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Preface

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The Black Death in Europe, 1347-1352, and its successive waves to the early modern period was any disease other than that bubonic plague (now known as *Yersinia pestis*) whose bacillus was discovered in 1894[1]. Further, while the discovery of the modern plague's bacterium may have marked a leap forward in the conquest of the late-nineteenth and twentieth- century disease, it has retarded historical research and understanding of the late medieval plague. Without argument, historians and scientists have taken the epidemiology of the modern plague and imposed it on the past, ignoring or denying contemporary testimony, narrative and quantitative, when it differed from their notions about how modern bubonic plague should behave. When chroniclers' 'facts' accorded with a so-called theory of modern plague, historians have praised them for empirical precision; when they did not, they have been accused of rhetorical exaggeration or of seeing only what their miasmic, scholastic, or humanistic theories could have possibly allowed.

This book begins with the late-nineteenth and early- twentieth centuries, charting the experience of the plague researchers in India, not only to understand and distinguish the modern from the late-medieval plague, but also to show the heavy hand of the Middle Ages on medicine in the halcyon years of microbiological investigation, the age of Louis Pasteur and Robert Koch. While knowledge of the medieval past and fear of a return to the unprecedented mortalities of the late Middle Ages spurred new levels of international research into a single disease, it also led to new levels of conflict between modern and traditional medicine, to major social rioting, and to an initial refusal by scientists to accept the epidemiological realities of their current plague. Given their knowledge of the Black Death's swift circumnavigation of most of the then known world they were long in accepting the slow and relatively non-contagious mechanisms of their present bubonic plague--a rat-disease transmitted to humans by fleas regurgitating the bacillus. Even today, despite the vast differences in transmission and contagion between the late-medieval and modern plagues and the lack of any evidence of rats or fleas for the earlier one, the medical community continues to view the two as the same. Still historians and scientists cross symptomological evidence from one to the other and call the modern one the 'Third Pandemic' of plague. Liberated from the necessity that the two waves of plague had to have been the same, this books turns to the sources afresh, first the narrative ones--over three hundred-and-fifty chronicles, two hundred plague tracts, and fifty saints' lives. These primary materials stretch from Lisbon to Novgorod, from Sicily to Scotland, and provide descriptions and clues about the signs, symptoms, and epidemiological patterns of the plagues as well as charting changes in mentality over the Black Death's first hundred years of history. I then turn to archival sources--over 40,000 death documents. From last wills and testaments, mendicant and confraternal obituaries, and the earliest surviving burial records, I plot the late-medieval plagues' cycles, seasonality, and patterns of mortality by class, sex, age, occupation, and neighbourhood, north and south of the Alps.

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[1] To distinguish between the plagues of the later Middle Ages and the so-called 'Third Pandemic' of bubonic plague at the end of the nineteenth century, I will call the latter, 'modern bubonic plague', even though descriptive evidence from as early as the Old Testament, Samuel I, suggests that this disease may have been an ancient malady. In addition to the plague of the Philistines described in I Samuel IV and I Kings V and VI, historical evidence from India as early as the seventeenth century suggests that what I am calling 'modern bubonic plague' (*Yersinia pestis*) was most probably an ancient disease. Unlike the later-medieval plague, the sources reveal that rodents played a prominent role in these plagues and that boils formed predominantly in the region of the genitals. For these earlier plagues, see L. Fabian Hirst, *The Conquest of Plague: A Study of the Evolution of Epidemiology*-3 (Oxford, 1953), p. 7; *Manson's Tropical Diseases: A Manual of the diseases of warm climate*, ed. by Philip H. Manson-Bahr, 7th ed. (London, 1921), p. 257; Carlo Tiraboschi, 'Les rats, les souris et leurs parasites cutanés dans leurs rapports avec la propagation de la peste bubonique, *Archives de Parasitologie*, VIII, no. 2 (1904), p. 163; and Wu Lien-Teh, 'Historical Aspects', pp. 1-12, in Wu Lien-Teh, J.W.H. Chun, R. Pollitzer, C.Y. Wu, *Plague: A Manual for Medical and Public Health Workers* (Shanghai Station, 1936), pp. 1-2.

From these sources I argue that the signs and symptoms of the two plagues fail to match so closely as present-day doctors and historians have proclaimed. Further, the epidemiological evidence of climate, contagion, speed of transmission, age, sex, occupational and topographical incidence of mortality frees from suspicion two supposed protagonists of Western Civilization--the rat and the flea. Finally, the Black Death and its recurring bouts over its first hundred years lacked a characteristic that more than plague boils distinguishes it from many other infectious diseases—the absence on the part of humans of any natural or acquired immunity. Each new strike of modern plague is as though the disease has invaded a population for the first time; no change in the age structure of its victims ensues, and mortalities vary from year to year almost randomly without downward or cyclical patterns seen for other diseases where human immunity plays a role[2].

By contrast, Europeans of the late Middle Ages adapted to the microbes of their plague with striking rapidly as evinced by steady and steep falls in mortalities with successive strikes of the disease at least over its first century. Without the benefit of the late nineteenth-century's microbiological discoveries, the decline in mortality from plague plots a story of human progress over a parasitic enemy (even if that success relied more on human biology than medicine or political initiative). Second, in common with most other infectious diseases, late medieval plague rapidly became largely a childhood disease.

This epidemiological success story had cultural and psychological consequences for early Renaissance Europe, not only for Florence and a thin veneer of humanist intellectuals but for places as far removed from the supposed centre of Renaissance culture as Danzig and for unknown authors of plague tracts, mendicant chroniclers, and even peasant testators. From utter despondency with the plague's first strike contemporaries gained a new sense of confidence in their own powers of healing and prevention of this major scourge. From God and the stars, they turned to plague recipes and socially-grounded explanations. The change, I argue, centred on the disease's epidemiology: the swiftness by which they adapted to the new bacillus (whatever it might have been). It helps explain a fundamental enigma of the early Renaissance: why did a new culture of 'fame and glory' spring forth in the midst of mass mortality; why did plague doctors become the forerunners of a new psychology grounded in hope and hubris?

[2] Still, no long-term vaccination against *Yersinia pestis* lasting more than six months is effective for humans; at the beginning of 2000, *The Guardian* reported that British intelligence, MI5, had developed such a serum against Saddam Hussein's threat of biological warfare using *Yersinia pestis*. On the failures to find a long-term vaccination, see Norman F. White, 'Twenty years of Plague in India with special reference to the outbreak of 1917-18', *The Indian Journal of Medical Research*, VI, 2 (1918), 190-236, esp. 215.