

## Imagining Contagion in Early Modern Europe

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Claire L. Carlin

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Vivian Nutton

Early-modern Europe (here covering the years from 1492 to 1750) was constantly beset by plagues of all kinds. Scarcely a year passed in western Europe until the 1720s without an outbreak of 'pestilence', and scarcely a decade without a major epidemic that killed ten, twenty, or even forty per cent of the community. Expansion brought with it new dangers. Columbus and his men were credited with the introduction of syphilis from the New World, although at least until the 1550s most doctors believed that it had been spread by French soldiers as they raped and pillaged their way back from a campaign in Naples. Neighbouring nations agreed in blaming each other for recurrent epidemics. The 'French pox', the 'English sweat', the 'Moravian plague' were only a few of the names used to define diseases that, it was thought, could not have had their origin in the local community. Scarcely noticed in this volume, European settlers brought with them to communities around the world new diseases that decimated many of the inhabitants, and gave to the Europeans the illusion that they were entering an empty land, or one populated by those too weak to put up resistance.

Some of these diseases, like 'pestilence' or the 'sweat', were regarded as epidemics affecting whole towns or regions, the result of changes in the ambient air that all could breathe. Responses were usually on a communal scale, ranging in severity from street cleaning and removing dead animals from water courses, through the banning of assemblies, whether in church or theatre, and the closing down of brothels, to the most dreaded of all administrative action, the imposition of a quarantine. Italian towns, administratively more sophisticated than northern European ones, had by 1600 established a complex system of surveillance in the hope of forestalling the arrival of plague from elsewhere, a nuisance to travellers and merchants but

one that, as Montaigne found, could be mitigated or avoided entirely. But a quarantine imposed on a whole town meant civic ruin, the suspension of economic activity, near-starvation for the poor, and, possibly, a financial burden for the town for a generation or more. No wonder that in 1576 two professors, called from Padua to Venice to decide whether 'plague' had broken out, were for several months unwilling to concede that 'pestilential fever' had now been superseded by 'plague' and that strict quarantine measures should be imposed. Thousands of Venetians died in the ensuing epidemic, which was then blamed by the doctors on the tardiness of the authorities in implementing the public-health provisions that they themselves had only reluctantly ordered.

Two theories were advanced to explain these epidemics. The first, familiar since Antiquity, was a combination of bad air ('mal'aria') and individual imbalance. The foulness of the air explained why many people had the same symptoms of disease, individual susceptibility why not everyone caught it. In 1546 the Veronese doctor Girolamo Fracastoro in his *De morbis contagiosis* developed another theory from Antiquity, that of contagion, to explain plague. The notion of contagion was already well known, sometimes referring to something transmitted by touch, but more loosely to diseases of propinquity. It explained the evil eye as well as love, ophthalmia as well as phthisis. It was foolish, everyone knew, to stand near a sufferer from plague, or scabies; Venetian authorities banned certain sufferers from seeking alms on the Rialto bridge lest their poisonous breath pollute the air by contagion. Fracastoro's achievement was to offer a new explanation of what happened in contagion. 'Seeds of disease' were passed on directly from the sufferer into the atmosphere, where they multiplied and could infect others. Some seeds were passed on directly by touch, others, called 'fomites', indirectly in clothing or carpets. His theory could thus be used to justify the quarantining practices of Health Boards, aimed at stopping contagion, and, as Girolamo Mercuriale argued in his *De peste* of 1577, it was entirely compatible with the standard theory of 'bad air'. Indeed, far from being a revolutionary idea, it was easily assimilated by writers on plague; it explained why the air became bad. Only Simone Simoni, describing the Leipzig plague of 1574, took Fracastoro's views to their logical conclusion. Each epidemic disease had its own type of seed, only those struck by a seed fell ill, and, at least in plague, the seed was so poisonous that it made no distinction between individuals. Individual preventative measures, he argued, were irrelevant. Contagion, 'being touched' by the seed of disease, was enough by itself to explain the pattern of morbidity.

This is the background to the essays that make up this volume, the result of a 2003 conference in Canada. While all of the contributors have interesting points to make, the non-specialist may have difficulty in placing what they have to say into a proper context. Don Beecher, in his afterword, tries to bring the very varied essays together, but even he fails to put them into the wider picture. Very often, as with Hammond on southern Germany or Pantin on Fracastoro, the author makes an excellent small point, examining in detail a particular idea or incident, but leaving it to the reader to explore its wider significance. Both Gagnon's and Pantin's discussion of Fracastoro should now be compared with those of Concetta Pennuto and Hiroshi Hirai in *Gerolamo Fracastoro fra Medicina, Filosofia e Scienze della Natura*, ed. A. Pastore and E. Peruzzi (Florence, 2006). Other authors, Beecher and Frelick on love, Poirier on syphilis, Closson on demonic possession, offer fascinating perspectives on some diseases thought to have links with contagion, even if they formed only a small part of the overall explanation.

The book's strength (and also its weakness) is its use of literary sources to explore contemporary understanding of contagion. Cazes's discussion of Montaigne's ideas on smell in his *Essais* neatly explicates a variety of passages, yet oddly without reference to Corbin's *The foul and the fragrant* or to Montaigne's own experiences with plague and plague controls as described in his *Journal*. Shuttleton on smallpox takes us well into the 'Age of Inoculation', which stretches the notion of Early-modern Europe somewhat. More problematic are those essays in which contagion seems to offer at best a metaphorical starting point. Given that, from at least the fourth century CE onwards, the religious beliefs of others could be stigmatized in terms of a dangerous and deadly contagion, it is wrong to place too much emphasis on the novelty of contamination by heresy, whether in Naples, England, or Sweden. What is unclear is the extent to which contemporaries adopted the language of recent medical debates in order to categorize the failings of their opponents. Much of the evidence presented here seems to me to fall under the heading of 'dead' metaphor,

and there is only an occasional nod towards linking the literary text with medical or social responses to contagious diseases. The contagion of laughter had been a question since at least the time of Galen, although Laurent Joubert's treatise on laughter of 1579 ensured that medical debates on the subject reached a much wider audience.

This volume illustrates the difficulties of cross-disciplinary investigation. While each contribution has something new to offer, not least in revealing the considerable extent to which French authors drew on medical themes for their poetry and plays, the lack of a strong medical, institutional, or social context for the ideas discussed robs them of utility for the medical historian. A strong editorial introduction would have helped to set the agenda, as well as providing a basis for the non-specialist to appreciate what is new in this volume. As it is, this is a book that is somewhat less than the sum of its parts.

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