Geographies of Plague: Public Health Relations and Epidemiological Divides in the Mediterranean

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Geographies of Plague: Public Health Relations and Epidemiological Divides in the Mediterranean

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Seventeenth-century Italian broadside, “BANDO PER CAUSA DI CONTAGGIO” (Reggio, 1676)

Harvard Medical Library in the Francis A. Countway Library of Medicine, uncatalogued
Translation

A ban on account of contagion

The most illustrious men, presidents of the health board of the city of Reggio, with the help of His Divine Majesty, the glorious San Prospero its most important protector, and other guardian saints, strive to keep [the city] distant and secure it as much as possible from any suspect of contagious disease. In light of the example given by nearby cities, and by others [more distant], and with the participation of the most Serene Prince Luigi d'Este, governor of this city, its district, and duchy, [the health board’s magistrates] suspend, until further notice, on account of a contagious disease, the commerce with the city and the island of Malta and their territories and jurisdictions, together with all of the people, animals, belongings, merchandise, money, and letters, as well as any other thing coming from that city and regions or brought in any way, through land as through sea, or that had been involved, to any extent, in transit through that city or its territory, with fede or without. [Offenders are] under the penalty of capital punishment, confiscation of goods, or the loss of any sort of property, money, merchandise, animals, carts, carriages, or other things as mentioned above, which, against the lines of this Ban, might be driven or brought in any way to this city, its district, and its duchy.

Liable to this penalty are hotelkeepers, innkeepers, and all those that send, provide, or make someone provide an address or accommodation to such people and property, or that take part, even minimal, in any transgression of this Ban. Equally liable to this penalty are cart drivers, mule drivers, coachmen, and anyone else, that dare in any way, under any excuse, to take or drive—or make someone else take or drive—people, cattle, merchandise, letters, and any sort of property, that come from the city of Malta and its territories, or that had been, as mentioned above, touched [by contagion]. The confiscated goods and any other thing will be divided: a third to the serene Ducal office, a third to the accuser or finder, whose identity will be kept a secret, and a third to the office of the health board.

Published at the usual balcony on 12 March 1676,

The members of the Magistrate,

Dr. Alessandro Casotti, Captain Ludovico Signoretti, Giuseppe Maioli, Count Abbondio Pallù.

Vespesiano Calcagni, chancellery

[Printed] in Reggio, by Prospero Vedrotti
Seventeenth-century Italian broadside, “BANDO PER CAUSA DI CONTAGGIO” (Reggio, 1676).
Harvard Medical Library in the Francis A. Countway Library of Medicine, uncatalogued.
Commentary

Plague edicts, though less studied than plague treatises, were important and highly visible signs of plague outbreaks in early modern Italy. Attached to walls and gates around populated areas, these documents—bans, notices, provisions—served to communicate local health boards’ orders and navigate a city through an epidemic. In many instances, plague edicts were deemed so valuable that in the aftermath of an outbreak, they were compiled in collections of manuscript and print, which functioned as an archive for health officials or even as a governance manual for future plague events. However, the bando (“ban”) with which this article deals was used in none of the ways mentioned above. First, as demonstrated by its intact form, it is clear that this particular broadsheet was never hung in public. Second, and more importantly, it was not issued amid a local epidemic, but rather 45 years after the small city of Reggio Emilia saw its last plague outbreak and in the face of an outbreak occurring in Malta, hundreds of kilometers away. Although it testifies to an outbreak that never actually transpired, much of the drama of plague anxiety is evident in this document. Precisely because of that, this bando provides a window for understanding what it meant to be living at the end of the age of plague.

A good place to start is by asking whether ordinary men and women living in 1676 Reggio Emilia, a city in northern Italy, even cared that plague was afflicting a distant island in the Mediterranean. Did such news incite panic, or was it received with mere indifference? The range of reactions to news of plague could have been quite diverse, ranging from denial or apathy to real terror. Nevertheless, there is a reason to assume that such rumors instigated serious concern.

Plague repeatedly afflicted Europe, at varying intervals, from the “Black Death” in 1347 to the modern era. It is true, as mentioned above, that Reggio Emilia had experienced its last outbreak in 1631, which meant that a large portion of the population at the time had never lived through a plague epidemic. But of course, contemporaries could not have known that their city had already endured its last outbreak of plague. On the contrary, history taught them that decades often intervened between devastating outbreaks, as was the case with the last major plague epidemics in northern Italy, which took place in 1575–8 and 1629–31. Further, the most recent epidemic of 1656–58, which swept through the southern regions of the peninsula and Genoa, served as a strong warning that plague could easily return to Reggio.

