not just as in-house/personal copies made for individual use but also as “professional works” alongside other types of literary, academic, and religious productions that are more commonly associated with the manuscript book trade. The plague tract—along with the other medical and alchemical contents found in these manuscripts—appealed as much to higher status individuals as they did to monasteries and medical practitioners in England. This conclusion can be further supported with the knowledge that the identified scribe of one of the manuscripts—William Ebesham for Boston, Countway Library of Medicine Ballard MS 19—copied this medical miscellany, in addition to other works, for Sir John Paston II during the summer of 1468 while Paston “was on the continent for the marriage of Princess Margaret of York.”¹²⁹ Paston was a courtier in the household of Edward IV in 1461, and accompanied Princess Margaret to Bruges for her marriage to the Duke of Burgundy towards the end of the decade

While all six of the manuscripts in this sub-group contain some level of decoration, two are especially large and lavishly decorated (including with gilt initials) on parchment. These latter two manuscripts (Figure 13 A and B)¹³⁰ can be dated to the last half or quarter of the fifteenth century, in the early years of the printed book trade. Unfortunately the persons who commissioned them have not yet been identified.¹³¹ Nevertheless, the treatise’s appearance in this group of commercially-produced manuscripts in three separate forms suggests that continued concerns about the plague remained so paramount that their inclusion in an expensively-produced medical miscellany was not unusual. The plague tract was not, then, just a book meant for those who could afford less expensive works; rather, it appealed to all levels of society.

¹²⁸ Honkapohja, *Commercial Book Production*, 62–3. See also Kate Harris, “Patrons, Buyers and Owners.”

¹²⁹ Honkapohja, *Commercial Book Production*, 18. See also A.I. Doyle, “The Work of a Late Fifteenth-Century English Scribe, William Ebesham,” *Bulletin of the John Rylands Library Manchester* 39 (1956): 298–325.

¹³⁰ Figure 13 (A): Tokyo, Takamiya MS 33 (1475–1499), f.42v. Parchment, 240mm x 160mm. (B): Cambridge, Gonville & Caius MS 336/72 (second half fifteenth century), f.144v. Parchment, 241mm x 175mm.

¹³¹ For codicological descriptions of the six manuscripts, see Honkapohja, *Commercial Book Production*, 35–62.

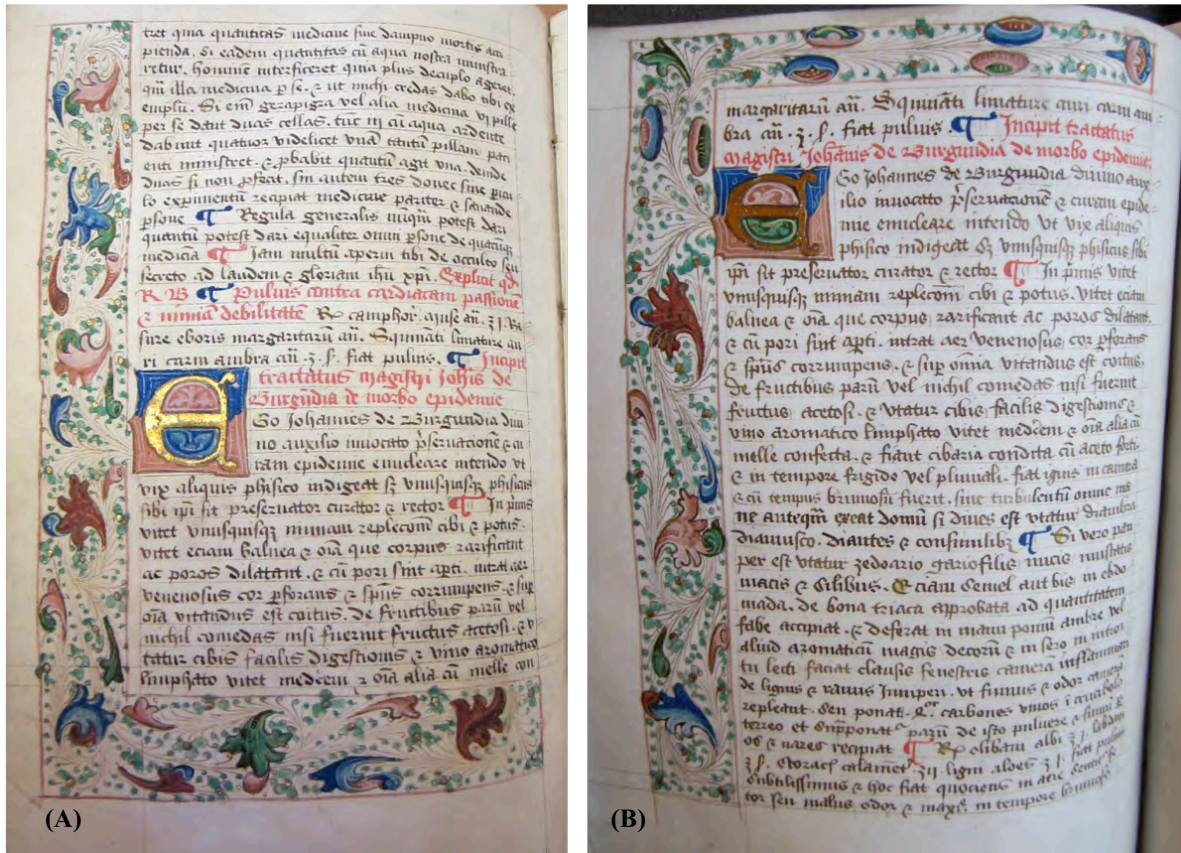


Figure 13: John of Burgundy's plague tract, commercial copies (A): Tokyo, Takamiya MS 33 (1475–99), f.42v; (B): Cambridge, Gonville & Caius MS 336/72 (late 15th century), f.144v



Figure 14: Pages from Margaret Beaufort's plague tracts, Cambridge, Fitzwilliam MS 261, ff. 1r, 9v

Two other copies of the John of Burgundy tract, together with Latin and English copies of the “Bisshop Arusiens” adaptation of Johannes Jacobi’s tract and several plague remedies and prayers, appear in a smaller but equally lavishly illuminated manuscript commissioned by Margaret Beaufort, countess of Richmond and Derby and mother of England’s King Henry VII. Although Margaret’s name does not appear anywhere in the manuscript, her badge and arms as well as Henry’s heraldic devices are repeated on several leaves of the manuscript that was produced around the end of the fifteenth century (Figure 14).¹³² Margaret had lost her first husband, the Earl of Richmond, to the plague in 1456, and in the last decades of the fifteenth century and early years of the sixteenth she lived through intermittent, if not concurrent, outbreaks of the plague and the Sweating Sickness. Lady Beaufort’s fear of the plague is well documented, including through provisions in her will for the creation of a plague refuge in Cambridge and her possession of a Book of Hours that contains three separate prayers against the plague.¹³³ This is the only confirmed witness to royally commissioned plague tracts in England but, like those held by France’s Charles V, its existence is critical for understanding that the treatises, at least in their early centuries in manuscript format, appealed to the highest social layers of English and French society.

One further discovery is worthy of special mention here. While English medical treatises are commonly illustrated with images of surgical tools and procedures, urine wheels and flasks, Zodiac men and phlebotomy points, and the like, images (aside from the decorative features noted above) are extremely rare in manuscript copies of plague tracts. None appear in any of the

¹³² Figure 14: Cambridge, Fitzwilliam MS 261, ff.1r and 9v. Vellum, 195mm x 145mm. Images acquired from the Fitzwilliam Museum, 22 September 2015. For detailed codicological information on the manuscript, see Frances Wormold and Phyllis M. Gilles, *A Descriptive Catalogue of the Additional Illuminated Manuscripts in the Fitzwilliam Museum Acquired between 1895 and 1979* (Cambridge: Fitzwilliam Museum, 1982), 194–6.

¹³³ Linda Ehram Voigts and Ann Payne, “Medicine for a Great Household (ca. 1500): Berkeley Castle Muniments Select Book 89,” in *Studies in Medieval and Renaissance History*, Third Series, vol. XII, ed. Cynthia Cosso and Anne Marie Scott (New York: AMS Press, 2016), 161–2. See also Rand, “Elusive Canutus,” 187–8.

almost one hundred copies of the John of Burgundy treatise, for example, aside from a single, unique mid-fifteenth-century image of a man on whom bubo locations are located alongside phlebotomy points (Figure 15).¹³⁴ This plague diagnosis image has gone largely unnoticed, and certainly unremarked, until now; further research is now needed to place it into the larger context of the development of contemporary ideas about the medical meaning of the plague bubo.



Figure 15: “Bubo man” in an English plague treatise, London, British Library Egerton MS 1624 (mid-15th century), f.216v

Once in print, plague tracts were most often produced on cheap paper with little decoration, which made them inexpensive to produce and to purchase. Paul Slack has noted that the Moulton adaptation of John of Burgundy’s tract, for example, sold for about two to three pence, “as cheap as any publication on the market.” In France, contemporary records likewise show that plague tracts sold for about three sols early in the seventeenth century.¹³⁵ Regarding French tracts in particular, Joël Coste acknowledged that such literature was often of low quality, but was also

¹³⁴ Figure 15: London, British Library Egerton MS 1624 (mid-15th century), f.216v. Paper, octavo. As far as I am aware, this is a unique image that appears nowhere else in English or other manuscripts. Similar images show up in later printed tracts. I am undertaking a further study of this image and its origins.

¹³⁵ Slack, “Mirrors of Health,” 247; Coste, *Représentations et comportements*, 44.

careful to note that it belonged neither to the “Bibliothèque bleue” nor to hawkers’ collections.¹³⁶

Taken together, their materiality and their cost indicate that printed tracts were marketed to the so-called middling sorts—those with enough income to be able to afford the purchase and with the ability to read at a basic level.¹³⁷ Some tracts, like the late fifteenth-century editions of the Kamiti tract in France and its equivalent Bisshop Arusiens edition in England, were sold unbound as individual works (Figure 16 A and B).¹³⁸ Other tracts, like those by Thomas Moulton and Thomas Phayer, were incorporated into larger medical miscellanies and sold under the title of the larger book.

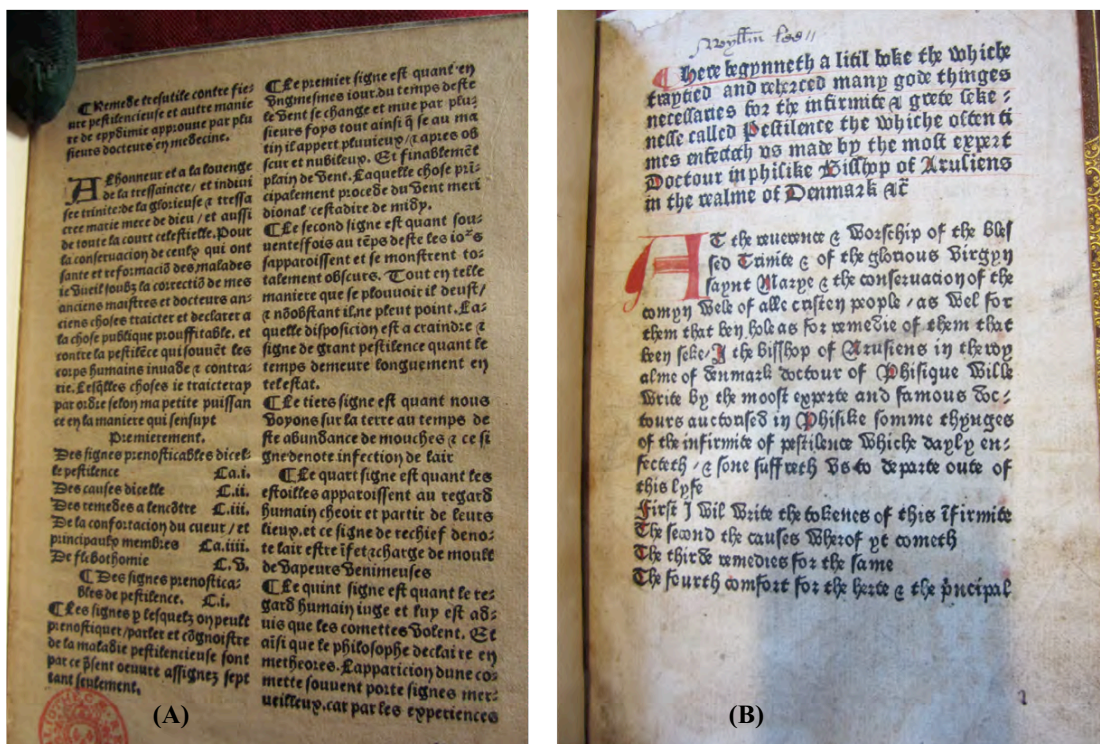


Figure 16: Printed adaptations of Johannes Jacobi’s plague tract, (A): Anonymous, *Remede tres utile* (c.1480); (B): Bisshop of Arusiens, *Here begynneth a litill boke* (1485)

¹³⁶ “...ils véhiculaient bien une littérature de circonstance assez « périssable »,” but “peu d’entre eux sont vraiment mal soignés, et qu’aucun n’appartient à la « Bibliothèque bleue » ou à la littérature de colportage.” Coste, *Représentations et comportements*, 49, 44. Whether or not plague tracts were included in hawkers’ collections has not yet been studied.

¹³⁷ This is not meant to exclude, of course, those who could listen to readings of a text.

¹³⁸ Figure 16 (A): Anonymous [Johannes Jacobi], *Remede tres utile*. (B): Bisshop of Arusiens, *Here begynneth a litill boke*.

Unfortunately, the majority of manuscript and printed tracts acquired by seventeenth- and eighteenth-century (and later) English antiquarians and book collectors have since been bound into larger compendia (either contemporaneously by the collectors themselves or later by large holding institutions, such as the British Library). In the absence of information about how and by whom such binding was done, it is difficult to assess whether these treatises might have originally circulated as individual tracts or as part of small collections bound by booksellers. At the Bibliothèque Nationale de France, by contrast, most tracts are kept as individual items. Here too, though, the printed tracts now come bound—most often in cardboard—with no information about the original state in which they were acquired. The current individuality of the French tracts suggests that these treatises likely circulated on their own, perhaps as unbound pamphlets, but without the more detailed bibliographic and historical information that is lacking in catalogues this remains an open question.

In his recent discussion of early modern English medical literacy, Peter Murray Jones differentiated between functional literacy, a basic skill that would enable a person to read texts necessary for day-to-day activities, and cultural literacy, which would enable a person to read books for edification.¹³⁹ Many pre-seventeenth-century readers would not have progressed beyond an ability to read black-letter type, the typeface found both in primers used to teach rudimentary reading skills and on publically posted notices such as bills of mortality and plague orders.¹⁴⁰ Most almanacs, remedy books, and prognostications that targeted the “middling sorts” used this typeface, making them readable by those who had access to them and who had basic

¹³⁹ Peter Murray Jones, “Medical Literacies and Medical Culture in Early Modern England,” in Taavitsainen and Pahta, *Medical Writing*, 30–43.

¹⁴⁰ Jones, “Medical Literacies,” 32–3. Heidi Brayman Hackel also argued that a rudimentary level of reading (abecedarian literacy) was common by the early modern period. “Rhetorics and Practices of Illiteracy or the Marketing of Illiteracy,” in *Reading and Literacy in the Middle Ages and Renaissance*, ed. Ian Frederick Moulton, (Turnhout: Brepols, 2004), 169–83. For a good illustrated overview of the development of typographical styles and their use by individual printers in England and France, see Daniel Berkeley Updike, *Printing Types: Their History, Forms, and Use: A Study in Survivals* (Cambridge, MA: Harvard University Press, 1922).

literacy skills. Other types of medical works such as surgical and theoretical texts, however, appeared in roman type, which those who possessed only rudimentary reading skills would have been unable to read. Until the later sixteenth century, all plague treatises were printed in some variant of black-letter type. Headings and main text typically appeared in the same typeface (Figure 17 A).¹⁴¹ By the last quarter of the century, however, as literacy rates increased, tracts in both England and France appeared more often using a blend of Roman types, with capital letters signalling titles and subtitles, italics used for prefaces, summaries, and emphases, and regular type elsewhere (Figure 17 B).¹⁴²

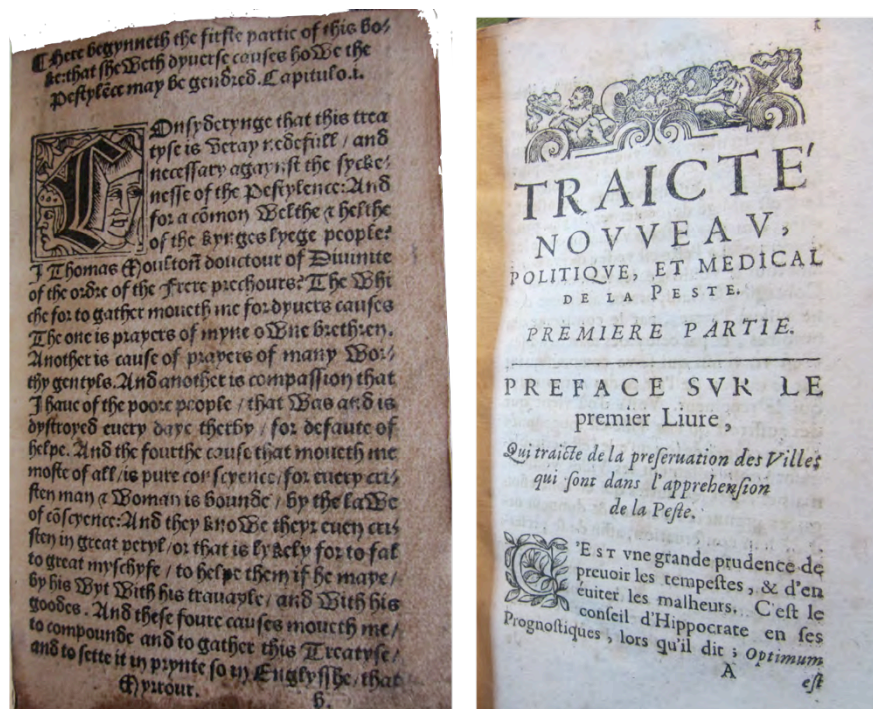


Figure 17: Typefaces used in plague tracts, (A) black letter in Moulton, *Myroure or Glasse of Helthe* (<1530); (B) mix of Roman types in Ranchin, *Opuscules* (1640)

In France, the earliest treatises—le Roy’s Johannes Jacobi tract (1476), the Latin Kamiti treatises (c.1480–1500), Martin Havard and Claude Nourry’s editions of the “Avignon” tract (c.1505–15), and the first edition of Nourry’s “Basle” text (c.1514)—were produced in quarto

¹⁴¹ Figure 17 A: Moulton, *Myroure or Glasse of Helthe*, B1.

¹⁴² Figure 17 B: Ranchin, *Opuscules*, 1.

size. All of the Latin tracts continued to be printed in quarto after 1500, their larger size likely meant to appeal to a higher status audience. Learned works like anatomy and surgical texts, for example, were typically printed in folio or quarto. Ulrich Gering's French version of the Kamiti tract, by contrast, was printed in octavo, similar to other household books like almanacs and remedy books that were meant to be easily portable and simple to use on a day-to-day basis. Gering's decision to print the French Kamiti tract in octavo rather than in quarto was thus a calculated targeting of a lower status of readers, as was his production of the tract in French in contrast to the earlier Latin version. More than two-thirds of the French-language tracts printed after 1500 appeared in octavo, and a further one quarter in duodecimo or smaller.¹⁴³

In England, the earliest editions of the Bishop of Arusiens treatise, that is, during the late fifteenth century, appeared in quarto. All editions of Thomas Moulton's tract (c.1530–80), however, were in octavo; Thomas Phayer's tract (c.1543–96) appeared in both octavo and the even smaller sextodecimo. Other tracts sixteenth-century tracts are divided between those works whose title includes the word "plague"—in which case more than eighty percent were printed in quarto—and those using the word "pestilence," for which octavo was the standard. In the former case, the majority of the quarto-sized tracts were editions of one treatise reprinted by one printer: Thomas Cartwright's tract on hospitals "for the diseased...and the perservation of bodily health; very necessary for this time of common plague..." that was printed multiple times by and for Edward White between 1579 and 1598. Nevertheless, some twenty percent of English plague tracts appeared in quarto during the sixteenth century. In the seventeenth century, medically oriented tracts were still most often printed in quarto, while their religious counterparts appeared

¹⁴³ Coste's analysis (*Représentations et comportements*, 43) on this topic applied to tracts held by the Bibliothèque Nationale de France and printed after 1490; my further analysis confirms the trend for works held by other libraries. Havard and Nourry's publications, then, were exceptions to the rule, and Nourry's subsequent editions of the "Basle" treatise were in octavo size.

in octavo. By the eighteenth century, both types of tracts appeared almost exclusively in octavo.

Were the different sizes used most commonly for plague tracts in each kingdom simply national standards that set English printing apart from its French counterpart? Discussing English medical production, Paul Slack argued that the “format of a book has its own story to tell...since it reflects the author’s and printer’s view of the purpose and audience for it.”¹⁴⁴ By this reasoning, some plague tracts were assigned a higher purpose than others, on par with (or just slightly less valued than) anatomy and surgery texts, which tended to be produced in quarto or larger format for more learned readers. The genre was also generally perceived to have more status than textbooks and regimens, which appeared almost exclusively in octavo format for students and household use. If Slack’s assessment for English print can be extrapolated to other places, it appears that vernacular treatises held higher value initially and for a longer period of time in England than they did in France. As octavo-sized books after the seventeenth century, tracts in both kingdoms often resembled pamphlets: small, inexpensively produced, roughly stitched, and portable texts used to disseminate medical information, to advertise proprietary medicines, and to communicate medical, religious, and political debates.¹⁴⁵ Like pamphlets, some plague treatises also contained “crude illustrations” (to use Jason Peacey’s phrase)¹⁴⁶ to both complement the texts and to provide additional explanation or extrapolation.

Aside from the decorative features and miniatures notes above, I am not aware of images in French manuscript tracts, although this might reflect only the absence of this information in holding institution catalogues. Coste’s analysis of works held by the Bibliothèque Nationale de France showed that, aside from printers’ devices, authors’ portraits, and otherwise nonspecific

¹⁴⁴ Slack, “Mirrors of Health,” 246–7.

¹⁴⁵ Pettegree, Walsby, and Wilkinson, eds., *French Vernacular Books*, x–xi; Jason Peacey, “Pamphlets,” in Raymond ed., *Oxford History of Popular Print Culture*, 453–63. See also Maura Ratia and Carla Suhr, “Medical Pamphlets: Controversy and Advertising,” in Taavitsainen and Pahta, eds., *Medical Writing*, 180. Keiser also refers to plague tracts as pamphlets in “Two Medieval Plague Treatises.”

¹⁴⁶ Peacey, “Pamphlets,” 455.

woodcut initial letters and similar ornamentation, only seven percent of vernacular printed treatises contained illustrations. Most of these are simple, relatively generic woodcuts of physicians at work, of humoral temperaments, or of astrologists. These same images were used, often repeatedly, in other books produced by the same printer and/or by his or her contemporaries (Figure 18 A and B).¹⁴⁷ Prior to the mid-sixteenth century, the images were often very simple, while those of the later sixteenth and especially the seventeenth centuries were more complicated and detailed. This evolution in tract illustration complexity occurred alongside what Christine M. Boeckl and Louise Marshall have demonstrated was an expansion of plague art more generally, in style, content, and complexity.¹⁴⁸

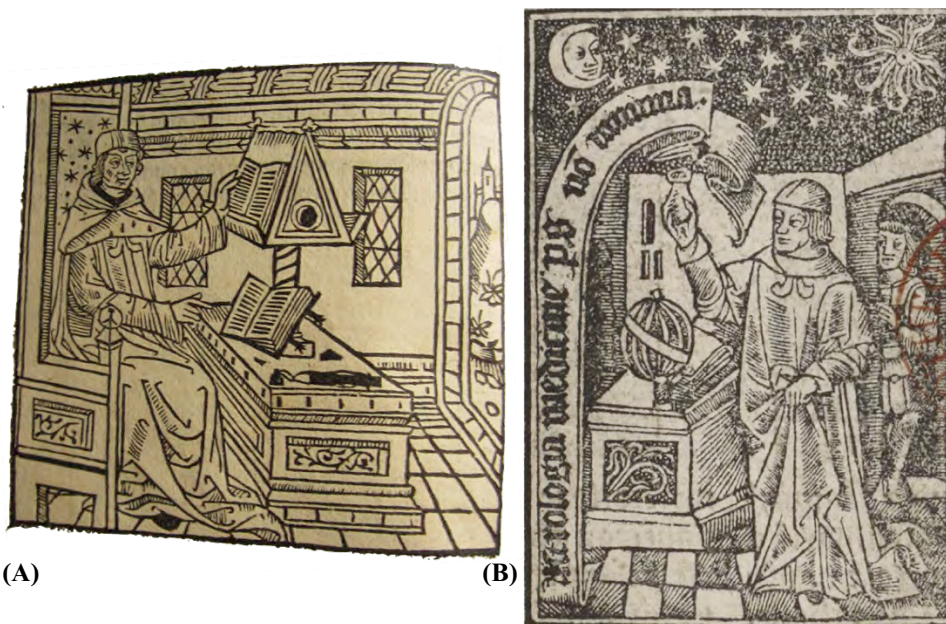


Figure 18: Generic woodcuts in French plague tracts: (A) Le Forestier, *Le regime contre epidemie* (1495); (B): Atila, *Traictie tresutile contre la peste* (c.1505)

¹⁴⁷ Figure 18 (A): Doctor and his books, from le Forestier, *Le regime contre epidemie*, reverse of title page. (B): Doctor examining a urine flask, from Atila, *Traictie tresutile contre la peste* (Paris: Gaspard Philippe, c.1505), 1. Image from BNF Gallica, <http://gallica.bnf.fr/ark:/12148/btv1b86029327/f7.image>, accessed 15 July 2015.

¹⁴⁸ Christine M. Boeckl, *Images of Plague and Pestilence: Iconography and Iconology* (Kirkville, MO: Truman State University Press, 2000) and Louise Marshall, "Manipulating the Sacred: Image and Plague in Renaissance Italy," *Renaissance Quarterly* 47, No. 3 (Autumn 1994): 485–532.

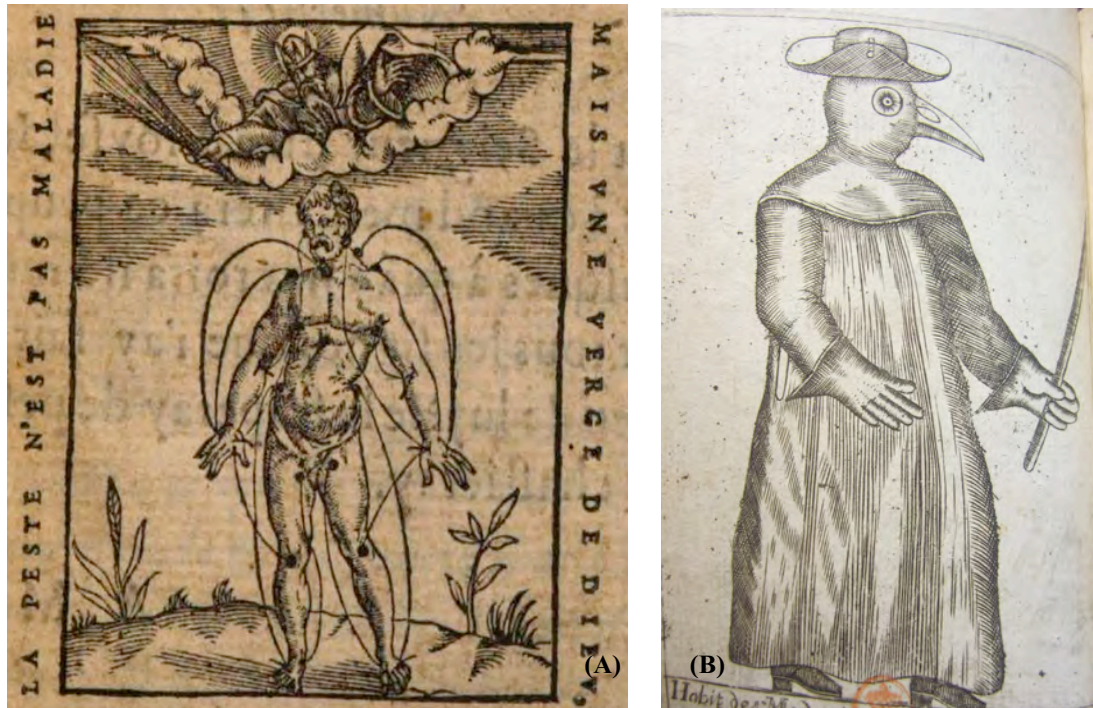


Figure 19: Plague-specific images in French plague tracts: (A) Ydeley, *Des secrets souverains* (1581); (B) Manget, *Traité de la peste* (1721)

Images designed specifically for inclusion in the plague tracts—such as the Saints Roch and Sebastian, a nude man on whom buboes are indicated, or the plague doctor—were rarer, appearing in less than fifteen tracts out of the entire French corpus (Figure 19 A and B).¹⁴⁹ Aside from the plague doctor, plague-specific images were largely religious in nature: plague saints represented both healing and intercessionary powers against divine wrath, while scenes of an angry god sitting in the clouds and threatening mankind below with rods or arrows was already part of Christian iconography. These types of images appeared most often in tracts that focused on religious explanations of the plague. The earliest versions of the printed “bubo man” were secular,¹⁵⁰ although Estienne Ydeley’s version (Figure 19 A) is decidedly religious, and reflects

¹⁴⁹ Figure 19 (A): Nude man on whom phlebotomy points and plague buboes are shown, from Estienne Ydeley, *Des secrets souverains et vrais remedes contre la peste* (Lyon: Jean Stratis, 1581), title page. Image from Google Books, 26 May 2017. (B): Plague doctor, from Jean-Jacques Manget, *Traité de la peste* (Geneve: Philippe Planche, 1721), page facing title page.

¹⁵⁰ For example, the Anonymous, *Regime contre la pestil[enc]e* tract printed by Claude Nourry. I have been unable to acquire a good copy of this image; a copy of the microfilm image can be seen in Coste, *Représentations et comportements*, 75.

both his profession (a priest) and the tone of his tract (plague as a divine punishment). The iconic plague doctor (Figure 19 B), by contrast, was a thoroughly secular figure whose actual existence has been the subject of scholarly debate.

Aside from printers' devices, generic embroidered letters, and other regularly re-used woodcuts, images are rare in printed English tracts.¹⁵¹ Robert Wyer's editions of Thomas Moulton's tract are the most image-heavy, although only with decorative woodcuts that Wyer and his successors used prolifically in other works (Figure 20 A). At least one edition of the Bisshop Arusiens tract contains a generic astrological image on the first page (Figure 20 B).¹⁵²



Figure 20: Images in early English plague tracts, (A) Moulton, *Myrour or Glasse of Helthe* (<1530); (B) Bisshop of Arusiens, *Here Begynneth a Treatyse* (c.1509)

Several other tracts have decorative title pages and/or decorated capital letters on some pages, such as Thomas Berthelet's production of Thomas Paynel's translated tract (Figure 21 A).¹⁵³ Perhaps the most interesting image in an English plague tract is found in George Thomson's treatise; in this tract, Thomson describes his dissection of a plague victim and the

¹⁵¹ Ruth Samson Luborsky and Elizabeth Morley Ingram, *A Guide to English Illustrated Books, 1536–1603*, 2 vols., (Tempe AZ: Medieval and Renaissance Texts and Studies, 1998) and Hodnett, *English Woodcuts*. Luborsky and Ingram show that although printers initially designed woodcuts for specific passages in specific texts, they tended to reuse the woodcuts so many times for decorative purposes that the images ultimately lost their original meaning.

¹⁵² Figure 20 A: Moonface in a dial, from Moulton, *Myrour or Glasse of Helthe* (London: Robert Wyer, <1530), 1. Figure 20 B: Woman pointing to a quadrant held aloft by a king, from Bisshop of Arusiens, *Here Begynneth a Treatyse agaynst Pestele[n]ce & of y^e Infirmits* (London: Wynken de Worde, c.1509), title page.

image shows this dissection in progress (Figure 21 B).¹⁵⁴

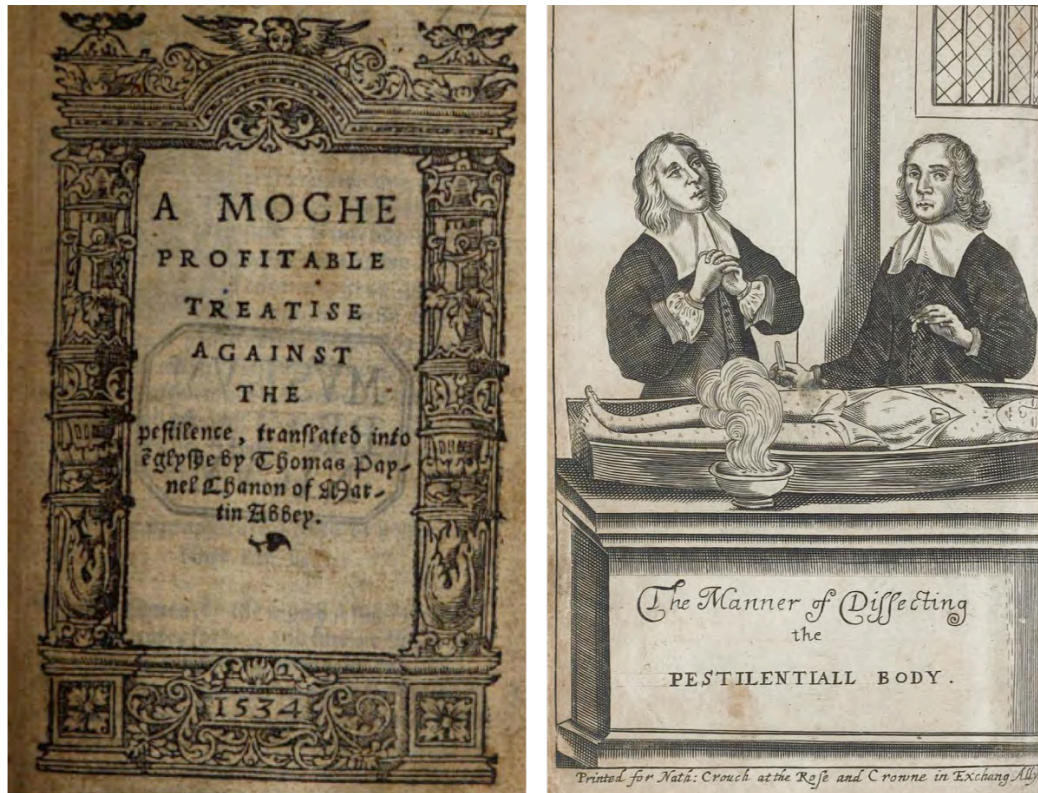


Figure 21: Images in English plague tracts, (A) Paynel, *Moche Profitable Treatise* (1534); (B) Thomson, *Loimotomia* (1666)

Addressing the materialities of plague tracts emphasises the fact that these were not just texts; they were tangible objects that carried meaning. These meanings—and their target audiences—evolved as the physical features of the tracts changed (Table 4). The material out of which they were constructed, their sizes, and their degree of illumination or illustration are all suggestive of the types and social status of the persons who owned or commissioned the tracts. Although their contents were comparable, a richly illuminated and gilded vellum copy of John of Burgundy’s tract was not the same as one that was squeezed with cramped writing into the empty space at the bottom of a page of paper. Tracts with an image of a “bubo man” aided their readers

¹⁵³ Figure 21 A: Ornamental title page from Paynel, *Moche Profitable Treatise*.

¹⁵⁴ Figure 21 B: The Manner of Dissecting the Pestilentia Body, from George Thomson, *Loimotomia, or the Pest Anatomized* (London: Nath. Crouch, 1666), facing title page.

in understanding the complex rules about where and when phlebotomy should be performed. The shift to small, cheap printed texts opened the tracts to a wider reading audience, while also enabling printers to advertise themselves through their devices and their re-use of recognised woodcuts. The shift from manuscript to print, then, also shifted the plague tract from being a personal object to one in which many hands can be traced.

	England	France
<i>Size — Manuscript Tracts</i>	Varies from sextodecimo to folio, mostly depending on owners' status	Insufficient catalogue information available to fully assess patterns
<i>Appearance — Manuscript Tracts</i>	Varies from plain and simple to elaborately illuminated; known illuminated tracts owned by Margaret Beaufort	Insufficient catalogue information available to fully assess patterns; Charles V known to have owned two elaborately illuminated tracts
<i>Images — Manuscript Tracts</i>	Very rare; first known appearance of the bubo man in one manuscript tract	Insufficient catalogue information available to fully assess patterns; likely same as for English tracts
<i>Size — Printed Tracts</i>	Typically quarto until 18th c., then octavo; tracts incorporated into larger medical works usually octavo	Typically quarto until end of 15th c., then octavo; Latin tracts in quarto
<i>Images — Printed Tracts</i>	Very rare; most illustrations are generic, heavily re-used woodcuts; dissection of plague victim most notable image (17th century)	Less than 10% of tracts are illustrated; most illustrations are generic medical or astrological images; plague-specific images mostly have religious undertones

Table 4: Plague tract materiality, England and France

Taken together, the different modes and places of production that demarcate English plague tracts from their French counterparts suggest that they were different textual objects in the two kingdoms. The question that then arises, is what impact did these differences have on the ways in which the tracts discussed the plague?

Writing the sites of disease

Production implications: “I made it especially for the use of the inhabitants of London”

God did put in my minde to write a Treatise against the Pestilence...I made it especially for the use of the inhabitants of London: both bicause that citie was most commonly, and most greeuously visited with that sicknes: and also bicause I my selfe was an inhabitant there. — Thomas Brasbridge, 1592¹⁵⁵

In 1592, Thomas Brasbridge arranged for the second edition of his medical work *The Poore Mans Jewell* to be printed. The book contained a plague tract with remedies “prooued by the practise of the Author, and of many other.” Brasbridge had personal experience treating the plague: as a medical and divinity student he had tended to the plague-stricken during an epidemic in Oxford in 1563–4, and as a schoolmaster, preacher, and medical practitioner, he did so again in London in 1578. While he wrote the first edition of his tract either during or immediately after his encounter with the plague in London, the second version was published more as a pre-emptive measure. “[A]lthough the sicknes (thanks be to God) do not at this present raigne among vs,” he writes, “yet the Treatise is not in vaine”¹⁵⁶ because it offers treatments to both cure and prevent the disease.

An epidemic did in fact break out that year in London, likely shortly after Brasbridge’s updated treatise appeared in print. According to John Graunt, the 1592 epidemic was not nearly as deadly as those that followed in 1603 or 1625, but it did, he claimed, instigate the publishing of the city’s first bills of mortality that provided weekly lists of deaths by parish and by cause.¹⁵⁷ Graunt was right that the 1592 epidemic was proportionately less deadly than those that preceded or followed it, but he was mistaken about the bills of mortality. They had been around in one form or another since the early sixteenth century, and publicly available on printed broadsheets

¹⁵⁵ Thomas Brasbridge, *The Poore Mans Iewell* (London: George Bishop, 1592), A2v.

¹⁵⁶ Brasbridge, *Poore Mans Iewell*, A3r.

¹⁵⁷ Graunt, *Reflections on the Weekly Bills of Mortality*, 2.

since the 1580s.¹⁵⁸ The printing of Brasbridge's second edition in 1592 did, though, reflect a change in English plague tracts. By the late sixteenth century, the city of London was no longer just the primary place of plague tract writing and printing in England: it had also increasingly become both a specifically named place in English tracts and a city that English writers explicitly declared to be diseased.

By the late 1500s, London was England's primary centre for banking, international trade, and commerce, its recognised capital, and, importantly, its demographic core. Over the sixteenth century, the population around London increased four-fold while its proportion of the total population more than doubled, dwarfing the next largest cities in the kingdom.¹⁵⁹ Perceptions of the city also shifted noticeably during the sixteenth and seventeenth centuries. These ideas were fuelled not just by London's rapidly increased population, but also by religious transformation, the city's greatly expanded urban boundaries, its fragmented social, cultural, and economic dynamics, its "new patterns of consumption which...altered the urban environment," and—particularly after 1578—renewed and more devastating outbreaks of disease than the city had seen for almost a century.¹⁶⁰ In her work on the ways in which Londoners interpreted the changing nature of their city, Julia F. Merritt noted that comparing a negatively perceived present

¹⁵⁸ Mark S.R. Jenner, "Plague on a Page: Lord Have Mercy Upon Us in Early Modern London," *The Seventeenth Century* 27, no. 3 (2012): 265. For accounts of earlier bills, see Cornelius Walford, "Early Bills of Mortality," *Transactions of the Royal Historical Society* 7 (1878): 212–248; J.C. Christie, *Some Accounts of the Parish Clerks* (London: James Vincent, 1893), 132–5. For other discussions of the printed bills, see Stephen Greenberg, "Plague, the Printing Press, and Public Health in Seventeenth-Century London," *Huntington Library Quarterly* 67, no. 4 (December 2004): 508–527 and Erin Sullivan, "Physical and Spiritual Illness: Narrative Appropriations of the Bills of Mortality," in *Representing the Plague in Early Modern England*, ed. Rebecca Totaro and Ernest B. Gilman (New York: Routledge, 2010), 76–94.

¹⁵⁹ Paul Griffiths and Mark S.R. Jenner, eds., *Londinopolis, c.1500–c.1750: Essays in the Cultural and Social History of Early Modern London* (Manchester: Manchester University Press, 2000), 2. The population increased from about 50,000 to 200,000–250,000 between 1500 and 1600, while the city's proportion of the total population increased over the same period from about two percent to more than five percent. Both the total number and the proportion continued to grow thereafter. See also Jeremy Boulton, "London 1540–1700," in *The Cambridge Urban History of Britain, Vol. 2 1540–1840*, ed. Peter Clark (Cambridge: Cambridge University Press, 2000), 315–46 and Paul Slack, "Great and Good Towns 1540–1700," in *Ibid.*, 347–76.

¹⁶⁰ J.F. Merritt, "Perceptions and Portrayals of London 1598–1720," in *Imagining Early Modern London: Perceptions and Portrayals of the City from Stow to Strype, 1598–1720*, ed. J.F. Merritt (Cambridge: Cambridge University Press, 2001), 1–3.

with a somehow glorious past was a critical component of those perceptions. Recurrent plague epidemics—and the overwhelming number of plague-related deaths in London in particular during serious outbreaks—prompted contemporaries to examine and assess the changing conditions of the city’s topography and its “urban life for sources of divine displeasure” that might explain its apparent link to disease and death.¹⁶¹

Indeed, by the later sixteenth century, London *had* become England’s foremost site of the plague, epidemiologically, metaphorically, and in print. In a recent demographic study, Neil Cummins, Morgan Kelly, and Cormac Ó Gráda mapped the rise and spatial spread of plague in London and their results strongly suggest that the disease was endemic in the city during the sixteenth and seventeenth centuries.¹⁶² Although destructive plague epidemics also occurred in many other towns, the large and devastating outbreaks that hit the city in the seventeenth century (1603, 1625, 1636, and 1665) caused tract writers to focus most pointedly on London’s plague experiences. Medical and religious writers alike focused on the disease that was “fearefully overflowing this famous cittie of London”¹⁶³ and sought “to preserve Londoners with their families...from the...deluge of the plague.”¹⁶⁴ Official proclamations concerning outbreaks “in the cities of London and Westminster” likewise saw repeated reprinting and distribution throughout the first half of the seventeenth century.¹⁶⁵

Over the decades that followed the printing of Brasbridge’s tract, London became the *de*

¹⁶¹ Merritt, “Perceptions and Portrayals,” 22.

¹⁶² Neil Cummins, Morgan Kelly, and Cormac Ó Gráda, “Living Standards and Plague in London, 1560–1665,” *Social Science Research Network* (July 3, 2013). Available at SSRN: <http://ssrn.com/abstract=2289094>.

¹⁶³ Stephen Bradwell, *A Watch-Man for the Pest* (London: John Dawson, 1625), 1.

¹⁶⁴ I.D., *Salomon’s Pest-house, Or Tovver-royall* (London: for Henry Holland, 1636), 1. A French apothecary working in London proposed a secret cure for the plague in his work *A Mite Cast into the Treasury of the Famous City of London*. Theophilus de Garencières, *A Mite Cast into the Treasury of the Famous City of London, Being a Brief and Methodical Discourse of the Nature, Causes, Symptomes, Remedies and Preservation from the Plague, in this Calamitous Year, 1665, Digested into Aphorismes* (London: Thomas Ratcliffe, 1665). Another contemporary tract was also specifically focused on London: J.V., *Golgotha; Or, A Looking-Glass for London, and the Suburbs Thereof Shewing the Causes, Nature and Efficacy of the Present Plagues* (London: printed for J.V., 1665).

¹⁶⁵ England and Wales Sovereign, *By the King* (London: Robert Baker, 1603), 1.

facto site of English plague. One mid-seventeenth tract author, John Quarles, seems to have taken a concrete step to make English plague outbreaks specific to London and to Londoners: he titled his plague tract simply *Londons Disease*.¹⁶⁶ Repeatedly reading about the large number of mortalities associated with plague outbreaks in the city, combined with religious, literary, and medical writers' portrayals of London as the national hotbed of sinful behaviour, vice, and pestilence, reinforced the idea that the plague was intimately bound with London's dense population. Everywhere was affected by the plague, but London was especially plaguey.

The concentration of printers and stationers in London played a distinct role in shaping the direction and focus of English plague tracts. The city's writers and printers responded to outbreaks by publishing a regular stream of pamphlets, ballads, sermons, treatises, and other literary works. The vast majority of these works addressed the particular relationship that London, its inhabitants, and its central political and economic role in the kingdom seemed to have with the disease.¹⁶⁷ The pamphleteer Thomas Dekker, for example, portrayed London as the vanguard of England's fight against God, a position that left it especially vulnerable to divine wrath and punishment that came in the form of the plague. There also was a perceptible shift towards overtly blaming London's poor for the plague, not just in public discourse but also in the plague tracts themselves.¹⁶⁸ The printing of the weekly bills of mortality, other similar broadsheets, and plague tracts during outbreaks did more than simply serve to further increase

¹⁶⁶ John Quarles, *Londons Disease, and Cure: Being a Sovereigne Receipt Against the Plague, for Prevention Sake* (London: Edward Crouch, 1665).

¹⁶⁷ Thomas Dekker, *A Rod for Runaways*, cited in Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 276. See also Rebecca Totaro and Ernest B. Gilman, ed., *Representing Plague in Early Modern England* (New York: Routledge, 2010); Ernest B. Gilman, *Plague Writing in Early Modern England* (Chicago: University of Chicago Press, 2009); Margaret Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (Houndsmills: Palgrave Macmillan, 2001); Margaret Healy, "Discourses of the Plague in Early Modern London," in *Epidemic Disease in London*, ed. J.A.I. Champion (London: Centre for Metropolitan History, 1993): 19–34; Sharon Achinstein, "Plagues and Publication: Ballads and the Representation of Disease in the English Renaissance," *Criticism* 34, no. 1 (1992): 27–49.

¹⁶⁸ England's national and municipal plague orders included direct references to the poor and to the spaces that they inhabited. Paul Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988). See also Slack, *Impact of Plague*, *passim*, and Wear, *Knowledge & Practice*, 281–6.

the demand for, and production of, plague-related material: it also fixed in people's minds the association between London's poor—in whose parishes the bills of mortality showed the plague to first arise—and the generation of disease.

For London's printers in the later sixteenth and seventeenth centuries, the plague was a profitable business. Physically situating the plague in the City – or at least in *certain parts* of it – and exploring the City's unique links to the disease was a natural outgrowth of this trend. Even though there were similarly recurrent and devastating outbreaks in other English towns, and even though knowledge of them was likely widespread,¹⁶⁹ these affected towns were almost never mentioned in the London-produced tracts (Brasbridge's recollections of past plagues in Banbury and Oxford being the main exception). Instead, they were either ignored in the printed tracts or grouped together into vague discussions of plague outbreaks in “diuers Cities, Townes, and other places of this Realme.”¹⁷⁰ Although Ezio Ornato argued that there is no direct relationship between where a book is produced and where it is marketed, and even though books produced in London were sold on to booksellers in the provincial towns and at markets and fairs, London printers' primary market was in the city, and there was little profit to be made by describing plague outbreaks outside of the city.¹⁷¹ English plague tracts in the early modern era were thus largely written and printed by, if not for, Londoners. In other words, Thomas Brasbridge may have claimed that he wrote his tract for the inhabitants of London because he lived there and because the city was “greeuously visited” by the plague, but the reality is that by the late sixteenth century, the printers who could publish his book, the majority of the customers who could purchase and read it, and the worst local sources of disease generation (at least in people's

¹⁶⁹ Mary Dobson provides a useful chronology of epidemic outbreaks outside of London between 1601 and 1800 in Dobson, *Contours of Death*, 383–449.

¹⁷⁰ Anonymous, *Especiall Obseruations and Approved Physicall Rvles* (London: B. Alsop and T. Fawcet, 1625), B1.

¹⁷¹ Ornato, “La production livresque.”

minds) were all concentrated there.

Plague outbreaks outside of London instigated the writing and printing of very few local—meaning non-London—plague tracts. One early fourteenth-century manuscript adaptation of the John of Burgundy treatise claims to have been written in Oxford during plague outbreak there in 1407, but large and devastating outbreaks in Shrewsbury, Worcester, and Lincoln in 1587, or in Reading, Salisbury, and York in 1596–8, or in Chester in 1613 and Leicester in 1615, or in Newcastle-upon-Tyne in 1636, or in Newark and East Stoke in the 1640s, or in Exeter, Bristol, and Norwich in these years and many others resulted in no printed plague tracts that mentioned them.¹⁷² Oxford and Cambridge printers focused on meeting the academic needs of the university population, rather than on the interests of the broader reading public that was typically addressed in plague tracts. At Oxford, only one of the four tracts that came from local printers working outside of London mentions the city itself; two others were general remedies.¹⁷³ Under the watchful eye of the Archbishop, printers at York published religious material, not plague tracts. The specific nature of printing in these cities precluded their printers from producing plague tracts, and the focus of London's printers on that city explains why other affected cities were not mentioned as sites of disease in the printed treatises.¹⁷⁴

Other than Nathaniel Hodges' Latin *Loimologia* and the English translation of Paul Barbette's Dutch tract, both of which appeared in print in 1672 (and Hodges' tract was a

¹⁷² For Newcastle-upon-Tyne, see Keith Wrightson, *Ralph Tailor's Summer: A Scrivener, His City and the Plague* (New Haven: Yale University Press, 2011); for East Stoke and Newark, see Stuart B. Jennings, "The Anatomy of a Civil War Plague in a Rural Parish: East Stoke, Nottinghamshire, 1646," *Midland History* 40, no. 2 (2015): 201–19 and Stuart B. Jennings, "'A Stinking, Miserable, Infected Town': Plague and Death in a Civil War Garrison, Newark, 1640–1649," *Midland History*, 28 (2003): 51–70; for all others see Slack, *Impact of Plague*.

¹⁷³ Lionel Gatford's tract addresses the "directions printed by command of the Lords of the Counsell at Oxford 1644." *Logos alexipharmakos, Or, Hyperphysicall Directions in Time of Plague* (Oxford: Henry Hall, 1644). See also Anonymous, *Concerning the Constitution of an Aire Infected and How to Know Plague-sores and Carbuncles* (Oxford: Leonard Lichfield, 1644) and Anonymous, *Physicall Directions in Time of Plague* (Oxford: Leonard Lichfield, 1644).

¹⁷⁴ On printing outside of London, see David McKitterick, "University Printing at Oxford and Cambridge," in *The Cambridge History of the Book in Britain*, vol. IV, ed. John Barnard and D.F. McKenzie (Cambridge: Cambridge University Press, 2002), 189–205, and John Barnard and Maureen Bell, "The English Provinces," in *ibid.*, 665–86.

reflection on the 1665 outbreak specifically), no significant medical treatises on the plague appeared between 1666 and the great upsurge in new productions in 1720 responding to the threat from Marseille. A few general medical books in the 1690s and early 1700s contained discrete sections on the plague (alongside discussions of other diseases), and broadsheets that provided plague remedies also continued to be printed and posted. There was, however, a noticeable absence of tract production over this half century. When the threat of plague declined in London, people's perception of the city as a site of the disease also diminished, as did the need to write about it.

In France, the very different organisation of the printing industry resulted in a completely different dynamic. Here, plague treatises were written by local authors, and printed for local readers, in various cities throughout the kingdom. This, in turn, influenced both the tracts' discussions of where the plague might be found and which cities were deemed to be worthy of note. Paris had long been the kingdom's political, economic, religious, intellectual, and cultural capital. But although it was the largest city in the realm—if not the largest city in Europe at the time—it had neither grown as quickly as London nor did it so completely dominate France's demographic landscape.¹⁷⁵ Instead, France's large regional cities were themselves larger than most other cities in Europe and acted as important centres in their own right.¹⁷⁶ It is primarily from these non-Parisian centres of printing that localisation of the plague—through the specific mention of the places where outbreaks were occurring—took place.

Localised French tracts often appear as individualised and personal responses to epidemics

¹⁷⁵ Paris's population by 1600 was more than three times the size of Rouen and more than five times the size of Lyon or Marseille; London's was at least *fifteen* times the size of the next largest English city, Norwich. Boulton, "London 1540–1700," 316; *Atlas Historique de Paris*, <http://paris-atlas-historique.fr/4.html>

¹⁷⁶ Benedict, "French Cities," 8–9.

in particular cities, such as Poitiers, Douai, Verdun, Nantes, and so on.¹⁷⁷ The proliferation of printing presses across France helped to ensure that a larger number and wider variety of tract writers from different places had the opportunity to write about their experiences and see their works published. As Colin Jones has noted, plague tracts in France were neither the preserve of “a metropolitan elite [nor]...an academic monopoly” as they perhaps were in England.¹⁷⁸ This personalised and localised approach also meant that here, plague tracts were written anew by local residents as they responded to locally specific outbreaks of disease.

The decentralisation of France’s printing industry also created a distinction in the chronological production of plague tracts: whereas English treatise production essentially ceased once large outbreaks stopped in London, in France the tracts continued to appear throughout the seventeenth century even though the number and size of plague epidemics had diminished significantly. Relying on Biraben’s calculation of epidemic phases and his own bibliographic review of vernacular plague treatises, Coste argued that the appearance of printed tracts across the entire period between the late fifteenth and early eighteenth centuries correlated to a very great extent with local outbreaks of the disease.¹⁷⁹ His analysis shows, he said, that ninety-one percent of printed French tracts materialised during a “plague year.”

Colin Jones, however, came to a very different conclusion, especially for the latter part of the period. He contended that although there were plague outbreaks of various sizes somewhere in France every year between 1500 and the early eighteenth century, the number and severity of epidemics dropped off significantly after the early 1640s. Since plague tracts continued to be written and printed after this time, “the chronology of plague-text production [in this latter

¹⁷⁷ Samuel Cohn noticed a similar trend in Italy especially after 1575. Samuel K. Cohn Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), 91, 100–39.

¹⁷⁸ Jones, “Plague and its Metaphors,” 104.

¹⁷⁹ Coste, *Représentations et comportements*, 44–7.

period] highlights an [increasing] unevenness of fit between plague as biological and as cultural phenomena.”¹⁸⁰ In other words, there was some correlation between tract production and large disease outbreaks at particular moments of time after the end of the sixteenth century, notably between 1625 and 1631 and again in the 1720s; however, the continued production of tracts between the mid-seventeenth century and the Marseille outbreak runs counter to a period in which the plague as a disease threat was in clear decline.¹⁸¹ Rather than necessarily or solely reacting to actual outbreaks, Jones argued, many of the French tracts produced in the later seventeenth century participated in a broader cultural discourse and “social imaginary” about the plague that continued to be profitable for printers and authors of a broad range of literature.¹⁸²

Both arguments may be correct, especially since they address different periods of time. Coste did not address the correlation between specific outbreaks and tract production by place of publication or by smaller units of time, nor did his bibliographic list completely match his statistics, making his argument difficult to compare directly against Jones’s.¹⁸³ Nevertheless, a closer scrutiny of his numbers (and of his bibliographic list) reveals that more than two-thirds (sixty-eight percent, or thirteen of nineteen) of the French tracts printed between 1644 and 1719 (to allow comparison with Jones) came from outside Paris (Figure 22). Of those, sixty-two percent (eight of thirteen) responded to local outbreaks in particular cities. Of the tracts that appeared outside of plague years, most (four of five) came from Lyon. Sixty-seven percent of the Parisian tracts also appeared during an epidemic (four of six). Collectively, these figures are lower than the ninety-one percent correlation that Coste claimed for the entire period of his

¹⁸⁰ Jones, “Plague and Its Metaphors,” 103.

¹⁸¹ Coste included seventeen new tracts published between 1644 and 1719. Of these, ten appeared in epidemic periods (“*poussée*”). *Représentations et comportements*, 45, 785–7.

¹⁸² Jones, “Plague and Its Metaphors,” 102–3, 97.

¹⁸³ There are, for example, twenty-five “identified editions” (*éditions recensées*) noted in his table for the period 1644–1719, but his bibliography listed only nineteen entries. Similarly, his table noted seventeen original editions (of the twenty-five “identified”) for the same period, but the bibliography does not match.

study. Although the total numbers are small, they indicate that tract authors and printers responded to local outbreaks more often than they produced the treatises solely for profit or for strictly cultural reasons. The figures also raise interesting questions about how the “social imaginary” of the plague played out in large regional cities like Lyon, where the Wars of Religion wrought such havoc. As Jones noted, the plague “provided an all too convenient catchall category and scapegoat for...other catastrophes” and in large cities like Lyon the “language and metaphors embedded in plague texts”¹⁸⁴ would have served both medical *and* non-medical purposes.

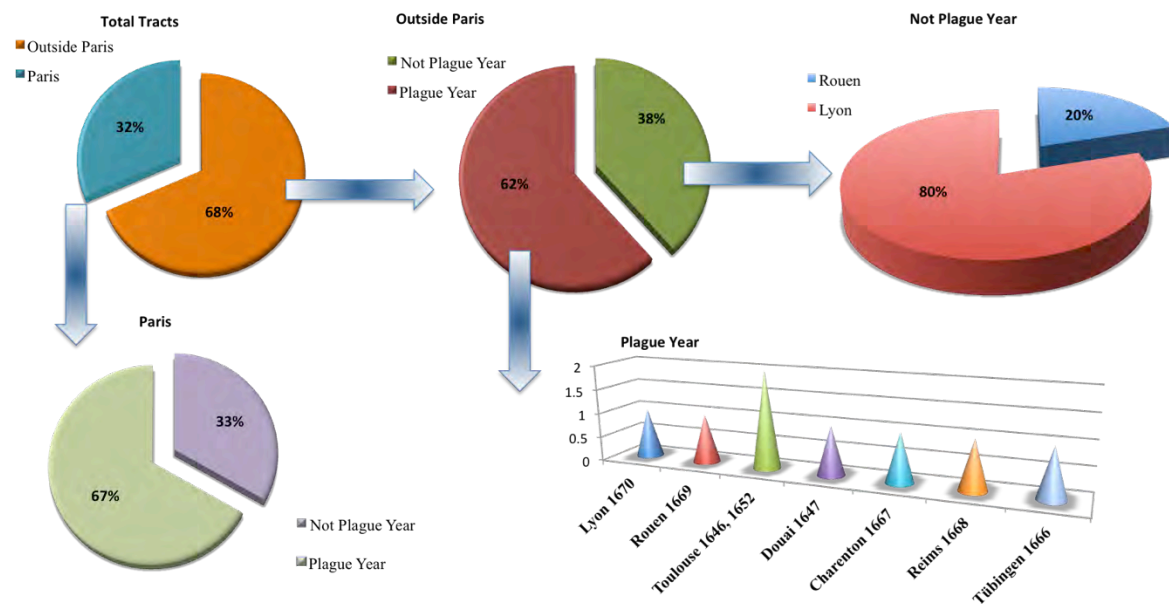


Figure 22: French plague tract production, 1644–1719

Despite widespread concerns about the changing conditions of urban and religious life in Paris and other large cities, French tract writers did not typically portray their cities *with* the disease as *diseased cities*, in the way that many English writers had come to describe London.¹⁸⁵

¹⁸⁴ Jones, “Plague and Its Metaphors,” 100, 101. This point is addressed in more detail in Chapter 5.

¹⁸⁵ For concerns about changes in early modern France, see Benedict, *Cities and Social Change*; Natalie Zemon Davis, *Society and Culture in Early Modern France: Eight Essays* (Stanford: Stanford University Press, 1975). For Lyon in particular see also Natalie Zemon Davis, “The Sacred and the Body Social in Sixteenth-Century Lyon,”

This may be a reflection of France's less centralised political and economic system, of its greater number of large cities, or of its multi-city printing industry; each and all of these characteristics served to put less emphasis on Paris being the hub of disease in the kingdom despite its political, economic, religious, and cultural leadership. This is not to suggest that writers did not portray Paris (or any other city) as being disease-ridden: some tract authors openly argued that the epidemics about which they wrote had come from elsewhere, with Paris and Rouen being the most commonly mentioned origins of local outbreaks, primarily because of their central role as commercial entrepôts. One writer went so far as to argue that an outbreak in 1581 had first erupted in the "head and heart" of France—meaning of course Paris—thereby suggesting that the very heart and soul of the kingdom had become diseased.¹⁸⁶ On the whole, however, few tracts identified any one city as being a particularly diseased place. Instead, treatise writers addressed outbreaks occurring in their own cities, without suggesting that the epidemic signalled that the city itself was or had become a site of disease in the way that English writers portrayed London. Indeed, as Jones has noted, it was not really until the eighteenth century that the idea gained credence that the plague and other diseases were generated from *within* the city of Paris, rather than being imported from outside.¹⁸⁷ French authors also rarely blamed the urban poor for creating the conditions that created or gave rise to the plague in the first place.

Instead, as is discussed in more detail in the chapters that follow, very different sorts of commentary appear in the French tracts. Where standard plague discussions are found in the English tracts, in France the tract writers explore local issues. The French tracts are witnesses to angry accusations that Protestants had purposefully spread the plague in the Catholic stronghold

Past & Present 90 (1981): 40–70 and Natalie Zemon Davis, "Poor Relief, Humanism and Heresy: The Case of Lyon," *Studies in Medieval and Renaissance History* 5 (1968): 215–75.

¹⁸⁶ Nicolas de Nancel alludes to the idea that the plague was moving from Paris towards Tours because of the untrustworthy people living and travelling from the one to the other. Nicolas de Nancel, *Discours tresample de la Peste* (Paris: Denis du Val, 1581).

¹⁸⁷ Colin Jones, *Paris: The Biography of a City* (New York: Penguin, 2004), 207.

of Lyon in the mid-1570s and again in the late 1620s.¹⁸⁸ They contain a warning that the slowly advancing plague epidemic of 1581 was being carried by the feet of “poor fleeing Jacobites” to the already beleaguered city of Tours.¹⁸⁹ They lament that the Huguenot refuge of Sedan was surrounded and besieged by both pestilence and religious enemies who sought to destroy the town’s good and godly people in 1595.¹⁹⁰ Or they point a finger to the house of a master surgeon in Bordeaux whose treatment of a stranger from Spain had allowed the plague to take hold in and overwhelm that city at the turn of the seventeenth century.¹⁹¹ In other words, French plague tracts were, in many cases, localised, personalised, heavily politicised, and, importantly, more geographically diversified than their English counterparts.

Conclusion

Adrian Johns has convincingly demonstrated that both a book’s format and its place of publication significantly influenced its fortunes. This applied not just to the city in which a book was printed, but also to its local environs. Early modern readers, he argues, subconsciously transferred the perceived character of a printing house and its inhabitants, determined in part by the house’s location, directly onto the books that the house produced. A book published in folio around London’s St. Paul’s Churchyard, for example, held very different social connotations and value than the very same text printed in octavo or duodecimo in Moorfields, Smithfield, or Bartholomew Square. The ways in which printers represented themselves and their works were

¹⁸⁸ Claude de Rubys, *Discours sur la contagion de peste qui a esté ceste presente annee en la ville de Lyon* (Lyon: Jean d’Ogerolles, 1577); P. Jean Grillot, *Lyon affligé de contagion, ou narré de ce qvi s’est passé de plvs memorable en ceste Ville, depuis le mois d’Aoust de l’an 1628 iusques au mois d’Octobre de l’an 1629* (Lyon: François de la Bottiere, 1629).

¹⁸⁹ De Nancel, *Discours tresample*.

¹⁹⁰ François de Covrcelles, *Traite de la peste clair et tres-vtile* (Sedan: Abel Rivery, 1595).

¹⁹¹ Guillaume Briet, *Discours sur les causes de la peste survenue a Bourdeaux, cest an 1599 avec la preseruatiou & curation d’icelle* (Bordeaux: Millanges, 1599).

“therefore of central importance to the received credit of printed knowledge.”¹⁹² The value—and the very nature—of a particular book were thus tied as much to its contents and its materiality as they were to the printer who produced it and where he or she lived.

This chapter has not gone so far as to physically map the production of plague tracts to the neighbourhood or street level. It has, however, utilised Johns’s arguments to demonstrate that for both manuscript and printed treatises, who produced them—and when, where, and how they did so—mattered, because it influenced the local production of knowledge about the plague. For hundreds of years, physicians and other writers produced plague treatises that were so similar in organization and medical content that scholars have easily ignored the wide variety of small differences that distinguish them. Rather than addressing the formulaic structure that binds the treatises, this chapter has focussed instead on the factors that separate them, like the times and places of their production, the individuals involved in their publication, and their physical materiality. As an alternative to accepting that plague tracts are universal across time and space because of the genre’s assumed static nature, the chapter has added a new perspective to the historiography. It first identified dissimilarities in the codicologies and bibliographies of English and French treatises, and then unpacked how those dissimilarities influenced the very ways in which tract producers discussed the nature of the plague. It has done so by applying one axis of a new analytical method that focuses on deconstructing the details of book production and linking those details to specific local historical and geographical contexts.

Taking this approach has shown that both the production and the materiality of the plague book evolved in divergent ways in England and in France. No previous scholarship on the tracts has addressed such differences. Christiane Nockels Fabbri’s diachronic study of the medical contents of European plague treatises across two hundred and fifty years, for example, largely

¹⁹² Johns, *Nature of the Book*, 34.

ignored the implications of the transition from manuscript to print or the specific contexts in which tracts appeared in different countries. Fabbri recognised that print technology facilitated the creation of more and cheaper tracts, but she did not consider how the engagement of an entirely new group of people in the production process affected the selection of tracts that made the transition from manuscript to print, how it altered the tracts' contents, or how technological change evolved differently in different places. Detailed examinations of the contents and circulation of particular manuscript tracts, such as Melissa P. Chase's work on the early Montpellier tracts or Lister M. Matheson's work on the John of Burgundy treatise, did not consider their physical formats. Colin Jones and Noël Coste's investigations of printed French tracts spoke to the various places of production in France, but neither delved into whether or how such a dispersed print industry influenced the tracts' contents or their materialities. By not taking into account the fact that English print production was limited almost entirely to London, Paul Slack's and Andrew Wear's studies of English tracts have missed the ways in which the very interconnectedness of the people involved in England's print industry shaped what got printed, how it got printed, and what ultimately became "popular." None of these works spoke to how production processes influenced local knowledge and understanding of the plague.

This chapter has explored all of these issues. It reveals that not only did plague tracts appear as original texts along separate timelines in the two kingdoms, but also that the authority of the writers differed. Most of the earliest authors in France were associated with university medical faculties and/or royal or papal courts, while the most popular tract author in England for a century was a physician from Liège whose identity was obscured if not deliberately Englished. The secularisation of authors occurred much earlier in France. Members of the royal families of England and France owned lavishly illuminated copies of the John of Burgundy manuscript; in

England, elaborately decorated copies also emerged from the commercial book industry.

This chapter has demonstrated for the first time the extent of printerly agency in the creation of “new” tracts from old, with fictional authors and new nuances added to centuries-old tracts. As Sandra Cavallo and Tessa Storey’s work on Italian health regimen clearly argued, printers drove changes to plague tracts in ways different from what authors could: in addition to the textual changes that they sometimes made, printers also controlled the physicality of the printed book, and relied on typographical strategies to attract a wider, or different, readership.¹⁹³ This chapter has also uncovered a further aspect of printerly agency within England’s small, tightly knit early commercial print industry that raises serious questions about how a work’s “popularity” is assessed: unpacking the print history of Thomas Moulton’s tract shows that it was both passed on as regular stock from one printer to another through legitimate succession, and also possibly pirated and then shared amongst a close group of printers who had been jailed together. Was this treatise popular because of customer demand, or was it simply shared house-stock that was easier and less costly to reproduce than new works might have been?

The chapter furthermore illustrates the reality that different political systems, different commercial structures, and different cultural traditions the two kingdoms resulted in print industries that were structured entirely differently. This in turn generated dissimilar discussions about the places affected by plague in the treatises: the decentralised industry in France fostered the inclusion of a variety of local contexts and commentaries in the French tracts that was missing entirely from the English ones. Indeed, where English writers spoke about where plague outbreaks were occurring, they spoke almost exclusively about London. They portrayed the city of London not just as the site of disease, but also as its source; because of London’s demographic

¹⁹³ Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), especially Chapter 2.

dominance and the concentration of printers there, authors (and printers) conflated the high mortality levels associated with epidemic outbreaks with the very nature of the city itself.

Scholars have typically considered plague tracts to be “ephemeral,” “perishable,” and “cheap.” Painting them all with the same brush renders the distinctions between and among them invisible. It also obscures the fact that, as Ambroise Paré noted about his own tract, (“this little book is very useful because it is portable”),¹⁹⁴ the printed tracts’ very smallness, cheapness, and portability rendered them most useful “both to restore health to the sick, and to preserve those who are not yet at risk of the disease.”¹⁹⁵ Many aspects of tract production differed between England and France, from the earliest appearance of tracts, to the number of original tracts produced, to their centres of print production, to the nature of the relationships among and between printers, to the format in which the tracts were printed and the types of images that they contained. These distinctive production histories intertwined with larger historical forces to create unique reflections of the disease: cities as diseased versus cities in which disease was occurring. Religious turmoil existed in both kingdoms, but the type of visceral anti-Protestant rhetoric that accompanied *engraisseur* accusations in France was largely absent in England.¹⁹⁶ Despite the historiographical tendency to see plague tracts as largely interchangeable, then, this chapter has demonstrated that in many of its most basic aspects the patterns and trends of treatise production, and thus content, were specific to time and location. Figure 23 places these major observations on a timeline.

¹⁹⁴ “[parce] que [ce petit liure] est portatif, il est tresutile...” Paré, *Traicte de la peste*, aiii.

¹⁹⁵ Paré, *Traicte de la peste*, aiii.

¹⁹⁶ Rumours of deliberate plague spreading were sometimes voiced in England during epidemics, but such accusations did not appear in plague tracts. Slack, *Impact of Plague*, 293.

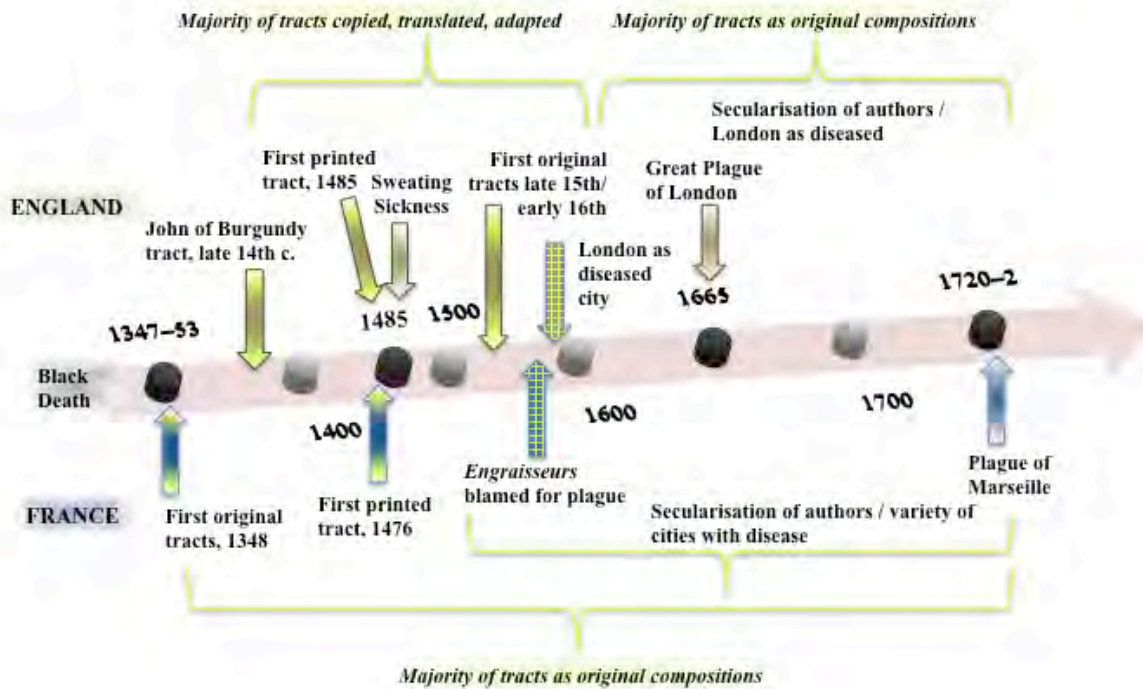


Figure 23: Major transition points in the production of tracts in England and France, 1348–1722

These texts provide a unique window into the ways in which writers and printers together used what are otherwise largely formulaic medical treatises to respond to and to reflect especially local contexts and experiences with the plague. Responses to the plague across late medieval and early modern Europe varied and the tracts in which these responses appeared were not simply exchangeable: in England, the focus on London is contrasted sharply with France, where the local and the particular mattered as much as, or perhaps much more than, national or regional affiliations. The relevance of these distinctions is evident: in English plague tracts, while local linguistic nuances appeared in manuscript tracts whose reproduction and dissemination was widespread, one really finds only reactions and opinions from London in the printed treatises, especially once original tracts started being written and printed after the later sixteenth century. The structure of England's centralised print industry—which reflected the kingdom's centralised government and the overwhelmingly pre-eminent role played by the city of London—determined

how plague tracts were written and what they had to say about London as the site of disease. As diverse as the tracts and their authors might have been, opinions and viewpoints from London drowned out voices from other towns. Vernacular diversity—which might have represented a resistance to the centralisation of power in London—is lost in the tracts. In France, by contrast, a decentralised political system and a multi-city printing industry worked in tandem; here, more nuanced local responses and reactions to the plague are apparent across both manuscript and print treatises. Regional voices continued loud and strong, as authors and printers spoke to particularly local experiences with plague outbreaks. Regionalism can also be read in the Lyonnais accusations against *engraisseurs*: the city's close commercial links across the Western Alps likely transported such accusations and ideas along with trade goods and travellers.

Applying the new analytical method here has shown that unpacking and comparing the details of local tract production processes and practices, of local patterns and spaces of circulation and mobility, of codicological and bibliographic features, and of local encounters with the plague isolates a variety of small differences that mark variant versions of what have long been seen as standard, formulaic works. Identifying these small differences and tracking them across time, in turn, contributes to a better understanding of the means by which the treatises' discussions of the plague were socially and locally constructed by tract writers, translators, adapters, copyists, and printers. Together, these various agents and the numerous works that they produced helped to set both the language and the terms for understanding the plague in England and in France, as that understanding evolved from the Black Death of the mid-fourteenth century through to the Plague of Marseille in the early 1720s.

CHAPTER 3

FROM NEVER BEFORE TO NOW, FROM THE PAST TO THE PRESENT: SETTING THE PLAGUE IN TIME

Writing the plague's past

...if the *Plague* is, or lately hath been in any Neighbour Country, it doth not usually cease there, but travails [sic] from one Place and Nation to another, as Physitians and Historians do at large relate. — William Kemp, 1665¹

As he witnessed the devastating outbreak of plague in London in 1665, London physician William Kemp turned, as did many of his contemporaries, to the plague tract genre to publish his opinions about what had caused the disease, how to recognise its signs, and the best ways to prevent and treat it. In his tract, Kemp addressed contemporary medical debates about whether or not the plague was contagious and infectious, whether it could be spread through fear and imagination alone, and which was more likely to cause the disease: natural or supernatural factors. In discussing the latter, he digressed to recount a story from the previous century about how the death and burial of witches could generate the plague.² “[Though] it may seem fabulous,” he contended, this tale had come from a most reliable source, was confirmed by “the testimony of several famous men,” and was further supported by both “a large Narrative” and various other trustworthy “Histories.”³

¹ William Kemp, *A Brief Treatise of the Nature, Causes, Signs, Preservation from, and Cure of the Pestilence Collected by W. Kemp* (London: D. Kemp, 1665), 27.

² “...in *Poland* and *Germany* the Plague is sometimes caused by certain Witches, when they are first dead and buried, and doth not cease till the corps be found and taken up...[this has been] confirm’d by manifold testimonies, especially of the most learned...” Kemp, *Brief Treatise*, 8–9. Archaeological evidence of corpse desecration shows that there was a long-standing belief in Eastern and Central Europe that the dead could rise to harm the living. The plague in particular was believed to be the result of the *Nachtzehrer*’s chewing (the *Nachtzehrer* being a kind of vampire). Mortuary practices such as staking, decapitation, and covering corpses with stones, were used to punish suspected plague carriers. David Barrowclough, “Time to Slay Vampire Burials? The Archaeological and Historical Evidence for Vampires in Europe,” Discussion Paper (Cambridge: Red Dagger Press, 2014). http://www.academia.edu/8854480/Time_to_Slay_Vampire_Burials_The_Archaeological_and_Historical_Evidence_for_Vampires_in_Europe

³ Kemp, *Brief Treatise*, 9–10. Kemp here referred to the works of the Italian physician Ercole Sassonia (also known as Hercules de Saxonia), the German physician Daniel Sennert, the Silesian physician Martin Weinrich, and the German scholar/author Johannes Heinrich Ursinus.

Kemp drew from historical precedent to underscore the validity—or lack thereof—of current theories of disease. He recalled, for example, biblical and scriptural accounts of pestilences among the Israelites and the Egyptians to argue that divine wrath and the hand of God were, and had always been, the ultimate source of the disease: “this not onely Jewes and Christians, but even Heathens, Priests, Poets, Philosophers, and Physicians, have acknowledged in their Writings.”⁴ While he insisted that no worldly medicine could protect mankind from supernatural maladies, Kemp also reflected on ancient medical authorities’ recommended treatments—in particular those described by “the Arabian Physitians, *Avenzoar* and *Averroes*” and Rhazes—to defend his preference for certain therapeutic remedies over others.⁵ In this sense, Kemp’s tract was much like those written by his contemporaries (and his predecessors), all of whom relied on a blend of traditional and authoritative biblical and medical texts to give their work validity.

Kemp also explicitly drew information from a type of source material that plague tract writers had only just begun to use with some regularity: histories. He discussed the Plague of Athens, for example, to indicate both particularly efficacious preventative measures—“Physitians, in the time of [past] great and grievous *Plagues*, have used several means, and tried divers wayes to clear and purifie the Air...as *Hyppocrates* did in the *Plague* at *Athens*...whereby he freed the City from *Infection*”⁶—and, more pointedly, to draw moral lessons. “Histories will tell you,” he said, “that in the most grievous *Plague* at *Athens*, described by *Thucidydes*, *Socrates* the Phylosopher lived free and not infected” because he followed a temperate (and thus moral) lifestyle.⁷ Unlike earlier tract writers’ reliance on general Hippocratic remedies for epidemic disease, Kemp’s specific references to the Plague of Athens were not about simply

⁴ Kemp, *Brief Treatise*, 2.

⁵ Kemp, *Brief Treatise*, 45–6.

⁶ Kemp, *Brief Treatise*, 43.

⁷ Kemp, *Brief Treatise*, 58–9.

reiterating and validating a list of traditional medical therapies. Instead, he used them to make observations of, and to write a narrative about, the historical parallels that he perceived between the current plague outbreak and a supposedly similar event from the past.⁸ Rather than just relying on ancient biblical and medical texts, Kemp turned to a *narrative* history of the Plague of Athens to describe, explain, and understand what he saw and experienced in the present.

In taking this approach, Kemp set the specific epidemic about which he wrote—that of London in 1665—into a constructed historical and epidemiological narrative that linked past recorded epidemics with the current one. Just as it did for other medical writers who were starting to engage directly in historical writing, the past served for Kemp not as “mere ornament or compliment” but rather as an integral part of his own text’s contextual and explanatory framework.⁹ Kemp’s tract invoked other historical events from the distant and recent past—not all of which related obviously to disease outbreaks—that gave further veracity to his arguments. He contended, for example, that the great wind that appeared “on the third of *September* [1658] when that detestable Tyrant and Traytor *Cromwell* died” corroborated a “large Narrative” and older “Histories” about the link between “Tragedies and Troubles” and great outbreaks of plague.¹⁰ He likewise used the mythical destruction of the city of Troy by “a Wooden Horse, whose Belly was full of armed *Greeks*” as an analogy of the many seemingly harmless items through which one could unwittingly become infected by the plague:

a pair of Gloves, a Periwigge or a Muffe, or any Apparell; your destruction may be brought upon you by your Meat from the Shambles, by your Wine from the Tavern, by your Bread from the Bakers, by your Drink from the Brewers; it may come in a Nose-gay from the Garden, in Herbs from the Fields, in Fruit from the Market; it may be handed to you by the Water you wash in, it may be drawn in by the Air you

⁸ Nancy Siraisi, “Anatomizing the Past: Physicians and History in Renaissance Culture,” *Renaissance Quarterly* 53, no. 1 (Spring 2000): 6.

⁹ Nancy Siraisi, *History, Medicine, and the Traditions of Renaissance Learning* (Ann Arbor: The University of Michigan Press, 2007), 65.

¹⁰ Kemp, *Brief Treatise*, 10.

breath in; and as at other times you are so frail, that your breath (so in times of *Infection* your Death) may be in your Nostrils.¹¹

This particular construction of the plague's history—one that incorporates a wide range of historical narratives and analogies to make sense of current plague outbreaks—first appeared in the tract genre during the last quarter of the sixteenth century. Although Kemp did not purposefully engage in writing history, it was clearly important to him that the observations and lessons learned from “History...[about how the plague moves from one infected place to another] be remembered to be done [i.e., considered and applied] in later years.”¹² History, and especially written histories, provided both precedents and lessons that needed to be remembered and considered in the present.

Kemp's turn to history did not take place in a vacuum. Gianna Pomata's research has shown, for example, that Italian humanist physicians began to use the word *historia*—suggesting a historical narrative that blended empirical observation with authoritative texts—in the titles of their anatomical books in the early sixteenth century. The origins of medical case histories can also be traced to this era. Over the course of the sixteenth century, *historia* became, in Pomata's words, “a key term of medical writing” and led to the creation of the “new medical genres” of *historia anatomica* and *historia medica*.¹³

Read from this perspective, these short excerpts from Kemp's tract offer new insights into the types of original ideas that tract writers began to incorporate into their tracts in the late sixteenth and early seventeenth centuries to explain the plague's origins. First, they demonstrate the early construction of a historical-epidemiological approach that set the plague's origins into a

¹¹ Kemp, *Brief Treatise*, 42.

¹² Kemp, *Brief Treatise*, 37–8.

¹³ Gianna Pomata, “*Praxis Historialis*: The Uses of *Historia* in Early Modern Medicine,” in *Historia: Empiricism and Erudition in Early Modern Europe*, ed. Gianna Pomata and Nancy G. Siraisi (Cambridge MA: MIT Press, 2005), 106.

temporal context. Second, they uncover the reference markers that tract writers used in different places and at different times to ground the current outbreaks that they faced. Third, they expose the shifts that had taken place since the mid-fourteenth century concerning the types of authorities on whom tract writers relied to validate and explain their observations of plague outbreaks. Finally, they speak to the ways in which the written historical narrative had become, by the mid-seventeenth century, an integral component of how writers discussed the plague in the medical literature.

Making recourse to historical precedents to comprehend current events was not a new concept in the sixteenth and seventeenth centuries. Nor was setting one's current events into a longer series of historically similar or comparable incidents. As medieval historian Marcus Bull has noted, the past provides a source of "images and stories" that give communities "a sense of direction" and a basis of identity; in other words, human communities need the past—and their memories of it—to both anchor themselves in the present and to project themselves into hoped-for futures.¹⁴ Bernard Guenée's work on the chronicles of Saint-Denis, for example, illuminated the ways in which medieval chroniclers strove to instil an explicit sense of Frenchness in the contemporary monarchy; they did so by first establishing the long pedigree of Frenchness and then demonstrating—through genealogy, memories of times past, and expectations of the future—how the past, the present, and the future were all tied together by this identity.¹⁵

There has been a proliferation of studies in recent decades on the ways in which societies use, manipulate, and call upon memories of the past to create particular images of their present. Some of these studies have focused on developing a theoretical understanding of how memories

¹⁴ Marcus Bull, *Thinking Medieval: An Introduction to the Study of the Middle Ages* (Houndmills: Palgrave Macmillan, 2005), 99.

¹⁵ Bernard Guenée, *Comment on écrit l'histoire au XIII^e siècle: Primat et le Roman des roys* (Paris: CNRS Editions, 2016).

shape perceptions of history. Kerwin Lee Klein traced the path by which what sociologists and historians long recognised as “‘folk history’ or ‘popular history’ or ‘oral history’ or ‘public history’ or even ‘myth’” have been subsumed, since the 1980s, by a new “metahistorical category” called memory.¹⁶ Most critical for this transition has been what Klein referred to as the socialisation of memory, whereby individual recollections of a society’s past have been collectivised and incorporated into that society’s laws and standardised procedures, its records and artefacts, and its holidays and rituals.¹⁷ Equally important are those relics of the past that have been intentionally “un-remembered”—which Natalie Zemon Davis and Randolph Starn have called counter-memory.¹⁸

Patrick H. Hutton’s study of the phenomenon of collective memories is likewise key for understanding the different ways in which historians and philosophers have come to view memories as foundational building blocks of history.¹⁹ Hutton drew from the works of French *Annalistes* historians such as Lucien Febvre, Marc Bloch, Philippe Ariès, Emmanuel Le Roy Ladurie, and Norbert Elias, as well as Michel Foucault’s “archaeology of knowledge” and Frances Yates’ study of the Renaissance revival of the art of memory. For Hutton, collective memories have played a critical role in creating, shaping, and making durable both local *mentalités* and the time-bound traditions that underlay societies’ self-historicisation processes. While the Hutton’s collective memories consisted of the largely traditional (oral or written) stories, testimonials, and artefacts, Paul Connerton has argued that non-inscribed ritual

¹⁶ Kerwin Lee Klein, *From History to Theory* (Berkeley: University of California Press, 2011), 113.

¹⁷ Some of Klein’s analysis was in fact a critique of memory studies, as he argued that memory is sometimes used as a synonym for history, when the two are in fact quite different, or that artificially separating or blending collective memories from individual memories can create false dichotomy or accordance. For similar criticisms see Wolf Kansteiner, “Finding Meaning in Memory: A Methodological Critique of Collective Memory Studies,” *History and Theory* 41, no. 2 (2002): 179–97. Other scholars, though, have argued that these very points are what make studies of memory useful for understanding the ways in which societies create their histories.

¹⁸ Natalie Zemon Davis and Randolph Starn, “Introduction,” *Representations* 26 (1989): 2.

¹⁹ Patrick H. Hutton, *History as an Art of Memory* (Hanover: University Press of New England, 1993).

ceremonies—collective and performative bodily actions—are also essential acts and enactments of social memory and thus of history-making.²⁰ It is through performative memory, Connerton contended, that knowledge of the past is most intensely recollected, kept tied to the present, and projected onto the future.

Daniel Woolf's work on the role of memory in early modern English historical culture more clearly distinguished between "three discrete but connected types of memory" that were used both to structure contemporary social authority and, ultimately, to preserve a particular account of the kingdom's past. Personal memories are the immediate, lived experience of individuals; community memories are aggregated individual memories about the immediate or remote past that are integrated into communal/local customs and rituals; and social memories reflect "the mediated ordering of the past of an entire nation or political community...[that are] often expressed in narrative form."²¹ Each of these forms of memory could be, and most often were, passed down through oral communication (stories, news, rumours, etc.) and through holidays and public celebrations.²² Woolf argued, though, that the written—and especially the printed—text played the key role in eventually transforming personal and community memories into social histories during the early modern era. For him, the growth of a specifically "distinctive English 'sense of the past'" began to be commemorated in writing by historians during the late sixteenth century, as religious and secular authors alike emphasised the importance of being cognizant of the past to understand the present (if not the future).²³ Even a century before then, William Caxton, one of England's earliest printers, had remarked upon the commemorative purpose that histories played in creating a unified sense of a nation's (or a society's) past; in the prologue to

²⁰ Paul Connerton, *How Societies Remember* (Cambridge: Cambridge University Press, 1989).

²¹ D.L. Woolf, "Memory and Historical Culture in Early Modern England," *Journal of the Canadian Historical Association/Revue de la Société historique du Canada* 2, no. 1 (1991): 285.

²² See, for example, David Cressy, *Bonfires and Bells: National Memory and the Protestant Calendar in Elizabethan and Stuart England* (Berkeley: University of California Press, 1989).

²³ Woolf, "Memory and Historical Culture," 285, 288.

Ranulf Higden's *Polychronicon*, the first printed historical work in England, Caxton noted

Therfore the counseylles of Auncyent and whyte heeryd men in whome old age hath engendryd wysedom ben gretely preysed of yonger men. And yet hystories soo moche more excelle them. As the dyuturnyte or length of tyme includeth moo ensamples of thynges and laudable actes than thage of one man may suffyse to see...[Written history is thus] a perpetuel conservatryce of thoos thynges that have be doone before this presente tyme.²⁴

More than any other evidence of the past—monuments, statues, artefacts, (or perhaps even performative rituals)—Caxton deemed history, meaning specifically the narrative *written* record of the memory of the past, to be “the most trustworthy custodian of a culture’s past.”²⁵

Even so, written history alone does not, and cannot, substitute for the personal and community memories that are inherited from the past. Cast as customs, practices, rituals, tales, and traditions, localised memories also enabled local societies to create their own histories in a way that may, or more often may not, have accorded with the written narrative history of the larger kingdom. As historian E.P. Thompson argued, oral traditions, practices, and customs often so defined local English communities’ sense of their own historical past and ways of life that well into the eighteenth century these living memories were actively recalled (if not repackaged or even invented) to argue against the creeping encroachment of the market economy against customary privileges.²⁶ Other living memories found at the local level, of memorable weather anomalies, for example, or of disease outbreaks and of actions taken (or not taken) to deal with them, likewise helped to shape and create historical senses of identity, belonging, and practices

²⁴ William Caxton, prologue to Ranulf Higden, *Polychronicon* (London: William Caxton, 1482), cited in Woolf, “Memory and Historical Culture,” 297.

²⁵ Woolf, “Memory and Historical Culture,” 297. See also D.R. Woolf, “The ‘Common Voice’: History, Folklore and Oral Tradition in Early Modern England,” *Past & Present* 120 (1988): 26–52 for a discussion of the ways in which written national histories can subordinate, if not overtake, local oral lore. On the interaction between the oral and the written historical tradition, see Adam Fox, “Remembering the Past in Early Modern England: Oral and Written Tradition,” *Transactions of the Royal Historical Society* (Sixth Series) 9 (1999): 233–56.

²⁶ E.P. Thompson, *Customs in Common: Studies in Traditional Popular Culture* (New York: New Press, 1993). See also Nicola Whyte, “Landscape, Memory and Custom: Parish Identities c. 1550–1700,” *Social History* 32, no. 2 (2007): 166–86.

that stretched far beyond any one person's capacity to recall accurately. William Kemp, for example, referred to his and others' memories of past plague outbreaks in London in 1625 and in Bristol "about twenty years ago" to argue against the current practice in 1665 of shutting up infected households.

The intellectual historian François Hartog utilised the imagery of "breaks in history" wherein people's "relations to time [were] suddenly and irreversibly shattered and confounded...[and whereby] the order of time ceased to be self-evident" to explore how singular moments of crisis altered and reshaped contemporaries' perceptions of their past, present, and future.²⁷ These processes of alteration and reshaping, which he called "regimes of historicity," were not factual. Rather, they were artificial constructs that reflected people's "primary experience(s) of estrangement" and that allowed them to "give [new] order and meaning" to time so that they could overcome their inability to psychologically connect their crisis-ridden present with a familiar (or at least recognisable) past and an expected future.²⁸ In other words, regimes of historicity are cognitive creations through which people are able to reconnect "the temporal dimensions of past and future" that have broken down in a moment of crisis.²⁹ The same analogies of dislocated time, and of having to recreate the past and reimagine the future, apply equally as well to the shock and dissonance felt by those who lived through the experience of the Black Death.

Wolfgang Schivelbusch's exploration of the ways in which militarily defeated societies self-mythologise to explain and deal with their losses also showed that communal historical

²⁷ François Hartog, *Regimes of Historicity: Presentism and Experiences of Time*, trans. Saskia Brown (New York: Columbia University Press, 2015), 3.

²⁸ Hartog, *Regimes of Historicity*, xv–xvi.

