

## *Review Essay*



# Beyond Eurocentric Histories of Plague

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Jane L. Stevens Crawshaw. *Plague Hospitals: Public Health for the City in Early Modern Venice* (Farnham: Ashgate, 2012), pp. xiv + 290, \$124.95 (cloth), ISBN 978 0 7546 6958 6.

Kristy Wilson Bowers. *Plague and Public Health in Early Modern Seville* (Rochester, NY: University of Rochester Press, 2013), pp. x + 139, \$80.00 (cloth), ISBN 978 58046 451 2.

Zlata Blažina Tomić and Vesna Blažina. *Expelling the Plague: The Health Office and the Implementation of Quarantine in Dubrovnik, 1377-1533* (Montreal and Kingston: McGill-Queen's University Press, 2015), pp. xxii + 362, \$40.00 (cloth), ISBN 978 0 7735 4540 3.

Over the past decade, historians of plague and public health have witnessed a flurry of publications addressing the late medieval and early modern Mediterranean world.<sup>1</sup> This essay will discuss three recent monographs that examine

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1 In addition to the titles examined here, see Shona Kelly Wray, *Communities and Crisis: Bologna During the Black Death* (Leiden, 2009); Alexandra Parma Cook and Noble David Cook, *The Plague Files: Crisis Management in Sixteenth-Century Seville* (Baton Rouge, LA, 2009); Samuel

plague and responses to it in three port cities of the Mediterranean world: Dubrovnik (Ragusa), Venice, and Seville. Each of these books makes an important contribution to the existing historical scholarship and, together, they represent critical changes that are taking place in the field of plague studies. In what follows, I will survey each work with respect to the broader historiographical trends it follows, the topics it covers, and the sources it uses. I will then seek to establish points of connection between the three works, while discussing issues of contention, consensus, and areas that remain open to further development within the larger historiography of plague and public health.

Throughout the late medieval and early modern era, Dubrovnik, Venice, and Seville all suffered from recurrent outbreaks of plague in much the same way that Alexandria, Aleppo, Constantinople, Barcelona, and many other cities of the Mediterranean world also did. These three books present forceful evidence for the lived experiences of plague that these cities shared, despite notable differences in their particular administrative responses to the disease, as well as in their size, location, population, economy, political structure, and connections to other port cities and to their own hinterlands. Thanks to these publications, we are now beginning to be able to put together the different threads of the “microbial unification” of the early modern era – something that historian Emmanuel Le Roy Ladurie suggested nearly half a century ago.<sup>2</sup> As a tightly knit (anthropogenic and microbial) biome, the Mediterranean world makes for a fascinating case study within the larger, global spread of deadly pathogens and the devastating outbreaks that they caused.

The first of the three titles to be published, Jane Stevens Crawshaw’s *Plague Hospitals: Public Health for the City in Early Modern Venice* (2012), is a thorough study of Venetian plague hospitals (*lazaretti*) that skillfully brings to life the pain and suffering of plague victims, while simultaneously reconstructing the efforts of health officials, medical practitioners, and hospital administrators and staff. Founded in 1423, the *lazaretto vecchio* (old *lazaretto*) was “the first permanent plague hospital in the world” (p. 3). Half a century later, the *lazaretto nuovo* (new *lazaretto*) joined Venice’s public health efforts against the

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K. Cohn, *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford, 2010); Justin K. Stearns, *Infectious Ideas: Contagion in Premodern Islamic and Christian Thought in the Western Mediterranean* (Baltimore, MD, 2011); Birsan Bulmuş, *Plague, Quarantines, and Geopolitics in the Ottoman Empire* (Edinburgh, 2012); Yaron Ayalon, *Natural Disasters in the Ottoman Empire: Plague, Famine, and Other Misfortunes* (Cambridge, 2014); Nükhet Varlık, *Plague and Empire in the Early Modern Mediterranean World: The Ottoman Experience, 1347-1600* (Cambridge, 2015).