The memory of past outbreaks, experienced through art, architecture, and religion, was constantly fueled by medical publications, which rendered plague a current health threat. As Maria Pia Donato shows in the case of Rome, in the decades after the plague of 1656,
medical knowledge of the disease kept evolving, culminating in the publication of several authoritative treatises.\textsuperscript{7} Similar texts were published deep into the 18th century, particularly whenever plague re-emerged in the Mediterranean basin. A large number of plague treatises and manuals appeared in print at the face of the outbreak in Marseilles (1720) and after plague appeared in the Sicilian city of Messina (1743).\textsuperscript{8} When exactly Italians began to think that plague was over awaits further research. In the case of England, Paul Slack shows that only in the 18th century did Englishmen start to express the cheerful thought that their country would continue to be spared.\textsuperscript{9} However, in Italy, this process might have happened much later, as the peninsula was closer to plague loci in the Mediterranean and Eastern Europe, and even experienced a small outbreak in Puglia as late as 1815. Plague was never to return to Reggio Emilia in a form of an outbreak, but it was definitely to stay in the public imagination.

Over hundreds of years of plague outbreaks, European societies had developed strategies for managing the deadly disease. The “chronic presence of disease,” to use the words of Randolph Starn, indicates that contemporaries were quite experienced in coping with this scourge.\textsuperscript{10} On the Italian peninsula, institutionalized measures against plague had been introduced immediately following the Black Death, and by the 15th century most Italian cities had established permanent health boards (usually called Tribunali or Magistrati della Sanità).\textsuperscript{11} As mentioned above, these health boards were in charge of directing local responses whenever an outbreak occurred. However, as this bando attests, the constant presence of plague kept health officials busy even when a concrete threat was distant. Although health boards were designated to act at the local level, when it came to plague, their gaze was normally turned outside their own borders.

Health boards assisted one another in the task of monitoring the movement of plague, and in so doing, created a pan-Italian, and even a global, network of communication. This vast grid allowed for cities to protect themselves from contagion by banning commerce with “suspected” areas and prohibiting the entrance of people who might carry the disease. However, due to political reasons, health officials were sometimes hesitant to respond to news on an approaching epidemic with a bando. The relations between different health boards rested on a delicate equilibrium of health and economic considerations: banning a plague-ridden locality was perhaps crucial, but doing so too hastily could result in a counter-ban leading to substantial damage to commerce and diplomatic relations.\textsuperscript{12}

This was not the case with 1676 Malta. On the one hand, the plague outbreak, which went on to kill almost a sixth of the island’s population, was no mere rumor. On the other hand, economic relations with the fortressed island were essential for a place like Sicily,
but for a small interior city like Reggio Emilia, marginal enough that the ban most likely did not lead to major economic consequences. Nevertheless, the fact that the health board of Reggio Emilia justified its policy by referring to bans issued by other cities further demonstrates the difficulty in taking on such an act. It also testifies to the intricate power balance of the network of public health systems: smaller cities depended on major health boards’ resolutions. The geography of plague was thus determined not only by the movement of the disease but also through [by?] political relations between center and periphery.

The principal story, however, remains that of a larger geo-political scope. From the outbreaks of the 1650s and 1660s onward, Europeans fixed their attention on the Levant, from which plague seemed to infiltrate the continent. Consequently, health administrators and governors increased their efforts to draw the line of defense along territorial borders rather than between neighboring localities. The period in which this bando was issued saw the consolidation of cordons sanitaires (“sanitary cordons”) around coastal lines and ports, with the intention of preventing the contagion from spreading into the European mainland. Italian maps from the late 17th and the 18th centuries reveal a vast network of coastal barriers and observation towers, which covered almost the entire peninsula. In part, this change followed the actual disappearance of endemic plague from Europe and its persistence in the Levant, the Mediterranean islands, and northern Africa. However, as Nükhet Varlık argues, it also stemmed from a long process, beginning in the early modern period, of reconstructing plague as “oriental plague,” a characterization that came to mark what Europeans saw as their superior public health measures and hygienic regimes in contrast to those of Ottoman Muslims. Stopping plague from crossing over the Mediterranean was therefore a religious and cultural mission to protect Christianity and European “civilization” itself.