²⁹ Here Hartog draws together the work of historical anthropologists and historians, notably Marshall Sahlins, "Other Times, Other Customs: The Anthropology of History," *American Anthropologist* 85, no. 3 (1983): 517–44 and Reinhart Koselleck, *Futures Past: On the Semantics of Historical Time*, trans. Keith Tribe (New York: Columbia University Press, 2004).

narratives are often constructed not on social memories of facts, but rather on “more comforting [invented] realit[ies].”³⁰ By blaming outsiders, traitors, and an opponent’s unfair practices, a vanquished community could maintain its mythologised self-esteem, albeit a self-esteem that is infused with the indignation of having been wronged (rather than fairly defeated). Schivelbusch underscored how, in the face of defeat, nations (and sub-nations) commonly recreate their own history by recasting glories and reviving heroes into new roles that better serve current needs. For such communities, the past made historical is less what it actually was than what it ought to have been.

This type of mythologising and of redrawing the past to create a more desired (or more palatable) communal or national history is a longstanding practice. Many medieval European societies attached their historical identities and development to the descendants of the vanquished Trojans, while some nationalist movements are equally (and equally erroneously) tied to revisionist versions of battles, events, and population movements that took place in the Middle Ages.³¹ In other instances, a society’s sense of its historical and present self can be located in processes that require a delineation of who belongs and who does not, of who had a history and who did not. Kerwin Klein’s examination of the constant interplay that exists between changing conceptions and views of the historical record and long-standing narratives about the origins of a Europeanised Western North America, for example, demonstrated how the tensions between historical “fact,” historical knowledge, and historical imagination sit at the core of societies’ self-mythologisation. All are mutable, and each illuminates and feeds into and from

³⁰ Wolfgang Schivelbusch, *The Culture of Defeat: On National Trauma, Mourning, and Recovery*, trans. Jefferson Chase (New York: Picador, 2004). Originally published as Wolfgang Schivelbusch, *Die Kultur der Niederlage: Der amerikanische Süden 1865, Frankreich 1871, Deutschland 1918* (Berlin: Alexander Fest Verlag, 2001).

³¹ Bull, *Thinking Medieval*, 100–1. On modern misappropriation of medieval identities, see also the various chapters in Janós M. Bak, Jörg Jarnut, Pierre Monnet, and Bernd Schneidmüller, eds., *Gebrauch und Missbrauch des Mittelalters, 19.–21. Jarhundert/Uses and Misuses of the Middle Ages: 19th–21st Centuries/Usages et Mésusages du Moyen Age du XIX^e au XXI^e siècle* (Munich: Wilhelm Fink, 2009).

the other; they cannot be separated, though, because each is, in essence, a critical component of the historical discourse that societies use to create and maintain their own sense of history.³²

By exploring one town's sixteenth-century creation of a social memory of the plague, Ann G. Carmichael demonstrated how interpretations of key events from the past can, and often do, evolve over time to reflect "the assumptions and authority of the ruling elite."³³ When fatal cases of the plague appeared in a Jewish family in Udine (northeastern Italy) in 1556, that family and then the entire Jewish community were blamed for the outbreak that followed. This happened even though the outbreak had actually been tracked as it moved into Udine from other nearby towns. The Jews were subsequently expelled, which served the economic interests of the city's Christian merchants and politicians. The story did not end there, however. A diarist writing at the time of the outbreak claimed that the very house in which the first fatalities occurred had also been the origin of an earlier outbreak in 1511. Then too, Jews had occupied the house; in fact, the diarist noted, there was a sign on the house with the word "MEMINI," or "remember." This word was meant, the diarist boldly claimed, to act as a permanent memorial of the nefarious role played by that particular house and its occupants in the city's plague history.

Documents contemporary to the earlier 1511 outbreak, however, contain no indication that either the house or the Jews were implicated. It is not known who erected the sign on the house, when they did so, or for what reason. Nevertheless, the story became an important part of local lore, invoking "a popular, collective memory of an earlier plague that was, in turn, useful to the elite" because it led to the Jews being expelled from the city. The story was even incorporated into a plague treatise written by the city's physician some two decades later. The sign remained

³² Kerwin Lee Klein, *Frontiers of Historical Imagination: Narrating the European Conquest of Native America, 1890–1990* (Berkeley: University of California Press, 1997).

³³ Ann G. Carmichael, "The Last Past Plague: The Uses of Memory in Renaissance Epidemics," *Journal of the History of Medicine and Allied Sciences* 53, no. 2 (1998): 134.

on the house until the early twentieth century, providing centuries of visible “history” of the apparent complicity of Jews in local plague outbreaks. Just like Hartog’s “regime of historicity,” the Udine story was created as a way for the local population to make sense of the tragedy of recurrent plague outbreaks and is “best understood in some context other than its absolute, material, factual content.”³⁴

Carmichael’s work on the invocation of past plague outbreaks is particularly revealing in two distinct ways. First, it unravelled the fraught relationship that exists between “material, historical realities” and collective memories that are sometimes created by those whose vested interests rely on making a particular version of a story official, and thus true. This relationship reflects what the philosopher and sociologist Maurice Halbwachs previously identified as the sharp opposition between memory—“a personal, subjective experience [that] was socially constructed and present-oriented”—and history, which was “documented explanation.”³⁵ As Carmichael noted, promulgators of plague origin stories across early modern Italy actively suppressed evidence that did not accord with the official history such that, over time, what people “remembered” as part of their local history was in fact a constructed story that conformed “to church or state objectives.”³⁶ In this case, putting officially crafted histories into writing served to further bolster unwritten collective memories, sometimes predating and thus even creating oral tradition.

Second, the existence of physical sites or artefacts that accord with an officially sanctioned memory—such as the sign on the house in Udine—make such history-making projects into permanent memorials of a past that may in fact have never existed. Pierre Nora’s work on French

³⁴ Carmichael, “Last Past Plague,” 139–40.

³⁵ Davis and Starn, “Introduction,” 4 referring to Patrick H. Hutton, “Collective Memory and Collective Mentalities: The Halbwachs-Ariès Connection,” *Historical Reflections/Reflexions historiques* 15, no. 2 (1998): 311–22. For a more comprehensive discussion of this point, see Pierre Nora, “Between Memory and History: *Les Lieux de Mémoire*,” *Representations* Special Issue: Memory and Counter-Memory 26 (1989): 7–24.

³⁶ Carmichael, “Last Past Plague,” 143–4.

identity and memory emphasises the critical role that such *lieux de mémoire*—sites of memory—play in tangibly embodying “a sense of historical continuity” and persistence where real memory no longer survives (or never did exist). These sites serve to buttress societal mythologies and identities by privileging certain memories over others, in effect by “petrifying” them, “like shells on the shore when the sea of living memory has receded.”³⁷ As Carmichael’s study showed, representing memory by marking a place as one where history happened—in this case where a plague outbreak purportedly began, not just once but twice—is a feature of societies that is not just tied to conflict,³⁸ but it is rather an often fundamental component of the ways in which societies choose to solidify their identities and to create the histories of their pasts.

The place held by the plague in other societies’ sense of their own past is also evident in London (1665) and Marseille (1720). The plague outbreaks of those years were the last officially recorded large outbreaks in England and France, respectively, and mark critical turning points in each nation’s history with the plague. The creation of plague history at a local level is even more notable in the English town of Eyam, Derbyshire. In the summer of 1666, the historical narrative tells us, Eyam villagers implemented a self-imposed quarantine during a plague outbreak to protect other nearby settlements. No one was allowed in or out. Food was brought to a prearranged place on the outer boundary of the quarantined area, in exchange for payments soaked in vinegar.³⁹ The villagers paid a high price for their sacrifice: accounts suggest that almost eighty percent of the population died that year. Although contemporary accounts made little mention of the event, Eyam’s fate was popularised in the nineteenth century and quickly became “one of the epicentres of Europe’s plague heritage.” At a local level, the plague acts as a

³⁷ Nora, “*Les Lieux de Memoire*,” 7, 12.

³⁸ For “sites of history” as they apply to conflict situations, see Sara McDowell, “Heritage, Memory and Identity,” in *The Ashgate Research Companion to Heritage and Identity*, ed. Brian Graham and Peter Howard (London: Routledge, 1988), 37–54.

³⁹ Contemporaries believed that vinegar would cleanse the plague off any infected item.

dominant force in defining and illustrating Eyam's past, outranking any other event. Even today, a rat sits atop the weathervane on Eyam's plague museum. However, like Carmichael's Udine narrative, Eyam's tale has been repeatedly "rearranged and sometimes added to or discarded, while the flesh of the story built upon [it] has been moulded into even more varied forms." In other words, as Patrick Wallis's careful deconstruction of events proved, Eyam's plague history has been deliberately and shrewdly created, not to fit church and/or state objectives as was the case in Udine, but rather to feed "the tourist trade on which it became increasingly dependent."⁴⁰ Eyam's encounter with the plague was thus part of its history, but the history that was constructed around the plague was not part of Eyam's past.

Wallis situated the development of Eyam's plague history within a "synthesis of literary romanticism with the sentimental, geographically particular engagement with history" that marked eighteenth- and nineteenth-century historiography.⁴¹ It was around the same time that Eyam's plague history was developed that broader histories of disease appeared in a form that would be recognised as such today. Among the first such works, and one of the most widely known and influential, was a book on the Black Death produced by German medical historian Justus Friedrich Karl Hecker in 1832. Before then, says Benjamin Guy Babington, the English translator of Hecker's monograph, "Dreadful as was the pestilence here described...our modern historians only slightly allude to its visitation." For him, the value of translating Hecker's history of the mid-fourteenth-century pandemic came as much from learning about "one of the greatest

⁴⁰ Patrick Wallis, "Dreadful Heritage: Interpreting Epidemic Disease at Eyam, 1666–2000," *History Workshop Journal* 61 (2006): 31–2.

⁴¹ Wallis, "Dreadful Heritage," 37. For discussions of this type of historical writing, see among others Mark S. Phillips, *Society and Sentiment: Genres of Historical Writing in Britain, 1740–1820* (Princeton: Princeton University Press, 2000); Rosemary Sweet, *The Writing of Urban Histories in Eighteenth-Century England* (Oxford: Clarendon Press, 1997); Stephen Bann, *The Clothing of Clio: A Study of the Representation of History in Nineteenth-Century Britain and France* (Cambridge: Cambridge University Press, 1984); and Hayden V. White, *Metahistory: The Historical Imagination in Nineteenth-Century Europe* (Baltimore: The Johns Hopkins University Press, 1973).

natural calamities that ever afflicted the human race” as being exposed to a variety of theories about what caused “general pestilences...[and] universal disease.”⁴² In the decades prior to the so-called laboratory revolution,⁴³ contagionist versus anti-contagionist debates still raged, much as they did in the preceding centuries among plague tract authors who attempted to explain the disease’s cause. Babington lays bare these contemporary debates while at the same time pointing to the “quaint and amusing” opinions of medical writers in earlier centuries.

The real inducement for Babington in making Hecker’s work more widely available, though, was the recent emergence, threat, and terror of the cholera pandemics. Like the Black Death centuries earlier, cholera was spreading from Asia to Europe in waves; although the first wave reached only as far west as the Caspian Sea, the second reached Western Europe by the early 1830s and caused tens of thousands of deaths. This was perceived as a “new pestilence [that] has attained almost an equal extent, and though less formidable, [it] has partly produced, partly indicated, similar phenomena” to the plague of the long ago past.⁴⁴ Faced with the prospect of another universal disease, the experiences and lessons of the Black Death held particular appeal for European writers and readers of history.

For writers like Hecker and Babington, medical treatises on the plague had little to offer in the way of real history. Many of today’s historians have had much the same opinion, and see little value in the plague tracts aside from what they can reveal about the development over time of medical theories and practices or the dating of epidemics. A close reading of a broad sample of English and French plague tracts—one that looks beyond their characteristically medical

⁴² J.F.C. Hecker, *The Black Death of the Fourteenth Century*, trans. B.G. Babington (London: A. Schloss, 1833), i–ii. The original work was J.F.C. Hecker, *Der Schwarze Tod im 14. Jahrhundert* (Berlin: Herbig, 1832). Between 1832 and 1865, Hecker also produced histories of smallpox, infant mortality, dancing mania, and the sweating sickness. His particular interest was diseases of the Middle Ages.

⁴³ Andrew Cunningham, “Transforming Plague: The Laboratory and the Identity of Infectious Disease,” in *The Laboratory Revolution in Medicine*, ed. Andrew Cunningham and Perry Williams (Cambridge: Cambridge University Press, 1992), 209–44.

⁴⁴ Hecker, *Black Death*, ix.

contents—shows that in these seemingly non-historical sources there are identifiable trends in the way that the history of the plague was talked about and portrayed.

This chapter uses the second axis of the new analytical method proposed in Chapter 1—the history–textual analysis juncture through which it is possible to explore continuity and change in the unique contents of these works—to demonstrate the ways in which tract writers applied the concepts of time and of history to their discussions of the plague. In particular, it explores how tract writers’ use of historical references to make sense of current and past plague outbreaks evolved from the mid-fourteenth to the early eighteenth century in England and France.

Rather than attributing the rise of “historical consciousness” among tract writers to the experience of a particular outbreak, as Samuel Cohn has done, the chapter explains the authors’ incorporation of historical accounts in the context of broader socio-cultural and socio-political change, such as the rise of humanism and antiquarianism and shifting medical assumptions and practices. In doing so, the chapter shows how the apparently worldwide epidemic of a “previously unknown” disease—one that had no history because contemporaries had no collective social memory of it—became the reference point for subsequent outbreaks in the fourteenth century. It then explores how such touchstones largely disappeared from written texts about the plague (but not necessarily from oral collective memory) in the fifteenth and early sixteenth centuries, as medical and political recognition of the disease’s recurrence (or, to use a modern term, endemicity) negated the necessity of referring to specific historical precedents. It discusses how the earliest re-integration of historical outbreaks in later sixteenth- and early seventeenth-century tracts involved recounting local outbreaks of recent decades to show patterns in the disease’s comings and goings in particular towns.

The chapter also demonstrates how, starting particularly in the later sixteenth century, the

rediscovery and reuse of much older written references to the plague (that is, to the First Pandemic) created not only a new historical narrative for the disease that stretched back almost to times immemorial, but that also fostered the nascent beginnings of the Oriental plague myth. This myth, which placed the historical and geographical origins of the plague squarely in the Ottoman Empire, was fully entrenched by the early eighteenth century. It was then adopted wholesale into the historiographies of the disease in the early nineteenth century and used thereafter to demarcate a “healthy” Europe (past *and* present) from an “unhealthy” eastern Mediterranean.⁴⁵

Explaining the plague’s history

A disease without a history: “Seeing things which cannot be explained”

Seeing things which cannot be explained, even by the most gifted intellects, initially stirs the human mind to amazement; but after marvelling, the prudent soul next yields to its desire for understanding...To attain this end we have listened to the opinions of many modern experts on astrology and medicine about the causes of the epidemic which has prevailed since 1345... — Paris Medical Faculty, 1348⁴⁶

The sudden and catastrophic arrival in mid-fourteenth-century Western Europe of an epidemic disease that had distinctive yet unrecognisable physical symptoms—a disease that circulating stories suggested was affecting people from one end of the earth to the other—taxed the reasoning powers and historical memories of religious and medical writers alike. Simply noting the arrival of the widespread pandemic was insufficient; the Paris Medical Faculty, like other contemporary writers, sought to make sense of a seemingly unheralded phenomenon that

⁴⁵ On the entrenchment of this term, see Nükhet Varlık, “‘Oriental Plague’ or Epidemiological Orientalism?: Revisiting the Plague Episteme of the Early Modern Mediterranean,” in *Plague and Contagion in the Islamic Mediterranean*, ed. Nükhet Varlık (Kalamazoo: Medieval Institute Press, 2017), 57–86. The contemporary term “Orient” referred in particular to the lands of and beyond the Eastern Mediterranean.

⁴⁶ “Report of the Paris Medical Faculty, October 1348,” in *The Black Death*, trans. and ed. Rosemary Horrox (Manchester: Manchester University Press, 1994), 158.

“cannot be explained” by close scrutiny and re-examination of both traditional and modern expertise. As they discovered, attempts to understand and interpret this unfamiliar epidemic posed a significant challenge to all that they knew and comprehended about the world and its history in a way that no other disease had done in living memory.

For many lay and religious authors, attributing the disease to an act of divine retribution was natural. Just as God was the ultimate cause of all actions and experiences on earth, so too was the Bible believed to be the written record of all that had happened in human history. The early plague tract authors, however, tended to draw more explicitly on astrological or natural explanations of disease than on religious ones and, as such, struggled to identify historical precedents for the epidemic that they now witnessed.⁴⁷ In fact, the very appearance of the plague tract genre can be read as being, in part, a response to contemporaries’ attempts to make rational sense of what they were witnessing in the absence of solid historical or medical parallels. Although he initially thought that the plague epidemic might be similar to others that he had personally experienced or read about, the Italian physician Gentile da Foligno quickly changed his mind, stating in 1348 that “the famous pestilence of the city of Crannon, or that which Thucydides or Galen or Avenzoar wrote about, do not seem comparable in their evil to [this] pestilence.”⁴⁸ The Black Death was, for Foligno, “very frightening, unheard of, unknown to

⁴⁷ Medieval writers typically framed their stories of diseases and epidemics within a biblical framework. Alessandra Foscati, *Ignis sacer: Una storia culturale del ‘fuoco sacro’ dall’antichità al Settecento*, Micrologus Library 51 (Firenze: Sismel Edizioni del Galluzzo, 2013), x–xi. This worldview was certainly evident in Christian moralistic writings and sermons that squarely labelled the plague as divine retribution against human sin, and in Islamic Prophetic traditions that evoked the plague as the direct result of God’s actions. Although most Black Death-era tract writers acknowledged that without divine will the plague could not have appeared, they did not explicitly explain the disease by moral or divine causation. Such discussions appeared in plague treatises only in the late fifteenth and early sixteenth centuries.

⁴⁸ “Gentile da Foligno: Short Casebook, 1348,” in *The Black Death: The Great Mortality of 1348–1350; A Brief History with Documents*, ed. John Aberth (Boston and New York: Bedford/St. Martins, 2005), 48. For Foligno’s earlier statement: “... *haec pestilentia sive epidimia sive quo nomine nominetur est multum verenda nec audita nec visa in libris...*,” in Karl Südhoff, “Pestschriften aus den ersten 150 Jahren nach der Epidemie des ‘schwarzen Todes’ 1348,” *Archiv für Geschichte der Medizin* 5 (1912): 332.

medical authorities,” and far worse than anything that mankind had previously experienced.⁴⁹

The Granadian physician Ibn Khātimah agreed, claiming in 1349 that “never before has a catastrophe of such extent and duration occurred. No satisfactory reports have been given about it, *because the disease is new...*”⁵⁰ Foligno and Ibn Khātimah’s suggestion that the Black Death was incomparable to anything previously known is reflected in the humanist Francesco

Petrarch’s emotional lament:

When at any time has such a thing been seen or spoken of? Has what happened in these years ever been read about...Consult historians, they are silent; ask physicians, they are stupefied; seek the answer from philosophers, they shrug their shoulders, furrow their brows, and with fingers pressed against their lips, bid you be silent.⁵¹

Aside from Foligno and Ibn Khātimah’s assertions that the plague was novel, few other early tract writers—meaning those writing before the early 1350s—made specific observations about the unheralded nature of the disease. However, neither did they make comparisons between the Black Death and any previously known or recorded outbreak. While some pointed to the epidemic’s peculiarly widespread reach as evidence that it was, at least, much greater than anything witnessed beforehand, overt attempts to place the epidemic into a broad historical context were largely absent. For Jon Arrizabalaga, this absence was an indication that tract writers most likely perceived the pandemic to be no more than a particularly devastating example of epidemics already described by their predecessors, their scant discussion of clinical symptoms just a sign that they were fitting their observations into known theories.⁵²

Relying on Hippocratic and Galenic medical tradition, tract writers commonly described the plague as one kind of known fever or another that was caused by a widespread corruption of the

⁴⁹ Jon Arrizabalaga, “Facing the Black Death: Perceptions and Reactions of University Medical Practitioners,” in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 247.

⁵⁰ Quoted in Anna Montgomery Campbell, *The Black Death and Men of Learning* (New York: Columbia University Press, 1931; New York: AMS Press, 1966), 52 fn. 23. Emphasis added.

⁵¹ “Francesco Petrarch, “Letters on Family Matters, May 1349,” in Aberth, *Black Death*, 72.

⁵² Arrizabalaga, “Facing the Black Death,” 238–9.

air. They rejected corrupted food or water as an explanation since that would affect only a small number of people in a localised area.⁵³ Suggested treatments and prophylaxis then followed recommended—again meaning traditional—treatments for such fevers. The general assumption was that these therapies would work. Apostemes, or swellings, resulting from a humoral excess were already known as a physical symptom of some types of fevers, even though the distinctive plague bubo appeared nowhere in traditional medical theory or practice. Describing it as a new and primary symptom, however, would have served to further confuse efforts to explain and deal with the immediate problem of the epidemic.⁵⁴ Tract writers' focus thus remained on what was known and accepted through academic training and previous experience—with experience taking a decidedly second place.

Given their reliance on medical tradition and precedence to manage the epidemic, most plague tract writers provided a list of authorities on whose long-standing advice contemporary treatment and precautionary measures against the plague could be based. French tract writer Pierre Damouzy, for example, offered therapies that he had gathered from the texts of the tenth-century Persian polymath Rhazes, noting somewhat hopefully that no one suffering from the

⁵³ Medieval and early modern medical theory held that fever was a category of disease, not a symptom. Melissa P. Chase, "Fevers, Poisons, and Apostemes: Authority and Experience in Montpellier Plague Treatises," *Annals of the New York Academy of Sciences* 441, no. 1 (1985): 154. Explanations of the spread of plague based on the idea of infected air remained dominant through to the eighteenth century, although other explanations, such as infection by direct or indirect contagion, also appeared alongside them from the beginning. For a discussion of the long history of contagion theories, see Vivian Nutton, "The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance," *Medical History* 27, no. 1 (1983): 1–34.

⁵⁴ A few tract authors did point to the bubo as a signature of the plague. Johannis della Penna, a Neapolitan medical professor, noted the development of buboes behind the ears, in the groin, or in the armpits, while another anonymous tract author called the bubo "the sign of this disease." Campbell, *Black Death and Men of Learning*, 80. Most of the other early writers make little mention or only passing mention of the buboes. Ann G. Carmichael has pointed to the fact that "Italian chroniclers bearing witness to the Black Death indeed made much of these buboes in the initial pandemic." She agreed with Arrizabalaga, however, that while the first generation of plague tract authors did not make much of the swellings, later ones definitely did. "Universal and Particular: The Language of Plague, 1348–1500," in *Pestilential Complexities: Understanding Medieval Plague*, ed. Vivian Nutton (London: Wellcome Trust Centre for the History of Medicine, 2008), 34–8.

plague had yet died from such remedies.⁵⁵ The Paris Medical Faculty called on the wisdom of Albertus Magnus, Aristotle, Hippocrates, Haly Abbas, and Avicenna, among others. The French physician and astrologer Geoffrey de Meaux began his tract “with the basics, as set forth by the wise authors, philosophers and astrologers who have had things to say on such matters,”⁵⁶ including Ptolemy and Roger Bacon. Other early French tract writers followed suit.

Even if they did not overtly discuss the possibility that the plague epidemic was unprecedented, tract writers used other means to suggest that they believed this to be the case. There was, in fact, a rationale behind their general silence about the plague’s uniqueness: their unwillingness to state categorically that they were observing something that ancient medical authorities had not known and already rationally explained.⁵⁷ As Gabrielle Spiegel and others have demonstrated, medieval societies were governed to a large extent by custom, traditional authority, historical precedent, and a concept of time that at once represented the past, the present, and the future. The writing of history in this era—in fact of anything that had referred to history in one way or another—served both to provide legitimacy to the present and to make it more comprehensible. Medieval historiography presented a world in which recent events were part of a long, comprehensive, and relatively universal process, rather than being notable in and of themselves.⁵⁸ For most non-medical writers, placing the Black Death in the context of other large mortality events of the past such as the Biblical plagues of Egypt, of King David, and of Ezechiel or even the Great Flood—rather than conceiving of it as a unique medical event or even

⁵⁵ “...nullus moritur ex pestilencia isto utens.” Quoted in Alfred Coville, “Écrits contemporains sur la peste de 1348 a 1350,” in *Histoire littéraire de la France* 37 (Paris: Imprimerie National, 1938), 329.

⁵⁶ “The Astrological Causes of the Plague, Geoffrey de Meaux,” in Horrox, *Black Death*, 167.

⁵⁷ Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 128.

⁵⁸ Gabrielle M. Spiegel, *The Past as Text: The Theory and Practice of Medieval Historiography* (Baltimore: The Johns Hopkins University Press, 1997); Gabrielle M. Spiegel, “Political Utility of Medieval Historiography: A Sketch,” *History and Theory* 14, no. 3 (Oct. 1975): 314–25; Chris Given-Wilson, *Chronicles: The Writing of History in Medieval England* (Cambridge: Cambridge University Press, 2004).

as a disease event at all—made sense. The Bible and secular history alike provided plenty of evidence of analogous examples of God’s wrath, and the lessons that they offered provided sufficient proof that the Black Death was yet another reminder of God’s power.

Plague tract writers were not historians or chroniclers; in most cases, they were university-trained physicians attempting to explain a combination of physical symptoms that were causing unfathomable mortality levels. Medieval medical writing, however, was little different from other types of contemporary writing. Predicated on the “western medieval recovery of Greek, and reception of Arabic, learning,”⁵⁹ it was a textual tradition based on ancient authority, in which ancient observations ruled contemporary understanding and interpretation of health, illness, and disease. Tradition and authority typically overrode physicians’ personal observations that might have contradicted them. Even those tract authors who acknowledged that the plague epidemic appeared to be distinctive from anything that they had previously seen or read about attempted to force their observations and thinking about the disease into known and long-accepted nosological categories. There was little inclination to point openly to the plague’s lack of historical precedent because there might be, somewhere, a precedent of which they were just not aware.

Despite their efforts to stretch existing medical knowledge to account for the disease’s inexplicable eruption and spread, some of the earliest French authors nevertheless emphasised the need to consult with and draw on the opinions of “modern” experts instead of relying solely on authority, tradition, and precedence. They implicitly recognised that the plague was historically unknown. The Paris Medical Faculty noted, for example, that although the “ancients, notably Hippocrates...[and] numerous wise men who are still remembered with respect” were aware of the climatic, astrological, and terrestrial signs that might foretell the generation of a

⁵⁹ Siraisi, *Medieval and Early Renaissance Medicine*, ix.

local epidemic—having “experienced them themselves”—it was clear that these ancient authorities had neither direct experience with nor personal knowledge of such a widespread manifestation of disease.⁶⁰ Traditional medicine could only go so far in explaining its cause or providing appropriate treatments for it. Nevertheless, even the opinions and conclusions of modern experts left “room for considerable uncertainty,” since they too were dealing with something that was an unknown phenomenon. The Paris Medical Faculty thus felt compelled to rely on the combined “opinions of the most brilliant ancient philosophers *and* modern experts, astronomers as well as doctors of medicine.”⁶¹ For Alfonso de Córdoba, “experience teaches us” that traditional and longstanding explanations for “natural” disease outbreaks were inadequate and incorrect “in *this* pestilence.” This is why, he explained, “the wise counsel of doctors does not profit or help those in the grip of this most cruel and pernicious disease.”⁶²

Looking back to the Black Death with the benefit of hindsight, later fourteenth-century chroniclers—including the next generations of tract writers—placed much greater and overt emphasis on the plague epidemic’s unheralded nature than had their predecessors. Ann G. Carmichael has noted that “[w]ithin some finite period of time after the great mortality *became part of their past*, survivors began to characterize its distinctiveness from other epidemics.... [including the fact that] the disease itself was previously unknown.”⁶³ The chronicle of the Grey Friars at Lynn (Norfolk), for example, retrospectively noted for the year 1348 that sailors had arrived from Gascony “infected with an unheard of epidemic called pestilence.”⁶⁴ Scottish

⁶⁰ “Report of the Paris Medical Faculty,” 161–2.

⁶¹ “Report of the Paris Medical Faculty,” 158. Emphasis added.

⁶² “Alfonso de Córdoba: Letter and Regimen Concerning the Pestilence, ca. 1348,” in Aberth, *Black Death*, 45–6. Emphasis added. For de Córdoba, the only rational explanation for the Black Death was deliberate and malicious poisoning.

⁶³ Carmichael, “Universal and Particular,” 19–20. Emphasis added.

⁶⁴ “...*quadam inaudita pestilencia epidemia nominata infecti...*” Antonia Gransden, “A Fourteenth-Century Chronicle from the Grey Friars at Lynn,” *English Historical Review*, 72, no. 283 (April 1957): 274. Gransden suggested that the entry was written sometime before 1377.

chronicler John of Fordun claimed in 1385 of the Black Death that “so great a pestilence and plague among men...from the beginning of the world even unto modern times, had never been heard of by man, nor is [it] found in books.”⁶⁵ About a decade after the Black Death, French Carmelite friar Jean de Venette likewise asserted, “nothing like it has been heard or seen or read about.”⁶⁶ Biblical precedents still prevailed, but they were now being used in some cases with less conviction.

Despite these various lay authors’ claims that the Black Death was unique, Thucydidean literary descriptions of the symptoms and social effects of the Plague of Athens appeared, almost verbatim, in both contemporary and later descriptions of the Black Death. Similar descriptions were applied as well to some of the subsequent larger outbreaks, just as they had appeared centuries earlier in descriptions of the various waves of the First Plague Pandemic. Tropes about streets lying deserted except for rotting corpses, communities being emptied of life until there were not enough people left alive to bury the dead, abrogation of civic-minded behaviour, widespread fear and chaos, and so on are commonplace in narrative discussions of large scale epidemics across all time periods since the Plague of Athens.⁶⁷ Raymond A. Anselment has proposed that Thucydides’ history of the Athenian epidemic, written in the fifth century BCE, influenced all later written descriptions of epidemic outbreaks. He argued “that even for those not [directly] indebted to the Greek historian, plague narratives became set pieces.”⁶⁸ Laurence

⁶⁵ Quoted in Karen Jillings, *Scotland’s Black Death: The Foul Death of the English* (Stroud: Tempus, 2003), 13.

⁶⁶ “The Plague in France According to Jean de Venette,” in Horrox, *Black Death*, 55.

⁶⁷ Compare, for example, Thucydides’ description of the Plague of Athens (“The bodies of dying men lay one upon another, and half-dead creatures reeled about the streets”) with John of Ephesus’ sixth-century description of the First Plague Pandemic (“...corpses which split open with no one to bury them...[and] houses...which suddenly became tombs for their inhabitants...[and] highways which became deserted...”) and Boccaccio’s description of the Black Death (“As a result of this wholesale desertion of the sick by neighbours, relatives and friends...many dropped dead in the open streets...And what with these, and the others who were dying all over the city, bodies were here, there and everywhere”). Thucydides, *The History of the Peloponnesian War*, <http://classics.mit.edu/Thucydides/pelopwar.2.second.html>; Witold Witakowski, trans., *Pseudo-Dionysius of Tel-Mahre: Chronicle, Part III* (Liverpool: Liverpool University Press, 1996), 74–5; “The Plague in Florence,” in Horrox, *Black Death*, 30–2.

⁶⁸ Raymond A. Anselment, “Thomas Sprat’s *The Plague Of Athens*: Thucydides, Lucretius, and the ‘Pindaric

Brockliss and Colin Jones likewise noted a “remarkable family likeness” in plague narratives, stretching from the First Pandemic all the way to the Plague of Marseilles.⁶⁹

Carmichael suggested, though, that for survivors of the Black Death in Western Europe this type of literary narrative—one that Marianne Pade argues they knew only indirectly through Roman references⁷⁰—may have actually served two different purposes. On the one hand, it reflected people’s “struggle to find words, in part because the experience [of the plague] lay outside received wisdom” about both known diseases and “predicted, universal time.”⁷¹ Without recourse to historical knowledge of such a catastrophic mortality caused by disease, drawing on literary tropes filled the gap between direct novel experiences and people’s inability to adequately describe those experiences. On the other hand, the Black Death had been, for many people, the harbinger of the apocalyptic end of time predicted by the Bible. When the expected end of days did not happen, survivors’ daily lives continued, to a large extent, as they had before. As such, their experiences “could [also] be more easily accommodated and understood if [the Black Death] were *not* seen as entirely new. That way, both secular and religious truths about the world held fast.” Either way, despite contemporaries’ attempts to make it appear otherwise by using stock literary descriptions of its effects, the Black Death’s actual place in history remained unclear and outside traditional understanding of time: it had no equivalent “in living memory...[or] in historical testimony”⁷² and thus became labeled as an event without a history.

Way’,” *Bulletin of the John Rylands Library* 78, no. 1 (1996): 4. Anselment points to Thucydidean influences from Lucan’s *Bellum civile* and Ovid’s *Metamorphoses* (both first century A.D.) to Procopius’ history of the plague of Justinian (sixth century A.D.). Jacalyn Duffin argues that Thucydides’ influence continues in today’s descriptions of epidemic outbreaks. “Introduction,” in *SARS in Context: Memory, History, Policy*, ed. Jacalyn Duffin and Arthur Sweetman (Montreal: McGill-Queens University Press, 2006), 4.

⁶⁹ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 67.

⁷⁰ Marianne Pade, “The Renaissance: Scholarship, Criticism, and Education,” in *A Handbook to the Reception of Thucydides*, ed. Christine Lee and Neville Morley (Chichester: John Wiley & Sons, 2014), 26.

⁷¹ Carmichael, “Universal and Particular,” 33.

⁷² Carmichael, “Universal and Particular,” 33. Emphasis added.

Tract authors writing in the decades after the Black Death faced the same challenges that chroniclers did in trying to account for the sudden appearance of the Black Death; unlike their predecessors, many of these writers were willing to claim outright that the initial plague pandemic had been unparalleled. This change in approach may have been, as Arrizabalaga has suggested, the result of “wider intellectual perspective and calmness.”⁷³ Statements about the absence of historical precedent for the plague might also have reflected what Samuel Cohn has called evidence of “new medical confidence” and an “emboldened view of their [physicians’] science.”⁷⁴ Three additional factors that have received very little attention in discussions about historical perceptions of the plague also appear to have played a role.

First, from a medical perspective, retrospective sentiments about the Black Death’s uniqueness point to the lack of contemporary experience with large-scale epidemics of any disease in later medieval Europe. Such encounters might have provided a sense of direct or historical familiarity, if not with the plague itself then at least with having to face a high level of widespread disease-related mortality. There had been innumerable local outbreaks of disease in living memory, but none that could in any way compare to, or prepare people for, the experience of the Black Death. While Carole Rawcliffe drew from contemporary chronicles to suggest that at least nine epidemics worthy of mention occurred in England between 1257 and 1340,⁷⁵ for example, Bruce M.S. Campbell has demonstrated that between the late-eleventh and early-fourteenth centuries, western European populations were the healthiest that they had ever been.⁷⁶ Although there had been several large-scale outbreaks of animal disease in the fourteenth

⁷³ Arrizabalaga, “Facing the Black Death,” 238–9.

⁷⁴ Cohn, *Cultures of Plague*, 10–3.

⁷⁵ Rawcliffe *Urban Bodies*, 361.

⁷⁶ Bruce M.S. Campbell, *The Great Transition: Climate, Disease, and Society in the Late-Medieval World*. The 2013 Ellen McArthur Lectures (Cambridge: Cambridge University Press, 2016), 64.

century, widespread epidemics of human disease were virtually unknown.⁷⁷ Even the illnesses associated with the Great Famine (c.1315–22) did not compare.

Second, from an historical perspective, the latter half of the fourteenth century witnessed the nascent beginnings of a significant shift in both the style and authorship of historical writing. As religious (monastic) writers slowly gave way to secular clerks (and in the fifteenth and sixteenth centuries to laymen), medieval modes of historical writing were replaced by more humanistic conceptions of the past that drew on new knowledge about “an almost forgotten civilization [i.e., the distant past] which clashed in many ways with Christian tradition.”⁷⁸ With this came a progressive move away from Latin, ecclesiastical, and Christian chronicles and towards more vernacular, civic, and political propagandist histories and universal histories that both served the particular interests of lay patrons and sought “larger patterns of change.”⁷⁹ This allowed for greater consideration of different kinds of events that earlier chronicles had neglected. Much of this change came slowly, though: chronicles of one type or another remained the standard form of historical writing in England, for example, until the late sixteenth century.⁸⁰

Most of the earliest western chronicle descriptions of the Black Death—which typically referred to the pandemic with descriptive phrases such as the “general mortality” or the “great

⁷⁷ Contemporary texts rarely if ever referred to large-scale contemporary outbreaks of animal disease such as sheep-scab and rinderpest in their discussions of human disease. Nor did they make links between animal and human diseases. For discussion of destructive medieval animal disease outbreaks, see Timothy P. Newfield, “A Cattle Panzootic in Early Fourteenth-Century Europe,” *American Historical Review* 57, no. 2 (2009): 155–90; Timothy P. Newfield, “Early Medieval Epizootics and Landscapes of Disease: The Origins and Triggers of European Livestock Pestilences, 400–1000 CE,” in *Landscapes and Societies in Medieval Europe East of the Elbe: Interactions between Environmental Settings and Cultural Transformations*, ed. S. Kleingärtner, T.P. Newfield, S. Rossignol, and D. Wehner (Toronto: Pontifical Institute of Medieval Studies, 2013), 73–113; Philip Slavin, “The Great Bovine Pestilence and Its Economic and Environmental Consequences in England and Wales, 1318–50,” *Economic Historical Review* 65, no. 4 (2012): 1239–66.

⁷⁸ Donald R. Kelley, ed., *Versions of History: From Antiquity to the Enlightenment* (New Haven: Yale University Press, 1991), 218.

⁷⁹ Kelley, *Versions of History*, 291. See also Antonia Gransden, *Historical Writing in England, II: c.1307 to the Early Sixteenth Century* (London: Routledge & Kegan Paul, 1982), xi–xiii.

⁸⁰ D.R. Woolf, “Genre into Artifact: the Decline of the English Chronicle in the Sixteenth Century,” *The Sixteenth Century Journal* 19, no. 3 (1988): 321. Woolf noted that in addition to humanism, the decline of chronicles in England can be traced to the rise of print technology, by the cost of producing them, and by “a growing cultural stratification among the readers of history.”

mortality/pestilence” (*generalis mortalitas hominum* or *magna pestis*)—date only from the late 1350s or early 1360s. Detailed descriptions of the pandemic are largely absent from strictly contemporary sources. The reason for this absence has not been fully explained, although Michael Zink and Katherine Lydon have suggested that since most chroniclers were “interested above all in men’s actions and behavior...the plague [was] less important in itself than as an explanation that reveals the reasons for these actions and behavior, and also as a chronological reference point that allows [them] to date and measure actions not directly connected with it.”⁸¹

As chronicle discussions of the Black Death did begin to emerge, pointing to its lack of precedent, so too did plague tract writers begin to make note of its historical uniqueness in their own texts. Writing about the second plague outbreak in the early 1360s, Guy de Chauliac claimed that the mid-fourteenth-century pandemic had been great and “unprecedented:” none of the historical outbreaks known to have occurred in Thrace or in Palestine or discussed by Hippocrates or by Galen or experienced by Pope Gregory IX, he said, were “as great as this one.”⁸² University of Montpellier Chancellor Johannes Jacobi repeated earlier contentions that traditional authorities had little to say about such a disease. Raymundus Chamelli de Vivario, a physician at the Avignon court writing in the early 1380s, asserted that the ancient traditional medical authorities had only “transmitted incomplete and superficial explanations” of large-scale epidemics “because they knew neither what caused the disease nor what action to take;” therefore, he argued, it was necessary to “look to the writings of various modern doctors”

⁸¹ Michel Zink and Katherine Lydon, “The Time of the Plague and the Order of Writing: Jean le Bel, Froissart, Machaut,” *Yale French Studies* Special Issue: *Contexts: Style and Values in Medieval Art and Literature* (1991): 272. In his detailed survey of Italian, French, and German chronicles written as the epidemic unfolded, Gabriele Zanella found “that sustained consideration of the epidemic was quite rare in works written during 1348 or 1349...contemporary reports made in localities that were hit early were all situated within a larger context of crises—famines, war, earthquakes, and epidemic.” Cited in Carmichael, “Universal and Particular,” 19.

⁸² “...inaudita...et nulla fuit talis...” Guy de Chauliac, *Inventarium sive chirurgia magna*, ed. Michael McVaugh, vol. 1 (Leiden: Brill, 1997), 118.

instead.⁸³ John of Burgundy, a Liège-based physician, was even more explicit about the lack of historical precedent for the Black Death and, consequently, the need to rely on modern expertise to explain and treat it. “I make bold to say,” he wrote c.1365,

not in criticism of past authorities, but out of long experience in the matter, that modern masters are more experienced in treating pestilential epidemic diseases than all the doctors from Hippocrates downward. For none of them saw an epidemic raging in their time, apart from Hippocrates in the city of *Craton* and that was short-lived. Nevertheless, he drew on what he had seen in his book on epidemics. However, Galen, Dioscorides, Rhazes, Damascenus, Geber, Mesue, Copho, Constantine, Serapion, Avicenna, Algazel and all their successors never saw a general or long-lasting epidemic, or tested their cures by long experience; although they draw on the sayings of Hippocrates to discuss many things concerning epidemics.⁸⁴

Ancient masters had relied on their own observations and experiences to describe and treat the diseases that were prevalent in their times; John of Burgundy argued that since modern practitioners [i.e., in the 1360s] had already lived through more than one plague outbreak, they alone were the experts in treating this particular type of epidemic disease.⁸⁵

Third, and of particular relevance here, is the fact that claims about the Black Death lacking a precedent points directly to an absence of contemporary historical awareness of the great plague pandemic—known today as the Plague of Justinian—that had affected a large geographic area stretching from Persia to Ireland between the mid-sixth and mid-eighth centuries. Numerous

⁸³ “*Antiqui siquidem in causis talium morborum diminute et superficialiter transiuerunt...vel quia causas illorum vel modos actionis causarum ignorauerunt quia morbus est incognitus suis non cognitis causis vel modis actionis eorum...Postquam itaque vidi dicta antiquorum super morbis epidimicis tractancium, aspexi etiam tractatus diuersos doctorum modernorum...*” Raymundus Chalmelli de Vivario, “Raïmundüs de Peste,” Universitätsbibliothek Leipzig, MS. 1319(c.1400), in Karl Südhoff, “Pestschriften aus den ersten 150 Jahren nach der Epidemie des „schwarzen Todes“ 1348. XVIII. Pestschriften aus Frankreich, Spanien und England,” *Archiv für Geschichte der Medizin* Bd. 17, H. 1/3 (May 1925): 37–8.

⁸⁴ “The Treatise of John of Burgundy,” in Horrox, *Black Death*, 192. The list of authorities “cited” by John varies from one copy of the tract to another.

⁸⁵ Samuel Cohn has offered numerous examples of tract writers boldly promoting their particular remedies as proof of their “triumph over the plague.” Cohn Jr., *Cultures of Plague*, 10–3. That may be so, at least in some cases, but here I would temper Cohn’s argument with the observation that although these later fourteenth-century writers made the claim that the Black Death had been historically unique, the various remedies that they offered continued to be based on traditional medical treatments. Their claims of having more experience with the plague than the ancients had had were thus less a reflection of “new medical confidence” than a simple, practical reality. Regardless of their experiences, they continued to use and promote traditional remedies, albeit with some new formulations.

accounts of that pandemic survive, including narratives produced by the sixth-century Byzantine and Syriac authors Procopius, Agathias, Evagrius Scholastikos, and John, Bishop of Ephesus,⁸⁶ and the Latin writers Gregory of Tours, Paul the Deacon, and Bede. Contemporary *medical* writers produced no accounts describing the disease's symptoms, although it is likely that most of the authors who commented on the outbreaks had at least some knowledge of the Hippocratic and Galenic medical literature that was available.⁸⁷ And, while some of these writers reflected on Thucydides' plague at Athens, many pointed to the differences between what they were witnessing and what Thucydides had written.⁸⁸

Some of the First Pandemic-era writers, especially the Greeks and the Syriacs, pointed to that pandemic's apparently unprecedented nature. The historian Procopius, for example, claimed in the midst of the epidemic that "for this calamity it is quite impossible either to express in words or to conceive in thought any explanation."⁸⁹ Most other contemporary writers in the Eastern Mediterranean expressed surprise not as much about the plague's appearance as about its widespread reach, being "knowledgeable about earlier epidemics, yet clearly [stressing] the dreadful newness" of the sheer extent of the outbreak.⁹⁰

Plague treatise authors and most chroniclers in mid-fourteenth-century Western Europe had

⁸⁶ Procopius, *History of the Wars*, trans. H. B. Dewing (London: Heinemann, 1914); For John of Ephesus, see Witakowski, *Pseudo-Dionysius of Tel-Mahre*, especially 74–101. Agathias' *The Histories* are discussed in Lester Little, "Life and Afterlife of the First Plague Pandemic," in *Plague and the End of Antiquity: The Pandemic of 541–750*, ed. Lester Little (Cambridge: Cambridge University Press, 2007), 9. For Evagrius Scholasticus, see William Rosen, *Justinian's Flea: The First Great Plague and the End of the Roman Empire* (New York: Penguin, 2007), 219. For other examples, see also Dionysios Ch. Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire: A Systematic Survey of Subsistence Crises and Epidemics* (Aldershot: Ashgate, 2004).

⁸⁷ Stathakopoulos, *Famine and Pestilence*, 135.

⁸⁸ Peter Sarris, "Bubonic Plague in Byzantium: The Evidence of Non-Literary Sources," in Little, ed., *Plague and the End of Antiquity*, 122–3.

⁸⁹ Procopius, *History of the Wars*, vol. I (*Persian War*): Book II: Chapter 22, 453.

⁹⁰ Contemporary reactions to the Justinianic Plague's geographical reach are discussed in more detail in Chapter 3. Of sixth-century knowledge of the plague, Lester Little noted "Greek and Roman medical writers, who commented on and anthologized the works of Hippocrates, apparently knew of plague, if only as an endemic disease. In the works compiled by [many] such writers...plague appears not as a disease experienced or observed, but as one heard about from the far side of the Mediterranean. They made frequent reference to cases in Egypt and Libya, less often in Syria...Thus the presence of endemic plague in the ancient Near East centuries before the outbreak at Pelusium [in 541] appears reasonably well attested." "Life and Afterlife," 9.

little or no awareness of the pandemic that these earlier writers had described in great detail. Knowledge of Greek remained limited in Western Europe following the Schism that led to the separation of the Western Roman Church from the Eastern Byzantine Church; it was really only revived to a substantial degree with the flight of Byzantine Greek scholars and other *émigrés* to the West from Constantinople after that city's sacking by the Ottomans in 1453. Broad understanding of the earlier pandemic thus emerged in Europe only centuries after the fact. Procopius's extensive account of "a pestilence, by which the whole human race came near to being annihilated,"⁹¹ for example, was "virtually unknown in the Latin West until the fifteenth century."⁹² While the western chronicle tradition had knowledge of at least some of the Greek accounts,⁹³ it was primarily only those Hellenistic texts that had passed through the hands of Islamicate scholars and translators—such as the medical works of Hippocrates and Galen, for example—that were known to Western Latin medieval readers.

While Latin texts about the First Pandemic were better known than their Greek counterparts in later medieval Western Europe, most of their authors spoke primarily of local concerns. J.R.S. Phillips argues that after the fall of the Roman Empire in the West, "the narrowing of political horizons affected even highly educated men, such as...Gregory of Tours, who was chiefly concerned with events in his own province of Gaul, and knew little or nothing about

⁹¹ Procopius, *History of the Wars*, vol. 1 (*Persian War*): Book II: Chapter 22, 453.

⁹² Greti Dinkova-Bruun, "Preface," in *Catalogus Translationum et Commentariorum: Mediaeval and Renaissance Latin Translations and Commentaries, Annotated Lists and Guides*, vol. 11, ed. Greti Dinkova-Bruun, Julia Haig Gaisser, and James Hankins (Toronto: Pontifical Institute of Mediaeval Studies, 2016), vii, xi. See also Réka Forrai, "Procopius Caesariensis," in *Ibid.*, 211–36. I thank Monica Green for bringing this volume to my attention.

⁹³ The early ninth-century Byzantine chronicle of Theophanes Confessor, for example, which drew from sixth-century sources, was translated into Latin by the papal librarian and cardinal Anastasius Bibliothecarius later in the ninth century and was known in Western Europe. However, Theophanes spoke of the plague largely in passing and Anastasius's translation included no further information. I thank Anthony Kaldellis for his suggestions about the possible transmission routes of Byzantine and Latin writings about the First Pandemic into the later medieval western chronicle tradition. Personal email correspondence, 25 March 2016. Knowledge of the Syriac sources would have taken even longer.

developments in the surviving eastern part of the Roman Empire.”⁹⁴ These writers knew only about their local outbreaks, and they gave little sense of having experienced or witnessed anything as devastating and widespread as the epidemic that tract authors in the mid- and later fourteenth century were pondering.

Pope Gregory the Great’s sixth-century intercession against the plague was also well known to readers in the fourteenth century, being a key story in Jacobus Voragine’s thirteenth-century *Aurea Legenda* (*Golden Legend*).⁹⁵ According to Christine Boeckl, this story was “the only readily available Latin source that recounted at length the experience of the first (Justinianic) pandemic, [and] its text lent itself well to express the recurrent experiences in 1347.”⁹⁶ It also spoke well to the subsequent fourteenth-century epidemics. The liturgical practice that Pope Gregory instituted during the Roman outbreak in 591—the *Litania maior*—included a great procession on 25 April that, it was claimed, had ended the epidemic. This procession subsequently became an integral part of the Western Christian liturgical service. Its reported successes in ending outbreaks in other cities at other times likely influenced the idea of the plague as something that could be managed and controlled.⁹⁷ Medical texts written during the latter stages of the First Pandemic, such as Isidore of Seville’s *On Medicine* and *De natura rerum*, provide no sense of the disease’s devastation or its scope.⁹⁸

The claims made by Black Death-era tract writers that they were witnessing something

⁹⁴ J.R.S. Phillips, *The Medieval Expansion of Europe*, 2nd ed. (Oxford: Clarendon Press, 1998), 6.

⁹⁵ More than one thousand manuscripts of the *Golden Legend* survive, in multiple languages. Hilary Maddocks, “Pictures for Aristocrats: The Manuscripts of the *Légende dorée*”, in *Medieval Texts and Images: Studies of Manuscripts from the Middle Ages*, ed. Margaret M. Manion and Bernard James Muir (Chur, Switzerland: Harwood Academic Publishers, 1991), 2. For a discussion and examples of orders for Black Death-era public penance and intercessionary processions based on Gregory’s example, see Horrox, *Black Death*, 95–8.

⁹⁶ Christine M. Boeckl, *Images of Plague and Pestilence: Iconography and Iconology* (Kirkville MO: Truman State University Press, 2000), 40. Pope Gregory also became well known as a plague saint.

⁹⁷ Personal email correspondence with Alessandra Foscati, 23 March 2016. See also Foscati, *Ignis sacer*, xii.

⁹⁸ W.D. Sharpe, ed., “Isidore of Seville: The Medical Writings. An English Translation with an Introduction and Commentary,” *Transactions of the American Philosophical Society*, New Series 54, no. 2 (1964): 57.

never before seen were not simply made for dramatic effect; instead, for them, the pandemic was in fact unmatched and unknown. They had little to no knowledge of the earlier pandemic's scale or of its effects. None of them made any direct mention of a previous widespread epidemic, just as none of the contemporary chronicles did. Although some authors writing during the Black Death and in the following half century recalled specific epidemics from the days of Hippocrates, Galen, Thucydides, and Pope Gregory, they categorically dismissed the comparative devastation of these earlier outbreaks against the current one. For the fourteenth-century plague tract authors, then, the mid-century plague epidemic was much bigger and much more catastrophic than anything in history.⁹⁹

Despite the plague's apparently exceptional nature, some tract authors attempted to draw on specific historical factors to explain its arrival. To explain how contaminated air could have had such widespread and devastating effects, most of the treatise writers turned to astrology and looked, in particular, to the very recent past for an appropriately offending conjunction that could have poisoned the air.¹⁰⁰ The Paris Medical Faculty's tract was the first, in October 1348, to provide a specific, historical astrological explanation for the infected air that had caused the plague epidemic: it emphasised the conjunction of Saturn, Mars, and Jupiter that had taken place

⁹⁹ This absence of historical memory among Western European tract writers stands in stark contrast to the eastern Islamic plague treatise tradition. The treatise written by Ibn Abī Hajala sometime between 764/1362 and his death from plague in 776/1375, for example, includes a long account of past plagues, beginning with the plagues of antiquity and early Islamic times and continuing up to the present day. Of course, not all of the outbreaks that he included were in fact the plague and some, like the Biblical plagues, were also noted by Christian writers. Nevertheless, the fact that he was able to include this account at all points to an unbroken and continued learned and historical tradition in the Islamic world versus discontinuity in the West. Lawrence I. Conrad, "Arabic Plague Chronologies and Treatises: Social and Historical Factors in the Formation of a Literary Genre," *Studia Islamica* 54 (1981): 73–4. I thank Nükhet Varlık for bringing this observation to my attention.

¹⁰⁰ Avicenna, for example, had written "the first distant cause [of disease] is heavenly figures...When the heavenly forces become active and impress themselves upon those of the earth, plague results." Quoted in Campbell, *Black Death and Men of Learning*, 36. See also Horrox, *Black Death*, 101–6. For a broader overview of the belief in astronomical influences on all things terrestrial, including human disease, see Edward Grant, "Medieval and Renaissance Scholastic Conceptions of the Influence of the Celestial Region on the Terrestrial," *Journal of Medieval and Renaissance Studies* 17 (1987): 1–23 and John D. North, "Medieval Concepts of Celestial Influence: A Survey," in *Astrology, Science and Society, Historical Essays*, ed. Patrick Curry (New York: Boydell, 1987), 5–16.

at 1p.m. on 20 March 1345.¹⁰¹ Astrologers of all three monotheistic faiths had predicted this particular conjunction long before it had happened, and had studied it intensely thereafter for its anticipated malignant effects.¹⁰² Among the prognostications that were typical for this type of conjunction were political, social, and religious upheavals.¹⁰³ While most prognosticators included vague suggestions of disease and famine, this particular conjunction was regarded “only in retrospect [to be] the astrological event portending [the] great plague.”¹⁰⁴

As the leading institution of astronomical science in Western Europe and a “stronghold for Christendom of orthodox theology,” the Paris Medical Faculty was influential.¹⁰⁵ This influence led other tract writers to adopt and repeat many of its assumptions and arguments about the origins, causes, and nature of the plague pandemic and its specific link to the 1345 conjunction. In his treatise, for example, John of Burgundy repeated the common predictions about “great wars, mutations of kingdoms and of sects...the pauperisation of many of the rich...[and] the destruction of the Saracens,” while also adding that “this pestilence” resulted directly from the

¹⁰¹ The malignant temperaments of Saturn (bad luck/misfortune) and Mars (war/anger/violence) were believed to dominate Jupiter’s more benign temperament (prosperity/good fortune), with predictably catastrophic results. These theories evolved from the thirteenth-century philosopher Albertus Magnus’s *De effectibus planetarum in elementis*.

¹⁰² Astrology was widely accepted by medieval Christian, Jewish, and Muslim scholars (although it was sharply rejected by scholars of all three faiths as well). One branch of astrology addressed historical events, and involved predicting the major political and religious changes that were suggested by regular conjunctions of Saturn and Jupiter; even more significant changes were expected to arise from the movement of these conjunctions into different houses of the zodiac. Bernard R. Goldstein and David Pingree, “Levi ben Gerson’s Prognostication for the Conjunction of 1345,” *Transactions of the American Philosophical Association* 80, no. 6 (1990): 1.

¹⁰³ “According to [the planetary] configuration...it indicates the destruction of a nation...and a kingdom by a nation of a different religion... Since Saturn and then Mars will dominate...this indicates extraordinary evil with many wars... it [also] indicates the spilling of much blood and increasing enmity, jealousy, hatred, strife, famine, various diseases, drought, and dearth.” Goldstein and Pingree, “Levi ben Gerson’s Prognostication,” 13–5.

¹⁰⁴ Carmichael, “Universal and Particular,” 22–4; Goldstein and Pingree, “Levi ben Gerson’s Prognostication,” 7. Carmichael has provided a cogent discussion of the theological and astrological complexities that arose for treatise writers who blamed the Black Death on this particular historical conjunction, and the technicalities and complex explanations that they used to overcome such problems.

¹⁰⁵ Campbell, *Black Death and Men of Learning*, 39. Carmichael argues that physicians trained at or working within the University of Montpellier were less likely to use such detailed astrological arguments. Carmichael, “Universal and Particular,” 23. This may have been due, in part, to the rivalry that existed between its faculty of medicine and the one in Paris. The anonymous practitioner in Montpellier dedicated his tract to the Paris Faculty and incorporated much of the Faculty’s astrological contents, as did some of the later Montpellier authors; many of the latter, though, focused more on the terrestrial causes of disease.

Saturn–Jupiter conjunction of 1345.¹⁰⁶

The Paris Medical Faculty's tract was copied and circulated widely throughout continental Europe over the next two centuries, and its contentions that the Black Death resulted from this Saturn–Jupiter–Mars conjunction remained a key component of many subsequent plague treatises. Reflecting back on his experiences during the Black Death, Guy de Chauliac asserted that the universal cause of the epidemic was the disposition of a "certain important conjunction of three heavenly bodies, Saturn, Jupiter, and Mars, which had taken place in 1345..."¹⁰⁷ Papal physician de Vivario agreed that the astrological conjunction of 1345 had generated the plague in 1348.¹⁰⁸ De Vivario and John of Burgundy also tied subsequent outbreaks in the 1360s and 1370s to the same conjunction.¹⁰⁹ While the Black Death was without a history, then, its own causation relied on an historical astrological event. Using this explanation for the Black Death, and sometimes for the subsequent plague outbreaks, remained commonplace throughout Europe well into the seventeenth century—although not without significant debate in the later centuries. As the Black Death gained notoriety as an unprecedented historical event, then, its historical astrological cause did as well.

In the course of little more than a decade, from the end of the Black Death until the second wave of the pandemic had passed in the early 1360s, plague tract writers became convinced that the plague's appearance had signaled a new, unparalleled moment—one that challenged accepted

¹⁰⁶ "...grans guerres mutacions de royaumes et de sects et...de paup[er]acions de richesce de m[fou]lt et...destruccion de sectes de sarrasins..." Jehan de Bourgoigne, "Cest la preseruacion de Epidimie," Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.100v.

¹⁰⁷ "Universalis agens fuit dispositio cuiusdam coniunctionis maioris trium superiorum—Saturni, Iovis, et Martis—que procesderat Anno domini millesimo 1345^o..." Chauliac, *Inventarium sive chirurgia magna*, 1:118.

¹⁰⁸ "Prime itaque et magne mortalitatis nostri temporis causa fuit coniunctio trium superiorum planetarum, saturni, jous et martis, quorum coniunctio maior processerat de anno domini 1345 de mense Marcij in gradu aquarij...quam primo post talem coniunctionem subsecuta fuit magna mortalitas de anno domini 1348 pontificatu domini Clementis pape." De Vivario, "Raïmundüs de Peste," 39.

¹⁰⁹ "Deinde tertia ab anno 1373^o de tempore domini Gregorij xj anno tercio de mense nouembris supervenit alia mortalitas, que impressionem malam per priores affectam continuauit ex virtute prime coniunctionis magne..." De Vivario, "Raïmundüs de Peste," 39.

and traditional notions of time, history, and the natural order of the world. While the second and third generation of plague tract writers continued to describe the Black Death as unprecedented, and to look to traditional authority to explain it, they also quickly established an historical trajectory that descended from it. In their minds, the first widespread epidemic of plague in the mid-fourteenth century might have been unique and unheralded, but subsequent outbreaks quickly proved that it was simply the precedent for all the outbreaks that followed.

Plague historicised: “This current epidemic is one that has newly returned here”

...[because of that conjunction] an epidemic followed in many places, and its traces still remain in many places. — John of Burgundy, c.1365¹¹⁰

Anyone who had witnessed the Black Death and then also survived succeeding outbreaks of plague in the fourteenth century believed that they were seeing the same disease and described it as such. The return of such a devastating and symptomatically distinctive disease within a single generation or two—not just once, but several times—also meant that the first epidemic, if unprecedented in historical terms, was no longer unique in the times that followed. Rather, as Carmichael observed, “subsequent plagues were now logically possible and rationally feared.”¹¹¹ For tract writers such as John of Burgundy, the plague’s recurrence made it necessary to explain more than just the disease’s initial appearance or even a subsequent outbreak. He also felt compelled to discuss the plague’s propensity to return *repeatedly*. Large-scale plague epidemics in France and England in the fourteenth century—1360–2, 1367–9, 1373–5, 1381–3, 1389–93

¹¹⁰ “...dont epidemie en plusieurs lieux est ensuiuie, dont les traces apperent en pluseurs lieux...” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” f.97r. The sub-heading quote (“Et pour ce q(ue) eu ceste instans epidemie, ainsi que de nouuel reco(m)menciee...”) is found on 98r.

¹¹¹ Carmichael, “Universal and Particular,” 34.

(England only), and 1399–1402¹¹²—quickly established the Black Death as the starting point in a long line of outbreaks, a realisation that did not pass unnoticed by contemporary chroniclers and plague tract writers.

The development of a plague chronology is most explicitly evident in later fourteenth-century chronicles, as chroniclers tended to enumerate the national plague outbreaks. For the year 1361, the Augustinian canon Henry Knighton (writing in Leicester in the last quarter of the century) recorded “a widespread mortality, known as the Second Plague, [that] overwhelmed the people.”¹¹³ His contemporaries concurred, usually by assigning a similar sequential numbering system.¹¹⁴ Others made more direct comparisons between the Black Death and the second outbreak: the Grey Friars at Lynn, for example, claimed that the second epidemic was “much less serious” than the one in 1348.¹¹⁵ Many chroniclers carefully noted a “third pestilence” in 1369, a “fourth pestilence” in 1374–5, and so on.¹¹⁶ Some chroniclers also continued to compare the effects of later outbreaks to the Black Death. Thomas Walsingham, a monk at St. Alban’s Abbey described an outbreak in 1379 as being “on a scale never seen before;” in 1391, he said, the outbreak of plague in Norfolk was “thought [to be] as bad as the great pestilence.”¹¹⁷ The

¹¹² Numerous smaller localised outbreaks also occurred between c.1360 and 1400. The list of French national outbreaks comes from Chase, “Fevers, Poisons, and Apostemes,” 156 and Jean-Noël Biraben, *Les hommes et la peste en France et dans les pays européens et méditerranées* (Paris: Mouton, 1975), 1: 377–8. The list of English national outbreaks comes from J.L. Bolton, “Looking for *Yersina Pestis*: Scientists, Historians and the Black Death,” in *The Fifteenth Century XII: Society in an Age of Plague*, ed. Linda Clark and Carole Rawcliffe (Woodbridge: Boydell, 2013), 33 and Rawcliffe, *Urban Bodies*, 361–4.

¹¹³ “*Eodem anno mortalitas generalis oppressit populum que dicebatur Pestis Secunda.*” G.H. Martin, trans. and ed., *Knighton's Chronicle 1337–1396* (Oxford: Clarendon Press, 1995), 184.

¹¹⁴ For example: “*Mesme celle ane fuist la secunde pestilence parmy Engleterre...*” V. H. Galbraith, ed., *The Anonimale Chronicle, 1333 to 1381, from a MS. Written at St Mary's Abbey, York* (Manchester: Manchester University Press, 1970; Originally published 1927), 50.

¹¹⁵ “*...tamen pestilencia fuit multo minor quam precedens (sic) anno 13^{mo}.*” Gransden, “Fourteenth-Century Chronicle,” 275. The Westminster monk John of Reading commented by contrast “there was at this time [1361] death without sorrow—just as there was in 1349.” “The Second Pestilence, 1361,” in Horrox, *Black Death*, 87.

¹¹⁶ “*Lan mille CCCLXIX fuist la tierce pestilence parmy Engleterre et en plusours autres terres...*” “*Mesme celle an mille CCCLXIII [sic for CCCLXXIII] comensast le quart pestilence en plusours villes en Engleterre...*” Galbraith, *Anonimale Chronicle*, 58, 77.

¹¹⁷ “*Eodem anno [1379], tempore aestivali tanta pestis exorta est in partibus Borealiibus ex iniquo sidere, quanta nunquam antea visa fuit.*” Henry Thomas Riley, ed., *Thomas Walsingham, quondam monachi S. Albani, historia*

Petit Thalamus of Montpellier likewise refers to 1348 as “the year of the great mortality,” marking it as the pre-eminent outbreak, and then links succeeding outbreaks in 1360–1, 1373–4, 1383–4, and 1391 to it by using similar—but less dramatic—descriptors. Each subsequent descriptor emphasised the prominence of the Black Death against the epidemics that followed.¹¹⁸ Since the majority of these chronicles were written after the Black Death but before or shortly after the end of the century, their compilers had the advantage of having lived through (or knowing someone who had lived through) more than one of the outbreaks that they described. Living historical memory and immediate experience of the plague’s recurrent visits thus combined to create a natural disease chronology in the minds of its witnesses and survivors.¹¹⁹

The second, third, and subsequent generations of fourteenth-century tract authors—many of whom had also witnessed and lived through the mid-century pandemic—likewise viewed and understood the large plague outbreaks of the later decades of the century as continuations or repetitions of the Black Death. Although these writers rarely enumerated the outbreaks in the same way that the chroniclers had, they used other means to indicate that repeated epidemic outbreaks of plague were directly related to the initial pandemic.

Carmichael’s study of fourteenth-century Latin tracts revealed that the majority of plague treatises written between 1360 and 1380 mentioned the Black Death in one way or another.¹²⁰

The same observation is true of vernacular tracts. In the opening paragraphs of his tract, John of

anglicana, vol. 1 A.D. 1272–1381 (London: Longman, Green, Longman, Roberts, and Green, 1862), 409. “*Eo tempore [1391] mortalitas tanta succrevit in Northfolchia et multis aliis Comitatus, ut non impar magnis pestilentiis censeretur.*” Henry Thomas Riley, ed., *Thomas Walsingham, quondam monachi S. Albani, historia anglicana*, vol. 2 A.D. 1381–1422 (London: Longman, Green, Longman, Roberts, and Green, 1864), 203.

¹¹⁸ “*L’an de la major mortaudat,*” “*grant mortalitat,*” “*an pestilencial de mortalitat,*” “*mortalitat granda,*” etc. Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Âge*, *The Medieval Mediterranean Peoples: Economies and Cultures*, 400–1500 vol. 102 (Leiden: Brill, 2015), 304–5.

¹¹⁹ A similar trend appeared in Italian chronicles; Matteo Villani, for example, wrote “the wondrous mortality of *anguinaia* began anew this year [1363], similar to that which had its beginning in the years 1348 to 1350.” Ann G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge: Cambridge University Press, 1986), 11.

¹²⁰ “Universal and Particular,” 37.

Burgundy explained that astrological conjunctions had “recently corrupted” the air and “made [it] pestilential,” the result being a widespread epidemic [i.e., the Black Death] whose traces reignited the disease to generate subsequent outbreaks. Later in the text, to account for why he had written his tract, John specified that the same disease that had broken out earlier had newly returned. Although he pointed out that corrupted air could generate different diseases in different people, depending on the state of their humoral balance,¹²¹ John of Burgundy did not suggest that the outbreak about which he wrote was any disease other than the one seen during the Black Death. It was clear to him that the epidemic had returned: it had lingered and was renewed. By his reckoning, the initial Black Death pandemic had not entirely ended and spent its force; rather, it had left traces of itself behind and had been rekindled some years later.

Guy de Chauliac likewise began his discussion of the plague with a recounting of the arrival and effects of the Black Death “which appeared to us in Avignon in the year of our Lord 1348.” He then noted that “After [1360]...the mortality revisited us.”¹²² De Chauliac discussed the ways in which the second wave of plague differed from the first, notably that its victimology had shifted from “the common people” to the wealthy and the young. Even so, he emphasised the symptomatic similarities between the two outbreaks, insisting that they were indeed the same disease. Raymundus Chamelli de Vivario provided a similar chronology by first discussing how the cause of the plague epidemic of 1348—the malevolent Saturn–Mars–Jupiter conjunction of 1345—was responsible for a subsequent outbreak of the same disease in 1373. He then explained that the current widespread outbreak about which he wrote, that of 1382, resulted from slightly

¹²¹ “*Et ainsi airs corru[m]pus en diuerses genz diu[er]ses maladies engendre selonc les diu[er]ses hume[ur]s.*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” f.97r.

¹²² “*Et hoc manifeste vidimus in illa ingenti et inaudita mortalitate que apparuit nobis in Avinione anno domini millesimo ccc^o xlviii^o...Post vero, anno 60^o... reuenit ad nos mortalitas...*” De Chauliac, *Inventarium sive chirurgia magna*, 1:117–9.

different source: a comet from the previous autumn.¹²³

By tracing outbreaks of the plague from the initial mid-century pandemic to a large national epidemic in 1382, de Vivario provided the longest and most explicit chronological discussion of the disease in the later fourteenth-century French tracts. Even where such direct references to the Black Death or to the plague's recent history were not included, the idea of disease recurrence was at the forefront of almost all of the French tracts written before the turn of the fifteenth century. Johannes Jacobi, for example, claimed that he felt the need to write something about the pestilence because it "invades us more frequently than the ancients."¹²⁴ Jean de Tournemire's discussion of the disease's cause reflected the fact that it had occurred previously. The continued copying and circulation of some of the earliest plague tracts, such as the treatise written by the Paris Medical Faculty, occurred in tandem with the production of new tracts during and following each subsequent epidemic outbreak. This points to a widespread recognition that the earliest tracts continued to offer needed advice on, and guidance about, what had become a seemingly persistent disease; at the same time, though, ideas about the disease still required updating as experience with the plague continued to accumulate. Each new outbreak added to the plague's chronology and offered additional insight into its nature and its uniqueness.

At the same time that it became an historical precedent, the Black Death also gained a potential future. As early as 1348, the Paris Medical Faculty had speculated that the southern winds "may perhaps continue [to carry the epidemic] in future."¹²⁵ John of Burgundy wrote his tract in the mid-1360s, he claimed, because "...this current epidemic...will continue to return in

¹²³ "...est mortalitas nunc de anno presenti 1382... vnus magne comete, que apparuit de anno...lapso 1381 de mense nouembris fere per totum mensem..." De Vivario, "Raïmundüs de Peste," 39.

¹²⁴ "Volo aliqua de pestilencia scribere que nos frequencius invadit quam fecerit antiquos..." Quoted in Chase, "Fevers, Poisons, and Apostemes," 163 fn. 3.

¹²⁵ "Report of the Paris Medical Faculty," 161.

the future because it has not yet reached its end.”¹²⁶ For him—as with for Guy de Chauliac, who stated that the Black Death had been “so remarkable” that he felt compelled to describe it “as a guide in case it comes again”¹²⁷—the plague outbreaks were part of a now continuous pattern that stretched from the past into the future. Montpellier medical faculty chancellor and court physician Jean de Tournemire referred to the plague as the pestilential disease that “had been, is, and will be” problematic in various regions.¹²⁸ Already by the 1360s, then, the Black Death’s apparent historical novelty was being supplemented by the more immediate problem of its experienced—and, notably, its anticipated—recurrence.

Part of this expectation that the plague would continue to recur in the future was tied to the belief that it had resulted from the Saturn–Jupiter–Mars conjunction in 1345. The tract writers who spoke most openly about the plague’s recurrence were the same ones who emphasised the role that the conjunction had played giving rise to the pandemic and to its successive appearances. Astrological theories of history often spoke to the recurrent or long-term impacts of especially nefarious astrological combinations. Levi ben Gerson’s prognostications about the 1345 conjunction, for example, specified that some of its consequences would begin only ten years after the conjunction had come to pass. Others “will endure for a long time.”¹²⁹ At the end of his tract, John of Burgundy went to great lengths to explain the difference between the long-

¹²⁶ “*Et pour ce q(ue) eu ceste instans epidemie, ainsi que de nouuel reco(m)menciee et par succession de temps encore & encore retournera car nest mie maintenant la fin...*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” f.98r.

¹²⁷ “*Et non displiceat quia propter ipsius mirabilitatem et providenciam si iterum accideret narrabo eam...*” De Chauliac, *Inventarium sive chirurgia magna*, 1:117–9.

¹²⁸ “*Cum morbi pestilenciales qui hactenus fuerunt, sunt et erunt, prout praesumitur in diversis regionibus...*” Johanns von Tornamira “*Praeservatio et cura apostematum antrosionum pestilentialium*,” in Karl Südhoff,

“Pestschriften aus den ersten 150 Jahren nach der Epidemie des „schwarzen Todes“ 1348. III. Aus Niederdeutschland, Frankreich und England,” *Archiv für Geschichte der Medizin* Bd. 5, H. 1/2 (June 1911): 48.

¹²⁹ Goldstein and Pingree, “Levi ben Gerson’s Prognostication,” 15. Also known as Leo de Balneolis, ben Gerson was a prominent French Jewish scholar who appears to have been working at or for the papal court in the 1340s. His prognostications about the 1345 conjunction, written in Hebrew and translated into Latin, would have been well known in that circle and beyond. Simon de Covino’s poetic plague tract of 1350, for example, named ben Gerson as one of his sources. Ben Gerson’s brother was also a papal physician. Goldstein and Pingree, “Levi ben Gerson’s Prognostication,” 4, 5.

term impacts of the 1345 conjunction—the one responsible for generating the plague—and the expected shorter-term and less devastating effects of a different conjunction that had occurred in 1365. Indeed, he argued, “do not think that this pestilence [of the mid-1360s] results from the Saturn and Jupiter conjunction of 1365.” Instead, it was the product of the conjunction of 1345 that had left behind “traces that still appear” in the 1360s and 1370s.¹³⁰ The more recent conjunction would impact the world, especially in terms of the weather, he contended, but its effects would last for only three years. For other tract writers who linked the 1345 conjunction to post-Black Death plague outbreaks, it was only natural that such epidemics would continue until the conjunction’s influence had fully run its course.

Another way that tract writers in the later fourteenth century linked subsequent outbreaks to the Black Death was by discussing not just their individual familiarity with particular plague outbreaks, but also—and more importantly—their long-term personal experience with multiple epidemics of the disease. The plague became the locus of personal testimonies and experience rather than, or alongside, received wisdom. John of Burgundy, for example, claimed to have written a treatise “at the beginning of this epidemic” in which he differentiated the plague from other diseases. He also claimed to have gained “more than twenty years of experience in many places where the epidemic has reigned.”¹³¹ In discussing the plague’s symptomatic peculiarities

¹³⁰ “*Item ne croie nulz que ceste pestilence soit pour la raison de Saturne & de iupiter pour la coniuncion que se fist deulz & dautres lan passe cest assauoir en lan LXV. aincois dient des reliques de lautre la coniuncion autrefois faite de lan XLV dont les traces apperent encore en effect.*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” f.100v. This statement appears in an astrological section located towards the end of the French tract that was completely removed from almost all of the copies made in England.

¹³¹ “*Item fis vn autre traictie de la distincion des maladies pestilencieuses des autres maladies qui se [com]mence cu[m] nimiru[m] p[ro]p[ter] instans tempus epidemiale, &c....e par experience longue de xx. ans et plus en m[ou]lt de lieux ou epidemie a regne...*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” f.98r, 101v. In Horrox’s translation of a later Latin copy of the tract, John claimed to have “more than twenty-four years of experience.” “The Treatise of John of Burgundy, 1365,” in Horrox, *Black Death*, 192. Since the treatise was ostensibly written c.1365 (and all of the scholarship seems to accept this claim), twenty-four years (and even twenty years) of experience with this particular disease is clearly an exaggeration. However, if the French version of this tract, written c.1371, is in fact the earliest version, then “more than twenty years of experience” would make more sense. The other treatises that John claims to have written “do not seem to have survived.” Lister M. Matheson, “Médecin sans Frontières?

and how to treat them, Guy de Chauliac described his own dangerous affliction with the disease during the Black Death before offering a treatment that he had developed himself during the second plague outbreak. Johannes Jacobi and Jean de Tournemire also provide personal testimonies to their previous experiences in avoiding or treating the disease while treating plague victims.¹³² Claims of having “long-time” experience were commonplace in medical treatises of the time. Writers typically used them to add credibility to their therapeutic recommendations, the eyewitnessed success of such remedies being a critical selling point. In the case of the plague tracts, such claims also served to create a chronology for the recurrent epidemics, by linking current outbreaks to ones from the recent past.

Growing familiarity of the plague contributed to the creation of its history in a further way. Later fourteenth-century tract writers made sense of the subsequent outbreaks, in part, by blending their observations of the plague’s increasingly familiar yet still novel symptoms and characteristics with existing medical theory to create what were, in essence, new categories of fevers and poisons. The details of these nosological categories—and the debates that they generated among Montpellier tract writers in particular—have been examined thoroughly by Melissa P. Chase: was the plague a pestilential fever or an apostemic disease or a pestilential disease?¹³³ What is most important here is the intellectual effort that writers put into making a clear link between the Black Death and successive outbreaks through the plague’s defining physical symptoms, notably the bubo, and its characteristics, notably its presumed poisonous and contagiousness. These links, they argued, “set the pestilence apart from other similar

The European Dissemination of John of Burgundy’s Plague Treatise,” *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 29, fn. 4.

¹³² Johannes Jacobi: “...il eut jadis une pestilence à Montpellier et je n’ai pu éviter la communauté parce que j’allais de maison en maison pour soigner les malades à cause de la pauvreté... et ainsi j’ai survécu à une telle pestilence. Mes collègues étaient incrédules que j’aie gardé la vie...” Quoted in Dumas, *Santé et société à Montpellier*, 314–5.

¹³³ Chase, “Fevers, Poisons, and Apostemes,” 157–8.

diseases.”¹³⁴ For these writers, regardless of the category into which they situated the plague, the Black Death had brought together for the first time a particular and unique combination of poison, contagion, and apostemes that had reappeared in further outbreaks during the fourteenth century. If the Black Death was unique from all diseases that had preceded it, then all of the successive epidemics that resembled it were clearly outbreaks of the same unique disease.

Explaining the nature and cause of this particular disease, and defining what set it apart from all other diseases, then became an integral component of plague treatises. These analyses, in turn, created a natural chronology for the plague. Even when not specifically mentioned as such, the historical precedent for the later fourteenth-century outbreaks quickly became the Black Death itself as the characteristic plague bubo became the key link between the first outbreak and all those that followed.

The earliest tract writers most often did not explicitly discuss the bubo as a clinical symptom of the Black Death.¹³⁵ By the second generation of writers, however, they did. Guy de Chauliac provided a detailed clinical description of the Black Death— “apostemes and carbuncles and tumours” that were primarily located in the armpits and groin—before noting that the second appearance of the disease in the early 1360s was also characterised by “fevers, swellings, carbuncles, and tumours.”¹³⁶ This points to a clear and explicit recognition among tract writers that the second outbreak was the same disease as the first, since its primary symptoms were the same. This, in turn, allowed the writers to create a clear historical link between the first and

¹³⁴ Chase, “Fevers, Poisons, and Apostemes,” 157.

¹³⁵ In line with Arrizabalaga’s argument that the earliest tract writers provided scant clinical information, Carmichael’s analysis showed that only two of the six tracts that she examined from the time of the Black Death specifically mentioned buboes (tumors/apostema).

¹³⁶ “... *apostematibus et antracibus in exterioribus, potissime in subasellis et inguinibus...revenit ad nos mortalitas ... cum febris, bochiis, carbunculis, et antracibus ...*” De Chauliac, *Inventarium sive chirurgia magna*, 1:117–9. Carmichael has translated *antracibus* as anthrax pustules (“Universal and Particular,” 38), while Michael McVaugh translated it as tumours (in Edward Grant, *A Source Book in Medieval Science, Volume I* (Boston: Harvard University Press, 1974), 773). I have elected to go with the latter.

subsequent epidemics. The title of Jean de Tournemire's tract—*Prevention and cure of apostemic anthrax according to the Master Jean de Tournemire*—emphasised the importance of the bubo as an identifying characteristic of plague outbreaks, separating it from other types of epidemic disease.¹³⁷ Carmichael's close examination of Latin plague treatises demonstrated that seventy-eight percent of tracts written between (approximately) 1360 and 1400—that is, post-Black Death until the end of the century—comment explicitly on buboes located in specific places as a distinct feature of the plague. This differentiated it from any other kind of disease and, again, created a historical trajectory for it.¹³⁸

Plague tract writers continued to emphasise the plague bubo as one of the disease's characteristic symptoms in the following centuries; indeed, Carmichael has noted that “even long after the living memory of the Black Death had ceased, physicians [and hence tract authors] saw buboes as evidence of plague.”¹³⁹ This association of the bubo with the plague, and hence with the Black Death, allowed tract writers and others to maintain an implicit, unspoken historical chronology for the plague in all later treatises. Broad familiarity with the disease's symptoms and long historical memory of its appearances meant that the disease was understood to have been around for a long time. However, *explicit* plague histories ceased to be included in the tracts around the turn of the fifteenth century in part, perhaps, because discussion of the bubo made it unnecessary to explicitly mention historical cues.

¹³⁷ Dumas, *Santé et société à Montpellier*, 313.

¹³⁸ I thank Ann Carmichael for sharing her raw data with me; twenty-one of the twenty-seven Latin tracts that she identifies as having been written between the late 1350s and c.1400 include some type of comment on plague buboes, and note the site of these swellings as limited to the groin, armpit, and/or neck. Her analysis of the tracts up to 1500 is found in “Universal and Particular,” 37–9.

¹³⁹ Carmichael, “Universal and Particular,” 37.

Plague made non-historical: “In tyme of pestilens”

...þe first [chapiter] tellis how a mane sall kepe hym in tyme of pestilens þt he fall
nought in tyll þt yvell. — John of Burgundy, English adaptation, late 14th century¹⁴⁰

The fifteenth and sixteenth centuries in England and France were marked by “continuing and ubiquitous epidemics” of plague.¹⁴¹ A few authors continued to set their discussions of the plague into a historical context. An anonymous tract printed in Lyon in c.1505, for example, traced itself to doctors working in Avignon “during the time when the great epidemic reigned there.”¹⁴² In his discussion of the meaning and nature of epidemics, the late fifteenth-century Norman physician Thomas le Forestier recalled both a deadly “pestilential catahhr” in Montpellier in 1387 and England’s sweating sickness outbreak in 1485.¹⁴³ The French physician Oger Ferrier claimed to draw on the historical evidence provided by Herodotus to explain the plague’s causes.¹⁴⁴ However, as an English translation of John of Burgundy’s tract suggests, what was most important for readers by this time was knowing what dietary and lifestyle choices they should make to avoid becoming ill during an outbreak, not the plague’s history. Although writers continued to provide explanations of the plague’s causes, and to vigourously debate them, these next generations of treatise authors—and the copiers/adapters of older tracts—mostly stopped making (or sometimes removed pre-existing) direct references to either the Black Death or to previous epidemics. In other words, they addressed their audiences only in terms of a

¹⁴⁰ John of Burdeus, “No[ta] o[mn]ia ista,” Oxford, Bodleian Rawlinson MS A.429, (late 14th/early 15th century), f.85v.

¹⁴¹ Rawcliffe, *Urban Bodies*, 3.

¹⁴² “...composé de plusieurs docteurs et autres grans clers [sic] en medecine dedans Auignon ou temps que la grant pestillence y regnoit...” Anonymous, *Souverain Regime co[n]tre L’epidmye* (Lyon: Martin Havar, c.1501), 1.

¹⁴³ “Et a ce propos recite Dalescus de tarenta que en lan mil trois ce[nt]s iiii xx et vii. Il regna a monpellier ung tel catarre et reume pestilentiel q[ue] a grand peine il eschapa la dixiesme partie du peuple sans les enfa[n]s...Sembablement en lan mil quatre cens quatre vingts et cinq. En la cite de londres et pays denuiron Il commença...une telle fiebure pestilentielle et si furieuse que plusieurs mouraient soudainement...” Thomas le Forestier, *Le regime contre epidimie* (Rouen: Jacques le Forestier, 1495), A1v. According to Geneviève Dumas (personal correspondence, 17 December 2016), Montpellier’s urban chronicle makes no reference to an epidemic for the year 1387. However, there is a mortality episode noted in 1397, and city officials consulted with doctors to determine if it was the plague. The scribe, tract author, or printer may have mistaken that year for 1387.

¹⁴⁴ Oger Ferrier, *Remedes Preservatifs et cvratifs de peste* (Lyon: Jean de Tovrnes, 1548), 9.

current and problematic “tyme of pestilens.”

In many ways, this purposeful neglect of the plague’s history—or perhaps rather the relegation of its discussion deep into the background—accords with François Hartog’s argument that “the distance, and tension, between the space of experience” and the present dictates the sense of importance attached to past events.¹⁴⁵ Rosemary Horrox has noted that already in the later fourteenth century, chroniclers were writing increasingly brief entries about the outbreaks that followed the first large-scale recurrences. Unlike the longer, more descriptive entries that described the Black Death and the outbreaks that immediately followed it, accounts of later epidemics were typically cursory. Some mentioned nothing more than the fact that an outbreak had occurred, if they mentioned it at all. Henry Knighton, for example, who left behind one of the most detailed descriptions of the social and economic impacts of the Black Death in England, provided little mention of any outbreaks after the one in 1361, even though his chronicle covers the period up to 1396.¹⁴⁶ The later additions to the *Grandes Chroniques of France* likewise focussed almost entirely on matters of state, monarchy, and national identity, and especially on expressions of kingship, dynastic continuity and the creation of “royal myth.”¹⁴⁷ Here, post-Black Death plague outbreaks had little role to play as historical events worthy of sustained mention unless someone of a particularly high ranking status and relevant to the chronicle’s audience had died from the disease. Chronicles written in the fifteenth century tended to reflect their fourteenth-century predecessors: they highlighted the Black Death, numbered the ensuing two to four major epidemic outbreaks, and thereafter made fewer and fewer references to any but

¹⁴⁵ Hartog, *Regimes of Historicity*, 17.

¹⁴⁶ Martin, *Knighton's Chronicle*.

¹⁴⁷ Anne D. Hedeman, *The Royal Image: Illustrations of the Grandes Chroniques de France, 1274–1422* (Berkeley: University of California Press, 1991), 181; see also Daniel Woolf, “Historical Writing in Britain from the Late Middle Ages to the Eve of Enlightenment,” in *The Oxford History of Historical Writing: Volume 3 1400–1800*, ed. Masayuki Sato, Daniel Woolf, Edoardo Tortarolo, and José Rabasa (Oxford: Oxford University Press, 2012), 473–96.

the largest or most disruptive outbreaks that followed. It is possible that by the early fifteenth century, chroniclers “no longer felt that there was anything new to say...[since the disease] had become a familiar” part of life, as Horrox has suggested.¹⁴⁸ In other words, the plague was, by now, “[e]tched deeply into contemporary consciousness.”¹⁴⁹ It therefore formed a critical component of national and local historical memories in both France and England, but one that required little overt mention in the written histories.

As a now-regular visitor that reappeared multiple times each decade,¹⁵⁰ the plague became an event whose presence stretched back beyond living memory. The brevity of the chronicle entries perhaps had less to do with any lack of interest in or awareness of outbreaks, and more to do with “the fading attraction of that [particular] form of historical writing.”¹⁵¹ Certainly by this time, the monastic tradition of historiography in both France and England—one in which “a full account of general and local history [that] kept up fairly contemporarily with the events recorded”—was already in decline.¹⁵² Those institutions that did continue to produce chronicles past the early part of the fifteenth century tended to remark only on especially serious outbreaks.

¹⁴⁸ Horrox, *Black Death*, 15. Ann G. Carmichael also suggested that declining virulence may have caused chroniclers to talk about the repeated outbreaks “as though they were a more a nuisance than a serious threat...[as such, the epidemics] became peripheral to [more] important events...” Carmichael, *Plague and the Poor*, 62.

¹⁴⁹ Margaret Aston, “Death,” in *Fifteenth-Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994), 204.

¹⁵⁰ Carole Rawcliffe and George R. Keiser, for example, have noted large regional or national outbreaks in England in at least the years 1407, 1413, 1417–21, 1426–7, 1433–4, 1439–40, 1450, 1457–9, 1463–4, 1467, 1471, 1473, 1478–80, 1487, and 1499–1500. There were, in addition, numerous more localised outbreaks and a similarly long list of outbreaks in the sixteenth century. Rawcliffe, *Urban Bodies*, 364–71; George R. Keiser, “Two Medieval Plague Treatises and their Afterlife in Early Modern England,” *Journal of the History of Medicine and Allied Sciences* 58, no. 3 (July 2003): 302. For France, Biraben’s list suggests that in only three years during the fifteenth century (1403, 1419, and 1447) were there no reports of multiple/widespread plague outbreaks somewhere in the kingdom. Biraben, *Les hommes et la peste*, 1:378–81.

¹⁵¹ Horrox, *Black Death*, 15.

¹⁵² Gransden, *Historical Writing in England*, 342. Gransden provides a fairly comprehensive list of the English monastic annals that were produced between the late fourteenth and the mid-sixteenth century; the vast majority of them ended at or prior to King Henry VIII’s separation of the English church from the Roman Church in 1534 (through the Act of Supremacy) and his dissolution of monasteries and other religious houses over the following decade. *Historical Writing in England*, 412–3. In France, *Les Grandes Chroniques* of St. Denis came to an end by 1422. M.L. Bellaguet, trans. *Chronique du religieux de Saint-Denys, contenant le règne de Charles VI de 1380 à 1422* (Paris: Editions du Comité des travaux historiques et scientifiques, 1994).

The chronicle of the Grey Friars of London, for example, noted only three “grete pestelens” outbreaks for the fifteenth century: those of 1434, 1478, and 1500. Even these it mentioned in passing and in relation to some other event, such as a great frost, the deferral of term, or a dearth.¹⁵³ The mortality levels that accompanied each of these occurrences had become decidedly unnoteworthy. The secular chroniclers who ultimately replaced the institutional monastic writers continued to remark only on especially large or troublesome local epidemics, again where they mentioned them at all. The group of fifteenth-century secular works known collectively as “the London chronicles” focussed almost entirely on regal activity, battles, and legal and religious events of importance in and around the City of London; plague outbreaks are “widely recorded, although they are recorded less often” and in far less detail than other events. Mary-Rose McLaren’s analysis of eight separate London chronicles has shown that plague outbreaks were mentioned an average of less than five times per chronicle (high seven, low two) over the entire fifteenth century (representing an average frequency of 1.75% relative to other material in the chronicles).¹⁵⁴ A Parisian chronicle covering the years 1405 to 1449, however, did discuss some of the major outbreaks in that city: 1418, which it calls an epidemic crueller than anyone had seen or heard of before, 1421, and 1432–3.¹⁵⁵

Mark Ormrod has pointed to a further reason behind the “constant repetition of the laconic phrase ‘on account of the pestilence’” that was often used to explain the adjournment of government business or the movement of the court and parliament outside the City of London and Westminster in fifteenth-century English administrative records. Such phrasing, he argued,

¹⁵³ The chronicle also recorded the first outbreak of the sweating sickness in 1485. J.G. Nichols, ed. *Chronicle of the Grey Friars of London*, Camden Society Old Series Vol. 53 (London: Camden Society, 1852), 16, 22, 24, 26.

¹⁵⁴ Mary-Rose McLaren, *The London Chronicles of the Fifteenth Century: A Revolution in English Writing* (Cambridge: DS Brewer, 2002), 40, 236.

¹⁵⁵ “...la mortalité si tres cruelle... on ne avoit oncques veu ne ouy parler de mortalité qui fust si desvée.” Alexandre Tuetey, ed., *Journal d’un Bourgeois de Paris, 1405–1449* (Paris: H. Champion, 1881), 115. The chronicler also noted several other outbreaks, which the editor has suggested were smallpox but that appear in Biraben’s list during plague years.

should not be seen to represent official indifference to the regular outbreaks of disease; rather, it provided “a succinct rendering” of events that, while important, had little to do directly with “the records of the chancery and exchequer, the common law courts and parliament” that royal clerks sought to preserve.¹⁵⁶ As Ormrod noted, although the recurrent outbreaks still posed a challenge, much of England’s fifteenth-century population no longer perceived the plague as a catastrophic threat to either life in general or to the kingdom’s functioning. Instead, those working in public life in particular came to view the disease as little more than a temporary hazard and inconvenience. Sessions of parliament were regularly adjourned as a precautionary measure during outbreaks in London and Westminster, but only once, in 1439, did the parliamentary commons request that the time-honoured practice of kissing the king during homage rituals be suspended “now that a sickness called pestilence, [generally] common through this your realm [now] more commonly reigneth than hath been usual before this time.”¹⁵⁷ In France, too, the plague had become such a visible, prevalent, and distinctive feature of the “epidemiological landscape” in the fifteenth and sixteenth centuries that its existence had become little more than what Laurence Brockliss and Colin Jones have called a “banal reality.”¹⁵⁸ At this point, then, the frequency of the plague outbreaks was of more concern than its history; indeed, the very commonality of the plague meant that its history could almost be taken for granted. It was, in other words, rendered ahistorical.

It was in this context of ever-increasing familiarity with a regularly (and now frequently) recurring disease that plague tract writers adjusted their rhetoric about the plague’s temporality. Rather than continuing to talk about the plague as a disease that had a history—one that was

¹⁵⁶ W.M. Ormrod, “The Politics of Pestilence: Government in England after the Black Death,” in *The Black Death in England*, ed. W.M. Ormrod and P.G. Lindley (Stamford: Paul Watkins, 1996), 148.