2 Emmanuel Le Roy Ladurie, “Un concept: L’unification microbienne du monde (XIV<sup>e</sup>-XVIII<sup>e</sup> siècles),” *Revue Suisse d’Histoire* 23.4 (1973), 627-696.

plague. Together, these two plague hospitals quarantined individuals and goods that were afflicted with the disease or that were suspected of having been exposed to it. Yet these institutions did not serve only as temporary isolation units; they also offered medical and spiritual care to Venetian citizens and visitors alike. Throughout the fifteenth and sixteenth centuries, these two plague hospitals – institutions funded and operated by the Venetian state – provided free care to citizens during outbreaks of plague. After the last major outbreak in Venice in 1630-1631, however, the *lazaretti* began to serve mainly travelers, merchants, and foreigners coming from infected areas.

*Plague Hospitals* is structured around the patients' experiences in the Venetian *lazaretti*. It offers a holistic approach to reconstructing a collection of diverse experiences, from the appearance and architectural design of the *lazaretti* to their reflection in artistic and literary sources. Crawshaw's command in bringing together different types of textual and material evidence and her ease in navigating between art, literature, material culture, and administrative documentation is commendable. The recovery of some of the lost voices of those who experienced these institutions, by examining, for example, the *graffiti* that both the sick and the workers of the *lazaretti* left behind (something that Crawshaw briefly mentions but does not explore in detail), would have made a great addition to the already rich array of sources used.

The book reconstructs the *lazaretti* in their complex social and cultural contexts. To this end, it emphasizes the religious and spiritual functions of plague hospitals and shows their interconnectedness with other early modern institutions, as well as with the broader values of Venetian society. In particular, Crawshaw closely examines connections between the *lazaretti* and the Catholic Reformation, along with its principles of charity, piety, and conversion. She demonstrates that early modern public health measures not only targeted conventional 'health issues,' but also aimed to regulate morality, sin, pollution, and the environment. As such, the book brings to life the experiences of a diverse group of individuals (rich and poor, sick and healthy, women and men, patients and healers, and young and old) as they interacted in some way with the *lazaretti* in particular, and the broader public health measures more generally. For example, we read about the regimen followed in the hospitals, which included cleaning and fumigating the air, distributing clothing and blankets, and ensuring a clean supply of food and drinks (pp. 135-143); we learn about the different types of services available during plague outbreaks, such as those offered by chaplains, body clearers, disinfectors, guards, boatmen, and cart drivers (pp. 127-134), and by a diverse group of healers, including doctors, barbers, female healers, apothecaries, and charlatans (pp. 153-163), all of whom offered a broad range of treatments (pp. 152-153, 166-177). We also read about the range

of emotions experienced by people during times of plague, especially fear and terror (pp. 143-149); about cases of crime and punishment (pp. 222-228); about the difficulties faced by survivors of plague (pp. 205-209); about the practices and places of burial (pp. 191-195); and about the second-hand cloth trade, which included the “disinfection,” burning, and sometimes re-sale of contaminated goods (pp. 209-222).

*Plague Hospitals* also seeks to situate the *lazaretti* within the broader set of public health efforts that were undertaken by the Venetian Health Office and similar entities in other European cities to prevent and treat plague. Here, the book works on the assumption that there was a distinct (yet diverse) ‘European’ response to plague that separated it from other Mediterranean societies that also faced recurrent outbreaks. In this context, Crawshaw treats plague hospitals and their working principle of isolation as a distinctive marker of such a European response to plague, along with other public health services. “The early introduction of institutions of quarantine on the boundary of towns and cities” is, for Crawshaw, a distinctive aspect of this European response to plague (p. 7). Such a comment leaves this reader wondering why Crawshaw does not take into consideration the quarantine policies implemented in the medieval Byzantine Empire.<sup>3</sup> Even though these practices are less well known in the historical scholarship, their existence does complicate the assumed relationship between quarantine and a uniquely ‘European’ response to plague. Moreover, one could argue that rather than being solely a ‘European’ enterprise, the early adoption of quarantine measures served the particular needs of smaller trading city-states on, or connected to, the Mediterranean ports. It appears that the institution of quarantine did not spread to the larger European continent until the sixteenth and seventeenth centuries (pp. 22-24). Hence, it seems more appropriate to this reviewer to consider the early introduction of quarantine measures as rather exceptional – almost anomalous – in the history of responses from the broader Afro-Eurasian zone affected by the Second Pandemic, rather than a particularly ‘European’ innovation.

