Chapter 9

Contagion and Plague in the Eighteenth Century

Introduction: The Plague

Smallpox was not the only nightmare that haunted eighteenth-century Europeans. The plague broke out in Marseilles in 1720, probably imported by a trading ship from the Levant. England’s last major epidemic of plague had taken place 54 years earlier, so there were still survivors scarred by the horrors of that episode.

Bubonic plague, *Yersinia pestis*, is carried by a bacillus that infects a flea that lives on rats. Flea bites transmit the most common form of the plague to humans: the “bubonic plague,” named for the “buboes” or painful swellings that appear as the victim’s lymph nodes become infected. It is also possible to inhale the bacteria directly into the lungs. In this form, known as “pneumonic plague,” it is contagious and kills very quickly.¹ There are also cases of “septicemic” plague, where the bloodstream becomes infected. Other mammals besides rats and humans can contract the plague; immunity varies by species. Its etiology and epidemiology are still not fully understood.²

Modern experts have access to descriptions of plague symptoms that are based on positive laboratory confirmations of *Yersinia pestis* in patients. They also possess a better understanding of the epidemiology of the disease. Even armed with these conceptual tools and possessing ready access to all the earlier documents that relate to the plague, they failed to agree on the identity of this illness (and many others) as long as they relied only on historical accounts.³ This underscores the complexity of the task that confronted early modern physicians seeking to produce clear and coherent accounts of ill-defined diseases using their own observations and written records composed in several different languages to which they had only partial access.

Because epidemics of plague often seemed to come from the Near East, because its diffusion from a center outward and from place to place could be
tracked over time, and because strict quarantines sometimes seemed to curtail it, the early modern experience of plague offered some support to contagionism, but it was always accompanied by features that pointed to some other explanation. It often spread through a city in a capricious hopscotch pattern. Many ministers and practitioners who cared for victims remained well, whereas people who had never been near a patient fell ill.

The reappearance of the plague in 1720 led to the republication of works spurred by earlier epidemics and hence to the recovery of Renaissance theories of contagion. The conceptualization of the plague as a single and distinctive disease was well established but still open to debate. There were many arguments about whether the plague was a separate disease or merely the most serious degree of disease. Doctors, traders, and city authorities often tried to shade or mitigate the diagnosis, exploiting any doubts or ambiguities in order to deny that the plague was present in their jurisdictions.

**The Epidemic in Marseilles, 1720**

The epidemic that harrowed Marseilles followed the usual pattern: first official denials, then claims that the disease was not the “true” plague but merely a “fever,” then a quickly mounting death rate accompanied by panic and the flight of the wealthy—including physicians and surgeons. The French government and the adjacent papal state imposed a **cordon sanitaire** around the city and completed a wall six feet high across the Vaucluse countryside in 1721. Attempted quarantines had failed in the past, and many expected the disease to spread across the continent. This cordon, however, was unparalleled in its severity; one-quarter of the French army was dispatched, in addition to city militias and provincial levies. The soldiers executed anyone caught attempting to escape.

To those shut up in the stricken city, the epidemic was an indescribable calamity. In a city of between one hundred thousand and one hundred and fifty thousand inhabitants, between one-third and one-half of the population died. Between five hundred and one thousand people died every day when the epidemic was at its height. To prevent starvation within the city, the government provided assistance; most of this went to buy food. Doubting the competence of the local doctors, the government also dispatched a surgeon and two physicians, including François Chicoyneau from Montpellier. They met with the local doctors, who believed both that the disease was the plague and that it was contagious.

Following the meeting, the Montpellier physicians issued a soothing public statement to the panicked citizens that the disease was “not pestilential [i.e., the plague] but only a common malignant fever.” To the Court, however, they reported that it was “a true pestilential fever, not yet arrived at its utmost degree of malignity.” They then returned to Montpellier after keeping quarantine in Aix. Pierre Chirac, the physician to the King, believed their report to the Crown was too pessimistic, expressing his view (based only on their description) that “the malady, though great in itself, and extremely