¹⁵⁷ Quoted in Ormrod, “Politics of Pestilence,” 176.

¹⁵⁸ Brockliss and Jones, *Medical World*, 19.

historical—they began to distinguish what they called “tyme[s] of pestilens” from all other times. Some tract writers in the 1370s and 1380s, such as the papal physician Jean de Tournemire and an anonymous Parisian writer, had also situated their prophylactic advice for use “in times of epidemic,”¹⁵⁹ suggesting that even by then, familiarity with and acceptance of the plague as a near-constant event was already developing. These earlier authors used such phraseology, however, in the context of discussing outbreaks that they still presented as being both historically linked to the Black Death and part of a perceptible and traceable historical chain.

The turn of the fifteenth century, on the other hand, marks both a distinct shift away from this previous type of historical accounting and a change in the ways that tract authors spoke to the plague’s temporality. Most notably, specific references to earlier epidemics disappeared almost entirely from plague tracts. Carmichael has remarked, for example, that of the seventy-two Latin tracts that she studied, only one treatise written after 1400 made any mention of the mid-fourteenth-century pandemic.¹⁶⁰ In becoming “a fact of life,”¹⁶¹ the plague no longer required either deep theoretical thinking or long chronologies to be known. The connotation was that the disease had become a problem that was localised and regularised, and whose history was not relevant.

Adaptations made to John of Burgundy’s plague treatise in the late fourteenth century as it moved from Liège (or perhaps from France) to England provide a particularly unique and clear example of a deliberate shift in terminology about the plague’s temporal origins. In the older French version of the treatise, John commented directly, and sometimes at length, on the

¹⁵⁹ “*Et ergo audiendi non sunt medici pitagorici iubentes tempore pestilentiali fieri usum ceparum et aliarum rerum excessive calidarum.*” Von Tornamira “*Praeservatio et cura apostematum antrosonum pestilentialium,*” 50; “*Tempore pestilentiali vitentur loca et infirmi et non exeat tur de mane stomacho ieiuno.*” Anonymous, “Ein Regimen Epidemiae, angeblich aus Paris, 1383,” in Südhoff, “Pestschriften aus den ersten 150 Jahren nach der Epidemie des „schwarzen Todes“ 1348. III,” 54.

¹⁶⁰ Carmichael, “Universal and Particular,” 37.

¹⁶¹ Rosemary Horrox, “Introduction,” in Horrox, *Fifteenth-Century Attitudes*, 12.

plague's astrological and temporal origins, on the Black Death's left-behind traces and its subsequent and projected recurrences, and on the long line of medical authorities whose knowledge and experience had little to offer to contemporary understanding and treatment of this new disease. This version of the tract was largely supplanted in England by a shorter version that effectively removed all of these historical references. Omitted are all mentions of recently corrupted air, of the Black Death, of its relics or traces, and of the newly returned disease—all the factors that John had used in his original tract to establish the plague's history. The shorter tract also contains little explanation or categorisation of the disease itself. Instead, the Englished version concentrates almost entirely on prophylaxis and treatment, and advises its readers to be moderate in all things to avoid becoming ill “in tyme of pestilens” and “whene pestilens regnes.”¹⁶² The clear implication here is the tract's overt recognition that people were living through an era marked by recurrent epidemic outbreaks.

Throughout the fifteenth century and well into the sixteenth, this absence of historical timelining—and its replacement either by an anchor tied explicitly to the present or by temporal ambiguity—characterised plague tracts in both England and France. Thomas le Forestier's English treatise on the “sweating sickness” provides a good example of a tract that ties itself directly to a precise time without referring to anything that had come before.¹⁶³ Le Forestier, the Norman physician who was living in London at the time of the first outbreak of the disease in 1485, opens his tract with a dedication to the newly crowned King Henry VII because, he says, “thy hyghnes and thy grete power is vexed & trobled w[ith] dyv[er]s sykenysse.”¹⁶⁴ Throughout the tract, le Forestier referred to “this sykenesse” as if it was a current affliction; then, in the

¹⁶² John of Burdews, “No[ta] o[mn]ia ista,” f.85v.

¹⁶³ The “sweating sickness” was a new disease at this point and le Forestier acknowledged it as such. It would therefore not have had an historical precedent. However, since le Forestier cast his discussion of the disease in the framework of the plague treatise, and drew on many of the same explanations, I have included it here.

¹⁶⁴ Thomas le Forestier, “*Illustrissimo ac maximo p[ri]ncipi Henrico*,” British Library Additional MS 27582 (c.1485), f.70r.

explicit, he specified that he was speaking about “this illness that was reigning throughout the English kingdom for the first time in the year 1485.”¹⁶⁵ Although le Forestier clearly recognised this as another “new” disease, he made no effort to explore its novelty in terms of the more familiar plague, the causal explanations for which he nevertheless adopted wholesale.

Thomas Multon’s late fifteenth-century comprehensive rewrite of John of Burgundy’s tract opened with the assertion “Here bigynnes a trefy that is nedefull and necessarie ayenst the pestilens that *nowe is regnand*.”¹⁶⁶ The printed edition of the tract maintained Multon’s attempt to explain and provide remedies to mitigate the effects of “the vengeaunce and corrupcion of the pestylence *that nowe is reygnyng*.”¹⁶⁷ Some degree of temporal specificity can be ascertained through one minor yet telling adjustment that some of the later printers made to the text: replacing the term “Kynges liege people” with “Quenes liege people” during the reigns of England’s Queen Mary and Queen Elizabeth and again with “common liege-people” during the Commonwealth.¹⁶⁸ For the most part, however, the tract was largely ahistorical, its reference to a plague outbreak that ostensibly was affecting readers “nowe” remaining intact as the treatise was reissued repeatedly in at least fifteen different years.

The same emphasis on current or recent outbreaks can be seen in some other tracts in this era. Some authors used specific points in time to frame their discussions of the plague. Two copies of yet another adapted version of the John of Burgundy tract, for example, claimed to

¹⁶⁵ “*Notandum est quod ista infirmitas prius tempore regnavit per totum regnum Anglie in anno Domini MCCCCCLXXXV.*” Le Forestier, “*Illustrissimo ac maximo p[ri]ncipi Henrico*,” f.77r.

¹⁶⁶ Thomas Multon, “This trefy folowing fore the pestilence,” London, British Library Sloane MS 3489 (c.1475–99), f.44r. Emphasis added. Like many of his contemporaries, Multon continued to blame the plague outbreak on a Saturn–Jupiter conjunction; although he did not date the conjunction as earlier tract writers had done, Multon kept John of Burgundy’s assertion that the conjunction’s “malice and venym is yet reg[na]nt.” He also kept John’s claim to long experience dealing with the plague. Multon, “This trefy folowing,” ff.45r, 49v.

¹⁶⁷ Thomas Moulton, *This is the Myrour or Glasse of Helthe* (London: Robert Wyer, <1530). Emphasis added.

¹⁶⁸ Thomas Moulton, *This is the Myrour or Glasse of Helthe* (London: Thomas Colwell, c.1566), A7; Thomas Moulton, *The Compleat Bone-Setter* (London: by J.C. for Martha Harison, c.1656), B1. The reference to the commonwealth continued after the Restoration.

have been written in Oxford at the time of a plague outbreak there in 1407.¹⁶⁹ A c.1505 French prose tract claimed that “l’apostume” had been affecting many people badly for a century.¹⁷⁰ In the late 1540s, Jehan Guinter d’Andernach, a former royal physician and professor of medicine, provided a French version of an earlier Latin tract that he had written about the plague because “I see that the present time is heading towards the same problem.”¹⁷¹ Oger Ferrier sought to explain the particular causes of an outbreak in Lyon in 1548—an epidemic that he blamed on the Saturn–Jupiter–Mars conjunction of 1544 and a solar eclipse in November 1547.¹⁷² Jacques Guerin, a physician and surgeon in the Walloon city of Enghien, drew on his experience from a terrible outbreak in the region around Utrecht in 1558 to provide advice to others “in dangerous times.”¹⁷³ A tract written by an anonymous English “learned physition” in 1592 provided a catalogue of recipes and remedies suitable for “euery Housholder, to auoide the infection, lately begun” in the city of London.¹⁷⁴

Most other tracts in the fifteenth and first half of the sixteenth centuries offered little to no temporal parameters and, aside from the printers’ colophon indicating a location and date of printing, give no indication that they are speaking to an outbreak that took place at any particular point in time. The English adaptation of Johannes Jacobi’s tract that was attributed to the

¹⁶⁹ Matheson, “Médecin sans Frontières?” 27. Two copies of the tract are found in London, British Library Sloane MS 3285 (c.1406–07) and Cambridge, Cambridge University Library MS Ll.1.18 (late 15th century).

¹⁷⁰ “*Mais plus souuent en peult venir lapostume qui tellement en prent plusieurs qui fait venir de ce siecle tres durement plusieurs...*” Atila, *Traictie tresutile contre la peste* (Paris: Gaspard Philippe, c.1505), Aiiiii.

¹⁷¹ “*...la peste: qui lors ou peu au parauant regnoit bien forte en Lorraine...Et pour ce que ie veoy à l’oeil que le temps present tend à la mesme disposition...*” Jehan Guinter d’Andernach, *Instruction tresutile, par laquelle un chacun se pourra maintenir en santé tant au temps de peste comme en autre temps* (Argentine: au Pelican, 1547), 3–4.

¹⁷² “*Les causes de la Peste de l’An 1548: Le commencement de ceste Peste, procede d’une grande co[n]iunctio[n] de Saturne, Iupiter, & Mars, qui fut faite Lan 1544...depuis lequel temps ceste maladie s’est pourmenee çà & là...& ne s’est encore grandement arrestee en aucun lieu, pource que les effets des grandes coniunctons sont tardifs. Maintenant ladite influence est renouuelee par le terrible Ecluse du Soleil, fait ce dernier moys de Noue[m]bre 1547.* Ferrier, *Remedes Preservatifs et cvratifs*, 17.

¹⁷³ Jacques Guerin, *Traicte tresexcellent contenant la vraye maniere d’estre preserué de peste en temps dangereux* (Anvers: Christophle Plantin, 1567).

¹⁷⁴ Anonymous, *Present Remedies Against the Plague Shewing Sundrye Preseruatiues for the Same* (London: Iohn Danter, 1592), A1.

“Bisshop of Arusiens” opened with the temporally vague statement “Here after ensuith a little treatise very necessary & behouefull as well to preserve the people from the pestilence.”¹⁷⁵ The tract then commented that the plague “oftentimes infects us.” Nicolas Houssemain, a professor of medicine at the University of Angers, pointed to the plague’s temporal ubiquity by aiming to provide suitable remedies for “all the daily illnesses that affect the human body,” including the plague.¹⁷⁶ Thomas Phayer, an English physician, lawyer, and Member of Parliament, lamented “What disease is there in the world, so venemous in infectyng, so full of paine in suffryng, so hastye in deuouryng, and so difficile in curyng, as the plage is...[suffering] is dayly sene where the sayde dysease raygneth.”¹⁷⁷ Jean Thibault, a physician and astrologer to Holy Roman Emperor Charles V and French King François I, sought to understand how and why plague outbreaks return repeatedly.¹⁷⁸ Many more tracts were written to respond to readers’ needs at unspecified “tymes of pestilens” since the pestilence “dothe very often invade, trouble, and vex mens bodys.”¹⁷⁹ This is evidenced most obviously in the generic titles—“Remedies against the plague” or *Traicté tres utile contre la peste*—that appeared on many tracts in the fifteenth, sixteenth, and early seventeenth centuries.¹⁸⁰

This temporal impreciseness becomes even more obvious with the recognition that the same treatises were often recopied multiple times over long periods of time or went through many reprintings with little change from one outbreak to the next. In England, for example, copies and

¹⁷⁵ Bysshop and Doctor of Physick of Denmarke, *Here after ensuith a litle treatise* (London: Thomas Gybson, 1536), A1r.

¹⁷⁶ “Co[n]tena[n]t les remedes de medecine & cyrurgie co[n]tre toutes maladies suruena[n]tes quodia[n]neme[n]t es corps humains.” Nicolas de Houssemaine, *Ung regime singulier co[n]tre peste* (Lyon: Thibaud Payen, <1530), cover.

¹⁷⁷ Thomas Phayer, *The Kegiment of Life* (sic) *Wherunto is Added a Treatyse of the Pestilence, with the Booke of Children Newly Corrected and Enlarged by T. Phayer* (London: Edward Whitchurche, 1546), Liiiv–Liiiiv.

¹⁷⁸ “...co[n]gnoistre comme[n]t elles vienne[n]t & comment elles doibue[n]t retourner...” Jean Thibault, *Le thresor du remede* (Anvers: Martin Lempereur, 1531), A1.

¹⁷⁹ Thomas Paynel, *A Moche Profitable Treatise Against the Pestilence* (London: Thomas Berthelet, 1534), 1.

¹⁸⁰ A few random examples include Nicholas Bownd, *Medicines for the Plague* (London: Adam Islip, 1604); Le Forestier, *Le regime contre epidimie*; Nicolas de Houssemaine, *Ung regime singulier contre la peste* (Troyes: Jehan Lecoq, 1520); and Pierre André, *Traité de la peste et de cure d’icelle* (Poitiers, N. Logeroys, 1563).

adaptations of John of Burgundy's treatise dominated plague tract production and circulation in the fifteenth century, and more than half of the printed tracts in circulation before 1604 were reprints/editions of only three tracts.¹⁸¹ In France as well, editions of older tracts dominated the market into the early sixteenth century, although here there was a greater variety of tracts written by different authors.¹⁸² If one looks at tracts from the perspective of their readers, who sought useful and practical medical advice during outbreaks, it is clear that the lack of temporal specificity helped to make such advice appear timeless, rather than time bound.

Samuel Cohn has argued that the repeated epidemics of the fifteenth century forced tract writers to acknowledge "their plague was here to stay and would remain a fixture of Renaissance demography." This, in turn, created a "change in medical consciousness": a loss of the confidence that had, in the previous century, led the authors to openly dismiss the ancient authorities' ability to contribute much to modern plague treatments. Instead, faced with unremitting plague mortality, tract writers turned back to traditional authorities; indeed, "[m]ore than at any time since the Black Death, references to Greek and Latin authorities filled plague manuals of the last decades of the fifteenth and the early sixteenth century."¹⁸³ This return to long-standing remedies and therapeutic advice, however, had more to do with readers' demands for practical help "in times of pestilence" than with lack of medical confidence. Indeed, the titles of many English plague tracts contained the word "practical" to meet this very demand.

The catastrophic mortality of the Black Death and its subsequent epidemics familiarised contemporaries with the phenomenon of mass burials and generated a society-wide concern with

¹⁸¹ These were the "Bisshop Arusiens" adaptation of Johannes Jacobi's tract, a print edition of Thomas Multon's manuscript tract, and Thomas Phayer's translation and adaptation of a two decades old French tract. Lori Jones, "Exploring Concepts of Contagion and the Authority of Medical Treatises in 14th–16th Century England" (unpublished MA thesis: University of Ottawa, 2012), 112–113. Also Paul Slack, "Mirrors of Health and Treasure of Poor Men: The Uses of the Vernacular Medical Literature of Tudor England," in *Health, Medicine and Mortality in the Sixteenth Century*, ed. Charles Webster (Cambridge: Cambridge University Press, 1979), 237–74.

¹⁸² Coste *Représentations et comportements*, 45–9.

¹⁸³ Cohn Jr., *Cultures of Plague*, 13.

preparing for the possibility of sudden death.¹⁸⁴ Prayerbooks and plague saints enabled parishioners to seek deliverance and protection from plague and sudden death. Previously a topic of intense interest, “speculative areas of natural philosophy” lost ground to works on “practically-oriented medicine.”¹⁸⁵ Peter Murray Jones has noted that already by the early fifteenth century

attitudes to science both within university and court circles and, more importantly, outside those circles underwent significant change. Instead of regarding science as primarily a body of knowledge about nature[...]English men and women regarded science primarily as a source of written information which would help them achieve practical results in the world.¹⁸⁶

Since “written information came to be of increasing value...for practical purposes,”¹⁸⁷ there was a significant and concomitant increase in the production of practically-oriented texts that addressed scientific and medical subjects, including the treatises that provided everyday therapies and remedies to combat the plague. The more theoretical treatises that had appeared during the fourteenth century no longer met readers’ needs and expectations, especially as that readership itself expanded in response to rising literacy rates. Instead, the plague tracts of the fifteenth and early sixteenth centuries were to a large extent “practical manuals of traditional wisdom” written and printed to aid personal and public preservation and treatment as outbreaks unfolded.¹⁸⁸ Although the bubo continued to serve in many ways as a historical reminder of the plague’s now long temporal presence, practicality overrode historical conjecture.

Plague history re-emerged as a critical component of the tracts only in the later sixteenth century. The treatises’ practical therapeutic component remained intact, as did their ongoing debates about the causes of the disease. However, the structure of the tracts began to change:

¹⁸⁴ Aston, “Death,” 204–6.

¹⁸⁵ Peter Murray Jones, “Information and Science,” in Horrox, *Fifteenth-Century Attitudes*, 98.

¹⁸⁶ Jones, “Information and Science,” 100.

¹⁸⁷ Jones, “Information and Science,” 100.

¹⁸⁸ Carmichael, “Last Past Plague,” 158.

longer prefaces served to provide local geographical and historical context to the main body of the tracts, and the authors began to incorporate personal reflections on local outbreaks of the recent past to demonstrate more clearly to readers not only that they (the authors) had practical expertise to offer but also that their (the readers') current "tymes of pestelens" were part of a much longer historical narrative that needed to be acknowledged once again.

Plague re-historicised: "In the last heauy and greiuous time of the pestilence"

This place of Sedan is being rudely assailed by the plague for the second time... —
François de Courcelles, 1595¹⁸⁹

Reacting to the second plague outbreak to hit the Huguenot Principality of Sedan in a relatively short span of time, French Protestant physician François de Courcelles painted a dismal picture of a late sixteenth-century town surrounded and besieged by both pestilence and religious enemies.¹⁹⁰ For de Courcelles, Sedan's great distance from the sea and its lack of harmful "exposure to the south"—as well as its Godly provision of refuge for beleaguered French Protestants—should have protected it from repeated outbreaks of plague.¹⁹¹ Nevertheless, the city was once again at the mercy of the disease, and de Courcelles sought to do what he could to explain its nature and its causes and to provide recommendations for the most efficacious preservatives and therapies. In its explanations and recommendations, de Courcelles' tract echoed the contents and tone of other treatises of its time: since the plague had natural and supernatural causes, remedies must include an appropriate mix of spiritual and physical

¹⁸⁹ "...ce lieu de Sedan estant pour la seconde fois rudement assailli de peste..." François de Covrcelles, *Traite de la peste clair et tres-vtile* (Sedan: Abel Riuary, 1595), 2. The sub-heading quote comes from Anonymous, *Especiall Obseruations and Aprroved Physicall Rvles...* (London: B. Alsop and T. Fawcet, 1625), A1r.

¹⁹⁰ Biraben listed plague outbreaks in Sedan in 1578, 1580, 1596, 1597, and 1598. It is possible that 1596 is too late or that the outbreak had only just begun in 1595. Biraben, *Les hommes et la peste*, 384–5.

¹⁹¹ "...les lieux maritimes, ou exposez au Midi...c'est la seule raison...qu'il y a des lieux...qui sont plus suiets que les autres..." De Covrcelles, *Traite de la peste*, 34.

treatments. In its reflections on a previous outbreak in the same place, however, de Courcelles' work marked a new trend that was just re-appearing in early modern plague tracts: the situating of current outbreaks into an historical chronology, similar to the way that the later fourteenth-century authors had done to link the recurrent outbreaks that they faced with the Black Death.

Ann Carmichael has identified the emergence of a new feature in the Italian tracts of the later sixteenth and early seventeenth centuries: the interweaving of personal stories and histories into discussions about the origins, trajectories, and progression of local plague outbreaks.¹⁹² Samuel Cohn has likewise pointed to the sudden appearance in Italy of what he calls a "new genre of plague writing often called the *Successo della peste*;"¹⁹³ tracts of this "new genre" passed over the traditional explanations of what had caused the disease and focussed instead on chronicling and tracing the plague's pathways to and through affected cities. For Cohn, this abrupt addition to tract writing arose as a direct reaction to the pan-Italian outbreak of 1575–8. However, some of the earlier tract writers in other places had also incorporated personal vignettes to demonstrate their authority and experience in the matter of plague treatment, and many of the later fourteenth-century authors had discussed "their" outbreaks in the context of those that had preceded them. Even those fifteenth-century tracts that contained no explicit historical references were predicated on innate historical memories of and traditions around previous plague experiences. What was unmistakably different about the early modern treatises, though, was the "emergence [and incorporation] of *written histories* of local plagues" that served to add an individualised narrative—a kind of "imposed, literate memory"—to the tract genre.¹⁹⁴ Thus far unnoticed is that fact that the tract authors' particular focus on and naming of local plague outbreaks—not just in Italy but in England and France as well—emerged as a significant

¹⁹² Carmichael, "Last Past Plague," 158.

¹⁹³ Cohn Jr., *Cultures of Plague*, 6.

¹⁹⁴ Carmichael, "Last Past Plague," 133. Emphasis added.

new feature at this same time. Taken together, this individualisation of the plague tracts through place naming and the incorporation of first-person narratives are important markers that distinguish the medieval tracts from those of the early modern era.

Outside of the tract genre, the most obvious manifestations of this new type of localised plague history can be seen in various *Remembrancers* and in the weekly broadsheets that circulated in England during major plague outbreaks after the later sixteenth century. Sixteenth-century civic records also began to make specific references to previous outbreak years as the “tyme of the last plague of pestilence.”¹⁹⁵ The *Remembrancers* were a form of early modern annals; some provided chronological lists of major events—such as serious plague epidemics, coronations, political and religious conspiracies, and so on. Samuel Clarke’s seventeenth-century *Remembrancer*, for example, included the following heading for the year 1603: “A Great Plague began at *London*. Prince *Charles* created Duke of *Albany*, Marq. *Ormond*, &c.”¹⁹⁶ George Wither’s 1628 religiously poetic *Remembrancer* dealt specifically with the plague and its appearance as a reaction to the country’s sinful ways. In addition to castigating his fellow citizens, Withers had a historical purpose in mind: he dedicated his work “(for the glory of God) to Posteritie and to *These Times*.”¹⁹⁷

By the sixteenth and seventeenth centuries, it was customary in a number of English towns such as London, King’s Lynn, Norwich, and Yarmouth to post broadsides in public places that recorded the number of local deaths during plague outbreaks.¹⁹⁸ These broadsheets—which in London were commonly known as *Red-Crosses* or *Lord Have Mercy Upon Us* after the common banner phrases that appeared on them—were inexpensive, single printed sheets that provided

¹⁹⁵ Karen Jillings, “‘For the Safte and Preservatioun of the Toune’: Plague and the Poor in Early Modern Aberdeen,” (PhD diss., University of Aberdeen, 2006), 129 and *passim*.

¹⁹⁶ Samuel Clarke, *The Historian’s Guide, or, Britain’s Remembrancer...* (London: W. Crook, 1690).

¹⁹⁷ George Wither, *Britain’s Remembrancer, Containing a Narration of the Plague Lately Past...* (London: Iohn Grismond, 1628).

¹⁹⁸ Rawcliffe, *Urban Bodies*, 68.

basic prophylactic advice to address both spiritual and physical needs. In addition, they typically contained a variety of death-related images and religious verse or prose narratives about the causes and results of the plague.

These were not one-off productions: regularly updated editions provided visual, statistical evidence of each outbreak's historical evolution.¹⁹⁹ Mark S.R. Jenner's detailed study of London's broadsheets has revealed that successive copies of each broadsheet were largely identical, except that the death figures were updated weekly or quarterly. Printers did not expect people to continuously purchase updated versions of the same broadsheets, though, since most included blank spaces in which purchasers could write in their own updates and thereby "create their own quantitative chronicle of that year's affliction. Judging by the annotation of surviving copies, many did so."²⁰⁰ Much like the City of London's official bills of mortality that had enumerated weekly deaths by all causes and by parish since the early sixteenth century, these unofficial broadsheets used plague mortality statistics to generate local historical knowledge. In fact, the official and unofficial texts worked in tandem. As Jenner noted, the broadsheets "could thus be seen as privately published recensions of public authority, tacitly endorsed by the powers that be."²⁰¹ Readers of the bills and of the broadsheets could use the historical data to identify patterns in the way that plague deaths rose and fell at particular times of the year, and how those

¹⁹⁹ Mark S.R. Jenner, "Plague on a Page: Lord Have Mercy Upon Us in Early Modern London," *The Seventeenth Century* 27, no. 3 (2012): 255–86.

²⁰⁰ Jenner, "Plague on a Page," 264.

²⁰¹ Jenner, "Plague on a Page," 265. The City of London's weekly bills of mortality were made available to the public from the early 1560s; by the late 1620s, annual summaries also appeared. Systematic reporting of causes of death by locality began in Europe as a result of the recurrent plague epidemics, with Florence's civic burial registers and Milan's civic death registers being among the earliest, commencing in the late fourteenth and mid-fifteenth centuries, respectively. The veracity of the listed causes of death in many cases is, however, open to speculation since "[c]ause-of-death reporting emerged in relation to political [and religious] surveillance, rather than as a development within medical theory and practice." George C. Alter and Ann G. Carmichael, "Classifying the Dead: Toward a History of the Registration of Causes of Death," *Journal of the History of Medicine and Allied Sciences* 54, no. 2 (1999): 117. See also Ann G. Carmichael, "Registering Death and Causes of Death in Late Medieval Milan," in *Death in Medieval Europe: Death Scripted and Death Choreographed*, ed. Joëlle Rollo-Koster (London: Routledge, 2017), 209–36. I thank Ann for sharing a pre-publication copy of her chapter with me.

patterns remained consistent or changed from one year or outbreak to another.²⁰² One of the consequences of the concurrent official and unofficial collection and distribution of data in the sixteenth and seventeenth centuries was an increased interest in, and ability to create, a history for the plague in particular localities at particular points in time.

In London and elsewhere, many of the broadsheets also provided annual death numbers from previous epidemic years. *Londons Lord Have Mercy Upon Us* printed by Thomas Lambert in 1636 included weekly mortality statistics for the years 1592–3, 1603, 1625, and 1636.²⁰³ Most others did the same, with the cumulative enumeration of plague deaths, both past and present, providing a quantified history of the plague in London that stretched back almost half a century. This, in turn, allowed London's various plague outbreaks to "be tracked through time, measured and compared."²⁰⁴

By the mid-seventeenth century, men such as John Graunt were doing exactly that. Graunt published several works that compared, contrasted, and analysed the "four greatest plagues in London...within this generation, or one hundred years."²⁰⁵ Using the bills of mortality statistics and other contemporary sources to assess the relative devastation of the outbreaks of 1592, 1603, 1625, and 1636—and to set the then-current outbreak of 1665 into a longer context—Graunt determined that although the total number of deaths was higher in 1625 (which he said in another book "was ever since called *The Great Plague*"²⁰⁶), the epidemic of 1603 was actually worse because a higher proportion of people died from plague than from other causes. Other

²⁰² Will Slauter, "Write Up Your Dead: The Bills of Mortality and the London Plague of 1665," *Media History* 17, no. 1 (2011): 5.

²⁰³ Jenner, "Plague on a Page," 258.

²⁰⁴ Jenner, "Plague on a Page," 256.

²⁰⁵ John Graunt, *Reflections on the Weekly Bills of Mortality for the cities of London and Westminster...* (London: Samuel Speed, 1665), 1–2. See also John Graunt, *Natural and Political Observations, Mentioned in a Following Index, Upon the Bills of Mortality...* (London: Thomas Roycroft, 1662).

²⁰⁶ John Graunt, *London's Dreadful Visitation: Or, A Collection of all the Bills of Mortality for the Present Year...* (London: E. Cotes, 1665), A2.

contemporary commentaries on the weekly bills of mortality also provided detailed examinations of the number of plague deaths from the 1590s to 1665.²⁰⁷

In some French cities, parish registers were also produced after the mid-sixteenth century containing information about the places affected by plague. During a plague outbreak in Rouen and its suburbs in 1668–9, for example, magistrates published weekly statistical bulletins that listed plague deaths by parish for public use and information.²⁰⁸ Detailed reports on plague deaths by neighbourhood and by house appeared in Dunkerque and Gravelines in 1666.²⁰⁹ Such registers were not generally disseminated, though, as they were in England, nor were they widely and systematically produced before the eighteenth century.

Later sixteenth-century plague tract writers did not typically—or at least did not obviously—rely on or refer to the weekly or annual statistics that such broadsheets and bills of mortality provided. Nevertheless, they too started to note local and regional historical outbreaks by drawing on a blend of personal, community, and social memories. Most obviously, they dated the outbreaks about which they wrote, either as they experienced them or shortly thereafter. Such dates appeared especially in French tracts' titles, in the texts themselves, or in both places. In England, the dates of previous outbreaks were more often alluded to than explicitly stated (outside of the date of print found on the title page): an anonymous tract printed in 1625, for example, provided remedies and recommendations “whiche haue (heretofore) beene well Tryed and Experienced, *in the last heauy and greiuous time of the Pestilence....*”²¹⁰ Some authors, again

²⁰⁷ Anonymous, *The Weekly Bill of Mortality: With a Lamentable Relation of Many Visitations by the Plague in Times Past* (London: Tho. Milbourn, 1665); John Bell, *London's Remembrancer: Or a True Account of Every Particular Weeks Christenings and Mortality in All the Years of Pestilence within the Cognizance of the Bills of Mortality* (London: E. Cates, 1665).

²⁰⁸ G. Panel, *Trois Opuscules sur la Peste de Rouen de 1668* (Rouen: Imprimerie Léon, 1911). The bulletins also noted the occupations of those killed by the plague.

²⁰⁹ Jacques Revel, “Autour d’une épidémie ancienne: la peste de 1666–1670,” *Revue d'histoire moderne et contemporaine* 17, no. 4 (1970): 979.

²¹⁰ Anonymous, *Especiall Obseruations*, A1r. Emphasis added.

more commonly French than English before the mid-seventeenth century, also provided a timeline for local outbreaks, tracing the disease's progress both temporally and geographically as it moved toward and then through their towns.

Some writers compared or linked current outbreaks to recently past ones that were part of their personal memories or what historian Daniel Woolf has called “the medium-term past”—the lived experiences of older contemporaries.²¹¹ English clergyman and medical writer Thomas Brasbridge opened the second edition of his tract by recounting his childhood experiences with the plague and his later encounters with the disease in Oxford and London. He then contrasted those memories to observations of the outbreak in 1578 that had inspired him to write his treatise; although the second edition of his tract appeared at a time when the plague was not presently reigning, he said, its remedies would nevertheless be useful since they were meant “to keepe away that which may come.”²¹² Claude de Rubys, a Lyonnais *échevin*, recalled a time from his Padua university days in 1555 when a foreign man was throttled after being accused of purposely spreading the plague. For de Rubys, this was but a precursor to the violence that he witnessed (and indeed called for) in his own city in 1564 and again in 1577.²¹³ Laurent Joubert, Chancellor of the University of Montpellier, made reference to an outbreak in Lyon in 1564 in his tract a decade later to demonstrate how the plague could erupt in a single house before spreading through an entire town.²¹⁴ While discussing the pending arrival of the plague in Tours in 1581 and tracking its advance from Paris, physician Nicolas de Nancel anticipated that the devastation caused by the “evil beast” would be like that experienced by others some fifteen or

²¹¹ Woolf, “Memory and Historical Culture,” 296.

²¹² Thomas Brasbridge, *Poore Man's Jewell* (London: George Bishop, 1592), A3r. The first edition of Brasbridge's tract was printed in 1578.

²¹³ “...ie me souuiens que en l'an 1555. estant lors ieune escolier à Padouë, ie vis pe[n]dre & estrangler vn medecin Espagnol, & quelques vns...[parce qu'ils] infectoient ledittes maisons avec certains emplastres...” Claude de Rubys, *Discours sur la contagion de peste qui a esté ceste presente annee en la ville de Lyon* (Lyon: Jean d'Ogerolles, 1577), 9.

²¹⁴ Laurent Joubert, *Traitté de la peste*, trans. Guillaume des Innocens (Lyon: Jean Lertout, 1581), 11.

sixteen years before in the city of Trent.²¹⁵ In a tract written in 1583, Antoine Royet, a health commissioner in Lyon, reflected on the personal administrative experience that he had gained managing a “great strange and frightening” outbreak in that city in 1564.²¹⁶

This trend towards creating a plague history is more evident for tracts written in the seventeenth and eighteenth centuries, when placing current outbreaks into a short historical timeline and tracing the progress of local epidemics became an integral part of ongoing efforts to explain just what this disease called the plague was and how it should be managed. Francis Herring, a Fellow of College of Physicians in London, had his treatise—“First published for the behoofe of the City of *London*, in the last visitation, 1603”—duly reprinted in 1625 with updates based on what he had observed during the earlier outbreak.²¹⁷ As he pointed to sin as the cause of the plague, medical writer and irregular practitioner Thomas Thayre remarked in 1603 that “it is not yet ten yeares since this Citie of *London* was visited and afflicted with this sicknesse.”²¹⁸ The London physician William Kemp drew information from older plague tracts and from historical narratives to argue against the practice of shutting up infected households. Everyone should know, he said, that during “last great *Sickness* [in] 1625 the people went promiscuously one among another, and the Houses were quickly fill’d with Inhabitants, and fresh comers out of the Country, and yet no new *Infection* followed.”²¹⁹ He also repeated the warnings made by sixteenth-century Italian writers Girolomo Fracastoro and Alexander Benedictus about the

²¹⁵ “*La peste...est comme vne mauuaise beste, qui en tue plusieurs; et souue[n]t par sa cruauté, estra[n]gle & aneantit toute vne ville & cité. Ce qui a esté veu depuis quinze ou seize ans ença, d’une noble & fameuse ville, limitrophe, appelee Trente...*” Nicolas de Nancel, *Discours tresample de la Peste* (Paris: Denis du Val, 1581), 13–4.

²¹⁶ “*Durant la gra[n]de estra[n]ge et effrayable peste qui aduint à Lyo[n] en l’a[n]ne 1564...*” Antoine Royet, *Excellent traicte de la peste* (Lyon: Iean Durant, 1583), i.

²¹⁷ Francis Herring, *Certaine Rules, Directions or Advertisements for This Time of Pestilentiall Contagion* (London: William Iones, 1625), 1.

²¹⁸ Thomas Thayre, *An Excellent and Best Approoued Treatise of the Plague* (London: N. Oakes, 1603), B2.

²¹⁹ Kemp, *Brief Treatise*, 39. Another tract also made reference to the same practices in 1625: Anonymous, *The Shutting Up Infected Houses as It is Practised in England Soberly Debated...* (London: n.p., 1665), 7.

dangers posed by stealing used clothing and bed linens during plague outbreaks.²²⁰ Astrologer John Gadbury provided specific astrological explanations for each of the major outbreaks of plague in London between 1527 and 1665, purposely omitting, he said, “an infinitie of instances” of minor occurrences that had also occurred over that same period of time.²²¹ Joseph Browne’s early eighteenth-century treatise drew on the “Rules and Methods” of physicians from the previous century—“the Product of the most learned Physicians of the Age they lived in”—to discuss and explain the outbreaks of disease in England over the past one hundred years. In a particularly interesting example of the use of historical memory to engage in debate about the nature of the plague, Browne repackaged the observations and conclusions of tract writers and physicians from the time of Kings James I, Charles I, and Charles II to refute some of the arguments made by his contemporary, the well-known Dr. Richard Mead.²²²

By the time that London’s last great outbreak of plague erupted in 1665, some English plague tracts reflected their authors’ new historical interests. Writing in 1666, the apothecary and general practitioner William Boghurst called his tract *An Experimentall Relation of the Plague, of What Hath Happened Remarkable in the Last Plague in the City of London*. Boghurst claimed to have “collected a few scattered observations during my practise upon the Plague” in order to provide a proper account of its progress and its history, since those writing in the midst of the outbreak could offer no such retrospective accounting of it.²²³ George Thomson, a physician and pamphleteer, dedicated part of his tract to revealing the discovered truth behind “An historical

²²⁰ Kemp, *Brief Treatise*, 39.

²²¹ John Gadbury, *London’s Deliverance Predicted: In a Short Discourse Showing Causes of Plague in General...* (London: J. C. for E. Calvert, 1665), 7–14.

²²² Joseph Browne, *A Practical Treatise of the Plague and All Pestilential Infections that have Happen’d in this Island for the Last Century...* 2nd ed. (London: for J. Wilcox, 1720).

²²³ William Boghurst, “Loimographia: Or an Experimentall Relation of the Plague, of What Hath Happened Remarkable in the Last Plague in the City of London,” London, British Library *Sloane MS 349* (1666), published as *Loimographia: An Account of the Great Plague of London in the Year 1665*, ed. Joseph Frank Payne (London: Shaw and Sons for the Epidemiological Society of London, 1894). Boghurst’s original tract remained in manuscript until it was transcribed and printed in 1894.

account of the dissections of a pestilential body by the author,” the corpse in question being one of Thomson’s patients who had died during the outbreak.²²⁴ One of the best-known mid-seventeenth-century plague tract writers, Nathaniel Hodges, provided a step-by-step account of the initial outbreak and subsequent spread of the disease through Westminster and London. Although he did not refer specifically to previous outbreaks, Hodges commented on “Remembrances of a former Pestilence” and a certain “received Notion amongst the common People, that the Plague visited *England* once in Twenty Years.”²²⁵

English tracts addressing the plague outbreak in Marseille in the early 1720s typically described the disease’s similarities to “the late Plague at London” in 1665 and to the outbreaks that had afflicted England since the late sixteenth century.²²⁶ The more than half-century absence of large plague outbreaks from England by that time meant that the disease was indeed no more than a historical memory for the eighteenth-century authors.²²⁷ Lack of direct experience with or personal memory of the plague, however, did little to lessen the fear that the Marseille outbreak generated. English writers and printers responded with a flurry of new treatises. Most were marketed as historical “accounts” of that epidemic, in the sense of linking them to the local epidemics of past days that formed part of English readers’ social memory. The tract of Richard Bradley, a naturalist and botanist, included “some Observations taken from an Original Manuscript of a Graduate Physician, who resided in London during the whole Time of the late

²²⁴ George Thomson, *Loimotomia, or the Pest Anatomized* (London: Nath. Crouch, 1666), 69.

²²⁵ Nathaniel Hodges, *Loimologia, or an Historical Account of the Plague in London in 1665* (London: E. Bell, 1720), B2. The tract was originally published in Latin: Nathaniel Hodges, *Loimologia, sive Pestis nuperae apud Populum Londinensem grassantis Narratio Historica* (London: Gul. Godbid, 1672).

²²⁶ Richard Bradley, *The Plague at Marseilles Consider’d* (London: for W. Mears, 1721), B3. See also Anonymous, *The Late Dreadful Plague at Marseilles Compared with that Terrible Plague in London in the Year 1665* (London: H. Parker, 1721); Anonymous, *A Succinct Account of the Plague at Marseilles* (London: for S. Buckley, 1721).

²²⁷ Since the seasonal pattern of mortality typically associated with plague continued into the early 1700s in England, claims that plague vanished completely after 1665 should be treated with caution. See Neil Cummins, Morgan Kelly, and Cormac Ó Gráda, “Living Standards and Plague in London, 1560–1665,” *Social Science Research Network* (July 3, 2013). Available at SSRN: <http://ssrn.com/abstract=2289094>.

Plague, *Anno* 1665.”²²⁸ Bradley turned part of his treatise into a short history of epidemics in London, with the year 1665 being “the Last Time that we can say the Plague raged in *London*.” He noted the crowded and dismal state of the city at the time, and remarked on the Bills of Mortality. For Bradley, these Bills revealed weekly death tolls from the disease in previous years, and allowed readers to see that plague mortality increased noticeably in the summer months. They also, he said, “serve at the same time as a Memorandum to the Curious.”²²⁹ Other tract writers like Richard Mead, the English physician and advisor to the government on matters related to plague prevention and control, argued for the implementation of preventative measures that “are very different from the Methods taken in former Times among Us,” since newer approaches were more “agreable to Reason.”²³⁰ The implication here, of course, was that the measures historically enacted during outbreaks of plague were insufficient. One printer even took the initiative to repackage older plague tracts and municipal orders and sell them as a combination of “scarce” historical artefacts and useful medical information.²³¹

A much more obvious pattern of plague history writing can be seen in the French tracts. Unlike the English tracts whose titles typically remained generic—focused on providing remedies for “tymes of pestilens” even where the contents, or at least the prefaces, helped to tie the tracts to specific outbreaks—by the late sixteenth and early seventeenth centuries the titles of some French treatises specifically noted the date of the epidemic that inspired their writing. Claude de Rubys’s tract reflected on the epidemic in Lyon in 1577. Municipal physician Guillaume Briet wrote in response to a late sixteenth-century outbreak in Bordeaux. Jacques Moine and Durand de Montlauseur, physicians in Issoudun and Villefranche-de-Rouergue,

²²⁸ Bradley, *Plague at Marseilles Consider’d*, A1.

²²⁹ Bradley, *Plague at Marseilles Consider’d*, 12–13.

²³⁰ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods to be Used to Prevent It*, (London: Sam. Buckley and Ralph Smith, 1720), A3.

²³¹ *A Collection of Very Valuable and Scarce Pieces Relating to the Last Plague in the Year 1665* (London: J. Roberts, 1721).

respectively, provided advice for the “contagious times” of 1628–9. Pierre Rainssant did the same for an outbreak forty years later in Rheims.²³²

Other tract authors put their current outbreak into a slightly longer historical context. Guillaume Potel’s treatise of 1623 provided an accounting of four separate Parisian plague outbreaks, along with a pointed complaint that barber-surgeons such as himself had been treating the city’s plague patients “since 1596 until now without pay,” unlike surgeons elsewhere in France who had all been duly and regularly compensated for their work.²³³ The remedies that he proposed, Potel said, can be verified by their successful use in previous outbreaks and their promotion by tract writers over the past fifty years. A few years later when reporting on the plague outbreak in Lyon in 1628–9, the Jesuit writer Jean Grillot reflected on the time sixty years earlier when France had been “extremely afflicted by the plague.”²³⁴ G. Chevalier argued that having “possessed perfect health” for about forty years, the Lyonnais had forgotten the terrors of the plague outbreak that they had suffered in the 1580s before it returned again to afflict them in the late 1620s and several more times in the 1630s.²³⁵ This lack of historical memory, he lamented, had left them totally unprepared to deal with the disease.

As the outbreak in Marseille got underway, French writers assumed that the plague was “a disease that the whole world should know well enough” because of its long presence and

²³² De Rubys, *Discours sur la contagion*; Guillaume Briet, *Discours sur les causes de la peste survenue a Bourdeaux, cest an 1599 avec la preservation & curation d’icelle* (Bordeaux: Millanges, 1599); Jacques Moine, *Avis sur ce temps contagieux* (Paris: S. Chapelet, 1629); Durand de Montlauseur, *Manifeste de ce qui s’est passé en la maladie de peste à Ville-franche de Rourgue...* (Toulouse: R. Colomiez, 1629); Pierre Rainssant, *Avis povr se préserver et povr se gverir de la peste de cette année 1668* (Reims: Jean Multeau, 1668).

²³³ “...depuis l’an cinq cens quatre vingt seize, iusque à present sans aucune recompense, chose estrange veu qu’il ny a ville en vostre Royaume où les chirurgiens ne soient gag[n]ez annuellement & perpetuellement pour ce sujet, excepté votre ville de Paris...” Guillaume Potel, *Traicté de la peste advenue en ceste ville de Paris, l’an mil, 1596, 1606, 1619 et 1623, avec les remèdes* (Paris: Nicolas Callemont, 1624), 4.

²³⁴ “...il y a près de soixante ans, en vn temps que la France fut extremement affligée de peste.” P. Iean Grillot, *Lyon affligé de contagion, ou narré de ce qvi s’est passé de plvs memorable en ceste Ville, depuis le mois d’Aoust de l’an 1628 iusques au mois d’Octobre de l’an 1629* (Lyon: François de la Bottiere, 1629), 15.

²³⁵ “...cette Ville, apres avoir possédé vne parfaite santé pour le regard de la maladie contagieuse, l’espace de quarante années ou environ; ayant oublié l’affliction receuë depuis les années 1581. iusques en l’année 1587...” G. Chevalier, *L’ordre pvblic povr la ville de Lyon, pendant maladie contagieuse* (Lyon, Antoine Valançol, 1670), 1.

widespread familiarity.²³⁶ Even so, Johann Boecker, a medical professor at the University of Strasbourg who recalled being taught about the disease while he was a medical student in Montpellier between 1688 and 1691, contended that his training and knowledge was based only on presumptions since his “professors had never actually seen the plague.”²³⁷ Some authors, like the Abbé Martin Gaudereau, claimed to have had long experience with plague outbreaks in other parts of the world, while many others drew from what earlier authors had written to make links between historical outbreaks and the present.²³⁸ Jean-Baptiste Bertrand claimed to provide an “historical account of everything that happened” during the outbreak, including details of how the disease had been introduced into the city. Much like Hodges had done in London in the previous century, Bertrand charted the progress of the Marseille plague outbreak from one quarter to another, delineated distinct phases of the epidemic, and then provided a detailed commentary on previous outbreaks as points of comparison. The 1720 outbreak, Bertrand concluded, was the twentieth outbreak in Marseille and the worst that the city had ever seen. More than the majority of other plague treatises, Bertrand’s work provided a true historical accounting of the plague and its various outbreaks in one particular location.²³⁹

In each of these cases, and in other similar tracts in England and France, the authors made a point of referring to the specific outbreak that their text addressed, and then examining its

²³⁶ “*La Peste qui ravage la Ville de Marseille, est un Contagion que tout le monde doit assez connoître par ses tristes effects.*” Jean-Baptiste-Nicolas Boyer, *Dissertation abrégée sur la maladie de Marseille* (Toulon: Louis Mallard, 1720), 3.

²³⁷ “*C’est la doctrine qu’on nous a enseignée à Montpellier en 1688. 1689. 1690. & 1691. pendant que j’y faisois mes études...Mais cette doctrine n’étoit fondée que sur la simple presumption, Mrs. les Professeurs de ce tems là n’ayant jamais vû de Peste.*” Johann Boecler, *Recueil des observations qui ont étéées faites sur la maladie de Marseille* (Strasbourg: Jean Regnauld Doulssecker, 1721), 15.

²³⁸ Martin Gaudereau, *Relation des différentes especes de peste que reconnaissent les Orientaux* (Paris: Jacques Quillau, 1721), 11–12; Jean-Jacques Manget, *Traité de la peste et des moyens de s’en préserver...* (Lyon: Bruyset frères, 1722), 39; François Chicoyneau, François Verny, et Jean Soulier, *Observations et reflexions...* (Toulouse: Claude-Gilles Lecamus, 1720); Pierre Baux, *Traité de la peste* (Toulouse: Jean Guillemette, 1722), 15–17; Jérôme Jean Pestalozzi, *Avis de precaution contre la maladie contagieuse de Marseille* (Lyon: Frères Bruyset, 1721).

²³⁹ “*...nous pouvons dire, qu’il n’en a jamais donné l’exemple si terrible que celui que nous venons de voir dans la peste a desolé la ville de Marseille en 1720.*” Jean-Baptiste Bertrand, *Relation historique de tout ce qui s’est passé à Marseille pendant la dernière peste* (Cologne: Pierre Marteau, 1723), 8.

relationship to different epidemics from the recent past. This type of direct historical comparison between one outbreak and earlier ones had been largely absent from the tract genre for more than a century and a half, when the Black Death itself had been the primary point of reference.

Samuel Cohn has argued that the particularly devastating Italian outbreak in 1575–8—the first to which contemporaries referred as a “pan-Italian phenomenon”—“created a more significant caesura in mentality and plague literature” than ever before and “sparked almost simultaneously a new trend in plague writing...[that] broke with previous academic plague discourse.”²⁴⁰ It was only during and because of this outbreak, he contended, that Italian tract writers began to track local outbreaks with meticulous chronological and geographical detail as the plague spread through various towns and regions in succession.²⁴¹ The timing of the Italian epidemic coincides with the observable shifts noted above, particularly in the French authors’ use of history as a backdrop to discussions of the temporal spread of current outbreaks. Cohn’s work focused almost exclusively on Italy, however, and as such it glosses over the fact that this change in plague tract writing was actually part of a much broader phenomenon. Cohn argued, in fact, that changes in Italian “medical mentality” were “exported beyond the Alps” only after 1583;²⁴² the earlier incorporation of historical narratives into French tracts belies that point.

Already by the earlier sixteenth century, there was growing awareness in both England and France that socio-economic, political, and religious changes were “extending beyond the normal range of mutability in human affairs.”²⁴³ These changes were not only significant in and of themselves, but they were also believed to be negatively affecting the “just ordering of affairs”

²⁴⁰ Cohn Jr., *Cultures of Plague*, 18–19, 97.

²⁴¹ Cohn Jr., *Cultures of Plague*, 98–100.

²⁴² Cohn Jr., *Cultures of Plague*, 259.

²⁴³ Keith Wrightson, *Earthly Necessities: Economic Lives in Early Modern Britain* (New Haven: Yale University Press, 2000), 3. Contemporary writers commenting on economic and social change in the sixteenth century include Sir Thomas More (*Utopia*, 1515–6), Sir Thomas Smith (*Discourse of the Common Weal of the realm of England*, 1549), and William Harrison (*Description of England*, 1577).

and to be causing a “fraying of customary expectations.”²⁴⁴ Within fifty years, recognition of the immediate problems of economic and social change led to a sense of longer-term historical change.²⁴⁵ Before the 1600s, there was a common sense that “the present state of the designs and studies of mankind is so very different from what it was 150 years ago.”²⁴⁶

This tendency to notice, remark on, and write about these kinds of changes reflected the spread of humanism, which Nancy Siraisi has argued provoked a transformation in medical knowledge and greater scholarly and professional enthusiasm for history and antiquarianism. It furthermore led to the increasing engagement of medical practitioners in the production of historical writing. Medical writing as a whole changed, along with all other learned disciplines that were influenced by the rise of humanist methodologies and approaches. It is true that Italian medical knowledge in many ways provided an influential model for other European countries, and that Italy was the “cradle of humanism.”²⁴⁷ However, authors across Europe began to give greater emphasis to description and narrative in medical texts of all kinds, alongside empirical investigation and greater consideration of material evidence.²⁴⁸ For some plague tracts, this meant the increased integration of descriptive and historical narratives to frame current local epidemics into a broader context. As Carmichael’s work has shown, it also meant deliberately creating “powerful official histor[ies] about the nature of the plague” in the places where tract authors wrote.²⁴⁹

Some tract writers went so far as to incorporate references to other historical events into

²⁴⁴ Wrightson, *Earthly Necessities*, 3.

²⁴⁵ Phil Withington, *Society in Early Modern England: The Vernacular Origins of Some Powerful Ideas* (Cambridge: Polity, 2010).

²⁴⁶ William Wotton, *Reflections upon Ancient and Modern Learning* (1641), 1, quoted in Alan Houston and Steve Pincus, “Introduction: Modernity and Later-Seventeenth-Century England,” in *A Nation Transformed: England after the Restoration*, ed. Alan Houston and Steve Pincus (Cambridge: Cambridge University Press, 2001), 3.

²⁴⁷ Sandra Cavallo and Tessa Storey, *Healthy Living in Late Renaissance Italy* (Oxford: Oxford University Press, 2013), 8.

²⁴⁸ Siraisi, *History, Medicine, Traditions*, vii.

²⁴⁹ Carmichael, “Last Past Plague,” 158.

their treatises to place an outbreak into a particular context: Jacques Aubert, Nicolas Houël, and Guillaume Briet, for example, each claimed that an underlying factor of epidemics in Lausanne, Paris, and Bordeaux, respectively, was the tumult generated by the kingdom's civil and religious wars.²⁵⁰ In 1665, William Kemp likened the plague to “an Enemy which the Undaunted Valour of the Invincible English Nation, is neither able nor willing to encounter;”²⁵¹ here, Kemp suggested that despite English victories in the Anglo-Spanish Wars and the first Anglo-Dutch War, as well as its ability to survive its own recent destructive civil war, it was still incapable of forestalling the plague, its greatest enemy. In an era in which there appeared to be a growing and uncomfortable sense of changing times, it is not surprising that tract writers linked together disparate events of an unsettled present and past.

The historical commentary incorporated into the tracts did not just focus on the near past, however. The creation of a longer-term history for the plague also started to reappear during the last quarter of the sixteenth century. The rediscovery of and new access to centuries-old texts that had long remained unknown or little used in the West—including many Ancient Greek and Byzantine sources—opened tract writers to the realisation that the disease that they faced was not simply a product of their own recent times. References to greater numbers of—and more detailed—Biblical analogies also appeared in the tracts. Thomas Brasbridge argued, for example, that it was important to take notice of the pestilences that befell the Israelites, since such things “are written for our learning...as an example to us...lest their plagues fall upon us.”²⁵² More importantly for the discussion here, tract authors began to draw heavily from ancient literary sources such as Homer, Aristotle, Plato, Thucydides, Livy, as well as late medieval writers, such

²⁵⁰ Jacques Aubert, *Traite contenant les causes, la curation, & preservation de la peste* (Lausanne: Jean le Prev, 1571), 5; Nicolas Houël, *Traité de la peste, auquel est amplement discoursu de l'origine, cause, signes, preservation et curation d'icelle* (Paris: Galiot du Pré, 1573), 4; Briet, *Discours sur les causes de la peste*, 10.

²⁵¹ Kemp, *Brief Treatise*, Aii.

²⁵² Brasbridge, *Poore Man's Jewell*, A5v.

as Giovanni Boccaccio and Matteo Villani. In doing so, they began the process of creating a longer chronology and history for the plague, one that established a direct linear connection between the current outbreaks that they faced, the Black Death, and even the First Pandemic. This new history also initiated another line of thinking about the foreign origins of the plague, both past and present. Together, these two changes in temporal thinking about the plague ultimately informed and shaped early modern notions of the disease.

Tracing and temporalising the plague

The art of history: “It’s probable no age ever saw the like”

Whoever writes with any tolerable Success upon the *Plague*, must found his Opinions upon the Observations and Experience of his Predecessors; for they alone are able to inform us... — Richard Brookes, 1721²⁵³

In 1721, English physician Richard Brookes produced a plague tract whose purpose, alongside dispensing advice for appropriate treatments and prophylactics, was to provide readers with a succinct history of all the major epidemics that had happened in Europe over the previous three hundred years. This history Brookes brought together from a “Variety of Books...which before were scattered here and there.”²⁵⁴ After discussing the sweating sickness, he moved further back in time to the Black Death, which had “made dreadful havock all over the World, scarcely leaving the tenth part of Mankind alive.” Unlike many of his peers whose historical discussions of the plague now travelled even further back in time, Brookes’ reliance on sources from the fourteenth and fifteenth centuries limited the beginning of his history of the disease to the mid-fourteenth century. He repeated the Black Death-era contention that “it’s probable no

²⁵³ Richard Brookes, *A History of the Most Remarkable Pestilential Distempers that have Appeared in Europe for Three Hundred Years Last Past* (London: A. Corbett, 1721), 5. The subheading quote appears on 18.

²⁵⁴ Brookes, *History of the Most Remarkable Pestilential Distempers*, 5–6.

Age ever saw the like [epidemic].”²⁵⁵ The rest of his account addressed a variety of disease outbreaks that took place in the sixteenth and seventeenth centuries.

Françoise Lavocat has recognised a clear shift towards narrative and historical storytelling in writers’ recounting of natural disasters, setting this shift in Italy around 1630. She attributed the change in writing style to a move away from religious explanations of natural disasters (including plagues), to the emergence of “the consciousness of a necessity to keep a record of natural disasters” that are “worth remembering,” and to a new ability among authors to express personal points of view.²⁵⁶ Already by 1577, however, the Lyonnais *procureur général* and self-described historian Claude de Rubys had turned to the Black Death-era writings of Matteo Villani and Giovanni Boccaccio to discuss “the great pestilence that happened in...Italy in 1346–49.”²⁵⁷ De Rubys was among the first French post-Black Death tract authors to refer to these texts, and only the second to re-establish a longer—and more historically evidenced—lineage for the plague outbreaks of his day (Laurent Joubert, one of Henri of Navarre’s physicians, had recalled Guy de Chauliac’s discussion of the Black Death ten years earlier in a Latin treatise).²⁵⁸ That same year (1577), the Italian philologist and physician Girolomo Mercuriale also had written a plague tract full of historical references. Mercuriale began his treatise with an excerpt from Thucydides’ description of the plague of Athens and thereafter cited examples of numerous other past epidemics, including the First Pandemic.

Nancy Siraisi has argued that, aside from Mercuriale’s well-known historical and antiquarian interests, the real impetus behind his historical framing of the Venetian epidemic was

²⁵⁵ Brookes, *History of the Most Remarkable Pestilential Distempers*, 18.

²⁵⁶ Françoise Lavocat, “Narratives of Catastrophe in the Early Modern Period: Awareness of Historicity and Emergence of Interpretative Viewpoints,” *Poetics Today* 33, no. 3–4 (2012): 255.

²⁵⁷ “Mathieu Villani historien Flore[n]tin escript que ceste grande peste qui aduint de son temps en Italie, qui fut ez annees 1346.47.48.& 49. pendant laquelle Jean boccace escriuit son Decameron...” De Rubys, *Discours sur la contagion*, 8.

²⁵⁸ Laurent Joubert, *De peste liber unus* (Lugduni: Ioannem Frellonivm, 1567), 5. Joubert’s tract was translated into French in 1581.

an attempt at academic and professional redemption. The previous year, local officials had called upon Mercuriale to determine if an outbreak in that city was the plague; Mercuriale had decided that it was not and insisted that there was no need for preventative measures to be put into place. Unfortunately for him, and for the city's residents, he was wrong. In a series of lectures given in early 1577 and in his subsequent treatise, Mercuriale used a variety of past epidemics taken from the accounts of "all the historians" to explain how some epidemics were outbreaks of "true plague" while others were not. More importantly, he claimed that historical examples clearly demonstrated that an outbreak of one disease could eventually evolve into "true plague." This historical "fact" apparently vindicated his complete misreading of the previous year's outbreak, since he now claimed that at the time of his consultation, the epidemic in Venice had not yet turned into "true plague."²⁵⁹ For Mercuriale, the descriptions that centuries of writers had provided of past epidemics were "*historiae*, which ought to be the highest form of reasoning for us on this topic."²⁶⁰

Shortly after Mercuriale and de Rubys wrote their tracts, Laurent Joubert translated Guy de Chauliac's 1363 *Grande Chirurgie* into French;²⁶¹ this helped to make knowledge about the 1348 and 1360 epidemics in France much more widely known. Other tract writers in France did not immediately pick up these references, though, and even de Rubys did not make much of the historical outbreaks that he mentioned. Within a few decades, though, references to the Black Death were commonplace in both French and English tracts. Moreover, an even longer historical plague trajectory became relatively common, as the authors began to incorporate and reflect on an abundance of newly available sources that revealed to them, for the first time, the possibility

²⁵⁹ Siraisi, *History, Medicine, Traditions*, 102–5.

²⁶⁰ Girolamo Mercuriale, *De peste*, quoted in Siraisi, *History, Medicine, Traditions*, 104.

²⁶¹ Guy de Chauliac, *La grande chirurgie de M. Gui de Chauliac...restituée nouvellement à sa dignité par M. Laurens Joubert* (Lyon: Estienne Michel, 1579).

that the pestilence had been ravaging human communities much longer than they had realized.

Tract writers' use of historical narratives does not simply reflect a new "consciousness" of the need to record natural disasters or experiences of the Italian epidemic of 1575–8; rather, this new approach to tract writing is attributable to the spread of humanistic culture. Humanism involved the renewed study of classical antiquity and its texts in their original languages, as authors attempted to recover the cultural and literary legacy and moral philosophy of that earlier period. Humanists drew information from ancient texts that represented a broad range of scholarly traditions, including medicine and natural and human history. Humanism's emphasis on the use of literary narrative over traditional styles of writing coincided with the mutual integration of various types of learning and knowledge throughout Western Europe, as the boundaries between disciplines—including medicine and history—"[became] relatively open and indeterminate."²⁶² It also provided access to a wealth of previously documented, but hitherto unknown, records of past events (including plagues and other types of natural disasters).

By the sixteenth century, interest in historical knowledge in general, and in historical medical knowledge specifically, was broadening substantially. The "more or less" complete Hippocratic corpus became readily available, for example, only after its publication in Latin in the early 1500s, while the complete works of Galen (in Greek) appeared only in 1525.²⁶³ Paul Oskar Kristeller's argument that humanist influence on scientific and medical works affected only the style and not the contents or substance of these texts, since "...the humanists, being amateurs in those other fields, had nothing to offer that could replace their traditional [medieval]

²⁶² Siraisi, *History, Medicine, Traditions*, 262. On humanism more broadly, see Charles Garfield Nauert, *Humanism and the Culture of Renaissance Europe* (Cambridge: Cambridge University Press, 2006). Humanist medicine refers to the movement that sought to remove Arabic and medieval influences on and interpretations of classical Hippocratic and Galenic theories. Jerome J. Bylebyl, "The School of Padua: Humanistic Medicine in the Sixteenth Century," in Webster, *Health, Medicine and Mortality*, 335–70; Andrew Wear, Roger French, and Ian M. Lonie, eds., *The Medical Renaissance of the Sixteenth Century* (Cambridge: Cambridge University Press, 1985).

²⁶³ Siraisi, *History, Medicine, Traditions*, 15; Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 35.

content and subject matter,”²⁶⁴ has been completely undermined by Nancy Siraisi’s recent work on humanist physicians and physician-humanists.²⁶⁵ As Siraisi has noted, “medical learning was in general highly responsive to contemporary intellectual currents;” this in turn prompted the incorporation of “ever-increasing amounts and new genres of narrative, descriptions, and record” into medical texts of all kinds.²⁶⁶ As such, humanist developments in historical thought and learning, and their incorporation with other disciplines, irrevocably altered medical thinking, practice, and writing, including of plague treatises.

The humanist movement and the turn to ancient sources did not happen in a vacuum: Byzantine scholars had been leaving the eastern Mediterranean for the West since the early fifteenth century, bringing with them manuscripts long unknown outside of the Greek world. After the fall of Constantinople to the Ottoman Turks in 1453, this westward flight of *émigrés* increased significantly.²⁶⁷ At the same time, the Ottoman threat itself generated interest in the West of the history of the Byzantine Empire that the “Turks” were now supplanting.

The Gothic Wars, described so vividly by Procopius, also provided Italian and northern humanists with information about the early histories of Italy and the Germanic states, allowing them to set their local histories into the broader context of West and East.²⁶⁸ Western acquaintance with and interest in the knowledge and events of the distant and near past grew exponentially, along with an increasing exploration of the social and cultural aspects of that past. In other words, non-political history gained greater consideration as knowledge about the past

²⁶⁴ Paul Oskar Kristeller, *Renaissance Thought and its Sources*, ed. Michael Mooney (New York: Columbia University Press, 1979), 92.

²⁶⁵ Siraisi, *History, Medicine, Traditions*.

²⁶⁶ Siraisi, *History, Medicine, Traditions*, vii, 3.

²⁶⁷ Steven Runciman, *The Fall of Constantinople 1453* (Cambridge: Cambridge University Press, 2012), xi; Pade, “The Renaissance,” 26.

²⁶⁸ Forrai, “Procopius Caesariensis,” 212–3.

increased.²⁶⁹ So too did a desire among Western scholars to return to original Greek sources without the intervention of Arabic and medieval translational or interpretational influences. Growing interest in the practice of history followed, as did distinct changes in the way that narrative political, military, and ecclesiastical history was both written and used to understand the present.²⁷⁰ While looking back to antiquity and classical authorities was an almost universal aspect of humanist medicine and related disciplines, the actual integration of history and historical narrative into medicine was as much a product of the development of antiquarianism as it was of historically-minded humanism alone. Although writing narrative histories and engaging in antiquarian studies were most often separate endeavours in the early modern era, in medicine the two often seemed to overlap (even if medical-related topics were discussed rarely if ever in broader historical or antiquarian works of the era).²⁷¹

Some ancient texts that discussed past epidemics—such as Procopius’s descriptions of the First Pandemic—became generally available in Western Europe in Latin only in the fifteenth century and in vernacular translation in the sixteenth.²⁷² Other texts that had been known indirectly in the West for much longer, like Thucydides’ description of the Plague of Athens, saw a surge of interest, retranslation, republication, and integration into other types of texts, including plague treatises.²⁷³ Thucydides’ *History of the Peloponnesian Wars* had been available in Latin only since the mid-fifteenth century, and the first vernacular edition appeared in French

²⁶⁹ Arthur B. Ferguson, *Clio Unbound: Perception of the Social and Cultural Past in Renaissance England* (Durham, N.C.: Duke University Press, 1979), x.

²⁷⁰ Jacob Soll, “The Uses of Historical Evidence in Early Modern Europe,” *Journal of the History of Ideas* 64, no. 2 (2003): 153.

²⁷¹ Siraisi, *History, Medicine, Traditions*, 10–11. See also Nancy G. Siraisi, “History, Antiquarianism, and Medicine: The Case of Girolamo Mercuriale,” *Journal of the History of Ideas* 64, no. 2 (2003): 231–51 and Woolf, “Erudition and the Idea of History.” Woolf has provided a good, albeit exceedingly brief, discussion of the differences in the development of English and French historical thought and practice at this time.

²⁷² Dinkova-Bruun, “Preface,” xi–xii; Soll, “Uses of Historical Evidence,” 156.

²⁷³ Carmichael, “Last Past Plague,” 149. See also Marianne Pade, “Thucydides’ Renaissance Readers,” in *Brill’s Companion to Thucydides*, ed. Antonis Tsakmakis and Antonios Rengakos (Leiden: Brill, 2006), 779–810.

in 1527. For most contemporary humanist scholars, the primary value of Thucydides' works lay in the lessons that could be read in them for "modern monarchs" and politicians,²⁷⁴ but his description of the Plague of Athens also drew significant attention. The story of Athens' epidemic was best known in seventeenth-century England from Thomas Hobbes's mid-century English translation. Thomas Sprat, the future Bishop of Rochester, also published a popular poetic account of the epidemic in English.²⁷⁵ Although Sprat stated that the specific disease about which Thucydides wrote was unknown to him, much of what Thucydides described about the ramifications of the illness (and that Sprat re-interpreted and contextualised in a more contemporary fashion) was very familiar to seventeenth-century readers:²⁷⁶ both the symptomatic fever and bleeding and the attendant social disruption and loss of hope were well understood. Indeed, contemporary portrayals of the plague as "a [still] new and inexplicable disease [that] continues remorselessly not only to conquer but to consume" were commonplace.²⁷⁷

The narrative format of Thucydides' historical writing provided much more information for tract writers about, and the context for, the disastrous outbreak of disease in Athens than did Hippocrates' medical works alone. Making reference to the Plague of Athens as a key historical precedent of later outbreaks thus made sense to these authors because it provided lessons for current outbreaks, and many of them included Thucydides in their long list of historical sources.

The sixteenth and seventeenth centuries also saw the production of several treatises on the

²⁷⁴ Richard Schlatter, "Thomas Hobbes and Thucydides," *Journal of the History of Ideas* 6, no. 3 (1945): 350.

²⁷⁵ Thomas Hobbes, *Eight Bookes of the Peloponnesian Warre Written by Thucydides ... Interpreted with Faith and Diligence Immediately out of the Greeke by Thomas Hobbes* (London: Henry Seile, 1629) and Thomas Sprat, *The Plague of Athens, Which Hapned in the Second Year of the Peloponnesian Warre. First Describ'd in Greek by Thucydides; Then in Latin by Lucretius; Now Attempted in English...* (London: T. Childe and L. Parry, for Henry Brome, 1659). Both books were reprinted in numerous editions. An English version of the *Pelopponesian Wars*, translated from the earlier French translation of an even earlier Latin translation, had appeared previously in 1550 but was widely seen to be a poor version.

²⁷⁶ While the Plague of Athens was not the disease that we now call the plague, and while Thucydides did not describe buboes, other physical symptoms that he described—fever, dry mouth, convulsions, headaches, etc. — resonated with early modern readers. Thucydides' descriptions of the epidemic's social impacts were also profoundly familiar.

²⁷⁷ Anselment, "Thomas Sprat's *The Plague Of Athens*," 11.

ars historica, one of the most influential of which was Jean Bodin's 1566 *Methodus ad facilem historiarum cognitionem*.²⁷⁸ Focused primarily on historical legal and political knowledge, Bodin's work demonstrated the value of historical information for interpreting and understanding contemporary societies and events; he also asserted that reading history could "cure all illness of the body and the mind."²⁷⁹ Many physicians actually tried their hand at writing a wide range of historical works; these included professional biographies of historical medical figures, medical treatises, formal essays that introduced longer translated or transcribed editions and collected works, and even civil chronicles and grander historical narratives.²⁸⁰ As Vivian Nutton has argued, demonstrating solid literary and intellectual skills, especially through the reading and writing of history, could be profitable for physicians: it brought them access to potentially wealthy clients, marked them off as gentlemen rather than as humble healers, and enhanced their status as professionals.²⁸¹ If Mercuriale drew from long-term historical narratives to re-establish his professional credibility, his contemporaries typically used similar types of sources for other at-times self-serving purposes.

As history gained greater academic value, medical writers influenced by the humanist turn to history began to incorporate historical sources—including first person and chronological narratives, records, case studies, and other types of "memories from the human past"—into their medical treatises.²⁸² This included histories of the plague. Speaking to plague writing more generally, Lavocat argued that "this process of narrativization is linked to a perception and an interpretation of the disaster as a historical event, as can best be seen in tales aiming to fix the

²⁷⁸ Siraisi, *History, Medicine, Traditions*, 9.

²⁷⁹ Quoted in Nancy Siraisi, "Anatomizing the Past," 1.

²⁸⁰ Siraisi, "Anatomizing the Past," 2. One late sixteenth-century Italian physician, for example, wrote a *History of the War between the Turks and the Persians*. Siraisi, "History, Antiquarianism, and Medicine," 235–6.

²⁸¹ Vivian Nutton, "John Caius, Historian," in *Professors, Physicians and Practices in the History of Medicine: Essays in Honor of Nancy Siraisi*, ed. Gideon Manning and Cynthia Klestinec (Cham: Springer, 2017), 70.

²⁸² Siraisi, *History, Medicine, Traditions*, 65. See also Robert Goulding, "Histories of Science in Early Modern Europe: Introduction," *Journal of the History of Ideas* 67, no. 1 (2006): 33–40.

catastrophe in history and collective memory.”²⁸³ Making reference to events of the past that were in some way related to or examples of current events helped to make sense of the present.

In his 1557 commentary on the Hippocratic treatise *De flatibus*, the Parisian physician and author Adrien l’Alemant compared Thucydides’ account of the Plague of Athens, contemporary narratives of the Black Death, and records a local outbreak in 1514, presumably to determine if the effects were similar enough to consider them to have been the same disease.²⁸⁴ A few years later, the Italian polymath Girolamo Cardano, who wrote many historical works, also provided a history of plague epidemics, including in his list both the First Pandemic and the Black Death.²⁸⁵ Access to new historical sources, combined with the fresh emphasis on the value of historical narrative, likewise provided tract writers with both “greater historical awareness” and a plethora of examples of much older epidemics (plague or otherwise) that they then used to trace the plague across time.²⁸⁶ In short, the epidemics of the present were now not only just traceable to the recent past; they could also now be understood as part of a much longer human experience.

The outbreak of the English sweating sickness (*Sudor anglicus*) in 1485 also provided some impetus to the creation of this new plague history. Mention of it appeared in almost all plague tracts that engaged in historical discussion. John Caius, the noted author of a tract on the sweating sickness in 1552, included some historical conjecture of his own on the origins of that disease. Loath to commit himself to one explanation of the other, though, he said “How true that is, let the aucthours loke: how true thys is, the best of our Chronicles shewith.”²⁸⁷ As an ardent humanist, his historical references all come from classical Greece, and he completely ignores

²⁸³ Lavocat, “Narratives of Catastrophe,” 256–7.

²⁸⁴ Siraisi, *History, Medicine, Traditions of Renaissance Learning*, 94.

²⁸⁵ Siraisi, “Anatomizing the Past,” 10. See also Nancy G. Siraisi, “Cardano and the History of Medicine,” in *Girolamo Cardano: le opere, le fonti, la vita*, ed. Marialuisa Baldi, Guido Canziani, and Giovanni Aquilecchia (Milan: F. Angeli, 1999), 346, 353–4.

²⁸⁶ Siraisi, “Anatomizing the Past,” 6.

²⁸⁷ John Caius, *A Boke, or Counseill Against the Disease Commonly Called the Sweate* (London: Richard Grafton, 1552), 9r–v.

what medieval sources had to say about the plague or about other diseases.

Some early modern English plague writers who drew from past narratives continued to emphasise the unheralded nature and historical importance of the Black Death, and began their history of the plague with it. John Gadbury's mid-seventeenth-century astrological account of the plague began in 1348, a year in which "the chronicles tell us" that a great plague occurred throughout the world.²⁸⁸ An anonymous English tract that disputed the validity of shutting up the homes of infected victims started the beginning of the Black Death two years earlier: "In the years 1346. 1348. 1350. there was a great plague all over the world...such as was never remembered to be in any place before."²⁸⁹ Although not a plague tract per se, John Graunt's reflections on the *Bills of Mortality* are also important here because they influenced how other writers perceived the temporality of the plague. The Black Death, he said, began in 1346, and spread from east to west across Eurasia. By 1350, it had reached the "*Goths, Vandals*, and other Northern people." It was, he noted, "the greatest [mortality] that ever we read of since the Universal deluge."²⁹⁰ He then provided a narrative accounting of post-Black Death outbreaks, including one in 1362 "which was called *The Second Pestilence*,"²⁹¹ two each in the fifteenth and sixteenth centuries, and all those in the seventeenth century up to 1665. In 1720, John Quincy emphasised the importance of putting together "Historical Fragments...in Order to apprise those Readers who have not been very conversant" about how diseases have spread around the world and continue to do so.²⁹² Even some three decades after the outbreak in Marseille, the English surgeon Dale Ingram found it useful to write a treatise on "the most remarkable plagues that have

²⁸⁸ Gadbury, *London's Deliverance Predicted*, 6.

²⁸⁹ Anonymous, *Shutting Up Infected Houses*, 6.

²⁹⁰ Graunt, *Reflections*, 25, 28.

²⁹¹ Graunt, *Reflections*, 30.

²⁹² John Quincy, *An Essay on the Different Causes of Pestilential Diseases and How They Become Contagious*... (London: E. Bell and J. Osborn, 1720), 28.

appeared since 1346 which I have taken from the Histories.”²⁹³ For Ingram, though, the purpose of his tract was “not so much to shew its [the plague’s] antiquity” as to disprove the contagionist theories of his predecessors and contemporaries. Ingram claimed to have “strictly searched the journals of the Plague at Marseille” for real evidence of contagion there; in doing so, he contended that the historical records showed all assertions of the plague’s contagious nature to have been false.²⁹⁴ As such, he argued, although “the Histories” were important for informing later writers on the plague, they must nevertheless be read and interpreted carefully because they may not be as straightforward as they appeared to be.

Other English tract writers took a decidedly longer-term historical perspective. Kemp’s references to the Plague of Athens appeared in many of his contemporaries’ tracts. An anonymous commentary on London’s *Bills of Mortality* in 1665 included a discussion of pestilential outbreaks in the third and sixth centuries, noting that “In the year 540, there began a universal plague all over the world that continued 50 years with great violence.”²⁹⁵ This appears to be one of the first accounts in English of the First Pandemic. In the ninth edition of his plague tract, Richard Mead contended that “There is in all ancient History no Account” of any plague outbreak worse than that in Constantinople in 543 A.D. This, he said, he had learned from “The History of it [that] is very well told” by Procopius, Evagrius, and others.²⁹⁶

French tracts engaged earlier, and more often, with historical references than their English counterparts. De Ruby’s allusions to the Black Death in 1577—as well as to the great outbreak in Rome during the First Pandemic, which he placed in the time of Pope Pelagius II (r. 579–90)—reappeared in the late sixteenth/early seventeenth century, as did references to other long past

²⁹³ Dale Ingram, *An Historical Account of the Several Plagues that Have Appeared in the World Since the Year 1346* (London: R. Baldwin, 1755), 5, iv.

²⁹⁴ Ingram, *Historical Account*, 44–9.

²⁹⁵ Anonymous, *Weekly Bill of Mortality*, n.p.

²⁹⁶ Richard Mead, *Discourse on the Plague, 9th Edition Corrected and Enlarged* (London: A. Millar & J. Brindley, 1744), 23.

outbreaks.²⁹⁷ Laurent Joubert contended that some plagues were universal, “like the one described by Guy de Chauliac...that circled almost the whole world.”²⁹⁸ In its 1606 tract, the College of Surgeons of Paris spoke of two great outbreaks in Rome, one that was reported in the Ecclesiastical histories and the other by Saint Gregory.²⁹⁹ A printed marginal notation in the College’s treatise specifically marked the second outbreak as “notable history” worthy of attention. Guillaume Potel relied on and repeated Guy de Chauliac’s explanations of the disease, since he “talked about the great pestilence of his time.”³⁰⁰ J.S. de Sainte-Hillier, another royal physician, drew from a variety of historical sources to define the plague and its variants; in addition to Thucydides, he referred to Lucretius, Eusebius, Procopius, Sabellicus, and others. He also spoke about a great epidemic that began in 1385 and continued for five years, “taking half of the world.”³⁰¹ Other seventeenth-century writers, like Jean Vigier, a physician and surgeon in Castres, listed the variety names by which different peoples throughout time knew the plague, from the ancient past to the present.³⁰²

Jean-Baptiste Bertrand’s account of the plague outbreak in Marseille traced a long history of outbreaks in that city, beginning in the first century B.C.E and moving through the sixth-century First Pandemic (as Gregory of Tours had reported it, he said) and on to the Black Death.

Bertrand concluded that the recent Marseille epidemic was the most destructive of all time: “One dares to affirm,” he wrote, “that of all the cases that historians report, that medical writers

²⁹⁷ Pelagius died during the plague outbreak in Rome in 590 A.D.; he was succeeded by Gregory I, whose procession to drive out the disease was well known.

²⁹⁸ “...la peste est quelque fois vniuerselle, comme celle qui est descrite par Gui de Cauliac, laquelle fust en l’an 1348. apres auoir commencé premierement en Orient & en apres enuironné & circui presque tout le monde...” Joubert, *Traicté de la peste*, 11.

²⁹⁹ College des Maistres Chirurgiens iurez de Paris, *Traicté de la peste* (Paris: Nicolas Bvon, 1606), 7, 11. The first outbreak is the Antonine Plague of 165–80 A.D., while the second is the First Pandemic outbreak in Rome in 590.

³⁰⁰ “...Guy de Choliac là escrit au traicté second...où il parle de ceste grande pestillence qui fut de son temps...”

Potel, *Traicté de la peste*, 27. Potel also refers to Hippocrates’ discussion of the plague in Cranon.

³⁰¹ “Jacob. de partib. recite que ceste maladie commençant l’an 1385. & continuant par cinq années, emporta plus de la moitié du monde.” I.S. de Saint-Hillier, *Loimologie contenant les causes, signes, prognosticques, & remedes contre la Peste* (Pont-a-Movsson: pour Iean le Geant, 1623), 13–14.

³⁰² Jean Vigier, “Traicté de la Peste,” in *Œvvres Chirvrgicales* (Lyon: Christophle Fovrmy, 1658), 315–6.

describe, and that our merchants and seamen have seen in different countries of the Levant, none has ever progressed so rapidly or been so violent as this one.” His tract also included a chapter dedicated specifically to the plague’s literary history.³⁰³ Pierre Baux, a physician from Nîmes and doctor of medicine at the University of Montpellier, dismissed as unuseful the indicators that physicians usually rely on to distinguish between various types of “*Peste*”—notably the geographical breadth of a given outbreak. Instead, he pointed to the importance of particular symptoms, such as the bubo. This, he said, marked the plague as “a genre, and not a species of disease.”³⁰⁴ To prove his point, Baux differentiated between the plague epidemic of 1348, as described by Guy de Chauliac, an outbreak in France in 1557 “that was called *Coqueluche* [pertussis],” and the English sweating sickness in 1486–7. Each of these forms of disease were called “*Peste*,” he argued, but each had its own history. Relying on the accounts of Procopius and Evagrius, he put the origins of the bubonic plague in the sixth century.³⁰⁵ Other writers, such as the physicians M. Joubert and Jean-Baptiste Goiffon, had a different take on histories: for these authors, ancient histories about the cause of disease had misled modern medical writers into accepting “outrageous” ideas such as contagion.³⁰⁶

If humanism and antiquarianism both opened tract writers to the value of historical narrative and provided them with access to a wide range of sources, other factors influenced how they

³⁰³ “...on ose assurer, que de toutes celles que les Historiens raportent, que les Auteurs de Médecine décrivent, & que nos Négociants & nos gens de mer ont vu dans les différentes Contrées du Levant; aucune n’a été si rapide dans ses progrès, ni si violente dans ses effets que celle-ci.” Bertrand, *Relation historique*, 483. See also Daniel Gordon, “Confrontations with the Plague in Eighteenth-Century France,” in *Dreadful Visitations: Confronting Natural Catastrophe in the Age of Enlightenment*, ed. Alessa Johns (New York: Routledge, 1999), 18.

³⁰⁴ “...on peut conclure de-là, que la Peste est un genre, & non pas une espece de maladie. Les symptomes particuliers qui l’ont caracterisée autrefois, seront les especes de ce genre.” Baux, *Traité de la peste*, 5–6.

³⁰⁵ “Enfin, l’inguinaire ou la Peste à Bubons, qu’on prétend n’avoir commencé qu’au sixième siècle...” Baux, *Traité de la peste*, 7. Baux appears to misdate the initial outbreak of the sweating sickness, which happened in 1485.

³⁰⁶ “Il semble que des Auteurs Medecins & Historiens se soient fait un deffi, a qui donneroit l’idée la plus outrée de la Contagion de la Peste, en racontant des Histoires...” M. Joubert, *Reflexions sur l’idée outrée qu’on donne de la contagion de la peste...* (Grenoble: Gaspard Giroud, 1721), 1; “Les Histoires nous fournissent sur cela tant d’exemples si extraordinaire qu’on auroit de la peine à les croire...” Jean-Baptiste Goiffon, *Relations et dissertation sur la peste du Gévaudan* (Lyon: P. Valfray, 1722), 56–7.

used this history. New intellectual trends—such as growing interest in geography, local climates, and foreign customs brought about by overseas exploration—as well as closer-to-home military and imperialistic threats coloured tract writers’ interpretation of past epidemics. In addition to recasting the plague’s history, these authors began to reconsider the disease’s geographical origins. In doing so, they bound together the plague’s longer-term temporality and spatiality in a way that reflected and responded to contemporary political and religious concerns.

Historical geographies: “As historians most often report...the plague comes from Africa or thereabouts”

We see the plague enter France; we see it moving from town to town, from province to province. We find, moreover, that the authoritative history of so many plagues that have been brought into Europe and communicated from one kingdom to another makes it reasonable to believe that this disease is foreign. — Pierre Baux, 1722³⁰⁷

In 1722, Pierre Baux argued that historians had clearly shown that the plague was a foreign disease imported from other countries, particularly those places around Africa where it was recurrent regularly. He extrapolated from the accounts of different historical outbreaks to demonstrate that all of them had come from Africa or the Levant. Not only did Thucydides’ fifth-century B.C.E. Plague of Athens come from Ethiopia, he argued, but history also demonstrated that Procopius’s sixth-century bubonic plague, Cedrenus’s great outbreak in eighth-century Constantinople, and St. Augustine’s devastating mortality in Africa had come from the region as well. We find, he said, “in searching through the Histories” many cases of disease coming from “some part of Africa.” In addition, he claimed, one can find in the histories

³⁰⁷ “Nous voyons entrer la Peste en France; nous la voyons passer de Ville en Ville, de Province en Province; & nous trouvons d’ailleurs dans les Auteurs l’Histoire de tant Pestes, qui ont été portées en Europe, & qui se sont communiquées d’un Royaume à l’autre, que nous pourrions croire avec quelque apparence de raison, que cette Maladie est étrangere.” Baux, *Traité de la peste*, 13.

“a great number of other plagues coming from the Levant.”³⁰⁸ Indeed, Baux contended, since Guy de Chauliac had stated that bubonic plague came from the Levant in 1348, it was perfectly reasonable to believe that the same disease had continued to come from there in more recent times. Implicit in this argument was the assumption that the two diseases—the one from the distant past and the one that had just shocked Marseille—were indeed one and the same, and that both therefore had the same geographical origin.

Baux’s references to what historians had written about the geography of previous plagues, and his re-casting of that historical geography onto then-current outbreaks, reflects another trend in plague tract writing that had begun in the late sixteenth century. As they interpreted what they read from earlier chronicle accounts and other histories of the plague, the authors began to recount—and revise—the historical geographical origins of the Black Death. In many ways, these tract writers were the forerunners of the nineteenth-century historiographers of the Black Death who created the concept of the “Oriental plague” and projected it backwards to the fourteenth-century Black Death.³⁰⁹

Pierre Baux was not the first early modern tract writer to claim that the Black Death had originated in the Levant. In 1577, Claude de Rubys had extrapolated from Villani and Boccaccio’s Black Death-era texts to point specifically to the Levant as the origin of the plague, since “this sickness had long reigned” there.³¹⁰ A short time earlier, Laurent Joubert had incorporated Guy de Chauliac’s comments about the origins of the Black Death into his own plague tract and, in so doing, re-familiarised readers with de Chauliac’s assertion that the plague had come from (a somewhat less definitively explained) East: “Sometimes the plague is

³⁰⁸ “Nous trouverions en fouillant dans les Historiens, un grand nombre de ces Pestes qui sont venuës de quelque partie de l’Affrique...On trouveroit sans doute dans les Auteurs un grand nombre d’autres Pestes venuës du Levant...” Baux, *Traité de la peste*, 14–15.

³⁰⁹ Varlık, “‘Oriental Plague’ or Epidemiological Orientalism?”

³¹⁰ “...de Levant où ce mal avoit longement regné...” De Rubys, *Discours sur la contagion*, 8.

universal, such as the one described by Guy de Chauliac in the year 1348, which had initially begun in the East before spreading over almost the entire world.”³¹¹

The association between historical plagues and the disease’s apparent eastern origins gained traction in the seventeenth and eighteenth centuries. Just what exactly was meant by this historical “east,” however, remained an open question that was subject to each author’s own interpretation. In 1665, John Graunt described the Black Death’s trajectory as beginning “in the East part of the world towards *Cataya*, the higher *India*,” before it spread throughout the world.³¹² Richard Mead continued his early eighteenth-century discussion of the plague at Marseille by mapping the Black Death across the entire Eurasian continent, beginning in China in 1346, and then progressing through “the East Indies,” Turkey, Syria, Greece, and Africa in 1347 before it passed into Europe. “The ancientist and best Authors of Physick” he argued, referring to the ancient medical authorities of the eastern Mediterranean, “lived in a country more exposed to these Calamities than ours.”³¹³

The geographically imprecise terms “East,” “Asia,” and “Orient” were all broadly construed as areas located somewhere to the east of ancient Greece, of the western Roman Empire and, later, of Latin Christendom. Their cultural meanings and physical locations changed over time as Western Europe’s interactions with the broader world expanded. Many English tract writers, for example, agreed that Asia was the original home of the historical plague but considered “Asia” to lie close to the eastern Mediterranean.³¹⁴ Although they disagreed vehemently with Mead’s

³¹¹ “Or la peste est quelque fois vniuerselle, comme celle qui est descrite par Gui de Cauliac, laquelle fust en l’an 1348 apres auoir commencé premierement en Orient & en apres enuironné & circui presque tout le monde...” Joubert, *Traitté de la peste*, 11. Greater familiarity would have come from this French translation of the tract, rather than its Latin original.

³¹² Graunt, *Reflections*, D1–2.

³¹³ Mead, *A Short Discourse*, 2.

³¹⁴ For a useful discussion of the changes in meaning of the east and of Asia over a longer period of time than is addressed here, see Martin W. Lewis and Kären E. Wigen, *The Myth of Continents: A Critique of Metageography* (Berkeley: University of California Press, 1997), 47–103. I thank Nükhet Varlık for this reference.

assessment that the plague was transmitted via contagion, Joseph Browne and Richard Brookes concurred that the Black Death “began in Eastern parts of the world, and passed on uninterruptedly to all the countries of the West.” For Browne, the point of origin lay in Tartary, rather than China, since “the Historian reckon’d *China* as *Tartary*, they being united into one.” The plague, he says, “has ravaged that Country in all Ages.”³¹⁵ An anonymous commentary on London’s *Bills of Mortality* proposed that the Black Death had begun “in the East Indies, among the Tartarians [sic], Saracens, and Turks, [where it] lasted the space of seven years...[before it] was dispersed in many *Christian* kingdoms.”³¹⁶

In the ninth edition of his tract some twenty years later, Mead changed his mind about the origin of the Black Death and removed mention of China, since to him Villani’s “History of those Times...is so very incredible, that I cannot think we ought at all to rely upon it.”³¹⁷ There were in fact no historical accounts of the plague arising in China, Mead argued; besides, Villani’s accounts of the plague arising from a “great *Ball of Fire*” [that is, a comet] were beyond belief. Instead, the “true plague...which spreads from country to country” originated elsewhere: “the most accurate Accounts in all Times of this Disease...bring it from Africa.”³¹⁸ Among these “most accurate accounts” he included Pliny’s first-century A.D. *Natural History* and Thucydides’ description of the Plague of Athens. Nevertheless, even if its ultimate origin was the coast of Africa, Mead continued to insist that the plague had long ago found a home in “*Turky*,” and it was from there that it had historically spread into Europe. Although his contemporaries largely ignored Mead’s change of heart about China, the “East”—and especially “*Turky*”—continued to be the site most commonly cited as the historical home of the plague by

³¹⁵ Brookes, *History of the Most Remarkable Pestilential Distempers*, 13; Browne, *Practical Treatise*, 14.

³¹⁶ Anonymous, *Weekly Bill of Mortality*, n.p.

³¹⁷ Mead, *Discourse on the Plague*, 26.

³¹⁸ Mead, *Discourse on the Plague*, 22.

English tract writers.

Tract writers then began to place the historical and geographical origins of other diseases there as well. Mead argued as “we learn from Histories,” for example, that although the sweating sickness had come to England with King Henry VII’s soldiers in 1485, its “true origins” were further east: “it was then thought to have been brought into *France* from the famous siege of *Rhodes* by the *Turks* 3 or 4 years before....And the [subsequent outbreaks] were very probably from a *Turkish* infection.”³¹⁹

Aside from Pierre Baux, few of the later French tract writers spoke directly about the geographic origins of historical plagues. The Abbé Martin Gaudereau, who had acted as consul for the French Crown in Persia, provided one of the longest discussion of plague’s purported ancestral home in the Orient. Much of Gaudereau’s tract focused on the widespread occurrence of the plague throughout the Middle East, and the various types of the disease that were engendered there; for him, it was clear and obvious that “since the earliest times” this region had been “regarded as the source of pestilential illnesses.”³²⁰ He argued that in creating their Empire over the previous four centuries, the Turks had made the disease situation there worse. By not maintaining the “ancient works” already in place throughout the region—works that had in previous times mitigated disease outbreaks—and by not taking appropriate precautions during outbreaks, he said, the Turks had allowed the very conditions that generated the plague to become widespread and entrenched. In other words, he claimed, the Turks themselves had caused the region to become the locus of the disease over time. Although Gaudereau did not specifically mention historical epidemics, by pointing to “four hundred years” of Turkish

³¹⁹ Mead, *A Short Discourse*, 6–7. In his 1552 tract on the sweating sickness, John Caius had made the same argument about the possible origins of the disease; in addition to the Turks at Rhodes, though, Caius also suggested that something similar had been observed among the Greeks at Troy and during the Emperor Octavian’s wars in Iberia. Caius, *A Boke*, 9r–9v.

³²⁰ “*Il est vrai que dès les premiers tems ce Royaume étoit regardé comme la source des maladies pestilentiellles.*” Gaudereau, *Relation des differentes especes de peste*, 21.

mismanagement he made it clear that the Black Death and all subsequent outbreaks of the plague originated in the lands ruled by the Ottomans.³²¹

While Gaudereau claimed that his accusations of long-term Turkish mismanagement were based on his own personal observations, his outlook also reflected more than a century of European historical writing about the Turks. Contemporary historians of the Ottoman Empire adopted and reflected a decidedly Christian viewpoint about both the inhabitants and religious beliefs of the Ottoman Empire, sometimes embedding into their accounts negative attitudes about the Eastern Mediterranean as an historical place of disease. While Richard Knolles's extensive English-language history of the Ottomans (printed in 1603) is largely a political and dynastic narrative that speaks of the plague (and other diseases) mostly only in passing, it does include numerous references to what he calls plague outbreaks. Knolles's view of the Ottomans—which he claimed to be based on “the very truth” that he had “Faithfullie collected out of the-best Histories, both auntient and moderne, and digested into one continuat Historie”—was that “the glorious Empire of the Turkes [is] the present terrour of the world.”³²² The “plagues” that Knolles highlighted primarily coincided with military sieges and battles that took place at the time of the Crusades, long before the Black Death.³²³ Calling such outbreaks “plague,” which most contemporary medical writers would not have done—dysenteries, fluxes, and other diarrheal disorders, for example, were well known to accompany military activity and were labeled as such —, could have set into Knolles's readers' minds the idea that “the plague” was both a natural and historical part of the Ottoman landscape. Indeed, in the majority of the plague outbreaks that Knolles mentioned, both pre-Black Death and up to the end of the

³²¹ Gaudereau, *Relation des differentes especes de peste*, 55.