Another claim that Crawshaw raises, in concert with (and as justification of) her argument about European exceptionalism, also demands our attention. Crawshaw gives primacy to quarantine as “the policy [that lies] at the

3 For an eyewitness account from the year 1438 describing how ships had to wait for sixty days on the Bosphorus before entering the harbor of Constantinople or Pera, see Pero Tafur, *Travels and Adventures, 1435-1439*, ed. Malcolm Letts (New York, NY, 1926), 138. On the question of medieval practices of isolation during the First Pandemic (Justinianic Plague), see Robert Sallares, “Ecology, Evolution, and Epidemiology of Plague,” in *Plague and the End of Antiquity: The Pandemic of 541-750*, ed. Lester K. Little (Cambridge, 2007), 231-289.

heart of public health for the plague" (p. 7). Why attribute central importance to quarantine in public health efforts? Even though the colossal effort made by the Venetian Health Board in establishing and organizing plague hospitals indisputably merits historical attention in and of itself, privileging quarantine over all other public health initiatives is unwarranted. Recent studies of public health in late medieval and early modern Mediterranean societies have convincingly shown that a wider range of endeavors to protect the health and the physical and moral wellbeing of individuals were much more common and were given greater emphasis, such as cleaning streets, collecting garbage, and the like.<sup>4</sup> Used in reference to the collective body of such efforts, the term 'healthscaping' promises to liberate us from the bacteriological baggage of a nineteenth-century Eurocentric and positivistic understanding of public health. Likewise, other studies have demonstrated that the massive body of healthscaping measures was not limited to European cities, but rather widespread across early modern Mediterranean societies.<sup>5</sup>

Relatedly, responses to plague are treated here in a hierarchical manner. According to Crawshaw, the "structures to protect against plague" rank in three classes: temporary buildings are a third-class response; permanent buildings used only when there is a plague outbreak are second class; and permanent buildings always in use constitute a first-class response (p. 9). This ranking system makes it possible, of course, to rank Venice's response to plague as first-class. In line with this prioritization, Crawshaw does not hesitate to portray Venice's public health efforts as a success story. Right at the outset, she declares that plague "was actively combated in the name of public health" (p. 2). Such a hierarchical system of responses, however, can be misleading, because it legitimizes the otherwise questionable search for the "first" to adopt the "right" response to plague (pp. 19-20). Attaching meaning and value to past practices adds little depth to our understanding of responses to plague. More importantly, it risks blurring the diversity of public health needs that existed across different cities by assuming that they all had uniform plague experiences.

This takes us to a more critical issue. *Plague Hospitals* does not recognize plague as a disease that we today know is caused by *Yersinia pestis*, a

4 See, for example, Carole Rawcliffe, *Urban Bodies: Communal Health in Late Medieval English Towns and Cities* (Woodbridge, 2013); Guy Geltner, "Healthscaping a Medieval City: Lucca's Curia Viarum and the Future of Public Health History," *Urban History*, 40.3 (2013), 395-415; Geltner, "Public Health and the Pre-Modern City: A Research Agenda," *History Compass*, 10.3 (2012), 231-245; J. Coomans and Geltner, "On the Street and in the Bathhouse: Medieval Galenism in Action?" *Anuario de Estudios Medievales*, 43.1 (2013), 53-82.

5 See for example Varlik, *Plague and Empire*.

gram-negative bacterium isolated in 1894 by Alexandre Yersin, after whom it was named. Crawshaw's treatment of plague is informed by a (now obsolete) phase of historical scholarship that was dominated by a resistance to retrospective diagnosis. For her, a modern knowledge of disease would "limit rather than enhance historians' encounters with the past" (p. 26). Plague-skepticism (or plague-denial) was a misdirection within scholarship that has recently come to an end. Crawshaw's book is representative of a body of scholarship that we might term 'the old paradigm.' In fact, just before this book appeared in print in 2012, a flurry of scientific papers was published with clear and hard evidence of the involvement of *Y. pestis* in the Second Pandemic. Things have changed very quickly since. Thanks to bioarchaeology and ancient DNA studies that made it possible to extract and examine pathogens from human remains we now know for sure that the Black Death and its recurrent waves were epidemics of plague. The consensus within the geneticist community is now accepted as a given by historians of plague. More importantly, in 2011, the genome of *Y. pestis* was sequenced entirely from medieval plague victims.<sup>6</sup> Both this "molecular turn" and its immense implications for historical scholarship have been eloquently communicated to historians.<sup>7</sup> In the light of these new techniques, not only is it possible to study the unique epidemiological characteristics of past plagues but also, given the slow evolution of *Y. pestis*, it becomes increasingly necessary to integrate the social and ecological contexts of epidemics reconstructed from historical records. Some historians were quick to recognize the immense implications of this moment. Monica Green was the first to clearly enunciate a new plague paradigm, taking *Y. pestis* as a given.<sup>8</sup> Since then, a new body of historical scholarship has started to take shape in line with the new paradigm.<sup>9</sup> Contrary to the attitude of 'plague skeptics' and 'plague deniers,' this new approach maintains that modern knowledge of a disease can be used to better understand its past manifestations, while still recognizing that knowing what the plague was in microbiological terms should not, and must not, color our examinations of how peoples in the past understood it and reacted to it.