Nevertheless, Malta was neither a part of the Ottoman Empire nor a Muslim territory. A “sentry on behalf of Christendom,” in the words of Ivan Grech, this self-governed island-state functioned as an Italian agent to the Levant, and its magistrates transmitted to Italy news concerning both military threats and epidemics emanating from the “Turks.” Further, its location on the threshold of Italy endowed its strict policy of quarantines with the virtue of protecting the peninsula itself. This role was clearly articulated by the Italian voyager Pietro della Valle (1586–1652), who, in 1625, was put under quarantine in Malta on his way back from India. “Due to the suspicion of a dreadful plague that nevertheless persists in Constantinople [i.e., Istanbul] and many other parts of Turkey,” he reported, “we could not have dropped anchor and land on this island, just as I could not have done in any other part of Italy without [entering] quarantine.” From 1676,
however, Italy and Malta no longer stood on the same side of contagion. In the 18th century, and even more so after 1800 under British control, Malta continued to function as a European post on the way to Asia, while also becoming a locus of “oriental” plague anxiety. Unfortunately, in 1813 this anxiety finally materialized when Malta was afflicted once more by a devastating plague.  

If occurrences of plague from the 18th century onward marked a boundary between “West” and “East,” 1676 Malta’s position is liminal, both in terms of time and place. Exactly as the citizens of Reggio Emilia could not have known that plague would never return to torment them, so too were the people of Malta unaware that epidemiological changes in the spread of plague and their cultural and political interpretation would push them out of “sanitary” Europe. Similar to the health board of Reggio Emilia, the magistrates of Malta drew on old customs in reaction to an already changing world.

Returning to the *bando* with which we began, this document—though anticipating an event that never transpired—lends insight into the contingencies of living in the age of plague as its threat had begun to dissipate. As such, it exhibits how geographical relations and their political and economic meanings were subjugated to epidemiological processes constructed by the societies living through them. Contagion, as we all know now too well, can both connect and separate people in distant places. This *bando* clearly shows how these relations are subject to change over time.

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Notes

I am greatly indebted to Prof. Hannah Marcus and to the anonymous reviewer of this article for their valuable comments and suggestions. I also thank Prof. Chiara Trebaiocchi for assisting me with the translation.

1 This plague edict refers to Reggio Emilia, a city in Northern Italy, not to be confused with Reggio Calabria in the south.

2 Similar to vaccination certificates or “green passes,” *fedi di Sanità* were issued by health boards and used to mark individuals or objects that were exempt from commerce restrictions. This was a way of minimizing the danger of contagion while still allowing some degree of commerce.

3 For an example of a printed collection of plague edicts from 1631 Bologna, digitized by Harvard’s Contagion project, see *Raccolta di tutti li bandi, ordini, e provisioni fatte per la Città di Bologna in tempo di contagio imminente, e presente, li anni 1628, 1629, 1630, & 1631* (Girolamo Donini Camerale: Bologna, 1631). A collection of dozens of original edicts from the 1576-7 plague outbreak in Milan is available in manuscript. See *Gride diverse della sanità per la peste del 1576–1577*, AO.I.14, Biblioteca Braidense, Milan.
Although regularly incorporated into historical narratives, literature that treats plague edicts as a genre is scarce. Nevertheless, for more on the Bolognese edicts mentioned above, see Bernardino Spada, I bandi di Bernardino Spada durante la peste del 1630 in Bologna, eds. Pietro Malpezzi and Marialuisa Lugaresi (Faenza: Casanova, 2008).


5 The plague of Marseilles in 1720 is commonly referred to as the last European outbreak. However, as discussed below, this is a consequence of the construction of post-1700 plague as a non-European phenomenon more than an epidemiological reality, since plague outbreaks continued to occur in the Mediterranean basin, Eastern Europe, and Russia well into the 19th century. For an account of the last plague outbreaks in Europe, see Paul Slack, “Perceptions of Plague in Eighteenth-Century Europe,” Economic History Review (2021): 1–19, https://doi.org/10.1111/ehr.13080.


8 On plague in the 18th-century Mediterranean, see Giuseppe Restifo, Le ultime piaghe. Le pesti nel Mediterraneo (1720–1820) (Milan: Selene, 1994).

9 On the medical discourse about the disappearance of plague in England, see Paul Slack, “End of a Pandemic? Contemporary Explanations for the End of Plague in England 1680–1780” (forthcoming). I thank Prof. Slack for sharing with me this article before publication.


12 The communication channels between different health boards and their effect on economics and diplomacy are described in Cipolla, Public Health, 47–57.

13 On plague and public health in Malta in the early modern period, see Ivan Grech, “Dread the Grim Reaper: Early Warning Strategies as a Means of Plague Prevention.


19 Ibid., 169-170.