³²² Richard Knolles, *The Generall Historie of the Turkes, from the First Beginning of that Nation to the Rising of the Othoman Familie* (London: Adam Islip, 1603), Avi, Ai, 1.

³²³ Knolles, *Generall Historie of the Turkes*, 20, 67, 91, 99, 102, 119, 184, etc.

sixteenth century, the Christian warriors who suffered most grievously from this disease acquired the disease while fighting against Turkish aggression, either in the Levant or in south-eastern Europe as it fell under expanding Ottoman control. Knolles's audience likely would not have missed such allusions that placed the plague not in Europe proper, but squarely in the lands and hands of the Ottomans.

Knolles's history was just one in a very long line of similarly-minded works produced in England and France (and elsewhere in Western Europe) between the fifteenth and early eighteenth centuries that discussed the Turks, their history, their manners and customs, their military and system of governance, their religion, and their seemingly aggressive expansion.³²⁴ Most, but not all, were based solely on Western sources and espoused a decidedly Christian point of view (Knolles' *Generall Historie* drew from Latin translations of Eastern histories which he then "digested" (to use his term)...and assimilated...to a Protestant, providential framework."³²⁵) Like most contemporary histories of England and France, few of these works had much to say directly about the plague; what they did say, however, was instrumental in suggesting that the historical home of the disease lay in the Ottoman Empire. Writing during the London outbreak in 1665, the English diplomat and historian Sir Paul Rycaut contended that replenishment of the Turkish population had historically been threatened by, among other things, the regular "Summer-slaughters of the Plague;" only the importation of slaves kept the Ottoman Empire from collapsing.³²⁶ The French historian François Eudes de Mézeray likewise situated the disease in Ottoman lands: a great outbreak of the disease in 1637 in Constantinople was not

³²⁴ One estimate is that some 3,500 titles on the Turks were published in Europe between 1501 and 1600 alone. C.J. Heywood, "Sir Paul Rycaut, A Seventeenth-Century Observer of the Ottoman State: Notes for a Study," in *English and Continental Views of the Ottoman Empire, 1500–1800*, ed. Ezel Kural Shaw and C.J. Heywood (Los Angeles: University of California, 1972), 34.

³²⁵ Linda McJannet, "'History Written by the Enemy': Eastern Sources about the Ottomans on the Continent and in England," *English Literary Renaissance* 36, no. 3 (2006): 399.

³²⁶ Sir Paul Rycaut, *The History of the Present State of the Ottoman Empire*, 6th ed. (London: Charles Brome, 1686), 151.

unexpected, since “the plague is an ordinary scourge in the land of the Turks.”³²⁷ In this light, Europe’s still-ongoing outbreaks were to be viewed as disastrous, extraordinary events while those in the Ottoman Empire were simply “ordinary.” Although de Mézeray also made reference to numerous plague outbreaks in his *Histoire de France*, nowhere in that work did he suggest that such epidemics are ordinary or natural there.

These historical constructions of the plague’s geographical origins carried over into contemporary assessments of the places from which current outbreaks came. Mead, for example, insisted that “late *Plague* in *France* [in 1720–1] came indisputably from Turkey.” French physician and medical writer Jean-Jacques Manget likewise pointed out that while plague had become relatively rare in Europe by that point, it nevertheless was brought in from time to time from oriental countries where it still occurred regularly, “particularly among the Turks.”³²⁸ In early modern European literature, the term “Turk” referred to the Muslim population of the Ottoman Empire, rather than to any particular nationality or ethnicity in today’s sense of the terms.³²⁹ Few of the older historical sources on which these writers relied had actually included the term “Turk” in the same way; instead, they spoke more often of the “Tartars” and “Saracens” as the peoples responsible for pushing the Black Death into Europe. At the same time, the historical sources themselves were often vague or contradictory about where in the East they placed the plague’s origin, although they were clear enough that the plague had come from the Orient. This move to blaming the Turks for the Black Death, an attribution that began rather loosely in the late sixteenth century but that picked up rather quickly thereafter, mirrored the

³²⁷ “La peste qui est vn fleau ordinaire dans les terres du Turc...” François Eudes de Mézeray, *Histoire générale des Turcs, second tome* (Paris: Sebastien Cramoisy, 1663), 156.

³²⁸ Mead, *Discourse on the Plague*, 22; “Mais nous observons seulement que nôtre Europe a souffert peu de Pestes qu’elle ne doive aux levains qui lui en ont été aportés des pays Orientaux, où elle régne ordinairement (particulièrement chés les Turcs, tantôt dans un lieu, tantôt dans un autre)...” Manget, *Traité de la peste*, 17.

³²⁹ Not all Muslims in the Ottoman Empire were Turks. The term included converts to Islam; the phrase that denoted conversion, for example was to “turn Turk.”

near-simultaneous shift to blaming the Ottomans for current outbreaks. This shift in mentality about the plague's geographical origin—both historical and contemporary—was therefore as much or more a political and religious impulse than it was an objective analysis of the historical sources.

Within a mere thirty years of the Marseille outbreak, the historical and contemporary reassignment of the plague to the Ottoman Empire was complete and the idea of the Oriental plague was well entrenched. In his contribution to Diderot and d'Alembert's *Encyclopédie, ou dictionnaire raisonné des sciences, des arts et des métiers*, Louis de Jaucourt wrote the following entry on *Peste*: "the plague comes from Asia, and for two thousand years all the plagues that have appeared in Europe have been transmitted to us by the Saracens, Arabs, Moors and Turks; all of our plagues had no other source."³³⁰ Jaucourt used the actual term *peste d'Orient* only in relation to the First Pandemic of the sixth century. Nevertheless, as plague historiography started to be written in the early nineteenth century, the term was more broadly applied to the bubonic plague in general. In his history of the Black Death in 1832, J.F.C. Hecker wrote that the "great pestilence of the fourteenth century...was an oriental plague...[marked by] buboes...[which] are the infallible signs of the oriental plague."³³¹ This oriental plague, in turn, meant both historical outbreaks of the plague and those outbreaks of the disease that were still occurring in the eastern Russian and Ottoman Empires. Hecker's use of the term for the Black Death was thereafter entrenched in the historiography. Along with the association that Hecker's history intrinsically created between buboes and the Orient came the attendant assumption that the plague had

³³⁰ "La peste nous vient de l'Asie, & depuis deux mille ans toutes les pestes qui ont paru en Europe y ont été transmises par la communication des Sarrasins, des Arabes, des Maures, ou des Turcs avec nous, & toutes les pestes n'ont pas eu chez nous d'autre source." Louis de Jaucourt, "Peste," in *Encyclopédie, ou dictionnaire raisonné des sciences, des arts et des métiers*, ed. Denis Diderot and Jean le Rond d'Alembert (Paris: Sociétés Typographiques, 1751–72), 12:452.

³³¹ In the original work, J.F.C. Hecker used the term *morgenländische Pest*—which is translated in the English version to oriental plague. Hecker, *Black Death*, 4–6. For a thorough discussion of the impact of Hecker's terminology on plague historiography, see Varlık, "'Oriental Plague' or Epidemiological Orientalism?"

originated, both historically and geographically, among “the Turks.”

Conclusion

“This part of medical history, which has such a manifold and powerful influence over the history of the world,” Benjamin Guy Babington claimed in the opening preface to his translation of J.F.C. Hecker’s 1832 historical narrative of the Black Death, “is yet in its infancy.” For Babington, a physician, epidemiologist, and translator of medical works, the plague narrative was “an important page of the history of the world” that highlighted the universality of human frailty. “History...offers,” he said, “even for pestilences, an inexhaustible, though scarcely explored, mine of facts.”³³² The facts that Hecker had mined in producing his history book came from what he called “authentic sources,” including the testimonies of Byzantine writers, Guy de Chauliac’s account of the disease in Avignon and Boccaccio’s of it in Florence, numerous chronicles, seventeenth- and eighteenth-century general histories (themselves largely summaries of earlier chronicles), and a variety of antiquarian collections.

Of contemporary sources about the Black Death itself, Hecker claimed, it was possible to find only two adequate discussions of the disease, the one by de Chauliac and another by tract writer Raymundus Chalmelli de Vivario. Hecker did, however, quote extensively from the Paris Medical Faculty’s plague tract, if only to ridicule its “strange precepts.”³³³ In the later part of his narrative, Hecker explored subsequent outbreaks of the plague in a rather cursory fashion, focusing for the most part on the public health measures that were taken (or not) in across

³³² Hecker, *Black Death*, xi–xii, ix, x.

³³³ Hecker, *Black Death*, 130–5. Hecker had used a corrupted Italian version of the Paris Medical Faculty’s tract, believing it to be the actual work of the original writers. Anna Montgomery Campbell has pointed out that this Italian version was a debased reworking of the original, not an adaptation. *Black Death and Men of Learning*, 16–17.

Europe to forestall the disease's repeated arrivals and eruptions. The plague tracts, he found, had nothing of value to offer for grasping what contemporaries understood about the disease.

This chapter has taken the opposite attitude. It has avoided reading the tracts for clinical descriptions and has looked past their "strange precepts." It has focussed instead on demonstrating that the tracts contain evidence of changes in contemporaries' understanding of the plague's long history. Experience with recurrent outbreaks and access to new information and knowledge were crucial to this evolution, not only because they shaped ideas about the historical origins of the disease, but also because the ways in which experiences and knowledge alike were interpreted shaped how people understood the plague. As people's perceptions of the world around them changed, so too did their perceptions of the plague's history.

With each successive outbreak, tract writers built a new history for the plague; but the slow and incremental nature of this history building, and its general absence as an obvious narrative feature of the tracts in the fifteenth and early sixteenth centuries, has made it easy for scholars to miss it. Rather than reading the tracts for the similar remedies and therapeutic advice that they contain, this chapter has concentrated instead on the cycles and evolution of ideas that are woven through them about the plague's place in history: initially in the history of the known world, then in the history of specific places, and finally again in the history of a broader known world. The chapter pinpointed the different ways in which references to the plague's history (or purported lack thereof) entered into and exited from English and French tracts, and explored how the very act of creating a longer history for the plague enabled tract writers to culturally construct ideas about the disease's temporal *and* geographical origins. It has done so by applying a second axis of a new analytical method that links the deep reading of individual tracts and groups of tracts to the specifically local cultural and historical context in which they were written and produced.

Taking this approach has revealed, for example, that plague tracts provide a unique record of changing attitudes about the plague's history, and about the ways that these attitudes evolved along slightly different paths in England and in France. This observation has not been made elsewhere in the scholarship. Nowhere in his narrative did Hecker draw upon the historical discussions and references that were contained in the hundreds of plague treatises that had been circulating for centuries. In that sense, Hecker's early nineteenth-century history of the plague is much like those written by many of today's excellent scholars. Paul Slack, for example, portrayed the tracts as handbook-style repositories of "eclectic assumptions" about the disease, full of "pervasive...anxieties" and "few new discoveries [before the middle of the seventeenth century] to disrupt medical conventions."³³⁴ As Slack noted, "there was little that was novel" in the tracts before the mid-seventeenth century to suggest that the contents of a tract written in 1650 were any different from one written at the end of the fifteenth century. Slack recognised that some writers "argued that epidemics after the Reformation were less serious than those before it," but considered these writers to be "optimists" commenting on contemporary society as a whole rather than seeing them as historical observers capable of comparing and discussing the relative effects of past and present outbreaks.³³⁵ Joël Coste pointed to the French tracts' usefulness to historians for "reconstructing and rendering intelligible" the "partial and fragmented" accounts epidemics found in other contemporary accounts, but did not notice the ways that tract authors themselves used history to "render intelligible" the outbreaks about which they wrote.³³⁶ Although other studies like Christiane Nockels Fabbri's close examination of the

³³⁴ Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985), 23–4.

³³⁵ Slack, *Impact of Plague*, 24–5.

³³⁶ "... plusieurs épisodes rapportés de manière partielle et fragmentée dans les textes intimes ont pu être reconstruits et rendus intelligibles grâce à la connaissance de la trame du déroulement des épidémies produite par l'analyse des relations plus structurées des auteurs de la littérature de peste." Joël Coste, *Représentations et comportements en temps d'épidémie dans la littérature imprimée de peste (1490–1725): Contribution à l'histoire culturelle de la peste en France à l'époque moderne* (Paris: Honoré Champion Éditeur, 2007), 691.

development of plague medicine were historically-focused (that is, they traced change over time), history as a distinct theme or subject of study within the tracts was not their concern.

Both Nancy Siraisi's work on the Italian tract writer Girolamo Mercuriale and Ann Carmichael's study of memory creation around the Udine outbreak of 1566, recognised the second half of the sixteenth century as a transition point in plague tract history writing. Samuel Cohen is one of the few other historians to notice that "on occasion these doctors [that is, plague tract writers] also could become briefly historians, listing previous plagues in history...[using] history to give a comparative context for [their] own plague experience."³³⁷ Beyond listing the names of historical writers to whom tract authors made reference and making passing reference to a treatise that presented a long chronology, Cohn took that observation no further. Key to his argument are the Italian tracts of 1575–8 that were the first, he argued, to trace the plague's "*progresso*" and "*successo*"—the chronological and geographical paths of plague through Italy. No historian has yet explored such ideas for English and French plague tracts, and none has shown how tract writers utilised concepts of time and history over a multi-century period to better explain the place of the plague in contemporary society.

This chapter has examined that question and provides an essential revision to the existing historiography. It demonstrates, first, that the plague tracts addressed more than the disease's cause, prophylaxis, and treatment and second, that the types of change noticed by Cohn and others were not limited to Italy. As inheritors of a long period of relative human healthiness, the earliest tract writers assumed that the Black Death was a unique historical event. Subsequent epidemics became part of a recognised series of outbreaks. In the sixteenth century, English and French tract writers began to implement a two-pronged—short-term/local and long-

³³⁷ Samuel K. Cohn Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), 93.

term/global—re-creation of the plague’s history. It was only under the intellectual and material influences of sixteenth-century humanism—including the new availability of ancient texts and the authoritative lustre given to history—that tract writers began to explore the much longer-term history of the plague. This chapter demonstrates that authors interpreted and manipulated those sources according to prevailing worldviews. This enabled them to assemble the plague’s historical narrative in a way that both made sense of the present and privileged geo-political imperatives in which the Ottoman Empire was cast as a distinctly political, religious, cultural, and epidemiological Other. It also fostered the nascent beginnings of the Oriental plague myth: if historical plagues had emerged out of the Levant, then all current ones must be coming from there as well. In other words, tract writers culturally constructed the plague’s history; in many respects, doing so reflected broader historiographical practices in which the truth of the past mattered less than the legitimation of contemporary propagandist and political goals.³³⁸

Despite the assumption that plague tracts are simply medical texts, then, this chapter has demonstrated that they were also temporally- and geographically-specific history texts. Figure 24 highlights the major time points in the tracts’ evolution as works of history.

³³⁸ Gabrielle M. Spiegel, “Political Utility in Medieval Historiography: A Sketch,” *History and Theory* 14, no. 3 (1975): 314–25.

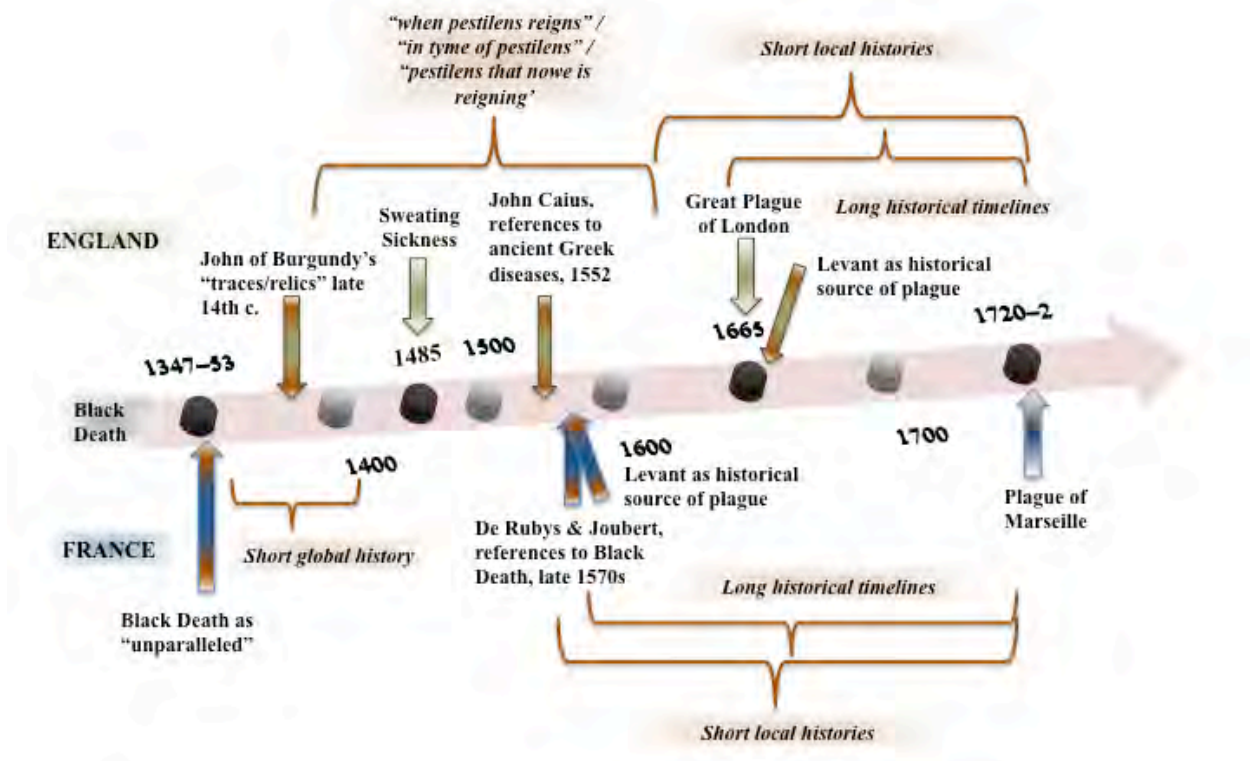


Figure 24: Major transition points in discussions of the plague's history in English and French tracts, 1348–1722

In 1720, Richard Mead contended that “The History of the most terrible of All the Plagues that ever were in these Parts of the World, which was that in the Year 1349, gives a manifest proof from whence all *Europe* may trace the Origine of these Evils, viz. from *Asia*.”³³⁹ The historiography of European plague tracts has largely ignored the fact that Mead’s contentions were the product of a particular place and time; that such arguments about the plague’s historical origins reveal the changing contextual framework in which the disease was discussed in the tracts has barely even been noticed. Recent scholarship is only now beginning to dismantle the influence that narratives like Mead’s have had on the Second Pandemic historiography. The argument that this chapter makes, as Ann Carmichael has so critically noted, that “it is important to recognize that much of the material that we use to understand past plagues is drawn from

³³⁹ Mead, *A Short Discourse*, 10.

memory”³⁴⁰—memories that were created and then retold to serve their authors’ wider purposes.

The plague contributed to empirical thinking and historical writing in the early modern era more so than most other diseases, because of its long existence in human communities. Only *sudor anglicus* and *morbus gallicus*, both of which seemingly appeared out of nowhere in the late fifteenth century, generated similar, albeit much shorter, historical reflections. Placing the study of plague treatises within this broader context of the rise of historical writing, especially such writing being undertaken by physicians and other medically oriented writers, is thus crucial for understanding the nuances that exist in discussions of the plague’s temporality.

Applying another axis of the new analytical model here has demonstrated that carefully tracing and comparing how treatise writers portrayed the plague’s history over time pinpoints a number of distinct transitions in those discussions. Some of the transitions are incremental while others are transformative; together they belie the historiographical belief that plague tracts are static and interchangeable. Looking how tract writers discussed the plague’s purported history is important for better understanding how they both constructed the place and role of the disease in their societies and set the terms by which the plague itself was understood in England and France across almost four centuries of recurrent outbreaks.

³⁴⁰ Carmichael, “Last Past Plague,” 134.

CHAPTER 4

FROM ELSEWHERE TO EVERYWHERE, FROM THERE TO HERE: SEEING THE PLAGUE IN SPACE

Writing the spaces of disease

We almost never remark on either the progress or the duration of the plague in a territory. No word is said about the many places that are afflicted [at the same time]. This makes it appear that we are speaking of several plagues, when it could be the same one that has passed from one city or kingdom to another, or that has been renewed because it was not sufficiently extinguished. — Pierre Baux, 1722¹

In 1722, the internationally renowned Nîmois physician Pierre Baux complained that previous writers had not thought it necessary to dwell on the origin and spread of the plague. Of course, he acknowledged, knowing from where the disease had come, or by what route it had travelled, would not have helped physicians to treat the sick.² However, not paying attention to the various places affected by the plague meant that writers—and their readers—were oblivious to the fact that they could all be facing and discussing the same disease. Not recognising this possibility—not paying attention to outbreaks already known to be occurring in numerous cities in Syria, for example—had caused officials in Marseille to be caught by surprise when plague broke out there in 1720.³

Underlying Baux's discussion of the nature and origin of the plague are several layers of spatial interpretation of the disease and the spaces that it occupied. Many doctors had fled Nîmes in fear of the plague as it ravaged southern France in 1720–2. Baux had remained behind in the diseased city to treat the afflicted, despite the havoc that he knew that the plague would bring

¹ “On ne marque presque jamais, ni le progrès ni la durée de la Peste dans un Estat; on ne dit mot de plusieurs Lieux qui ont été affligés; ce qui fait croire que plusieurs Pestes dont on a parlé, pouvoient être la même qui avoit passé d'une Ville ou d'un Royaume à l'autre, ou qui s'étoit renouvelée, parce qu'elle n'avoit pas été suffisamment éteinte.” Pierre Baux, *Traité de la peste* (Toulouse: Jean Guillemette, 1722), 16.

² “Nous n'avons pas crû devoir nous étendre davantage sur ce qui regard l'origine de la Peste: cette recherche n'est pas d'une grande utilité; il est assez indifférent pour le soulagement des malades...” Baux, *Traité de la peste*, 17.

³ Baux, *Traité de la peste*, 8–10.

upon the city's social order, and despite his conviction that the plague was contagious.⁴ For proof of its contagious nature, he stated, one need only to look at the places where the disease “makes its harvest”: look to Marseille, he said, where the progress of the plague from one household to another, from one neighbourhood to the next, could clearly be traced. Before its arrival there, he added, look to the ship that had brought the plague to Marseille: it had been first to Sidon, to Beirut, and to other places in Syria where the disease was already reigning with full force.⁵ The ship did not just transport commercial goods and men; it also transported disease.

The traditional way of separating and defining pestilences—as general when they affect a large part of the world; as particular when they afflict only a single kingdom, province, or city; or as local when they do not extend beyond their point of origin—was thus not useful for understanding the plague: Baux argued that all plague outbreaks had the potential to evolve from one type to the other, such as from particular to general.⁶ What was more important was to recognise that seemingly unrelated “particular” or local outbreaks may in fact be part of a broader “general” epidemic afflicting a large part of the world at the same time.

For further proof of his contention that the plague was not a locally generated disease that originated within Marseille itself, Baux pointed to the catastrophic effects that the outbreak had wrought throughout Provence. To suggest that nowhere else in Provence had felt its effects, or that those places closest to Marseille had suffered while the towns located some distance away had not, was to ignore the truth. It is certain, he insisted, that “if Marseille had been the centre of infection, mortality should have been greater there, or it should not have been considerable in the places that were far away from it.”⁷ Instead, the disease affected all of the places that surrounded

⁴ *Biographie universelle, ancienne et moderne*, tome troisième (Paris: Michaud Frères, 1811), 581.

⁵ Baux, *Traité de la peste*, 8.

⁶ Baux, *Traité de la peste*, 2–3.

⁷ “Il est donc certain, que si Marseille avoit été le foyer de l’infection, la mortalité auroit dû y être plus grande, ou

Marseille. This was not, as some wanted to argue, because each city contained its own centre of infection; rather, this was a disease that moved. Arles, which was located some twenty leagues away from Marseille, was affected worse than Marseille itself. Furthermore, places like La Canourgue were infected, while other towns that lay between it and Provence appeared to escape unscathed. The plague was not only contagious, it was also portable, its power actually growing as it was carried from one space and place to another.

Some 100,000 people died of the plague in the port city of Marseille and in the surrounding provinces between 1720 and 1722. Half of the deaths came from outside the city, and in some small towns the death rate exceeded fifty percent. The epidemic reached as far as Aix-en-Provence, Arles, Apt, and Toulon, and spread into the Comtat-Venaissin, the foothills of the Alps, and the Massif Central. Some cities experienced more than one outbreak over the two-year period, while others were spared entirely.⁸ Quarantines and *cordons sanitaires* failed to keep the disease in check locally, and may have actually increased local mortality; they did, though, help to forestall its spread further north.⁹ All of these facts, if not known immediately by Baux, were apparent enough to contribute to his conception that the plague was a disease whose spatial implications—its foreignness, its portability, and its contagiousness—needed to be recognised, even if such knowledge meant nothing in the end to those who suffered from it.

Despite Baux's dismissal of his predecessors' ability to comprehend the plague's movement and spread, some of them had in fact been paying close attention to this very issue since the arrival of the Black Death in 1348. Like Baux' dismissal of early tract writers' observations, historians have largely failed to notice that tract writers' portrayals of the plague incorporated a

qu'elle auroit dû n'être pas confiderable dans les Lieux qui en sont éloignez." Baux, *Traité de la peste*, 10.

⁸ Michel Signoli, Isabelle Séguy, Jean-Noël Biraben, Olivier Dutour and Paul Belle, "Paleodemography and Historical Demography in the Context of an Epidemic: Plague in Provence in the Eighteenth Century," *Population* 57, no. 6 (2002): 829–54.

⁹ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 350–3.

range of spatial arguments about the plague's origins. Relying again on the new analytical method proposed in Chapter 1 to undertake a deeper reading of Baux's arguments offers several new insights into the types of geographic ideas that tract writers used to explain the origins of the plague. First, it demonstrates that tract writers' attempts to understand and describe the plague inherently included a spatial context that blended ideas about local and foreign places. Second, it reveals that the authors' discussions about the spatial and geographical nature of the plague were not entirely dependent on their medical beliefs about how the plague was generated and spread, but rather reflected their place in history and their geographical location. Third, it exposes the ways in which the placement of the plague's origins were slowly and subtly shifted outward. Finally, it speaks to the ways in which tract writers fit their epidemiological observations to their spatial and geographical preconceptions, rather than the other way around.

Henri Lefebvre's 1974 work *La Production de l'espace* and Michel Foucault's 1976 interview in the French journal *Hérodote* (and their translations into English in 1991 and 1980, respectively) instigated the proliferation of studies into the roles of and meanings given to and derived from space(s) and place(s).¹⁰ Unhinging the concept of space from its rigidly geometric definition, Lefebvre described space as something that one could perceive (spatial practice), conceive (representations of space), or live (representational spaces).¹¹ He thus decoupled the idea of space from static geography and reconceptualised it as a social construct. Lefebvre's work allowed subsequent scholars from a variety of disciplines to reassess the ways in which space has been used and defined over time, as well as how it has acquired symbolic meaning. In short, as Marcus Stock and Nicola Vöhringer have noted, it has reframed space as an idea that

¹⁰ Henri Lefebvre, *La production de l'espace* (Paris: Éditions Anthropos, 1974), in English translation as Henri Lefebvre, *The Production of Space*, trans. Donald Nicholson-Smith (Oxford: Blackwell, 1991). "Questions à Michel Foucault sur la géographie," *Hérodote* 1 (1976): 71–85, in English translation as Michel Foucault, "Questions on Geography," in *Power/Knowledge: Selected Interviews and Other Writings 1972–1977*, ed. Colin Gordon, trans. Colin Gordon, Leo Marshall, John Mepham, and Kate Soper (New York: Pantheon Books, 1980).

¹¹ Lefebvre, *Production of Space*, 38–46.

has “always been culturally produced, socially negotiated, and historically shifting.”¹²

Humanistic geographers such as Ann Buttimer, for example, have drawn on ideas of social space, territoriality, and proxemics to investigate the shifting relationships that people have with their local spaces and places.¹³

Michel Foucault, by contrast, focused more specifically on space as the intermediary between knowledge and power, as the “region(s) [and] domain(s)” through which knowledge becomes and begets power. Interpreting communications through a spatial lens, he argued, “enables one to grasp precisely the points at which [i.e., the places in which] discourses are transformed in, through and on the basis of relations of power.”¹⁴ The dynamics and implications of this space-knowledge-power relationship reappeared in many of his other writings about architectural plans in places of confinement, quarantines and the confinement of the ill, the distribution of knowledge, and so on.¹⁵

Perhaps most notable in this regard is Foucault’s work on the history of madness, through which he demonstrated how the types of spaces in which the insane were kept influenced the social construction of their ailments, the way in which society perceived them, and the power relationship that existed between them and the medical profession. As he presented the case, the “great confinement” of deviants—such as beggars, criminals, lunatics, and wanderers—in France between 1650 and 1800 replaced the consignment of the mad to society’s outer margins where they had been tolerated and remained part of their communities. Their confinement was

¹² Marcus Stock and Nicola Vöhringer, “Spatial Practices, Medieval/Modern,” in *Spatial Practices, Medieval/Modern*, ed. Marcus Stock and Nicola Vöhringer (Göttingen: V&R Press, 2014), 9.

¹³ See, for example, Anne Buttimer and David Seamon, eds., *The Human Experience of Space and Place* (London: Croom Helm, 1980).

¹⁴ “Questions on Geography,” 69–70.

¹⁵ Stuart Elden and Jeremy W. Crampton, “Introduction: Space, Knowledge and Power: Foucault and Geography,” in *Space, Knowledge and Power: Foucault and Geography*, ed. Jeremy W. Crampton and Stuart Elton (London and New York: Routledge, 2016), 1. Elden and Crampton’s collected essays provide a succinct overview of the influence of Foucault’s work on geographers and their conception of geographical space.

predicated on a “rational” belief that the mad were like other deviants and had freely chosen to be unreasonable. It also contributed to the physical separation of deviants from society, which enabled them both to become physical objects of study and punishment and to be labeled as moral outcasts. The rise of asylums in the nineteenth century, in turn, separated the insane from society still further, housing them in places devoted solely to their confinement under medical supervision and treatment. In this case, Foucault argued, the definition of the inmates and the spaces in which they were held were mutually reinforcing: their increasing segregation from wider society reduced both their role and power in that society.¹⁶

Jacques Lévy’s work on the geography of political processes—what he called the spatial structures and dynamics of “societal legitimacy”—built further on both Lefebvre and Foucault’s works. Lévy highlighted the mutual influences that locality, party politics, electoral practices, housing, and social identities have on each other and on the notions of representation and power. He also looked at how these influences changed, and were changed, over time. These patterns he interpreted as the “*effets de localité*,” or effects of locality. Electoral results in France, for example, historically tended to follow localised spatial and geographical patterns more clearly than they did socio-economic interests.¹⁷

Other recent work has demonstrated that spatial practices were acted out in a variety of ways. These include ways in which the internal spaces in cathedrals and homes were changed and manipulated for different purposes at different times, how the concept of the king’s peace in England expanded from a measurable physical space around his body to a legal concept that

¹⁶ Michel Foucault, *History of Madness*, ed. Jean Khalfa, trans. Jonathan Murphy (New York: Routledge, 2006). Originally published as Michel Foucault, *Folie et Dérison: Histoire de la folie à l’âge classique* (Paris: Librairie Plon, 1961). Later historians have pointed to the many errors of fact in Foucault’s study, but his work nevertheless continues to be a major source for the history of the social and institutional practices surrounding care for people with mental health illnesses.

¹⁷ Jacques Lévy, *L’espace légitime: sur la dimension géographique de la fonction politique* (Paris: Presses de la Fondation Nationale de Sciences Politiques, 1994), 362.

embodied the entire realm, how portrayals of the wilderness were at once pristine and savage, or how diseased neighbourhoods were both pitied and feared. As a recent collection of essays on medieval practices of space demonstrates, such practices also addressed the ways in which heterogeneous public spaces could be defined and redefined by different historical agents with various levels of power or legitimacy working at particular locations and times.¹⁸

Jacques Lévy and Michel Lussault defined space as a hybrid social object defined by its spatial dimension—“at once material, immaterial, and abstract”—and by the metaphors that interlace it.¹⁹ Space is thus much more than a physical place, but in many respects its practice and interpretation remains tied to a physical location; as Lévy and Lussault noted, the idea of space includes both a geographical location and “the ideologies, memories, symbols, all the things that constitute the ‘added-value’ of territory.”²⁰

Although Michel de Certeau’s conception of space rested on a clear distinction between space (*espace*) and place (*lieu*), for him space still also occurred or was practiced *within* a physical place.²¹ Visual markers and signs, perambulations and processions, heraldic emblems, notarial and administrative acts, language, and stories and metaphors have all created, in their own ways, both the socially constructed boundaries of a physical location and the meanings that those boundaries held for different actors at different times.²² The construction and delimitation of space may be simultaneously inclusive and exclusive, as the purposeful use of space embodies

¹⁸ Barbara A. Hanawalt and Michal Kobińska, eds., *Medieval Practices of Space* (Minneapolis: University of Minnesota Press, 2000).

¹⁹ *L’espace est un “objet social défini par sa dimension spatiale...[elle] est souvent hybride, à la fois matérielle, immatérielle, et idéale...les significations métaphoriques de toutes sortes s’enchevêtrant.”* Jacques Lévy and Michel Lussault, *Dictionnaire de la géographie et de l’espace des sociétés* (Paris: Bélin, 2003), 325.

²⁰ “...inclure l’analyse des idéologies, des mémoires, des symboles, toutes choses qui constitueraient la ‘plus-value’ du territoire par rapport à l’espace.” Lévy and Lussault, *Dictionnaire de la géographie*, 326.

²¹ Michel de Certeau, *The Practice of Everyday Life*, trans. Steven Rendall (Berkeley: University of California Press, 1984), as discussed in Stock and Vöhriner, “Spatial Practices,” 15.

²² *Construction de l’espace au Moyen Âge : pratiques et représentations*. XXXVII^e Congrès de la SHMESP (Mulhouse, 2–4 juin 2006) (Paris: Publications de la Sorbonne, 2007).

symbolism and visualises power, authority, and identity. Space sets limits to, and is limited by, both its physical area and its organisation by humans; as Michel Lussault noted, it thus is equally structured by the principles of continuity and contiguity, and of discontinuity and distance.²³ It can be both positive and negative at once. Whether architectural, ceremonial, territorial, or cultural, then, space is “socially constructed in ways that shape [both] the events that occur in that space”²⁴ and their interpretation and portrayal by both insiders and outsiders.

What of diseased spaces and places, whether actual or socially constructed? Lefebvre spoke to the ways in which urban planning processes implicitly integrate notions of “healthy and diseased spaces”—not exclusively in the medical sense of health and disease, but also in terms of the creation of harmonious social interactions within and across the various places in a city.²⁵ Foucault’s deconstruction of the medical clinic integrated concepts of bodily and institutional spaces. His work underscored the role that clinical spaces play in society and the influence that they have, both as physical places where health services and care related to people’s bodies are offered and received, and as institutional constructs that are imbued with authority, power, and social control.²⁶ In this sense, contemporary perceptions about what constitutes healthy or diseased spaces and places are as much socio-political and cultural constructions as they are geographic realities.

Medieval hospitals, for example, were often (although not always) situated in liminal spaces, outside urban walls or alongside parish boundaries. Roberta Gilchrist has argued that the places

²³ Michel Lussault, *L’Homme spatial. La construction sociale de l’espace humain* (Paris: Seuil, 2007).

²⁴ James C. Scott, “Preface,” in *Political Space in Pre-Industrial Europe*, ed. Beat Kümin (New York: Routledge, 2009), 1.

²⁵ Henri Lefebvre, *Writings on Cities*, trans. Eleonore Kofman and Elizabeth Lebas (Oxford: Blackwell, 1996), 99, quoted in Andrzej J.L. Zieleniec, *Space and Social Theory* (London: Sage, 2007), 82.

²⁶ Michel Foucault, *The Birth of the Clinic: An Archaeology of Medical Perception*, ed. Alan Sheridan Smith (New York: Pantheon Books, 1973). Originally published as Michel Foucault, *Naissance de la clinique: une archéologie du regard médical* (Paris: Presses universitaires de France, 1963). As Chris Philo argues, Foucault’s study is also a work of medical geography. Chris Philo, “The Birth of the Clinic: An Unknown Work of Medical Geography,” *Area* 32, no. 1 (March 2000): 11–19.

where hospitals were located were used simultaneously to mark a “point of transition between territories,” to “protect and define...the boundaries between social and economic groups...[and to] to control and observe stigmatized groups, such as the poor, aged and infirm.”²⁷ Martha Carlin and Carole Rawcliffe have each shown, for example, that early English hospitals regularly prohibited the entry of lepers, lunatics, pregnant women, people with infectious illnesses, and other “diseased persons” who might interfere with liturgical performances or otherwise contaminate what were perceived to be sacred spaces that were not necessarily designed to provide physical healing.²⁸ Luke Demaitre, François-Olivier Touati, and Katharine Park’s respective works on medieval lepers indicated that sufferers faced restrictions on their mobility and their access to local spaces and places so that their illness—deemed by medieval contemporaries to be the physical manifestation of a more serious spiritual affliction, a “disease of the soul”—would not infect others.²⁹ Research on more recent contexts has demonstrated that during disease outbreaks, urban neighbourhoods inhabited by poor and/or immigrant populations often became the target of aggressive sanitary and purification measures designed to clean up both the diseased neighbourhood itself and the diseased bodies and cultural habits that inhabited it.³⁰ David Barnes and Alain Corbin’s studies of late nineteenth-century Paris indicated that

²⁷ Roberta Gilchrist, “Medieval Bodies in the Material World: Gender, Stigma, and the Body,” in *Framing Medieval Bodies*, ed. Sarah Kay and Miri Rubin (Manchester: Manchester University Press, 1994), 49.

²⁸ Martha Carlin, “Medieval English Hospitals,” in *The Hospital in History*, ed. Lindsay Granshaw and Roy Porter (London: Routledge, 1989), 21–40; Carole Rawcliffe, “Medicine for the Soul: The Medieval English Hospital and the Quest for Spiritual Health,” in *Religion, Health and Suffering*, ed. John R. Hinnells and Roy Porter (London: Kegan Paul International, 1999), 316–38.

²⁹ Luke Demaitre, *Leprosy in Premodern Medicine: A Malady of the Whole Body* (Baltimore: The Johns Hopkins University Press, 2007); François-Olivier Touati, *Maladie et société au Moyen Âge : la lèpre, les lépreux et les léproseries dans la province ecclésiastique de Sens jusqu’au milieu du XIV^e siècle* (Bruxelles: De Boeck Université, 1998); Katharine Park, “Medicine and Society in Medieval Europe, 500–1500,” in *Medicine in Society: Historical Essays*, ed. Andrew Wear (Cambridge: Cambridge University Press, 1992), 86–7.

³⁰ As Dorothy Porter has noted, the growth of cities shifted the focus of public health measures from the comfort of the elite to preventing the spread of disease from poorer populations, whose “behaviour in relation to the spread of disease became subject to [municipal and state] regulation.” *Health, Civilization, and the State: A History of Public Health from Ancient to Modern Times* (London: Routledge, 1999), 24. Particularly notable examples of this can be seen in Charles E. Rosenberg, *The Cholera Years: The United States in 1832, 1849 and 1866* (Chicago: University

citizens perceived the areas surrounding the sewers that flushed waste away from the city to be particularly foul and diseased spaces; the loudest complaints about sewer odours came from the higher class and status-conscious bourgeoisie who felt threatened by the waste generated in the poorer areas of town as it flowed beneath their feet.³¹

Warwick Anderson and Colin McFarlane have shown that away from home, colonised spaces and colonised bodies were often viewed as sites of disease.³² Even ‘at home,’ debates erupted in the printed medical literature about the safety of adopting imported remedies and healing practices from colonised spaces and those occupied by Others. Although some European practitioners believed that foreign remedies would be more efficacious than local therapies for treating “new” and “foreign” diseases such as syphilis, others insisted that foreign remedies were simply too dangerous. The seventeenth century English physician and clergyman Timothie Bright, for example, felt it “absurd, that the health of so many Christian nations should hang upon the courtesie of those Heathen and Barbarous nations...[whose remedies] work differently upon bodies in their natural climates.”³³ The debates largely centred on whether it was more important for herbal remedies to come from the same place as the disease—and thus be suitable for the disease—or as the patient—and thus be suitable for the individual’s “natural and native constitution.” Certainly in the latter two cases in particular, European territorial exploration and

of Chicago Press, 1962) and David Rosner, ed., *Hives of Sickness: Public Health and Epidemics in New York City* (New Brunswick NJ: Rutgers University Press, 1995).

³¹ David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle Against Filth and Germs* (Baltimore: The Johns Hopkins University Press, 2006) and Alain Corbin, *The Foul and the Fragrant: Odor and the French Social Imagination* (Cambridge, MA: Harvard University Press, 1986). For similar complaints in other times and places, see also Michelle Ziegler, “Malarial Landscapes in the Late Antique Tiber Valley,” *Landscapes* 17, no 2 (2016): 139–55 and Kevin Fitzpatrick and Mark LaGory, *Unhealthy Places: The Ecology of Risk in the Urban Landscape* (New York: Routledge, 2000).

³² Warwick Anderson, *Colonial Pathologies: American Tropical Medicine, Race, and Hygiene in the Philippines* (Durham, SC: Duke University Press, 2006); Colin McFarlane, “Governing the Contaminated City: Infrastructure and Sanitation in Colonial and Post-Colonial Bombay,” *International Journal of Urban and Regional Research* 32, no. 2 (June 2008): 415–35.

³³ Timothie Bright, *A Treatise, Wherein is Declared the Sufficiencie of English Medicines, for Cure of All Diseases* (London: H.L. for Tho. Man, 1615), 8. See also Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven: Yale University Press, 1997).

expansion from the early modern period onward brought with it not only exposure to new diseases, but also access to new forms of treatment. This same expansion also shaped contemporary portrayals of what kinds of spaces in which particular geographic places engendered the plague.

The conceptual links between space(s) and the plague are perhaps most clearly evident in the classic prophylactic advice *cito, longe, tarde* (“flee early, go far, and return late”). They also exist in historical practices of and discussions about religious processions (to forestall an epidemic), *lazarettos*/pest houses, quarantines, *cordons sanitaires*, and the hotly debated English practice of completely shutting up the houses of infected individuals and their families rather than moving them to pest houses as was more common elsewhere in Europe.³⁴ In each case, authorities created or designated specific spaces to protect, remove, isolate, hold at bay, or otherwise separate the “diseased” from the “healthy”. All required a significant level of religious, civic, and/or military administration, and all were met with varying degrees of opposition.

Each of these spaces also had reflections in geographical reality. The religious replicated Pope Gregory’s sixth-century procession through Rome, which many believed had ended a serious plague outbreak in that city. Instituted throughout Europe in 1348, such processions continued to be used at least through the sixteenth century. The processions followed specific, pre-defined paths through the streets to spiritually cleanse the urban spaces affected by the plague. *Lazarettos*, like other hospitals, were typically placed in liminal spaces outside a city’s walls or, where none existed, beyond the towns’ habited areas; Jane Stevens Crawshaw’s examination of plague hospitals in Venice, for example, shows that there they were located on

³⁴ Household quarantine was used in other cities, such as Venice, but it was not as restrictive elsewhere as it was in the case of England. See Jane L. Stevens Crawshaw, *Plague Hospitals: Public Health for the City in Early Modern Venice* (Burlington: Ashgate, 2012), 82–3.

the barrier islands of the lagoon.³⁵ Quarantined ships and goods were likewise relocated and stored in spaces away from the sites where “safe” economic transactions took place.

Cordons sanitaires included the stationing of soldiers and other military *materiel* along newly demarcated boundary lines between infected and uninfected regions. In the case of Bari, on Italy’s Adriatic coast, the maps that were created to explain and justify the cordoning of cities and towns with active plague outbreaks from those without in the late seventeenth century provided, according to Tom Koch, “a [contemporary] spatial argument about disease containment;” the *cordons* were, in other words, more than simple locations on a map but also “a timeline of the plague’s spatial progression.”³⁶ Although English officials took few administrative precautions against the plague during the fourteenth and fifteenth centuries, by the sixteenth century they too had instituted a series of fiercely controversial spatial policies to counteract the disease. Critics argued that the enforced isolation of entire families inside their homes as soon as one member fell ill, with their doors nailed shut and guards posted outside, in reality *created* a diseased space that doomed the entire family to death. It was, as one anonymous writer contended, both uncharitable and unchristian, and “actually spreads [the disease] as people [break out and] flee.”³⁷

Diseased spaces also refer to those particular places in which people believe that disease is engendered or from which it comes. Like other types of spaces, diseased places are at once metaphorical and anchored to specific geographical locations. On the one hand, the spatial boundaries of epidemics are not usually clear,³⁸ and throughout the Second Pandemic contemporaries recognised that the plague affected some, but not all, places and peoples; hence

³⁵ Stevens Crawshaw, *Plague Hospitals*, 86.

³⁶ Tom Koch, *Disease Maps: Epidemics on the Ground* (Chicago: University of Chicago Press, 2011), 51, 55.

³⁷ Anonymous, *The Shutting Up Infected Houses as It is Practised in England Soberly Debated...* (London, 1665), 5.

³⁸ D. Ann Herring and Alan C. Swedlund, “Plagues and Epidemics in Anthropological Perspective,” in *Plagues and Epidemics: Infected Spaces Past & Present*, ed. D. Ann Herring and Alan C. Swedlund (Oxford: Berg, 2010), 6.

the question that arose immediately in some early plague tracts about what made some individuals in some places susceptible to the plague and not others.

The answers to this question focused largely on the state of one's humoral and spiritual balances, and thus "openness" to infection. Carole Rawcliffe has argued that since "towns, cities and entire nations were believed to function—and malfunction—as bodies writ large,"³⁹ imbalance in an individual or group of individuals inherently put an entire locality at risk. Medical practitioners, the Church, and civic authorities all embraced the late medieval *Regimen sanitatis*, the guide to health. For the former, it outlined the means for preserving one's physical health by adopting a consciously moderate approach to the six non-naturals: diet, exercise, sleep, excretion, environmental conditions, and psychological well-being.⁴⁰ For the Church, spiritual health was paramount, and the *Regimen's* emphasis on temperance and restraint spoke not just to maintaining physical well-being, but also to avoiding sin. For secular officials, communal health relied on the orderly functioning and behaviours of all members of society. Since (im)morality and (un)healthiness were intimately linked, disorderliness in the form of vagabondage, prostitution, and other "uncivil behaviours" were believed to bring pollution and disease into the entire civic body; it thus had to be removed to a place outside the town's putative boundaries.⁴¹ Perceived disruptions to the symbiotic relationship between body and soul, and between individuals and the communities in which they lived, helped to explain why some areas suffered from the plague while others did not. Some of the earliest plague tract authors spoke directly of moral pestilence, which implied a link between collective disorder—such as was seen during times of war—and individual cases of disease that was brought on by the moral disruption that

³⁹ Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge: Boydell Press, 2013), 55.

⁴⁰ Nancy G. Siraisi, *Medieval and Early Renaissance Medicine: An Introduction to Knowledge and Practice* (Chicago: University of Chicago Press, 1990), 120–3.

⁴¹ Rawcliffe, *Urban Bodies*, 54–115.

ensued.⁴² Such beliefs also explain, in part, the violent actions taken against perceived “perpetrators” or intentional spreaders of plague during the Black Death, such as Jewish populations in Iberia, France, and the Holy Roman Empire.⁴³

Explaining differential experiences with the plague also acknowledged the state or nature of the particular spaces that people inhabited. Drawing from ancient Hippocratic traditions, medieval and early modern medical culture accepted that a distinct relationship existed between particular geographical places, the generation of specific diseases, and people’s overall health status.⁴⁴ It was clear to plague tract and other contemporary writers that diseases like the plague resided or erupted in particular places and spread from there to other, previously healthy, places. Such reasoning was not new. As early as 500 B.C., Greek natural philosophers had included the idea of diseased places in their discussions of the factors that promoted health and created disease. Alcmaeôn of Crotôn was one of the first to explicitly suggest that disease is “sometimes affected by external causes, such as certain waters or *a particular site*...”⁴⁵ The Hippocratic treatise *Airs, Waters, and Places* elaborated considerably on the idea that the specific topographical and climatic features of every geographic place define local people’s health status. For example, locations replete with stagnant, thick, foul smelling marshes and lakes were particularly unwholesome places to inhabit. However, not only did “the forms and dispositions of mankind...correspond with the nature of the country” in which people actually live,⁴⁶ as

⁴² Jon Arrizabalaga, “Facing the Black Death: Perceptions and Reactions of University Medical Practitioners,” in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 247.

⁴³ Samuel K. Cohn, Jr., “The Black Death and the Burning of the Jews,” *Past & Present* 196 (2007): 3–36; Anna Colet, Josep Xavier Muntané i Santiveri, Jordi Ruíz Ventura, Oriol Saula, M. Eulàlia Subirà de Galdàcano, and Clara Jáuregui, “The Black Death and Its Consequences for the Jewish Community in Tàrraga: Lessons from History and Archeology,” *The Medieval Globe* 1, no. 1 (2014): 63–96.

⁴⁴ Andrew Wear, “Place, Health, and Disease: The *Airs, Waters, Places* Tradition in Early Modern England and North America,” *Journal of Medieval and Early Modern Studies* 38, no. 3 (2008): 443.

⁴⁵ Alcmaeôn of Crotôn quoted in Kathleen Freeman, *Ancilla to the Pre-Socratic Philosophers* (Cambridge MA: Harvard University Press, 1948), 40–1. Emphasis added.

⁴⁶ Hippocrates, “On *Airs, Waters, and Places*,” in *The Genuine Works of Hippocrates: Translated from the Greek*

Hippocrates contended, but the winds blowing from elsewhere could also bring disease from afar: the Greeks believed that the hot and humid southerly winds blowing across the Mediterranean Sea from the North African coast carried moist chronic diseases, such as fluxes, diarrhoeas, dysenteries, and epilepsy.⁴⁷ The latter sections of the Hippocratic treatise relied on these topographical and environmental considerations to explain the differential health status of the peoples of “Europe” and of “Asia.” They also included a prescient discussion of the unhealthiness of the Black Sea region—a commentary that surely influenced later writers to locate the origins of the plague there and to emphasise the west-east geographical divide of healthy versus unhealthy, and therefore disease-generating, places.

Later medical authorities incorporated aspects of the Hippocratic *Airs, Waters, and Places* and *On the Nature of Man* into their own theories.⁴⁸ Central to Galen of Pergamon’s writings was the idea of miasma, an unseen poisonous vapour containing particles of decomposed matter that causes disease when it enters people’s bodies and upsets their humoral balances. Miasma, or corrupted air, arose from the same types of topographical features that Hippocrates had identified as unhealthy, including stagnant waters, marshes, ditches, deep valleys, and the cracked surfaces of the earth (such as those caused by earthquakes). For Galen, battlefields full of the rotting corpses of soldiers were particularly problematic. Galen noted that while some diseases could be transmitted directly from one individual to another, others affected individuals who live far apart when the air in one place became putrefied and spread through the wind.⁴⁹

with a Preliminary Discourse and Annotations, trans. Francis Adams, vol. 1 (New York: William Wood and Company, 1886), 182.

<https://ia601702.us.archive.org/22/items/genuineworksofhi00tran/genuineworksofhi00tran.pdf>

⁴⁷ Hippocrates, “On Airs, Waters, and Places,” 158–61.

⁴⁸ Vivian Nutton, “The Seeds of Disease: An Explanation of Contagion and Infection from the Greeks to the Renaissance,” *Medical History* 27, no. 1 (1983): 1–34.

⁴⁹ Jacques Jouanna, *Greek Medicine from Hippocrates to Galen: Selected Papers* (Leiden: Brill, 2012), 130. The Hippocratic text, *On the Nature of Man*, had also explained that epidemics—meaning those diseases that affect a large number of people at the same time—are necessarily caused by infected air, rather than solely by an

Writing during the First Plague Pandemic in the seventh century, Isidore of Seville explained that diseases such as the quickly spreading *pestilentia* arose from corrupted air, and that people exposed to windblown corrupted air were as likely to be infected by the disease as were the people who lived right beside unwholesome local waters.⁵⁰ The eleventh-century Latin translations of Islamicate medical works by Ibn Sina /Avicenna and Al-Majusi/Haly Abbas, who based their notions of diseased landscapes on Arabic translations of the earlier Greco-Roman medical texts, reinforced the association between the landscapes of specific places, corrupted air, foul smells, and disease.⁵¹ The Hippocratic *Airs, Waters, and Places* tradition thus continued into the European late medieval medical corpus, via the Islamicate texts; particular features of rural and urban landscapes—marshes, sluggish waterways, damp and dark valleys in the countryside, and slaughterhouses, tanneries, and garbage heaps in the cities—were accepted as local sources of disease because of their propensity to generate corrupted and foul smelling air. In the century prior to the Black Death, European medical textbooks and popular regimens, such as the widely circulated one written by Arnaldus de Villanova, addressed the link between place and disease by noting the particular topographies that generated or created unpleasant smells and advising readers about the healthiest places to live.

Numerous recent studies have countered the long-held belief that medieval populations were indifferent to living in cities that were cesspits of filth: civic regulations, policies, and rebuilding efforts enacted throughout Europe repeatedly sought to improve the healthiness of urban spaces

individual's unbalanced humours. "But when an epidemic of one disease is prevalent, it is plain that the cause is not regimen but what we breathe, and that this is charged with some unhealthy exhalation." Hippocrates, "On the Nature of Man," in *Hippocrates*, trans. W.H.S. Jones, vol. IV (London: William Heinemann, 1931), 27.

⁵⁰ W.D. Sharpe, ed. "Isidore of Seville: The Medical Writings: An English Translation with an Introduction and Commentary," *Transactions of the American Philosophical Society* New Series 54, no. 2 (1964): 57, 66.

⁵¹ Rawcliffe, *Urban Bodies*, 121. For a longer discussion of the various medieval medical writers who commented on the relationship between local environments and disease, particularly the Arabic writers, see John Aberth, *An Environmental History of the Middle Ages: The Crucible of Nature* (London: Routledge, 2013), 13–18.

and to reduce the problems associated with pollution and poor hygiene.⁵² The arrival of the plague (and even the threat thereof) served only to increase these efforts in the mid-fourteenth century.⁵³ Recurrent outbreaks of the plague (and other diseases) into the early modern era spurred not only continued attempts to clean and improve disease-ridden (natural and built) environments, but also encouraged ongoing examinations by contemporary physicians and topographers to determine what caused the relative healthiness or unhealthiness of particular places, both urban and rural.⁵⁴ Many plague tracts drew on this idea of disease-producing landscapes to explain which topographies were the most pestilential.⁵⁵

Drawing, in part, from this authoritative tradition that acknowledged an identifiable link between certain places and diseased spaces—primarily through the generation of corrupted air—plague treatises typically begin with a short explanation of “how þis seknes comess.”⁵⁶ Scholarly studies of plague treatises have noted the tract authors’ various astrological, terrestrial, religious,

⁵² Late medieval English and French urban records reveal longstanding efforts to keep the urban landscape in particular free of the stinking rubbish, offal, dead animals, human and animal waste, manufacturing by-products, and other detritus, as well as overcrowding, that gave rise to miasma and thence to disease. A broad range of public measures efforts were enacted, both reactively and pro-actively (sometimes at the order of the king), to improve communal health and welfare by improving the urban healthscape. Isla Fay, *Health and the City: Disease, Environment and Government in Norwich, 1200–1575* (Woodbridge: Boydell Press, 2015); Rawcliffe, *Urban Bodies*; John S. Lee, “Piped Water Supplies Managed by Civic Bodies in Medieval English Towns,” *Urban History* 41 (2014): 369–93; Guy Geltner, “Healthscaping a Medieval City: Lucca’s *Curia viarum* and the Future of Public Health History,” *Urban History* 40, no. 3 (2013): 395–415; Barney Sloane, *The Black Death in London* (London: History Press, 2011), 62, 127; Jean-Pierre Leguay, *La pollution au Moyen Age: dans le royaume de France et dans les grands fiefs* (Paris: Editions Jean-Paul Gisserot, 1999). Of course, on-going efforts to clean up late medieval cities reflected not just fears of miasma and disease, but also religious piety, civic pride, and commercial concerns. Streets blocked by refuse, ditches full of dung and animal carcasses, and air replete with foul odours were not, after all, particularly conducive to profitable trade or good impressions.

⁵³ In April 1349, for example, England’s King Edward III wrote to London’s mayor, John Lovekyn, about the poor state of the city’s streets; he demanded that “human faeces and other filth lying in the streets and lanes of that city and its suburbs should be removed with all speed to places far distant” and that the mayor should “cause the city and suburbs to be cleaned from all odour and to be kept clean as it used to be in the time of preceding mayors, so that no greater cause of mortality may arise from such smells.” *Calendar of Close Rolls*, Ed. III vol 9, 65, cited in Sloane, *Black Death in London*, 62.

⁵⁴ Mary J. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge: Cambridge University Press, 1997), 19–37. Dobson suggests that these examinations indicate a revival of the *Airs, Waters, Places* tradition but it is not clear that reference to it had ever declined in the plague tracts.

⁵⁵ For a discussion of the tract authors’ attentions on diseased landscapes see Lori Jones, “The Diseased Landscape: Medieval and Early Modern Plague-Scapes,” *Landscapes* 17, no. 2 (2016): 102–23.

⁵⁶ John of Burdews, “*No[ta] o[mn]ia ista*,” Oxford, Bodleian Rawlinson MS A.429, (late 14th/early 15th c.), f.85v.

and/or human susceptibility/agency explanations of what had caused the disease to erupt where and when it did, at times painting these interpretations as a menu from which the writers selected the option that best suited their particular point of view.⁵⁷ Such theories were not, of course, simply medical or, acknowledging Colin Jones's tripartite script analogy, also just religious or administrative.⁵⁸ Rather, they invoked a multi-factorial set of explanations, often using one to account for any shortcomings in another or to acknowledge that many things must have worked in concert to generate such a devastating and widespread epidemic.

This broad set of causal factors appeared and reappeared in the tracts from the mid-fourteenth through the early eighteenth centuries, in various combinations, reinterpretations, and degrees of emphasis, but nevertheless largely intact. At a quick glance, these explanations do not appear to have varied much over time: both astrological explanations and discussions of the harmful airs generated around marshes and crowded towns, for example, remained prominent in plague tracts until well into the seventeenth centuries in England and France. As a result of this apparent continuity, although "it is evident that perceptions of the *pestilentia* of 1348 changed as the course of time gave greater perspective,"⁵⁹ the historiography has neglected to deconstruct treatise authors' causal explanations and examine how the tracts' underlying commentaries did in fact evolve in response to changing perceptions of the complex relationships between space, place, and disease. It has, in other words, failed to recognise the implicitly geographical and spatial contents of plague tracts, and the motivations that underlay the ways in which such ideas were expressed and which places were "blamed" for generating the disease.

⁵⁷ Some historians ridicule contemporary explanations of the plague, rather than attempt to understand them in their historical context. Nicholas Vincent, for example, claims "Its [the plague's] causes—a great rain of worms and serpents in China? A foul miasma spread through the air? God's vengeance?—were as poorly understood as the precautions that might be taken against it." *A Brief History of Britain: 1066–1485, The Birth of a Nation* (London: Constable and Robinson, 2011), 335.

⁵⁸ Colin Jones, "Languages of Plague in Early Modern France," in *Body and City: Histories of Urban Public Health*, ed. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 44.

⁵⁹ Arrizabalaga, "Facing the Black Death," 247.

A close reading of the texts shows that the causal factors invoked by plague treatise authors contained underlying, albeit often implicit, spatial attributes: tract writers used astrological and religious considerations to interpret and explain the apparent “universality” of the plague, environmental and terrestrial features pointed both to particularly unhealthy places and to the geographic origins of the disease, human susceptibility and individual temperaments clarified why people in one place could become infected while their neighbours did not.

Once again using the history—textual analysis axis of the method proposed in Chapter 1 on a broad sample of English and French plague tracts, this chapter explores continuities and changes in the ways that treatise authors used spatial nuances to describe the plague. It explains these changes with reference to broader socio-cultural and socio-political imperatives, including humanism’s influence on geographical thought and the ways in which the perceived threat posed by the expansion of the Ottoman Empire shaped ideas about where the plague was generated. The chapter shows how references to a “universal” plague were replaced first by increasingly local orientations and then by allusions to hemispheric disease. It then explores how ubiquitous diseased local spaces came to be associated with the poor and then with foreign places. It discusses how the accepted far eastern geographic origins of the plague gave way to local sites of disease before being relegated specifically to the lands of the Ottoman Turks; in both cases, ideas about general, humoral-based human susceptibility to the disease became re-characterised as the flaw of the social, religious, and, most notably, geographic Other. The chapter ends with a link back to Chapter 3, through the reconceptualisation of the plague as a Turkish disease.

Explaining the plague's extent

A universal disease: "Spread throughout all the regions of Christendom"

I, Alfonso of Cordoba, master of the liberal and medical arts, have examined with much study the cause and nature of the pestilences which have arisen and begun in the present year of our Lord 1348...[and which are] spread throughout all the regions of Christendom. — Alfonso of Cordoba, 1348⁶⁰

In one of the earliest tracts written about the nature and cause of the plague, Alfonso of Cordoba discussed three consecutive pestilences that he claimed had just occurred, each one stemming from a different cause (and therefore requiring different remedies). Since the current epidemic was lasting so long and was so widespread, he argued that it could not have been caused by natural means. It thus had to be the result of deliberate human malice. The Paris Faculty of Medicine had previously declared in October 1348 that it sought to understand and explain "the causes of the epidemic which has prevailed since 1345."⁶¹ As the Faculty released its statement, the epidemic was already affecting many different parts of the world but had not yet reached Paris. It was, however, anxiously anticipated. Stories circulated rapidly and widely about the devastation that this "great mortality" was causing as it moved steadily westward and northward, from Provence to Avignon and throughout le Midi, after arriving on the southern coast some months earlier. It was only a matter of time before it arrived in Paris. The Faculty's tract was thus predicated on its "fear [of] a future pestilence here (in Paris)." By now, the Faculty noted, the plague had to be recognised as a "universal epidemic."⁶²

French plague treatises written during the Black Death comment in one way or another on the fact that the pestilence was a widespread phenomenon, in so far as it appeared in many

⁶⁰ "Alfonso de Córdoba: Letter and Regimen Concerning the Pestilence, ca. 1348," in *The Black Death: The Great Mortality of 1348–1350: A Brief History with Documents*, ed. John Aberth (Boston and New York: Bedford/St. Martins, 2005), 46.

⁶¹ "Report of the Paris Medical Faculty, October 1348," in *The Black Death*, trans. and ed. Rosemary Horrox (Manchester: Manchester University Press, 1994), 158.

⁶² "Report of the Paris Medical Faculty," 162, 158.

different places, either at the same time or following an identifiable progression. Some tract authors, like the Paris Medical Faculty, wrote their treatises as they heard rumours and followed reports about the plague as it moved consistently closer to them from southern France.⁶³ Writing in Reims a few months earlier, Pierre de Damouzy, foreseeing the Medical Faculty's concern, had noted that the disease was rapidly spreading through nearby regions.⁶⁴ It was obvious to the tract writers that this deadly disease was both widespread and would most certainly reach their cities. While they clearly centred their "universe" on what they were hearing from nearby regions and towns, other writers—perhaps having better access to information brought by merchants, pilgrims, or travellers coming from further afield—took a wider geographical view of the disease. French physician and astrologer Geoffrey de Meaux, writing in 1349, sought to understand why "this general pestilence...affected so many countries, and why it affected some countries more than others."⁶⁵ Simon of Covino's allegorical poetic tract spoke to a poisonous pestilence that was depopulating the earth because of the sins of all of mankind. An anonymous tract likewise sought to explain the pestilential epidemic "which now prevails in the world."⁶⁶ Another anonymous tract written by a physician from Montpellier also spoke in general terms about why towns situated so far apart could be affected by the same epidemic at the same time.

In England, where plague tracts were not yet circulating, religious leaders such as Robert Hathbrand, prior of Christchurch Canterbury, pointed to "the pestilences and wretched

⁶³ Expecting the plague's arrival in the Iberian peninsula some months earlier, Catalan physician Jacme d'Agramont had already justified writing the earliest known plague tract by speaking of people's fears of the "epidemics or pestilence and mortality of people [that] reign and have reigned in some parts and regions neighbouring ours." M.L. Duran-Reynals and C.E.A. Winslow, trans., "Jacme D'Agramont: Regiment de preservacio a epidimia o pestilencia e mortaldats," *Bulletin of the History of Medicine* 23 (1949): 57.

⁶⁴ "*Cum autem pestilencia jam regnet et regnaverit in terris satis prope nos...*" Petrus de Amousis, "Tractatus de epydemia," Bibliothèque Nationale, Fonds latin MS. 11227, f.212v–213r, cited in Alfred Coville, "Écrits contemporains sur la peste de 1348 à 1350," in *Histoire littéraire de la France* 37 (Paris: Imprimerie Nationale, 1938), 329.

⁶⁵ "The Astrological Causes of the Plague, Geoffrey de Meaux," in Horrox, *Black Death*, 167.

⁶⁶ "...pestilenciam epydimialem que nunc grassatur in mundo..." Anonymous, "Compendium breve contra epydimiam," Bibliothèque de Lille, MS. 863, f.151, cited in Coville, "Écrits contemporains sur la peste," 366.

mortalities of men which have flared up in other regions” and called for processions and prayer to “save and protect the king’s realm of England from these plagues and mortality.”⁶⁷ In a letter to his officials in York dated 28 July 1348, William Zouche, Archbishop of York, wrote of the “great a mortality, pestilence, and infection of the air [that] are now threatening various parts of the world.” Some two weeks later, Ralph of Shrewsbury, the Bishop of Bath and Wells, wrote to the archdeacons of his diocese to warn them that a “catastrophic pestilence” had arrived in “a neighbouring kingdom.”⁶⁸ Statements about the apparent universality of the outbreak are also found in many other contemporary lay and ecclesiastical texts. Petrarch lamented the death of “peoples throughout all the world... [which has caused] nearly the whole world—not just this or that part of the earth—[to be] bereft of inhabitants.”⁶⁹ Gilles li Muisis, the Abbot of St. Giles at Tournai, wrote “the mortality grew strong in Rome, the Romagna, Sicily, Tuscany, Italy, Gascony, Spain and various other countries, at last entering France in 1348...” Two years later, in 1350, li Muisis expanded his description of the pandemic, writing “there were persistent reports of a mortality which had begun in the East, and spread throughout India and all Christian and pagan countries from East, North and South, as was attested by the travellers and merchants who regularly visited those distant countries.”⁷⁰

Chroniclers and historians had made similar observations about the “universality” of plague outbreaks centuries earlier in their commentaries on the First Plague Pandemic. In his *History of*

⁶⁷ “The Importance of Prayer,” in Horrox, *Black Death*, 114. Despite this awareness that the plague was already rampant in France and elsewhere, and despite measures being enacted in other European cities, there is little evidence of manorial or royal accounts commenting on the plague in England before October 1348 and no formal actions were taken by London authorities to forestall the disease’s arrival in England. Sloane, *Black Death in London*, 29, 38. Indeed, no public orders addressing the plague appeared before the early sixteenth century. Paul Slack, “The Response to Plague in Early Modern England: Public Policies and their Consequences,” in *Famine, Disease and the Social Order in Early Modern Society*, ed. John Walter and Roger Schofield (Cambridge: Cambridge University Press, 1989), 167–88.

⁶⁸ “Intercessionary Processions (1)” and “Intercessionary Processions (2),” in Horrox, *Black Death*, 111, 112;

⁶⁹ “Francesco Petrarch: Letters on Family Matters May 1349,” in Aberth, *Black Death*, 72.

⁷⁰ “The Plague Seen from Tournai,” in Horrox, *Black Death*, 46, 49.

the Wars, the sixth-century Byzantine historian Procopius wrote

...it did not come in a part of the world nor upon certain men...but it embraced the entire world...[it spread] in either direction right out to the ends of the world...⁷¹

In his *Secret History*, he similarly exclaimed “the plague came, seizing in its grip the whole civilized world and especially the Roman Empire.”⁷² Other sixth-century writers witnessed “a great and mighty plague in the whole world...[that passed] from one land to another.”⁷³ While some of the contemporary Latin writers also used “universal” terminology to describe the plague outbreaks that they faced,⁷⁴ most focused almost exclusively on their own regions rather than on any apparent worldwide epidemic. Corippus, Gregory of Tours, Bede, and Paul the Deacon all wrote of plague outbreaks as if they were localised, rather than widespread, events.⁷⁵ Stories

⁷¹ Procopius, *History of the Wars*, trans. H. B. Dewing (London: Heinemann, 1914), vol. I (*Persian War*): Book II: Chapter 22, 453.

⁷² Procopius, *History of the Wars*, vol. VI (*Anecdota or Secret History*): Chapter 23, 275.

⁷³ Witold Witakowski, trans., *Pseudo-Dionysius of Tel-Mahre: Chronicle, Part III* (Liverpool: Liverpool University Press, 1996), 74–7.

⁷⁴ Marcellinus Comes, a sixth-century Illyrian chronicler, wrote of “a great pestilence [that] ravaged the land of Italy, and also the Orient and Illyricum which had been already similarly affected.” Brian Croke, trans. *The Chronicle of Marcellinus*, *Byzantina Australiensia* 7 (Sydney: Australian Association for Byzantine Studies, 1995), 50. Marcellinus’s chronicle was “a relatively popular work in the Middle Ages...and provides a concrete example of the process of cultural transmission from Antiquity to the Middle Ages.” Brian Croke, *Count Marcellinus and His Chronicle* (Oxford: Oxford University Press, 2001), 256. Adomnán, the late seventh-century abbot of Iona, devoted a short chapter in the *Vita Columbae* to “the plague, which in our own time twice visited the greater part of the world...including Italy, the Roman States, and the Cisalpine provinces of Gaul, with the States of Spain also, which lie beyond the Pyrenees, these islands of the sea, Scotia (Ireland) and Britain.” William Reeves, ed. *Life of Saint Columba, Founder of Hy. Written by Adamnan, Ninth Abbot of that Monastery* (Edinburgh: Edmonston and Douglas, 1874). <http://legacy.fordham.edu/halsall/basis/columba-e.asp>. While popular in the Scottish and Irish hagiographical tradition, the *Vita Columbae* was not included in Jacobus Voragine’s thirteenth-century *Aurea Legenda* (*Golden Legend*) and so was not widely known.

⁷⁵ Corippus’s epic poem *Iohannis* described the arrival of a widespread pestilence solely as one that “came to our land and took fire.” George W. Shea, trans., *The Iohannis or De Bellis Libycis of Flavius Cresconius Corippus*, *Studies in Classics* vol. 7 (Lewiston: Edwin Mellon, 1998), 107. Gregory of Tours made reference to several different deadly outbreaks in Gaul in which “so many people were killed off in the whole region.” Gregory of Tours, *History of the Franks*, trans. and ed. Earnest Brehaut (New York: Columbia University Press, 1916). See especially Books IV chapter 31 and IX chapters 20–22. Bede wrote about the outbreak of 664 in which St. Cuthbert was “struck down with the plague [*pestilentiae*] which at that time carried off many throughout the length and breadth of Britain.” B. Colgrave, trans. and ed., *Two Lives of Saint Cuthbert: A Life by an Anonymous Monk of Lindisfarne and Bede’s Prose Life* (Cambridge: Cambridge University Press, 1940), 181. I thank Michelle Ziegler for this reference. The *Anglo-Saxon Chronicles* likewise simply noted for the year 664 that “A great pestilences comes to Britain during which Bishop Tuda of Lindisfarne, Northumberland dies.” Guy Points, *The Combined Anglo-Saxon Chronicles: A Ready-Reference Abridged Chronology* (Oxford: Rihtspell Publishing, 2013), 26. Bede also included a chapter on *De Pestilentia* in his early work *De natura rerum* that has nothing to say about the plague’s geographical spread. Finally, Paul the Deacon reflected on at least four separate outbreaks, all of which devastated

attributed to Pope Gregory the Great were also geographically specific in that they spoke only of the outbreak of disease in Rome.⁷⁶ Other texts written during the First Pandemic that focus more specifically on the clinical aspects of the disease, such as Isidore of Seville's *On Medicine* and *De natura rerum*, do not place the early medieval outbreaks into any geographical or spatial context.⁷⁷ Black Death-era plague tract writers, who knew only of the Latin texts, were thus unaware of the First Pandemic's "universal" reach; certainly none make any direct mention of a previous widespread or universal epidemic. Although some treatise authors writing during the Black Death recalled epidemics from the days of Hippocrates, Galen, and Pope Gregory I, they categorically dismissed these earlier outbreaks as having been less universal (and thus less devastating) than the one that they currently faced. They struggled to understand the plague as it moved ever closer to them, seeing its apparent global reach as unprecedented and inexplicable.

Describing a widespread outbreak of disease as "universal" might be explained as a literary trope or cliché that simply reflected the extent of concern about the effect and impact of a devastating epidemic. As Ann G. Carmichael has noted, even when using terms such as "universal," "everywhere," or "the whole world," the writers in both the sixth and fourteenth centuries meant, for the most part, only their own immediate regions and a limited number of other places that they might have heard about through political or religious alliances⁷⁸ or through the stories of travellers. Where the authors lived in one part of a larger empire, they could have

specific areas of Italy. Paul the Deacon, *History of the Lombards*, discussed in Little, "Life and Afterlife," 12–13.

⁷⁶ Pope Gregory I himself wrote letters acknowledging that the pestilence that he faced "was ravaging Italy, Africa, and the East." Dionysios Ch. Stathakopoulos, *Famine and Pestilence in the Late Roman and Early Byzantine Empire: A Systematic Survey of Subsistence Crises and Epidemics* (Aldershot: Ashgate, 2004), 332–3. Kyle Harper has suggested that much earlier Latin chronicles about the Antonine (ca. AD165) and Cyprianic (ca. AD249) "plagues" described those events as universal and might have been known by later chroniclers. No early plague treatise authors mention them, however. Personal email correspondence, 23 March 2016.

⁷⁷ Sharp, "Isidore of Seville," 57.

⁷⁸ Ann G. Carmichael, "Universal and Particular: The Language of Plague, 1348–1500," in *Pestilential Complexities: Understanding Medieval Plague*, ed. Vivian Nutton (London: Wellcome Trust Centre for the History of Medicine, 2008), 19.

had some sense of a much broader geographic scale, such as at the height of the Roman Empire (second to third centuries) or the Byzantine Empire (sixth century); this sense of territorial universality or globalness, however, was later lost with political fragmentation as the Empires declined. Mark Greengrass has suggested that the replacement of the Roman Empire by a universal Christendom created “an imagined...world united by its beliefs and aspirations,”⁷⁹ but not one with defined geographical parameters. By the eleventh century, an ideological split between eastern and western Christianity led to the development of a more defined sense of western Christianity’s “geographical and ideological units: the papacy and the Holy Roman Empire...[and] an atmosphere of confident universalism.”⁸⁰ Even so, universalism here reflected people’s sense of belonging to a belief community rather than to a particularly large and united geographic space, as local loyalties, identities, and issues took precedence. Certainly, the efforts and attentions of most fourteenth-century chroniclers focused on specifically local concerns and not on a broader geographical world about which few would have had much knowledge or direct experience. For them, using “universal” terminology was typically more rhetorical device than observation and understanding of the actual extent of the pandemic.⁸¹

Later chroniclers, such as the Frenchmen Jean de Venette and Jean Froissart or the Englishmen Henry Knighton and Thomas Walsingham, wrote about the universality of the Black Death with the advantage of hindsight, using information collected from the writings and

⁷⁹ Mark Greengrass, *Christendom Destroyed: Europe 1517–1648* (New York: Viking, 2014), xxvi.

⁸⁰ Greengrass, *Christendom Destroyed*, xxvii.

⁸¹ In addition, many of the texts that discuss epidemics were hagiographies written by clerics, whose purpose was less to write *about* the plague (or indeed any verifiable outbreak) than to use disease as an anecdote that supported or illustrated the hagiographic stories that they were telling. Maddicott, “Plague in Seventh-Century England,” 172; Alessandra Foscati, *Ignis sacer: Una storia culturale del ‘fuoco sacro’ dall’antichità al Settecento*, Micrologus Library 51 (Firenze: Sismel Edizioni del Galluzzo, 2013), xii–xiv. Some Muslim witnesses to the pandemic also used the phrase “the Universal Plague.” See Michael Dols, “Ibn al-Wardī’s *Risālah al-naba’ ‘an al-waba’*: A Translation of a Major Source for the History of the Black Death in the Middle East,” in *Near Eastern Numismatics, Iconography, Epigraphy and History: Studies in Honor of George C. Miles*, ed. Dickran K. Kouymjian (Beirut: American University of Beirut, 1974), 443, fn 2.

testimonies of their peers in other localities.⁸² Given this context, Carmichael suggested that it was only later, as people had time to reflect upon and share their common experiences, that the universality of the Black Death became common *topos* in plague literature.⁸³

Carmichael also contended that, for physicians, the term “‘universal’ implied only an explanatory cluster” related to the plague’s causal chain—“‘celestial–remote–universal’ to ‘particular–terrestrial–and proximate’”—and thus did not have actual geographic or spatial connotations.⁸⁴ However, some of the early plague tracts clearly did make reference to the disease’s worldwide (or at least wide geographical) spread. The earliest plague treatise authors were writing contemporaneously with the Black Death, and thus shared their attempts to make sense of the plague’s cause and origins at the same moment that they witnessed it or as they awaited its inevitable arrival from a nearby region. This was not a typical epidemic that they understood, one that was largely localised in terms of both its effects and its causes.⁸⁵ News about the many places near *and* far that the plague had already struck spread quickly through correspondence and by word of mouth after 1347. The plethora of reports circulating about the disease would have given the impression that the epidemic was indeed affecting the “entire world” as it was then known, especially as it moved ever closer.

As spatial concepts and descriptors, then, “universal” or “world wide” held more than strictly theoretical explanatory or rhetorical meanings to plague treatise writers: they implied a physical and metaphorical space that extended beyond their realms of medical knowledge *and* geographical experience; this was, in other words, a way for them to communicate the enormous

⁸² See “The Plague in France According to Jean de Venette,” in Horrox, *Black Death*, 55; Siméon Luce, *Chroniques de J. Froissart*, tome 4: 1346–1356 (Paris: Mme. Ve. Jules Renouard, 1873), 4:100; G.H. Martin, ed. and trans., *Knighton's Chronicle* (Oxford: Clarendon Press, 1995), 94; “The Plague According to Thomas Walsingham,” in Horrox, *Black Death*, 66.

⁸³ Carmichael, “Universal and Particular,” 29–30.

⁸⁴ Carmichael, “Universal and Particular,” 18.

⁸⁵ Carmichael, “Universal and Particular,” 22.

scale or magnitude of the phenomenon. Writing in Montpellier in 1348, Alfonso de Córdoba exclaimed that the plague had “spread throughout all the regions of Christendom”⁸⁶ while Geoffrey de Meaux believed that “a greater part of the earth”⁸⁷ was being affected by the epidemic. Two decades later, Guy de Chauliac reflected on his Black Death experience:

I call the mortality [of 1348–9] great because it overtook the whole world, or nearly all of it...[Other epidemics have] affected only one area; this one, the whole world.⁸⁸

Tract writers explained this new widespread disease by making a clear distinction between the causes of a spatially expansive “universal pestilence” (*pestilencia universal*) and the more familiar and local “particular pestilence” (*pestilencia particular*) that occurred in a defined region, in a city, on a street, or in a specific house.⁸⁹ The latter could be rationally explained with reference to traditional medical theory: through the normal or abnormal operation of the four elements (earth, air, fire, and water) in a particular place, through an individual’s humoral imbalance or disturbance, or through tainted food. Explaining this large epidemic that affected so many people in so many different and distant places at the same time was more difficult within the framework of a Hippocratic-Galenic medical tradition that had little or no experience with such things. Just as the sermons of religious writers emphasised universal human sinfulness to make sense of the widespread epidemic, the most obvious cause for medical practitioners writing the earliest plague tract writers was a remote celestial event that was capable of affecting all of them at the same time. Drawing on the works of traditional authorities, the influential Paris Medical Faculty sought to explain the “distant and immediate causes of the present universal

⁸⁶ “Alfonso de Córdoba,” 46.

⁸⁷ “Astrological Causes of the Plague,” 170.

⁸⁸ “*Et nomino eam ingentem quia totum mundum vel quasi occupavit...ille non occupaverunt nisi unam regionem, ista totum mundum.*” Gui de Chauliac, *Inventarium sive chirurgia magna*, ed. Michael McVaugh, vol. 1 (Leiden: Brill, 1997), 118.

⁸⁹ Arrizabalaga, “Facing the Black Death,” 240. Jacme d’Agramont, for example, distinguishes the causes of a “universal pestilence” that affects “a whole region or...several” from those of “a pestilence particular and appropriate to one city only.” Duran-Reynals and Winslow, “Jacme D’Agramont,” 63, 68.

epidemic” through astrology, while Geoffrey de Meaux most clearly asserted that the malevolent conjunction of Saturn, Mars, and Jupiter “affected the whole inhabited world between east and north...because all parts of the world...shared in the effect of the configuration.”⁹⁰

Many writers invoked the same explanation for the epidemics that followed. Others, such as University of Montpellier Chancellor Johannes Jacobi (Jean Jacme), rejected universal causation and asserted instead that terrestrial factors were more relevant for explaining subsequent local outbreaks.⁹¹ Melissa P. Chase has suggested that underlying this argument about universal versus particular causes of the plague was academic disagreement about the nature of the disease itself.⁹² Also fostering this shift in the discussions about what had caused the disease, however, was a notable change in how the tract authors portrayed the plague’s spatial or geographical characteristics. Almost immediately, most of the new plague tracts written from the 1360s onward omitted all reference to the disease’s universality. In contrast to those tracts that circulated as copies of the earlier Black Death-era treatises, new generations of tracts began to speak about the plague as a particularly local problem that required particularly local solutions. By the later sixteenth century, another change is also evident, as many writers began to emphasise the specific locations about which they wrote. The plague, in other words, became localised, in two very different ways.

⁹⁰ “Report of the Paris Medical Faculty,” 158–9; “Astrological Causes of the Plague,” 170.

⁹¹ Ernest Wickersheimer, “Jean Jacme et les régimes de pestilence qui porte son nom,” *Archivio di storia della scienza* 6 (1925): 105–12.

⁹² Chase, “Fevers, Poisons, and Apostemes,” 157–8. See also Geneviève Dumas, *Santé et société à Montpellier à la fin du Moyen Âge*, The Medieval Mediterranean Peoples: Economies and Cultures, 400–1500 vol. 102 (Leiden: Brill, 2015), 307 fn. 119.

Plague localised: “A discourse very necessary for this our tyme and country”

almost the mydel part of thy realme [is vexed & trobled] w[ith] the venyms feuer of pestilens...—Thomas le Forestier, 1485⁹³

Thomas le Forestier, a Norman physician living in London at the time of the first outbreak of the English sweating sickness in 1485, dedicated his tract to the newly crowned English King Henry VII because the English kingdom—alone among all of its neighbours—was in the midst of a mysterious and most troublesome disease. Le Forestier put specific emphasis on Londoners’ particularly poor sanitary habits that had corrupted the air: throwing carrion and other foul things into the streets, leaving privies dirty, and keeping tainted water in the kitchens. These things, he says, are the source of putrid odours that caused the disease to break out specifically in London, as opposed to anywhere else in Europe.

Although a few post-Black Death tract writers viewed subsequent outbreaks as universal, most had ceased speaking about the wide geographical reach of the plague after the 1360s.⁹⁴ What seemed most relevant, based on their personal experiences, was the *local* appearance and reappearance of the plague, rather than all of the other places that it was currently affecting. John of Burgundy’s primary concern, for example, was that the original widespread outbreak of 1348–50 had, by the 1360s, established itself as a disease with local impacts. This idea is further clarified in a later section of his tract, in which he emphasised that he was addressing the

⁹³ Thomas le Forestier, “Illustrissimo ac maximo p[ri]ncipi Henrico,” British Library Additional MS 27582, (c.1485), f.70r. The subheading quote comes from John Stockwood, *A Shorte Learned and Pithie Treatize of the Plague* (London: Thomas Dawson, 1580), A1.

⁹⁴ Almost alone in continuing to speak of widespread disease, Raymundus Chamelli de Vivario reported that the 1381–2 epidemic simultaneously affected the eastern, western, and northern parts of the world: “*Nam fuit eodem anno et est adhuc in tota Syria, Grecia, in Ytalia, in Alemania, in Anglia, in Scotia, in Francia, in Yspania et Nauerra, quamuis plus in vna regione quam in alia et in vno loco quam in alio secundum exigenciam agencium et secundum disposicionem...*” De Vivario, “Raïmundüs de Peste,” 39. See also “Ein Regimen Epidemiae, angeblich aus Paris, 1383” in Karl Südhoff, “Pestschriften aus den ersten 150 Jahren nach der Epidemie des „schwarzen Todes“ 1348. III. Aus Niederdeutschland, Frankreich und England,” *Archiv für Geschichte der Medizin* Bd. 5, H. 1/2 (June 1911): 54.

outbreak that was occurring in his location “at this moment.”⁹⁵ He was no longer discussing the mid-century widespread epidemic alluded to in his tract’s introduction; rather, he was contemplating the outbreak that had returned to reinfect the place in which he was writing.

Guy de Chauliac made a similar observation in his *Chirurgia Magna*, in which he stated that “After [1360]...the mortality revisited us.”⁹⁶ He wrote about an outbreak whose relevance lay in the fact that it was affecting Avignon once again, not that it also affected many other places; if it did so, de Chauliac made no mention of the fact. Although coinciding references to plague outbreaks in contemporary French and English chronicles (and those written elsewhere throughout Europe) make it evident that the later fourteenth-century epidemics did continue to be widespread, the chroniclers commented only on local outbreaks rather than on the many places that were simultaneously affected by the plague. The tract writers may have known or observed that later outbreaks were widespread or multi-focal, but explicitly stating so was unnecessary since the primary purpose of the genre was evolving to provide prophylactic and treatment advice for local readers in the face of a disease that was affecting them again and again in the same places. The Black Death had affected everywhere, leaving behind remnants that subsequently re-emerged locally and did not spread very far or very quickly or move in predictable patterns. Tract writers could thus portray the later plague outbreaks as being essentially the same disease that had affected them previously, but yet as ones that had different spatial attributes.

Adaptations made to John of Burgundy’s c.1365 treatise as it moved from France to England in the late fourteenth century provide a uniquely observable example of this shift in tract authors’

⁹⁵ “*Et pour ce q(ue) eu ceste instans epidemie...*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), ff. 97r, 98r.

⁹⁶ “*Post vero, anno 60°, pontificatus domini Innocencii sexti anno octo...reuenit ad nos mortalitas.*” De Chauliac, *Inventarium sive chirurgia magna*, 1:119.

descriptions of the spaces occupied by the plague. Carole Rawcliffe's catalogue of late medieval English epidemics paints a grim picture of the era: on the heels of the six large epidemics that followed the Black Death in the fourteenth century, plague outbreaks occurred nationally, regionally, or locally in England during at least thirty-three separate years in the fifteenth century.⁹⁷ Even if they were not as widespread as the Black Death had been, and even if they were not actually geographically extensive, these later outbreaks certainly affected many places simultaneously.⁹⁸ One English version of John of Burgundy's tract reflects contemporary observation of this reality: it repeats the earlier French version's reflections about the recurrent, yet still multi-local nature of the disease: "in ful many placis his [the pestilence's] trais or his steppis appieryn."⁹⁹

However, the shorter and more common version of the tract opens by noting simply that its purpose is to provide guidance for bearing oneself "whene pestilens regnes in [the] cuntre."¹⁰⁰ In Middle English, the word "cuntre" refers not to our current notion of country as a nation-state, but more specifically to a local district or region.¹⁰¹ The tract's advice was designed to be relevant whenever and where ever there was a plague outbreak, even if that place was not named in the text. It was thus simultaneously general and specific in its spatial reference, in a way that implicitly hinted at a particular, local place—such as the location of the manuscript owner.

In this shorter version, John of Burgundy's earlier reference to the plague being a widespread disease "in many places"—as well as any reference to "traces" or a succession of epidemics—was completely replaced by a more localised, if generic, portrayal of the place in

⁹⁷ Rawcliffe, *Urban Bodies*, 364–71.

⁹⁸ Stathakopoulus likewise noted that between 1480 and 1580, a total of twelve major epidemics were recorded in England; some large provincial towns were affected by between two and eight of the twelve outbreaks, while London was hit all twelve times. *Famine and Pestilence*, 120.

⁹⁹ John a Burdews, "Bicause that al thynges here in erth," Cambridge, Trinity College MS R.14.52, (c.1500), f.153v.

¹⁰⁰ John of Burdews, "No[ta] o[mn]ia ista," f.85v.

¹⁰¹ Hans Kurath, ed., *Middle English Dictionary* (Ann Arbor: University of Michigan Press, 1989), 573–5.

which the disease was appearing. The long term popularity of this treatise in England should not be taken as evidence that it was sufficiently vague to suit people's needs in different places at different times; rather, it was its geographic anchoring that contributed to its on-going relevance: one needs to bear oneself in a particular manner to remain healthy when the plague occurs in this particular place, at this particular time.¹⁰² It was not just the time of pestilence that mattered, it was the disease's outbreak "in this cuntre" that resonated. The tract also gives no indication that there might be a universal source of the venomous air that is engendering recurrent, local plague outbreaks. While perhaps implicit, the universal astrological explanation may have been removed because the reference to widespread disease no longer responded to the *local* interests of the tract's fifteenth-century English readers; their primary concern was learning how to address the immediate effects of a local outbreak, rather than contemplating where else in the world the disease was currently present.

In the last quarter of the fifteenth century, the self-described "Master of Diuinite of the ordre of ffrere prechours Master Thomas Multon" produced a new English adaptation and translation of John of Burgundy's treatise that combined aspects of the longer and shorter versions of the tract.¹⁰³ From the longer version, it reasserted a universal, celestial cause for the plague. From the shorter version, it adopted the focus on localised outbreaks. Multon spoke to local spaces by tying his text to a current outbreak that has appeared "gen[er]alli in this realme," that is, the English kingdom. Two copies of yet another adapted version of the John of Burgundy tract are the only ones to provide an even more specific geographic reference, by claiming to have been written in Oxford at the time of a plague outbreak there in 1407, and then sent to the mayor of

¹⁰² In addition, as Irma Taavitsainen pointed out, transcribing medical texts into local dialects further anchored them to specific places. "Scriptorial 'House-styles' and Discourse Communities," in *Medical and Scientific Writing in Late Medieval English*, ed. Irma Taavitsainen and Päivi Pahta (Cambridge: Cambridge University Press, 2009), 211.

¹⁰³ Thomas Multon, "This tretý folowing fore the pestilence," London, British Library Sloane MS 3489, (c.1475–99), ff.44r–51r.

London for his use in that city.¹⁰⁴

By the early 1530s, Multon's tract had been incorporated into a printed medical miscellany. A new prologue in this print version specified that the tract's purpose was to support the "com[m]onwelthe and helth of the kynges lyege people."¹⁰⁵ Commonwealth or "common weal" is a fifteenth-century English term that refers to a political community founded for the common good or benefit. Loosely based on the Latin concept *res publica*, or public affairs, this concept was similar to the contemporary French phrase "la République." Multon's use of the term—or rather the printer Robert Wyer's—provides futher linguistic and spatial anchoring an outbreak that was affecting "this realme" and its "commonwelthe."

Many of the English tracts that appeared during the first century of print provided no further localisation of the plague than what is seen in the late medieval manuscripts: they spoke to "tymes of pestilens" in broadly defined, unnamed English places "where the sayde dysease raygneth."¹⁰⁶ William Bullein's tract of 1578 was addressed to readers experiencing adversity in "any Citie or Towne."¹⁰⁷ In his address to the reader, an anonymous late sixteenth-century physician noted that the plague "hath heretofore beene too well knowne and felt in sundrie places of this Realme...[especially] in many chiefe Citties."¹⁰⁸ The self-styled "Gentleman" Simon Kellwaye considered "the great calamitie, miserie, and most distressed state of our Countrie, on which it hath pleased God to inflict the heauie scourge of his wrath, by imposing on them that poysonous infection the plague...[which is] so generally dispersed throughout this land."¹⁰⁹

¹⁰⁴ Lister M. Matheson, "Médecin sans Frontières? The European Dissemination of John of Burgundy's Plague Treatise," *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 27.

¹⁰⁵ Moulton, *Myroure or Glass of Helthe*, B2v, B1r.

¹⁰⁶ Thomas Phayer, *A Goodly Bryefe Treatise of the Pestylence* (London: Edward Whitchurche, 1545), Liii^v.