In the absence of a clearly recognizable disease category and a thorough understanding of its etiology and epidemiology, as well as a seeming lack of

6 Kirsten I. Bos *et al.*, "A Draft Genome of *Yersinia pestis* from Victims of the Black Death," *Nature*, 478, no. 7370 (2011), 506-510.

7 Lester K. Little, "Plague Historians in Lab Coats," *Past & Present*, 213.1 (2011), 267-290.

8 Monica Green, "Taking 'Pandemic' Seriously: Making the Black Death Global," *The Medieval Globe*, 1.1 (2014), 27-61.

9 Monica Green, "Pandemic Disease in the Medieval World: Rethinking the Black Death," *The Medieval Globe*, 1.1 (2014); Varlık, *Plague and Empire*; Bruce M.S. Campbell, *The Great Transition: Climate, Disease and Society in the Late Medieval World* (Cambridge, 2016).

grasp on the symptoms of plague, the discussion about the symptoms and medical history of “non-plague” in *Plague Hospitals* is confusing (pp. 28-32). This dissonance occasionally leads to Crawshaw’s failure to interpret critical pieces of information found in her sources. For example, testimony about the abundance of lice in the children living in the *lazaretti* (p. 102) might be important to consider, given the ability of lice to transmit plague.<sup>10</sup> Crawshaw’s ambiguous treatment of plague in this book is especially unfortunate in view of archeological excavations from Venetian plague cemeteries that provide a wealth of information about the pathogens found in human skeletal remains, including plague.<sup>11</sup> Given the author’s obvious affinity to a ‘material turn’ in history, her association with artifacts could easily be expanded to include biological agents, to ascertain invaluable insights in support of textual evidence. The materiality of disease can, in fact, be pursued in a way very similar to that of commodities.

We move on to another critical point. One of the most essential yet covert assumptions that Crawshaw makes in this book is that plague came to Venice from the sea, though Crawshaw is not alone in entertaining this belief. Even though it is possible that *Y. pestis* was first introduced to European ports on the Mediterranean during the period of the Black Death, there is no conclusive evidence that later outbreaks followed the same trajectory. This large schema of contagion ‘always arriving’ from the eastern Mediterranean is an artifact of early modern European discourse that was later invoked and reproduced to legitimize the sanitary subjugation of non-European nations, especially in the nineteenth century. The cholera pandemic of the 1830s triggered not only policy but also historical writing, giving rise to European historical scholarship on the Black Death and other past epidemics. Informed by the Eurocentric narratives of this body of scholarship, Crawshaw, like many others, works on the assumption that plague came to Venice from the sea, and was then transmitted to the city and its hinterland. However, a closer reading of her own sources reveals evidence to the contrary. Crawshaw writes, “in Venice, investigations into the origins of outbreaks of plague often determined that infection had been carried into the city from the *terraferma* rather than by sea” (p. 21), and yet she

10 See for example Renaud Piarroux *et al.*, “Plague Epidemics and Lice, Democratic Republic of the Congo,” *Emerging Infectious Diseases*, 19. 3 (2013), 505-506; Saravanan Ayyadurai *et al.*, “Body Lice, *Yersinia pestis* Orientalis, and Black Death,” *Emerging Infectious Diseases*, 16.5 (2010), 892-893; Linda Houhamdi *et al.*, “Experimental Model to Evaluate the Human Body Louse as a Vector of Plague,” *Journal of Infectious Diseases*, 194.11 (2006), 1589-1596.