¹⁰⁷ William Bullein, *A Dialogue Bothe Pleasant and Pitifull, Wherein is a Godlie Regimente Against the Feuer Pestile[n]ce* (London: Iohn Kyngston, 1578), A3v.

¹⁰⁸ Anonymous, *Present Remedies Against the Plague Shewing Sundrye Preseruatiues for the Same* (London: Iohn Danter, 1592), A3.

¹⁰⁹ Simon Kellwaye, *A Defensatiue Against the Plague* (London: Iohn Windet, 1593), A4v.

More specific geographical localisations did start to appear in some tracts, though, after the mid-sixteenth century. Clergyman and medical writer Thomas Brasbridge proposed remedies, he said, “especially, for the vse of the inhabitants of London.”¹¹⁰ Brasbridge’s account of his personal experiences marked a transition in English tracts, whereby the city of London (as well as Oxford and Banbury, in this case) became a specifically named place affected by the plague. In most cases in which English tract authors named London, they did so in the preface, setting the stage for the discussion of the plague’s causes and treatments that followed. Some of the plague treatises translated into English from Continental sources also added geographic localisations in the prefaces to make them more relevant to English readers. Thomas Twyne dedicated his translation of Pierre Drouet’s French tract to Sir James Hawes, the Lord Mayor of the City of London, the tract’s stated purpose being to assist Hawes with his responsibility for the “gouernment of this Citie of London” that is facing “this greeuous plague of Pestilence.”¹¹¹ For the writers of religious plague tracts, it was also clear that London was a hotbed of sinful behaviour. Since sin and epidemic disease were bound with dense populations, these writers described London as polluted by both spiritual degeneracy and pestilence. In 1603, for example, clergyman Henoah Clapham criticised medically-oriented treatises that repeated the ideas of “*Galen* a Greek Heathen Physitian,” arguing instead that it was “God [who has] smitten our Citie [London] with the Pestilence.”¹¹²

By the early seventeenth century, London appeared more regularly as a named, plagued place. Thomas Dekker, the dramatist and pamphleteer, wrote about the plague epidemic of 1603 using metaphor and allusion, but the context was clear to his readers: London was overrun with

¹¹⁰ Thomas Brasbridge, *The Poore Mans Iewell* (London: George Bishop, 1592), A2v.

¹¹¹ T.T. [Thomas Twyne], *A New Counsell Against the Pestilence* (London: John Charlewood, 1578), Aii. Twyne also kept Drouet’s original dedication to the Prince of Chabanoys [Chabanaïs], which mentioned that he (Drouet) had consulted with “the best learned Phisitions in England, Germanie, and many other places.”

¹¹² Henoah Clapham, *An Epistle Discoursing upon the Present Pestilence* (London: T.C., 1603), A3r. Italics in the original text.

the plague.¹¹³ The poet John Taylor authored a pamphlet that reflected specifically on the outbreak of plague in London. Originally printed in Oxford in 1625, Taylor's pamphlet, entitled *The Fearefull Summer: Or, Londons Calamitie*, was updated and reprinted in London in 1636 "[w]ith some mention of the grievous and afflicted estate of the famous towne of New-Castle upon Tine, with some other visited townes of this kingdome."¹¹⁴ Official proclamations concerning "the infection of the plague [that] is at this present greatly increased and dispersed aswell in the cities of London and Westminster, as also in the suburbs thereof" also saw repeated reprinting throughout the first half of the seventeenth century.¹¹⁵ Religious works proliferated on the particular level of sin in London that caused it to be the target of both the plague and, in 1666, fire.¹¹⁶

The same focus on London can be seen in plague tracts. Physician and religious writer Francis Herring's treatise was "first published [in 1603] for the behoofe of the city of London, and all other parts of the land at this time visited" by the plague.¹¹⁷ Thomas Thayre provided special "directions for the commons, country-men and strangers that is [sic] necessitated to come into the city." He sought "likewise to giue sufficient instruction and direction vnto the Inhabitants of this City, for their preservation in this infectious time."¹¹⁸ While an anonymous author claimed in 1625 to have written his tract in response to the fact that "the disease called the Plague or Pestilence...now at this time is too fiercely felt in diuers Cities, Townes, and other

¹¹³ Thomas Dekker, *The Wonderfull yeare 1603; Wherein is Shewed the Picture of London, Lying Sicke of the Plague* (London: Thomas Creede, 1603).

¹¹⁴ John Taylor, *The Fearefull summer: Or, Londons Calamitie* (London: Elizabeth Purslowe, 1636), 1.

¹¹⁵ England and Wales Sovereign, *By the King* (London: Robert Baker, 1603), 1. City of London officials issued similar proclamations and orders whenever plague threatened.

¹¹⁶ Thomas Vincent, *Gods Terrible Voice in the City of London...* (Cambridge: Samuel Green, 1667).

¹¹⁷ Francis Herring, *Certaine Rules, Directions or Advertisements for This Time of Pestilentiall Contagion* (London: William Iones, 1603), 3.

¹¹⁸ Thomas Thayre, *An Excellent and Best Approoued Treatise of the Plague* (London: N. Oakes, 1603), 1, A2.

places of this Realme,”¹¹⁹ most other writers, like the London medical practitioner Stephen Bradwell, specified that the plague was “fearefully over-flowing this famous cittie of London.”¹²⁰ The otherwise anonymous I.D. “[n]ewly re-edified and prepared” his tract “to preserve Londoners with their families, and others, from the doubted deluge of the plague.”¹²¹ The Dutch/English physician Gideon Harvey wrote “for the benefit of this great city of London, and suburbs.”¹²² E.N.’s treatise provided “serious notes and suitable considerations upon the present visitation at London.”¹²³ Theophilus de Garencières, a French apothecary working in England, proposed a secret cure for the plague in his work *A Mite Cast into the Treasury of the Famous City of London*.¹²⁴ William Kemp asked in his tract why the London parish of St. Giles in the Fields was more infected than anywhere else in the city.¹²⁵ Nathaniel Hodges’ tract is perhaps the most detailed example of a tract author’s first hand account of the plague in a specific, named English location. Hodges described how the plague broke out around the end of 1664 in Westminster, and thereafter moved step by step into London, where it gained strength and spread quickly throughout the entire city. “[M]eerly for Want of confining the Persons first seized with it,” he lamented, “the whole City was in a little Time irrecoverably infected.”¹²⁶

As the examples noted above suggest, localisation in English tracts focused almost entirely

¹¹⁹ Anonymous, *Especiall Obseruations and Approved Physicall Rvles...* (London: B. Alsop and T. Fawcet, 1625), B1.

¹²⁰ Stephen Bradwell, *A Watch-Man for the Pest* (London: John Dawson, 1625), 1.

¹²¹ I.D., *Salomon’s Pest-house, Or Tovver-royall* (London: for Henry Holland, 1636), 1.

¹²² Gideon Harvey, *A Discourse of the Plague Containing the Nature, Causes, Signs, and Presages of the Pestilence in General, Together with the State of the Present Contagion* (London: Nath. Brooke, 1665), 1.

¹²³ E.N. *London’s Plague-Sore Discovered* (London: printed for the author, 1665), 1.

¹²⁴ Theophilus de Garencières, *A Mite Cast into the Treasury of the Famous City of London, Being a Brief and Methodical Discourse of the Nature, Causes, Symptomes, Remedies and Preservation from the Plague, in this Calamitous Year, 1665, Digested into Aphorismes* (London: Thomas Ratcliffe, 1665). Another contemporary tract was also specifically focused on London: J.V., *Golgotha; Or, A Looking-Glass for London, and the Suburbs Thereof Shewing the Causes, Nature and Efficacy of the Present Plagues* (London: printed for the author, 1665).

¹²⁵ W. Kemp, *A Brief Treatise of the Nature, Causes, Signs, Preservation from, and Cure of the Pestilence Collected by W. Kemp* (London: D. Kemp, 1665), 14.

¹²⁶ Nathaniel Hodges, *Loimologia, or an Historical Account of the Plague in London in 1665* (London: E. Bell, 1720), 2.

on London, to the exclusion of other cities and towns that also faced devastating outbreaks. In Oxford, Cambridge, and York, locally-printed plague orders circulated, as did sermons and other religious and political texts that addressed the plague, but very few plague tracts appeared as local productions. Only one of those mentions the city directly: the royalist clergyman Lionel Gatford opened his Oxford-printed tract by noting “I had not beene long here, but I saw...This unspeakable mercy of God to this *City*, or rather to this whole *Nation*...that formidable judgement of Plague.”¹²⁷ The sole plague tract printed in Cambridge is a reflection of that author’s experience in London, not in Cambridge.¹²⁸ The concentration of printers in London, the control over printing exerted by the Stationers’ Company, and the specialisation of printers elsewhere ensured that tracts produced after the later sixteenth century responded to the needs, interests, and perspectives of London’s readers. This meant that the majority of tract writers wrote about the plague as it appeared in London and addressed their tracts to London’s dignitaries and to London’s readers. Actual outbreaks were certainly never limited to London, but one could easily get that impression by reading the plague treatises.

Plague tract production in England stopped almost entirely after the great outbreak in London in 1665. The last officially recorded case of plague in the London Bills of Mortality dates to 1679, but there were no notable outbreaks in the city after 1665 and fear of facing the disease appears to have declined considerably until the Marseille outbreak in the early 1720s. As the imminent danger of plague faded in the city of London, London-based printers and authors had little need or desire to continue producing medically-oriented plague tracts that would have

¹²⁷ Lionel Gatford, *Logos alexipharmakos, Or, Hyperphysicall Directions in Time of Plague* (Oxford: Henry Hall, 1644), 1–2. See also Anonymous, *Concerning the Constitution of an Aire Infected and How to Know Plague-sores and Carbuncles* (Oxford: Leonard Lichfield, 1644), and Anonymous, *Physicall Directions in Time of Plague* (Oxford: Leonard Lichfield, 1644). Leonard Lichfield also printed several sets of orders from Oxford officials concerning plague precautions. In Scotland, the first known printed medical book was a plague tract that describes the outbreak of plague in Edinburgh in 1568. Gilbert Skene, *Ane breve descriptioun of the pest quhair in the causis, signis and sum speciall preservatioun and cure thair of ar contenit* (Edinburgh: Robert Lekprevik, 1568).

¹²⁸ Thomas Vincent, *Gods Terrible Voice in the City of London...* (Cambridge: Samuel Green, 1667).

had no ready audience. Some religious tracts did continue to appear, though, suggesting that the audiences for the two types of tracts were decidedly different.

In France, the geographic localisation of the plague in the treatises is far more apparent, and far more specific, earlier on. The earliest printed tracts reflected their English counterparts by commenting on the plague's propensity to recur among local populations. The printed edition of Johannes Jacobi's tract repeated the original author's concern that the plague arose from the fact that there had "too often been warfare in France and in England."¹²⁹ A sharp geographic reference also appeared in the Latin version of Thomas le Forestier's tract on the sweating sickness. Expanded and printed in Latin in Rouen in 1490 (adapted from le Forestier's original English manuscript), the tract's England-specific references were retained—even though the printed tract addressed not just the sweating sickness, but also plague and dysentery. By opening the tract with a specific reference to a disease outbreak that he locates geographically in the city of London,¹³⁰ le Forestier implicitly set all the diseases that he discusses in that kingdom.

Thereafter, the localisation of the plague in the French tracts becomes much more evident. French tract writers did not simply refer to a location in the preface or in the address to readers, though, or speak to a disease that "regularly affects us." Instead, a significant number of these authors included geographic specificity in both their titles and, notably, in their discussions of the particular outbreaks about which they wrote (Figure 25). This trend reflects a similar one noticed by Samuel Cohn in Italy after 1575.¹³¹

¹²⁹ "...quelle nos fait trop sou[u]e[n]t guerre soit en france ou en angleterre." Johannes Jacobi, *Regime de lepidimie* (Lyon: Guillavme Le Roy, c.1476), 2.

¹³⁰ "...sudore continuo interficiebat cuius febris aduentus incepit sua vexilla extendere in anglia in ciuitate londonia[rum] decimanona die mensis septembris anno domini 1485." Thomas le Forestier, *Tractatus contra pestilentiam thenasmonem et dissinteriam* (Rouen: Guillaume le Talleur, 1490), A2r.

¹³¹ Samuel K. Cohn Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), 91, 100–39.



Figure 25: Sample of local place names mentioned in French plague tracts

Orange circles = identified regions Blue circles = identified cities

In France, printing presses were neither concentrated in one city nor dominated by a single licensing body as they were in England. Rather, they were both spread throughout the entire kingdom and thus able to respond to various local interests. In this printing environment, tract authors had much more incentive—and indeed a much greater ability—to write and publish accounts of current outbreaks in a wide variety of cities and regions. Already by the early sixteenth century, the French authors could write about specific epidemic outbreaks that they had personally witnessed, survived, or were anxiously awaiting. This contrasted to their English counterparts, who still tended to copy Continental tracts and then add subtle local references to ensure that the tracts appealed to an English audience. Already by 1520, Nicolas de Houssemaine, a professor of medicine at the University of Angers, wrote a tract to warn his readers in that city that a harsh plague outbreak was devastating the entire region of Anjou (of which Angers was the capital).¹³²

Before the end of the sixteenth century, more French plague tracts spoke about plague outbreaks in particular cities, directly addressed their readers in named cities, or highlighted plague prevention and management practices that had been successfully used in particular places. In his 1562 tract, Antoine Mizauld, a Parisian physician, evaluated a variety of therapeutic methods used by practitioners in ten different named regions of France.¹³³ Estienne Gourmelen, professor of medicine at the University of Paris, provided advice in his tract about how to clean

¹³² “*Pour vous advertir en considera[n]t que au pays Da[n]iou & autre part la peste a este et est de si grande violence...*” Nicolas de Houssemaine, *Ung regime singulier co[n]tre peste* (Lyon: Thibaud Payen, <1530), lix^v. When he translated the tract into English some twenty years later, Thomas Phayer removed these opening lines about the region affected by the plague and replaced them with a more generic “where the sayde dysease raygneth.” Thomas Phayer, *The Kegiment of Life (sic) Wherunto is Added a Treatyse of the Pestilence, with the Booke of Children Newly Corrected and Enlarged by T. Phayer* (London: Edward Whitchurche, 1546), A1v.

¹³³ The regions covered are Gascony, Poitou, Picardy, Normandy, Limousin, Auvergne, Provence, Artois, Ile de France, and Maine. Antoine Mizauld, *Singvliers et secovrs contre la peste, sovventesfois experime[n]tez & approuvez ta[n]t en certaine preseruatio[n] que parfaicte guarison* (Paris: M. Breuille, 1562).

up the city of Paris after the outbreak of 1581.¹³⁴ Writing to the people of Poitiers, the surgeon Pierre André promoted his long experience with the plague in numerous other cities.¹³⁵ The physician Nicolas Nancel lamented the arrival of plague in Tours from Paris in 1581.¹³⁶ Claude de Rubys, an elected official in Lyon and Catholic *ligueur*,¹³⁷ wrote about the epidemic that had recently passed through that city (in 1576–7), an outbreak that he blamed on Protestant “greasers [who] went about at night” to infect Catholic houses with the plague.¹³⁸ Municipal physician Guillaume Briet’s tract discussed the causes of a plague outbreak in Bordeaux; it began, he said, in just one house—one that he made a point of noting belonged to a master surgeon—before it made its way through the entire city. The outbreak in his city came, he argued, not through a single cause but rather through the conspiracy of three separate sources: divine justice, natural causes, and contagion. Since just one of these causes would have been enough to burn down an entire region, the epidemic’s impact on Bordeaux was especially ruinous.¹³⁹

This type of geographic specificity in French plague tracts continued into the seventeenth and eighteenth centuries, as authors sought to address and explain the epidemics that they witnessed. Louis de Gardin, medical professor at the University of Douai, addressed his tract to the people of Douai, offering his advice and services since during an outbreak people “do not

¹³⁴ Estienne Gourmelen, *Advertissement et conseil a Messieurs de Paris, tant pour se preserver de la Peste, comme aussi pour nettoyer la Ville et les maisons qui y ont esté infectees* (Paris: Nicolas Chesneau, 1581).

¹³⁵ Pierre André, *Traite de la peste et la cure d’icelle* (Poitiers: Nicolas Logerroy, 1563).

¹³⁶ “...la contagion nous est venuë de Paris...” Nancel, *Discours tresample*, 115.

¹³⁷ A *ligueur* was a person associated with the *Ligue catholique*, which sought to defend Catholicism in France against the rise of Protestantism, in particular by eradicating Calvinists and Huguenots. See Jean-Marie Constant, *La Ligue* (Paris: Fayard, 1996) and Mack P. Holt, *The French Wars of Religion, 1562–1629*, 2nd ed. (Cambridge: Cambridge University Press, 2005).

¹³⁸ “...quelque engresseurs que l’on disoit aller de nuict...” Claude de Rubys, *Discours sur la contagion de peste qui a esté ceste presente annee en la ville de Lyon* (Lyon: Iean d’Ogerolles, 1577), 19. Cohn notes similar accusations in some Italian tracts, although he does not provide any examples or references. Cohn Jr., *Cultures of Plague*, 101.

¹³⁹ “...il semble que les trois manieres, d’ont l’une est suffisante pour embrazer tout vn païs, y conspirent ; & ont juré nostre ruine.” Guillaume Briet, *Discours sur les causes de la peste survenue a Bourdeaux, cest an 1599 avec la preservation & curation d’icelle* (Bordeaux: Millanges, 1599).

always have the opportunity or the means to use [their own] physicians.”¹⁴⁰ Physician and royal councilor Henry de Rochas d’Ayglun¹⁴¹ dedicated his tract about “the pestilential disease of the city of Paris” to Nicolas de Verdun, the “Premier President en la Cour de Parlement de Paris.”¹⁴² Plague epidemics in the 1620s were widespread, and tract authors responded by writing treatises that spoke to specific outbreaks in a variety of different cities. J.S. de Sainte-Hillier, another royal physician, dedicated his tract to officials of the city of Verdun and called on “the good citizens of this city” to use prayers and piety to “stop the course of this advancing contagion.”¹⁴³ Two years later, Henry de Mello, professor of medicine at the University of Nantes, wrote about the “plague that now reigns in this city” of Nantes.¹⁴⁴ Two tracts written in the midst of outbreaks in Lyon and Dijon in 1628 take different approaches to explaining their respective outbreaks: the anonymous Lyonnais author argued that the disease arrived in his city by means of infected air, while royal physician Vincent Robin insisted that the plague had arisen in the markets of Rouen and spread from there via commercial goods.¹⁴⁵ The Jesuit Jean Grillot wrote about the events leading up to and taking place during the “extreme calamity into which Lyon had been plunged” in 1628–9.¹⁴⁶

¹⁴⁰ “...qui ne souffre quelque delay, on n’a pas tousiours le loisir ni la commodité, se servir en son temps, de Medecins. Mais toutesfois, vous vous pouués servir de moy...” Louis du Gardin, *La Chasse- peste, ou les remedes singvliers et familiers dont chascvn se povra servir pour se preseruer en temps pestiferé* (Douay: Pierre Avroy, 1617), 2.

¹⁴¹ On the tract’s title page, de Rochas presents himself as “Medecin de Madame la Princesse de Conty.” Louise Marguerite of Guise, the widow of François de Bourbon, held the title of Dowager Princess of Conti in 1619.

¹⁴² Henry de Rochas, *Discours tresutile sur la maladie contagieuse de ce temps* (Paris: Nicolas Bourdin, 1619), 5, 1. Decades later, de Rochas produced another tract, this one for the city of Toulouse. Henry de Rochas d’Ayglun, *Examen ou raisonnement sur la cause de la peste cy-devant incognuë* (Toulouse: Jean Baude, 1652).

¹⁴³ I.S. de Sainte-Hillier, *Loimologie contenant les causes, signes, pronostiques, & remedes contre la Peste* (Pont au Mousson, 1623), 3.

¹⁴⁴ “...peste qui regne à present en ceste ville...” Henry de Mello, *Vray description de la peste: avec les moyens de s’en preseruer* (Nantes: Pierre Dorioy, 1625), 5.

¹⁴⁵ “...la feteur desquels est finalement venuë iusques en cette Ville par l’infection de l’air & communication.” Anonymous, *Advis salutaire contre la maladie Epidemique & Pestilente qui regne dans la Ville de Lyon* (Lyon: Claude Cayne, 1628); “...la peste...il arriua il ya trois ans a Paris par des marchás de Roüan...” Vincent Robin, *Advis svr la peste recognve qvelque endroit de la Bourgogne avec chois des remedes propres pour la preseruatiön & guerison de cette maladie* (Diion: Nicolas Spirinx, 1628).

¹⁴⁶ “...l’extreme calamité où vostre ville a esté plongée, durant six mois...” P. Jean Grillot, *Lyon affligé de contagion*,

Similar examples can be found for other years and for other outbreaks in the first three quarters of the seventeenth century.¹⁴⁷ Unlike in England, where London printers dominated plague tract production and issued new editions of older tracts well into the late sixteenth and early seventeenth century, in France many authors produced new plague tracts as they responded to locally specific outbreaks of disease.

As the large plague epidemic spread through Marseille and southern France in the early 1720s, a flurry of new plague treatises appeared in England and in France. The tracts produced in both kingdoms were direct responses to this particular outbreak, and most included the word “Marseille/Marseilles” in their titles, regardless of where they were printed.¹⁴⁸ Although the outbreak was localised to the region around Marseille, the fear that it engendered was widespread. As Jean Bouillet, a physician in Béziers, noted “Everyone is terrified and trembling, so to speak, at the mere mention of the plague: barely does this evil begin to develop somewhere in a town before the nearest neighbours become alarmed and believe themselves to be lost.”¹⁴⁹ Although the Marseille outbreak did not spread to England, its sudden reappearance after many years of absence meant that English writers felt compelled to explain once again, this time for an audience that had lost its first-hand experience with the disease, what caused the plague and how

ou narré de ce qui s'est passé de plus memorable en ceste Ville, depuis le mois d'Aoust de l'an 1628 iusques au mois d'Octobre de l'an 1629 (Lyon: François de la Bottiere, 1629), 3.

¹⁴⁷ See, for example, Pierre Rainssant, *Advis pour se préserver et pour se gverir de la peste de cette année 1668* (Reims: Jean Multeau, 1668) and G. Chevalier, *L'ordre public pour la ville de Lyon, pendant maladie contagieuse* (Lyon, Antoine Valançol, 1670). Numerous other examples can also be found.

¹⁴⁸ A few examples include: Jean-Baptiste-Nicolas Boyer, *Dissertation abrégée sur la maladie de Marseille* (Toulon: Louis Mallard, 1720); Michel Jean-Baptiste Bertrand, *Observations faites sur la peste qui règne à présente à Marseille et dans la Provence* (Lyon: A. Laurens, 1721); François Chicoyneau, *Relation exacte et fidèle de ce qui s'est passé de plus remarquable à Marseille, au sujet de la peste* (Nancy: N. Baltazard, 1721); Richard Bradley, *The Plague at Marseilles Consider'd* (London: for W. Mears, 1721); John Quincy, *An Essay on the Different Causes of Pestilential Diseases and How They Become Contagious...* (London: E. Bell and J. Osborn, 1720); Anonymous, *The Late Dreadful Plague at Marseilles Compared with that Terrible Plague in London in the Year 1665* (London: H. Parker, 1721). Several tracts originally written in French were also translated into English and reprinted in London, including the tract by Chicoyneau.

¹⁴⁹ “*Tout le monde s'effraye & tremble, pour ainsi dire, au seul nom de peste: à peine ce mal commence t-il à se manifester quelque part dans une ville que les plus proches prennent d'abord l'allarme et qu'ils se croient perdus sans ressource.*” Jean Bouillet, *Avis et remèdes contre la peste* (Béziers: E. Barbut, 1721), 1.

readers might protect themselves against it. Although they focused on Marseille, however, for many tract authors this outbreak was one whose localisation lay somewhere else.

Plague made non-local: “Moche people in a small rome lyuyng vnclenly and sluttysheley”

[Unlike the plague,] it has never been observed, neither at this time nor in past centuries, that malignant fevers or any popular malady, after having been extinguished for several years in succession, have been renewed in any kingdom by some hidden effect after the first outbreak. — Jean-Baptiste Goiffon, 1722¹⁵⁰

Writing in 1722 as the plague outbreak in Marseille came to an end, former military physician Jean-Baptiste Goiffon sought to distinguish between the plague, which he considered to be both epidemic and contagious, and other types of malignant fevers and popular maladies, which could be epidemic but were never contagious. The plague, he argued, had only a “moderate and small origin,” while the non-contagious epidemic diseases came from a source that was “abundant, extensive, and general.”¹⁵¹ In other words, Goiffon continued, the plague began in one local place and then spread by the act of contagion. Other epidemic diseases, by contrast, could erupt simultaneously at many places in the same country without multiplying or reproducing. “These types of diseases,” he said, referring to the latter, “always have a vast source and rely [for their eruption] on a vast quantity of spoiled and corrupted matter...and not on being transfered” from one person or object to another.¹⁵²

¹⁵⁰ “On n’a jamais d’ailleurs observé ni dans ce tems, ni dans les Siècles passés, que les Fièvres malignes, ni aucune maladie populaire après avoir demeuré éteintes plusieurs années de suite, se soient renouvelées dans aucune Royaume par quelque effet caché depuis la première attaque.” Jean-Baptiste Goiffon, *Relations et dissertation sur la peste du Gévaudan* (Lyon: P. Valfray, 1722), 44. The subheading quote comes from Thomas Elyot, *The Castel of Helth Gathered and Made by Syr Thomas Elyot Knyghte, Out of the Chiefe Authors of Physyke...* (London: Thomas Bertheleti, 1539), 12r.

¹⁵¹ “...il paroît que les Maladies épidémiques contagieuses, & les épidémiques non contagieuses diffèrent par la nature de leurs causes dont l’une n’a qu’une modique & petite origine, & l’autre une source abondante, étendue & générale...” Goiffon, *Relations et dissertation sur la peste*, 41.

¹⁵² “Ces sortes de maladies ont toujours une source vaste & dépendent d’une grande quantité de matière gâtée & corrompue... & nullement qu’elle y ait été transférée...” Goiffon, *Relations et dissertation sur la peste*, 43.

More importantly, Goiffon asserted that outbreaks of non-contagious epidemic diseases in a new country or location could not be attributed to any kind of reproduction or multiplication—the source of the disease must have been there all along. Outbreaks of the plague, by contrast, could be easily tracked as they “are transferred” from one location to another. “There can be no doubt,” he stated, “that the origin [of the plague] is very limited.”¹⁵³ Like many of his contemporaries, Goiffon believed that the plague originated in one location and then was spread by contagion to others. While earlier authors might have focused less on the idea of contagion *per se*, they nevertheless would have agreed with Goiffon that certain types of places were more likely to generate the plague than others; indeed, without these original infected spaces, the plague could never have erupted and spread in the first place. Unlike many of the earlier tract writers, though, who had identified a plethora of local spaces capable of generating the disease, Goiffon insisted that such places are foreign.

This perceptual adjustment—from local to non-local spaces of plague—took place over the course of the sixteenth and seventeenth centuries. It encompassed three notable changes, all of which reflect discernable shifts in the othering or “non-localising” of the plague. The first change responded to a socio-economic transformation in how plague-generating places were identified in the sixteenth century. Such places were still local in the sense that they existed in the tract writers’ cities, but they were nevertheless “non-local” in that they represented spaces that the authors considered to be outside of their own (and their peers’) lived experience. The second change, which will not be examined in detail here, resulted from the rising popularity of chemical and mechanical theories of medicine in the seventeenth century. These theories emphasised ideas about plague-causing poisons that were contained deep in the earth and

¹⁵³ “...je pense qu'on n'ôsera pas douter que la cause ne soit très-limitée.” Goiffon, *Relations et dissertation sur la peste*, 42.

released into the air during earthquakes and other eruptions. Since both the earth and the air were universal, so too must be the origin of the plague.¹⁵⁴ The third change, also emerging in the seventeenth century, was part of separate Othering process by which the perceived re-universalisation of the plague led to the relocation of its origins, both conceptually and geographically, to sites that were definitively foreign.

Many tract authors across the centuries pointed out that the poisoned air that caused the plague arose not just from the remote negative alignment of planets and the passing of comets, but also from secondary, particular, and near factors that included the land on which people lived. Like malevolent conjunctions and atmospheric irregularities, some places—such as ditches and sloughs, marshes, and enclosed spaces—engendered foul smells that poisoned the air and caused the plague. Drawing on ancient tradition, a few of the earliest treatise writers noted the intrinsic danger posed by the putrid odours that arose from specifically unhealthy places. Most authors also commented on the southerly winds that invariably spread hot and humid—and therefore unhealthy—air from locations that were already diseased.

Reminiscent of the recommendations found in the Hippocratic treatise *Airs, Waters, Places*, the Paris Medical Faculty stated in its influential treatise that “frequent gusts of wind in the wild southerly gales” that had brought “alien...bad, rotten, and poisonous vapours *from elsewhere*: from swamps, lakes and chasms, for instance.”¹⁵⁵ The Faculty’s prophylactic advice included moving one’s house away from any place where putrefied air existed, such as “marshy, muddy,

¹⁵⁴ For a discussion of these theories, see Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 305–7.

¹⁵⁵ “Report of the Paris Medical Faculty,” 161. Emphasis added. The assumption that southerly winds were unhealthy was an integral part of the Hippocratic treatise *Airs, Waters, Places*. The treatise established a direct link between a place and the physical, mental, and moral health of its people. The “southern” climate was deemed to be invariably hot and humid, which threatened the health of “northerners” who were more accustomed to changing seasons. Fear of hot places continued well into the early modern era among colonisers and colonists. On this, see Wear, “Place, Health, and Disease” and Karen Ordahl Kupperman, “Fear of Hot Climates in the Anglo-American Colonial Experience,” *The William and Mary Quarterly* 41, no. 2 (1984): 213–40.

and stinking places, stagnant waters and ditches,” and ventilating them via windows open to the north—to avoid the pestilence-ridden southerly winds—“as long as these [northern exposures] did not pass through putrid and infected places.”¹⁵⁶ While such prophylactic advice was common in Black Death-era tracts, the secondary, terrestrial causes of the plague were emphasised more strongly in tracts from Iberia, Italy, and Germany than they were in French texts.¹⁵⁷ This may have been due to the Paris Medical Faculty’s influence, and the fact that for it, astrological explanations were paramount in explaining the widespread Black Death epidemic. It was not until later in the fourteenth century, as the plague became recast as a recurrent and local problem, that terrestrial arguments gained greater prominence in the French tracts (and even later in the English texts as they were copied or adapted from Continental originals).

Johannes Jacobi was one of the first tract plague writers to focus his attention on local topographical features to explain the return of the plague to Montpellier. For Jacobi, the recurrent epidemic outbreaks after the 1360s onward were better explained through the influence of the locally specific lower causes, these being the “noxious sources of fetid vapors, such as marshes and decaying corpses.”¹⁵⁸ He warned that foul standing waters and fields of unburied corpses could generate the disease, although those who were habituated to living in such unhealthy places would less likely be affected by the resultant diseases than would those who were used to living in healthier environments. While Jacobi echoed some of the claims made by Hippocrates

¹⁵⁶ Arrizabalaga, “Facing the Black Death,” 275. On the importance of the directionality of window openings, see Geneviève Dumas, “La fenêtre en temps d’épidémie : air et miasmes à Montpellier aux XIV^e et XV^e siècles,” in *Par la fenêtre ; études de littérature et de civilisations médiévales*, Actes du colloque du CUERMA (Aix-en-Provence: Presses universitaires de Provence, 2003), 157–65.

¹⁵⁷ Gentile da Foligno, who died of the plague in June 1348, spoke of the corrupted air that escapes from confined spaces or that arises from lakes and ponds located both nearby and afar; he was the only early tract author to propose that the air in urban public spaces should be purified along with that in people’s homes—an approach that reflected the growing concern for clean physical environments. Arrizabalaga, “Facing the Black Death,” 255, 275. An anonymous early German tract focused specifically on the earthquakes of 1347, while Ibn Khātimah of Almería (Granada) considered that decaying stagnant bodies of water and low swampy fields with unstirred air were among the causes of corrupted air. Campbell, *Men of Learning*, 44–56, *passim*.

¹⁵⁸ Chase, “Fevers, Poisons, and Apostemes,” 157.

and Galen centuries before—that pestilences particular to one town or region occurred in large part because of the local topographical conditions—he combined these arguments with his own observations that the returning plague outbreaks were not as universal as the mid-century epidemic had been. Based on this, he reasoned that a local cause must be responsible. There was no suggestion, as there had been in the Paris Medical Faculty’s tract, that such corruption was generated “elsewhere” and then carried to new places through the winds; rather, the stinking ditches and foul streets that Jacobi blamed for the disease were a familiar aspect of late medieval countrysides and cities everywhere.

Many later plague tract writers adopted Jacobi’s explanatory framework, which gave them the opportunity to explore the particular features of their local environments that might be giving rise to recurrent outbreaks of the plague. For some, the venomous air that caused the plague arose from subterranean caves or crevices, let loose through earthquakes.¹⁵⁹ For others, it was familiar features of local rural and urban landscapes, such as marshes and sloughs, bogs, sluggish channels and sewers, ditches, filthy streets, and so on. Well into the seventeenth and eighteenth centuries, tract authors continued to blame the plague on these same types of environmental and topographical characteristics that they located in their own towns and neighbourhoods.¹⁶⁰

While the overall topography-disease relationship remained largely intact, by the sixteenth century English tract writers began to shift the physical location of such spaces of plague to places that, while still local, existed outside their own immediate environs. Accounts of the earliest outbreaks had made little socio-economic distinction between the plague’s victims, noting that it killed indiscriminately. However, prominent citizens who were able to flee their

¹⁵⁹ Twenty-seven percent of the French treatises that Joël Coste examined, for example, blamed the plague outbreaks on “les « émanations » des « entrailles » de la terre.” Joël Coste, *Représentations et comportements en temps d’épidémie dans la littérature imprimée de peste (1490–1725): Contribution à l’histoire culturelle de la peste en France à l’époque moderne* (Paris: Honoré Champion Éditeur, 2007), 81.

¹⁶⁰ I explore this in more detail in Jones, “Diseased Landscape,” 112–5. There are numerous examples to be found in both the English and French tracts.

cities during recurrent plague outbreaks noticed upon their return that the poorer districts of town had faced heavy burdens of plague mortality. Of course, such observations would have reflected the fact that the poor had been unable to leave during epidemics and therefore acquired the disease while those who fled did not. Ann G. Carmichael's work has shown that before the end of the fifteenth century, legislators in various northern Italian city-states enacted sanitary legislation that intrinsically linked the plague with the poor, especially poor migrants and beggars who were viewed as carriers of the disease. Segregation, isolation, denial of movement/passage/entry, and other similar measures were applied disproportionately against the poor.¹⁶¹ In France and England, comparable measures began to appear shortly afterwards, as ideas about the types of spaces that generated the plague—the localised sources of contamination—narrowed to the urban areas that were specifically inhabited by the poor or that could be infected by them.

French Royal Acts and Orders on the plague had little to say explicitly about the poor, and their focus on limiting the movement of goods and people during outbreaks and on appropriate sanitary measures ostensibly applied to everyone. Municipal councils typically enacted the ordinances that were designed to combat the disease locally, though, and such ordinances included, among other measures, temporary bans on begging and the exclusion of poor strangers.¹⁶² In many southern French cities, the poor—and the itinerant poor in particular—

¹⁶¹ Italian authorities primarily targeted the foreign poor: already by the mid-fifteenth century, they blamed Albanian and Slavic immigrants for outbreaks. Ann G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge: Cambridge University Press, 1986), 1, 90, 117–18. See also Brian Pullan, "Plague and Perceptions of the Poor in Early Modern Italy," in *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*, ed. Terence Ranger and Paul Slack (Cambridge: Cambridge University Press, 1995), 101–23.

¹⁶² Natalie Zemon Davis, *Society and Culture in Early Modern France: Eight Essays* (Stanford: Stanford University Press, 1975), 26; Sylvie Mouysset, "La peste de 1628 en Rouergue," *Annales du Midi: revue archéologique, historique et philologique de la France méridionale* 105, no. 203 (1993): 336. See also Frédérique Audouin-Rouzeau, *Les chemins de la peste: le rat, la puce, et l'homme* (Rennes: Presses Universitaires de Rennes, 2003), 238–50. Unfortunately, much of the French historiography on the poor has little to say specifically about attitudes towards the plague and the poor, and vice versa. For example, Anne Bérroujon, *Peuple et pauvres des villes dans la France moderne: De la Renaissance à la Révolution* (Paris: Armand Colin, 2014), is virtually silent on attitudes

became especially associated with the spread of disease; as such, they were both targeted for coercive isolation measures and blamed for the spread of disease.¹⁶³ Because some socio-economic groups were considered to be more susceptible to the disease—and as poverty became increasingly associated with moral defects linked to disease—efforts to separate the sick focused most heavily on the poor.

Neil Murphy has shown that pest houses first appeared in northern France much later than they did in the south; this he attributed to the southern cities' proximity to Italy where the *lazaretto* were first used—which generated an earlier demand for such plague control measures in the south—and to the general lack of communication between northern and southern cities about plague control measures.¹⁶⁴ As contagion theory eventually gained ground in northern French cities though, concentrated efforts to eliminate or mitigate the natural sources of contaminated air—the marshes, ditches, and so on—were supplanted by actions designed to physically separate the sick from the healthy.¹⁶⁵ The Parisian city council blamed the sick poor at the Hôtel-Dieu for infecting those whose job it was to care for them, the Rouen city council blamed a travelling vagrant for bringing the plague there from Neufchâtel, and in Amiens non-local vagrants were accused of bringing the plague into that city.¹⁶⁶ In this atmosphere, ordinances against the plague quickly became ordinances against the poor, and the assumption that poverty and the plague were linked lent credence to the implementation of increasingly repressive measures against the itinerant and non-native poor in particular. Itinerant merchants

towards the poor during plague outbreaks.

¹⁶³ Barbara Beckerman Davis, "Poverty and Poor Relief in Sixteenth-Century Toulouse," *Historical Reflections / Réflexions Historiques* 17, no. 3 (1991): 280; Natalie Zemon Davis, "Poor Relief, Humanism and Heresy: The Case of Lyon," *Studies in Medieval and Renaissance History* 5 (1968): 215–75.

¹⁶⁴ Neil Murphy, "Plague Ordinances and the Management of Infectious Diseases in Northern French Towns, c.1450–1560," in *The Fifteenth Century XII: Society in an Age of Plague*, ed. Linda Clarke and Carole Rawcliffe (Woodbridge: Boydell Press, 2013), 153–4.

¹⁶⁵ Murphy, "Plague Ordinances," 150.

¹⁶⁶ The providers of care at the Parisien Hôtel-Dieu "*ne peuvent endurer le gros aer qui y est, et deviennent malades et meurent comme les autres.*" Cited in Murphy, "Plague Ordinances," 151.

and traders, on the other hand, largely escaped censure. They earned a living and were not deemed to pose a threat to the well-being of local communities, even though they too might have travelled to and through infected towns and neighbourhoods.

References to the poor first appear in French treatises in the mid-sixteenth century. For the most part, the authors' remarks focused on the types of remedies that the poor used—and specifically the types of “popular errors” in which they foolishly believed¹⁶⁷—or on their predisposition to the plague due to their habit of eating “nasty meats... rotten grain, and other abominations.”¹⁶⁸ There was little insinuation, though, that they and/or their places of habitation were places or spaces likely to generate the plague. Only a very small number of tract writers, such as the physician François de Courcelles and Laurent Joubert, Chancellor of the University of Montpellier,¹⁶⁹ actually suggested that plague was associated with “the putrid exhalations that customarily arise from places that are crowded by the poor,”¹⁷⁰ those “common people” who “live in dirty places and who live dirty lives.”¹⁷¹ Both de Courcelles and Joubert were Protestant, and their views on the poor reflected wider sixteenth-century Protestant views that unemployment, poverty, and ultimately disease were signs of moral failure. Ironically, Catholic writers laid similar charges against Protestants during the Wars of Religion.¹⁷²

¹⁶⁷ Coste called such discussions, which he said appeared only in tracts written by medical authors, “*témoignages ethnographiques*.” *Représentations et comportements*, 527. See also Joël Coste, *La littérature des « Erreurs populaires »*, *Une ethnographie médicale à l'époque moderne* (Paris: Champion, 2002).

¹⁶⁸ “...manger mechantes viandes...grains pourris, & autres vilenies.” Oger Ferrier, *Remedes Preservatifs et cvratifs de peste* (Lyon: Jean de Tovrnes, 1548), 7.

¹⁶⁹ Joubert was later also physician to Catherine de' Medici, Henri III, and Henri III of Navarre (later French King Henri IV).

¹⁷⁰ “...comme les exhalations putrides qui s'esleuent coustumierent es lieux ou il y-a affluence de poures gens.” François de Covrcelles, *Traite de la peste clair et tres-vtile* (Sedan: Abel Riuary, 1595), 34.

¹⁷¹ “le menu peuple...qui habitent en lieux fort sales et ords, & qui en tout temps vivent salement.” Laurent Joubert, *Traitté de la peste* (Lyon: Jean Lertout, 1581), 61.

¹⁷² Outside of the plague tract genre, the language of plague *did* enter French discourses about the poor: Colin Jones has noted that the broad movement to institutionalise the poor and the deviant was predicated, in part, on an assumption that they were “as contagious as a plague victim.” Indeed, in the early seventeenth century, one writer directly equated a poor person with a plague victim by describing him as “a conspicuous rash, mange, itch, canker; bleeding with ulcers and scrofulas; hobbled, covered with boils and pus.” Cited in Jones, *Languages of Plague*, 48.

In England, poverty levels became an especially noticeable and growing political, economic, and social concern to the property owning and governing classes during the early sixteenth century. Here, the religious shift to Protestantism took a stronger hold and, perhaps not surprisingly as a result, plague tract authors made a much more explicit association between the places occupied by the poor and the outbreak of disease. Authorities perceived the poor as a distinct threat, not only to public order and morality, but also to public health. England's national and municipal plague orders included direct references to the poor and to the spaces that they inhabited.¹⁷³ To prevent the spread of the disease, the orders specifically banned wandering by vagabonds and beggars and providing lodging to "strangers." Clauses related to the rates (taxes) that needed to be raised to support families forcibly isolated through quarantine, as well as the poor more generally, were central to the orders. So too were calls to enforce "the suppressing, punishing, and settling of the sturdy Rogues and Vagabonds."¹⁷⁴

Also included in the national plague orders was the College of Physicians' prophylactic and treatment advice that, by 1630, went beyond the prescription of plague remedies to include an overt description of the overcrowded conditions in which the poor lived. Such conditions, the College proclaimed, endangered public health more broadly and had to be rectified.¹⁷⁵ In 1631, Sir Theodore de Mayerne, King Charles I's Huguenot physician, issued a report in which he argued that to protect "the publique health" it was necessary to forcibly expel "the unruly base sort of people" from English towns. London was believed to be particularly problematic in this regard because of its dirty streets and its large number of beggars. Although many of these

¹⁷³ Paul Slack, *Poverty and Policy in Tudor and Stuart England* (London: Longman, 1988). See also Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985), *passim*, and Wear, *Knowledge & Practice*, 281–6.

¹⁷⁴ College of Physicians, *Certain Necessary Directions, as well for the Cure of the Plague, as for Preuenting the Infection* (London: Robert Barker, 1636), A4r.

¹⁷⁵ Paul Slack, "Books of Orders: The Making of English Social Policy, 1577–1631," *Transactions of the Royal Historical Society* 30 (1980): 4.

beggars were in fact local residents, the assumption was that they did not belong and so should be made to leave.¹⁷⁶

By then, the English authors of both medically- and religiously-oriented plague tracts were already blaming disease outbreaks on the living conditions of the poor. Especially troublesome were their crowded, filthy, and stinking neighbourhoods, and their apparent moral shortcomings. In the 1530s, writer Thomas Elyot claimed, for example, that there were four main causes of the corrupted air that generated plague, including “[m]oche people in a small rome lyuynge vnclenly and sluttyshely.”¹⁷⁷ By the end of the sixteenth century, clergyman and medical writer Thomas Brasbridge combined geography and poverty to blame the disease on corrupted air that arose

in a fewe houses, or streetes, through the stench of chanelles, of filthie dounge, of carion, of standing pudles and stincking waters, of seeges, or stincking privies...of common pissing places, and such like...[and in] a gret company dwelling or lyving in a small room especially if those roomes be not verie clenlie kept¹⁷⁸

Other English tract writers, like the physicians William Bullein, Thomas Lodge, Francis Herring, and Stephen Bradwell, provided warnings about the dangers that arose from poor people and from vagabonds who lived in or who came from (potentially) infected parishes; each also offered specific directions in their tracts as to how the poor could best preserve themselves from the plague.¹⁷⁹ It is clear that these writers, and many others, perceived that the spaces occupied by the poor were both actually and metaphorically diseased.¹⁸⁰

Weekly broadsheets printed during London’s major plague outbreaks of 1592, 1603, 1625, 1636, and 1665 reproduced mortality figures by parish. These further emphasised the perceived link between the plague and the poorest neighbourhoods that were often located in liminal areas

¹⁷⁶ Slack, “Books of Orders,” 8.

¹⁷⁷ Elyot, *Castel of Helth*, 12r.

¹⁷⁸ Brasbridge, *Poore Man’s Jewell*, A8r–v.

¹⁷⁹ William Bullein, *A Dialogue Bothe Pleasant and Pitifull, Wherein is a Godlie Regimente Against the Feuer Pestile[n]ce* (London: Ihon Kyngston, 1578); Thomas Lodge, *A Treatise of the Plague* (London: for Edward White and Nicholas Ling, 1603); Herring, *Certaine Rules*; Bradwell, *A Watch-Man for the Pest*.

¹⁸⁰ Cohn notes a similar attitude in later sixteenth-century Italian plague tracts. *Cultures of Plague*, 211.

of the city, outside the walls and in the suburbs. Such neighbourhoods were already associated with poverty and social unrest, and their characterisation as diseased spaces served to further emphasise their problematic nature. Paul Slack has remarked on the noticeable shift that took place in the topography of the plague in London between the mid-sixteenth and mid-seventeenth centuries: while in 1563 the poorest and worst-affected parishes laid inside the city walls, by 1665 they both laid along or outside the walls. More recent demographic and statistical mapping work by Neil Cummins, Morgan Kelly, and Cormac Ó Gráda has supplemented Slack's general remarks: plague mortality in the first half of the sixteenth century was relatively equal across all intra-mural and extra-mural parishes, but the increasing concentration and self-segregation of London's wealthy (and healthier) householders in the central intra-mural parishes after 1563 shifted the higher-mortality parishes to the walls and beyond by 1665.¹⁸¹

Municipal officials had provided information about the number of plague-related deaths and burials to the royal government since the early sixteenth century. Towards the end of the century, this information was sufficiently systematised to be suitable for use in "a publicly available printed form."¹⁸² Mark S.R. Jenner made three important observations about these English broadsheets. First, since their readers "did not clearly distinguish [them] from official [mortality] bills...[these] works could thus be seen as privately published recensions of public authority, tacitly endorsed by the powers that be."¹⁸³ Second, the broadsheets and the official bills of mortality "inscribed a mental map of the metropolis" by illustrating, in statistical terms, the various parishes and the degree to which they had become diseased.¹⁸⁴ Third, they "helped construct a model of [London's] plagues as ontologically distinct and thus quantifiable,

¹⁸¹ Slack, *Impact of Plague*, 151–64; Cummins, Kelly, and Ó Gráda, "Living Standards and Plague," 2–18.

¹⁸² Mark S.R. Jenner, "Plague on a Page: Lord Have Mercy Upon Us in Early Modern London," *The Seventeenth Century* 27, no. 3 (2012): 265.

¹⁸³ Jenner, "Plague on a Page," 265.

¹⁸⁴ Jenner, "Plague on a Page," 265, drawing from J. C. Robertson, "Reckoning with London: Interpreting the Bills of Mortality before John Graunt," *Urban History* 23 (1996): 325–50.

constituting them as visitations of a disease which could be tracked through time, measured and compared.”¹⁸⁵ Taken together, these observations point to a fourth critical argument that Jenner did not make: that the weekly plague broadsheets created a mental map using geographically organised data that established, in stark, quasi-official, and visual form for readers both in and outside the city, a direct spatial link between London’s poorer parishes and its plagued spaces. Will Slauter likewise argued that bills of mortality “shap[ed] the way people in the seventeenth century understood the geography of the city [and] the spread of disease” but he did not take the next step of tying local geographies to the perceived *origins* of disease.¹⁸⁶

Since the broadsheets listed plague deaths by parish, and since each parish was contained within a particular and well-defined (and hence well-known) geographic space, the broadsheets pointed to which areas of the city and its suburbs were the most infected and, by extension, the most disease-generating. The first parishes to be affected by anomalous rises in mortality shifted over time, from the poor northern suburbs of St. Giles Cripplegate and Shoreditch between 1563 and 1625, to the southwestern (but also poor) parish of St. Giles in the Fields in 1665. All three parishes lay outside the city walls.¹⁸⁷ Erin Sullivan has noted that since Londoners were actively using these bills to determine which parishes to avoid (because of the plague’s existence there), merchants and shop owners in some parishes petitioned to have the death figures broken down further still, since being associated with or working near to infected parishes was bad for business.¹⁸⁸ With well-known physicians also drawing the conclusion in their plague tracts that poor parishes were “diseased,” the assumption that poorer, liminal areas of the city were plague-

¹⁸⁵ Jenner, “Plague on a Page,” 266.

¹⁸⁶ Will Slauter, “Write Up Your Dead: The Bills of Mortality and the London Plague of 1665,” *Media History* 17, no. 1 (2011): 1–15. See also Stephen Greenberg, “Plague, the Printing Press, and Public Health in Seventeenth-Century London,” *Huntington Library Quarterly* 67, no. 4 (December 2004): 508–27.

¹⁸⁷ Cummins, Kelly, and Ó Gráda, “Living Standards and Plague,” 3.

¹⁸⁸ Erin Sullivan, “Physical and Spiritual Illness: Narrative Appropriations of the Bills of Mortality,” in *Representing the Plague in Early Modern England*, ed. Rebecca Totaro and Ernest B. Gilman (New York: Routledge, 2010), 81.

ridden was difficult to avoid. The two forms of printing—the largely statistical and image-heavy broadsheets that Jenner classified as a type of non-verbal fiction¹⁸⁹ and the textually narrative plague tracts—thus worked in tandem to formalise in the city’s collective consciousness the fact that the poor spaces of London were also its local (and yet metaphorically non-local) source of the plague.

John Graunt’s *Reflections on the Weekly Bills of Mortality* added to this narrative construction of local plague spaces by tracing London’s outbreaks of plague through particular parishes in London and Westminster.¹⁹⁰ In demonstrating the plague’s progress by means of week-by-week statistical tables for all local outbreaks since 1592, and then analysing what the tables purported to reveal, he highlighted those parishes in which the plague arose first and which were, by implication, the source of local epidemics. Again, like the broadsheets, the “results” of his assessment largely implicated the poorer parishes. Indeed, by the mid-seventeenth century, the plague had become so associated with the poor that Nathaniel Hodges could write in his plague tract that “it is incredible to think how the Plague [of 1665] raged amongst the common People, insomuch that it came by some to be called the *Poors Plague*.”¹⁹¹ Since, as Andrew Wear has noted, the plague “was thought to originate in stinking, dirty, putrid places...and [since] the bodies of the poor shared those qualities,”¹⁹² it is not surprising that the specific areas of towns inhabited by the poor were regarded by administrators and tract authors alike as being particularly pestilential. Tract writers like William Kemp noted, for example, that the “stinking lanes” of St. Sepulchre’s and the graveyards of St. Giles in the Fields were particularly problematic areas in London, as were manufacturing neighbourhoods in all towns

¹⁸⁹ Jenner, “Plague on a Page,” 266.

¹⁹⁰ John Graunt, *Reflections on the Weekly Bills of Mortality for the cities of London and Westminster...* (London: Samuel Speed, 1665).

¹⁹¹ Hodges, *Loimologia*, 15.

¹⁹² Wear, *Knowledge & Practice*, 284.

that housed both the industrial waste and the poor labourers.¹⁹³

English tract writers continued to point to the poor and to the areas in which they lived as the source of local disease outbreaks into the eighteenth century. In 1720, Richard Mead still described the plague as a disease of the poor “among whom this Evil generally begins.”¹⁹⁴ Nevertheless, Hodges’ other observations about London’s 1665 epidemic also highlight a different turning point in spatial portrayals of the disease: some tract writers began in the seventeenth century to reframe the plague as a disease that was universal once again and whose actual origin lay elsewhere, even if it first erupted locally among the poor. Hodges noted that because “the plague affects many regions together at the same time,” it was necessary to distinguish it from “Endemick diseases, that is, such that are appropriate to one place only.”¹⁹⁵ His primary concern was to understand how the disease worked differently in different climates located so far distant from each other. Since from “Reason [it] is very obvious [that] there is so much Difference between the Diseases of different Climates,” Hodges pondered, “how much Alteration [must the plague] undergo in such a Travel, from a hot and dry Climate, into a moist and cold one.”¹⁹⁶ Such alteration did not, and could not, he argued, make the plague endemic in England, however. Although Hodges believed that the plague sometimes reignited in the same locally-diseased place “from the original Cause that as yet hath never been extinguished”—a reflection reminiscent of John of Burgundy’s fourteenth-century claim that the Black Death had left behind relics of itself— it would be an error to assume that the plague was “co-æval with the World” since its continued reappearance relied on “external Circumstances.”¹⁹⁷

The potential spread of disease from one location to another had, of course, long been

¹⁹³ Kemp, *Brief Treatise*, 14. See also Slack, *Impact of Plague*, 27.

¹⁹⁴ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods to be Used to Prevent It*, (London: Sam. Buckley and Ralph Smith, 1720), 38.

¹⁹⁵ Hodges, *Loimologia*, 36.

¹⁹⁶ Hodges, *Loimologia*, 64.

¹⁹⁷ Hodges, *Loimologia*, 142.

recognised by municipal and regional authorities tasked with protecting their towns from outbreaks occurring in other, nearby places. Ordinances that established *cordons sanitaires* and that excluded travellers and goods from infected regions (known or suspected) had been in place in northern French cities from at least the late fifteenth century.¹⁹⁸ English plague orders were not put into place kingdom-wide until the last quarter of the sixteenth century, but these also included local surveillance measures. Advice from London's College of Physicians that accompanied the orders called for restrictions to be placed on "men or goods from foreign infected places."¹⁹⁹ Especially by the later seventeenth century, information about both local and foreign outbreaks of disease travelled not just by word of mouth or via letter, but also via printed news that was becoming increasingly popular.²⁰⁰

In writing about London's plague epidemic of 1665, some English tract authors began to think about how that outbreak was linked to similar outbreaks in other places. Less than ten years earlier, an especially devastating epidemic had decimated the city of Naples; now, in the midst of the London outbreak, a translation of a short Italian tract written during the Naples epidemic appeared in English print.²⁰¹ The tract focused entirely on diagnosis and treatment, but its publication nevertheless marked the first time that a plague treatise appeared in English print that solely addressed an outbreak that occurred somewhere else. Unlike previous translated tracts, the Italian work was not Englished in the sense of having foreign identifiers removed and local ones inserted.²⁰² Rather, the purpose of translating this particular tract was to inform English readers

¹⁹⁸ Murphy, "Plague Ordinances," 152. Carmichael noted that Milan's public health office had established active and systematic plague surveillance throughout Lombardy already in the fifteenth century. Ann G. Carmichael, "Plague Persistence in Western Europe: A Hypothesis," *The Medieval Globe* 1 (2014): 162–8.

¹⁹⁹ College of Physicians, *Certain Necessary Directions*, B3v.

²⁰⁰ Slack, *Impact of Plague*, 325–6. Although he does not discuss plague specifically, also useful here is Joad Raymond, "The Newspaper, Public Opinion, and the Public Sphere in the Seventeenth Century," *Journal of Prose Studies* 21, no. 2 (1998): 109–36.

²⁰¹ Anonymous, *A Brief Relation of the Plague at Naples, in the Year M.DC.LVI*. (London: J. Grismond, 1665).

²⁰² The very act of translating plague tracts from one language to another—and of reprinting tracts that focused on

about a plague outbreak that *was* foreign. What Englishmen and women were experiencing during London's large epidemic outbreak in 1665 was thus part of a larger, geographically broad phenomenon. The appearance of the Naples tract in print stands as a turning point in the English plague treatise tradition, whereby a link was being made, subtle or otherwise, between specific English outbreaks and epidemics elsewhere in the world. Until that point, English tract writers had focused almost exclusively on outbreaks that arose, lived, and waned locally.

Antoine Davin, a French physician and royal councillor, had noted in 1629 that, in his opinion, the plague begins in large and dense cities "such as Grand Cairo, Constantinople, Paris, Toulouse, and Lyons...where the nature of the place has something to do" with generating the disease.²⁰³ It was this "nature of the place" to which Davin alluded that underscores the perceptual shift that was taking place in the geographical location of the places that tract writers had blamed for centuries for generating local outbreaks. If for his predecessors disease-generating topographical and environmental features were to be found locally, for Davin they were particular to large cities, regardless of where they were located. Within a few short decades, geographic explanations of the plague became almost entirely focused on foreign places. George Thompson was one of the first English tract writers to point a suspicious finger, in 1666, to the plague being the *product* of foreign places whose airs "are observed to produce the Pest Periodically (as in *Gran Cairo in Aegypt*)."²⁰⁴ Very quickly thereafter, associating local plague

specific cities in other countries—also belied the broader recognition that the plague was a widespread or universal phenomenon. B. Barralis, professor of medicine at the Paris Medical Faculty in the early seventeenth century, justified having translated a tract from Italian into French by noting that the Italian author's knowledge of the plague was so well presented that nothing further could be added from local experience to improve it. "...ceste matier, l'ayant enrichie de si belles raisons, de si fortes autorités & d'experiences si sensibles, que i'estimay deslors qu'on ne pouvoit rien adiouster à la perfection d'un tel ouurage." B. Barralis, trans., *Paradoxes de la peste* (Paris: Fleury Bovriquant, 1620), aii^v.

²⁰³ "...mon opinion sur ce que dessus, est, qu'on voit ordinairement, que la peste se met aux Villes grandes & fort peuplées: comme au grand Caire, à Constantinople, à Paris, à Tholouse, à Lyon, (à quoy la nature du lieu fait quelque chose)..." Antoine Davin, *Tres singulier traité de la generale et particvliere preseruacion, & de la vraye & asseurée curation de la Peste* (Grenoble: Richard Cocson, 1629), 45.

²⁰⁴ Thompson, *Loimotomia*, 20.

outbreaks with similar outbreaks that were occurring in other places came to mean locating the origin of the local outbreak elsewhere. While still acknowledging that the plague could arise from specific unhealthy local places—especially those urban spaces dominated by the poor—seventeenth-century writers’ thinking about which places were the unhealthiest became broader. By the eighteenth century, such thinking was entrenched, and most writers gladly accepted the French Abbé Martin Gaudereau’s claim that “during the eighteen years that I served [as French consul] in Turkey, Armenia, Persia, Arabia, and India, I found myself in an infinite number of towns afflicted by the plague.”²⁰⁵

Although the outbreak of plague in Marseille in 1720 did not spread to England, “the dismal prospect of a destroying Disease in a Foreign Neighbouring Country”²⁰⁶ after many years of absence meant that English tract writers found it necessary to revisit the disease’s causes and treatments. For many writers, reflecting upon the “Sickness now in France”²⁰⁷ meant that they were talking in detail for the first time about a disease outbreak that was in no way local, but that had once again become universal. As the English naturalist and botanist Richard Bradley observed, “all the Trading Ports of Europe are now in [danger] of being infected by the Plague which rages in the South parts of France and every day spreads itself more and more over the neighbouring Countries.”²⁰⁸

For Richard Mead, Fellow of the College of Physicians and of the Royal Society, suggestions found in earlier plague tracts that the plague was (or had become) endemic were

²⁰⁵ “Pendant les dix-huits années que j’ai fait la Mission dans la Turquie, l’Armenie, la Perse, l’Arabie & l’Inde, je me suis trouvé une infinité de fois dans des Villes affligées de Peste.” Martin Gaudereau, *Relation des différentes especes de peste que reconnaissent les Orientaux* (Paris: Jacque Quillau, 1721), 13.

²⁰⁶ Philip Rose, *A Theorico-practical, Miscellaneous, and Succinct Treatise of the Plague* (London: T. Jauncy, 1721), v.

²⁰⁷ Mead, *Short Discourse Concerning Pestilential Contagion*, A2.

²⁰⁸ Richard Bradley, *The Plague of Marseilles Cons’d* (London: 1721), B3.

incorrect, it being “a satisfaction to know that the Plague is not a native of our country.”²⁰⁹

Although Bradley could remark that “the Contagion now spreading itself in Foreign Parts, has nearly the same symptoms that were observ’d in the late Plague at London,”²¹⁰ it was the foreignness of the disease that he emphasised. His contemporary Philip Rose assigned two types of causes to the plague, “Domestick and Foreign”²¹¹—the foreign causes being responsible for disease outbreaks that spread from one country to another. Since he could observe that the plague had arrived in Marseille from elsewhere, and did not simultaneously break out in England, it was clearly and obviously foreign.

French tract writers also spoke of “the plague that causes alarm throughout all of Europe.”²¹² Both they and local administrators were quick to point to the fact that the plague had arrived in Marseille through maritime commerce. Jean-Baptiste Bertrand argued that the outbreak could not have possibly originated in Marseille itself because neither the city nor its surrounding countryside had the right kind of unhealthy environment to generate corrupted air.²¹³ By this time, then, both English and French tract writers portrayed the disease not just (or not even) as a local disease—it certainly could not be endemic—but rather as a disease that had arrived from elsewhere. By the early eighteenth century, tract writers almost uniformly portrayed the plague as a disease that was “natural” to some *other* part of the world and then made “universal” through various means, including commerce, the winds, or by the movement of sick travellers.

For the French writers who claimed to have traced the plague’s arrival to a ship that had

²⁰⁹ Mead, *Short Discourse*, 20.

²¹⁰ Bradley, *Plague of Marseilles Cons’d*, 37.

²¹¹ Rose, *Theorico-practical, Miscellaneous, and Succinct Treatise*, 9.

²¹² “la peste...qui alarme tant toute l’Europe.” Jean-Jacques Manget, *Traité de la peste et des moyens de s’en préserver...* (Lyon: Bruyset frères, 1722), 1.

²¹³ “L’air de Marseille est exempt de toutes ces infections. Il n’y a dans cette ville, ni dans tout son voisinage aucune mine de métal ni de mineral, nulle source d’eaux minerals. On n’y a jamais vû aucun tremblement de terre...néanmoins toutes ces eaux vont se perdre dans le Mer, & ne croupissent nulle part...l’air de Marseille est des plus purs et des plus sains...” Jean-Baptiste Bertrand, *Relation historique de tout ce qui s’est passé à Marseille pendant la dernière peste* (Cologne: Pierre Marteau, 1723), 18–20.

recently arrived from the Levant, there was little question that the Marseille outbreak had its origins elsewhere. For the English writers, it was an outbreak that, should it arrive in England, would most definitely have come from somewhere else. Fears about the outbreak in Marseille spreading also sustained a relatively new interest in the broader geography of the plague, one that contextualised local epidemics with similar outbreaks happening elsewhere in the world at the same time. In other words, the later plague outbreaks of the seventeenth and eighteenth centuries reignited a sense that the plague was, once again, a universal phenomenon. Although universal in the sense that it had spread “to here and other places” from elsewhere, by the early eighteenth century the plague no longer was just being portrayed as a universal disease; by now, it was also labelled as a foreign one.²¹⁴

Tracing and locating the plague

Lands of darkness: “It began in the east, and...passed through our region toward the west”

We have not said that the future pestilence will be exceptionally dangerous, for we do not wish to give the impression that it will be as dangerous here as [it has been] in southern and eastern regions. — Paris Medical Faculty, 1348²¹⁵

The Paris Medical Faculty’s allusion in 1348 to “southern and eastern regions” being more heavily impacted by the plague echoed other contemporary writers’ descriptions of the disease’s geographic origins and its trajectory. Gabriele de’ Mussis had traced the plague’s advancing steps from east to west, from the lands of the “Tartars” and “Saracens” to Caffa and thence on

²¹⁴ The foreignness of certain diseases had already been well established through the example of syphilis. The variety of names by which syphilis was known in medical and lay discourse throughout the early modern period point to its early association with spatial othering: the French Pox, *morbus gallicus*, Mal Francese, the Spanish disease, the German disease, the Polish disease, the Neapolitan disease, European pustules, disease of the Franks, the disease of the Portuguese, etc.

²¹⁵ “Report of the Paris Medical Faculty,” 162. The subheading quote comes from De Chauillac, *Inventarium sive chirurgia magna*, 1:118. “Inceperat autem in oriente, et ita, sagittando mundum, pertransivit per nos versus occidentum.”

Genoese ships to various port cities in the Mediterranean. In much the same way, contemporaries of the Black Death (especially those living around the Mediterranean) often incorporated into their accounts some reference to the various places from which they heard that the disease had come—and through—before it ultimately arrived on their doorsteps. Some writers reported on their encounters with the plague as they experienced it or, like the Florentine Giovanni Boccaccio, on what they heard second hand from acquaintances. Others, like de' Mussis, wrote their accounts after the worst of the epidemic had ceased. When speaking of the plague's purported origins, many writers relied heavily on first- and second-hand reports of merchants, pilgrims, courtiers, and other travellers who, in passing through already plague-infected areas, could theoretically provide some sense of the plague's path and trajectory. The general perception, as Boccaccio wrote was that the plague “had originated some years earlier in the East, where it had claimed countless lives before it unhappily spread westward, growing in strength as it swept relentlessly from one place to the next.”²¹⁶

The European writers were typically rather vague about the actual location of the plague's eastern origins. In his *Historia de Morbo*, de' Mussis claimed that the plague began in some loosely defined “countries of the east” but in the end infected

almost everyone who had been in the East, or in the regions to the south and north [of Caffa, including] Chinese, Indians, Persians, Medes, Kurds, Armenians, Cilicians, Georgians, Mesopotamians, Nubians, Ethiopians, Turks, Egyptians, Arabs, Saracens and Greeks (for almost all the East has been affected).²¹⁷

For de' Mussis, sitting in Piacenza, the plague epidemic was synonymous with the easterly-dwelling “heathen Tartar races,” whose “broad regions, far-spreading provinces, magnificent kingdoms, cities, towns and settlements [were] ground down by illness and devoured by dreadful death” before they laid siege to Caffa. Eventually he says, the “Tartars” threw their disease-

²¹⁶ Giovanni Boccaccio, *Decameron*, trans. G.H. McWilliam, 2nd ed. (Harmondsworth: Penguin Classics, 2003), 4.

²¹⁷ Gabriele de' Mussis, “The Arrival of the Plague,” in Horrox, *Black Death*, 16, 18.

ridden corpses into the city.²¹⁸ Although de' Mussis claimed to find it “extraordinarily difficult” to give an accurate picture of the devastation caused by the plague in nearby Italy, Spain, France, or the Holy Roman Empire, he confidently reported on “trustworthy accounts” of death tolls among the “Saracens” and those living in “other countries of the East, which are so vast that it takes three years to ride across them.”²¹⁹ In a similar manner, Giovanni Villani, a Florentine banker and local official, wrote in his chronicle of 1348 that

there were uncountable deaths in Turkey [that is, Anatolia] and other countries overseas, where the disease lasted longer and did the most harm. God's justice fell harshly among the Tartars, so much so that it seemed incredible...These pestilences occurred as far away as Turkey and Greece, having come from the area of the rising sun...²²⁰

Greek and Muslim writers living in the eastern Mediterranean tended to concur with their Western European counterparts about the direction from whence the plague had come. Some placed its origins in an area not far from the Crimea. Byzantine historian and scholar Nicephorus Gregoras, writing in the late 1350s, claimed that the disease had begun in “Scythia and Maeotis and the mouth of the Tanais [Don River].”²²¹ Ioannes (John VI) Cantacuzenos, Byzantine Emperor from 1347–54, wrote that the epidemic had started “first [among] the Hyperborean Scythians.”²²² Abū Hafs ʿUmar Ibn al-Wardī, who witnessed the plague outbreak in Aleppo in 1348, provided a much more comprehensive itinerary, particularly about the plague's passage

²¹⁸ Scholars no longer accept that de' Mussis's version of events was an eyewitness account of the start of the Black Death. Ann G. Carmichael has said, for example, that de' Mussis's “great refugee odyssey...is best understood as the path of rumours rather than [of] pestilence itself.” Carmichael, “Universal and Particular,” 27. Rosemary Horrox recognised that de' Mussis was “not actually a passenger on the ship which brought plague to Genoa—he is now known to have remained in Piacenza throughout the epidemic.” *Black Death*, 14. How much of de' Mussis's account was factual—drawn, for example, from eyewitness information passed on by travelling merchants or pilgrims—and how much was a figment of his (or someone else's) imagination remains open to speculation. Nevertheless, his narrative of diseased Tartar bodies hurled over the walls at Caffa has largely been taken at face value in the scientific medical literature in particular.

²¹⁹ De' Mussis, in Horrox, *Black Death*, 17, 20.

²²⁰ Giovanni Villani, “Chronicle,” in Aberth, *Black Death*, 19–20.

²²¹ Christos S. Bartsocas, “Two Fourteenth-Century Greek Descriptions of the Black Death,” *Journal of the History of Medicine and Allied Sciences* 21, no. 4 (1966): 395.

²²² Bartsocas, “Two Fourteenth-Century Greek Descriptions,” 395.

through the “east.” He was, however, still as vague as his European counterparts about defining the eastern origins of the disease. Basing his report on what he had learned from Muslim merchants returning from Crimea, al-Wardī claimed that the disease had begun some fifteen years earlier in a distant eastern “land of darkness” before moving through India, the lands of the Uzbeks, Crimea, Byzantium, and the eastern Mediterranean.²²³ Al-Wardī’s description of the plague’s movement from east to west is one of the most detailed,²²⁴ and likely influenced many subsequent accounts in the West, especially those written by Muslim authors in Iberia.

All of these accounts, however, raise several important cautions about contemporary discussions of the plague’s origin and progression that were linked by writers to the actions and/or lands of particular peoples. First, to a large extent, the perceived trajectory of the plague mirrored the spread of information, news, and rumour—and not necessarily the path taken by the plague itself.²²⁵ Plague historiography has long accepted the “rumour” of the plague’s movement out of Crimea and into Italy via Genoese sailors as fact, despite the lack of evidence that this event ever happened. Even if such reports were presented as detailed fact, which they often were, the further one got from the original source of information, the more imprecise—and embellished—they became.

Second, the very terminology that Black Death-era writers used to describe the plague’s origins point more to particular contemporary worldviews and geo-political biases than to any sense of verifiable, observed fact. In Greek mythology, for example, the Hyperboreans were a mythical people who lived “beyond the North Wind.” The wide variety of opinions among Ancient Greeks about where Hyperborea was actually located—and the largely pejorative

²²³ Dols, “Ibn al-Wardī’s *Risālah al-naba’* ‘*an al-waba*’, 448–51.

²²⁴ It is also the only extensive, historical account contemporary with the Black Death in the Middle East that has survived. Dols, “Ibn al-Wardī’s *Risālah al-naba’* ‘*an al-waba*’, 445.

²²⁵ As Carmichael observed, two main stories about the plague’s path circulated around north central Italy in 1348: the first “about the fate and itineraries of the Genoese ships and sailors, the other about a day of extraordinary mortality in Paris (where the plague had not yet hit).” Carmichael, “Universal and Particular,” 27, fn 43.

association with “barbarism” that underlay the Byzantine term “Scythian”—emphasises the unreliability of any association that the Byzantines made between the geographical and ethnological origins of the plague and the mythical and uncivilised “Hyperborean Scythians.”²²⁶

The Europeans’ historical use of the blanket terms “Tartars” and “Saracens”—and historians’ continued use of the terms—likewise oversimplifies a complex geographical and commercial-political-religious situation that in reality involved different branches of the Mongols, different Muslim caliphates, different European powers, and a host of shifting alliances between each of them. Separate branches of the Mongols arrived in the Middle East after the 1250s. The branch that took over the Abbasid Caliphate, on one hand, became the Ilkhanids following its conversion to Islam; at their peak, the Ilkhanids dominated much of modern-day Iran, Iraq, Armenia, Azerbaijan, Georgia, Turkmenistan, Turkey, western Afghanistan, and southwestern Pakistan. Both before and after the Ilkhanids’ conversion to Islam in the late thirteenth century, western European rulers made many (ultimately unsuccessful) attempts to form alliances with them against their mutual enemy, the Mamluk Sultanate that ruled much of Egypt and the Near East. After the mid-1330s, the Ilkhanate ceased to exist as a unified dynasty. A separate Mongol branch ruled over Crimea and much of modern-day Eastern Europe. Known as the Golden Horde, it developed trading relationships with the Mamluks, the Venetians, and the Genoans.

Troubled relationships between the Golden Horde and the Genoese merchants in particular—and ongoing disputes between Christian and Muslim communities in the Crimea—may well have sparked the original story about the siege and catapulting of plague-infested

²²⁶ Some Greek writers associated the Hypoboreans with the Celts, while others believed them to be central and northeast Asians. The putative location of Hyperborea was variously placed in Dacia and the Black Sea region, Scythia, along the Danube, north of the Alps, Britain, the North Sea, and the Arctic. Early Christian writers were more likely to associate Hyperborea with Scythia than their Greek or Roman counterparts.

corpses over the walls at Caffa. Blaming the “Tartars” and the “Saracens” for instigating the plague epidemic would have appealed to Christian populations throughout Europe who typically saw little distinction between the Mongols, the Muslims, and the wide ethnic, linguistic, and religious variety of people who actually lived under their rule (much like the term “Frank” that was used by medieval Muslims to refer to all European Christians). All were deemed to be “infidels” and therefore were prime suspects—or scapegoats—for having instigated the plague epidemic.²²⁷ Each subsequent narrative about the Black Death—whether written in Avignon or Venette (France), or in London or St. Albans (England)—built to some extent upon those that preceded it. Most repeated, sometimes exactly, the story of how the disease had first begun “in the east.” For the Europeans writers, the plague began specifically “among the Saracens and other unbelievers” before it progressed westward to engulf the Christians.²²⁸

For Muslim writers living in the eastern Mediterranean, situating the origins of the disease among political and economic rivals or threats—or among threats to one’s allies—would also have made sense. Ibn al-Wardī’s claim that the plague had begun in the “land of darkness,” for example, could be interpreted as an attempt, in part, to move the plague’s origins away from the Mamluks’ trading partners and further back in space. That the Caffa-specific portions of de Mussis’s account were adapted more broadly than either his own commentary on the farther-eastern origins of the disease or al-Wardī’s detailed itinerary among subsequent European Christian writers is suggestive not only of communication and information transmission routes, but also of the influence of cultural and religious biases in the selective interpretation and

²²⁷ Nükhet Varlık provides a useful overview of the historiographical debates about the claim that the Black Death had begun in the east in *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience, 1347–1600* (Cambridge: Cambridge University Press, 2015), 94–7. For further background on Mongol–European relations, see Peter Jackson, *The Mongols and the West: 1221–1410* (New York: Routledge, 2005) and Nicola Di Cosimo, “Black Sea Emporia and the Mongol Empire: A Reassessment of the Pax Mongolica,” *Journal of the Economic and Social History of the Orient* 53 (2010): 83–108.

²²⁸ “The Plague According to Thomas Walsingham,” in Horrox, *Black Death*, 66. Medieval Christian Europeans used the term Saracen to describe Muslim Arabs, and later extended the phrase to include other Muslims as well.

portrayal of current events. The end of the “Pax Mongolica” by 1360 witnessed a considerable decline in the Golden Horde’s power and a subsequent retraction of European commercial and territorial interests around and beyond the Black Sea, as access to trans-Eurasian continental trade and communication routes declined. The perhaps coincidental timing of the Black Death and the coming of the end of the “Pax Mongolica” could have served to entrench the idea among later Christian writers that the “Tartars” had indeed initiated the Black Death in Caffa.²²⁹

Another problem for today’s scholars is just what Black Death-era writers meant by geographic terms such as “India.” As J.R.S Phillips has indicated, there were a multiplicity of “Indies” in the medieval geographic vocabulary, including “India Major” and “India Minor,” “Nearer” or “Lesser India,” “Further” or “Greater India,” “Middle India,” and so on. Each term referred to a different geographical space. Accounts of the plague’s origin in, or passage through, “India” are therefore not as straightforward as they might seem.²³⁰

Although many chronicles and other contemporary texts spoke openly about the supposed geographical origins of the disease, few of the early plague treatises actually did so. Of those that did, the most detailed report comes from Ibn Khātimah, a physician in Muslim Grenada. Ibn Khātimah noted in his 1349 plague treatise that while many Christian merchants claimed that the original source of the plague was “‘Hata,’ which is called China in Persian speech...[and which] is the limit of the inhabited earth to the east,” others had told him that travellers reported that it had begun in Abyssinia and from there had spread to neighbouring lands before reaching Egypt and Syria. He also noted reports from “many sides” that the outbreak had begun in Caffa during

²²⁹ For a summary discussion of the deterioration of relations between Europeans and the various Mongol groups, see Bruce M.S. Campbell, *The Great Transition: Climate, Disease, and Society in the Late-Medieval World*. The 2013 Ellen McArthur Lectures (Cambridge: Cambridge University Press, 2016), 274–5. For broader coverage of the topic, see Janet L. Abu-Lughod, *Before European Hegemony: The World System A.D. 1250–1350* (Oxford: Oxford University Press, 1989).

²³⁰ J.R.S. Phillips, *The Medieval Expansion of Europe*, 2nd ed. (Oxford: Clarendon Press, 1998), 192.

the siege of that town by “an army of Mohammedan Turks and Romans”²³¹ before spreading throughout the Mediterranean. These different opinions, he suggested, “show that the catastrophe has visited universally all lands and zones. The reason for the difference of the reports is that when it appears in lands laying at the edge of the world, its inhabitants think that the disease originated there; and from there this view spreads.”²³²

Of the French tracts, only Alfonso de Córdoba, the Andalusian physician in Montpellier, suggested a possible origin for the disease; he claimed that the “pestilence was naturally located in regions of Italy and in parts overseas.”²³³ Instead of commenting on the plague’s origins, most tract authors who wrote about the disease’s geographical reach focused more often on either its widespread nature or its approach from nearby regions. Pierre Damouzy, for example, felt compelled to write his tract once the plague had approached close to his doorstep: “this pestilence has increased, it has extended near to us, as may be seen in many places, from Rheims to other neighbouring areas.”²³⁴

If Ibn Khātimah was perceptive that the plague’s purported origins depended on the writers’ worldviews and on their particular locations within it, contemporary vagueness about the precise geographic starting point of the plague pandemic among the tract writers is perhaps unsurprising. Geographical knowledge *per se* among Europeans was not lacking. Centuries of interaction between Europe, Asia, and North Africa meant that “a substantial part of the inhabited world” was linked already, either directly or indirectly, through trade, diplomacy, war, and religion.²³⁵ Long before the Black Death, Europe had been well integrated into “global” trade networks that

²³¹ Quoted in Campbell, *Black Death and Men of Learning*, 51–2, fn. 23.

²³² Quoted in Campbell, *Black Death and Men of Learning*, 51, fn. 23.

²³³ De Córdoba, “Letter and Regimen,” 49. An anonymous German tract of c.1350 started tracing the plague’s path only from the region of Carinthia, completely ignoring all the places that it had devastated beforehand. “Earthquakes as the Cause of Plague,” in Horrox, *Black Death*, 177–82.

²³⁴ “*Ista pestilencia invalescit, ad nostra loca propinqua se extendit, ut patet in multis locis, unde Remis et in locis vicinis...*” De Amousis, “Tractatus de epydemia,” f.212v–213r.

²³⁵ Phillips, *Medieval Expansion of Europe*, 239.

reached as far as China, India, and Malaysia. Its rising urban populations, growing markets and production capacity, and expanding taste for eastern luxury trade goods fuelled what Bruce M.S. Campbell called Western Europe's "eastward enterprise."²³⁶

Reports from various types of travellers circulated widely and contained a significant amount of detailed information about parts of the world that had been largely unknown to the Greeks and Romans. Franciscan and Dominican orders had been active in Central Asia for one hundred years already before the mid-fourteenth century. Pilgrims travelling to Jerusalem could meet like-minded travellers from Ethiopia and beyond. Political and religious correspondence and envoys travelled between various Mongolian, Papal, and European courts throughout the second half of the thirteenth century.²³⁷ Compendia of geographical information about continents and other geographical features drew from earlier works and were expanded with new information. Isidore of Seville's *Etymologies* and Vincent of Beauvais' *Speculum Naturale*, for example, provided to medieval scholars an accessible source of information. Travel itineraries, such as those written by Matthew of Paris, and *mappae mundi* created both textual and visual frames of reference of the territorial limits of the world and its spatial configuration (as it was socially constructed at the time). Ethnographies—variously called "'descriptio' (description), 'itinerarium' (journey), and 'travels'"—likewise provided detailed descriptions of the manners and customs of other peoples.²³⁸ Recent studies of medieval and early modern cartography and mapping practices by Patrick Gautier Dalché and Keith D. Lilley have argued that dismissing such works as "mere abstractions unconnected with real space, repeated uncritically and without

²³⁶ Campbell, *Great Transition*, 386. See especially pages 126–30 for a discussion of the commercial and political links that developed across Eurasia in the twelfth and thirteenth centuries. For a broader perspective, see also Abu-Lughod, *Before European Hegemony*.

²³⁷ Phillips, *Medieval Expansion of Europe*, 60, 68–70, 120–8.

²³⁸ Shirin A. Khanmohamadi, *In Light of Another's World: European Ethnography in the Middle Ages* (Philadelphia: University of Pennsylvania Press, 2014), 3. See also see also Marianne O'Doherty, *The Indies and the Medieval West: Thought, Report, Imagination* (Turnhout: Brepols, 2013) and Rosamund Allen, ed., *Eastward Bound: Travel and Travellers, 1050–1550* (Manchester: Manchester University Press, 2004).

recourse to what we would consider as relevant experience”²³⁹ is anachronistic and misses the spatial story being told in such works. As such, various legitimate “geographical sources, whether visual depictions or textual descriptions of the world...circulated widely throughout the Middle Ages.”²⁴⁰

Nevertheless, as Phillips has noted, geographical ideas predicated largely, if not solely, on classical Greek and Roman sources and knowledge still dominated scholarly theory and popular ideas. Even learned medieval scholars such as Roger Bacon “described [and located with precision] places and even whole regions of the earth’s surface...which did not exist at all.”²⁴¹ Early medieval views of space and place were profoundly influenced by theological beliefs and relied to a large extent on biblical accounts of far away places. This worldview was not meant to accurately portray contemporary spatial knowledge or observed reality; rather, it represented a common narrative that drew Christendom together.²⁴² For most fourteenth-century Western Europeans, the East beyond Constantinople and Jerusalem was a vaguely defined, rumoured, and vast space that was associated, at once, with earthly paradise, traditionally-defined “marvelous lands, peoples, and events,”²⁴³ and the terrors of Gog and Magog. Popular and widely circulated travel writing focused on the East, including Marco Polo’s accounts and John Mandeville’s

²³⁹ “...de pures abstractions livresques sans rapport avec l’espace réel, répétées sans critiques et sans recours à ce que nous considérerons comme relevant de l’expérience.” Patrick Gautier Dalché, “Représentations géographiques savantes, constructions et pratiques de l’espace,” in *Construction de l’espace*, 13. See also N. Bouloux, “L’espace habité,” in *La Terre : connaissance, représentations, mesure au Moyen Âge*, ed. Patrick Gautier Dalché (Turnhout: Brepols 2013), 259–441.

²⁴⁰ Keith D. Lilley, “Introduction: Mapping Medieval Geographies,” in *Mapping Medieval Geographies: Geographical Encounters in the Latin West and Beyond, 300–1600*, ed. Keith D. Lilley (Cambridge: Cambridge University Press, 2014), 7. See also Sylvia Tomasch and Sealy Gilles, eds., *Text and Territory: Geographical Information in the European Middle Ages* (Philadelphia: University of Pennsylvania Press, 1998) and Evelyn Edson, *The World Map, 1300–1492: The Persistence of Tradition and Transformation* (Baltimore: The Johns Hopkins University Press, 2007), especially Chapter 10: Merchants, Missionaries, and Travel Writers.

²⁴¹ Phillips, *Medieval Expansion of Europe*, 191.

²⁴² Donna J. Pequet, *Representations of Space and Time* (New York: Guilford Press, 2012), 147.

²⁴³ Iain Macleod Higgins, *Writing East: The ‘Travels’ of Sir John Mandeville* (Philadelphia: University of Pennsylvania Press, 1997), 2–3. See also Mary B. Campbell, *The Witness and the Other World: Exotic European Writing, 400–1600* (Ithaca: Cornell University Press, 1988).

fantastical stories, emphasised marvels and monsters, divine miracles and apocryphal threats, and strange and unusual customs, beliefs, and laws at the same time that they accurately described geographical and natural observations. In short, contemporary travel writing—which Iain Higgins has called a form of “medieval Orientalism”²⁴⁴—informed its readers while simultaneously supporting and reflecting “the fertile ground of an imagined community’s noblest hopes, wildest dreams, and worst fears.”²⁴⁵

Existing “textual geographies” thus combined with “visual geographies” (*mappae mundi* and other iconographic depictions of the terrestrial and celestial worlds that also included “monstrous races of men in their appointed places”²⁴⁶) to both blend and distort “geographical traditions” and “geographical imaginings.”²⁴⁷ The great commercial integration between west and east that had characterised the twelfth and thirteenth centuries was in severe decline before the mid-fourteenth century, with long-used land- and sea-based trade routes to the East becoming effectively closed to the Europeans as “the military, political and religious map of the Middle East was redrawn.”²⁴⁸ In this context, a new, mysterious, and devastating disease could simultaneously be traced through its observed movements from east to west *and* have its imagined point of origin set figuratively and symbolically into a far off and equally mysterious East.

²⁴⁴ Higgins, *Writing East*, viii.

²⁴⁵ Higgins, *Writing East*, 3–5. The multilingual scholarship on Marco Polo and John Mandeville, as well as on other late medieval European travel writers, is extensive. While Polo’s identity has been verified, Mandeville’s continues to generate much debate. Mandeville’s text self-described the author as an English knight from St. Albans. Some scholars have dismissed this, arguing instead on the fact that since the travel text first appears, in French, in a late fourteenth-century French manuscript commissioned for French king Charles V by his physician alongside the earliest extant copy of John of Burgundy’s plague treatise—and relying on later claims about the wording ostensibly found on his now-destroyed tombstone—that John Mandeville and John of Burgundy are the same person. Dorothea Waley Singer, “Some Plague Tractates (Fourteenth and Fifteenth Centuries),” *Proceedings of the Royal Society of Medicine*, 9 (15 March 1916): 161; Xavier Walter, *Avant les grandes découvertes: Une image de la Terre au XIV^e siècle, Le voyage de Mandeville* (Roissy-en-France: Alban Éditions, 1997), 7, 17–8. Iain Higgins has made a much more convincing argument that John Mandeville is a “textual fiction” in a script that is in reality a compilation and extrapolation of other travel writers’s works. Higgins, *Writing East*, 8.

²⁴⁶ Phillips, *Medieval Expansion of Europe*, 179.

²⁴⁷ The four terms come from Lilley, “Introduction,” 4.

²⁴⁸ Campbell, *Great Transition*, 387. See also pages 273–7 and 386–94.

As quickly as some Black Death-era writers had set the plague's origins into a vaguely-defined east, however, such ideas seem to have disappeared almost entirely from the plague tracts. Aside from Guy de Chauliac's description of the second wave of the plague being a revisitation of the disease that came "back from Germany and northern regions,"²⁴⁹ little mention was made in any written account about the disease's purported origins. For most tract writers, the plague was discussed as a more particularly local problem, not a universal one. As such, neither its origins nor the other places that it was affecting were important enough, or likely evident enough, to mention.²⁵⁰

Silence about the plague's origins after the 1360s was not unfounded. Contemporary records show little indication that the post-Black Death outbreaks followed the same type of observable, traceable paths that the Black Death had taken (that is, from east to west, south to north). Nor did the outbreaks appear in obvious geographic succession, rather than simultaneously erupting in multiple places. Indeed, in many localities, once it arrived the plague established itself in a local reservoir and reappeared in an epidemic state every six to eight years; not every place experienced renewed outbreaks at the same time. As a result, the full extent of the plague's concurrent or near-concurrent outbreaks was not likely evident or even known to the plague treatise authors as they wrote their texts. In that sense, the writers had no "tracking" to report because there was, simply, nothing to track.

Unlike the authors of tracts about "the pox"—a disease that spread quickly in epidemic-form across Europe at the end of the fifteenth century, and about whose geographical (and historical)

²⁴⁹ "...retrogradando de Alamania et de partibus septentrionalibus, revenit ad nos mortalitas." De Chauliac, *Inventarium sive chirurgia magna*, 1:119.

²⁵⁰ Raymundus Chamelli de Vivario (the Avignon physician) observed that the outbreak of the early 1380s was also particularly widespread; with de Chauliac, however, de Vivario was almost alone in including such observations in a plague tract.

origins contemporary medical and other writers had little doubt from the beginning²⁵¹—efforts to track the plague remain almost entirely absent from French and English tracts until the later sixteenth century. Despite widespread knowledge about significant new geographic realities—Europeans had established colonies in the Americas, the sea route to India was open, the Sub-Saharan African coast was being explored, and new cartographic maps and navigational aids showed the world to be much larger than previously known—this information made little impact on geographic and medical discussions about diseases such as the plague.²⁵² It remained a local disease, even though tract writers sometimes did not hesitate to point to the origins of other epidemic diseases that they comfortably argued were generated in specific places. Thomas Lodge, for example, indicated in 1603 that “in the new found land (discovered by the Portugalls and Spaniards) in that Iland which is called *Hispaniola*, and other places of *India*, there raigne certaine pustules or broad scabs, (not much vnlike the French poxes) wherewith almost all the inhabitants of the country are infected.”²⁵³

Throughout the fifteenth, sixteenth, and early seventeenth centuries, the tract writers focused either explicitly—in the case of many French writers—or implicitly—in the case of the English writers—on explaining and providing advice about local outbreaks of the plague. Their focus on preservation and treatment meant that they portrayed the plague as a localised disease, not one that they necessarily feared coming from somewhere else. For that concern, quarantine and

²⁵¹ Each national group of writers had its own favourite name and site of origin for the disease, predicated on its enemy of choice. Claudia Stein, “‘Getting the Pox’: Reflections by an Historian on How to Write the History of Early Modern Disease,” *Nordic Journal of Science and Technology Studies* 2, no. 1 (2014): 54; Claudia Stein, *Negotiating the French Pox in Early Modern Europe* (Aldershot: Ashgate, 2009); Jon Arrizabalaga, John Henderson, and Roger French, *The Great Pox: The French Disease in Renaissance Europe* (New Haven: Yale University Press, 1997).

²⁵² Phillips, *Medieval Expansion of Europe*, 205. However, see Iona McCleery, “From the Edge of Europe to Global Empire: Portuguese Medicine Abroad (Thirteenth to Sixteenth Centuries),” in O’Doherty and Schmieder, *Travels and Mobilities*, 55–90, which speaks to the circulation and construction of new knowledge about disease (in general).

²⁵³ Lodge, *Treatise of the Plague*, B2.

isolation recommendations sufficed. Even though the English plague orders of 1625 specified that local justices “shall inquire, and presently informe themselves by all good meanes, what Townes and Villages are...infected within euery their Counties,”²⁵⁴ such administrative efforts to track the plague were still primarily local and remained largely absent from the plague treatises.

During the last quarter of the sixteenth century, tract writers in France started to trace the plague’s movement across a larger area once again and attempted to re-establish its geographical origins. For the most part, they focused their attention either inside their own borders or to neighbouring regions. Claude de Rubys, for example, discussed the local route by which he believed that the disease had recently arrived in Lyon. To him, it was clear that the current outbreak resulted from the malevolent actions of Calvinist “greasers” who had already been actively spreading the disease in Basle, Venice, Milan, and Lombardy.²⁵⁵ Other French authors writing in the same era followed de Ruby’s line of thinking, blaming nearby outsiders for transporting the plague and causing present outbreaks. Guillaume Briet, Bordeaux’s municipal physician, claimed that the plague that affected that city in 1599 was not locally generated but “brought in from elsewhere.” In particular, he noted, it “arrived with a stranger from Spain.”²⁵⁶ A few decades later, Vincent Robin traced the plague’s arrival in Burgundy from Paris and the markets of Rouen. In fact, he argued, “all plagues that have been in the cities and villages of this province [Burgundy] have only come via infected persons who carried it with them.”²⁵⁷ Antoine Davin likewise blamed outsiders for carrying the plague, a disease, he said, that arose primarily in large crowded cities: “however it arrives, the plague is taken elsewhere, by infected persons or

²⁵⁴ *Orders Thought Meet by his Maiestie and and his Priuie Councell* (London: Bonham Norton and Iohn Bill, 1625), A3. See also Carmichael, “Plague Persistence in Western Europe.”

²⁵⁵ De Rubys, *Discours sur la contagion*, 33–4.

²⁵⁶ “Ce mal est transporté d’ailleurs, & non nay avec nous...veint vn estra[n]gier, dit on, venant d’Espagne...” Briet, *Discours sur les causes de la peste*, 9, 13.