11 See for example Thi-Nguyen-Ny Tran *et al.*, “High Throughput, Multiplexed Pathogen Detection Authenticates Plague Waves in Medieval Venice, Italy,” *PLoS ONE*, 6.3 (2011), e16735.

seems to not take such contemporary accounts seriously. As Ann Carmichael has recently argued, the connections that an early modern port city had with its upland hinterland are particularly important for understanding recurrent plagues.<sup>12</sup> This hypothesis is also supported by latest genetics research.<sup>13</sup>

Venice was not, of course, the only city that suffered from recurrent outbreaks of plague in the post-Black Death era. Seville, located on the western end of the Mediterranean, also suffered from these outbreaks; it faced at least fourteen epidemics during the sixteenth century. Kristy Wilson Bowers's *Plague and Public Health in Early Modern Seville* appeared in 2013, shortly after Crawshaw's book. In the case of Seville, records of public health measures are meager prior to the late sixteenth century, which explains why Bowers focuses on the outbreaks of 1582 and 1599-1600. Administrators dealing with these later outbreaks, which affected large parts of the Iberian peninsula, left behind a series of records in the municipal archives of Seville; these records constitute the backbone of Bowers's study.

Seville was a flourishing city in the early modern world. It was a center of administration and a key port for Atlantic trade. Owing to its booming economy and its commercial networks, it could not be isolated completely from outside contact during times of plague. Administrators and city officials recognized the need to find a compromise between the necessity of protecting the city's interests in a time of crisis, and meeting the public health needs of the community; such compromise often meant imposing rules and then making exceptions. Bowers's book brings to life this dynamic and multi-layered story, and allows us to hear many voices, especially when they represented conflicting interests. We read about the administrative structures in Seville and administrators' efforts at maintaining public health (e.g., keeping the city clean, guaranteeing a steady supply of food and water, health care services), and how those structures operated at times of crisis (pp. 19-29); how different members of society understood the causes, transmission, prevention, and treatment of plague (pp. 30-51); public health responses as they were negotiated by individuals who often perceived such responses as conflicting with their own interests (pp. 52-68); plague regulations as they were negotiated along the networks of

12 Ann G. Carmichael, "Plague Persistence in Western Europe: A Hypothesis," *The Medieval Globe*, 1.1 (2014), 157-191.

13 Kirsten I. Bos *et al.*, "Eighteenth Century *Yersinia pestis* Genomes Reveal the Long-Term Persistence of an Historical Plague Focus," *eLife*, 5 (2016), e12994; Lisa Seifert *et al.*, "Genotyping *Yersinia pestis* in Historical Plague: Evidence for Long-Term Persistence of *Y. pestis* in Europe from the 14th to the 17th Century," *PLoS ONE*, 11.1 (2016), e0145194; Maria A. Spyrou *et al.*, "Historical *Y. pestis* Genomes Reveal the European Black Death as the Source of Ancient and Modern Plague Pandemics," *Cell Host & Microbe*, 19.6 (2016), 874-881.



trade and communication that connected Seville to its local and regional contexts, and also by the public health officials who traveled from town to town trying to collect information about plague and to enforce regulations (pp. 69-88); and the connections that tied Seville to the Spanish crown, as Bowers evaluates the city's local experience in the larger imperial context as an example of how that local response gradually came to be appropriated by the powers of a centralizing empire at the turn of the seventeenth century (pp. 89-99).

What distinguishes Bowers's work is her straightforward acknowledgment of *Y. pestis* as the pathogen of plague. She clearly recognizes the significance of ancient DNA research for the field of plague studies, and its implications as something that "helped provoke a reassessment of these questions of retrospective diagnosis" (p. 3). She integrates up-to-date publications on genetics into her book. Bowers's study disagrees with Crawshaw's approach when it comes to privileging certain responses to plague over others. Unlike Crawshaw and the historical scholarship that informed *Plague Hospitals*, Bowers believes that historians need to focus more carefully on ad hoc responses to plague, as these more accurately reflect experiences on the ground.

Unfortunately, such efforts have received less attention than more structured forms of responses, such as the health boards of and quarantines in the Italian city-states that have been already studied in great detail. In proposing a shift of focus to temporary public health commissions, Bowers frees the discussion from both the historiographical hierarchy of plague and public health literature, and from the modern bias on effectiveness and positivism. She engages in a helpful comparison of the plague response adopted in Italian city-states with those in Seville. She emphasizes that the policies of exclusion used in the Italian city-states resulted from their size and their separate political identities. According to Bowers, such a policy of exclusion was simply not possible for Seville, which maintained close ties with the nearby towns within its political domain, and with those that lay beyond it. Bowers carefully elucidates the ways in which Seville's experiences and actions were different, without making it seem to be either unique or entirely distinct. The book thus signals a move toward a less dramatic evaluation of early modern responses to plague – indicating how the early modern populations had, by the late sixteenth century at least, come to accept plague as a part of their healthscape as they learned ways to live with it.

The most recent of the three books under review here, Zlata Blažina Tomić and Vesna Blažina's *Expelling the Plague: The Health Office and the Implementation of Quarantine in Dubrovnik, 1377-1533*, is a long awaited study in the English language of plague and public health measures in Dubrovnik (Ragusa). The book recounts the story of Dubrovnik's experiences with plague during the

post-Black Death outbreaks, and the organization of local public health responses. It is based on the authors' research in the State Archives of Dubrovnik, which includes previously untapped legislative documents from the early sixteenth century. An aristocratic city-state located on the eastern coast of the Adriatic, Dubrovnik became a major trading hub in the late medieval era thanks to its overland connections with its hinterland, and its maritime connections in the Mediterranean and beyond. In particular, trade in salt, grains, metals, leather, and wool contributed to its growing economic prosperity. Skilled in the art of diplomacy, Dubrovnik's officials succeeded in protecting the city's bustling economy by allowing it to become a vassal state of the Ottoman Empire in the fifteenth century, a time when the latter's control over the Balkans was fast expanding. This new political alliance enabled Ragusan merchants to negotiate commercial privileges: they were allowed to trade freely in Ottoman-controlled areas over land and sea.

Like other officials in late medieval and early modern Mediterranean cities, Dubrovnik's administrators adopted a series of public health measures and continued to refine them throughout the recurrent plague outbreaks of the post-Black Death era. For example, the city passed regulations on health and sanitation, street planning, building, garbage collection, and sewage systems, and built a granary and an aqueduct (pp. 28-30). Some of these regulations, like the adoption of quarantine measures, have been already highlighted for their exceptional importance; Dubrovnik is credited for being the first city to adopt quarantine measures and to establish a Health Office. Like Crawshaw, Tomić and Blažina also rank public health responses and pay attention to whether public health measures were temporary or permanent, successful or unsuccessful.

*Expelling the Plague* accepts *Y. pestis* as the pathogenic agent that caused the recurrent epidemics that affected Dubrovnik in that era. It also acknowledges a DNA research and recognizes its implications as follows: "Scientists revealed that they have sequenced the DNA of *Yersinia pestis* extracted from the dental pulp and bones of one hundred skeletons buried during the 1348 epidemic in East Smithfield plague pits in London. These results prove that [the] Black Death was indeed caused by *Yersinia pestis* and that the genome of the bacterium is practically identical to the modern one present around the world today" (p. 277n25). Nevertheless, this important statement is buried in the book's endnotes. The discussion in the main text on the etiology and epidemiology of plague mostly draws from an older body of scholarship. As such, it relies heavily on the notion of contagion and the spread of the infection via materials, such as wool, cotton, linen, and silk.

Within this general framework, *Expelling the Plague* works with a firm assumption that Dubrovnik always received plague from Ottoman-controlled