²⁵⁷ “...c’esteste Prouince ou toute peste qui a este aux Villes & aux villages est seulement venuë par communication des personnes qui ont porté le mal...” Robin, *Advis sur la peste*, 15. Of course, the plague is not transmitted that way and these observations were based entirely on the writers’ biases.

their clothes, or by infected merchandise and food, or even by the winds from distant countries.”²⁵⁸ In 1668, Pierre Rainssant tracked a plague outbreak in Reims to Soissons, from where it had spread.²⁵⁹ An anonymous tract written after the middle of the seventeenth century about a plague outbreak in Rouen argued that the disease must have come from Flanders, because Rouen itself had been so “perfectly purged of the disease for many years...that it had almost forgotten” about the plague.²⁶⁰

In each of these cases, the French tract writers pinpointed a place, often still within the Kingdom of France, in which their local outbreaks had begun before spreading widely. The tract writers typically blamed either strangers or other travellers for carrying the plague with them, or infected merchandise that arrived through regular trading channels from infected ports or cities. Centuries-long medical and administrative discussions about whether epidemic diseases like the plague were transmitted by corrupted air (*miasma*) or by contagion had shown that the two explanations were not mutually exclusive, and many writers used both to explain how plague in one place could also erupt in or be transported to another.²⁶¹ An ability to trace the plague from one place to another now made the concept of movement-by-contagion appear more likely; it also underlay administrative measures to stop the plague from entering or spreading through cities, including quarantines, *cordons sanitaires*, and the isolation and removal of suspected cases to plague hospitals. Similar measures were implemented, or at least recommended, in

²⁵⁸ “Combien qu’il arrive...la peste y est portée d’ailleurs, ou par personnes infectés, ou par leur habits, ou par des marchandises et denrées infectes, ou mesmes par certains vents, venans de pays lointains...” Davin, *Tres singulier traité*, 45.

²⁵⁹ Rainssant, *Advis povr se preserver*, 5.

²⁶⁰ “La Ville de Rouën estoit parfaitement purgée de la maladie contagieuse il y avoit beaucoup d’anées...[et] elle avoit deja presque oublié toutes les douleurs que cette fascheuse maladie luy avoit causé par le passé...” Anonymous, *Estat general de ceux qui sont morts de peste av liev de santé et dans la ville de Roven* (Rouen: Laürens Machuël, 1668), 16.

²⁶¹ Annemarie Kinzelbach, “Infection, Contagion, and Public Health in Late Medieval and Early Modern German Imperial Towns,” *Journal of the History of Medicine and Allied Sciences* 61, no. 3 (2006): 369–89; Arrizabalaga, “Facing the Black Death,” 259–60; Slack, *Impact of Plague*, 197–310.

England, but it was not until the seventeenth century that English tract writers began to actively trace and locate the source of the disease. Rather than describing the plague as travelling within the English Kingdom, however, these writers pointed blame at the Ottoman Empire.

This new *modus* to track and trace the plague through the tracts can be related, at least in part, to several novel, interlinked trends and realities: greater emphasis on the idea of contagion in explaining the plague, the expansion of the Ottoman Empire, the increase in travel writing as a literary genre, the growth of nationalism tied to colonialism and imperialism, and a nascent interest in the history of epidemics, itself linked to the humanistic rediscovery of mid-fourteenth-century descriptions of the beginnings of the Black Death.

Ottoman threats: “Turkey is almost a perpetual seminary of the plague”

...it was generally allowed, that the *Contagion* came by *Cotton* imported from *Turkey*... — Richard Mead, 1720²⁶²

Writing from the safety of London as the latest major plague outbreak engulfed Marseille in the early 1720s, the English physician Richard Mead sought to explain what caused this still fearsome disease. Proclaiming that the plague was contagious, Mead described how it was transmitted: via corrupted air, by contact with infected persons through their touch and breath, and in commercial goods transported from contaminated ports. He claimed, based on what he called the evidence of “the Natural History of several Countries” and the observations of “the ancientist and best Authors of Physick”²⁶³ that underlying the outbreak were specific topographical and environmental features. In Mead’s view, it was the particular combination of stagnant bodies of water, deep crevices, poorly managed burial practices, and the consistently hot

²⁶² Mead, *Short Discourse*, 18.

²⁶³ Mead, *Short Discourse*, 2–3.

weather and unchanging winds found in the eastern and southern parts of the world that was responsible for the plague. Because the disease was contagious, it stood to reason that it could have—or indeed most likely had—originated in some other country characterised by such features. The most obvious choice, Mead believed, was “*Turkey* [which] is almost a perpetual *Seminary of the Plague*.” He then continued, “I cannot but think it highly reasonable, that whatever Cotton is imported from that Part of the World, should at all Times be kept in *Quarantine*.”²⁶⁴ Not just the region, then, but also anything coming from it carried the dreaded disease. Even the mysterious English Sweating Sickness, which was “commonly thought to have taken its Rise here,” Mead argued, “was most probably of a foreign Original.”²⁶⁵

Mead’s focus on Turkey as the origin of current plague outbreaks reflected the longstanding Hippocratic *Airs, Waters, and Places* tradition, which suggested that particular features of rural and urban landscapes—marshes, sluggish waterways, damp and dark valleys in the countryside and slaughterhouses, tanneries and garbage heaps in the cities—were potential sources of disease because of their propensity to generate corrupted and foul-smelling air. Mead, however, also relied on these ideas to support his belief that the plague could not possibly be endemic in England. Here, he claimed, the cool climate and changing seasons mitigated the negative effects of any unhealthy local topography or climate. Instead, it was clear to Mead and many of his contemporaries that the plague and other pestilential contagious diseases were always imported from places that they contrasted with England, where “[t]he Air of our climate is so far from being ever the Original of the true plague.”²⁶⁶

²⁶⁴ Mead, *Short Discourse*, 27–8. In a later edition of the same work, Mead expanded his argument to clarify that he agreed with Pliny that pestilence always travels from the southern regions of the world. “The true Plague...spreads from country to country...[it is] an African fever bred in Aethiopia or Egypt, and the Infection of it [is] carried...into other parts of the World.” Richard Mead, *Discourse on the Plague, 9th Edition Corrected and Enlarged* (London: A. Miller and J. Brindley, 1744), 22.

²⁶⁵ Mead, *Short Discourse*, 6.

²⁶⁶ Mead, *Discourse on the Plague*, 71.

Richard Mead was not the first English writer to claim that a contemporary plague outbreak had originated in the Eastern Mediterranean; such assertions had been commonplace for more than half a century in English plague treatises. As early as its 1636 *Directions for the Plague*, London's College of Physicians had indicated that it was necessary to ensure that "neither men nor goods may come from any suspected places beyond the seas."²⁶⁷ The College did not yet name which particular places it suspected of being infected, but the implication was clear: *foreign* goods and *foreign* people brought the plague to England.²⁶⁸ By 1665, tract writers were much more specific about which foreign places they blamed for the plague. Astrologer John Gadbury argued that the disease had come "out of Turkey, into Germany, out of Germany into Italy, out of Italy into Holland, and out of Holland into England." For Gadbury, while a heavenly apparition had portended the 1665 outbreak, there was no doubt that the disease had arisen first in Turkey.²⁶⁹

The physician William Kemp considered Turkey to be a hotbed of exported infection because "[t]he *Turks* are perswaded that every one's fate is written in his fore-head, and hath a fatal destiny appointed by God, which it is impossible for any to avoid; so that they...slight and neglect all care of avoiding the infection." Despite having no personal knowledge of Turks, of the Ottoman Empire, or of the Islamic religion, Kemp felt it unnecessary to question whether this rumour was in fact true, since it was obvious that "at *Grand Cayre* [Cairo] and *Constantinople* there have been thousands that have suffered death, and multitudes that have been executed by

²⁶⁷ College of Physicians, *Certain Necessary Directions*, B3v.

²⁶⁸ England was in fact quite late in applying quarantines and shipping restrictions on goods and vessels coming from suspected "plague ports." Such measures were implemented in Mediterranean ports such as Dubrovnik and Venice during the fourteenth century. See Zlata Blažina Tomić and Vesna Blažina, *Expelling the Plague: The Health Office and the Implementation of Quarantine in Dubrovnik, 1377–1533* (Montreal: McGill-Queen's University Press, 2015).

²⁶⁹ John Gadbury, *London's Deliverance Predicted: In a Short Discourse Showing Causes of Plague in General...* (London: J. C. for E. Calvert, 1665), 10.

the Plague for this Heresie.”²⁷⁰ The Turks’ purported lack of care against the plague clearly exacerbated outbreaks there, he suggested, and likely gave rise to them in the first place. An anonymous commentary on the weekly bills of mortality in 1665 likewise anchored the plague to “the city called the Grand Caire...[where] the plague cometh with such fierceness, that the most part of the people there do die thereof.”²⁷¹ Even the English pre-emptive practice of shutting up individuals and families suspected of having the plague was blamed on the Turks: another anonymous author decried the practice, claiming that “this inhumane forsaking took its rise from the *Turks*, and Infidels.”²⁷²

Early modern Europeans used the term “Turk” to refer to the Muslim subjects of the Ottoman Empire, regardless of their actual ethnicity, language, or culture. The European belief in Turkish fatalism appears to stem from letters written by Ogier Ghiselin de Busbeq, the Habsburg ambassador to the Ottoman Empire, in the mid-sixteenth century. De Busbeq later transcribed his letters and other notes into a memoir, which was then translated and published repeatedly in several European languages. Nükhet Varlık has argued that de Busbeq’s comments about Turkish fatalism are “possibly among the most influential passages to shape European perceptions of the Ottomans’ attitudes in the face of plague,” even though archival records show them to have been entirely false.²⁷³

Nathaniel Hodges’ *Historical Account of the Plague in London in 1665* provided its readers with a retrospective, step-by-step examination of how the plague outbreak had begun and its after-effects.²⁷⁴ Hodges had remained in the city during the epidemic, and his first hand account

²⁷⁰ Kemp, *Brief Treatise*, 15.

²⁷¹ Anonymous, *The Weekly Bill of Mortality: With a Lamentable Relation of Many Visitations by the Plague in Times Past* (London: Tho. Milbourn, 1665), 1.

²⁷² Anonymous, *Shutting Up Infected Houses*, 6.

²⁷³ Varlık, *Plague and Empire*, 73.

²⁷⁴ As the tract was originally published in Latin in the early 1670s, it is unclear how large its initial reading audience would have been. The translated English version, reprinted in 1720, had a much broader readership.

presented details about his work treating plague victims and his observations of a city devastated by disease. As Hodges's account demonstrates, tract writers in the second half of the seventeenth century felt comfortable and competent to state, quite categorically in some cases, that the plague had arrived from elsewhere rather than being locally generated:

And for what concerns that Pestilence now under Enquiry, this we have as to its Origin, from the most irrefragable Authority, that it first came into this Island by Contagion, and was imported to us from *Holland*, in Packs of Merchandize; and if any one pleases to trace it further, he may be satisfied by common Fame, it came thither from *Turkey* in Bails of Cotton...For that Part of the World is seldom free from such Infections.²⁷⁵

Hodges largely repeated what Gadbury had written some years earlier, although he quite dismissively rejected Gadbury's astrological explanations, preferring to bring "the truth...at once...into an open light." For Hodges, that truth was that the plague was a contagious disease that had been brought to England "from Africa or Asia."²⁷⁶ While he does not provide more specific geographic details, Hodges insisted that pestilential diseases like the plague reign most commonly in maritime countries, nearest the seacoasts, because of their landscape's—and hence their population's—"saline constitution."²⁷⁷ This caveat suggests that he considered the Eastern Mediterranean coastal cities and ports—all of which were ruled by the Ottomans at the time—to have been the most likely original sites of the plague. And, like Mead some years later, Hodges acknowledged that the "Maritime Parts of our own Country do by sad experience too much testify" to port cities being the plague's entry points, but he seemed confident that England's position on a seacoast and its population's subsequent "saline constitution" were categorically different from those found in the hot, moist climates of the Eastern Mediterranean. England's coastal populations may have been more susceptible to the plague, then, but the plague did not

²⁷⁵ Hodges, *Loimologia*, 30.

²⁷⁶ Hodges, *Loimologia*, 64.

²⁷⁷ Hodges, *Loimologia*, 29, 46.

arise among them.

By the later seventeenth century as the number and severity of plague outbreaks were waning considerably in Western Europe, they were starting to become what Varlık has called “a permanent... presence” in the Ottoman Empire.²⁷⁸ This fundamental difference in disease encounters was not lost on people who had access to information (exaggerated or otherwise) coming from the Eastern Mediterranean via merchants, traders, and travellers. However, this tangible epidemiological shift—measurable as it is by today’s standards—provides only part of the backdrop to first English, and later French, efforts to specifically shift the plague’s origins from the local to the foreign.²⁷⁹ More important for this time period were changing attitudes about the Eastern Mediterranean more generally that responded to a broad confluence of factors, including: (i) renewed European attempts to create and maintain healthy local environments and to export their ideas about what such “healthscapes”²⁸⁰ looked like to non-European spaces; (ii) the emergence of the European imperialist/colonial project; and (iii) the declining importance of the Ottoman Empire as a military and economic partner to the Western Europeans.

Underlying all of these factors was a significant rise in European travel for diplomacy, commerce, missionary work, pilgrimage, and pleasure in the later fifteenth and especially the sixteenth and seventeenth centuries. Accompanying these travels was the subsequent production of popular travelogues or travel narratives:²⁸¹ witnessing and reading about regular outbreaks of

²⁷⁸ Varlık, *Plague and Empire*, 186. As the plague was receding from Western Europe, it was increasing exponentially in the Ottoman Empire, with Constantinople ultimately becoming an infamous “plague hub.” *Plague and Empire*, 13. For a chronology of epidemic outbreaks outside of London between 1601 and 1800, see Mary J. Dobson, *Contours of Death and Disease in Early Modern England* (Cambridge: Cambridge University Press, 1997), 383–449. See also Slack, *Impact of Plague*, 53–78.

²⁷⁹ Allegations that the plague came from the Ottoman Empire only became mainstream in French plague texts in the early eighteenth century, during the outbreak at Marseille.

²⁸⁰ Geltner, “Healthscaping a Medieval City.”

²⁸¹ Elisabetta Borromeo, *Voyageurs occidentaux dans l’Empire ottoman (1600–1644)*, 2 vols, (Paris: Maisonneuve & Larose, 2007); Gerald MacLean, *The Rise of Oriental Travel* (Houndmills: Palgrave, 2004); Nancy Bisaha, *Creating East and West: Renaissance Humanists and the Ottoman Turks* (Philadelphia: University of Pennsylvania Press, 2004); Aslı Çırakman, *From the “Terror of the World” to the “Sick Man of Europe”: European Images of*

disease must have given European travellers with little plague experience at home—and writers with plague experience but no tangible knowledge of the far away Levant—the sense that the entire region was disease-ridden. These narrative “observations” were then repeated and reflected in contemporary medical literature like plague tracts, giving them further veracity, credibility, and authority.²⁸²

Like their medieval predecessors, sixteenth and seventeenth travel writers appeared to their audiences to be authoritative, not only because they had, they claimed, personally witnessed the foreign places about which they wrote, but also because many of them held high-level positions: physicians, diplomats, royal geographers, and so on. Many travel narratives became contemporary “bestsellers,” less because of the veracity or practical utility of their contents than because of their ability to give readers what they wanted and had come to expect: an adventure in an exotic land written in a particular narrative style.²⁸³ Often focused less on the military might of the Ottomans—as earlier travel accounts had been—than on their social customs, their health status, and their local environments, these later writers did much to shape their readers’ ideas about the nature of the places in which the Ottomans lived and over which they ruled. The image of the Ottomans and of the Ottoman Empire as a whole that these travel accounts portrayed was mixed, rather paradoxical, and changed over time, since they reflected their authors’ different religious, economic, political, and national interests and prejudices.²⁸⁴ Almost all of the writers,

Ottoman Empire and Society from the Sixteenth Century to the Nineteenth (New York: Peter Lang, 2002); Stefanos Yérasimos, *Les voyageurs dans l'Empire ottoman, XIV^e–XVI^e siècles: bibliographie, itinéraires et inventaire des lieux habités* (Ankara: TTK, 1991).

²⁸² On the problem of using European sources for Ottoman history, see Suraiya Faroqhi, *Approaching Ottoman History: An Introduction to the Sources* (Cambridge: Cambridge University Press, 1999), especially 110–43. See also Sonja Brentjes, *Travellers from Europe in the Ottoman and Safavid Empires, 16th–17th Centuries: Seeking, Transforming, Discarding Knowledge* (New York: Routledge, 2010).

²⁸³ John Parker, *Books to Build an Empire: A Bibliographic History of English Overseas Interest to 1620* (Amsterdam: Nico Israel, 1965); Faroqhi, *Approaching Ottoman History*, 111, 113.

²⁸⁴ Çirakman (*From the “Terror of the World”*) and Pippidi (*Visions of the Ottoman World*) have emphasised the wide variety of perspectives that European writers offered about the Ottoman Empire. Çirakman suggested, for example, that French writers tended towards more positive portrayals than the Germanic writers because of the

regardless of their backgrounds, characterised the Ottomans as cruel, tyrannical, and ignorant Others who nevertheless were religiously tolerant and politically enlightened (because their governance was ruled on merit, not on hereditary rights). While the points of view expressed by the writers were as varied as the motivations and backgrounds of the travellers themselves, it is possible to tease out some of the very different ideas held by the French and English writers about the nature of the Ottoman “healthscape,” ideas that only coalesced in the eighteenth century during the plague of Marseille. These different ideas were carried into explanations of the plague’s origins in French and English plague treatises.

Some of the early French travellers appeared to envy what they saw in the Ottoman Empire, and painted a positive picture as a result. Pierre Belon du Mans, a late sixteenth-century physician and naturalist, admired the Turkish landscape because, “among things, it is *free* of the plague and all other fluxes.”²⁸⁵ Nicolas de Nicolay, a soldier and royal geographer, spent several pages in the account of his travels describing the vast number and style of Turkish public baths.²⁸⁶ Like a number of their contemporaries, Belon and Nicolay returned to Europe full of wonder at and praise for Turkish cleanliness and public amenities. Although the Turks’ apparent religious devotion to regular bathing was portrayed by a few French travellers as being unhealthy because it “overmoistened” their brains and caused “continual Rheume in their eyes,”²⁸⁷ in general the Turks’ good hygiene practices were compared in a positive light with the poorer

latter’s proximity to the western borders of the Ottoman Empire. French attitudes towards the Ottomans also remained positive longer than the English. *From the “Terror of the World,”* 35–6.

²⁸⁵ “*Car entre autre choses elle est propre contre la peste, & toutes defluxions.*” Pierre Belon du Mans, *Les observations de plusieurs singularités et choses memorables...* (Paris: Hierosme de Marnef et Guillaume Cauellat, 1588), 51. Emphasis added. Belon later spoike of the lack of fear that Turks have for the plague, even for outbreaks that are so contagious that they spread from Asia to Africa in just one day (189), belying his suggestion that the Empire was actually plague-free.

²⁸⁶ Nicolas de Nicolay, *Les quatre premiers livres des navigations et peregrinations Orientales* (Lyon: Gvillavme Roville, 1568), 70–74.

²⁸⁷ Guillaume-Joseph Grelot, *A Late Voyage to Constantinople*, trans. J. Phillips (London: John Playford, 1683), 188.

habits of Europeans. The mid-seventeenth-century botanist Jean de Thévenot claimed, for example, that the Turks “live for a long time, and are not often sick; we [Europeans] suffer from many dangerous diseases that they do not know at all...I believe that their good health results partly from the baths that they use so often.”²⁸⁸ The Turks are so healthy, de Thévenot claimed, that physicians could make no money there. De Thévenot actually fled Constantinople during an outbreak of plague, reported that there were outbreaks of the disease in Egypt every seven years, and repeated the well-rehearsed story of Turkish fatalism in the face of contagious disease. Yet he did not make any direct association between the geographical or cultural aspects of the Ottoman Empire and the origins of the plague.²⁸⁹ While he found their religious dedication to cleanliness “extraordinary”—or perhaps extraordinarily strange—the artist Guillaume-Joseph Grelot agreed that Ottoman cities and people were far healthier than those in Europe. “You shall never see in Travelling all over the East,” he asserts, “what is dayly obser’d and suffer’d in our Cities, the Walls of our Churches stain’d with Urine, and bedeck’d at the bottom with the excrements of those” who approach those places with such little respect.²⁹⁰

Other sixteenth- and seventeenth-century French travellers, including Jean Palerne and Philippe du Fresne-Canaye, spoke of witnessing famine, plague, and war-engendered desolation throughout their journeys across the Ottoman Empire but, like de Thévenot, did not portray it as a particularly plagued environment.²⁹¹ Although the diamond merchant and explorer Jean-Baptiste Tavernier claimed of Smyrna in the seventeenth century that “hardly a year goes by that this city is not attacked by the plague,” he believed that the outbreaks there were not as bad as

²⁸⁸ “*Les Turcs vivent long-temps, & sont peu sujets aux maladies, & nous en auons beaucoup de dangereuses qu’ils ne connaissent point...le croy que cette grande santé leur vient en partie à cause des bains dont ils vsent si souuent...*” Jean de Thévenot, *Relation d’un voyage fait au Levant* (Paris: Lovis Billaine, 1665), 70.

²⁸⁹ De Thévenot, *Relation d’un voyage*, 519, 137.

²⁹⁰ Grelot, *Late Voyage*, 192–4.

²⁹¹ Pippidi, *Visions of the Ottoman Empire*, 53–4.

they were in Christian Europe.²⁹² Travellers' ubiquitous references to the high levels of charity that Ottoman administrators and citizens provided to the sick and the poor throughout the Empire also helped to shine a positive light on the region while simultaneously pointing out the failures of Europe's Christian kingdoms for not doing the same.²⁹³

Instead of noticing the healthiness of the Ottoman subjects, some English travel writers like the sixteenth-century merchant trader Peter Mundy openly criticised the particular unhealthiness of places like Scanderone (İskenderun), which he said "is very unwholesome by reason of the hugh high hills hindringe the approach of the Sunne Beames...[and the] greate Marshe full of boggs, foggs, and Froggs."²⁹⁴ Perceived as particularly problematic were the Empire's urban streets, which some writers described as being narrow, crooked, filthy, stench-ridden and pestilential. The travel writer Fynes Moryson wrote in the early seventeenth century that "[t]he streetes of this Citie [Constantinople] are narrow...In many places of the streetes lye carcasses, yea sometimes the bodies of dead men, even till they be putrified, and I thinke this uncleanliness of the Turks is the chiefe cause that this Citie ... is continually more or lesse infected with the plague."²⁹⁵ The preacher Charles Robson, reflecting on his visit to

²⁹² "D'ailleurs il ne se passe guere d'années que cette ville ne soit ataquée de la peste, qui toutefois n'y est pas si fort qu'en Chrétienté." Jean-Baptiste Tavernier, *Les six voyages de Monsieur Jean-Baptiste Tavernier...qu'il a fait en Turquie, en Perse, et aux Indes* (Paris: Gervais Clouzier et Claude Barbin, 1676), 78.

²⁹³ This is not to suggest, of course, that these travel writers did not also have some very negative things to say about the Ottoman Empire. Nicolay, for example, described the Turks as "*la plus barbare, avare et cruelle nation qui soit au monde...*" Cited in Pippidi, *Visions of the Ottoman World*, 60. It is clear in some of the travel accounts that the purpose of highlighting the positive aspects of the Ottoman Empire was simply to shame Christian readers into being more charitable at home. See Noel Malcolm, "Positive Views of Islam and of Ottoman Rule in the Sixteenth Century: The Case of Jean Bodin," in *The Renaissance and the Ottoman World*, ed. Anna Contadini and Claire Norton (Farnham: Ashgate, 2013), 199.

²⁹⁴ Peter Mundy, *The Travels of Peter Mundy, In Europe and Asia, 1608–1667*, ed. Sir Richard Carnac Temple (Cambridge: Hakluyt Society, 1907), quoted in MacLean, *Rise of Oriental Travel*, 229, fn. 8. Before the seventeenth century, there were far fewer English travellers than those from other Western European regions. As MacLean has pointed out, English accounts of the Ottoman Empire were, like their French counterparts, also full of praise for "the magnificent courtliness, immense wealth and exquisite splendour of Ottoman culture...for many English people at the time, life within the Islamic Mediterranean offered an enormously attractive alternative to life within the British Isles." *Rise of Oriental Travel*, xiv.

²⁹⁵ Fynes Moryson, *An Itinerary Containing His Ten Yeeres Travell...* (Glasgow: MacLehose and Sons, 1907), 2: 100–1.

“*Alexandretta alias Scanderone*,” called it “[t]he vnwholesomest place in the world to liue in, by reason of the grosse fogges that both discend from the high mountains, and ascend from the moorish valleys.”²⁹⁶ Robson then praised the city of Aleppo, which he found to be much more salubrious than Alexandretta; however, here too the place was being ruined by “these vsurpers”—the Turks—whom Robson calls slothful and stupid. The insinuation is that although Aleppo currently suffered from the plague only once every ten years and each outbreak “neuer endureth longer then the Twelfth of *Iuly*,” it was inevitable that the situation would get worse, unless the Turks are cast out and Aleppo was “restore[d]...to the true owners, the Christians.”²⁹⁷ The clergyman William Biddulph concurred, writing that “[i]t is far more healthfull to sleepe on board [the ship] then on the shoare” at Alexandretta.”²⁹⁸ Fynes Moryson also agreed, noting that “the Christians comming hither from Scanderona...continually fall sicke, and often die.”²⁹⁹ The English diplomat Sir Paul Rycaut complained that the “great number of diseased Curs [dogs] in all streets...are mangy and foul, and no small causes of breeding the plague, so frequent [are they] in all the Cities of the *Turks*.”³⁰⁰ A number of travel writers also pointed to local graveyards and flea markets as sources of disease.³⁰¹

Despite the overall more positive reflections that can be found in the French accounts, these types of authoritative references to the Ottoman Empire’s rural swamps, bogs, fens, and stagnant waters, to its crowded and filthy urban streets, and to its foul-smelling airs reinforced

²⁹⁶ Charles Robson, *Newes from Aleppo, A letter Written to T.V. B. of D. Vicar of Cockfield in Southsex* (London: for M.S., 1628), 11.

²⁹⁷ Robson, *Newes from Aleppo*, 13–4.

²⁹⁸ William Biddulph, *The Travels of Certaine Englishmen into Africa, Asia, Troy, Bithnia, Thracia, and to the Blacke Sea* (London: Th. Haueland, 1609), 37, quoted in MacLean, *Rise of Oriental Travel*, 82.

²⁹⁹ Moryson, *An Itinerary*, 2: 60–1. Chris Gratien’s work on nineteenth- and twentieth-century Ottoman Cilicia, including Alexandretta/Iskenderun, has demonstrated that negative images of the region’s unhealthiness continued almost to the present day. See Chris Gratien, “The Mountains Are Ours: Ecology and Settlement in Late Ottoman and Early Republican Cilicia, 1856–1956” (PhD diss., Georgetown University, 2015). I am grateful to Chris for sharing his embargoed dissertation with me, and for also sharing a chapter of his upcoming book on the subject.

³⁰⁰ Sir Paul Ricaut, *The History of the Present State of the Ottoman Empire*, 6th ed. (London: Charles Brome, 1686), 319. Stray dogs and cats were also blamed for the plague in Europe.

³⁰¹ Varlık, *Plague and Empire*, 78–9.

contemporary beliefs that such types of places were unhealthy and to be avoided. Emphasising their perceptions that not only were the Ottoman Empire's cities replete with the very types of unhealthy urban healthscapes that Europeans sought to correct, but also that the Ottomans failed to implement either appropriate countermeasures or public health measures such as quarantines or burning the belongings of plague victims, enabled English travel writers to highlight the sharp contrast between a "healthy" Western Europe and an "unhealthy" Eastern Mediterranean.³⁰²

Other factors were simultaneously at work in English and French efforts to locate the contemporary geographical source of the plague. Humanist reception of and interest in long unknown Greek works did not only provide access to "new" information about the historical past; it also provided new information about geographical past. The geographies of Ptolemy and Strabo, for example, were acquired in the West and translated for the first time only in the fifteenth century; they proved to be very popular throughout Western Europe and contributed both to new conceptions of geography and to the early development of the emerging discipline of geography.³⁰³ As historian John M. Headley has argued, "[n]o single event so mobilized and reoriented this new [geographical] learning as the recovery and translation into Latin of Ptolemy's *Geographia*."³⁰⁴ It also likely contributed, at least to some extent, to the push for travel and exploration in the fifteenth and sixteenth centuries. It certainly influenced the way in

³⁰² Varlık, *Plague and Empire*; McCleery, "From the Edge of Europe to Global Empire," 68–9.

³⁰³ Even through the mid-sixteenth century, the Continental translation, production, and wide dissemination of Claudius Ptolemy's *Geography* and its world maps was not replicated in England. Meg Roland, "'After poyetes and astronomyers': English Geographical Thought and Early English Print," in Lilley, *Mapping Medieval Geographies*, 127–151. Nevertheless, although Kathy Lavezzo has suggested that England's geographic marginalism was actively cultivated as a form of cultural exceptionalism that continued into the early modern era (*Angels on the Edge of the World: Geography, Literature, and English Community, 1000–1534* (Ithaca: Cornell University Press, 2006)), Roland argued that "Looking beyond the evidence of map production, it becomes apparent that English readers and printers did participate in the changing geographic culture of Europe: missing from assessments of an isolated or indifferent English geographical imagination is the international context of the English book trade and the role of literary and popular texts in the development of a narrative English geographical imagination." "English Geographical Thought," 129–30. The lack of English-produced world maps thus did not equate with a lack of knowledge about or interest in the broader world.

³⁰⁴ John M. Headley, "Geography and Empire in the Late Renaissance: Botero's Assignment, Western Universalism, and the Civilizing Process," *Renaissance Quarterly* 53, no. 4 (2000): 1121–2.

which Europeans measured and calculated their place, and understood the events that they experienced locally, in a much larger world that they now travelled more frequently. Headley cautioned, though, that “we must not fail to admit [geography’s] practical and subjective distortions for economic and political ends...geographical knowledge promptly assumed the form of a commodity subject to the interests of princely patronage and the political and commercial claims of empire.” Determining where the plague got placed on that map was “a politically and commercially charged” action.³⁰⁵

Contemporary physicians developed a growing interest in examining why some places were more or less healthy than others.³⁰⁶ At the local level, sixteenth- and seventeenth-century British chorographers, such as William Camden and William Harrison, typically did *not* discuss disease-generating places in their descriptions of their homeland; instead, they painted a picture of overall English healthiness.³⁰⁷ Emphasising the preponderance of such unhealthy topographical features in the Ottoman Empire helped writers to reinforce biases against foreign places, especially those that were deemed to be exotic in landscape, custom, and religion; doing so also emphasised the growing perception of a West-East geographical divide of healthy versus unhealthy, and therefore disease-generating, places and peoples.³⁰⁸

Colonial promoters found it necessary to assess and market new settlements in terms of their environmental healthiness, and to do so in a familiar way that reflected “an Old World

³⁰⁵ Headley, “Geography and Empire,” 1124.

³⁰⁶ For an excellent study that looks at both contemporary interest in this topographical and geographical dichotomy and a modern analysis of the reality of differential disease patterns by geography in England, see Dobson, *Contours of Death*. For a look at the slightly later French interest in “landscapes of disease,” see Jean-Pierre Peter, “Disease and the Sick at the End of the Eighteenth Century,” in *Biology of Man in History*, ed. Robert Forster and Orest Ranum, trans. Elborg Forster and Patricia M. Ranum (Baltimore: The Johns Hopkins University Press, 1975), 81–124. For a recent analysis of the ways in which European medicine and medical ideas were influenced by imperialist projects, see Pratik Chakrabarti, *Medicine and Empire, 1600–1960* (Houndsmills: Palgrave Macmillan, 2014).

³⁰⁷ Wear, “Place, Health, and Disease,” 448.

³⁰⁸ Jones, “Diseased Landscape,” 118; Varlık, “‘Oriental Plague’ or Epidemiological Orientalism?”

framework of medical and environmental knowledge.”³⁰⁹ Overwhelmed by malaria, smallpox, dysentery, and, later, yellow fever, for example, the American colonies were nevertheless considered to be, and continuously promoted as, healthy places to live because their physical environments were much like, or even better than, what potential colonists experienced at home.³¹⁰ Explaining large-scale deaths among settlers sometimes relied on the longstanding *Airs, Waters, and Places* tradition to explain away the obvious problems with the settlements. The English writer William Strachy deemed the deadly site of Jamestown, for example, to have been poorly selected since it “appears to be unwholesome and subject to many ill ayres, which accompany the like marish places.”³¹¹ Since there were no plague outbreaks in the French or English colonies in the Americas, there was little need to consider the plague’s origins there.

Plague *was*, however, an ongoing concern in India, where European ambassadors had established diplomatic and commercial relations with the Mughal Empire and where traders set up trading and manufacturing sites.³¹² Early European travellers to the region in the late sixteenth century provided accounts of various types of fevers, bloody fluxes, and venereal diseases, but

³⁰⁹ Wear, “Place, Health, and Disease,” 451.

³¹⁰ There is a large literature on this topic. See, for example, Peter McCandless, *Slavery, Disease, and Suffering in the Southern Lowcountry* (Cambridge: Cambridge University Press, 2011); John Robert McNeill, *Mosquito Empires: Ecology and War in the Greater Caribbean, 1620–1914* (Cambridge University Press, 2010); H. Roy Merrens and George D. Terry, “Dying in Paradise: Malaria, Mortality, and the Perceptual Environment in Colonial South Carolina,” *The Journal of Southern History* 50, no. 4 (1984): 533–50; Carville Earle, “Environment, Disease and Mortality in Early Virginia,” *Journal of Historical Geography* 5, no. 4 (1979): 365–90; H. Roy Merrens, “The Physical Environment of Early America: Images and Image Makers in Colonial South Carolina,” *Geographical Review* (1969): 530–56.

³¹¹ Quoted in Wear, “Place, Health, and Disease,” 458. Hugh Cagle provides a particularly interesting case study of how late fifteenth and early sixteenth-century Portuguese explorers initially relied on *Airs, Waters, and Places* traditions to deem the West African coast on the south side of the Senegal River as especially healthy and suitable for settlement; a few decades of personal encounters with new diseases and unfamiliar conditions convinced them otherwise. Hugh Cagle, “Beyond the Senegal: Inventing the Tropics in the Late Middle Ages,” *Journal of Medieval Iberian Studies* 7, no. 2 (2015): 197–217. Similar processes would have been at work for English and French explorers and colonisers.

³¹² I-Chun Wang, “Imperial Landscape of the Mughal Empire in Early Seventeenth-Century Geographical and Travel Writings,” in *Landscape, Seascape, and the Eco-Spatial Imagination*, ed. Simon C. Estok, I-Chun Wang, and Jonathan White (New York: Routledge, 2016), 72.

claimed that the “plague hath never been in India.”³¹³ Within a few short decades, however, the *Memoirs* of the early seventeenth-century emperor Jahangir spoke openly about the on-going problem of plague in northern India. The plague became a very serious problem later in the century. Even so, Europeans did not openly discuss it as much as they did other diseases. In the context of European physicians working in India being “sought and pampered by” India’s ruling class, Rajesh Kochhar has suggested that these doctors were able to “translate this professional goodwill into concrete commercial concessions” for European companies.³¹⁴ Speaking about plague outbreaks, or tracing the plague to India, was not good for business.

Locating the origins of the plague to a place that would remain foreign, not to one already or soon to be inhabited by English or French colonists or merchant traders, thus made economic and political sense. Re-locating the plague among Others—like the Turks—likewise helped to bolster suggestions that disease outbreaks in Europe were imported from or carried by peoples who were themselves diseased or otherwise undesirable. Since the Black Death, foreigners of all kinds—meaning especially vagrants, vagabonds, people from other towns, and religious Others (Jews and Protestants especially)—had been blamed routinely for carrying and spreading the plague. While localised plague-spreading conspiracies continued into the early seventeenth century, especially around the Western Alps,³¹⁵ by mid-century the ultimate source of the plague that was being spread or transmitted had moved further away, to a new and distinctly defined kind of Other. As Aaron Shakow has argued, this shift from one type of religious and cultural Other to

³¹³ J.H. van Linschoten, *The Voyage of John Huyghen van Linschoten to the East Indies*, 2 vols. (London: for the Hakluyt Society, 1885), 1:240, cited in M.N. Pearson, “The Thin End of the Wedge: Medical Relativities as a Paradigm of Early Modern Indian-European Relations,” *Modern Asian Studies* 29, no. 1 (1995): 153; see also 153–56 for European accounts of other diseases.

³¹⁴ Rajesh Kochhar, “The Truth Behind the Legend: European Doctors in Pre-Colonial India,” *Journal of Biosciences* 24, no. 3 (1999): 259.

³¹⁵ William G. Naphy, *Plagues, Poisons, and Potions: Plague-Spreading Conspiracies in the Western Alps, c. 1530–1640* (Manchester: Manchester University Press, 2002); Yves-Marie Bercé, “Rumeurs et épidémies: les semeurs de peste,” in *La vie, la mort, la foi, le temps: mélanges offerts à Pierre Chaunu*, ed. Jean-Pierre Bardet and Madeleine Foisil (Presses universitaires de France, 1993), 85–94.

another was natural:

it is certainly no accident that plague came to be identified for regulatory purposes as a specific Ottoman malady from which Europe had to be isolated, the product of ‘fatalism’ and other peculiar Muslim habits, in the decades after the 1648 Peace of Westphalia just as fatalistic Calvinists and Arminians were being re-integrated into Continental networks of communications following a century of bloody warfare.³¹⁶

If their colonial and imperialist projects required the English and the French to find a place outside of their control (or desired control) in which to locate the plague, the perceived economic and political decline of the Ottoman Empire over the seventeenth century provided them with a particularly suitable location. Already by the sixteenth and seventeenth centuries, the Ottoman Empire was firmly established as Western Europe’s most visible competitor, military threat, and cultural and religious Other. It was also an important economic and diplomatic partner, a paradox that generated a complex image of the Turks among Europeans, as seen already in the travellers’ accounts.³¹⁷ Aside from Venice, France was the first western power to establish diplomatic and commercial relations with the Ottoman Empire. French King François I and his successors, in fact, engaged in a purposeful pro-Ottoman policy beginning in the early sixteenth century against their mutual enemy the Holy Emperor Charles V. The French monarch even allowed the overwintering of the Ottoman naval fleet in the French port city of Toulon in 1543–4.³¹⁸ This likely contributed to more positive assessments of the Ottomans among the French writers than

³¹⁶ Aaron David Abraham Shakow, “Marks of Contagion: The Plague, The Bourse, the Word and the Law in the Early-Modern Mediterranean, 1720–1762,” (PhD diss., Harvard University, 2009), xii. Stephanie Leitch has provided an interesting analysis of how early sixteenth-century German prints of the native inhabitants of the newly discovered Americas, Africa, and Asia were first “release[d]...from the shackles of a visual tradition of exotica that had grouped them together with marvelous beings, monstrous races, wild men, and barbaric Others, and considered them instead as fully human” until the European colonial projects later in the century reconfigured them as infidels and savages. Stephanie Leitch, *Mapping Ethnography in Early Modern Germany: New Worlds in Print Culture* (New York: Palgrave Macmillan, 2010), 2. I thank Ann Carmichael for noticing this reference. It is not difficult to stretch Leitch’s visual analysis to a more text-based one that essentially reconfigured the Turk from a potentially barbaric but otherwise useful Other to a diseased and decrepit Other.

³¹⁷ There is an extensive bibliography on this topic. See, for example, Norman Housley, *Crusading and the Ottoman Threat, 1453–1505* (Oxford: Oxford University Press, 2013); Pippidi, *Visions of the Ottoman Empire*; Bisaha, *Creating East and West*; Çirakman, *From the “Terror of the World*.

³¹⁸ Christine Isom-Verhaaren, *Allies with the Infidel: The Ottoman and French Alliance in the Sixteenth Century* (London: I.B. Tauris, 2011), 114–40.

one finds, for example, in the English texts. Commercial trade did flourish between England and the Ottoman Empire in the later sixteenth, seventeenth, and eighteenth centuries, initiated, in part, by what Jerry Brotton called “Tudor fascination with the Islamic World.”³¹⁹ Numerous Elizabethan attempts to establish diplomatic and military alliances with the Ottomans against Europe’s Catholic powers, however, had been largely unsuccessful.³²⁰ For both the English and the French, then, commercial and political pragmatism had generally taken precedence during the sixteenth and seventeenth centuries over religious or military qualms about being too closely allied with a decidedly foreign power.

The defeat of Ottoman forces at Lepanto in 1571 by the Holy League marked the beginning of the end not only of Ottoman military expansion across the Mediterranean, but also of the Ottoman Empire’s relevance to Western Europeans.³²¹ By the later seventeenth century and certainly no later than the early eighteenth, the Ottoman Empire no longer held significant importance for either England or France. Its military presence in South-eastern Europe was perceived as a serious religious and political threat that outweighed any diplomatic benefit that could be gained from on-going commercial interests.³²²

The late sixteenth to mid-seventeenth century thus marks a crucial time period over which a variety of factors combined to foster a shift in English (especially) and French perceptions of the contemporary Ottoman “healthscape.” The region provided the perfect combination of unhealthy environment, foreignness, and plague persistence. While many writers contemporary to the Black Death had placed the initial outbreak among the Tartars and the Saracens, the addition of the Turks was an early modern adaptation that reflected the geo-political reality of the Ottoman

³¹⁹ Jeremy Brotton, *This Orient Isle: Elizabethan England and the Islamic World* (London: Allen Lane, 2016), 8.

³²⁰ Brotton, *This Orient Isle*, *passim*.

³²¹ For a recent re-examination of the “Lepanto paradigm,” see Palmira Brummet, “The Lepanto Paradigm Revisited: Knowing the Ottomans in the Sixteenth Century,” in *The Renaissance and the Ottoman World*, ed. Anna Contadini and Claire Norton (Aldershot: Ashgate, 2013), 63–93.

³²² Brotton, *This Orient Isle*.

Empire. For the tract writers in England and France, adding plague to the current list of threats posed by the Turks of the Ottoman Empire was neither difficult nor unreasonable.

George Thomson pointed a suspicious finger in 1666 to the plague being the *product* of foreign places whose airs “are observed to produce the Pest Periodically (as in *Gran Cairo* in *Aegypt*) [he says] where the beginning and end of raging Plagues may punctually be foretold.”³²³ Very quickly thereafter, associating local plague outbreaks with similar outbreaks that were occurring in other places came to mean locating the origin of the local outbreak elsewhere. Numerous other English tract writers agreed that the London plague outbreak of 1665 had come from the Ottoman Empire, portraying Cairo and Constantinople as hotbeds of exported infection.

By the early eighteenth century, this idea was well entrenched: Philip Rose, another physician and member of the College of Physicians, argued that the plague was spread through the importation of goods, “especially [those] from Cyprus...Asia Minor...and *Turkish* Dominions.”³²⁴ In observing that “the Contagion [is] now spreading it self in Foreign Parts,” that is, in Marseille, Richard Bradley considered whether the “destruction of the City [of London] by fire in 1666” had forestalled any further outbreaks there. During London’s plague outbreak in 1665, he said, the city had been full of the kind of crowded, narrow, unpaved, and suffocating streets that generated the disease.³²⁵ Now, however, it was much airier and more salubrious, unlike the plague-ridden cities that travellers described in the Ottoman Empire. The apothecary John Quincy made similar allusions in describing Oxford’s escape from the plague. Quincy suggested that unhealthy places, such as those containing stagnant rivers, could be made more salubrious by redirecting cleaner waters to flush out the sluggish ones. Such efforts, he noted,

³²³ George Thomson, *Loimotomia, or, the Pest Anatomized* (London: for Nathaniel Crouch, 1666), 20.

³²⁴ Philip Rose, *A Theorico-practical, Miscellaneous, and Succinct Treatise of the Plague* (London: T. Jauncy, 1721), 19.

³²⁵ Richard Bradley, *The Plague of Marseilles Cons’d* (London: 1721), 11–12.

had already been made in Oxford and, along with enlarging the city boundaries to ease overcrowding and keeping the streets clean and empty of dung and offal, had freed the city from further pestilential outbreaks. The implication of Quincy's praise of the virtues of Oxford's ability to forestall the plague was that foreign places where this had not been done, such as "*Grand Cairo in Egypt...are [therefore] hardly ever free from Pestilential Disease.*"³²⁶ The cities in which the plague still reigned were both generally unhealthy and dangerous to England. As Richard Mead noted, since the "late *Plague in France* [in 1720–1] came indisputably from Turkey," maintaining trading relations with these disease-prone places exposed healthier cities, like those in England, to the risk of importing disease.

Richard Mead's early eighteenth-century idea that plague outbreaks were somehow generated in unhealthy places, and that these places were more likely to be found in foreign places and then imported into England, was relatively uncontroversial. For him,

*Plagues seem to be of the Growth of the Eastern and Southern Parts of the World...Nor do I think, that in this Island particularly there is any one Instance of a Pestilential Disease among us of great Consequence, which we did not receive from other Infected Places.*³²⁷

Even those who disputed Mead's assessment of how the plague was transmitted were content to agree that the disease could arise only in particular places—like Turkey—that generated plague-corrupted air.³²⁸ At least one English tract writer vehemently disagreed with this assessment. The physician Joseph Browne argued instead that, since the Turks regularly suffered from the plague, and since Europeans traded heavily with them, if the disease was indeed contagious then Europe's port cities would likewise be constantly infected. This was not the case, and so the disease could not be contagious and could not come from the Turks. Instead, Browne argued, the

³²⁶ John Quincy, *An Essay on the Different Causes of Pestilential Diseases and How They Become Contagious...* (London: E. Bell and J. Osborn, 1720), 235–6, 255.

³²⁷ Mead, *Short Discourse*, 5–6.

³²⁸ George Pye, *A Discourse of the Plague wherein Dr. Mead's Notions are Consider'd and Refuted* (London: J. Darby, 1721), 28–31.

plague came from Tartary, “for the Plague has ravaged that country in all ages.”³²⁹ Browne did not explain exactly what he meant by “Tartary,” but did say that it was not China. The implication is that it was a broadly undefined area that lay somewhere between “Turkey,” likely meaning Anatolia, and China.

French tract authors began making similar arguments about the origin of the Marseille plague outbreak. The polymath Johann Boecler declared that since the outbreak had come as a surprise to everyone when it appeared suddenly in Marseille, it must have come from outside.³³⁰ Many pointed to a specific ship—the *Grand Saint Antoine*—that had recently arrived from “the countries of the Levant that are often wasted by the plague.”³³¹ The Abbé Martin Gaudereau claimed that, based on his almost thirty years of personal observations while travelling on diplomatic business throughout the Ottoman region, “an infinite number of places in Asia are infected by the plague.”³³² The physician and medical writer Jean-Jacques Manget concurred, pointing out that while plague had become relatively rare in Europe, it nevertheless was brought in from time to time from “oriental” countries where it occurred regularly, “particularly among the Turks.”³³³ Jean-Baptiste Goiffon contended that the plague was common in the Levant, but not in Europe; as such, it must have first arisen in the eastern Mediterranean “among the Levantines.”³³⁴ For Pierre Baux, it was worth considering whether the plague was endemic “in

³²⁹ Joseph Browne, *A Practical Treatise of the Plague and All Pestilential Infections that have Happen'd in this Island for the Last Century...* 2nd ed. (London, 1720), 14.

³³⁰ Johann Boecler, *Recueil des observations qui ont été faites sur la maladie de Marseille* (Strasbourg: Jean Regnauld Doulssecker, 1721), 15.

³³¹ “...les contrées du Levant [qui] sont souvent désolées par la peste.” Bertrand, *Relation historique*, 25.

³³² “On trouve en Asie une infinité de lieux qui en sont infectez...” Gaudereau, *Relation des différentes espèces de peste*, 18. As Varlik notes, by the eighteenth century “a considerable number of European medical writers [were going to] the Orient, [observing] the plague, and [writing] about it. In this manner, these medical writers joined other travelers who created the discursive map of the Orient as an infected landscape.” “‘Oriental Plague’ or Epidemiological Orientalism?” 78.

³³³ “Mais nous observons seulement que nôtre Europe a souffert peu de Pestes qu’elle ne doive aux levains qui lui en ont été aportés des pays Orientaux, où elle règne ordinairement (particulièrement chés les Turcs, tantôt dans un lieu, tantôt dans un autre)...” Manget, *Traité de la peste*, 17.

³³⁴ “La Peste est commune au Lévant, elle ne l’est pas en Europe, & quoy qu’elle soit plus fréquente parmi les

and around Africa.”³³⁵

This move towards blaming the Turks and their diseased landscape for mid-seventeenth and early eighteenth-century plague outbreaks in Europe was also projected backwards, onto the Black Death of the mid-fourteenth century. It is clear that by the time the plague had disappeared from Britain (and as it was disappearing from France), the disease was being used for nationalistic and ethnocentric propaganda. Although the tract writers disagreed about how the disease was generated and the means by which it spread, they agreed almost unanimously that it came from the Levant. Indeed, the fact that destructive plague outbreaks continued to occur in the Ottoman Empire long after they had slowed down and even ended in Western Europe served only to validate the growing belief among French and English writers that the Ottoman Empire was—in both popular and medical imaginaries—the ultimate source of the disease. The *English* and *French* territories were free (or almost free) from anything that might resemble endemic plague, but the Ottoman Empire had become a “plague-scape” *par excellence*. The plague, in turn, became “the marker of spatial demarcation”³³⁶ between two perceived geographic realities: a healthy, plague-free Europe and an unhealthy, plague-ridden Orient.

Conclusion

Tom Koch has argued that people’s ability to visualise disease in spatial terms emerged only after the production of Andreas Vesalius’s 1543 *De humani corporis fabrica*. This graphic anatomical work included a large number of intricately detailed, three-dimensional drawings of human dissections that revealed how each body part functioned in relation to all the others. This

Lévantins, on ne doit pas douter qu'elle ne s'y forme...” Goiffon, *Relations et dissertation sur la peste*, 48.

³³⁵ “...ne pourroit-on pas conjecturer que c’est une Maladie endémique en Affrique, & à son voisinage?” Baux, *Traité de la peste*, 13.

³³⁶ Varlık, “‘Oriental Plague’ or Epidemiological Orientalism?” 58.

work was, Koch contended, “a new way of seeing and of verifying as real these epistemic things, the body and the environment, in which health and disease would be located.”³³⁷ Although authoritative Hippocratic treatises such as *Airs, Waters, Places* had long insisted that disease and place were linked, Vesalius’s work was the first to provide a full visual illustration of how that spatial relationship played out in the human body. Twenty years later, in 1564, the anatomist Bartolomeo Eustachi published his *Tabulae anatomicae*, which included images of dissected bodies arranged inside a set of framed coordinates that resembled a contemporary map. Even so, Koch suggested, as late as “the seventeenth century, a map of the plague [from Bari, on the Adriatic coast] suggested a radical idea—that the disease was carried and spread by humans;” any possibility of disease maps existing before then was extremely unlikely, he said, “because of the many things that [first] had to come together to *create the idea of disease as a thing that could be visualised in space*.”³³⁸

Koch’s dismissal of the long-accepted notion of contagion—the idea that people and things could carry and transmit disease to others—demonstrates his lack of awareness of the historical literature on the topic. This chapter has challenged his other assertion, that before the seventeenth century people’s understanding of epidemics included no spatial component. Medical writers located buboes on specific parts of the human body long before Vesalius’s anatomical book was published; although they were not as lifelike as Vesalius’s drawings, sketches of “bubo men” demonstrated an awareness of the spatial relationship that existed between parts of the body and the tell-tale symptoms of the plague.

Koch was correct that graphic or illustrated disease *maps* were unknown before at least the mid-sixteenth century, and thus were not used to create or to share knowledge about the plague’s

³³⁷ Koch, *Disease Maps*, 31.

³³⁸ Koch, *Disease Maps*, back cover, 36. Emphasis added.

movements across space. However, plague tract authors did *write* about the plague as a disease that had spatial and geographical attributes. They questioned both where it had originated and how it had come to be to where they were living and writing about it. Understanding this process of spatial movement and geographical spread was integral to contemporary understanding of the nature of the disease itself, including how one disease could affect so many different places in the world at the same time and how it could keep returning. Disease chronologies anchored plague outbreaks in time *and* space. Tract writers' discussions about the types of places that generated disease, where such places were located, and how to mitigate their harmful effects also point to a spatial construction of disease emergence, spread, and management.

Much of the existing plague tract scholarship has emphasised those tracts whose geographic or spatial references are general at best, or entirely absent at worst. Interpreting the oft-repeated phrases “when pestilens reigns” or “in tymes of pestilens” as a sign that tracts produced in one time or era were so standard and generic that they were easily replicated in another has made it easy to miss the localisations that such terms were meant to impute. This chapter has focused instead on what the tracts reveal about the evolution of ideas about the plague as a spatial phenomenon. These ideas changed over time in relation to both the spaces that generated the disease and the geographical places from which it has originated.

This chapter has augmented the existing historiography by revealing that all of the precepts on which contemporaries constructed their portrayals of the spaces occupied by the plague—and thus their very understanding of the disease—evolved over time and differed by location. Such change responded not only to epidemiological observations of outbreak patterns, but also to emerging intellectual trends, available information, and new geo-political realities. The chapter first outlined the breadth and types of spaces that tract writers associated with the plague, and

then investigated how they constructed its movements from one place to another. These two aspects of spatiality—types of spaces and movements across geographies—merged when tract writers pointed to the diseased space of the Ottoman Empire as the original source of European outbreaks. The chapter has been able to trace these evolutions by applying to the theme of spatiality the second axis of the new analytical method that situates textual output of tract writing into its appropriate cultural, geographical, and historical contexts.

The chapter has revealed, among other things, that portrayals of the spaces occupied by the plague did not emerge at the same time or in the same ways in England and in France. The broad range of these different cultural constructions of the plague's spatiality has not been considered in the historiography. Paul Slack and Andrew Wear have noticed the shift in sixteenth-century English tracts towards blaming plague outbreaks on the living conditions and locations of the poor. "Governors and moulders of public opinion," Slack pointed out, "could begin to distance themselves from the phenomenon as they saw how distant it was in reality, both socially and spatially."³³⁹ Such observations about the relationship that was established between the poor, the plague, and geography have informed the work here, as has Wear's demonstration of how such linkages were integrated into some English plague tracts in the later sixteenth and early seventeenth centuries.³⁴⁰ Joël Coste discussed the development of a dichotomy in later sixteenth-century French plague tract medicine between therapies and regimens meant for urban dwellers and those for the "rustiques," or rural dwellers. One treatise writer went so far, in fact, as to propose regionally-specific therapies on the assumption that customs and practices differed throughout the kingdom.³⁴¹ Samuel Cohn's work is also important for its examination of the emergence of the "*successo della Peste*" narrative in Italian plague tracts in the 1570s that

³³⁹ Slack, *Impact of Plague*, 95.

³⁴⁰ Wear, *Knowledge & Practice*, 281–6.

³⁴¹ Coste, *Représentations et comportements*, 527–43.

included “plott[ing] statistically” each individual outbreak. This, in turn, generated a sequential chronology and geography for the larger epidemic and made it easier to understand the plague’s spatial parameters.³⁴² Each of these singular “spatial shifts” however, represents only a small component of a much larger process of change that played out quite separately in different places over a longer period of time.

Little of the existing scholarship has engaged in comparative analyses of plague tracts produced in different geographical spaces, and this has limited its ability to make the types of observations that this chapter uncovers. Kay Peter Jankrift’s insightful work on the languages of plague emphasised the fact that the geographical locations and cultural backgrounds of tract writers necessarily influenced their views of the breadth of disease outbreaks. Jankrift pointed in particular to the ways in which authors not only adapted their predecessors’ texts to conform to their own world views, but also “transferred epidemics that occurred elsewhere to the region or town where they themselves lived,” in effect reframing worldwide disease outbreaks as local, and local outbreaks as worldwide.³⁴³ Although he cast an initially wide net, Jankrift addressed only texts written in medieval Germany. Christiane Nockels Fabbri’s large study of plague tracts produced across Europe between 1348 and 1599 was less comparative than illustrative; its only discussion of spatiality focused on the unhealthy places that tract writers repeatedly noted as being disease-generating: “foule stynche[s]...of stabylys, stynking fildys, wayes or stretes...and most of all stynkyng waters.”³⁴⁴

This chapter demonstrates that tract writers did more than simply notice that the plague’s outbreak patterns had changed from widespread to local (that is, in modern terminology, its

³⁴² Cohn, *Cultures of Plague*, 95.

³⁴³ Kay Peter Jankrift, “The Language of Plague and its Regional Perspectives: The Case of Medieval Germany,” *Medical History* 52, no. S27 (2008): 55.

³⁴⁴ Bisshop of Arusiens, *Here begynneth a litill boke necessarye & behouefull agenst the Pestilence* (London: William Machlinia, 1485), 4v.

epidemiology). They discussed their ideas about where the plague was generated and the spaces that it occupied. Initially conceived of a “universal” disease event that affected the majority of the known world, from some (often) vaguely defined East all the way to the place where each tract writer sat, the plague was subsequently recast in local terms. Over the sixteenth century, first French and then English authors started to name the places about whose outbreaks they wrote. As this chapter reveals, though, doing so first was not the only aspect of localisation that distinguished the French tracts from their English counterparts. Certainly the distinct patterns of population growth and urban development in the two kingdoms, with many more large cities and towns emerging in France than in England, played a key role in fostering discussion about the plague in multiple sites. The dispersed nature of the French printing industry also meant that details about and reflections on outbreaks in many different cities appeared in print. England’s centralised print industry limited the localisation of tract narratives to the city of London. Here, one could read in the tracts only about London; all other affected places were de-personalised by the vague term “divers cities and towns.”

The plague’s geographical narrative was not static, nor were advancements in it limited to Italy. Beginning in the later sixteenth century, English tract writers began to “re-universalise” the plague, by linking local outbreaks to outbreaks in other localities both nearby and further away. Then, even before the last great epidemics devastated London (1665) and Marseille (1720), tract writers in both England and France pointed a suspicious finger to the plague being *imported* from foreign lands, especially the Ottoman Empire. The spatial and geographic origin of the plague was politicised increasingly over time, influenced by local socio-economic concerns, by travel accounts, by distant colonial projects, and by the availability of new historical texts that revealed the wide geographical reach of the much older First Pandemic. As new information

changed the physical map of the world and as political realities on the ground shifted, a disease once perceived to be universal became increasingly local, before the local disease in turn acquired a new universality, albeit one that had become foreign in every way.

This chapter has shown that geographical narrative of the plague changed considerably over time in both England and France. The plague posed a regular threat to human health for centuries. Although later fourteenth-century writers had already accepted the idea that the plague was both recurrent and local, subsequent generations of authors incrementally shifted the disease's origins further away from the places that they inhabited. In England, this shift involved blaming the poor for the plague. Eventually, tract writers in both kingdoms no longer accepted that the disease was the product of potentially unhealthy local environments at all. Instead, they embedded it in the mythology of the diseased Ottoman Other. Much like tract writers had constructed the history of the plague to reflect cultural imperatives, so too did they construct the geography of the plague. Despite the historiographical tendency to focus on what the tracts reveal about prevailing medical knowledge and practices, this chapter has shown that they have something to say about how the links between humans, diseases, and places were continuously reconstructed over time. Figure 26 highlights the major transition points in the ways that these constructions evolved.

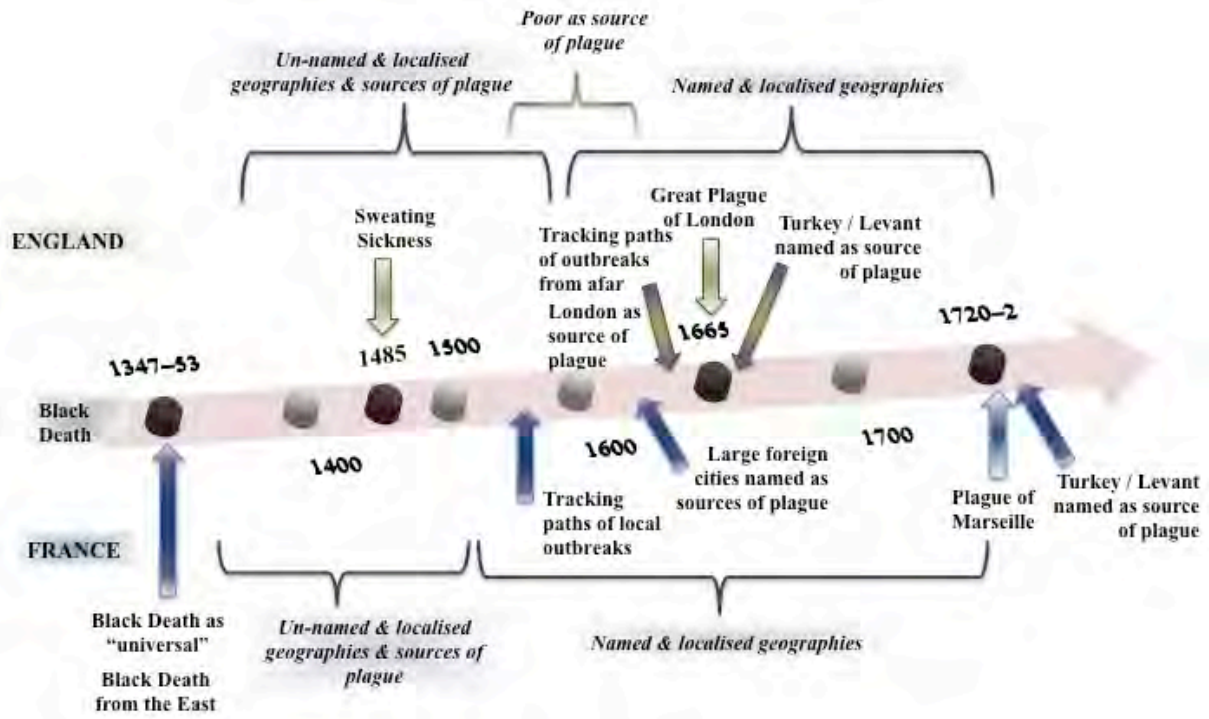


Figure 26: Major transition points in the geographic portrayals of plague in English and French tracts, 1348–1722

In 1720, the English physician John Quincy claimed that “The Histories of Physick abound with Relations of Pestilences from no other Cause than what arises from the Importation of the Disease...from distant Countries.”³⁴⁵ That his argument was the product of a particular place and time has largely been ignored in the historiography. That it represents changing understanding about the plague has been entirely missed. Much of the existing historiography on the plague has accepted the ideas presented by the later tract writers in particular, such as the assumption that each new plague outbreak was a re-importation of the disease from elsewhere, without critically deconstructing their worldview. In doing so, it has missed a critical opportunity to examine the paths, processes, and implications of the establishment of local focalisations of *Yersinia pestis* and contemporaries’ attempts to relocate these focalisations elsewhere.³⁴⁶ This chapter demonstrates instead that tract writers’ portrayals of the plague’s geography were clearly

³⁴⁵ Quincy, *Essay on Different Causes*, 25–6.

³⁴⁶ Carmichael, “Plague Persistence.”

influenced by other concerns and thus served other purposes than simply recounting observations. They sought to influence how the disease was understood.

Applying the new analytical method to tract writers' discussions of the plague's geography has highlighted a series of critical changes in thinking about the disease that took place over time. The historiographical contention that medieval and early modern people always believed that the plague came from the "east" is revealed to be far too simplistic. Examining how the tracts reflected evolving ideas about the types and locations of the places and spaces that could generate and be affected by the plague reveals the extent to which socio-political concerns constantly influenced people's understanding of the disease.

CHAPTER 5

FROM ACCORD TO DISCORD, FROM REACTION TO ACTION: READING TURMOIL AROUND THE PLAGUE

Writing diseased bodies and disordered polities

Certainly now we see that the eminent peril hounds us so closely, through its occult malignancy the contagion has breached several places in your city (Gentlemen of Tours) & gradually advances to harm more and more people of the city, such as those in the suburbs and neighbouring villages. — Nicolas de Nancel, 1581¹

For the humanist physician and man of letters Nicolas de Nancel (from 1587 also physician to Éléonore de Bourbon, the Abbess of Fontevrault), an outbreak of plague in Paris in the early 1580s threatened all the nearby towns and villages, including Tours where he then lived. In a plague tract printed in 1581, de Nancel described how the disease spread daily, slowly engulfing first the towns and villages closest to Paris, then those further afield, its ferocity gaining strength as it advanced first towards and then right into Tours. It is only natural, he argued, that Paris's suffering would be shared by all those living around it; this is, he wrote, "what we expected, it has happened, we see it with our own eyes."²

The plague almost always moved towards the west, de Nancel pointed out, because it was typically generated in corrupted air and spread by westerly winds. Even though Tours lay to the west of Paris, however, he insisted that this particular outbreak was different. Rather than spreading through the air, it has been carried to his doorstep by the feet of "poor fleeing Jacobites" who had travelled with the infection from Paris.³ After walking nearly eighty leagues, he said, two of them had died on the same day; where their plague had remained hidden until

¹ "Certes maintena[n]t que nous voyons le peril emine[n]t nous talloner de si près, que ia la contagio[n] a fait bresche, par sa malignité occulte, en plusieurs endroits de vostre ville (Messieurs de Tours) & petit à petit s'avance, pour endommager de plus en plus tant ceux de la ville, comme des faulx-bourgs & villages..." Nicolas de Nancel, *Discours tresample de la Peste* (Paris: Denis du Val, 1581), 3.

² "Voila ce que nous en attendions, il est advenu, nous le voyons à l'oeil." Nancel, *Discours tresample*, 4.

³ "ie sçay d'assurance, que la contagion nous est venuë de Paris : laquelle nous ont apportée... aucuns pources religieux Iacobites, fuiants, & porta[n]ts leur mort en leur sein. De Nancel, *Discours tresample*, 115.

then was a mystery. Once they arrived in Tours, these infected people “communicated fraternally with us;” worse, some haberdashers and hawkers hoping to make money from the strangers went among them and carried the plague out along with their earnings.⁴

De Nancel was quite adamant that the disease had not arrived in Tours through the predictable winds but rather by “showmen and strangers.”⁵ It was therefore not a natural spread of disease, but a potentially malicious one sent forth from the heart of the diseased city of Paris. Tours was, he said, one of the oldest, most famous, and most renowned cities in the French kingdom in terms of its beauty and its convenience of location. Religious, military, and national mythology surrounding the city ran deep, with links to Charles Martel, the monastery of Saint Martin, and Joan of Arc. Tours had been one of the centres of the Carolingian renaissance, was the seat of an important archbishopric, and between 1450 and 1550 had become the *de facto* artistic and aristocratic capital of the kingdom.⁶ Prior to this latest outbreak of plague, however, the city’s “whole universe” had fallen into a twenty year long series of terrible disasters.⁷

Famine and disorder had ripped through the city in 1551–2. During the early years of the Wars of Religion, it had experienced extremely high levels of violence and bloodshed between its Catholic and Huguenot populations. Before the outbreak of 1581 that inspired Nancel’s treatise, Tours had also suffered severe plague epidemics in 1546 and 1563. Its status as royal city and residence of the kingdom’s financial elite was in decline, as was its economy.⁸ Although

⁴ “[ils] nous ont fraternellement communiqués...& aucuns merciers & contreporteurs, lesquels pensants gagner quelque arge[n]t, ont hazardé leur vie.” De Nancel, *Discours tresample*, 115.

⁵ “comme i’ay dit, [la peste] nous a[v]ait esté importee non des ve[n]ts, mais par forains & peregrins venants de Paris.” De Nancel, *Discours tresample*, 116.

⁶ Rolande Collas, *Histoire d’un quartier de Tours: le Sanitas des origines à nos jours*, Monographies des villes et villages de France, vol. 1321 (Paris: Office d’Edition & de Diffusion du Livre d’Histoire, 1994).

⁷ Nancel, *Discours tresample*, 5.

⁸ R.J. Knecht, *The French Wars of Religion 1559–1598*, 3rd ed. (London and New York: Routledge, 2014); David Nicholls, “Protestants, Catholics and Magistrates in Tours, 1562–1572: The Making of a Catholic City During the Religious Wars,” *French History* 8, no. 1 (1994): 14–33; Henry Heller, *The Conquest of Poverty: The Calvinist Revolt in Sixteenth-Century France* (Leiden: Brill, 1986), 134.

war, famine, and plague were typically used as biblical analogies (these being three of the four horsemen of the apocalypse), and although de Nancel's tract was full of biblical references to plague as a divine punishment, Tours really did face all three disasters over a (more or less) twenty-year period. Only five years before writing the plague tract, Nancel had penned an account of the ceremonial entry into Tours of François, duc d'Anjou and younger brother of King Henri III. Rather than celebrating its occasion, de Nancel mostly only pointed out what had gone wrong: by the actions of unruly crowds, the symbols and monuments of the entry had been destroyed.⁹ The latest arrival of the plague loaded a further layer of trouble onto the already beleaguered city. For de Nancel, Tours by this point had become, paradoxically, both an urban place that demanded honour and reverence for its past greatness and a diseased space that cried out for pity and compassion because of its current plight.

De Nancel claimed that the outbreak that he faced in 1581 had begun in—and therefore had come from—Paris, which he called “the head and heart of France.”¹⁰ Much like his remarks about Tours, de Nancel's use of the allegorical metaphor contained allusions that were both historical and geographical. For almost one hundred years (c.1436–1528), French kings had elected to establish their official residences outside of Paris, including in Tours. Nevertheless, and despite the limitations faced by French royal power in a highly decentralised political structure, Paris had been the economic, religious, intellectual, political, and cultural capital of France for centuries. By the sixteenth century, it also had the largest population of any city in the entire Christian world. As a geographical place, Paris thus dominated the French Kingdom. As the current primary residence of the French monarchy, counsellors, and leading clergy, Paris was the temporal and spatial counterpart of the head, heart, and soul of the kingdom's body politic

⁹ Nicolas de Nancel, *Les Triumphe et magnificences faictes à l'entrée de Monseigneur, filz de france, et frère unique du Roy, en sa ville de Tours* (Tours: René Siffleau, 1576).

¹⁰ “...le chef & coeur de la France...” Nancel, *Discours tresample*, 4.

(*corps-état*), as well as the head and heart of the Christian community.¹¹

By definitively placing the origin of the plague outbreak in Paris, de Nancel suggested that the Kingdom's—and Christianity's—head and heart had become diseased, both literally (temporally and geographically) and figuratively (symbolically). Later in the tract, he emphasised this observation by claiming that he had not heard or read anything from Paris's leading medical authorities to indicate that the plague had originated anywhere else before breaking out in the city.¹² It was therefore a disease that not only arose within, but that also belonged to, the city of Paris and the kingdom's secular and religious rulers.

Throughout the Wars of Religion (c.1562–98), Paris was a stronghold of the recently created Catholic League that sought the eradication of Protestants and their power (especially among the nobility) from France. Although he was Catholic himself, de Nancel's mentor and close friend was the Calvinist humanist and logician Pierre de la Ramée (Petrus Ramus). It was through this association that de Nancel had both achieved his academic position at the Collège de Presles in Paris and begun to study medicine there; it was because of this same association that he had been forced to flee in 1562 in the face of religious tension and violence.¹³ It was also in Paris that de Nancel's greatest sorrow occurred: in August 1572, the St. Bartholomew's Day massacre began there, the royal family implicated in fomenting the violence. The massacre ultimately left thousands dead across the kingdom, including Ramus who was killed right in Paris. The city is, in de Nancel's telling, at once a physical place that is diseased, a symbolically diseased space, and the original site of the kingdom's ills.

De Nancel's discussion of the threat posed by the advancing outbreak suggests more than

¹¹ For an overview of Paris in the fifteenth and sixteenth centuries, see Colin Jones, *Paris: The Biography of a City* (New York: Penguin, 2004), especially 62–131.

¹² “*Au reste, ie n'ay encore leu, ni entendu par aucun rescrit de Messieurs les Medecins de Paris, d'où la peste a pris en ce lieu là, sa première origine...*” Nancel, *Discours tresample*, 115.

¹³ Katherine MacDonald, *Biography in Early Modern France, 1540–1630: Forms and Functions* (Leeds: Legenda, 2007), 72, 75, fn. 8.

the plague's temporal or spatial features: the comments and allusions that riddle his treatise are also highly symbolic and speak to the deep socio-political and religious discord that wracked France at the time. Beginning in the later fifteenth century, tract writers directly engaged in, and contributed to the development of, discourses that linked social and political disorder to the plague. By viewing plague tracts largely as medical texts, the historiography has missed this important transition. This chapter, instead, examines the tracts through the third axis of the new analytical method. It both undertakes a literary analysis of the tracts' texts and traces their codicological/bibliographical changes as old texts were made new through new editions and new formats. When seen as works that held social and cultural resonance in particular places and at particular times, these excerpts from de Nancel's treatise become illustrative of a broader transition in portrayals of the plague, from a disease of the human body to the illness of the body politic. First, they demonstrate the extent to which plague tract writers could, and did, react to a variety of events and issues taking place at the local and national levels through the plague tract genre. Second, they underscore the evolution of the plague tract from a work that was initially imbued with a primary medical purpose and function to one that began to incorporate at times very pointed commentary on contemporary society and politics. Third, they expose the ways in which medical ideas about how the plague was generated and spread were also comments on social discord. Finally, they reveal the ways in which plague tracts manifested the long-term evolution of the very idea of the body politic, from one that reflected Christian Europe to one that focused on the disordered nature of the early modern state.

De Nancel's metaphorical allusion to the infection of France's *corps-état*—of its head and heart—was not an isolated perception, nor was it new.¹⁴ The concept of the body politic was

¹⁴ One of the most highly regarded theoretical analyses of the widespread use of medical metaphors remains Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978).

predicated on the medieval metaphor of the king's two bodies, which was itself based on the Christianisation of theories first developed during Greco-Roman Antiquity. Christianity relied on a mystical system of bodily metaphors, whereby the Church was the body (that is, of the faithful), and Christ was its head. This idea was then incorporated into political ideology during the Carolingian era, with the empire being portrayed as the physical and territorial embodiment of the Church. While Christ remained at its head, the king and the pope were cast as the Christian body's earthly—but divinely ordained—representative heads.¹⁵ Further politicisation of the metaphor led, in the twelfth-century writings of John of Salisbury dedicated to Thomas Becket, chancellor of England's King Henry II, to the idea of the civic body. John equated the state as a whole—the *res publica*—with the human body, with the king firmly at its head. The king himself had two bodies: his natural human body had the same physical attributes as those of all other people and could die. His spiritual body, however—the one that held the divine right to rule—served as a symbol of his royal office. This spiritual body, embodied within the monarchical office, could not die; the monarchy thus continued without interruption even when the (human) king had died.¹⁶

Each part of the civic body, analogised with the human body, was associated with the functions and roles of certain social classes and institutions of government. The king represented the body's head, in which reason, intelligence or wisdom, and the sensations resided. The clergy were the body's soul, while the counsellors and wise men were linked to the essential function of the heart. Associated with the human faculties of vision and hearing (or the eyes and ears of the

¹⁵ Jacques Le Goff, "Head or Heart? The Political Use of Body Metaphors in the Middle Ages," in *Fragments for a History of the Human Body*, Part 3, ed. Michel Feher (New York: Zone Books, 1989), 14.

¹⁶ Le Goff, "Head or Heart?" 17; Ernest H. Kantorowicz, *The King's Two Bodies: A Study in Mediaeval Political Theology* (Princeton: Princeton University Press, 1957). On John of Salisbury, see Frédérique Lachaud, "Corps du prince, corps de la *res publica*. Écriture métaphorique et construction politique dans le *Policraticus* de Jean de Salisbury," *Micrologus XXII, Le Corps du Prince* (Firenze: Sismel Edizioni del Galluzzo, 2014), 171–200. For the early modern era, see also Paul Archambault, "The Analogy of the 'Body' in Renaissance Political Literature," *Bibliothèque d'Humanisme et Renaissance* 29 (1967): 21–53.

body), were the legal professionals and the royal administrators who worked throughout the kingdom. The nobility were the body's arms and the knights were its hands. Because of their constant voyages and connections around the world, the merchants were associated with the legs, while the peasantry and other labourers were the body's feet.

All parts of the body were not equal, but each performed an important function that affected the smooth working of all the other parts and of the system as a whole. Joel Kaye's close examination of the late medieval evolution of the concept of balance has pointed to the way that notions of equilibrium were intricately woven into and across ideas of justice and medicine. As Kaye remarked, profound shifts in the range of meanings attached to the words balance and equilibrium reflected the ways that these concepts were introduced into, and made an integral part of, ideas of bodily and civic health in the late thirteenth and early fourteenth centuries. Of particular importance for the body politic, was a significant "shift in analytic focus from the [health of the] individual...and its place within a fixed hierarchy or ontology, to the [health of the] working system of which it is a functioning part."¹⁷ Less important was the functioning of the individual parts, and more important was their overall equilibrium: much like the way that a healthy body relied on humoral balance, a healthy civic body required equilibrium between the "range of socio-political powers, interests, and elements within the *civitas*."¹⁸

Such ideas of equilibrium were, for example, central to Christine de Pizan's early fifteenth-century treatise on the body politic dedicated to the dauphin Louis, in which she stated (referring to France) that "These three types of estates [i.e., princes, knights and nobles, and the "universal people"] ought to be one polity like a living body." Each part of the body had a designated

¹⁷ Joel Kaye, *A History of Balance, 1250–1375: The Emergence of a New Model of Equilibrium and its Impact on Thought* (Cambridge: Cambridge University Press, 2014), 6.

¹⁸ Joel Kaye, "Equalization in the Body and the Body Politic: From Galen to Marsilius of Padua," *Mélanges de l'École française de Rome-Moyen Âge* 125, no. 2 (2013), <http://mefrm.revues.org/1252>.

function that worked in unison with the others.¹⁹ For Christine, just as the human body could not function without all of its necessary parts, so too did the body politic rely as much on the proper, balanced, and interdependent working of its feet and limbs for its health as it does on its head. If one part failed, the whole body failed. The failure of the head—whether by ineptitude as in the case of England’s Edward II or by mental illness as in the case of France’s Charles VI and England’s Henry VI—proved to be a particularly disconcerting problem for late medieval political writers, given the sense that without its head, the body could not possibly survive.²⁰

As a metaphorical organic body, the *res publica* required remedial action when it became unbalanced and disordered. Ideas about how civic health could be achieved and maintained drew from a reworking of Galen’s scholastic medical writings. Particularly important was the emphasis on humoral balance, which was incorporated into political discourses about the ideal of the common good. Takashi Shogimen’s study of the use of medical metaphors in political discourse has demonstrated that social and political disorders—including tyranny, disputes, and criminality—became equated with humoral imbalances, fevers, and diseases at least by the late thirteenth century. Suitable remedies included medicinal, and in particular surgical, treatments to treat the ills of the social body. Since the ideal political body was one that functioned in an orderly fashion, certain parts could in fact be excised or amputated if they were deemed to be

¹⁹ Christine de Pizan, *The Book of the Body Politic*, ed. and trans. Kate Langdon Forham (Cambridge: Cambridge University Press, 1994), 4. See also the various articles in Karen Green and Constant J. Mews, eds., *Healing the Body Politic: The Political Thought of Christine de Pizan* (Turnhout: Brepols, 2005). Pizan’s treatise was part of a larger and rather broad genre of political advice sometimes loosely referred to as “mirrors for princes.” For a succinct overview of the difficulties associated with that term, see Kristin Leigh Erika Bourassa, “Counselling Charles VI of France: Christine de Pizan, Honorat Bovet, Philippe de Mézières, and Pierre Salmon,” (PhD diss., University of York, 2014), 30–9.

²⁰ For excellent discussions of this point, see Rachel C. Gibbons, “‘The Limbs Fail When the Head Is Removed’: Reactions of the Body Politic of France to the Madness of Charles VI (1380–1422),” in *The Image and Perception of Monarchy in Medieval and Early Modern Europe*, ed. Sean McGlynn and Elena Woodacre (Cambridge: Cambridge Scholars, 2014), 48–67 and Alison Basil, “Henry VI and Margaret of Anjou: Madness, Gender Dysfunction and Perceptions of Dis-ease in the Royal Body,” in *Ibid.*, 168–82. On the adaptation of the body politic metaphor to allegories better able to deal with the “problem with the head,” see Daisy Delogu, *Allegorical Bodies: Power and Gender in Late Medieval France* (Toronto: University of Toronto Press, 2015). I thank Kristin Bourassa for suggesting these works.

functioning improperly (and thus harming the whole). The execution of criminals, for example, was typically compared to an amputation of diseased limbs: removing the disordered part protected the overall wellbeing of the whole body or community (that is, the common good).²¹

Carole Rawcliffe has shown that inspiring late medieval attempts to manage the urban environment was an inherent belief that the spiritual body, the physical body, and the civic body were interdependent: the moral pollution associated with prostitutes was just as damaging to communal health as the leper's contagiousness or the city's clogged arteries (watercourses). Actions taken to address perceived public health threats likewise incorporated both physical prophylaxis—medication (mediation and negotiation for disputes), surgical removal of the causes of disorder and disease (such as “vacabunde rioturs or vngodly disposed personnes,” for example), infrastructure projects, and supporting the poor—and spiritual prophylaxis through prayer, penance, and procession.²² All of these were integral components of maintaining local health and protecting the civic body against pollution and disease, both moral and physical. None worked without the other.

Rawcliffe also pointed to the recreation of the Christian or royal body politic at the local level. Here, as at the higher levels, good governance relied on the presence of a “healthy head” in the person of the mayor or governor. According to the fourteenth-century poet John Gower, “The body, with its various members, together makes a man; and similarly the mayor, along with other men, makes up a city.” As head of the urban body, a civic leader had to be morally and physically healthy, as well as able to implement whatever remedies the city might require to soothe its own ills. If not, just as a man should deliberately cut off his hand if it became diseased,

²¹ Takashi Shogimen, “Treating the Body Politic: The Medical Metaphor of Political Rule in Late Medieval Europe and Tokugawa Japan,” *The Review of Politics* 70, no. 1 (2008): 88–96. See also Jean-Louis Picherit, *La métaphore pathologique et thérapeutique à la fin du Moyen Age* (Tübingen: Max Niemeyer, 1994).

²² Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, Suffolk: Boydell, 2013), 81.

so too should he “amputate the wicked burgess without compunction, rather than corrupt an entire town with evil.”²³ Equating the civic body with the human body thus meant applying equally drastic measures, when necessary, to save the dying body or to protect it from infection.

The analogy between the body politic and the human body continued to evolve into the early modern era, and came to serve different ends at different times. Kathryn Banks’ recent work on the mutable interpretations of the body politic in France, for example, has shown that the metaphor became quite flexible during the sixteenth and seventeenth centuries, able to serve both absolutist and constitutionalist ends. For absolutists, the immortal king’s body remained firmly at the head, with its power and authority intact. By contrast, the very notion of the body with necessarily interdependent parts became integral to efforts to restrict the nascent absolutist powers of the king: sovereignty and leadership were not simply located in the head, proponents of mixed monarchy argued; rather, they were dispersed throughout the limbs of the political body, in the human bodies of nobles and the estates. Contemporary political discourse emphasised the need to keep all political humours in balance, meaning to maintain all three political estates in equilibrium so that the power of one did not dominate (or corrupt) the others. While representations of a healthy and balanced body politic signalled a unified kingdom and peace, during the civil and religious wars depictions of the French body politic emphasised its increasingly diseased and decrepit state. No longer focused on the immortality of the monarchy and the king’s body, the body politic itself became mortal. Saving the body politic required, by some accounts, bleeding the kingdom of its bad humours, even if that meant killing the king.²⁴

In early modern England, the body politic metaphor was likewise used both as a

²³ Rawcliffe, *Urban Bodies*, 87.

²⁴ Kathryn Banks, “Interpretations of the Body Politic and of Natural Bodies in Late Sixteenth-Century France,” in *Metaphor and Discourse*, ed. Andreas Musolff and Jörg Zinken (Basingstoke: Palgrave Macmillan, 2009), 205–18. For the remodelling of the body politic against absolutism, see also Arlette Jouanna, *Le Devoir de révolte: La Noblesse française et la gestation de l’État moderne, 1559–1661* (Paris: Fayard, 1989).

justification for absolute monarchical power and as a counterargument against it. Already in the later fifteenth century, John Fortescue had used the metaphor to describe England as a political *and* regal kingdom, in which the king, although divinely ordained, required the assent of his subjects to rule. In this way, he contrasted England with the body politic of France, which he portrayed as one in which the king's will was law; this type of body, he argued, was an anathema, since it allowed for no politics, only absolutism. In the early seventeenth century, though, King James I used the same metaphor to defend the royal prerogative in stating that since "the proper office of a King towards his Subjects, agrees very wel with the office of the head towards the body...the head hath the power of directing all the members of the body to that use which the judgement in the head thinkes most convenient." In this thinking, rebellion or tyranny against a divinely ordained king and his wishes was equivalent to an infection of the body and needed to be treated as such: "it may very well fall out that the head will be forced to...cut off some rotten members...to keep the rest of the body in integritie."²⁵

Katherine Bootle Attie has argued that Thomas Hobbes and those who reacted to his writing (both for and against it) responded to the execution of Charles I—the physical beheading of the English body politic—by creating a "strategically redesigned" body politic that emphasised civic immortality based on peace, prosperity, and perpetuity.²⁶ While most scholars have discussed Hobbes's ideas as being inimical to the harmony required to maintain a stable body politic, Attie insisted that the "new age of political anatomy" enacted through the publication of Hobbes's *De Cive* (1642) and *Leviathan* (1651) simply made "some innovative moves in terms of how [the] civil and natural parts correspond": magistrates became joints, legal systems became nerves, public officials became hands, wealth and concord equaled good health, and sedition and civil

²⁵ Cited in Katherine Bootle Attie, "Re-membering the Body Politic: Hobbes and the Construction of Civic Immortality," *English Literary History* 75, no. 3 (2008): 497.

²⁶ Attie, "Re-membering the Body Politic," 498.

war represented sickness and death.²⁷ The new model refocused on the importance of balance and of the contribution of the individual parts to the unity of the whole.

Where Hobbes was perhaps most transformative was in discarding the primacy of the body's head over all of its other parts and in rejecting the assumption that all parts of the body worked together in harmony naturally. The body politic was, for Hobbes, an artificial, man-made body, not a naturally occurring one; human will created the body politic, and human will was required to make it function. In this recreation of the corporeal metaphor—its “re-membering” to use Attie’s term—the sovereign becomes the body politic’s soul rather than its head “because the soul is the essence of a man’s will...and not a part that can be cut off as a head can.”²⁸

Eighteenth-century revolutionaries in France responded to the body politic’s perceived illnesses—much like parliamentarians had done in England in 1649—by cutting off its head. In both cases, the killing of both of the king’s bodies, the corporeal and the spiritual, destabilised the long-standing meaning of the body politic. Antoine de Baecque has argued that in the case of France, the beheading of Louis XVI did more than signify the defeat of the king’s body and create a gap in the kingdom’s system of political representation. By stepping back some two decades, de Baecque pointed to the beheading as merely the culmination of a long period over which the prince’s (later the king’s) body—both real and metaphorical—had been discredited. Long standing rumours, innuendo, and jokes about the Louis XVI’s purported impotence undermined the function that the monarch was to play at the head of the body politic: an inability to procreate was equated with an inability to govern and support the kingdom, an inability to perform sexually was equated with an inability to fight and protect the kingdom, and an inability to act as a normal healthy physical body was equated with an inability to act as the healthy

²⁷ Attie, “Re-membering the Body Politic,” 501.

²⁸ Attie, “Re-membering the Body Politic,” 504.

metaphorical head of the civic body.

While the sexuality and virility of previous kings had also come into question, it was only during the reign of Louis XVI that such issues directly entered political discourse and were used to discredit the capacity of the monarch to perform the role ascribed to the body politic's head.²⁹ During the course of his kingship, Louis XVI and his wife Marie-Antoinette faced increasingly harsh satire about their inability to govern the kingdom because of Louis's purported "imbecility" (the contemporary term for impotence); even the paternity of their two children was held up to public scrutiny. As de Baecque noted, through its execution in 1793, the "body of the king succumb[ed] to its absolute defeat, the failure of its seminal power."³⁰ Here, then, as in England, the body politic remained corporeal but required a new head.

The health and wholeness of the early modern body politic also faced threats from the illnesses of its members. Early modern discourse on the "plaguing" of the civic body by foreigners—meaning for the most part Jews, Catholics or Protestants, and witches—reflected a new intertwining of medicine, morality, and politics. Jonathan Gil Harris's work on Elizabethan and Stuart England acknowledged the significant role that recurrent plague outbreaks played in creating the sense that early modern society was disease-ridden, both literally and figuratively.³¹ Joel Kaye and other scholars have noted that regardless of the Black Death's actual effects in the mid-fourteenth century, contemporaries perceived that it significantly undermined the health of not just people, but of the body politic itself. By radically reducing the population and restructuring "the economic relationships between those who owned and those who labored," the plague turned economic and political order on its head and upset the balance that was required

²⁹ Antoine de Baecque, *The Body Politic: Corporeal Metaphor in Revolutionary France, 1770–1800*, trans. Charlotte Mandell (Stanford, CA: Stanford University Press, 1997), 29–75.

³⁰ De Baecque, *Body Politic*, 51.

³¹ Jonathan Gil Harris, *Foreign Bodies and the Body Politic: Discourses of Social Pathology in Early Modern England* (Cambridge: Cambridge University Press, 1998).

for a health polity.³² Attempts to correct social and economic disorder, and to re-establish the earlier balance, resulted in many cities in the institution of labour and sumptuary laws that were designed to keep each level of society in its proper place.³³ Subsequent and recurrent outbreaks contributed to long lasting perceptions that the civic order had become unbalanced and thus unhealthy. They also led to ongoing attempts to correct the perceived disorder through government action. As Kaye noted, however, such actions actually undermined the market's natural equilibrium between supply and demand and in the end, combined with ongoing outbreaks and warfare, added to economic, political, and civic disorder or disarray.

Harris's work revealed the extent to which an increasingly dysfunctional body politic was pathologised through medical terminology made literary. Political writers, playwrights, and pamphleteers proclaimed themselves to be the nation's physicians and provided detailed explanations of society's illnesses that relied as much on new medical ideas as they did on growing xenophobic fears of foreigners and the poor. By the sixteenth and seventeenth centuries, literary writers were not only portraying the plague as an illness to be feared for the societal and demographic harm that it caused; for some, like the early seventeenth-century author Thomas Dekker, the plague also served a providential purgative function "in ridding the body politic of certain corrupt citizens."³⁴ Healing the body politic through humoral therapy or amputation, as had been suggested by earlier writers, no longer sufficed; like many contemporary medical writers who turned to the new chemical treatments and cures of the day, early modern literary

³² Kaye, *History of Balance*, 390. See also John Hatcher, "England in the Aftermath of the Black Death," *Past & Present* 144 (1994): 3–35 and Samuel K. Cohn, Jr., "After the Black Death: Labour Legislation and Attitudes towards Labour in Late-Medieval Western Europe," *Economic History Review* 60 (2007): 457–85.

³³ Kaye, *History of Balance*, 349.

³⁴ Harris, *Foreign Bodies*, 55. Perhaps even more than the plague, *morbus gallicus*—syphilis—came to be associated with the infiltration of the body politic by outside forces. Long recognised as a venereal disease, transmitted sexually, syphilis was also regarded as an invasive, foreign disease that had originated in some other body politic; as such, it "provoked considerable anxiety about the vulnerable orifices of bodies natural and politic." Harris, *Foreign Bodies*, 26.

writers called for poison to rid the body politic of its diseased members. Dekker was perhaps the most prolific writer of his time to regularly invoke the metaphorical body politic in pathological terms, likening England's social ills to epidemic diseases and its necessary treatments to medical purges and poisons.

It was not only political and religious writers who adopted medical analogies, though: medical writers also added “a resolutely political flavor” to their works in this era, “with elaborate analogies [being made] between the parts or functions of the body and those of the *corpus politicum*.”³⁵ Medical discourse and political discourse became delicately intertwined, each drawing from the other. Together they contributed to a significant shift over the course of the sixteenth century in the way that the ill health of the English body politic was discussed, from Galenic-inspired imbalance (that is, members failing to maintain their proper place in the “natural order”) to Fracastorian-like ideas of corruption entering the body from the outside.³⁶ At the same time, medical works such as anatomy textbooks reflected a new and growing interest in nationalism and the idea that the healthy national body was one that excluded and remained separate from the bodies from and of other nations.³⁷ Foreigners, these medical writers suggested, brought disease and corruption into the English body politic.

Physicians also played a direct role in healing and regulating the national body, as Jacob Soll's examination of French royal doctors has shown. As the Wars of Religion drew to a close in France, royal physicians both treated the king's body and acted as royal counsellors. In the

³⁵ Harris, *Foreign Bodies*, 19. Harris argued that these writers engaged in “functionalist organicism,” which he defined as the “displacement of the origins of social ‘illness’ and change to external agencies,” in this case those perceived to be outside the normative body politic. *Foreign Bodies*, 12. The term functionalist organicism draws from nineteenth- and twentieth-century biological models of society, such as those discussed by social scientists and anthropologists like Auguste Comte, Talcott Parsons, Emile Durkheim, A.R. Radcliffe-Brown, and Clifford Geertz.