areas. This is understood by the authors to be primarily the result of Dubrovnik's ongoing maritime contacts with the Ottoman ports (although the possibility that the infection might have been brought across their land border is also mentioned). We find statements such as "plague always came from the Levant. It was brought by infected ships, either directly from the Ottoman lands or indirectly, on a ship from one of the Italian port cities on the other side of the Adriatic" (p. 109). Curiously, there is no historical evidence provided to support this claim that the authors make repeatedly (e.g., pp. 42, 109, 113, 230, 236), other than the statement that Ottoman ports did not use quarantine measures. One wonders whether this is an artifact of the Ragusan state documents used in this book, or if it is simply the authors' own interpretation of them. We read that Ragusan authorities collected information on a regular basis about possible infection in surrounding and distant ports. For this, they relied on a constant stream of intelligence reports sent by their consular services abroad. They established a system of registration and border control monitoring that recorded each individual and details about their trip. However, a closer look at the sources used here does not seem to support the claim that plague always came from the Ottoman ports. It is interesting to note that the records kept by Ragusan health officials between 1500 and 1530 indicate a total of 1,551 arrivals; an assessment of these arrivals reveals that only one fourth originated from Ottoman-controlled areas and that the greater majority came from Italy, Croatia, and elsewhere. Given this body of information, it is nearly impossible to trace the 'origin of the infection' to Ottoman port cities. The Ottoman sources, however, allow us to reconstruct an entirely different picture: one where the trajectory of plagues that arrived in the Ottoman lands in the fourteenth and fifteenth centuries is traced back to Venice and Dubrovnik, and not the other way around. Indeed, I have argued elsewhere that the Ottoman Empire was likely not the point of origin of the outbreaks that affected the Adriatic, at least not in the fourteenth and fifteenth centuries. (The dissemination of plague started to change drastically in the sixteenth century). Once major plague epidemics receded in European cities from the seventeenth and eighteenth centuries onwards,<sup>14</sup> their continued recurrence in the eastern Mediterranean cities created a long-lasting association of plague with this area, and contributed to the rise of an 'epidemiological orientalism' that informed historical scholarship.<sup>15</sup>

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14 The last plague outbreak in the Ragusan Republic is noted for 1784 (p. 67).

15 Varlık, "'Oriental Plague' or Epidemiological Orientalism? Revisiting the Plague Episteme of the Early Modern Mediterranean," in *Plague and Contagion in the Islamic Mediterranean*

Taken together, these three books represent a major intervention in the historiography of the Second Pandemic. All three titles explore post-Black Death outbreaks of plague, even though their individual chronological frameworks vary slightly. Venice's plagues and policies are surveyed up to the early 1630s, although the discussion is mostly centered on the fifteenth and sixteenth centuries. Dubrovnik's experience is traced over nearly two centuries (from the Black Death to 1533), which represent a time of heightened plague activity. In the case of Seville, the time frame is rather narrow; Bowers's study essentially focuses on late sixteenth-century plague outbreaks and responses to them. The selection of this chronological framework shifts the attention away from the Black Death to the later, recurrent waves of plague. In doing so, these books – along with other recent publications – upset the privileged position that the Black Death has long held in the historical scholarship.<sup>16</sup> This timely intervention reminds us that plague was not a one-time visitor, but rather an integral component of the late medieval and early modern Mediterranean healthscape.

Reading these books together offers unique insights for the historian of plague and public health in the Mediterranean world. It allows us to comparatively address the etiology and epidemiology of the disease. As we recover the histories of plague in different urban and rural settings, we learn more about the behavior of the disease and recognize the diversity it assumed in different climatic, environmental, and social contexts. To fully develop this comparative approach to the Second Pandemic, we wish to see additional new studies, especially on lesser-studied areas of the Afro-Eurasian disease zone. For example, did plague circulate between North Africa and the port cities of southern Europe? How did it move between these Mediterranean port cities and their hinterlands? Seville, Dubrovnik, and Venice represent the experience of sea-level port cities; we need more studies on the plague experience of their hinterlands. Ann Carmichael's recent study of the European Alps teaches us the important lesson that the highlands of Europe might have experienced the plague differently.

At the same time, we have more to gain from expanding the focus of plague studies beyond Europe. Such studies are especially needed to eliminate some long-standing tropes in the field, particularly its Eurocentric bias, that is, the assumption that the European plague experience was somehow unique. Drawn from a certain imagination of European society as the bulwark of rationalism,

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*nean: New Histories of Disease in Ottoman Society*, ed. Varlık (Kalamazoo, MI: ARC Humanities Press), 57-87.

<sup>16</sup> See footnote 1.

good governance, and progress, the prevailing Eurocentric assumptions of difference have resulted in overemphasizing the importance of quarantine – easily contrasted by its later adoption in Muslim societies. Modern knowledge of plague as a vector-borne zoonosis (animal-to-human disease) underlines multiple patterns of dissemination that challenge conventional narratives of plague contagion, spread from port city to port city via infected ships. Taking a more dynamic approach that appreciates these varied routes of transmission – and hence of plague experience – would do much to put to rest the assumed importance of medieval and early modern practices of isolation and quarantine.