³⁶ Girolamo Fracastoro proposed in 1546 that epidemics could be spread by tiny particles like seeds that entered the body and caused disease. See Vivian Nutton, “The Reception of Fracastoro's Theory of Contagion: The Seed That Fell among Thorns?” *Osiris* 6 (1990): 196–234.

³⁷ Harris, *Foreign Bodies*, 20.

latter role, they wrote treatises on natural and political history that the king could use as tools to heal the fractured body of the kingdom and its people. These treatises were more than philosophical works; they focused on the particular traits of local geographies, climates, and peoples—reminiscent, to some extent, of Hippocrates’ *Airs, Waters, Places*—and claimed that understanding these traits would better enable the king to control “the humors, health, and, ultimately, social and political behavior of his subjects.” In short, Soll argued, in the backdrop of the religious wars physicians contributed to the development of a new, multi-faceted political culture in France by reframing the metaphor of the body politic into a political policy that responded to empirical, humanist medicine.³⁸

Such thinking was not entirely novel, as fifteenth- and early sixteenth-century Italian humanists had already spoken to the idea that medicine, politics, and civil law were connected through the act of prognosis. The French legal scholar Jean Bodin had also drawn from medical and natural history to develop a new political science; political theorists who followed Bodin linked the physical characteristics of the human body to the state of its humors and passions, and thus to the “accidents and troubles inherent in politics.”³⁹ Nevertheless, it was not until the early seventeenth century that French physicians like Rodolphe Le Maistre began to write treatises that applied their observations about the practical application of medical principles (used to treat the bodies of royal patients) to the governing of the body of the state. For Le Maistre, France’s primary problem was that its order—its health—had become unbalanced and corrupted; the cure was to study history (to learn about important precedents) and to apply a sense of prudence that appeared very much like traditional medical prescriptions for healthy and moderate living.⁴⁰

³⁸ Jacob Soll, “Healing the Body Politic: French Royal Doctors, History, and the Birth of a Nation 1560–1634,” *Renaissance Quarterly* 55, no. 4 (2002): 1260.

³⁹ Soll, “Healing the Body Politic,” 1266.

⁴⁰ Samuel Cohn suggested that this trend of physicians successfully “branch[ing] into pure politics [to address] the

Although the physician Nicolas de Nancel did not go so far in his plague tract as to offer remedial action or medico-political advice for the broader set of ills that he hinted were plaguing Paris, he was clear that its poison—physical and social—has spread to his beloved Tours. He described the movement of the disease from Paris to Tours in overtly temporal and spatial terms, but at the core of his discussion was an implicit commentary on the slow poisoning of the body politic. Much like contemporary political news and tax demands, the epidemic—the gangrenous poison—had erupted first in Paris and then expanded continuously outward, the affected area spreading inexorably from the kingdom’s “head and heart” to all other parts of its body. The implicit nature of Nancel’s comments on the body politic is key. Unlike literary authors such as Thomas Dekker who openly and categorically criticised the poor state of health of his kingdom’s body politic, or political polemicists who did the same, Nancel used far more nuanced language about the political and religious diseases that had corrupted his nation alongside the plague. Rather than writing an openly controversial tract, Nancel embedded his commentary within a medical narrative that was, otherwise, about the “real” disease of the plague. In a politically- and religiously-fraught atmosphere—of the French Wars of Religion in this case—taking such an approach was neither particularly unusual nor unique, but has gone largely unnoticed.⁴¹

ills of the body politic” appeared in Italy at the end of the sixteenth century. Samuel K. Cohn, Jr. *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), 262. Roy Porter’s examination of post-Restoration Britain, by contrast, showed English physicians as the target of satirical commentary due to their inability to heal the body politic, despite their pretensions to the contrary. Unable to effectively halt the many diseases and social maladies that threatened public health and civic order, the medical profession faced ongoing derision and criticism. This culminated in eighteenth- and nineteenth-century cartoons that portrayed the English body politic, or at least its head and its heart, as having completely broken down under the physician’s care until it had become little more than an overfed, over-sexed, underwhelming figure of ridicule. Roy Porter, *Bodies Politic: Disease, Death and Doctors in Britain, 1650–1900* (London: Reaktion Books, 2001).

⁴¹ Nicole Archambeau’s work on the implicit commentary on plague-as-a-political-sickness that can be read in the 1363 canonisation inquest of Countess Delphine de Puimichel speaks clearly to this point. Several witness testimonies at the inquest reflected directly on the first mortality (i.e., the Black Death) and on the political conflict and discord that existed at the time that Delphine had had a hand in quelling. (In 1348, Provence was on the brink of civil war a result of Queen Joanna of Naples’s suspected links to her husband’s assassination in 1345.) None of the witnesses mentioned Queen Joanna directly, since she was still their Queen, but their allusions to the link between the plague and the political discord reflected the tacit understanding that the two were connected through the

Colin Jones's study of printed French plague treatises has already insisted that "we accept the argument that the plague texts often utilise the image of the plague with other ends in mind."⁴² Paul Slack and Samuel Cohn's work on English and Italian plague-related texts, respectively, have demonstrated also that intersections developed between politics, religion, and plague commentaries of various kinds—not just tracts specifically—in the early modern era.⁴³ For these scholars such "other ends" have largely concentrated on the primary objective of the specific scripts or narratives to which the tracts adhere (that is, their medical, religious, or civic/administrative purposes). A deeper analysis of plague tracts reveals that some include allusions to discord within the body politic. Often incidental, implicit, and safely incorporated within discussions about the origins, causes, and treatment of the plague, the presence of these allusions makes these treatises distinctive. Aside from treatises on the "pox," other kinds of contemporary medical works rarely engaged in this type of discussion of specific local problems, concerns, or debates.⁴⁴

Queen's actions. Nicole Archambeau, "Sufferers' Experience of Plague as a Political 'Sickness,'" (paper presented at the 90th Annual Meeting of the American Association for the History of Medicine, Nashville TN, 7 May 2017). Nükhet Varlık explored an analogous context whereby plague comes into political discussions during the reign of Suleyman in the Ottoman Empire (contemporaneous with the reign of England's Henry VIII) in "From 'Bête Noire' to 'le Mal de Constantinople': Plagues, Medicine, and the Early Modern Ottoman State," *Journal of World History* 24, no. 4 (2013): 741–70.

⁴² Colin Jones, "Languages of Plague in Early Modern France," in *Body and City: Histories of Urban Public Health*, ed. Sally Sheard and Helen Power (Aldershot: Ashgate, 2000), 46.

⁴³ Paul Slack, *The Impact of Plague in Tudor and Stuart England* (London: Routledge & Kegan Paul, 1985); Samuel K. Cohn Jr., *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010).

⁴⁴ Early modern medical and religious treatises on "the pox"—which in some cases were written by the same authors who penned plague tracts and followed the same basic structure—often contained discussions about the social problems of pollution, sin, and promiscuity. They tended to not engage in dynastic or political discussions, though. Kevin P. Sienna, "Pollution, Promiscuity, and the Pox: English Venereology and the Early Modern Medical Discourse on Social and Sexual Danger," *Journal of the History of Sexuality* 8, no. 4 (1998): 553–574. There is a well-established corpus of literature that addresses concerns about bodies politic in plague literature of the colonial era. Among many works see Robert Peckham, ed., *Empires of Panic: Epidemics and Colonial Anxieties* (Hong Kong: Hong Kong University Press, 2015); Cristobal Silva, *Miraculous Plagues: An Epidemiology of Early New England Narrative* (Oxford: Oxford University Press, 2011); Nayan Shah, *Contagious Divides: Epidemics and Race in San Francisco's Chinatown* (Berkeley: University of California Press, 2001); Carol Ann Benedict, *Bubonic Plague in Nineteenth-Century China* (Stanford: Stanford University Press, 1996); David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (Berkeley: University of California Press, 1993); Maynard W. Swanson, "The Sanitation Syndrome: Bubonic Plague and Urban Native Policy in the Cape

To unpack these allusions, this chapter applies the third and final axis of the new analytical method proposed in Chapter 1 to a small sample of plague tracts. It concentrates on treatises produced between the late fifteenth and early seventeenth centuries, primarily during and around the Reformation and the civil wars in England and France. The convergence of textual analysis with an exploration of codicology/bibliography makes it possible to explore the ways in which some tract writers adapted, incorporated, and alluded to bodily metaphors to comment implicitly about religious and political discord while they explicitly discussed the plague. Others pointed to problems within the body politic to explain the emergence of an epidemic. In particular, the chapter explores the ways that the *corpus mysticum*, or Christian community (here referred to as body social), and the body politic are portrayed in the treatises through two lenses: Christianity at the national level and national state building.⁴⁵ It touches on issues such as religious upheaval, wars and dynastic turmoil, and the inherent inter-relationships between such issues in this turbulent era. It also reveals the ways in which English tract writers in particular reworked older treatises by incorporating cloaked commentary that spoke to more current and local concerns.

Tracing and reordering the plagued body politic

Ailments in the religious body: "That synne that reygneþ amonge hed men & the governours of the churche and of the lawe"

Where they speke of this mater, they saye that [plague is caused by] synne that reygneþ among the people, And namely that synne that reygneþ amonge hed men &

Colony, 1900–1909," *The Journal of African History* 18, no. 03 (1977): 387–410.

⁴⁵ The term body social comes from Natalie Zemon Davis, "The Sacred and the Body Social in Sixteenth-Century Lyon," *Past & Present* 90 (1981): 40–70. I use it here to refer specifically to the religious community, as opposed to the political community represented by the term body politic. While the association of political stability with religious unity was characteristic of medieval and early modern thought, and cannot entirely be separated, for the purposes here I have attempted to tease the two apart.

the gouvernours of the Church and of the lawe” — Thomas Moulton, c.1530⁴⁶

Although they sometimes acknowledged that divine punishment was the foremost cause of the plague, fourteenth- and fifteenth-century tract writers generally did not engage in the same types of discussions about humankind’s sinfulness or the sinful state of Christendom that filled contemporary religious writings on the Black Death and subsequent outbreaks. Religious upheaval in the sixteenth century, however, decidedly shifted descriptions of the plague’s causes in a significant subset of the English and French plague tracts, from scholastic medical explanations to ones rooted more firmly in religious rhetoric. It also motivated the addition of religious content into treatises that otherwise maintained their medical focus.⁴⁷

George R. Keiser has suggested that moralistic tracts like that of the late fifteenth-century Dominican friar Thomas Moulton ultimately had wider and broader circulation in England during the religious turmoil of the sixteenth century than did less moralistic tracts that seemed unable to reflect or engage with contemporary social concerns. The degree to which tracts like Moulton’s situated the origins of the plague within a religious framework rather than in medical aetiological interpretations, he argued, “contributed to [a] cultural construction of epidemic disease”⁴⁸ that differed significantly from that of earlier eras. In fact, Moulton’s tract was among the earliest to emphasise the primacy of divine retribution for understanding plague aetiology and to incorporate long extrapolations from the Bible, such as the narrative of 2 Kings 24.⁴⁹ This type of

⁴⁶ Thomas Moulton, *This is the Myroure or Glasse of Helthe* (London: Robert Wyer, <1530), Biiiv.

⁴⁷ Christiane Nockels Fabbri, “Continuity and Change in Late Medieval Plague Medicine: A Survey of 152 Plague Tracts from 1348 to 1599” (PhD diss., Yale University, 2006), 182–96. Paul Slack has traced the shift toward religious explanations in England after 1563 in *Impact of Plague*, 228–47, while Joël Coste has done the same for French tracts in *Représentations et comportements en temps d’épidémie dans la littérature imprimée de peste (1490–1725): Contribution à l’histoire culturelle de la peste en France à l’époque moderne* (Paris: Honoré Champion Éditeur, 2007), 353–414.

⁴⁸ George R. Keiser, “Two Medieval Plague Treatises and their Afterlife in Early Modern England,” *Journal of the History of Medicine and Allied Sciences* 58, no. 3 (July 2003): 294. Keiser provided a detailed analysis of Moulton’s religious reworking of John of Burgundy’s late fourteenth-century tract, which had invoked little to no divine connection for the plague.

⁴⁹ This story recounts King David’s divine punishment for census taking and his need to choose between three

commentary, and indeed this same biblical passage, had been commonplace in sermons and moral texts since the Black Death; their incorporation into medically-oriented plague tracts represented a definitive shift in both tone and content.

First appearing around the turn of the sixteenth century, religious content became a more common feature in the treatises after the 1530s. Christiane Nockels Fabbri has labelled these tracts “hybrid works” with “shared vocabulary” that “masquerad[ed] as plague tracts” but that actually had more in common with devotional literature than with the plague tract itself.⁵⁰ In contrast to the ongoing reprinting of tracts that still focused specifically on physical health concerns, she argued, these new “hybrid” tracts imitated earlier works in their structure and layout but focused on spiritual rather than bodily therapies and explanations of the disease: “Plague, properly speaking,” one such tract argued, “is a rod of God sent on earth, and on the iniquity of the world, to punish sinners, and to admonish them to leave their evil life behind and to return to our Savior and Redeemer Jesus Christ.”⁵¹ Although relatively numerous, the solely religious tracts that were typically authored by clerics or other types of religious writers remained in the minority.⁵²

Medical writers who invoked religion presented instead a blend of spiritual and physical health explanations, treatments, and preventive recommendations. Some argued that plague resulted from divine wrath, included moralising commentary, and called for prayer and penance,

retributions: seven years of famine, three months of being pursued by enemies, or three days and three nights of the plague. David chose the latter, since he felt that it was the punishment most likely to affect him as much as his subjects. In the end, he watched helplessly as seventy thousand of his subjects died.

⁵⁰ Fabbri, “Continuity and Change,” 40. Slack pointed to this as the creation of a separate genre of plague literature written by the growing number of divines and other religious men, and differentiates these works from medically-focused tracts that typically included little more than “a final caveat or an introductory formality” dealing with divine providence. *Impact of Plague*, 38.

⁵¹ Estienne Ydeley, *Des secrets souverains et vrais remedes contre la peste* (Lyon: Jean Stratis, 1581), B1.

⁵² Coste noted, for example, that professional religious authors wrote only about thirteen percent of printed French treatises. *Représentations et comportements*, 49.

but then offered more traditional medical explanations and treatments.⁵³ In their case, the shift to religiously-defined explanations resulted neither in a different kind of tract nor in a hybrid, but rather in the addition of entire subsections of religious rhetoric and proselytising. In communities torn apart by religious factionalism, what readers needed might well have been religious comfort and consolation, in addition to medical advice. Fabbri thus cautioned that the addition of religious content should not be taken as evidence of changing medical beliefs, but rather as an indication of shifts and tensions in broader societal mores and values as religious traditions were questioned, attacked, and transformed.⁵⁴ In addition, she pointed out that the religious tone in many of the more medically-oriented treatises may well have reflected less the authors' or printers' personal beliefs than profit-inspired responses to communal angst.

Colin Jones's assessment of the religious plague script situated its objectives and concerns squarely within the religious community that comprises the mystical body of the church. The plague disrupted Church services, rituals, and practices; it brought mortality too quickly, too often, and too anonymously for last rites to be administered; it forestalled the good Christian death. Tract writers lamented both the grave danger that such disruption brought upon the souls of the plague's individual victims and the violence that the plague wrought upon the wider Christian community. The remedial actions that writers advocated in their religiously-focused treatises were largely propitiatory, meant to engage the entire Christian community as a single, unified body: "acts of collective penitence, communal vows, pilgrimages, processions, bell ringing, erection of altars, dedication of votive objects, and so on."⁵⁵

In some cases, a more nuanced reading of the plague tracts' religious contents reveals a

⁵³ Andrew Wear noted that until 1640 most English medical writers showed little inclination to engage in religious discussions of disease beyond "the occasional prayer and...[invocation of] God's blessing on the medicines" that they prescribed. Andrew Wear, *Knowledge & Practice in English Medicine, 1550–1680* (Cambridge: Cambridge University Press, 2000), 33.

⁵⁴ Fabbri, "Continuity and Change," 193.

⁵⁵ Colin Jones, "Plague and Its Metaphors in Early Modern France," *Representations* 53 (1996): 110.

further ideological agenda, one that suggests that the body social had, in the author's (or printer's) opinion, become plagued.⁵⁶ Thomas Multon's treatise provides an interesting case in point. John of Burgundy's original tract, on which Multon's later version is based, focused on astrological and medical explanations of the plague: "this pestilence come by...[the] co[n]iu[n]ccion þat was made byfore s. anno 45¹⁰, for his trases and effects enduren yit...but þit coruptyng of the aire is not alone cause of moreyne but also habonndance of humors corupt in hem þ[a]t dien."⁵⁷ In other words, the plague resulted from the combination of the ongoing effects of a malicious conjunction and people's susceptibility to infection. Multon's occupation as a Dominican friar, not as a physician or other type of medical practitioner, likely explains his reorientation of the tract to focus on divine retribution and sin as the primary causes of plague.⁵⁸ Some fifty years after the text appeared in manuscript (c.1475), the printer Robert Wyer made additional textual changes that strengthened some of Moulton's (as Wyer spelled the name) religious commentary and updated it to reflect concerns of the 1520s.⁵⁹

Multon stated that where the four pillars of the Church (Saints Jerome, Augustine, Gregory, and Ambrose) "speken of this mater [that is, of pestilence] they seyen holi that syn that regneth

⁵⁶ Medical metaphors had also been integrated into theological texts for centuries. See, among others, Winston Black, "The Medieval Confessional as a Medicalized Space," *Srednie Veka: Studies on Medieval and Early Modern History* 78 (forthcoming, 2017); Naama Cohen-Hanegbi, *Caring for the Living Soul: Emotions, Medicine and Penance in the Late Medieval Mediterranean* (Leiden: Brill, 2017); Joseph Ziegler, *Medicine and Religion c.1300: The Case of Arnau da Vilanova* (Oxford: Clarendon Press, 1998); Marie-Christine Pouchelle, *Corps et chirurgie à l'apogée du moyen âge: Savoir et imaginaire du corps chez Henri de Mondeville, chirurgien de Philippe le Bel* (Paris: Flammarion, 1983); Marie-Christine Pouchelle, "Représentations du corps dans la *Légende dorée*," *Ethnologie française* 6 special volume: *Langages et images du corps* (1976): 293–308. I thank Winston Black and Susan Einbinder for some of these references.

⁵⁷ Joannis de Burgundia, "De Pestile[n]tia Liber," London, British Library Sloane MS 3449 (15th century), f.10v–11r, 5v.

⁵⁸ Keiser accepted at face Multon's claim to have been a medical practitioner for eighteen years, not recognising that Multon copied this line from John of Burgundy's tract (which originally claimed twenty years of experience). Keiser, "Two Medieval Plague Treatises," 311.

⁵⁹ Only one known manuscript copy of the tract predates its appearance in print; any pre-print changes to it remain unidentified and the assumption is therefore made that the printer Robert Wyer made them.

amonge comones” is the cause.⁶⁰ In other words, the plague arose from mankind’s general state of sinfulness. In Wyer’s printed version of the tract (before 1530), however, the same phrase read “Where they speke of this mater, they saye that synne that reygneþ among the people, *And namely that synne that reygneþ amonge hed men & the gouernours of the Churche and of the lawe.*”⁶¹ Keiser has called this addition “surprising,” and suggested that “it could well be a comment in the vein of the anti-ecclesiastical invective” found in contemporary Protestant tracts such as the one written by the reformer and propagandist John Fish.⁶² Keiser made this suggestion by linking the interpolation to a line later in the tract that attributes “the sysme [schism] of [the] holy Churche” to the malevolent Saturn–Jupiter astrological conjunction. However, this same line appeared in Multon’s fifteenth-century manuscript version of the tract; while religious dissent was building by this point, it was not yet part of the Protestant reform movement.⁶³ There is also no evidence that Robert Wyer was a Protestant reformer or that he sympathised with the reformist cause.⁶⁴ A different reading of the interpolation, set within the context of the body politic metaphor and its widespread use by contemporary political writers such as Thomas Starkey—who made direct links between statecraft and medicine and between

⁶⁰ Thomas Multon, “This tretý folowing fore the pestilence,” London, British Library Sloane MS 3489, (c.1475–99), f.44r–v.

⁶¹ Moulton, *This is the Myroure*, Biiiv. Emphasis added.

⁶² Keiser, “Two Medieval Plague Treatises,” 305.

⁶³ A similar prophesy appeared in copies of John of Burgundy’s c.1365 original, although not with the specific word schism: “In holy chirche grete tribulacon, discordes, and opp[re]ssion of certeyn grete p[re]lates and mynistres of holy chirche.” Joannis de Burgundia, “De Pestile[n]tia Liber,” f.11r. In the older French version, the wording is almost identical: “*et sera en leglyse tribulacion grande & discorde & oppression daucuns grans prelas et de ministries de leglyse.*” Jehan de Bourgoigne, “Cest la preseruacion de Epidimie,” Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.100v. The word schism was thus introduced by Multon, and could be argued to alter the specific meaning of John of Burgundy’s prophesy, but it comes too early to be linked directly to the Protestant movement.

⁶⁴ An early biography of Robert Wyer called him “important in social history [for being] almost the first [Englishman] to make it his chief business as a printer and publisher to purvey cheap books for the uneducated.” Wyer was known to adapt the higher-end publications of more prominent printers for a broader audience, but nothing has been written about his religious leanings. H.B. Lathrop, “Some Rogueries of Robert Wyer,” *The Library*, Third Series 5, no. 20 (1914): 349.

socio-political disorder and disease—suggests something altogether different.⁶⁵

The earliest print editions of Moulton's tract appeared some time during the late 1520s, no later than 1530. Plague outbreaks had occurred in London in 1520–1, 1525, 1528, and 1530. In 1528–9 there was an epidemic of the sweating sickness, a disease that had previously been associated with the beginnings of the Tudor dynasty.⁶⁶ In 1526, King Henry VIII had begun his relationship with Anne Boleyn and by 1527, in the midst of the closely recurrent disease outbreaks, was making enquiries about divorcing his wife, Catherine of Aragon. Cardinal Wolsey convened canon lawyers and theologians to investigate the possibility and a “vigorous and wide-ranging pamphlet debate” was quickly underway, run on the one side by Catherine's high-level theological and legal supporters (against the divorce) and on the other side by Henry's advisors (in support of it).⁶⁷

Although neither the divorce itself nor Henry's break with Rome were finalised before the early 1530s, the potential consequences of this entire dispute were already uppermost in the minds of writers and printers. During the late 1520s and early 1530s, English presses produced an on-going run of polemical and propagandistic pamphlets, broadsheets, and other works that addressed both the impending divorce and, most notably, its potential religious implications for the kingdom. The evocative religious interpolation found in Moulton's plague tract, added by the printer Wyer (or by one of his associates), might thus be better read as a remark on this process: the king and his highest-level ecclesiastical and legal officials—the “hed men & the gouernours of the Churche and of the lawe”—were sinning in their attempts to usurp the pope's authority and to desecrate England's place in the universal Catholic community. In addition, by doing so

⁶⁵ Thomas F. Mayer, *Thomas Starkey and the Commonweal: Humanist Politics and Religion in the Reign of Henry VIII* (Cambridge: Cambridge University Press, 1989).

⁶⁶ For the dating of outbreaks, see Rawcliffe, *Urban Bodies*, 373–4.

⁶⁷ Virginia Murphy, “The Literature and Propaganda of Henry VIII's First Divorce,” in *The Reign of Henry VIII: Politics, Policy and Piety*, ed. Diarmaid MacCulloch (New York: St. Martin's Press, 1995), 136.

they were bringing plague (and/or the sweating sickness) upon the Christian social body in England and infecting it from within. Henry's excommunication in 1532 further exacerbated this belief among England's still primarily Catholic population, especially when epidemic disease returned again only a few years later.⁶⁸ Wyer published two further editions of Multon's tract in years that coincided these events: one around 1531–2, and the other around 1535–6.

Henry contributed to the treatises written in his support and believed in core Catholic theology, but public sympathy lay primarily with Catherine. Royal printers, or printers to the king, were responsible for publishing officially-sanctioned works and for representing the king as he wished to be perceived; other printers, like Robert Wyer who was not a member of London's Stationers Guild, were under no such obligation.⁶⁹ The 1520s were already marked by a series of religious controversies, as information about Martin Luther's call for Church reform circulated widely both through oral means—debate, gossip, sermons and hymns, theatre and festival—and in print. Although these printed works were censored in England and none were actually printed there, northern European networks of authors (including some exiled Englishmen), printers, traffickers (book runners), and booksellers enabled their dissemination. Such works certainly circulated amongst reformers within the royal court.⁷⁰

Margaret Healy's work on early modern English literature has demonstrated that the cross-dynamics of social and religious instability infiltrated a broad range of writing about the plague and invoked the metaphor of the sick body politic/Christian body social. Much of the existing scholarship along these lines for England has focused on religious reformers: as Healy noted, "the [human] body and its diseases functioned as a nexus for fraught sixteenth- and seventeenth-

⁶⁸ Slack has noted an outbreak of "presumed plague" in London in 1535–6. *Impact of Plague*, 61.

⁶⁹ J. Christopher Warner, *Henry VIII's Divorce: Literature and the Politics of the Printing Press* (Woodbridge: The Boydell Press, 1998), 1–26, 83.

⁷⁰ For a discussion of merchant networks in Northern Europe that facilitated the exchange of evolving Protestant views, see John D. Fudge, *Commerce and Print in the Early Reformation* (Leiden: Brill, 2007).

century discursive battles...led by Protestant reformers intent on restoring ‘health’ to, and for, the ‘common wealth’.” Reformers were, she demonstrated, “convinced of endemic spiritual, moral and social ‘disease’ under Roman Catholicism.”⁷¹

More conservative (Catholic) writers, however, would have held the same fears about “infection” being generated within society by Protestants. This created a conflicted, oftentimes zealous, and frequently hostile religious environment that influenced the ways in which tract writers and printers approached their discussions of the plague and other diseases. In the face of concurrent and recurrent outbreaks of disease in the 1520s, it is possible to read Wyer’s embedding of oblique references into Moulton’s plague tract as a suggestion that Henry’s attempts to seek a divorce were—combined with the existence of an early Protestant reform movement within the royal court itself—an illness in the head of the kingdom’s body social. This closer reading points to a secondary, underlying narrative in the treatise. Using couched references like this were part of a wider practice that has not yet been sufficiently recognised in or acknowledged for plague treatises, especially those of the early sixteenth century. As Nicole Archambeau has argued for other types of texts and narratives, “cloaked” language allowed people to refer directly to their perceived source of trouble without naming powerful people.⁷²

Wyer’s “hed men” interpolation was maintained in all subsequent editions of the tract, even those printed later in the century by known Protestant reformers and sympathisers (for example, William Myddleton, Thomas Petyt, Richard Kele, Robert Toye, and John Waley). They might have re-interpreted the phrase’s meaning in a way more in line with Keiser’s suggestion: anti-clerical—and thus anti-Catholic—sentiment. However, William Myddleton purposefully removed Thomas Moulton’s self-reference to being a “master of diuinite of the ordre of ffrere

⁷¹ Margaret Healy, *Fictions of Disease in Early Modern England: Bodies, Plagues and Politics* (Houndsmills: Palgrave Macmillan, 2001), 16, 43.

⁷² Archambeau, “Sufferers’ Experience of Plague.”

prechoures”—which Wyer had retained—and replaced it in his (Myddleton’s) second edition of the tract (c.1545) with the shorter and more Protestant-friendly “Doctoure of dyuynyte.”⁷³ A century later, in an excerpted form of the tract, Moulton was recast again, this time as a “Fryer of St. Augustine” whose purpose for writing the tract, the prayers of his brethen, was dismissed as “a thing it seems in those dayes [was] more esteemed then [sic] profit.”⁷⁴

The only other English-language printed plague tract circulating in the 1520s was the translated adaptation of Johannes Jacobi’s fourteenth-century tract attributed to the “Bisshop of Arusiens.” Its most recent edition had appeared in 1520 (printed in Antwerp) and the next ones did not appear until 1534 and 1536. Although the adapters of this tract did not insert any commentary to suggest a plagued or diseased religious social body, they did make changes to the text that clearly indicate a Protestant shift in the tract’s language. Thomas Paynel, the Austin friar and canon turned chaplain to King Henry VIII, reworked Jacobi’s tract in the same year that the English Parliament passed the Act of Supremacy that made Henry the Supreme Head of the Church in England. In his adaptation, Paynel completely removed the reference to the “reverence and worship of the blessed Trinity and of the glorious virgin Saint Mary” that had opened all previous printed (and manuscript) copies of the tract. Instead, Paynel’s version opens directly with its stated purpose: “for the conseruatyon of these that are in helth, & reformation and amendmente of these that are sicke.”⁷⁵ Maintaining and supporting the healthy social body, as Jacobi had initially portrayed it, was most important here, not pointing to what might be plaguing it. The Evangelical printer Thomas Gybson’s 1536 re-printing of the earlier (that is, pre-Paynel) English edition of tract kept the reference to the “blessed trinite” but modified its earlier Catholic

⁷³ Thomas Multon, “This trefy following fore the pestilence,” London, British Library, Sloane MS 3489 (c.1475–1499), f.44r; Thomas Moulton, *This is the Myroure or Glasse of Helth* (London: William Myddleton, c.1545), A5.

⁷⁴ Thomas Moulton, *The Compleat Bone-Setter* (London: by J.C. for Martha Harison), c.1656, B1.

⁷⁵ Thomas Paynel, *A Moche Profitable Treatise Against the Pestilence Translated into E[n]glyshe* (London: Thomas Berthelet, 1534), A2.

meaning by first revering God; all mention of Mary was removed.⁷⁶

Early sixteenth-century English tract authors and printers engaged, at least to some extent, with the idea of the plagued body social through what were ostensibly medical treatises. They were doing so more regularly by mid- and late century. Margaret Healy has explored the interplay between religion, politics, and medicine in later sixteenth-century English plague discourse and argued that “any literal face-value reading of contagion as presented in the English medical tracts of these years [mid- to late sixteenth century] should definitely be undertaken with caution,” since many contain “covert” meanings and also because “the body and the soul are so thoroughly intertwined that any attempt to separate ‘medical’ from ‘religious’ matters would be erroneous.”⁷⁷ In fact, she argued, it was “almost impossible for Protestant writers of popular medical books to discuss the plague without recourse to the spiritual as well as the corporal body” and thus to comment on the unhealthiness of the Christian social body.⁷⁸

Healy failed to recognise, though, that some of the tracts that she situated in this discussion—such as those written by Thomas Paynel, Thomas Phayer, and Thomas Lodge—were translations of older Continental works that, like Moulton’s tract earlier in the century, were purposefully *adapted* to the unique English context. Acknowledging the transitional ways in which older Continental tracts were reframed to reflect contemporary English concerns strengthens Healy’s observations by highlighting the ways in which tract authors not only incorporated implicit meanings into their own texts but also managed to work them into pre-

⁷⁶ Bysshop and Doctor of Physick of Denmarke, *Here after ensuith a litle treatise* (London: Thomas Gybson, 1536). Gybson is known to have printed a number of reformist tracts. Ryan M. Reeves, *English Evangelicals and Tudor Obedience, c.1527–1570* (Leiden: Brill, 2014), 102.

⁷⁷ Healy, *Fictions of Disease*, 69, 47.

⁷⁸ Margaret Healy, “Discourses of the Plague in Early Modern London,” in *Epidemic Disease in London: Collection of Working Papers Given at the Symposium ‘Epidemic Disease in London: from the Black Death to Cholera’ Held at the Institute of Historical Research*, ed. J.A.I. Champion (London: Centre for Metropolitan History, 1993), <http://www.history.ac.uk/cmh/epiheal.html>. Healy also argued that “attempting to separate medical writings into a distinct category...is a contentious and extremely problematic exercise for this period.” *Fictions of Disease*, 6.

existing works.

Healy suggested, for example, that Catholic physician (and later advisor to Queen Mary I) Phayer was referring to Lutherans through his mid-sixteenth-century warning that “...the venomous air itself is not half so vehement to infect, as is the conversacion or breath of them that are infected already.” His recommendation to “every chrysten man, that is in doute of thys dysease to cure first the fever pestylencial of hys soule” is likewise meant, she argued, to highlight the spiritual danger posed by reformist ideas.⁷⁹ Healy did not notice that Phayer’s tract was a translated and Englished adaptation of a French treatise written before 1520. It is important to read these suggestions about the Lutheran infection as an interpolation about the Christian body social into a text that had much less to say on the matter and that certainly did not carry this connotation originally. The tract’s author, the Angers professor of medicine Nicolas Houssemaine—and perhaps important to note, a Catholic—had noted simply that “breath or venomous vapours” could infect an entire region.⁸⁰ The idea that the plague could be spread by breath appeared in the earliest plague tracts and relied on Galenic tradition. Phayer thus extrapolated from Houssemaine’s work, turning the latter’s *medical* idea about how the plague was spread into a *religio-political* argument that people who rebelled against God brought plague upon their communities by speaking of their heretical—that is, diseased—beliefs.

Another example from the sixteenth century also spoke of the infected body social. The physician William Bullein used his 1564 plague tract to “defend the poor Commons, advocating faith and compassionate behaviour in the face of the plague and the moral pestilence of greedy

⁷⁹ Thomas Phayer, *The Kegiment (sic) of Life Wherunto is Added a Treatyse of the Pestilence, with the Booke of Children Newly Corrected and Enlarged by T. Phayer* (London: Edward Whitchurche, 1546), 10, 11; Healy, *Fictions of Disease*, 69.

⁸⁰ “...aussi peult une haleine ou uapeur uenimeuse infectez toute une region...” Nicolas de Houssemaine, *Ung regime singulier co[n]tre peste* (Lyon: Thibaud Payen, <1530), lx. De Houssemaine also noted that the principal preservative against the plague was to live in a state of grace, an idea that appeared commonly in the tracts.

duplicitous merchants, physicians, apothecaries, lawyers and landlords.”⁸¹ His readers understood, Healy argued, that these greedy and duplicitous carriers and propagators of plague and infectors of Godly society were primarily Catholic. In an era in which plague, famine, and civil unrest often coincided, suggesting that one’s religious enemies were “plagued” or caused the plague provided a convincing argument for the necessary reforms that each side of the religious debates advanced. As the Reformation agenda moved forward in England, contradictory religious settlements imposed by successive monarchs who adhered to different interpretations of what defined “true” Christianity, the rise of the Puritan and other non-conformist movements, and significant levels of religious persecution rendered religious life in the kingdom very unstable.⁸²

Despite the turmoil that this instability caused, however, what amounted to state-defined religious policy and practice forestalled the level of violence that was to rock France; English plague tract writers of the early seventeenth century tended, for the most part, to not engage in discussions about the Christian body social. Their concerns were largely elsewhere: the poor, the vagrants, and the slum-dwelling residents whose sinful practices brought the plague upon London and other cities. There were no large outbreaks of plague in London during those periods when religious controversy and conflict again significantly raised its head: the Civil War (1642–51), the Interregnum (1649–60), and Restoration (1660). There was a small outbreak in London in 1641 that prompted the publication of a few remedy and religious tracts. As Stuart B. Jennings

⁸¹ Healy, “Discourses of the Plague.”

⁸² The literature on the English Reformation is vast. Among many other fine works see Bernard Capp, *England’s Culture Wars: Puritan Reformation and Its Enemies in the Interregnum, 1649–1660* (Oxford: Oxford University Press, 2012); Patrick Collinson, *The Reformation: A History* (London: Weidenfeld and Nicolson, 2003); John Coffey, *Persecution and Toleration in Protestant England 1558–1689* (Harlow, U.K.: Longman, 2000); Nicholas Tyacke, ed., *England’s Long Reformation 1500–1800* (London: University College London Press, 1998); Christopher Haigh, *English Reformations: Religion, Politics, and Society under the Tudors* (Oxford: Oxford University Press, 1993); Susan Doran and Christopher Durston, *Princes, Pastors, and People: The Church and Religion in England 1529–1689* (London: Routledge, 1991). For a different point of view, see Eamon Duffy, *Stripping of the Altars: Traditional Religion in England, 1400–1580* (New Haven: Yale University Press, 1992).

has rightly noted, the civil war in particular would have spread small local outbreaks rather widely, as large armies moved across the kingdom and into people's homes.⁸³ However, aside from three tracts printed in Oxford in 1644 and the printer Gartrude Dawson's 1652 publication of an earlier seventeenth-century tract, no one wrote plague tracts about those smaller outbreaks since they did not affect London. Several editions of religious tracts admonishing the "plague of schism" and the "plague of civil war" appeared between 1645 and 1652, but overall these major religious and political upheavals entered the contents of plague tract only in terms of the new medical explanatory/causal models that arose at the same time.⁸⁴

Alternative medical philosophies promoted in particular by the Swiss physician Paracelsus (Philippe Aureolus Theophrastus Bombastus von Hohenheim) and the Flemish chemist/physician Jan van Helmont focused on chemical, mechanical, and corpuscular explanations of the human body and of the world. Together with the rise of a new natural philosophy, these new theories proved to be popular in England, and undermined, at least for a time, the theoretical foundations of traditional and academic Galenic medicine. England's Civil War and Interregnum gave significant impetus to these theories, as their stress on chemical explanations of disease and treatment and their rejection of Galenic authority accorded with both sectarian anti-establishment beliefs and the drive for greater Christian charity.

Tract writers incorporated these new medical-chemical theories—and the heated debates that they generated—into the texts that they wrote in response to London's great outbreak in 1665. Some proponents of the new chemical medicine, for example, accused their Galenic opponents of being "fugitive physicians...false Impeachers...and...a company of grand talkative Imposters"

⁸³ Stuart B. Jennings, "The Anatomy of a Civil War Plague in a Rural Parish: East Stoke, Nottinghamshire, 1646," *Midland History* 40, no. 2 (2015): 202.

⁸⁴ Edmund Calamy, *Englands Antidote Against the Plague of Civil Warre...* (London: by I.L. for Christopher Meredith, 1645); William Brough, *A Preservative Against the Plague of Schisme...* (London: for I. Clarke, 1650).

whose efforts brought only “evil effects” because of their opposition to “Fundamental Truths” and their belief in “Dogmatical Fancy.”⁸⁵ Such language obviously spoke to both medical *and* religious oppositions—since adherents to the new medicine were more likely to be Protestant than Catholic—but it did not raise the same spectre of disordered civic bodies or unhealthy religious communities as sixteenth-century texts had done.

Local outbreaks, such as ones in Barnstaple and Oxford in 1644, generated accusations of heresy and lax morality by religious writers of one denomination against their opponents of another, each blaming the other for generating the plague. Paul Slack has noted that the surge in Puritan enthusiasm and millenarian expectations tied to the civil war revived divine and providential interpretations of the plague, but this content rarely made its way into the plague tracts.⁸⁶ The Restoration, in its turn, marked what Andrew Wear called a moment after which “medical writers... concentrate[d] solely on the natural causation and cure of plague.”⁸⁷

Increasingly after the Restoration of King Charles II in 1660, religious and medical explanations of disease separated once again, with tracts dedicated to the one less often invoking the other. By the later seventeenth and eighteenth centuries, an increasing number of English tract writers rejected, often very openly, divine explanations of the plague. The religious content of plague tracts—including commentary about the Christian body social—also declined significantly. In the early 1670s, Nathaniel Hodges felt that in discussing the possible causes of the plague he had at the very least to acknowledge the role of God, lest he “incur the Suspicion of Atheism.”⁸⁸ Fifty

⁸⁵ George Thomson, *Loimotomia, or the Pest Anatomized* (London: Nathaniel Crouch, 1666), A3, 174, A3–4. On the rise of alternative medical theories and practices, see Charles Webster, *The Great Instauration: Science, Medicine, and Reform, 1626–1660* (Oxford: Peter Lang, 2002); Andrew Wear, *Knowledge & Practice*, 353–443;

⁸⁶ See, for example, Lionel Gatford, *Logos alexipharmakos, Or, Hyperphysicall Directions in Time of Plague* (Oxford: Henry Hall, 1644), as discussed in Slack, *Impact of Plague*, 243.

⁸⁷ Wear, *Knowledge & Practice*, 291–2. Others have argued that the political and social transformations wrought by these events had a significant impact on English medicine more generally. See, for example, Harold J. Cook, *The Decline of the Old Medical Regime in Stuart London* (Ithaca: Cornell University Press, 1986).

⁸⁸ Nathaniel Hodges, *Loimologia, or an Historical Account of the Plague in London in 1665* (London: E. Bell,

years later, John Quincy, who translated Hodges's tract from Latin into English, went much further in railing against religious writers of any sort who

either out of Ignorance in other Causes, or out of an affected Devotion, thought it their Interest to come in to this Opinion, and pretend to do greater Cures by certain religious Performances, and their Intercession with Heaven, than was in the Power of Medicine, of which they knew but very little.⁸⁹

By the eighteenth century, English society might still have faced some existential challenges, but the plague was not one of them.

Religious dissent and heresy persecutions (and prosecutions) rocked the French kingdom during the first half of the sixteenth century, despite (or perhaps due to) the rapid diffusion and acceptance of Calvinism among France's nobility, especially in the south and west. Aided by political, aristocratic, and dynastic factionalism, this religious dissension erupted into a series of massacres of French Protestants by Catholic sympathisers and vice versa, Protestant-led rebellions and attempts to seize power at the local level, and kingdom-wide civic disturbances. Locally, deep religious tension manifested itself in vandalism, riots, and other acts of physical violence; at the national level, it led to outright warfare fought largely along religious and factionalist lines. These recurrent military battles, interspersed with a series of unsuccessful treaties and edicts, lasted for eight decades.⁹⁰ Throughout the period, religion and religious belief "continuously shape[d] a sense of community, of urban solidarity" that was fractured and "in active conflict" with itself at the local and national levels.⁹¹

1720), 30.

⁸⁹ Quincy, *Different Causes of Pestilential Diseases*, 5.

⁹⁰ The wars are typically divided into a number of different phases, although their respective dates are the subject of continued historical debate. For works on the Wars of Religion, see among many others Nicolas Le Roux, *Les Guerres de Religion 1559–1629* (Paris, Belin, 2014); R.J. Knecht, *The French Wars of Religion 1559–1598*, 3rd ed. (New York: Routledge, 2014); Kevin Gould, *Catholic Activism in South-west France, 1540–1570* (Aldershot: Ashgate, 2006); Mack P. Holt, *The French Wars of Religion, 1562–1629*, 2nd ed. (Cambridge: Cambridge University Press, 2005); Jean-Marie Constant, *Les Français pendant les guerres de Religion* (Paris: Hachette Littératures, 2002).

⁹¹ Davis, "Sacred and the Body Social," 41, 42.

In an era of heightened tension and disorder, outbreaks of plague further undermined the social, political, and religious fabric of the kingdom. While religious writers tended to speak directly to divine wrath as the cause of the disease, several tract authors—most notably Claude de Rubys (1577), Nicolas de Nancel (1581), François de Courcelles (1595), and Jean Grillot (1629)—referred instead to religious enemies on whom they directly blamed the spread of the plague and the resultant infection of the body social. Rumours about the “manufacture” and “spread” of “plague poison” by “evil persons” was not new: laying blame for the Black Death on Jewish populations had given rise to a series of violent attacks against local Jewish communities throughout Continental Europe in the mid-fourteenth century. Plague spreading was directly related to the belief in contagion, whereby disease could be transmitted from person to person or through objects or materials (such as water) that the infected had touched or deliberately infected; it also contained within it the very idea that anyone with malicious intent could infect the entire body social or community.

A few of the early plague tract writers living in areas where Jewish populations were attacked, such as Jacme d’Agramont and Alfonso de Córdoba, had alluded to malicious people manufacturing the plague. Jon Arrizabalaga has observed that while these authors were more likely “echoing the information that [they] had received” than claiming it as observed truth, the inclusion of this possibility in a learned treatise “encouraged the charge [and attacks] against the minorities.”⁹² Outsiders of various types—vagabonds, transients, strangers, foreigners, and minorities—were widely blamed for outbreaks throughout Europe.⁹³ After de Córdoba’s tract in 1348, though, allusions to plague spreading did not reappear in plague tracts produced in France

⁹² Jon Arrizabalaga, “Facing the Black Death: Perceptions and Reactions of University Medical Practitioners,” in *Practical Medicine from Salerno to the Black Death*, ed. Luis García-Ballester, Roger French, Jon Arrizabalaga, and Andrew Cunningham (Cambridge: Cambridge University Press, 1994), 236. Susan Einbinder, *After the Black Death: Plague, Trauma and Commemoration Among Iberian Jews* (Philadelphia: University of Pennsylvania Press, 2017 forthcoming)

⁹³ Women were also blamed for the spread of venereal diseases. Sienna, “Pollution, Promiscuity, and the Pox.”

until the mid-sixteenth century.

William G. Naphy's work on the renewed rise of plague-spreading conspiracies in the Duchy of Savoy around 1530 has revealed that those implicated were typically poor female migrants who worked in plague hospitals; for Naphy, the conspiracies in the western Alps revolved around economic and class issues more than around religious identities.⁹⁴ In France, however, they arose not in the context of anti-Semitism or economic stigmatisation, but of anti-Protestantism. The spillover of ideological battles between Catholics and Protestants into plague tracts during the Wars on Religion enabled the treatise writers to lay the blame for both actual disease outbreaks and the declining health of France's overall state of affairs directly onto their religious enemies.

Claude de Rubys, the Lyonnais civic magistrate and an ultra-staunch Catholic, provided the longest and most detailed discussion of the generally widespread opinion that Protestants were directly responsible for spreading the disease. In de Ruby's opinion, Protestants had also exaggerated the disease's deadly impact in an attempt to destroy the commercial appeal of Catholic cities. Lyon was France's second largest Catholic stronghold, but it contained a large number of Huguenots. Some of those had been burned at the stake as heretics in the 1550s. The Huguenots responded to their persecution with public processions, civil disobedience, iconoclasm, and in 1562, a successful coup against the city's government (Catholic forces retook control of the city the following year). During a plague outbreak in 1564, local Catholic officials openly accused the Huguenots of having intentionally infected the city's Catholic population.

⁹⁴ William G. Naphy, *Plagues, Poisons, and Potions: Plague-Spreading Conspiracies in the Western Alps, c. 1530–1640* (Manchester: Manchester University Press, 2002). See also Yves-Marie Bercé, "Rumeurs et épidémies: les semeurs de peste," in *La vie, la mort, la foi, le temps: mélanges offerts à Pierre Chaunu*, ed. Jean-Pierre Bardet and Madeleine Foisil (Paris: Presses universitaires de France, 1993), 85–94; Coste, *Représentations et comportements*, 655–63. Fabbri noted that religious scapegoats were also blamed for causing outbreaks in Padua, Ljubljana, Graz, and elsewhere. Fabbri, "Continuity and Change," 191.

In his tract of 1577, de Rubys described how town officials responded to similar threats in 1576–7 by establishing hospitals, enacting quarantines, ensuring that all potentially infected homes were thoroughly cleaned, and holding penitential processions. To protect the wider community against the deliberate importation of outside infection, they also erected scaffolds at all of the town’s crossroads from which they planned to hang and nail Calvinists found or suspected of spreading the plague. By the end of the outbreak, only three hundred Catholics and “good” Frenchmen, women, and children had died, but more than half of the local Protestant “heretics deceived by Calvin’s predestination...[had] perished in heaps,” their malevolent plague-spreading conspiracies apparently having failed.⁹⁵

Published initially as a speech and distributed in local markets, de Rubys’ work conformed in most respects to the standard layout and contents of the plague tract genre: it began by explaining the various ways by which the plague is engendered and spread, then discussed how it might be prevented and treated. It demonstrated some of the earliest uses of historical and geographical narrative to trace the plague, both locally and across a wider temporal and spatial area. In her recent analysis of de Rubys’ work, historian Justine Semmens wrote that it “should be treated as a religious polemic which blurred the lines between civic healthcare and ritual purification...[it is] unique because it anchors the defeat of an epidemic to ritual violence.”⁹⁶ The plague tract model provided de Rubys with a formulaic structure within which he could incorporate both typical medical treatment and prophylaxis recommendations and his own polemical narrative. This narrative, in turn, served not just as a means for de Rubys to voice his

⁹⁵ “...mettres des gibets par tous les carrefours, avec escripteaux par lesquels lesdits engraisseurs estoient asseurez que si tost qu’ils seroyent prins, ilz seroyent aussi tost attachez & penduz ausdits gibetez, sans autre forme ny figure de proces;” “Les seulz heretiques deceuz par la predestination de Caluin...moururent à tas.” Claude de Rubys, *Discours sur la contagion de peste qui a esté ceste presente annee en la ville de Lyon* (Lyon: Iean d’Ogerolles, 1577), 19, 32.

⁹⁶ Justine Semmens, “Plague, Propaganda and Prophetic Violence in Sixteenth-Century Lyon,” in *Aspects of Violence in Renaissance Europe*, ed. Jonathan Davies (London: Ashgate, 2013), 84. See also Nathalie Zemon Davis, “The Rites of Violence: Religious Riot in Sixteenth-Century France,” *Past & Present* 59 (1973): 51–91.

personal opinions about both the plague and his religious enemies, but also, as the local magistrate, to authoritatively incite emotional reaction among and physical action by his fellow citizens. As Semmens noted, “Greasing rumours during the Lyonnais outbreak [of 1576]...provided ultra-Catholics associated with the newly emergent Sainte Union [Catholic League] an opportunity to exact justice while seizing the chance to push the city’s Protestant population further toward the fringes.”⁹⁷

While Semmens concentrated on de Ruby’s tract in the context of ritualized religious violence, the work should also be seen as a broader commentary on the nature and health of the religious body social in Lyon (and in France more broadly) and the means by which it could be restored. The outbreak provided an opportunistic window through which de Rubys could, under the guise of talking about plague and public health, spiritual salvation, and civic order, engage in virulent anti-Protestantism for the express purpose of re-establishing the city as a Lyonnais Catholic space and as a Lyonnais Catholic body. The details are important: although the Huguenots never exceeded one-third of Lyon’s total population, of those males whose origins can be traced almost seventy percent had come from outside the city and at least one third were born outside the kingdom. This far exceeded the proportion of Lyonnais Catholics who originated outside the city. Nathalie Zemon Davis has noted that most of these outsiders (Italian, Piedmontese, Savoyard, German, and Flemish) were likely to assimilate eventually into Lyonnais society because they were not associated with the types of civic institutions of

⁹⁷ Semmens, “Plague, Propaganda and Prophetic Violence,” 84. For the integration of disease into the Catholic League’s rhetoric against Protestants more generally, see Dalia M. Leonardo, “‘Cut Off This Rotten Member’: The Rhetoric of Heresy, Sin, and Disease in the Ideology of the French Catholic League,” *The Catholic Historical Review* 88, no. 2 (2002): 247–62. For local politics and the Catholic League, see Mark W. Konnert, *Local Politics in the French Wars of Religion: The Towns of Champagne, the Duc de Guise, and the Catholic League, 1560–95* (Aldershot: Ashgate, 2006); Jean-Marie Constant, *La Ligue* (Paris: Fayard, 1996); Mark Greengrass, “The Sainte Union in the Provinces: The Case of Toulouse,” *The Sixteenth Century Journal* 14, no. 4 (1983): 469–96. For an alternative discussion of local religious tolerance during the Wars, see Mark W. Konnert, *Civic Agendas and Religious Passion: Châlons-sur-Marne During the French Wars of Religion, 1560–1594*, *Sixteenth Century Essays & Studies* vol. 35 (Kirkville, MO: Sixteenth Century Journal Publishers, 1997).

“national identity” common to the Florentine, Genoese, and Lucchese merchants and some of the German bankers. Even so, the Protestants as a whole were foreign entities in the social body in a double sense, by both birth and religion.⁹⁸ Since they intentionally sought to disrupt and reconfigure the city’s social structure—in effect, its body social—they posed a grave danger to the city’s very existence.

For de Rubys, Protestant bodies were both infected and acted as infective agents: he traced the first sign of plague in 1576 to prostitutes at a local army barracks who had themselves been intentionally infected (seeded), he said, by Calvinists.⁹⁹ He then described how the local official, “no less a wise than faithful and affectionate servant of the King and Crown of France,” was obliged to abandon the barracks in order to keep the rest of the city safe.¹⁰⁰ Here, de Ruby played on the idea of the body politic, wherein one part of the body—in this case a limb in the incarnation of a noble and faithful soldier—recognised itself to have become a mortal danger to the greater body and sacrificed itself in order to save the whole. At the same time, he utilised the analogy of contagion: as heretics, Protestants brought poison into the body social and contaminated it from within. Their complete purging was required to purify the body of France.

De Rubys directly tied the local plague outbreak to the larger religious threat posed by the Protestants by making reference to, among other events, the “Placards affair” (1534) and the St. Bartholomew’s Day massacre in Paris (1572). The persecution and execution of Protestants in both cases had, for him, laid the groundwork for—and indeed legitimised—the blaming of

⁹⁸ Davis, “Sacred and the Body Social,” 48–9. Davis also pointed to the very different interpretations of urban space, time, and community that existed among the city’s Catholic and Protestant populations. She noted in particular how the Catholic processions served to give protection to the town’s body, by outlining it and by keeping its entries and exits open; this she contrasted to polemic literature and to anti-Huguenot riots, which increasingly sought to seal “the apertures of the body social, and [keep] all its members in good order.” “Sacred and the Body Social,” 63.

⁹⁹ “*Ce qui leur fut fort aysé par le moyen des gouiats & des putains, d’ou par vn commun malheur les soldatz sont aujourd’huy suyviz...*” De Rubys, *Discours sur la contagion*, 35.

¹⁰⁰ “*...estimant par là accueillir ce non moins saige que fidelle & affectionné serviteur du Roy & de la couronne de France, le seigneur de la Mante, gouuerneur & Cappitaine de laditte citadelle, ou du moins l’estonner tellement par la mort de ses soldatz, qu’ilz le contraindroient d’abandonner la place...*” De Rubys, *Discours sur la contagion*, 35.

Protestants for the plague in late-1570s Lyon.¹⁰¹ He also made regular references to the earlier plague outbreak in 1564, and to the rumours about plague spreading that abounded then, as a precursor to the purported events that he describes in detail in his tract. For him, what Lyon now faced was a spiritual war for its very body and soul.¹⁰²

De Ruby's tract can be read in line with virulent anti-Protestant rhetoric found in Catholic discourse that linked French Protestantism and the plague. Such texts spoke openly about the Calvinist heresy itself, and of the Protestant bodies that followed it, as a pestilence. Protestants were portrayed as wilfull carriers and spreaders of a venomous plague that infected people, entire cities, and French society both physically and spiritually. Huguenots appeared in this literature as "tarnishers of the social body," their very presence representing "the Kingdom's wound." Anne-Marie Brenot has noted that "at a minimum, [Protestant] heresy [was portrayed as] a fit of passing fever [or] a whooping cough that affected the Church and society. However, and more generally, heresy [was] translated in terms of plague or leprosy, including the long litany of purulent ulcers and fetid cankers."¹⁰³ The Protestant body was likewise portrayed as a sickly

¹⁰¹ During the "Placards affair," acerbic Protestant broadsheets outlining the purported abuses of the Catholic mass were posted in conspicuous places throughout cities in northern France. One was also apparently posted on the door of the king's bedchamber. Holt, *French Wars of Religion*, 17–20.

¹⁰² The tract was not de Ruby's only work that linked Protestants to the plague and to the fate of the Catholic community. In his 1604 "true" history of the city of Lyon, de Ruby's once again accused the local Protestant population of having deliberately spread the plague in 1564 and 1576. Claude de Rubys, *Histoire veritable de la ville de Lyon* (Lyon: Bonaventurs Nugo, 1604), 401–2, 428. For a discussion of de Ruby's larger role in the battles between Catholics and Protestants in Lyon, see Brandon Hartley, "War and Tolerance: Catholic Polemic in Lyon During the French Religious Wars" (PhD diss., The University of Arizona, 2007).

¹⁰³ "...une maladie qui tenaille le corps social...L'hérésie comme plaie du royaume...Minimisée, l'hérésie est un accès de fièvre passager tout au plus une coqueluche dont les quintes de toux affectent l'Église et la société. Cependant et d'une façon plus générale, l'hérésie est traduite en termes de peste ou de lèpre, incluant la longue litanie des ulcères purulents et des chancres fétides." Anne-Marie Brenot, "La Peste soit des Huguenots: Étude d'une logique d'exécration au XVI^e siècle," *Histoire, économie et société* 11, no. 4 (1992): 554. See also Denis Crouzet, *Les Guerriers de Dieu: la violence au temps des troubles de religion vers 1525–vers 1610* (Seysssel: Éditions ChampVallon, 1990) and Bernard Dompnier, *Le venin de l'hérésie: image du protestantisme et combat catholique au XVII^e siècle* (Paris: Le Centurion, 1985). Various deliberations, meeting records, and official notices around the organisation of a centenary celebration for "The Deliverance" of Toulouse following a failed Protestant coup in 1562, as just one set of examples, use numerous plague-related metaphors to speak of the Protestants: they "vomited their mortal poison" and "infected the city," they "had spread their heresy all over France and wished to carry their plague to Toulouse." I thank Danny Bertrand to alerting me to these municipal records.

being, covered with bloody wounds and infected buboes.

De Ruby's tract coincided with the engagement of French physicians in the writing of political tracts that linked the religious and civil wars to the decaying of the French body politic. As Jacob Soll has noted, "the corporeal analogy of the state led Henri IV to order his doctors to aid in healing the body politic. These royal doctors in turn entered politics confident that the Hippocratic and Galenic traditions of empirical, humanist medicine would heal the potentially mortal wounds of civil war."¹⁰⁴ De Rubys was no physician, however, and his proffered treatment—the full excision of the Protestant tumour—contrasted sharply with the prudence, observation, experience, and history prescribed by the king's physician-political theorists.

Laurence Brockliss and Colin Jones have suggested that the monarchy maintained a grip on the professional classes by buying their support, and most tract writers did not openly engage in such powerful, emotive discourse about their religious enemies (Protestant or Catholic), electing instead to be somewhat more oblique in their accusations.¹⁰⁵ Some physicians nevertheless used their tracts as a forum through which they could lash out at the war and its effects on the very health of their kingdom. While de Rubys' tract appears to be unique in directly linking the successful management of the plague with the destruction of his religious enemies, other tract writers also commented, at least in passing, on either the greasing conspiracies in Lyon specifically or on the religious wars more generally and the threat that they posed to the French body social.¹⁰⁶ Referring to Thucydides' claim that the Plague of Athens had been spread purposely by the Ethiopians, Oger Ferrier, a royal physician and astrologer to Catherine de Medici, engaged in some of the earliest dialogue in French tracts about religious wickedness and

¹⁰⁴ Soll, "Healing the Body Politic," 1261.

¹⁰⁵ Laurence Brockliss and Colin Jones, *The Medical World of Early Modern France* (Oxford: Clarendon Press, 1997), 9.

¹⁰⁶ The greasing conspiracies appear to have been limited to Lyon, perhaps because of its close commercial ties with cities in Switzerland and Germany where such conspiracies were particularly popular. Naphy, *Plagues, Poisons, and Potions*.

infidelities as a cause of the plague. Ferrier accepted that evil and cruel men often spread plague poison to harm others.¹⁰⁷ Although his tract pre-dated the outbreak of open religious hostilities, Ferrier's work is nevertheless notable because of its mention of plague-spreading conspiracies that are otherwise absent from the French tracts before this point.

The humanist polymath and physician Nicolas de Nancel spoke much more openly about the arrival of the plague in Tours and its direct link to the simultaneous arrival of religious agitators—the “poor fleeing Jacobites”—from Paris.¹⁰⁸ Despite his three year tenure (1562–5) as the Chair of Greek Studies at the University of Douai—a university whose foundation in the 1550s coincided with the arrival of English, Scottish, and Irish Catholic exiles in the city following King Henry VIII's Act of Supremacy—de Nancel's close ties with Petrus Ramus indicates that he was not as anti-Protestant as many of his co-religionists. By contrast, his disparaging remarks about the plague-carrying “Jacobites”—a contemporary term synonymous with Jacobin or member of the mendicant Dominican Order¹⁰⁹—suggests that he linked these religious men with the spread of both disease and religious dissension. The Dominicans were deeply engaged in spreading the principles of the counter-Reformation, and had preached and incited violence against local Protestant populations throughout the kingdom. Their arrival in Tours could only bring more death and destruction, more poisoning of France's body social at the local level.

De Ruby's case against the Protestants and their threats to the social body Lyon was more directly resurrected in 1629. The Jesuit Jean Grillot claimed in his tract that plague-infected

¹⁰⁷ Oger Ferrier, *Remedes Preservatifs et cvratifs de peste* (Lyon: Iean de Tovrnes, 1548), 8–9, 19. Plague *engraisseurs* had been accused and executed in Toulouse in 1530.

¹⁰⁸ “la contagion nous est venuë de Paris: laquelle nous ont apportee...après auoir cheminée près de quatre vingts lieuës...[par] aucuns pources religieux Iacobites, fuiants, & porta[n]ts leur mort en leur sein.” De Nancel, *Discours tresample de la Peste*, 5, 115. For Tours during the Wars of Religion, see David Nicholls, “Protestants, Catholics and Magistrates in Tours, 1562–1572: The Making of a Catholic City During the Religious Wars,” *French History* 8, no. 1 (1994): 14–33.

¹⁰⁹ *Dictionnaire de Moyen Français*, <http://www.atilf.fr/dmf/>.

grease had been spread on the homes and clothing of wealthy Lyonnais by Calvinists during an outbreak in the city the previous year. Moreover, a grease-smeared rotting dog had been left in the pews of a local church. Grillot drew from ecclesiastical history to argue that just like all “great Heresies” of the past, “the Heresy of Calvin” was responsible for generating great wars, plagues, and famines. It both began, and would end, with high levels of mortality, he said, because rebellions against the body of the Church “are always followed by rigorous chastisement.”¹¹⁰ In Lyon, such chastisement was meted out, in part, by local officials who sequestered the leaders of the Huguenot population and hanged sixteen of them for allegedly greasing Catholics with the plague. Although he admitted that some “innocent people” may have been massacred in the heat of the moment, for Grillot this was just punishment for heretics who had apparently been caught red-handed trying to take control of the city.¹¹¹ Grillot assigned motives that were perhaps more economic than purely religious to these suspected plague-spreaders, but his invocation of the “the Heresy of Calvin” reflected the ideological invective that was common during France’s Wars of Religion.¹¹²

Other tract writers painted a somewhat different picture of their encounters with the plague during this tumultuous time. The royal surgeon Ambroise Paré faulted the plague spreading in 1564 in Lyon—the same event for which de Rubys had blamed Protestants—not on Calvinist “engraisseurs” but on looters who sought to steal from the dead. The Protestant physician François de Courcelles opened his tract by casting the plague and the Catholic armies that

¹¹⁰ P. Iean Grillot, *Lyon affligé de contagion, ou narré de ce qui s’est passé de plvs memorable en ceste Ville, depuis le mois d’Aoust de l’an 1628 iusques au mois d’Octobre de l’an 1629* (Lyon: François de la Bottiere, 1629), 6.

¹¹¹ Grillot, *Lyon affligé de contagion*, 40. Suspected *engraisseurs* were also hanged in Rouen in 1629.

¹¹² The Englishman William Kemp also remarked in passing on this phenomenon in 1665, but did not associate it with his own country: “Hitherto may be referred the Infection that is caused by Powders, Ointments, Mixtures, and Compositions dispersed by mischievous persons, whereby the *Pestilence* hath been strangely spread abroad, and for which (as several credible Histories report) many of them being discovered, have been deservedly executed.” W. Kemp, *A Brief Treatise of the Nature, Causes, Signs, Preservation from, and Cure of the Pestilence Collected by W. Kemp* (London: D. Kemp, 1665), 18.

surrounded his town in the same light: both were deadly enemies that sought to destroy the good and godly people and the city of Sedan and thus needed to be vanquished. He lamented his own failure to take up arms and defend the city, but hoped that his plague tract would go some way to regain favour with the principality's leaders and to re-establish his personal place within the local community's social body.¹¹³ Jacques Aubert, a Vendômois physician, dedicated his tract to the civil magistrates of Lausanne who, he said, had extended both hospitality and humanity towards him and his poor countrymen and women as they fled for their lives from the civil wars in France. For Aubert, France's body social had become so dysfunctional and diseased that exile was the sole means of survival for Protestants forced to become fugitives and vagabonds because of their religious beliefs.¹¹⁴

Even writers whose religious affiliation is less immediately clear or not specifically relevant to their tracts' contents also commented on the effects of the wars on the body social. The apothecary Nicolas Houël, as one example, claimed that the 1562 Battle at Dreux had generated the corrupted vapours that caused the plague (rather than relying, as most of his predecessors had done, on the ancient historic examples that Galen had provided).¹¹⁵ Houël and other tract writers drew inspiration from and reflected on the turmoil caused by the Reformation, Counter-Reformation, and the religious wars, and used the tract genre to voice, if not to promote, their perspectives on the matter.

The social body metaphor was highly adaptable and appealed widely to proponents of both sides of the religious conflict. Penny Roberts has shown that it was used to support arguments both for war against the Protestants and conversely, for peace and the toleration of the

¹¹³ François de Covrcelles, *Traite de la peste clair et tres-vtile* (Sedan: Abel Riuary, 1595), 2.

¹¹⁴ "ceux de ma nation fugitifs, & vagabonds pour les guerres civiles de France, esmeués pour la religion." Jacques Aubert, *Traite contenant les causes, la curation, & preservation de la peste* (Lausanne: Jean le Prevex, 1571), 6.

¹¹⁵ Nicolas Houël, *Traité de la peste, auquel est amplement discoursu de l'origine, cause, signes, preservation et curation d'icelle* (Paris: Galiot du Pré, 1573), 4.

Protestants. The same could be said for England, only replacing Protestant with Catholic. Writers of various types—religious, political, administrative—appealed to the king as the body’s “head” or as its “doctor” to “cure” the body social, by ridding it of its Protestant “plague.” Others sought the protection and harmonious union of all of the kingdom’s constituent parts.¹¹⁶ Outbreaks of actual plague served to further fuel this rhetoric and, in some notable cases, physicians and other tract authors worked into their treatises ideas about what had caused, and how best to cure, the plagued and infected body social. Religious difference was not the only harm that the body politic faced, though. Although religion and politics were intricately connected in this era, in some cases tract writers were just as quick to draw upon the same bodily metaphors to point to other, more inherently political types of danger.

Maladies of the political body: “In order to bring about his political schemes, Pope Paul III procured friends to spread a report that the plague was at Trent”

Must we then continue in blindness, because the pope and his legates, in order to favour a political scheme, inculcated the fear of a pestilential contagion? — Dale Ingram, 1755¹¹⁷

Writing almost thirty-five years after the last epidemic outbreak in Marseille, the self-described surgeon and man-midwife Dale Ingram categorically dismissed the vast majority of plague tracts that had appeared in the decades before his, claiming that they were full of “absurd and repugnant” theories about the contagiousness of the plague. For Ingram, such ideas that were “handed down to us from antient times” were difficult to dislodge, because of people’s “strong...attachments to old customs” and the tendency of longstanding beliefs to blind even the

¹¹⁶ Penny Roberts, “The Kingdom’s Two Bodies? Corporeal Rhetoric and Royal Authority during the Religious Wars,” *French History* 21, no. 2 (2007): 147–164.

¹¹⁷ Dale Ingram, *An Historical Account of the Several Plagues that Have Appeared in the World Since the Year 1346* (London: R. Baldwin, 1755), 38. The subheading quote is found on page 36.

learned to the truth like “a small cobweb.” More ominous, he argued, was the fact that although these ideas had become entrenched and repeated as medical orthodoxy, they had actually been deliberately devised to serve decidedly political purposes.¹¹⁸

Ingram claimed that the entire idea of contagiousness arose not from sound, traditional medical theory but rather from the machinations of the “great politician Pope *Paul* the third [who]... in order to bring about his political schemes [in 1547], procured friends to spread a report, that the *Plague* was at *Trent*, and that it was *contagious*.”¹¹⁹ The immediate effect of this report, Ingram argued (rather incorrectly) was that “the bait was swallowed” and many bishops abandoned Trent. This allowed the pope’s ambassador to convince those few who remained to move the council away from Trent—a city that was under the control of the Holy Roman Emperor Charles V—to Bologna, which was situated safely within the Papal States. Although Charles V was Catholic and until recently had been in a military alliance with the papacy against German Protestants, his relationship with the pope had recently soured. Moving the council out of his lands and beyond his control threatened to further damage not only that relationship, but also European politics more broadly. Those advocating for the move, however, sought to lessen Charles’s potential to influence, or worse to manipulate, the council’s decisions.¹²⁰ In light of this “truth,” Ingram asked, why should medical practitioners continue to work in confusion under the obviously false assumption that the plague is contagious, an assumption that was born, as the plague itself often was, out of political intrigue and disorder of the greatest magnitude.

Historians have long recognised that plague tract authors, like medical writers more generally, often engaged in rancorous disagreements about medical theories, about the

¹¹⁸ Ingram, *Historical Account*, i–ii.

¹¹⁹ Ingram, *Historical Account*, 36.

¹²⁰ John W. O’Malley, *Trent: What Happened at the Council* (Cambridge MA: Harvard University Press, 2013), 122–6.

professional beliefs and practices of their competitors, and about the very existence of contagion.¹²¹ Ingram went further, though, and used the tract genre to make an accusation about papal intrigue and manipulation by directly linking an historical outbreak of plague, and the medical explanation that was given for it, to a specific episode of political conflict around the Council of Trent. That episode had, Ingram could claim with hindsight, not only generated the “absurd and repugnant” theory of contagion but also created further political instability in a Europe—the body politic on a grand scale—that was already being torn apart by religious and political factionalism, rivalries, and ongoing warfare.

Colin Jones’s elucidation of plague scripts demonstrated that some tracts directly reflected politics, notably the state’s preoccupation with keeping the social body of the urban community safe and healthy. The plague directly threatened civil authority: outbreaks of the disease disrupted trade and commerce, they caused law and order to break down, they negated the boundaries between public and private as people died untended in the streets, and they dislocated the familial and social ties that bound communities together. Local magistrates who fled the plague abandoned their civic responsibilities to look after those less fortunate than themselves. To counter such discordances that tore at the political and social fabric of local communities, some plague tract authors focused on “the need for effective administrative remedies” to ensure

¹²¹ On general medical publications (including plague tracts) and professional posturing, especially in the English context, see Patrick Wallis, “Plagues, Morality and the Place of Medicine in Early Modern England,” *The English Historical Review* 121, no. 490 (2006): 1–24; Margaret Pelling, *Medical Conflicts in Early Modern London: Patronage, Physicians, and Irregular Practitioners, 1550–1640* (Oxford: Clarendon Press, 2003); Wear, *Knowledge & Practice*. For France see in particular Brockliss and Jones, *Medical World*. On historical debates about contagion and the plague, see Annemarie Kinzelbach, “Infection, Contagion, and Public Health in Late Medieval and Early Modern German Imperial Towns,” *Journal of the History of Medicine and Allied Sciences* 61, no. 3 (2006): 369–89; Arrizabalaga, “Facing the Black Death,” 259–60; Slack, *Impact of Plague*, 197–310. On the continuing debates about contagion (post-1720), see Michael Brown, “From Foetid Air to Filth: The Cultural Transformation of British Epidemiological Thought, ca.1780–1848,” *Bulletin of the History of Medicine* 82, no. 3 (2008): 515–44; Michael Worboys, “Was There a Bacteriological Revolution in Late Nineteenth-Century Medicine?” *Studies in History and Philosophy of Science Part C: Studies in History and Philosophy of Biological and Biomedical Sciences* 38, no. 1 (2007): 20–42; David S. Barnes, *The Great Stink of Paris and the Nineteenth-Century Struggle Against Filth and Germs* (Baltimore: The Johns Hopkins University Press, 2006); Andrew R. Aisenberg, *Contagion: Disease, Government, and the ‘Social Question’ in Nineteenth-Century France* (Stanford: Stanford University Press, 1999).

that cities and towns remained “*bien policé*—that is, well-regulated, well-ordered.” In other words, the politically oriented, administrative plague tract script “buttressed the ideologies of state formation...[and was] structured around the principles of organization, exclusion, and surveillance.”¹²² Although local officials wrote these administratively focused tracts most often, by the late sixteenth-century physicians were also increasingly including “public health” measures among their prophylactic recommendations.¹²³

Much has been written about the corrective actions taken at the local level to forestall or deal with plague (and other disease) outbreaks: directives to remove rubbish from the streets, to control butcheries and tanneries, to clean cesspits and latrines, to cull domestic animals, to expel and ban beggars, vagabonds, and prostitutes, to set bonfires, to isolate the sick, to forbid the sale and use of clothing and goods taken from infected homes, to police the markets and fairs, to establish quarantines and *cordons sanitaires*, and so on. All of these administrative/police actions were tied to contemporary ideas about pollution and contagion, and about the types of things and people that contaminated the local environment—not just physically but also morally and spiritually. Social disorder and social pollution were largely inseparable, and ensuring one required addressing the other. As Jones noted, ending of some of these practices was also highly symbolic, especially for actions like quarantine that were typically deemed to be temporary requirements meant to deal only with the immediate threat of disease: “rituals of closure mark[ed] the new integrity of the communal body just as they marked those of the biological and the mystical bodies.”¹²⁴

Jones also rightly observed that the political plague script represented an administrative

¹²² Jones, “Plague and Its Metaphors,” 111.

¹²³ Samuel Cohn noted that such concerns first appeared in Italian tracts written by physicians during the outbreak of 1575–8. Cohn, *Cultures of Plague*, 261–3.

¹²⁴ Jones, “Plague and Its Metaphors,” 111. See also Slack, *Impact of Plague*, 199–226; Rawcliffe, *Urban Bodies*; Jean-Pierre Leguay, *La pollution au Moyen Âge: dans le royaume de France et dans les grands fiefs* (Paris: Editions Jean-Paul Gisserot, 1999).

utopia wherein civic authority and control was all powerful and through which power could be exercised (or at least imagined on paper).¹²⁵ Margaret Healy has added to this by noting that Tudor authorities actually “frowned upon supernatural constructions” of the plague “because they discouraged practical attempts to avoid infection” like those that required citizens to obey their civic leaders, not their religious ones.¹²⁶ Writers like Ingram responded to this script—and to the authorities behind it—by derisively pointing to all of the ways in which political decisions and action had failed to prevent either the entry or the spread of the plague: “nothing [was] omitted to prevent the disease from spreading by contagion” he said, speaking of the outbreak in Marseille, “but, notwithstanding these precautions, the Plague increased every day.”¹²⁷

Ingram’s tract, and others like it, also engaged with a political script of a different kind, one that hinted at the ways in which plague outbreaks were related to, if not the direct result of, political or dynastic turmoil. For Ingram, modern medical understanding of the plague had been completely tainted by surreptitious and dishonest political actions in the past. For other authors, the body politic in which they lived had itself become diseased through local, regional, or national strife. Religious strife brought about by the Reformation and the Counter-Reformation—and its disastrous effects on European society—was the most common type of conflict discussed by these writers; such discord was sometimes in the open, as religious factions publicly fought each other both on the battlefield and on paper. While religious conflict was intimately linked to political discord and to the diseased body politic in the early modern era, other types of political turmoil also become evident through a close reading of the allusions embedded within otherwise standard and formulaic medical discourse about the plague.

The word pestilence was assuming greater political undertones by this time, and its

¹²⁵ Jones, “Plague and Its Metaphors,” 112.

¹²⁶ Healy, *Fictions of Disease*, 53.

¹²⁷ Ingram, *Historical Account*, 29.

meanings included intimations of actions that were morally or socially harmful. In his early sixteenth-century treatise on the importance of governance for the benefit of the English common weale, for example, Thomas Elyot spoke at length about the harms that would befall the realme if men “corrupted with pestilenciall auarice or ambicion” should lead it. “The vtter destruction of the realme” would result, he argued, should “some pestyferours dewe of vyce...infect and corrupt” the children of the kingdom, since they would eventually grow up to be its rulers. Elyot’s tract is full of references and allusions to the body politic and to its potential bodily corruption from the “pestylence [of ingratitude, which] hath longe tyme raygned amonge vs...a corrupte and lothly syckenesse.”¹²⁸ The man who printed Elyot’s work, Thomas Berthelet, was also the King’s Printer; as such, this is a work directed specifically against those who challenged (or sought to disagree with), King Henry VIII’s political and religious reforms. It is these people, in particular, who Elyot suggested were plaguing the body politic. In his chronicle of the Tudors, the herald Charles Wriothesley likewise noted that during the reign of Edward VI the “plage of sedition and divicion amonge ourselues is the greatest plage.”¹²⁹

Some plague tract writers held a different opinion about the source of the body politic’s problems. While both Healy and Jonathan Gil Harris put the beginnings of English discussions about diseased body politics into the sixteenth (post-1520s) and early seventeenth century, such insinuations can already be read in later fifteenth-century plague treatises. Thomas Multon’s late fifteenth-century tract again provides an interesting case in this regard, set as it is in the midst of considerable political uncertainty. Evidence exists of widespread plague epidemics in 1458–9, 1463–4, 1467, 1471–2, 1478–80, 1487, and 1499–1500, as well as innumerable local or regional

¹²⁸ Thomas Elyot, *The Boke Named the Governour* (London: Thomas Berthelet, 1531), 177, 16, 158.

¹²⁹ Charles Wriothesley, *A Chronicle of England During the Reigns of the Tudors: From A.D. 1485 to 1559*, vol. 2, ed. William Douglas Hamilton (London: Camden Society, 1875), II: 24.

outbreaks and the first recorded outbreak of the Sweating Sickness in 1485.¹³⁰ These outbreaks coincided with the series of English dynastic battles known colloquially as the Wars of the Roses, with the apparent usurpation of the throne by Richard III in 1483, and with the early unstable years of the new Tudor dynasty. Political instability was rife in the fifteenth century, with the crown changing hands six times—all but once by violence—in the second half of the century alone. The political stakes were particularly high between 1461 and 1471, when the crown shifted twice between Henry VI and Edward IV, and again in the early 1480s, when the title of king moved from Edward IV to Edward V to Richard III to Henry VII in the space of two and one half years (April 1483 to September 1485). The metaphoric head of the body politic remained intact, in the office of the king, but the constant and violent shifts in the physical body that occupied that role tore at the unity and integrity of the rest of the kingdom's body.¹³¹

As Christine Carpenter has demonstrated, underlying the more obvious dynastic rivalries that led to the open outbreak of hostilities in the fifteenth century was longer-term, implicit, and deep-seated concern expressed in contemporary chronicles and political treatises about the health and functioning of the larger body politic. Especially problematic was the increasing disconnect between its head—represented by the weakening authority of incapable kings—its arms and hands—embodied in the growing strength, militarism, and partisan interests of its noble classes—and its legs and feet—as seen in rebellions such as the one led by Jack Cade in the mid-fifteenth century. Added to this was the divide that opened between private power, held in the hands of the nobility for their own purposes, and public government at the local and national

¹³⁰ Rawcliffe, *Urban Bodies*, 368–71.

¹³¹ On attempts to maintain the integrity of the body politic in this era, see G.L. Harriss, “The King and His Subjects,” in *Fifteenth-Century Attitudes: Perceptions of Society in Late Medieval England*, ed. Rosemary Horrox (Cambridge: Cambridge University Press, 1994), 13–28.

levels that was unable to keep the nobles in check.¹³²

The strong religious and moral tone taken by Thomas Multon in his adaptation of John of Burgundy's tract was likely, at least in part, a reaction against the martial and dynastic uncertainty of the times and the on-going threats that this insecurity posed to personal and communal stability. Little is known about Multon's life or his personal sympathies. Setting the tract in 1475, Keiser suggested that any one of the outbreaks between 1463 and 1480 would have corresponded with Multon's claim that the plague was then reigning.¹³³ But some of the adaptations that Multon made to the older treatise, in particular to the astrological section, also point strongly to the incessant warfare of the era and its destructive effects on the English kingdom's body politic.

John of Burgundy's original discussion about the links between the malignant astrological conjunction of 1345 and the great wars and mutations of kingdoms (*"grans guerres mutations de royaumes"*) that were expected to follow can itself be reread in different light than the historiography suggests. Most scholars have interpreted the entire astrological section solely as a prophesy.¹³⁴ Setting it directly into the context of the political disruptions that were occurring when and where John of Burgundy was writing, by contrast, suggests something else: John may have been making a veiled commentary on the rebellion that took place in 1345—the same year as the conjunction—by the citizens of Liège (where John claimed to be a citizen) against their ruler, the Prince-Bishop Engelbert III de la Marck. This successful rebellion led to the creation of

¹³² Christine Carpenter, *The Wars of the Roses: Politics and the Constitution in England, c.1437–1509* (Cambridge: Cambridge University Press, 1997).

¹³³ Keiser, "Two Medieval Plague Treatises," 302.

¹³⁴ Conjunctions of Saturn and Jupiter with another planet were long prophesied to give rise to new nations or dynasties. Astrologists predicting the effects of the 1345 conjunction of Saturn, Jupiter, and Mars followed this pattern with one, Levi Ben Gerson (Leo de Balneolis), forecasting "the coming of a righteous king," the defeat and death of a ruler in one kingdom at the hands of another in a different kingdom, and "the transfer of the reign from one king to another of a different religion." Tract writers who invoked these prophecies provided greatly summarized versions. Bernard R. Goldstein and David Pingree, "Levi ben Gerson's Prognostication for the Conjunction of 1345," *Transactions of the American Philosophical Association* 80, no. 6 (1990): 1, 19.

an entirely new political system run by the city's thirty-two guilds, an event that certainly qualified as a "mutation."¹³⁵

Most copies of the tract produced in England dropped the astrological references entirely. Lister Matheson has suggested that this was a sign that such astrological commentary was too time- and location-specific for the English audience;¹³⁶ its removal certainly emphasises the important role that place and time of production plays in influencing tract contents. Multon re-integrated these references into his version of the tract and adapted them to his own circumstances. He associated such conjunctions not only with "grete werres and grete batelles" and "grete discordes and alteracions bitwen king and king," but also to the dynastic battles that created conflict between "lorde and lorde, man and man woman and woman, ffader and the son brother and broþ[er], and many other..."¹³⁷ The level of family and national discord that he invoked is a distinct and noticeably detailed extrapolation from John of Burgundy's reference to "royal mutations," and spoke directly to on-going dynastic rivalry in England and the turmoil that it was causing by pitting family members against each other.

Multon's disdain for this factionalism and the pestilence that it has spread "generalli in this realme" is evident. Although he included in his list of disorders many of the same effects noted by John of Burgundy (and anticipated by earlier astrologists) for the great conjunction—floods, fires, shipwrecks, the destruction of the Saracens, and so on—Multon only expanded the astrological discussion on the single issue of factional warfare. He continued his criticism by deploring "[the] disposing of lordes oute of [t]here lordeshipp[es] and enhaunsing of knaves and enporuyng of mighti men spoling and destroying of kingdomes and of lordships," which again

¹³⁵ Jehan de Bourgoigne, "Cest la preseruacion de Epidimie," Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), f.100v.

¹³⁶ Lister M. Matheson, "Médecin sans Frontières? The European Dissemination of John of Burgundy's Plague Treatise," *ANQ: A Quarterly Journal of Short Articles, Notes and Reviews* 18, no. 3 (2005): 20.

¹³⁷ Multon, "This tretty following fore the pestilence," f.45v.

expanded and extended John of Burgundy's original meaning to fit the situation in later fifteenth-century England.

Whether Multon was speaking of the factionalism that resulted from the disputed claims to the throne that divided King Henry VI and Edward IV (c.1455–1471), or the young Edward V and Richard III (c.1483–85), or Richard III and Henry VII (1485)—and also whether he was speaking of the plague or of the sweating sickness—depends on more firmly establishing the tract's date. Kathleen Scott's dating of the larger manuscript to "last quarter of the fifteenth century" sets it comfortably within any of these timeframes.¹³⁸ In any of the three cases, though, and even for the years between them, the very social order and body politic in England was threatened by dynastic factionalism; repeated and devastating outbreaks of epidemic disease must surely have been a sign of God's disapproval of all this sin and political disorder. During the following century when the tract was reprinted repeatedly, these same allusions could be reread constantly to apply to more contemporary concerns, such as familial division resulting from the Reformation.

A similar reference to the link between dynastic battles, upheaval of the body politic, and epidemic disease appears in Thomas le Forestier's tract on the sweating sickness, a new and mysterious disease that erupted almost immediately following Henry Tudor's defeat of Richard III in September 1485. Le Forestier opened his treatise with high praise for "Henry, by the grace of god King of England and France and Lord of Scotland."¹³⁹ Le Forestier was a Norman

¹³⁸ Kathleen L. Scott noted that the entire manuscript of which this tract was a part was produced on commission for a single patron during the last quarter of the fifteenth century; whether the tract itself was written at that time, or was already in circulation, is unknown since no other copies survive. Kathleen L. Scott, "Newly Discovered Booklets from a Reconstructed Middle English Manuscript," in *English Manuscript Studies 1100–1700*, vol. 14 *Regional Manuscripts 1200–1700*, ed. A.S.G. Edwards (London: British Library, 2008), 117–21.

¹³⁹ "*Illustrissimo ac maximo p[ri]ncipi Henrico dei gra[tia] anglie regi [e]t francie [e]t d[omi]no hib[er]nie...*" Thomas le Forestier, "*Illustrissimo ac maximo p[ri]ncipi Henrico*," British Library Additional MS 27582 (c.1485), f.70r. English kings, beginning with Edward III, had claimed the throne of France since 1340; the French fleur-de-lys remained on the English/British royal arms until 1801.

physician residing in London and, since Henry gained the title of Duke of Normandy along with the English throne, his treatise may have been written, as one scholar suggests, as “a coronation offering from a loyal subject.”¹⁴⁰ In this case, though, it is more likely that le Forestier was attempting to curry favour with Henry following his victory by showing that he supported the latter’s kingship, since le Forestier was working in London under the patronage of Richard III.

Henry’s claim to the throne of England was dubious.¹⁴¹ The outbreak of this strange and deadly epidemic immediately following his battlefield victory not only delayed Henry’s coronation but also generated rumours about the prospects for his reign. His opponents portrayed Henry’s victory as an upheaval of the body politic. Tudor supporters attempted to dismiss any association between Henry and the disease; though. The chronicler Edward Hall, for example, recognised that “a newe kynde of sicknes came sodenly through the whole region” as Henry began his reign, but stated that it was “the vaine iudgeme[n]t of the people whiche co[m]monly comen more fantastically then wisely” that had promoted the belief that “this co[n]tagious & euell plague...[was] a token and a playne signe...” that Henry’s coronation disrupted the natural order. Hall vigorously denied any link between the disease and Henry’s kingship: “These were the phantasticall iudgementes of the vnlettred persons whiche I ouerpasse.” Those who were already conspiring seditiously against the king had created and spread the rumours, he said.¹⁴² Court historian Polydore Vergil’s account agreed: although the sickness appeared at the beginning of Henry’s reign, any rumours linking the king to the disease were the machinations of conspirators who sought to destroy the body politic.

¹⁴⁰ Dorothea Waley Singer, “Some Plague Tractates (Fourteenth and Fifteenth Centuries),” *Proceedings of the Royal Society of Medicine*, 9 (15 March 1916): 196.

¹⁴¹ Henry’s mother, Margaret Beaufort, was descended from one of the illegitimate children born to King Edward III’s third surviving son, John of Gaunt, and his mistress Katherine Swynford. Although those children were later legitimised when John married Katherine in February 1396, King Henry IV barred them and their descendants from the succession.

¹⁴² Edward Hall, *The Vnion of the Two Noble and Illustre Famelies of Lancastre & Yorke...* (London: 1548), published as *Hall’s Chronicle* (London: for J. Johnson et. al., 1809), 424–5.

Those who pointed to Henry directly, though, such as the authors of the *Chronicles of London*, went so far as to suggest a direct link between Henry's attainment of kingship through violence and usurpation, his ceremonial entry into London, and the outbreak of disease there:

Kyng Richard was caried vpon an hors...to Leyciter...and there buried w^t in the ffreres. And the xxvij day of August was the said kyng Henry brought in to the...Cite...and...clothed in...violet...And the xxvij day of Septembre began the Swetyng Syknesse in London.¹⁴³

The implications here are clear: the epidemic was the result of political treachery by the new head of the body politic. Henry himself had brought the disease into the city of London.

Rumours spread quickly and widely that Henry's forces had brought the disease to England from France. The authors of the *London Chronicles* were known sympathisers of Richard III, and such allusions lent weight more broadly to increasing questions about Henry VII's legitimacy, particularly in London where he faced some of his greatest opposition. If the new head of the body politic had brought disease into its heartland, how could such a ruler be effective?¹⁴⁴

Thomas le Forestier had political ties to Richard III: in January 1485, he had received a lifetime annuity from the king.¹⁴⁵ Whether or not he believed that Henry had brought the disease with him to England, le Forestier felt a keen necessity to appear supportive: "O noble and meke p[ri]nce," he writes, "I beseche the of thy noble mageste to spare me though I have be so bold to wryte to thy highnes of this lytell governyng...I be seche the to take me and favour me..."¹⁴⁶

¹⁴³ Charles Lethbridge Kingsford, ed., *Chronicles of London* (Oxford: Clarendon Press, 1905), 193.

¹⁴⁴ For a broader discussion of the threats to the Tudors' on-going legitimacy, see Desmond Seward, *The Last White Rose: Dynasty, Rebellion and Treason* (London: Constable, 2010). For the dynastic sympathies of chronicle writers, see Edward Donald Kennedy, *Chronicles and Other Historical Writing*, Vol. 8 of *A Manual of the Writings in Middle English, 1050–1500* (New Haven: Connecticut Academy of the Arts and Sciences, 1989), 2049. For a discussion of the possible route of the disease into England, and early mention of it in the north before the death of Richard III, see John A. H. Wylie and Leslie H. Collier, "The English Sweating Sickness (*Sudor Anglicus*): A Reappraisal," *Journal of the History of Medicine and Allied Sciences* 36, no. 4 (1981): 428–9.

¹⁴⁵ Rosemary Horrox and P.W. Hammond, eds., *British Library Harleian Manuscript 433*, Vol. 1: *Register of Grants for the Reigns of Edward V and Richard III* (Gloucester: Alan Sutton, 1979), 256.

¹⁴⁶ Le Forestier, "Illustrissimo ac maximo p[ri]ncipi Henrico," f.77r. In 1488, Henry VII granted le Forestier a general pardon; although the record does not specify his crime, it is not unreasonable that le Forestier was pardoned for supporting Richard. Great Britain, Public Records Office, *Calendar of Patent Rolls Preserved in the Public*

While he does not comment explicitly on the political gossip that surrounded Henry's claim to the throne, le Forestier does hint at the high level of political unrest in the kingdom that is being exacerbated by the sudden arrival of a deadly disease: "When that thy hyghnes and thy grete power is vexed & trobled w[ith] dyv[er]s sykenysse and thy lordeshippes and almost the mydel part of thy realme w[ith] the venyms feuer of pestilens..."¹⁴⁷ The geographical heartland of the English kingdom—London—was suffering heavily from the sweating sickness, but so too were many "middling" parts of the body politic now disrupted and disordered by the new kingship: the vexations and troubles that Henry faced thus held many meanings and arose from a variety of different sources.

Le Forestier also condemned "vnexpart men and men quellers that . . . wrete and put lettres vpon gatys and churche dores as foles promysyng to help the peple of ther sykenesse withoute connyng."¹⁴⁸ This phrase has most often been understood as a complaint about unauthorised medical practitioners publicly posting their unproven remedies for the new disease; George Keiser suggested that it might refer as well to the scurrilous posting of political gossip countering Henry's right to the English crown that was proving to be problematic for the new king.¹⁴⁹ Whether Henry was aware of le Forestier's tract is unclear, as only one manuscript copy survives in English. Le Forestier's text received greater attention in France in his Latin and French printed adaptations that removed his appeals to Henry and instead reinforced the chronological links between the start of Henry's reign and the outbreak of the disease in London; perhaps le Forestier's move back to Normandy left him freer to suggest the associations that he felt compelled to bypass in the original text.

Record Office, Henry VII Vol. 1 (1485–94) (Burlington: TannerRitchie Publishing in collaboration with the Library and Information Services of the University of St Andrews, 2004–2008), 202, Membrane 16.

¹⁴⁷ Le Forestier, "Illustrissimo ac maximo p[ri]ncipi Henrico," f.70r.

¹⁴⁸ Le Forestier, "Illustrissimo ac maximo p[ri]ncipi Henrico," f.70r.

¹⁴⁹ Keiser, "Two Medieval Plague Treatises," 319.

Keiser has argued that Henry supported the late 1485 English translation and triple printing of the “Bisshop of Arusiens” version of Johannes Jacobi’s plague tract to counter the political crisis about which le Forestier’s tract hinted. This tract had recently appeared in print in French and Latin, and was possibly known to Henry or to members of his court during their exile on the Continent. Although the tract was originally written to address the plague, and not the new disease that England now faced, Keiser suggested that Henry’s encouragement and/or patronisation of its publication was largely a political imperative to “contest the notion that the Sweating Sickness was a divine rebuke” to his kingship, “to counteract ominous political gossip and to provide an authorised, if still unofficial response to the epidemic.”¹⁵⁰ The suggestion is not without merit, since both Henry and his mother, Margaret Beaufort, were known patrons of the printer, William de Machlinia. De Machlinia also printed Pope Innocent III’s bull that granted dispensation for Henry to marry Elizabeth of York in March 1486. Both le Forestier’s manuscript tract and the first printed editions of the Jacobi adaptation, then, spoke of epidemic disease at the same time that they responded to the ways in which Henry’s position in the body politic was “vexed & trobled” by his opponents. Both tracts imparted traditional medical explanations and advice, and both were produced and circulated in response to the coincidental intersection of an outbreak of epidemic disease and political/dynastic turmoil. Each must be thus be considered in their broader historical contexts.¹⁵¹

¹⁵⁰ Keiser, “Two Medieval Plague Treatises,” 324, 319.

¹⁵¹ Henry VII was not averse to using plague-related imagery to subtly assert political authority. Among the many sculptures in the elaborate Lady Chapel (now known as the Henry VII Chapel) that he commissioned at Westminster Abbey are a number of plague saints, including the distinctively English St. Armel. In an era of repeated epidemics of both the plague and the new sweating sickness, Henry’s architectural decisions were as much about providing succor to his subjects as they were about bolstering his own dynastic ambitions. By advancing and localising the cult of St. Armel in particular, he provided his subjects with a sense of comfort that he, as monarch, could be trusted to look after them in times of pestilence; by lining his chapel with saints of all kind, he was also able to mitigate any lingering doubts and hostilities about his royal legitimacy. Linda Ehram Voigts, “Plague Saints, Henry VII, and Saint Armel,” in *Saints and Cults in Medieval England: Proceedings of the 2015 Harlaxton Symposium*, Harlaxton Medieval Studies XXVII, ed. Susan Powell (Donington: Shaun Tyas, 2017), 101–23; Linda Ehram Voigts and Ann Payne, “Medicine for a Great Household (ca. 1500): Berkeley Castle Muniments Select Book 89,” in *Studies in*

In 1552, the royal physician John Caius produced a tract to address the most recent (and ultimately last recorded) outbreak of the sweating sickness in England. In it, he laid out in detail the previous century's claims that the disease had arrived from France with Henry VII:

In the yere of our Lorde God M.CCCC.lxxxv. shortly after the vij. daye of august, at whiche tyme kynge Henry the seuenth arriued at Milford in walles, out of Fraunce, and in the firste yere of his reigne, ther chaunced a disease among the people.¹⁵²

Such claims would not have been popular with any of the Tudor monarchs, as the pro-Tudor chronicles obfuscation of the disease's arrival suggest. Caius's intention there thus may have been to redirect blame onto the bodies of the foreign mercenaries who accompanied Henry to Wales, rather than on Henry himself. Caius immediately digressed into a discussion of other historical and recent diseases that were symptomatically similar to the sweating sickness, the most notable of which was one that apparently had been observed among the Turks in Rhodes—the very same place where some of Henry's mercenaries had fought before they accompanied him to England.¹⁵³

Caius's redirection of the sweating sickness's origin to Rhodes (and thus to the Turks) reflects an emerging trend in contemporary English discussions of the dysfunctionality of the body politic: the shifting of the sources of its maladies to foreign bodies and to foreign places. Harris has pointed to “elaborate accounts” in this era of the many illnesses suffered by England's body politic, diseases inflicted upon it by social undesirables. Remedial treatments for social “‘plagues,’ ‘infections,’ ‘tettors,’ and ‘impostumes,’” included, as they did for physical ailments,

Medieval and Renaissance History, Third Series, Vol. XII, ed. Cynthia Kosso and Anne Marie Scott (New York: AMS Press, 2016), 87–269. For a similar discussion of the political manipulation and mediation of plague art in Italy, see Louise Marshall, “Confraternity and Community: Mobilizing the Sacred in Times of Plague,” in *Confraternities and the Visual Arts in Renaissance Italy: Ritual, Spectacle, Image*, ed. Barbara Wisch and Diane Cole Ahl (Cambridge: Cambridge University Press, 2000), 20–45 and Louise Marshall, “Manipulating the Sacred: Image and Plague in Renaissance Italy,” *Renaissance Quarterly* 47, no. 3 (1994): 485–532.

¹⁵² John Caius, *A Booke, or Counseill Against the Disease Commonly Called the Sweate* (London: Richard Grafton, 1552), 8v.

¹⁵³ Caius, *Booke, or Counseill*, 8v.

“a colorful ensemble of medico-political remedies—‘purges,’ ‘potions,’ ‘glysters,’ ‘pharmaca’—designed to expel the body politic’s afflictions.” Relying largely on literary writers, Harris argued that these “pathogenic infiltrators” were most often those same people who were deemed to be “foreign”: Catholics, Jews, and witches.¹⁵⁴ Caius took this list much further: he admonished his readers to avoid “unlearned and false” healers “from Pole, Constantinople, Italie, Almaine, Spaine, Fraunce, Grece and Turkie, Inde, Egipt or Jury.” The remedies (and hence existence) of any one of these foreigners could lead, he said, to “the losse of...honest estimation, diere bloudde, precious spirites, and swiete lyfe.”¹⁵⁵

Caius’s subtle redirect of the origins of the sweating sickness was picked up and amplified by plague tract writers in the seventeenth and eighteenth centuries who pointedly placed the blame for both the sweat and the plague on the Turks. By 1720, for example, Richard Mead stated with great confidence that although England’s sweating sickness had begun among Henry VII’s soldiers, they had acquired the disease at “the famous siege of *Rhodes* by the *Turks* three or four years” previously. It was, therefore, not “a native of our country” generated in a diseased body politic but rather “a Foreign Original” imported and spread by foreigners who were disrupting the civic body.¹⁵⁶

Caius also made passing mention of the need to blend “the counseil of Phisike” with “good ciuile, & politique ordres” to restrain “the wealth of many so much geuen to their bellies to their own hurtes & damages, not able for want of reason to rule them selues, & therby enclined to al vices and diseases.”¹⁵⁷ The comment is well embedded in Caius’s discussion of the ill-effects of improper dietary regimes, but also spoke directly to a dysfunctional body politic that, being run

¹⁵⁴ Harris, *Foreign Bodies*, 3, 15.

¹⁵⁵ Caius, *Boke, or Counseill*, 28v.

¹⁵⁶ Mead, *Short Discourse*, 6–7.

¹⁵⁷ Caius, *Boke, or Counseill*, 26v.

by a nobility that lacked the capacity to restrain its own gluttonous excesses, was in dire need of better laws and political controls. Such allusions were analogous to the more open dismay with which the political theorist and humanist Thomas Starkey had defined the poor condition of the English kingdom some decades earlier, describing it as full of “great dekey [decay], fautys & mysordurys.” For Starkey, while human bodies were decaying through disease and malnutrition, the body politic was afflicted by “moral, social, religious and economic degeneration brought about by the greed, intemperance, idleless and ignorance of the nobility and clergy...which warranted urgent political responses.”¹⁵⁸ For Caius, adding some good medical counsel into the mix would help to strengthen the political response.

Richelle Munkoff and James D. Mardock have illuminated the ways in which literary writers pointed to the plague outbreak of 1603 as being particularly damaging to conceptualisations of England’s body politic: the contemporary narrative that equated the virginal (that is, intact) body of Elizabeth I with an impregnable English polity fell apart upon her death and the arrival of the plague only months later. James I’s protracted delay in coming to London for his coronation on account of the plague then further unsettled ideas about the sanctity and commitment of the body politic’s head.¹⁵⁹ Elizabethan and Stuart-era literature and theatrical productions were full of such diseased, and especially plagued, body politic metaphors, and have been addressed extensively elsewhere.¹⁶⁰ Of particular interest, though, given their link to (and sometimes incorporation into) the plague treatises, are London’s Bills of Mortality, which provided detailed, weekly, statistical data about the location and number of deaths by plague during epidemic years.

¹⁵⁸ Healy, *Fictions of Disease*, 16.

¹⁵⁹ Richelle Munkhoff, “Contagious Figurations: Plague and the Impenetrable Nation after the Death of Elizabeth,” in Totaro and Gilman, eds., *Representing the Plague*, 97–112 and James D. Mardock, ““Thinking to Pass Unknown’: *Measure for Measure*, the Plague, and the Accession of James I,” in *Ibid.*, 113–130.

¹⁶⁰ In addition to Healy, *Fictions of Disease* see among many others Rebecca Totaro and Ernest B. Gilman, ed., *Representing Plague in Early Modern England* (New York: Routledge, 2010); Ernest B. Gilman, *Plague Writing in Early Modern England* (Chicago: University of Chicago Press, 2009).

These Bills offered London residents with easy to visualise updates about the ever-evolving physical condition of their immediate neighbourhoods and of the city's larger body politic. By indicating whether the body's extremities or its core—its extra-mural settlements, its suburbs, its docklands, or its central parishes—were more diseased than the others, the Bills helped civic administrators to determine where best to focus their disease prevention and mitigation efforts. By tracing the movement of the plague from one part of the city to the others, the Bills furthermore allowed both residents and administrators to consider how the “rot” within the body politic was spreading from one essential body part to the next. Since all parts of the city, and thus of the body politic, were “stuck in a reciprocating relationship of disease and disorder,”¹⁶¹ infection in one area would, unless dealt with harshly, ultimately cause infection of the whole. In other words, the Bills made visible “sickness of body, city, and soul” as one intertwined entity, the body politic.¹⁶²

For tract writer George Thomson, the actions of one man—William Earl of Craven—during London's plague outbreak of 1665 had saved that city's body politic from complete destruction. Craven had remained in London during the epidemic to maintain order and to allocate much needed property for burial grounds. According to Thomson, Craven's very presence counteracted the cowardly behaviour of most other noblemen and the “*fugitive Physicians*.”¹⁶³ Thomson also claims to have risked his own life to save those of his fellow citizens, both by treating the sick and by accidentally cutting himself while conducting a dissection of a plague victim to better understand the effects of the disease on the human body. While Thomson's tract focuses primarily on fiercely disputing Galenic medicine and castigating its practitioners, its elaborate

¹⁶¹ Kelly J. Stage, “Plague Space and Played Space in Urban Drama, 1604,” in Totaro and Gilman, eds., *Representing the Plague*, 57.

¹⁶² Erin Sullivan, “Physical and Spiritual Illness: Narrative Appropriations of the Bills of Mortality,” in Totaro and Gilman, eds., *Representing the Plague*, 77.

¹⁶³ George Thomson, *Loimotomia, or, the Pest Anatomized* (London: for Nathaniel Crouch, 1666), A3.

use of body politic metaphors renders it as much a reflection on the diseased state of the city of London and the English kingdom as on the nature of human disease.

Thomson likened the plague to a “Domestick Enemy we carry about us, ready to betray us,” and explained the dissection as an effort to “find out the chief Palace, or Chair of State, where this mortiferous Tyrant the Pest doth principally sit enthroned; where by its beck and insolent frowns, it makes this little World, and all that inhabit in it, to crouch, creep, and tremble!”¹⁶⁴ Regardless of where pestilential matter entered the body he said—through “the Hand, the Foot, the Eye, the Nostril, Mouth, or any other place”—“the vital Spirit of that part... betray[s] that trust that was reposed in it, by yielding up treacherously it self... to the fury of a potent Enemy.” The “incursion and invasion [of the disease] upon the Borders and Confines of this flourishing Kingdom” would not be so terrible, he argued, if it did not procede “to the very Center and Metropolis...the stomach, where the Soul it self keeps Court...in the Bed-chamber.”¹⁶⁵ Once entrenched in the stomach, the poison of the plague then worked its deceptive charms, “curiously spinning out the thread” to completely confound “Eutaxy and good Government” until they have become “irregular, exorbitant, hair-brain’d, foolish and furious.”¹⁶⁶

Thomson was an ardent follower of the new Helmontian medicine that combined medical, chemical, and moral theories and therapies that stood in stark contrast to the traditional humoral approaches of Galenism. According to Helmontists, the stomach played a key role in maintaining bodily health; contained within it was a “chemical and spiritual governor...called the *archeus*” that would become dysfunctional if overwhelmed by disease.¹⁶⁷ Thomson’s description of the disease process as one that invaded the stomach—the body’s “Court” so to speak—before

¹⁶⁴ Thomson, *Loimotomia*, 35, 39.

¹⁶⁵ Thomson, *Loimotomia*, 40–1.

¹⁶⁶ Thomson, *Loimotomia*, 42.

¹⁶⁷ A. Lloyd Moote and Dorothy C. Moote, *The Great Plague: The Story of London’s Most Deadly Year* (Baltimore: The Johns Hopkins University Press, 2004), 150.

destroying the rest of the body fits neatly within this theoretical framework even if his descriptive language was rather over-elaborate.

However, Thomson also found himself in an at-times difficult socio-political and professional situation. Both Helmontism and the earlier Paracelsianism appealed primarily to religious dissenters and political reformers, and their emphasis on divine enlightenment and Christian charity aligned well with the claims of the religious and political sects that both supported the parliamentarians during the Civil War and that ruled during the Commonwealth period.¹⁶⁸ As a theologically orthodox Anglican and supporter of the monarchy, Thomson had served on the Royalist side under Prince Maurice, Charles I's nephew, during the Civil War. Taken prisoner by the parliamentarians in 1644, he had spent time in a London prison. His attraction to Helmontism followed his study of medicine in Leyden in the late 1640s. By the 1660s, the supporters of the new chemical medicine came from all backgrounds, but they remained socially, religiously, and politically divided.¹⁶⁹

Read in the wider context of post-Restoration England, in which the Church of England's ardent attempts to enforce conformity of all sorts were intimately tied not only to parliamentary politics but also to science,¹⁷⁰ Thomson's emphasis on the merits and results of dissecting the diseased body to reveal the source of its putrefaction assumed both religious and political

¹⁶⁸ Wear, *Knowledge & Practice*, 354–5. Helmontism and Paracelsian medicine were integral to attempts to reform English medicine in the 1640s and 50s. On the link between Paracelsus and the Reformation, see Charles Webster, "Paracelsus: Medicine as Popular Protest," in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 57–77.

¹⁶⁹ In France, the ideas of the Protestant Paracelsus were initially equated with heresy and atheism but did gain ground, first among non-graduate practitioners, then among physicians in Montpellier and Huguenot practitioners, and finally later in Paris and within the royal court. The Catholic van Helmont's theories were likewise greeted initially with deep suspicion, but were quickly adopted (and adapted) into a theoretical system of medicine that tended to blend the new ideas with the old. Brockliss and Jones, *Medical World*, 119–128, 138–9; A.G. Debus, *The French Paracelsians: The Chemical Challenge to Medical and Scientific Tradition in Early Modern France* (Cambridge: Cambridge University Press, 1991).

¹⁷⁰ Jon Parkin, *Science, Religion, and Politics in Restoration England: Richard Cumberland's De Legibus Naturae* (Woodbridge: Boydell Press, 1999); Tim Harris, Paul Seaward, and Mark Goldie, eds., *The Politics of Religion in Restoration England* (Oxford: Blackwell, 1990).

undertones and became as much a commentary on the disordered body politic as an exposé of the tenets of Helmontism. As Thomson himself noted, the benefits of the dissection lay not solely in the immediate medical knowledge that it generated; they also revealed the value of “undertak[ing] any dangerous and difficult design, [so] that a particular Countrey, Nation, yea, the whole World may be meliorated in its condition, and enjoy some comfort therefrom.”¹⁷¹ Anatomising the plagued human body, and discussing his work in the form of a plague tract, provided Thomson with the means to metaphorically anatomise England’s plagued body politic. A German Catholic broadsheet from 1567—a century before Thomson’s tract—showed Martin Luther being anatomised by those who took his religious reforms further than he had intended. Pictorially linking human anatomy and dissection with political and religious discord was thus not novel to Thomson, but his particular style of presenting the anatomy was unique.¹⁷²

In several recent studies, Véronique Montagne has explored the use of metaphor and rhetorical analogies in sixteenth- and early seventeenth-century French plague tracts. In one study, she pointed in particular to the ways in which the authors animated and personified the plague by equating it with animalistic/bestial features and by giving it a female identity.¹⁷³ For Montagne, the types of metaphors used in any written texts situated them within a specific historical-medical context; since this era was one of recurrent plague outbreaks, she argued, personifying the plague allowed it to be portrayed as an adversary whose defeat justified and validated the (often controversial) political and economic measures taken against it. The voice of civil authorities, which appeared more regularly in the tracts after 1560, added credence to the

¹⁷¹ Thomson, *Loimotomia*, 107.

¹⁷² For an analysis of the German broadsheet, see Ole Peter Grell and Andrew Cunningham, “Introduction,” in *Medicine and the Reformation*, ed. Ole Peter Grell and Andrew Cunningham (London: Routledge, 1993), 1–10.

¹⁷³ Véronique Montagne, “La métaphore et le traité scientifique de la Renaissance,” *Le discours et la langue. Revue de linguistique française et d’analyse du discours* 4, no. 2 (2013): 115–126. See also Véronique Montagne, “Le discours didascalique sur la peste dans les traités médicaux de la Renaissance: rationaliser et/ou inquiéter,” *Réforme, Humanisme, Renaissance* 70, no. 1 (2010): 103–112.

value of non-medicinal remedies against the disease and provided a critical overlap between administrative/ political and medical prophylaxis and therapeutic cures.

This was especially the case, Montagne argued, regarding the theme of water. Here, it was not only the plague that was metaphorised and analogised, but also the civic administrators and physicians who were often presented as the captains or pilots of a ship steering their passengers (patients) to safety (health) on a tempestuous sea.¹⁷⁴ Within the framework of this type of imagery, the tract writers portrayed the doctor and/or the civic authorities as experts who were able to control something that was otherwise uncontrollable. In discussing the role of magistrates in protecting citizens against the plague, for example, the surgeon Nicolas Habicot contended that “in contagious times, the magistrates must imitate the good pilot, [a necessity that] is strengthened by the fact that the peril is great for themselves and for others.”¹⁷⁵ The same theme reappeared in a number of other tracts. Montagne pointed to these metaphors and analogies as part of the tract writers’ efforts to bring order and coherence to a problem that otherwise generated fear, irrationality, and psychoses.¹⁷⁶

The plague itself assumes bodily characteristics in Montagne’s analysis: Nicolas de Nancel, for example, equated the symptoms and signs of the plague with the “chambermaids and servants who assist and accompany Madame [the plague].”¹⁷⁷ The tract writers also depicted physicians and magistrates as authoritative leaders whose role was to save or protect a community facing potential destruction. The “animalisation” of the plague also accorded with the ways that

¹⁷⁴ Véronique Montagne, “Le navire et l’île des temps pestilentiels : d’une analogie rhétorique à ses implications pragmatiques dans le discours sur la peste à la Renaissance,” in *Fert’iles 2. L’Occupation littéraire des sols insulaires*, ed. Jacques Isolery (Bastia, France: Stamperia Sammarcelli, 2014), 139–54.

¹⁷⁵ “En temps contagieux Messieurs les Magistrats doivent imiter le bon pilote, lequel se roidit d’autant plus qu’il iuge le peril estre grand pour soy & pour l’autrui.” Nicolas Habicot, *Problemes svr la natvre, préservation et cvre de la maladie pestilentielle* (Paris: Iean Hovzé, 1607), 61.

¹⁷⁶ Montagne, “Le discours didascalique sur la peste.”

¹⁷⁷ “[ces] accidents, adjoints, ou circonstances, [...] sont les symptomes horribles, desquels comme de chambrières & servantes, Madame est assistée & accompagnée.” De Nancel, *Discours tresample de la Peste*, 15–6.

Protestants were cast as animals and as diseased in Catholic texts.¹⁷⁸ Montagne did not, however, make a link between any of these metaphors or analogies and the fact that most of the tracts that she examined appeared during the tumultuous years associated with the Wars of Religion and the political discord that accompanied them; she thus did not recognise that some of the anthropomorphising of the plague and the leadership roles assigned to the magistrates and the physicians were in fact comments on the wider body politic. The association between the diseased body and disorder in the Christian social body has already been noted above for tract writers like de Nancel and Claude de Rubys, both of whom engaged in discussions about religious turmoil and its association with the plague. Similar types of commentary on the diseased state of the French body politic can also be teased from other tracts written around the same time.

Esaie le Lieure, a surgeon from Vermandois in Picardy, dedicated his 1582 plague treatise to Jean-Louis de Nogaret de La Valette, one of the most favoured noblemen in King Henri III's court. A staunch Catholic, de La Valette participated in several battles against the Protestants in the 1570s and before the end of the decade had earned a central role in Henri's entourage. From its beginning, Henri's reign (1574–89) was marked by serious religious, political, and economic problems. His authority faced constant challenge from political and religious parties that were supported by foreign powers. Dynastic contest, conspiracies, and political discontent arose from within his own family, and his relationships with the old noble families, the wider court, and the Parlement were strained, confrontational, and adversarial.¹⁷⁹ The tight intertwining of religious dissension, dynastic factionalism, and military action led, in 1576, to the Edict of Beaulieu that granted considerable power to Henri's brother François d'Alençon (now Duc d'Anjou and a

¹⁷⁸ Brenot, "La Peste soit des Huguenots."

¹⁷⁹ Mack P. Holt, "The King in Parlement: The Problem of the *Lit de Justice* in Sixteenth-Century France," *The Historical Journal* 31, no. 3 (1988): 507–23.

Protestant supporter) and significant concessions to Huguenots. Peace was short-lived, however, as the Estates General rejected the edict and conflict once again ensued between Catholics and the Protestant forces led by the Duc d'Anjou and Henri's brother-in-law and cousin, Henri de Navarre (later Henri IV). Another direct by-product of Edict was the emergence of the Catholic League (*La Ligue*). Several further treaties and edicts followed in 1577 and 1579, leading to a reduction in the privileges accorded to Protestants and their rights to practice their faith. Throughout all of this, the economy stagnated and the kingdom's political and administrative management suffered.

Dispute and confrontation between the crown and the Parlement had existed long before Henri III's reign, especially on economic and administrative issues, but the explosive addition of religious tensions by and after 1559 greatly exacerbated the poor relationship. As Mack P. Holt has noted, despite the apparent initial willingness of the crown (or rather, the regency until 1563) to accommodate Protestantism, "[to] the *parlementaires*, [Protestant] heresy...threatened the political and social order; in their view, protestantism and revolution went hand in hand."¹⁸⁰ The *parlementaires* actively resisted the monarchy's implementation of peace edicts, viewing such royal religious policy as a direct threat to the established order. Bitter quarrels ensued over the respective roles of the crown and the court in developing and implementing legislation. While the primary issue underlying these quarrels had by this time become religious accommodation, Catholic peasant uprisings in the early 1560s, fuelled by economic and social grievances, further added to growing and widespread disorder. By the time Henri III assumed the throne in 1574, the French body politic was in crisis.¹⁸¹

It is in this historical context of political discord that plague tracts appearing in the second

¹⁸⁰ Holt, "The King in Parlement," 516.

¹⁸¹ Holt, "The King in Parlement," 522; J.H.M. Salmon, *Society in Crisis: France in the Sixteenth Century* (New York: St. Martin's Press, 1975); Davis, "Rites of Violence."

half of the sixteenth century must be read. Le Lieure opened the address to his readers by explaining that only two things could bring down a monarchy: war and plague. Civil wars were as dangerous as foreign wars, he said, and when combined with plague, they could bring utter destruction. After providing several historical examples, Le Lieure noted that it was not necessary to look to the past to understand such miserable events, since France was currently in the midst of one of its own. “For the past five or six years,” he said, “Paris, the very heart of France, can render faithful testimony of the inconvenience and loss that the cruel contagion brings...and those who live there are plunged more and more into it” while the wars continue.¹⁸² To fight the disease, he pointed out, it has been necessary to employ a number of “excellent and tranquil” persons to erase from the hearts of men their regrettable tendency toward discord and war and to emphasise the utility and benefits of peace.¹⁸³

In Le Lieure’s mind, one such man appears to have been de La Valette, the duc d’Épernon and First Gentleman of the King’s Chamber. Although Catholic, de La Valette did not support the Catholic League and worked instead to unite moderate Catholics and Protestants in support of the royal state. He also acted as a liaison between Henri III and Henri of Navarre, and was in many respects, like the jurist and political philosopher Jean Bodin, a *politique*: favourable towards a strong monarchy and religious toleration to ensure peace and security.¹⁸⁴ Henri III was also a *politique* in some respects, but lacked the military clout and power to take on both the Catholic and Huguenot causes. Moreover, his belief that he held absolute legislative power,

¹⁸² “...depuis cinq ou six ans, la France au cœur de laquelle...la ville de Paris, peult rendre, fidel tesmoignage, de l’inconuenient & perte, quelle a souffert, par sa cruelle contagion...les hommes y sont demeurez plongez de plus en plus...” Esaie Le Lieure, *Epydimyomachie ou combat de la peste avec le reglement Politique* (Paris: Robert Coulombel, 1582), A6r–v.

¹⁸³ “...plusieurs excelents personnages, curieux, du repos, & tranquillité, de l’esconomye humaine, ce soient employes pour arracher, & effaßer, du cœur des hommes, ce facheux caractere, de discorde, & mauuaise plante de guerre, publiant par tous aux oreilles de chacun, la douceur, benefice, & vilité, de la paix.” Le Lieure, *Epydimyomachie*, A6v.

¹⁸⁴ On de La Valette, see in particular Véronique Larcade, “Jean-Louis Nogaret de La Valette, duc d’Épernon (1554–1642): une vie politique” (PhD diss., Paris-IV Sorbonne, 1995).

could publish edicts against the will of the magistrates, and could assert his will on an unwilling Parlement set him at odds even with the other *politiques* within the Parlement. This led to a number of confrontations over religious and fiscal policy.¹⁸⁵ A serious and widespread outbreak of plague in 1581, military defeat by the Spanish in July 1582 during the War of Portuguese Succession, Henri's inability to produce an heir (and indeed his sexual preferences), and his lavish overspending added further to the sense of military, economic, and political catastrophe facing the French body politic.¹⁸⁶

Given his tightly intertwined discussion of war, discord, and plague, and his dedication to de La Valette, Le Lieure's statement that it was sufficient to declare how "one ought to govern himself during its [the plague's] reign to avoid its efforts" could be easily reread to mean managing the fallout of Henri's reign: how "one ought to govern himself during his [the king's] reign to avoid his efforts."¹⁸⁷ The kingdom and the French body politic would be better served, he suggested, if men like de La Valette served as "the sailor or pilot who takes charge of a ship to make it sail [safely] on the back of the sea." This is especially important when one needs good leaders who know how to "avoid the peril" and to defend the realm against "the impetuosity of the winds and the waves."¹⁸⁸ Le Lieure then took the discussion further, comparing the ideal leader not only to a ship captain successfully leading his passengers across a stormy sea but also to a provincial or municipal authority who effectively fought a war. This analogy related the fight against the plague to a fight against an enemy army. It also linked the safety of the human body against disease to the safety of the body politic against political enemies who work against

¹⁸⁵ Holt, "The King in Parlement."

¹⁸⁶ Jones, *Paris*, 124–6.

¹⁸⁷ "...il semble aujourdhuy, que...[il] suffit, pour en parler, de seulement declarer le moyen, comme lon se doit gouverner, pendant son regne, pour euter ses efforts." Le Lieure, *Epydimyomachie*, A6v.

¹⁸⁸ "le nauronnier ou Pilote qui prend la charge d'une nauiere pour le faire passer sur le dos de la mer...il sache oppugner, & deffendre l'impetuosit  des vents, & vagues, a celle fin d'euter le peril." Le Lieure, *Epydimyomachie*, B1r–v.

the kingdom's authority.

Le Lieure's description of death by plague also reflected contemporary descriptions of the failing body politic: immobility and destruction of central power/authority, corruption of the organs, and cessation of all faculties, property, and functions.¹⁸⁹ Productively fighting the plague—and hence restoring health to the body politic—required the use of “prudent medicine” to ensure that “each part maintains its proper temperament” and to “employ all necessary means” to expel offending humors.¹⁹⁰ In addition to suggesting a variety of medicinal powders, elixirs, drinks, perfumes, and pills to counteract and protect against the physical effects of the plague, Le Lieure also equated the need for personal order and regulation with policing and regulating the republic. Here again, he blended the health of the human body and of the body politic as being, if not one and the same, then at least heavily reliant on each other.¹⁹¹ The administrative activities noted by Jones in the tracts' political scripts were both engaged here in their normal sense and also reframed as acts designed to counter the wider political and religious discord that wracked the French kingdom: under the able leadership of a suitable “conductor,” informants were to be enlisted and deputised, disloyalty was to be punished, opponents were to be stopped and arrested, battles were to be fought and won, and enemies were to be exterminated.¹⁹²

Aside from de Nancel and de Ruby's tracts, Le Lieure's treatise provided the clearest discussion of concerns about the French body politic. Other writers hinted at it more obliquely.

¹⁸⁹ “abolition de tous mouuments, destruction & extermination accomplie du poincte parfaict, en son lieu & siege principal, & centricque, corruption des organes, cessation de toutes les facultez, proprietéz & fonctions...” Le Lieure, *Epydimyomachie*, B2v–3r.

¹⁹⁰ “prude[n]t medecin, pour aduiser si l'Econome de nature, n'est poinct viciée, & occupee par certaines humeurs, & si chacune partie est maintenue son temperament de poids, & iustice, sino[n] par tous moye[n]s s'employer a la restitution, & a l'euacuation des humeurs peccantes.” Le Lieure, *Epydimyomachie*, C1r–v.

¹⁹¹ “D'Aultant que cy apres nous ferons entendre l'ordre, & le moyen qu'on doit tenir au regleme[n]t, & police d'une republicque assaillie de la contagion pestilente...Pource que le moye[n] d'obuier & remedier, à la maladie en questions, co[n]siste non seulement, au fait de l'usage des medicaments: Mais fault ausly necessairement, qu'il y ait, une practique politique, pour regir, & policer vng chacun affin de repugner, à la contagio[n]: Apres auoir traicté de la cure, nous auo[n]s aduisé de declarer ce qui est requis, d'estre faict, pour le regleme[n]t de la police.” Le Lieure, *Epydimyomachie*, C4r, E2r.

¹⁹² Le Lieure, *Epydimyomachie*, E4–6.

In the 1568 edition of his tract, the royal surgeon Ambroise Paré wrote of the important role that human society played in separating man from animals and of its potential loss if people did not work together. He noted the practical ways in which the civil wars were linked to the plague: in Agenais in 1562, a large number of corpses were thrown into a well during a battle between Catholics and Protestants at the Château de Péna; a short time later, their noxious smell generated the disease.¹⁹³ He also reflected on the recent (1564) service that he had provided to the king and the king's mother (Charles IX and Catherine de' Medici) by travelling to Lyon. During that trip, he said, he witnessed "an almost universal corruption of the air" and "a great multitude of people dying of the plague" in many different places.¹⁹⁴ While he claimed that the king asked him to write down what he knew about possible remedies for the plague, his reference to "universal corruption of the air" might refer as well, if one reorients Margaret Healy's analysis to France, to increasing political and religious tension throughout the kingdom and its role in creating disease.

In the 1580 edition of the same tract, written in the aftermath of the St. Bartholomew's Day Massacre and the failed implementation of several accommodation edicts, Paré took this analogy further. Writing to the governors of Paris, he stated that without accord and harmony, human society could not exist anymore than a human body could exist without internal balance.¹⁹⁵ He

¹⁹³ "On a cogneu la corruption prouenant des corps morts au chasteau de Pène, sur la riuière de Lot, auquel lieu l'an 1562, au mois de Septe[m]bre, pendant les troubles premieres aduenues à cause de la Religion, fut ietté grand nombre de corps morts dedans vn puits profond de cent brassees ou enuiron, duquel deux mois apres s'esleua vne vapeur puante, que s'épandit par tout le païs d'Agenois et lieux circonuoisins, iusques à dix lieües à la ronde, dont plusieurs furent infectes de peste." Ambroise Paré, *Traicté de la peste, de la petite verolle & Rougeolle: avec vne briefue description de la Lepre* (Paris: A. Wechel, 1568), 13–14.

¹⁹⁴ "C'est à la verité la principale cause, que m'a faict escrire ce petit traicté de la peste: mais de l'auoir aduancé, est le seruice que ie doy à mon Roy, & à la Royne sa mere: laquelle estant en ce dernier voyage, qui fut l'an 1564, à Lyon, & voyant la disposition presque vnierselle de l'air estre corrompüe en plusieurs endroits de ce Royaume, & que vne grande multitude de personnes mouroyent de peste.." Paré, *Traicté de la peste*, A2v.

¹⁹⁵ "Meßieurs, il n'y a rien plus recommandable entre les hommes, que secourir l'un l'autre en sa neceßité. Et croy que cela a esté la principale cause de la societé humaine...autrement cest accord & harmonie n'eust peu consister, non plus que le corps humain ne pourroit viure, sans le mutuel secours que les parties d'iceluy se font l'une à l'autre." Ambroise Paré, *Traicté de la peste, de la petite verolle & Rougeolle: avec vne briefue description de la*

spoke of the need for “prudence and vigilance, which you use against all winds and tempests to effectively lead the helm of this great nave (that is, Paris), in which you are God’s lieutenants.”¹⁹⁶ Later in the tract, in a nod perhaps against the Catholic League, Paré, stated “Let us conclude, therefore, that plague and other dangerous diseases are testimonies of divine fury over the sins of idolatry and superstition which reign on earth. Let us know that the principal antidote against the plague is conversion and amendment of our lives.” Paré’s implicit support of *les politiques* comes through in his use of surgical metaphors elsewhere to explain how the health of the kingdom’s body politic—reliant as it is on accord and harmony—might be cured by being stitched back together: “to cure the wounds, the surgeon must propose a union of the divided parts...For that which is separated shows easily that it must be rejoined, since union is contrary to division.”¹⁹⁷

The assassination of Henri III in 1589 and the ascension of Henri IV led to a decade of siege, famine, and political instability in Paris.¹⁹⁸ Plague outbreaks also continued throughout the kingdom, which some tract writers attributed directly to the wars and political discord. A surgeon in Dijon, Jean Cassal, wrote in 1589 that all three of God’s scourges—war, famine, and plague—were well known in France. For twenty-seven years, he wrote, “we have worked non-stop at war.”¹⁹⁹ At the same time, the plague had spread throughout the kingdom, leaving not a single town or city untouched. The end of the Wars of Religion (signalled by the promulgation of the

Lepre (Paris: Gabriel Buon, 1580), A2r.

¹⁹⁶ “la prudence, & vigila[n]ce dont vous vsez contre tous vents & tempestes, pour bien conduire le gouvernail de ceste grande nef, ou vous estes lieutenans de Dieu.” Paré, *Traicte de la peste* (1580), A3v.

¹⁹⁷ “Concluons do[n]c que la peste, & autres maladies dangereuses, sont tesmoignages de la fureur diuine sur les pechés, idolatries & superstitions, qui reg[n]ent en la terre,...Sachons que c’est icy le principal Antidote contre la peste, que la conuersion et amendement de noz vies...” Paré, *Traicte de la peste* (1580), 7–8. “Le chirurgien pour la curation des playes se doit proposer une commune indication qui est union des parties divisées...Car ce qui est séparé montre facilement qu’il doit être rejoint d’autant qu’union est contraire à la division,” cited in Brenot, “La Peste soit des Huguenots,” 558. Brenot suggested that in an era in which heresy and war were tearing apart the French kingdom, Paré’s clinical language was “curiously ambivalent” about the health of the realm.

¹⁹⁸ Jones, *Paris*, 129–31.

¹⁹⁹ “Car depuis vingt sept ans nous en auo[n]s esté trauaillez perpetuellement.” Jean Cassal, *Traicté de la peste* (Lyon: Benoist Rigavd, 1589), 3.

Edict of Nantes in 1598) did not, however, bring an end to political intrigue and discord in France, just as it did not bring an end to religious struggle and rebellion. In his tract of 1599, Bordeaux physician Guillaume Briet blamed a plague outbreak in that city on the population's general lack of gratitude for the (ultimately temporary) peace that the "great Christian and valourous King" had finally re-established "as if miraculously, overcoming a thousand difficulties" after almost forty years of civil war. It was a level of peace unknown to many, and even the wild beasts were relieved; and yet, despite the growing prosperity and productivity that quickly followed (according to Briet), people remained intransigent in their evil opposition to each other and continued to engage in, or ignore, all sorts of terrible behaviours.²⁰⁰ Although Briet argued that the plague arrived as divine punishment for such ingratitude and ungodly behaviour, his explanation also suggested that, in this case, the kingdom's body had become so poisoned and plagued by hate and discord that even the best efforts of its valourous and revered head could not protect and save it from itself.

Colin Jones has noted that by the early modern era, the plague "carr[ied] hefty symbolic freight" and "came to signify...almost any kind of pestilence, epidemiological disaster, noxious prodigy or human catastrophe." Discourses on the plague "infected...the religious worlds...[and] languages of state."²⁰¹ The French government's success in keeping the plague out of Paris in 1665–7 and limited to the southern part of the kingdom in 1720–1 are particularly notable examples of the ways in which the state as a whole could emerge from a plague epidemic with some accolades for its administrative handling of an emergency. At a broader level, though, the

²⁰⁰ "Auisons, je vous prie, en quel heur nous estio[n]s constituez, qua[n]t apres mille & mille tormens, qu'auions souffert par les guerres ciuiles, qui nous auoient comme vifs desma[m]brez l'espace de trente cinq, à quarante ans, Dieu s'est seruy de nostre Tres-Chrestien & tres-valeureux Roy, comme par miracles, à surmonter vne miliasse de difficultez, de dangers de morts, pour restablir sur nous vne paix, telle que noz ayeuls & bisayeuls n'en ont jamais resenty vne semblable. En sorte que tous estats viuoient en paix & repos, les bestes mesmes en resentoie[n]t du soulagement..." Guillaume Briet, *Discours sur les causes de la peste suruenue a Bourdeaux, cest an 1599 avec la preservation & curation d'icelle* (Bordeaux: Millanges, 1599), 10–11.

²⁰¹ Jones, "Languages of Plague," 47.

state—as the conceptual, territorial, and metaphorical embodiment of the Christian social body or the civil body politic—fared more poorly. Political and religious upheaval continued in one form or another in both England and France well into the seventeenth centuries, and the national social bodies and bodies politic continued to be cast as diseased and disordered by literary and political writers. They started to lose their associations with the plague, though, as tract writers turned their thinking to the idea that “the Plague [is not] a Native here, but the Growth of the Eastern and Southern Parts of the World.”²⁰² Once the plague’s purported origins were firmly redirected towards the eastern Mediterranean, the specific kinds of political and religious discord that had caused Nicolas de Nancel to look dishearteningly upon the state of France’s head and heart had already moved into the past.

Conclusion

Margaret Healy’s analysis of Thomas Lodge’s 1603 plague tract has noted that Lodge’s work is “steeped in layer upon layer of classical, biblical and native myth-making...[and presents] an eclectic soup of competing and complementary narratives that shapes the cultural imaginary and ultimately determines the ideological appropriations of bubonic plague” in the sixteenth and early seventeenth centuries.²⁰³ Healy was primarily interested in the ways in which the “plaguy” body was deployed for political purposes, in particular to pass judgement first on England’s political and economic elites and then on its poor as the source of disease (the former for their discreditable extortion, the latter for their unruliness). In both cases, it was particularly the social system’s disarray that caused “ideas about the physical body’s conditions of unity [to

²⁰² Anonymous. *Some Customs Consider’d Whether Prejudicial to the Health of This City...* (London: for Eman. Matthews, 1721), 4.

²⁰³ Healy, *Fictions of Disease*, 51.

be] called into play in an attempt to address problems and to re-establish order.”²⁰⁴ In this sense, Healy’s work fits neatly with previous studies by Carole Rawcliffe, Samuel Cohn, Andrew Wear, Christiane Nockels Fabbri, Colin Jones, Ann Carmichael, Paul Slack, and others who have clearly demonstrated the ways that causal explanations of the plague were politicised during the sixteenth century and reflected contemporary anxieties about issues of urban disorder, poverty, and vagrancy.²⁰⁵

Healy also engaged, although rather more indirectly, with the ways in which body politic constructs were invoked primarily by Protestant reformers and Catholic defenders who re-imagined the breaking down of social, religious, and political order as the infection, decay, and ultimately death of the human body. The Catholic physician Thomas Phayer’s plague tract, Healy noted for example, appeared to equate contagion in the human body with the contagion of Lutheranism that was spreading through English society by the mid-sixteenth century.

This chapter has approached plague tract writers’ adoption of the diseased social body/body politic metaphor from a somewhat different perspective. Instead of focusing, as Healy did, on fears of “social infection” coming into or spreading within the communal body, this chapter has looked more to the body politic metaphors as they were used in contemporary political advice literature as a way to unpack and deconstruct what treatise authors had to say about the ill health of their civil bodies.

Especially during the tumultuous years that spanned the Reformation/Counter-Reformation and the Civil/Religious Wars in England and France, tract writers struggled to explain and discuss the ways in which plague outbreaks were intimately tied to social, political, and religious

²⁰⁴ Healy, *Fictions of Disease*, 189.

²⁰⁵ Rawcliffe, *Urban Bodies*; Cohn, *Cultures of Plague*; Wear, *Knowledge & Practice*; Fabbri, “Continuity and Change;” Jones, “Plague and Its Metaphors;” Ann G. Carmichael, *Plague and the Poor in Renaissance Florence* (Cambridge: Cambridge University Press, 1986); Slack, *Impact of Plague*.

discord. The work of some of these writers has been noticed already: de Rubys' tract, for example, has been studied for what it reveals about ritual violence during the French Wars of Religion.²⁰⁶ For the most part, though, the body politic commentaries in the tracts have passed unnoticed in the historiography because these remarks are often embedded deep into the texts and are framed with decidedly medical terminology. Rather than reading the treatises as medical works first, this chapter has untangled some of those commentaries about dysfunctionality in the "heads and hearts" of the English and French kingdoms and brought them to the fore. In place of seeing continuity and similarity in the tracts, this chapter has offered an addition to the historiography that emphasises context-specific changes and differences in how contemporaries understood the plague as an indicator of disease within the civil body. It first explored how tract writers spoke about dysfunctionality in the Christian body social, and then deconstructed their more elusive remarks on the diseased body politic. It has done so by applying the third and final axis of the new analytical method that combines a comparative, deep textual reading methodology with a bibliographic analysis of the evolution of particular plague tracts.

Using this approach has shown that it was not only the "sin of heresy" or "popish idolatry" that rendered social bodies/bodies politic disordered and diseased in the minds of tract writers. These authors also addressed the ways in which royal and political leaders (mis)managed the kingdoms' affairs, engaged in destructive dynastic factionalism, and allowed (or even encouraged) religious and political dissension to evolve into outright warfare. The historiographical tendency to link discussions about the plague to dysfunctional civil bodies only during the second half of the sixteenth century misses the important observations that tract writers made both before the beginning of the Reformation and after the end of the French Wars of Religion. This omission results partly from the historiographical emphasis on the use of

²⁰⁶ Semmens, "Plague, Propaganda and Prophetic Violence."

plague metaphors only in personal situations of religious discord: Catholics versus Protestants and Protestants versus Catholics. Such discord is abundantly evident in polemical discussions about the failing health of the religious body social in both England and France, although recognition of it in plague tracts is still in its early stages. The over-focus on religion has meant, though, that the dialogues and annotations that concentrated more on the perceived relationship between dynastic factionalism or other political mismanagement and epidemic disease have been overlooked.

The other historiographical weakness in this regard has been the focus on printed texts and the tendency to emphasise a period of history that “begins” after the Reformation was already underway. It is true that the majority of plague tracts that contained direct body social/body politic metaphors appeared during the five or so decades of the later sixteenth/early seventeenth centuries and most did focus on religious dissension. This chapter has demonstrated, though, that some of the most interesting and backhanded analogies about diseased bodies politic come from the later 1400s and in manuscript, almost half a century before serious concerns arose about religious reform. Even those tracts that came out of the French Wars of Religion made critical comments about political dysfunction beyond issues strictly of religion.

The chapter also reveals the ways in which English authors—and, importantly, also some printers—adapted older Continental tracts to incorporate contemporary commentary about bodies politic. George Keiser’s insightful analysis of Thomas Multon’s late fifteenth-century religious reworking of John of Burgundy’s fourteenth-century tract provided a useful starting point in this regard, but did not sufficiently address the relationship of the tract to its multiple historical contexts. This chapter has shown clearly that each time the tract “reappeared” in a substantially revised version and format, it did so as a new textual object that was responding to

a different set of religious, political, social, and epidemiological concerns about the body politic. John of Burgundy's social and political concerns were not Thomas Multon's; nor were Multon's socio-religious and political concerns the same as those of Robert Wyer and the subsequent printers who produced new editions of his tract. Each producer incorporated references to his own contemporary issues into the tract, and did so in a way that reflected a historically-bound understanding of the plague and concern with its link to the body politic.

Even Healy's analysis of the tracts attributed to Thomas Lodge (1603) and Thomas Phayer (1543)—and her decoding of the oblique references that each makes to religious discord—neglected those treatises' former lives in manuscript (and later in print) in which critical comments on the French social body or the body politic were notably absent. This chapter has noted that English tract authors appear to have been discussing their concerns about the health and order of their kingdom within the plague tract framework long before their French counterparts did. That they did so largely through the medium of translated and adapted tracts for more than a century, rather than through original texts, is a significant bibliographical and literary point that has been insufficiently acknowledged and addressed in the historiography.

Despite the historiographical tendency to assume that plague tracts were primarily or solely about the plague (the disease), then, this chapter has offered a different interpretation that shows them also acting in particular places and times as vehicles for harsh commentary on the state of the kingdoms' bodies politic. Figure 27 highlights the major time points in the genre's role as social critic.

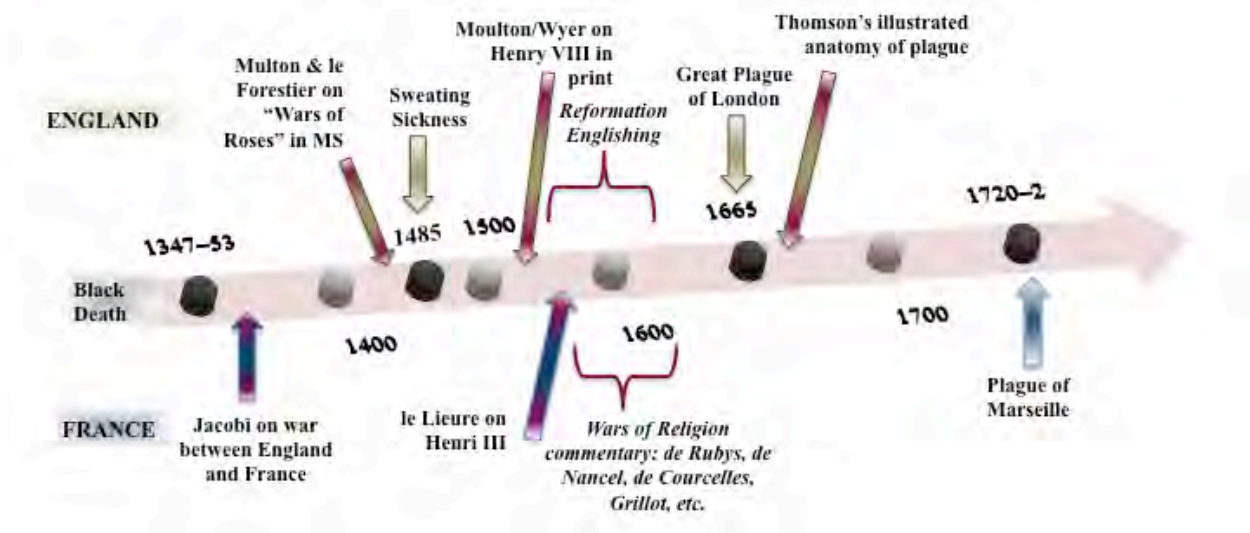


Figure 27: Major points in the discussion of bodies politic in English and French tracts, 1348–1722

The tracts' integration of deeper political and religious matters suggests, as other scholars have previously noted, that plague tracts might well have been intended, on the one hand, for “entertainment” purposes rather than simply for medical edification or, on the other hand, “to alter the thoughts and actions of readers.”²⁰⁷ In some cases, the vested interests of the author or printer are clear, but often they are not, couched instead within medical language that is peppered with metaphor, allusion, and symbolism related to perceptions about the current state of the author's kingdom or state.²⁰⁸ In very few cases did these additional commentaries on the social body/body politic replace, or even outweigh, the larger, more general intention of the tracts, which was to inform readers about the nature of and treatment for the plague. Even so, their existence underscores the ways in which the authors constructed an understanding of the plague that was predicated on discord at the social level, rather than simply within the human body.

²⁰⁷ Rebecca Totaro, trans. and ed., *The Plague in Print: Essential Elizabethan Sources, 1558–1603* (Pittsburgh: Duquesne University Press, 2010), xi. George Keiser suggests that while medical and scientific texts sponsored by aristocratic patrons were often practical, they also “clearly address a wider range of interests, including a desire for entertainment.” *Works of Science and Information*, vol. 10 of *A Manual of the Writings in Middle English, 1050–1500*, (New Haven: Connecticut Academy of the Arts and Sciences, 1998), 3595.

²⁰⁸ Healy, *Fictions of Disease*, 97.

Claudia Stein's recent work on early modern pox diagnoses has pointed to the necessity of reading texts like plague tracts closely enough to draw out the mutual influence of medical discourses about disease and religious and political responses to it.²⁰⁹ Extrapolating further from her work suggests that looking past their formulaic response-remedy components reveals that some plague tracts contain commentary that extends even beyond Colin Jones's three "plague scripts." By applying the third axis of the new analytical model here, this chapter has emphasised and augmented Jones's recognition that "other things are taking place within these texts" and that the plague "could be used to talk about...wider social concerns and cultural preoccupations."²¹⁰ Unpacking commentary on the body politic highlights the fact that the tracts' utility as primary historical sources extends quite far past what they reveal about changing conceptions of the nature of epidemic disease and how it should be prevented and treated. It also demonstrates that the tracts played a role in producing knowledge about the plague that linked the disease in the human body to the disease that infected the social and political bodies in which the authors lived.

²⁰⁹ Claudia Stein, "'Getting the Pox': Reflections by an Historian on How to Write the History of Early Modern Disease," *Nordic Journal of Science and Technology Studies* 2, no. 1 (2014): 56–7.

²¹⁰ Jones, "Plague and Its Metaphors," 108, 101.

CONCLUSION

REWRITING THE PLAGUE

This dissertation sought to uncover continuity and change in the production, materiality, and non-formulaic contents of a specialised genre of medical literature known as plague tracts. These treatises first appeared in 1348 as university-trained physicians attempted to explain and provide rational prevention and treatment advice for the devastating effects of the Black Death. Just as the disease then reappeared in a series of regular, often-localised epidemics over the following four centuries, so too did an increasingly wide range of tract producers—authors, copyists, translators, adaptors, and printers—continue to publish hundreds, if not thousands, of largely similar treatises. The threat posed by the plague did not subside, and neither did the need to understand it. For the majority of tracts that emphasised medical rather than religious aetiologies and remedies, the genre’s core structure, layout, and advice remained largely unchanged for almost four hundred years.

However, the societies within which the tracts appeared did change. This dissertation has focused on identifying and unpacking the ways in which social changes—both incremental and transformative—influenced and are reflected in those features of the genre that did not stay the same over time. It has also addressed the ways in which these differences affected the production of local knowledge about the plague. Through a comparative study of more than 180 tracts produced in England and France between the mid-fourteenth and early eighteenth centuries, this study has demonstrated that plague treatises increasingly reflected local social and cultural concerns beyond the plague: they came to mirror, at least to some degree, the divergent socio-political-cultural systems of the nations in which they were produced.

By focusing too much and for too long on plague tracts’ formulaic medical contents, scholars have presented these historical sources, and their subject matter, in an undeservedly

narrow manner. Re-examining plague tracts through a new, interdisciplinary analytical method that combines close textual and pictorial reading, detailed bibliographic and codicological scrutiny, and deeper historical contextualisation has opened the door to a more fruitful examination. Taking a long and broad approach to plague tracts, and comparing their production and unique contents highlights the diverse portrayals of the plague that appear within them. The long chronological timeline and the England—France geographical comparison used here is unique in plague treatise scholarship, and allows the distinctive features of English and French discourses about the disease to be identified and teased out.

Revisiting the three tracts that were discussed in the opening pages of this dissertation through a second set of quotations highlights many of the key findings presented here.

Therefore, in fact, it was chiefly due to the influence of the celestial bodies [in 1345] that the air became corrupted and the pestilential effects appeared...[and] infected many. — John of Burgundy, Liège, c.1365¹

It was only right that since Paris, the head and heart of France, was suffering, all of the other members and dependencies [of the kingdom] should also suffer. Being the centre, it distributes its misfortune to the whole circumference; this is just like in times past when it was flourishing and sent forth its goods, gifts, and favours both for the proper regulation of justice, and also for all the good arts, sciences, and disciplines and for trade. — Nicolas de Nancel, Tours, 1581²

From all that has been said, it appears, I think, very plainly that the *Plague* is a real Poison, which being bred in the Eastern or Southern Parts of the World, maintains itself there...chiefly owing to the Negligence of the People in those Countries, who are stupidly Careless in this affair... — Richard Mead, London, 1720³

John of Burgundy's tract discussed, in hindsight, his belief that the widespread Black Death had

¹ "...dont it aduient q[ue] par le influence des corps s[u]r celesteaux causeeme[n]t & de fait, li-airs soit de piece a corrupus & effect pestilencieux apparus...[& causa] le Infeccion de pluseurs." Jehan de Bourgoigne, "Cest la preseruacion de Epidimie," Paris, Bibliothèque Nationale, fonds français, nouvelle acquisition MS 4516 (c.1371), 97r.

² "Cestoit bien raison, puis que Paris, le chef & cœur de la France, patissoit; que tous les autres membres & dependa[n]ces souffrissent...qu'estant comme le centre, il enuoyast par toute la circonference, & distribuast de son malheur; comme iadis florissant, il departissoit de ses bie[n]s, dons & faueurs, tant pour le bon reglement de iustice, comme de toutes bonnes ars, sciences, & disciplines; comme aussi de ses marcha[n]dis & traffique." Nicolas de Nancel, *Discours tresample de la Peste* (Paris: Denis du Val, 1581), 4.

³ Richard Mead, *A Short Discourse Concerning Pestilential Contagion and the Methods Used to Prevent It* (London: Sam. Buckley and Ralph Smith, 1720), 18.

been caused by a malevolent astrological conjunction that had left behind local relics that were likely to re-erupt. The subsequent local outbreak that he discussed thus occupied a place on a short timeline that he expected would continue into the future. In this sense, John of Burgundy's tract was much like those written by better-known authors. The earliest tract authors in France were most commonly associated with university medical faculties and/or royal or papal courts. This lent great authority to their contents. Those writers whose positions carried the highest level of prestige—the Faculty of Medicine in Paris and Johannes Jacobi, the chancellor at the University of Montpellier, for example—saw their tracts disseminated the most widely. John of Burgundy's tract from Liège, by contrast, did not circulate widely in Continental Europe.

In England, the story was very different. Here, John of Burgundy's work was the most commonly reproduced plague tract throughout the fourteenth and fifteenth centuries. English writers' long reliance on Continental works pre-empted the production of treatises that responded and reacted directly to local experiences until the turn of the sixteenth century. French King Charles V owned an elaborately illuminated copy of this tract, and this may have contributed to its perceived authority. But it is a shorter version in which John of Burgundy's identity has been obscured—perhaps deliberately Englished—that survives in the greatest number of copies in England. In this case, it was perhaps less the actual prestige of the author that mattered than a sense of national affinity that was created to link his work to England, even if that affinity was fabricated. The tract was further Englished by doctors in Oxford who readily claimed it as their own, and by other local copyists and adapters who inserted their own names but kept the rest of the text largely intact. When a printer published a heavily adapted edition of the tract in the 1520s, he did so under a different author's name, in a new layout and format, and with particularly local references inserted about the religious and political turmoil that surrounded

King Henry VIII's divorce. In just over one hundred and fifty years, John of Burgundy's discussion of malevolent conjunctions, human disease, and the plague's short history had evolved into a pointed commentary on local high-level societal discord.

Nicolas de Nancel wrote his late sixteenth century tract specifically for the people of Tours to explain an outbreak that tore at that city in the midst of France's Wars of Religion. For de Nancel, the plague was both a human disease and a clear sign of the declining health and order of his kingdom. Warfare and religious and political factionalism ran rampant. This disease did not erupt locally from astrological malignancies or terrestrial stagnation. Rather, it had emerged from the disordered heart of the city of Paris and then spread throughout the kingdom by human endeavour, much like everything else did at the time.

As a humanist, de Nancel drew from descriptions of past epidemics found in manuscripts that had been carried to Western Europe by *émigrés* after the fall of Constantinople in 1453. He tentatively situated the plague outbreak that he faced in Tours within an early interpretation of the plague's historical and geographical origins that was much different than earlier writers had been able to consider.⁴ His successors then built upon, expanded, and extrapolated from his chronology. In doing so, they contributed to the construction of early modern accounts of the disease's long history and broad geography that in turn fed into later historiographical narratives.

When Richard Mead penned his tract in 1720, plague was raging in Marseille but had been absent from London for more than fifty years. This long absence suggested to Mead that the plague could not possibly have been endemic in England, despite the kingdom's centuries-long history with the disease. Rather, he argued, it had always been imported from the outside. Turkey was the most likely original source of the plague because its climate, its landscape, its

⁴ Religious writers from the time of the Black Death had drawn on biblical analogies, but the spread of humanist approaches and access to newly available historical texts allowed tract authors to discuss current outbreaks in the context of recorded epidemics of the past.

foreignness, its cotton exports, its ongoing epidemics, and its inhabitants' perceived fatalism and lack of public health measures in the face of disease contrasted so sharply (in Mead's mind) with the healthiness, hardiness, orderliness, and rationality of England and its people. Much like de Nancel had done, Mead situated the plague within the context of a kind of social disorder; to Mead, though, this disorder now lay outside rather than inside his own homeland, in a place that had formerly posed a military threat but that now posed a health threat.

Digging deeper into the particular historical contexts in which tract writers in England and France lived, and into the divergent production practices through which they disseminated their works, has shone a light on the many important, specifically local differences that exist in these works. These differences reflect allusions to events, persons, or belief systems that might have been comprehensible only to a specific, local audience at a particular moment in time.

This is not to suggest that all tracts included insightful comments about their authors' beliefs concerning the place and role of plague in the world. The tracts *were* formulaic and contained essentially the same explanations and remedies, regardless of where and when they were produced. Nevertheless, the majority of treatise authors examined for this study did step outside, or around, the formulaic structure of the tract to address other issues. The narrow parameters of existing scholarship on the plague tracts is thus at odds with what can be gained with close reading, historical context, and material analysis. When the tracts are examined from a perspective that is not obscured or hindered by long-held assumptions about the continuities and similarities in their style or format, purpose, and contents, it is evident these works are not all static, redundant productions that could easily be swapped one for the other. As Colin Jones has noted, "the plague text was emphatically more interesting and revealing than its innocent, arid,

infra-literary text character appears to suggest.”⁵

The ways in which local knowledge is generated is contingent upon time and place. Writing about the influence of recurrent plague outbreaks on the development of English prose satire, William Kerwin has said that “changes in the social world produce[d] changes in the lived nature of” the plague. Confronted by recurrent outbreaks, he argued, writers “employed plague-related narratives...to further their narratives of protest and complaint, and in doing so they reshaped a part of the literary culture.”⁶ Just as the accumulation and evolution of plague experiences reshaped national literary cultures, so too did the evolution of socio-religious, technological, intellectual, and geo-political experiences reshape plague treatises. It is important to consider the individual tracts on their own merits, in the particular historical moments and places of their creation, dissemination, and reception. Broader societal-level changes influenced how people perceived the world around them and directly shaped the dialogues that the tract authors were having with their readers (or, as Jerome McGann has suggested, how the authors “recreate[d and how] they ‘stage[d]’” their world for themselves and for their readers.⁷)

Plague tracts were—in many respects—expressions and direct reflections of the short- and medium-term historical waves in which they appeared. The many examples discussed here show, for example, that it is possible to trace through the treatises a shift from the idea of a united, universal Christendom to one of “nationalist” sentiments and state-building—predicated on locally-specific cultural identities, political institutions, and religious practices—to the emergence of vast imperial realms. Whereas the earliest tract writers blamed “universal disorder”

⁵ Jones, “Languages of Plague,” 46.

⁶ William Kerwin, “Writing the Plague in English Prose Satire,” in *Representing the Plague in Early Modern England*, ed. Rebecca Totaro and Ernest B. Gilman (New York: Routledge, 2010), 37.

⁷ Jerome J. McGann, “Visible and Invisible Books: Hermetic Images in N-Dimensional Space,” *New Literary History* 32, no. 2 (2001): 287.

for the Black Death,⁸ local (national) political, religious, and disorder had become the culprit by the late fifteenth and early sixteenth centuries. In this case, plague arose in and was spread both by the tumult that accompanied attempts to forge the national state and through those people whose bodies and actions ran contrary to what was perceived to be the appropriate “national identity.” After the mid-seventeenth century and into the eighteenth, blame shifted yet again, and plague was carried on and within bodies and commodities imported from elsewhere. This time, it was the Eastern Mediterranean in particular that was to blame, where religious, political, and epidemiological differences set the Ottoman Empire clearly apart from nascent European imperial projects in whose core the plague was slowly retreating. The spaces onto which tract writers wrote the disorder on which they blamed the plague—universal, local/national, foreign—thus corresponded, albeit in a somewhat delayed fashion, with the evolution in thinking about the communities to which they belonged: a universal Christendom, an emerging state, a trans-polity empire.

Plague tracts also responded to contemporary evolutions in cultural practices and worldviews. The Reformation and Counter-Reformation were widespread, regional movements that had incredibly local implications on the development of plague tracts. They brought tremendous changes in the role, meaning, and significance of religion that affected all levels of and practices in society, including medicine. Reformation and Counter-Reformation ideology and rhetoric, heated and often violent debate, and decidedly religious explanations for the plague appear in the plague tracts particularly during the more tumultuous years of the sixteenth

⁸ P.J.P. Goldberg has cautioned that “If the plague was ‘universally understood’ as divine punishment for sin in society, it may be that the perspective of the legislators, drawn primarily from the landed elite, and the chroniclers, an educated and predominantly clerical cadre whose sympathies lay with the ruling order of society, represents only one interpretation of that sin...[in the case of England, that of a] conservative, London-minded view.” This points to the critical importance of knowing who the tract writers were: not simply a generic cadre of writers, but individuals with political and religious sympathies that were played out through their treatises. P.J.P. Goldberg, “Introduction,” in *The Black Death in England*, ed. W.M. Ormrod and P.G. Lindley (Stamford: Paul Watkins, 1996), 10–11.

century, before disappearing again in the second half of the seventeenth century. The appearance of new and radical changes in medical theory and practice during the same turbulent era likewise brought change—and also heated debate—even to the apparently stable prevention and cure sections of plague tracts.

The rise of humanist natural philosophy and science generated a new esteem for both history and geography as branches of learning and of knowledge that had a longer-term influence on plague tracts. The significant increase in published works on ‘*historia*’ and ‘*geographia*’ after the fifteenth century—and the increased production of narratives based on travel abroad for both antiquarian and cosmographical pursuits—are a testament to growing interest in these topics, not only among erudite readers but also among the broader reading public. The treatise writers were somewhat delayed in their uptake of humanist principles and approaches, but by the later-sixteenth century significant changes began to appear in both the contents and style of plague tracts. The inclusion of “ancient” sources enabled tract authors to talk about major recorded outbreaks of the past. The broader consideration of other places also facilitated comparisons of outbreaks from one city or country to another. And the turn to a more narrative style of writing allowed for longer discussions of (and digressions about) issues of local interest and concern that had little—on the surface—to do with disease epidemics.

The dissertation has also pointed to important phenomena in the evolution of plague epistemology. First, as the tract audience became increasingly familiar with the disease, historically-specific information about the disease became less necessary and plague knowledge became both vernacularised and localised. Historical knowledge was an integral part of medieval medicine: the early plague treatise authors had specifically attempted, and some openly remarked on their failure, to link the Black Death to historically-known medical facts. Yet already by the

fifteenth century the recently acquired historical references about the “universal” plague were, in a sense, stripped out of the plague tracts because recurrent, localised outbreaks made such historical links increasingly less relevant. Second, by the early fifteenth century, people’s participation in and shared experience of a world with plague meant that some of the body of accumulated knowledge about the disease could be excluded from the tracts because both writer and audience were sufficiently familiar with contextual references to “the mortality” or “the pestilence” to know what was being discussed. This reflects what Walter Ong calls “residual orality” and suggests that the orality of plague knowledge far exceeded its textual counterpart.⁹

Third, increased familiarity with the disease and its symptoms, coupled with the at-most cursory mentions of later outbreaks in the lay sources, points to an emerging recognition that the plague had become what is now known as endemic—or, more properly, enzootic because humans are not long-term carriers or hosts of the disease. Guy de Chauliac wrote his tract in the early 1360s “in case” the disease returned; by the end of the century, writers commonly used the phrase “when pestilence reigns.” Textual references like these, and to the disease’s “traces” (as noted by John of Burgundy), indicate recognition that this particular disease was both different from other epidemics and that it returned or re-erupted with regularity. Fourth, evolving concepts and use of space, place, mapping, and geographical imagination—including in relation to nature, the environment, landscape, and geographical Otherness—also influenced contemporary perceptions of the spatial origin and spread of disease. These perceptions transformed over time in step with evolutions in geographic imagination, the map of the world, and territorial expansion/ colonisation; together, they contributed significantly to the shift of the plague’s origins from local to foreign. All of these phenomena are based, in part, on historical and geographical realities, but they also reflect changing contemporary political contexts from which

⁹ Walter J. Ong, *Orality and Literacy: The Technologizing of the Word* (London: Routledge, 2002), 41.

the evolution of plague epistemology cannot be separated. Figure 28 blends the key trends identified in each chapter to illustrate how all of these contexts played out in the tracts.

Two observations become immediately clear. First, the pace and direction of change differed between English and French tracts. Most of the trends related to authorship, printing, historical timelines, and naming the “places of plague” began in the French tracts long before they took hold in the English tracts. The two main content changes that appeared first in English tracts were the commentaries on the body social/body politic in the late fifteenth and early sixteenth centuries, and the identification of “Turkey” as the source of the plague in the mid-seventeenth.

Second, the period covering approximately the last quarter of the sixteenth century to the Great Plague of London in 1665 saw the most transformative sets of changes in tract contents in both kingdoms. This era witnessed the turn to history and the first “new” recollections of the Black Death and, eventually, of the First Pandemic. It observed authors’ early attempts to trace epidemic outbreaks as they advanced from one place to another, both domestic and foreign. The period marked the emerging tendency to blame the Ottoman Empire for both historical and modern outbreaks. It was also in this era that London became the site of disease in English tracts. While many scholars herald the last quarter of the fifteenth century as a key historical point of change because of the transition from manuscript to print, Figure 28 shows—as do the conclusions made throughout this dissertation—that print technology had less of a significant impact on plague tract contents than the spread of humanist ideas and modes of writing and the slow decline of the Ottoman Empire. The figure also demonstrates that Samuel Cohn’s linking of similar shifts in Italian plague tracts directly and solely to the pan-Italian outbreak of 1575–8 is incomplete. It is necessary to look beyond Italy and its plague outbreaks to explain changes in thinking and in writing that appear across Western Europe around the same time.

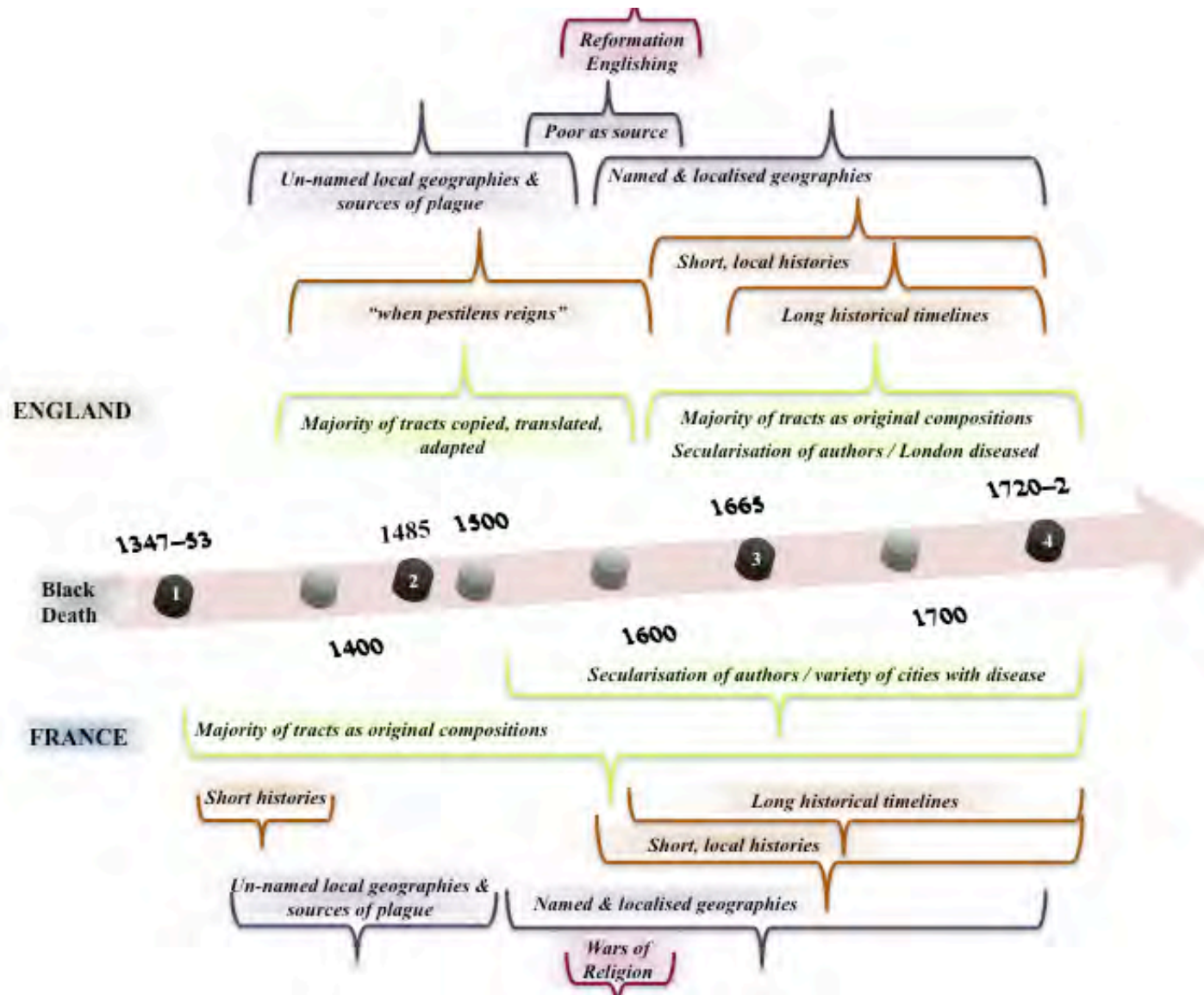


Figure 28: Summary of key trends, plague tracts in England and France, 1348–1722

The key strength of this project is the new vision that it presents of the plague tract. By shifting the focus from the tracts' medical contents to the people who produced them, this dissertation has recast the medical tract as a cultural tract. These treatises are not simply containers of static and timeless medical knowledge; rather, they act as witnesses to their authors' specific times and places and capture changing ideas about the world. The tracts offer, for example, the nascent beginnings of the Oriental plague myth: if historical plagues had emerged out of the Levant, English tract authors first argued, then all current ones must be coming from there as well, along with the military, religious, and commercial threats that the region posed to Western Europe. Between last great outbreaks in London in 1665 and in Marseille in 1720–2, a newly constructed plague mythology took hold that focused on the “foreign” Eastern Mediterranean as the disease's ancestral home. This story then became an integral component of all subsequent discussions about the plague. The plague, as later tract authors portrayed it, was no longer just a human disease that required remedial therapy; it was also a manifestation of disorder in the contemporary world. These primary sources thus reflect divergent perceptions of the plague that evolved in step with changing worldviews. As such, they offer to the history of medicine a window into how people perceived the world around them and where they believed that phenomenon of disease fit into that world.

The observations made throughout this dissertation are not, of course, limited to England and France. Further and broader comparative studies should bring into the mix tracts produced in the Holy Roman Empire, the Italian republics, Iberia, the Byzantine Empire, the Islamic caliphates, the Ottoman Empire, and elsewhere—as well as the treatises written by Jewish and Muslim authors in Europe. This would further elucidate the ways in which the broad evolutions and trends noted above intersected with purely local contexts to inform discussions of the plague

that were at once “universal” and “particular.” A more comprehensive comparison of plague tracts with other types of medical writing, whether on specific diseases or more broadly, would also point to the extent to which the evolutions noted in the plague texts are especially unique.

Additional questions may also be asked of the treatises studied here: Is it possible to identify who read and/or used these tracts and, if so, to what effect? Given France’s geographically dispersed print industry, what types of regional differences can be read in the tracts? Likewise, what differences can be distinguished in tracts produced in England, Scotland, Wales, and Ireland? Did the status of the printer—royal printer, guild-registered printer, or unregistered printer—affect the contents and/or circulation of the tracts? In what ways did changing understanding of the plague impact local actions taken to manage it? These questions are especially relevant when considered in light of the ways that the local places of disease were conceived of differently in England and in France. Much remains to be done—much more should be done—with the plague tracts, and this study serves as the launching point from which future research can be developed and undertaken.

The value of the analytical method developed for this study is likewise not limited to plague tracts. It provides an interdisciplinary framework through which the evolution of any textual object that has a long and broad life can be explored, in depth, from different yet interwoven perspectives. It offers the opportunity to examine “a book” in detail within its immediate contexts (primarily the English approach to book histories), to follow the transformation of that book across time and space, and to trace the panoramic development of an entire genre as it responded to long historical trends and broad geographical contexts (largely the French approach to book histories). The model addresses the book’s textual contents and its materiality together, arguing that studying one without the other loses sight of the very intimate ways in which a

book's materiality and production practices influenced its contents, and vice versa. It furthermore facilitates a broader comparative approach that illuminates the very different evolution of what historians may argue is "the same book" in different places, at different times, and/or influenced by different historical and geographical contexts. It stresses the impact that specifically local contexts had on the writing and producing of textual objects that have long been presented in the historiography as global because of their largely static structure and conventionally formulaic contents. In other words, it emphasises the "particular" over the "universal" but does not remove the book from its larger family tree.

Two decades ago, Ann G. Carmichael observed that the "proliferation of experts' plague treatises in the sixteenth and seventeenth centuries [in Italy]...occurred partly because one set of experiences about plague was not transferable to another locale. However generic medical and public health understanding might have been, plague's causes and meanings were attached to place, person, and the particular."¹⁰ Through its detailed exploration of almost two hundred treatises from England and France, this dissertation has reinforced Carmichael's observations and set them into a wider and longer context. Whether he wrote his own tract in anticipation of a universal outbreak, or penned one in the midst of an ongoing and local epidemic, or copied and adapted a much older tract to suit new historical and geographical contexts, each French and English tract producer represented a singular intersection of knowledge, belief, practice, experience, and context. This dissertation has attempted to tease apart some of these factors across linguistic, historical, and geographical boundaries to demonstrate continuity and change, and evolution and revision, in a long-lived genre of medical literature. Together, these tracts provide a unique window into personal stories of the plague and the ways in which writers,

¹⁰ Ann G. Carmichael, "The Last Past Plague: The Uses of Memory in Renaissance Epidemics," *Journal of the History of Medicine and Allied Sciences* 53, no. 2 (1998), 142.

copiers, translators, and printers attempted to set the disease into a framework of the world—local, national, universal—that was itself constantly evolving.



To this cause I have endeavoured to write this little regimen to aid, to succour, and to provide for everyone who is or may be taken and touched by pestilence. And whoever would like to read and understand without being bored more of what I have composed, would benefit more from doing so than they would from [reading] romances and chronicles where many often pass their time. And thus I put an end to this present regimen made and composed by [me]...¹¹



¹¹ “*A celle cause iay voulu escrire ce petit regime pour aider, secourir, et subuenir a vng chascun qui sera ou pourroit estre prins et touche de epidimie et pestilence. Et quiconqz se voudra lyre et entendre sa[n]s soy ennuyer plus que iay fait a lordonner il luy proufitera plus que romans ne croniques ou bien souuent plusieurs passent le te[m]ps. Et par tant ie metz fin a ce present regime fait et compose par maistre Thomas le forestier docteur en medecine.*” Thomas le Forestier, *Le regime contre epidimie* (Rouen: Jacques le Forestier, 1495), F8v.

APPENDIX 1 LIST OF PLAGUE TRACTS

Author	Title	Date	Place
England			
John of Burgundy/John of Bordeaux	London, British Library Additional MS 39758	late 14 th	
	London, British Library Royal MS 12.G.IV	late 14 th	
	Oxford, Bodleian Library Rawlinson MS A.429	late 14 th / early 15 th c.	
	Durham, The Cathedral Library, Durham University MS Cosin V.IV.I	late 14 th / early 15 th c.	
	London, British Library Sloane MS 3285	c.1406–07	
	Cambridge, Gonville & Caius, MS 336/725	first ^{1/2} 15 th c.	
	Lincoln, Lincoln Cathedral, MS A.5.2	first ^{1/2} 15 th c.	
	New Haven, Yale Center for British Art, Paul Mellon Collection, John Porter Manuscript	c.1450	
	Cambridge, Trinity College, MS O.1.77	c.1460	
	Tokyo, Takamiya MS 33	c.1475–1499	
	Oxford, Bodleian Library Wood MS D.8	c.1485	
	Cambridge, Fitzwilliam Museum, MS 261	c.1485–1509	
	Boston, Countway Library of Medicine, Ballard MS 19	last Q 15 th c.	
	Edinburgh, National Library of Scotland, Cartulary of St. Mary's Abbey, Kelso	15 th c.	
	Oxford, Bodleian Library Ashmole MS 1443	15 th c.	
	Oxford, Bodleian Library Ashmole MS 393	15 th c.	
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Multon, Thomas	London, British Library Sloane MS 3489	c.1475–1499	
Le Forestier, Thomas Bisshop of Arusiens	London, British Library Additional MS 27582 <i>Here begynneth a litill boke necessarye & behouefull agenst the Pestilence</i>	c.1485 1485	London
Moulton, Thomas	<i>This is the Myrour or Glasse of Helthe</i>	<1530	London
Paynel, Thomas	<i>A Moche Profitable Treatise Against the Pestilence...</i>	1534	London
Bysshop and Doctor of Physick of Denmarke	<i>Here after ensuith a litle treatise</i>	1536	London
Moulton, Thomas	<i>This is the Myrour or Glasse of Helth</i>	c.1545	London
Phayer, Thomas	<i>The Kegiment (sic) of Life Wherunto is Added a Treatyse of the Pestilence, with the Booke of Children Newly Corrected and Enlarged by T. Phayer</i>	1546	London
Caius, John	<i>A Boke, or Counseill Against the Disease Commonly Called the Sweate</i>	1552	London
Moulton, Thomas	<i>This is the Myrour or Glasse of Helthe</i>	c.1566	London
Skene, Gilbert	<i>Ane breve descriptioun of the pest quhair in the causis, signis and sum speciall preservatioun and cure thairof ar contenit</i>	1568	Edinburgh
Bullein, William	<i>A Dialogue Bothe Pleasant and Pitifull, Wherein is a Godlie Regimente Against the Feuer Pestile[n]ce</i>	1578	London
T.T. [Thomas Twyne]	<i>A New Counsell Against the Pestilence</i>	1578	London
Stockwood, John	<i>A Shorte Learned and Pithie Treatize of the Plague</i>	1580	London
Anonymous	<i>Present Remedies Against the Plague Shewing Sundrye Preseruatiues for the Same</i>	1592	London
Brasbridge, Thomas	<i>The Poore Mans Iewell</i>	1592	London
Anderson, Anthony	<i>An Approved Medicine Against the Deserued Plague</i>	1593	London
Kellwaye, Simon	<i>A Defensatiue Against the Plague</i>	1593	London
Clapham, Henoeh	<i>An Epistle Discoursing upon the Present Pestilence</i>	1603	London
Lodge, Thomas	<i>A Treatise of the Plague</i>	1603	London
Bownd, Nicholas	<i>Medicines for the Plague</i>	1604	London

Author	Title	Date	Place
Anonymous	<i>Especiall Obseruations and Approved Physicall Rvles...</i>	1625	London
Bradwell, Stephen	<i>A Watch-Man for the Pest</i>	1625	London
Herring, Francis	<i>Certaine Rules, Directions or Advertisements for This Time of Pestilentiall Contagion</i>	1625	London
Thayre, Thomas	<i>An Excellent and Best Approoued Treatise of the Plague</i>	1625	London
Parey, Ambrose	<i>A Treatise of the Plague, Contayning the Causes, Signes, Symptomes, Prognosticks, and Cure Thereof</i>	1630	London
College of Physicians	<i>Certain Necessary Directions, as well for the Cure of the Plague, as for Preuenting the Infection</i>	1636	London
I.D.	<i>Salomon's Pest-house, Or Tovver-royall</i>	1636	London
Anonymous	<i>Concerning the Constitution of an Aire Infected and How to Know Plague-sores and Carbuncles</i>	1644	Oxford
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Gatford, Lionel	<i>Logos alexipharmakos, Or, Hyperphysicall Directions in Time of Plague</i>	1644	Oxford
Anonymous	<i>A Treatise Concerning the Plague and the Pox</i>	1652	London
Anonymous	<i>A Brief Relation of the Plague at Naples, in the Year M.DC.LVI</i>	1665	London
De Garençières, Theophilus	<i>A Mite Cast into the Treasury of the Famous City of London, Being a Brief and Methodical Discourse of the Nature, Causes, Symptomes, Remedies and Preservation from the Plague, in this Calamitous Year, 1665, Digested into Aphorismes</i>	1665	London
E.N.	<i>London's Plague-Sore Discovered</i>	1665	London
Harvey, Gideon	<i>A Discourse of the Plague Containing the Nature, Causes, Signs, and Presages of the Pestilence in General, Together with the State of the Present Contagion</i>	1665	London
J.V.	<i>Golgotha; Or, A Looking-Glass for London, and the Suburbs Thereof Shewing the Causes, Nature and Efficacy of the Present Plagues</i>	1665	London
Kemp, W.	<i>A Brief Treatise of the Nature, Causes, Signs, Preservation From, and Cure of the Pestilence, Collected by W. Kemp, Mr. of Arts</i>	1665	London
Quarles, John	<i>Londons Disease, and Cure: Being a Sovereigne Receipt Against the Plague, for Prevention Sake</i>	1665	London
Boghurst, William	<i>"Loimographia: Or an Experimentall Relation of the Plague, of What Hath Happened</i>	1666	—

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	<i>Remarkable in the Last Plague in the City of London.</i> ” London, British Library Sloane MS 349		
Thomson, George	<i>Loimotomia, or the Pest Anatomized</i>	1666	London
Van Diemberbroeck, Isbrand	<i>Several Choice Histories of the Medicines Manner and Method Used in the Cure of the Plague</i>	1666	London
Barbette, Paul	<i>The Chirurgical and Anatomical Works of Paul Barbette...Together with a Treatise of the Plague</i>	1672	London
Hodges, Nathaniel	<i>Loimologia, sive Pestis nuperæ apud Populum Londinensem grassantis Narratio Historica</i>	1672	London
Browne, Joseph	<i>A Practical Treatise of the Plague and All Pestilential Infections that have Happen'd in this Island for the Last Century...</i> 2nd ed.	1720	London
Hodges, Nathaniel	<i>Loimologia, or an Historical Account of the Plague in London in 1665. Translated by John Quincy</i>	1720	London
Mead, Richard	<i>A Short Discourse Concerning Pestilential Contagion and the Methods Used to Prevent It</i>	1720	London
Quincy, John	<i>An Essay on the Different Causes of Pestilential Diseases, and How They Become Contagious...</i>	1720	London
Anonymous	<i>A Succinct Account of the Plague at Marseilles...Translated from the French by a Physician</i>	1721	London
Anonymous	<i>Some Customs Consider'd Whether Prejudicial to the Health of This City...</i>	1721	London
Anonymous	<i>The Late Dreadful Plague at Marseilles Compared with that Terrible Plague in London in the Year 1665</i>	1721	London
Bradley, Richard	<i>The Plague at Marseilles Consider'd</i>	1721	London
Brookes, Richard	<i>A History of the Most Remarkable Pestilential Distempers that have Appeared in Europe for Three Hundred Years Last Past</i>	1721	London
Pye, George	<i>A Discourse of the Plague wherein Dr. Mead's Notions are Consider'd and Refuted</i>	1721	London
Rose, Philip	<i>A Theorico-practical, Miscellaneous, and Succinct Treatise of the Plague</i>	1721	London
Various	<i>A Collection of Very Valuable and Scarce Pieces Relating to the Last Plague in the Year 1665</i>	1721	London
Mead, Richard	<i>Discourses on the Plague, The Nineth Edition Corrected & Enlarged</i>	1744	London

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Ingram, Dale	<i>An Historical Account of the Several Plagues that Have Appeared in the World Since the Year 1346</i>	1755	London
France			
Jehan de Bourgoigne	Paris, Bibliothèque nationale de France Fonds français, nouvelle acquisition MS 4516	c. 1371	
Paris Medical Faculty	Paris, Bibliothèque nationale de France Fonds français MS 12323	c. 1373	
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Johannes Jacobi	Strasbourg, Bibliothèque nationale et universitaire de Strasbourg, MS 0.048	15 th c.	
De Chauliac, Guy	<i>Inventarium sive chirurgia magna</i>	c.1363	
Jacobi, Johannes	<i>Regime de lepidimie</i>	c.1476	Lyon
Kamitus [Johannes Jacobi]	<i>Regimen contra pestilentiam. Paris: Ulrich Gering, c.1480</i>	c.1480	Paris
Anonymous [Johannes Jacobi]	<i>Remede tres utile contra fievre pestilencieuse</i>	c.1480–90	Paris
Le Forestier, Thomas	<i>Tractatus contre pestilentiam thenasmonem et dissinteriam</i>	1490	Rouen
Le Forestier, Thomas	<i>Le regime contre epidemie et pestilence intitulé au povres...</i>	1495	Rouen
Anonymous	<i>Souuerain remede co[n]tre Lepidimye bosse et mauvais aer</i>	c.1501	Lyon
Atila	<i>Traictie tresutile contre la peste</i>	c.1505	Paris
Anonymous	<i>Regime contre la pestil[enc]e ce faict et compose par messieurs les medecins de la cite de Basle en allemagne</i>	c.1514	Lyon
De Houssemayne, Nicolas	<i>Régime singulier contre la peste</i>	1520	Troyes
De Houssemayne, Nicolas	<i>Ung regime singulier co[n]tre peste</i>	<1530	Lyon
Thibault, Jean	<i>Le thresor du remede</i>	1531	Anvers
D'Andernach, Iehan Guinter	<i>Instruction tresutile, par laquelle un chacun se pourra maintenir en santé tant au temps de peste comme en autre temps</i>	1547	Argentine
Ferrier, Oger	<i>Remedes Preservatifs et cvratifs de peste</i>	1548	Lyon
Valleriole, François	<i>Traicté de la peste</i>	1556	Lyon
Mizauld, Antoine	<i>Singvliers et secovrs contre la peste, sovventesfois experime[n]tez & approuvez ta[n]t en certaine preseruatio[n] que parfaicte guarison</i>	1562	Paris

Author	Title	Date	Place
André, Pierre	<i>Traité de la peste et de cure d'icelle</i>	1563	Poitiers
Guerin, Jacques	<i>Traicte tresexcellent contenant la vraye maniere d'estre preseruë de peste en temps dangereux</i>	1567	Anvers
Joubert, Laurent	<i>De peste liber unus</i>	1567	Lyon
Paré, Ambroise	<i>Traicte de la peste, de la petite verolle & Rougeolle: avec vne brefue description de la Lepre</i>	1568	Paris
Aubert, Jacques	<i>Traite contenant les cavsse, la cvration, & preservation de la peste...</i>	1571	Lausanne
Houël, Nicolas	<i>Traité de la peste, auquel est amplement discouru de l'origine, cause, signes, preservation et curation d'icelle</i>	1573	Paris
De Rubys, Claude	<i>Discours sur la contagion de peste qui a esté ceste presente annee en la ville de Lyon</i>	1577	Lyon
Paré, Ambroise	<i>Traicte de la peste, de la petite verolle & Rougeolle: avec vne briefue description de la Lepre</i>	1580	Paris
De Nancel, Nicolas	<i>Discours tresample de la Peste</i>	1581	Paris
Gourmelen, Estienne	<i>Advertissement et conseil a Messieurs de Paris, tant pour se preseruer de la Peste, comme aussi pour nettoyer la Ville et les maisons qui y ont esté infectees</i>	1581	Paris
Joubert, Laurent	<i>Traitté de la peste. Translated by Guillaume des Innocens</i>	1581	Lyon
Le Lieure, Esaie	<i>Epydimyomachie ou combat de la peste avec le reglement Politique</i>	1582	Paris
Royet, Antoine	<i>Excellent traicte de la peste</i>	1583	Lyon
Cassal, Jean	<i>Traicté de la peste</i>	1589	Lyon
De Courcelles, François	<i>Traite de la peste clair et tres-vtile</i>	1595	Sedan
Briet, Guillaume	<i>Discours sur les causes de la peste survenue a Bourdeaux, cest an 1599 avec la preservation & curation d'icelle</i>	1599	Bordeaux
College des Maistres Chirurgiens iurez de Paris	<i>Traicté de la peste</i>	1606	Paris
Habicot, Nicolas	<i>Problemes svr la natvre, préservation et cvre de la maladie pestilentielle</i>	1607	Paris
Du Gardin, Louis	<i>La Chasse-peste, ou les remedes singvliers et familiers dont chascvn se povra servir pour se preseruer en temps pestiferé</i>	1617	Douay
De Rochas, Henry	<i>Discours tresutile sur la maladie contagieuse de ce temps</i>	1619	Paris
Barralis, B. (trans)	<i>Paradoxes de la peste</i>	1620	Paris
De Saint-Hillier, I.S	<i>Loimologie contenant les causes, signes,</i>	1623	Pont-a-

Author	Title	Date	Place
Potel, Guillaume	<i>prognosticques, & remedes contre la Peste Traicté de la peste advenue en ceste ville de Paris, l'an mil, 1596, 1606, 1619 et 1623, avec les remèdes</i>	1624	Movsson Paris
De Mello, Henry	<i>Vray description de la peste: avec les moyens de s'en preseruer</i>	1625	Nantes
Anonymous	<i>Advis salulaire contrela maladie Epidemique & Pestilente qui regne dans la Ville de Lyon</i>	1628	Lyon
Robin, Vincent	<i>Advis svr la peste recognve qvelqve endroit de la Bourgogne avec chois des remedes propres pour la preservation & guerison de cette maladie</i>	1628	Dijon
De Montlauseur, Durand	<i>Manifeste de ce qui s'est passé en la maladie de peste à Ville-franche de Rourgue...</i>	1629	Toulouse
Davin, Antoine	<i>Tres singulier traité de la generale et particvliere preservation, & de la vraye & asseurée curation de la Peste</i>	1629	Grenoble
Grillot, P. Iean	<i>Lyon affligé de contagion, ou narré de ce qvi s'est passé de plvs memorable en ceste Ville, depuis le mois d'Aoust de l'an 1628 iusques au mois d'Octobre de l'an 1629</i>	1629	Lyon
Moine, Jacques	<i>Advis sur ce temps contagieux</i>	1629	Paris
Ranchin, François	<i>Opvscvles, ou Traictés divers et cvrieux en medecine</i>	1640	Lyon
De Rochas d'Ayglun, Henry	<i>Examen ou raisonnement sur la cause de la peste cy-devant incognuë</i>	1652	Toulouse
Vigier, Iean	<i>"Traitté de la Peste." In Œvvres Chirvrgicales</i>	1658	Lyon
Anonymous	<i>Estat general de ceux qui sont morts de peste av liev de santé et dans la ville de Roven</i>	1669	Rouen
Rainssant, Pierre	<i>Advis povr se preserver et povr se gverir de la peste de cette année 1668</i>	1668	Reims
Chevalier, G.	<i>L'ordre pvblic povr la ville de Lyon, pendant maladie contagieuse</i>	1670	Lyon
Chicoyneau, François, François Verny, et Jean Soulier	<i>Observations et reflexions...</i>	1720	Toulouse
Boyer, Jean-Baptiste- Nicolas	<i>Dissertation abregée sur la maladie de Marseille</i>	1720	Toulon
Bouillet, Jean	<i>Avis et remèdes contre la peste</i>	1721	Béziers
Boecler, Johann	<i>Recueil des observations qui ont étéés faites sur la maladie de Marseille</i>	1721	Strasbourg
Bertrand, Michel Jean- Baptiste	<i>Observations faites sur la peste qui règne à présente à Marseille et dans la Provence</i>	1721	Lyon
Gaudereau, Martin	<i>Relation des differentes especes de peste que</i>	1721	Paris

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Pestalozzi, Jérôme Jean	<i>Avis de precaution contre la maladie contagieuse de Marseille</i>	1721	Lyon
Baux, Pierre	<i>Traité de la peste</i>	1722	Toulouse
Goiffon, Jean-Baptiste	<i>Relations et dissertation sur la peste du Gévaudan</i>	1722	Lyon
Manget, Jean-Jacques	<i>Traité de la peste et des moyens de s'en préserver...</i>	1722	Lyon
Bertrand, Jean-Baptiste	<i>Relation historique de tout ce qui s'est passé à Marseille pendant la dernière peste</i>	1723	Cologne

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