Plague, Commerce, and Centralized Disease Control in Early Modern France

Most early modern Europeans would have concurred with the physician Jérôme-Jean Pestalozzi that “Oriental plague” was the sum of everything “most contrary to life.”¹ During his tour of the Levant, the Aixois botanist Joseph de Tournefort noted how frequently plague ravaged the Ottoman Empire and that the Turks refused to implement preventative measures. Ignorance and fatalism doomed the population to death. “Aside from fire, the plague and the leventis [undisciplined soldiery] are the two main scourges in Constantinople,” he observed; the Turks tranquilly watched “up to five or six hundred people die daily of this cruel malady, without taking any measures to avoid or combat it.” The Turks spread disease by continuing to trade during an epidemic: “the goods and merchandise of the plague-ridden are sold as easily as those people who have been murdered or have died in old age.”²

Tournefort’s descriptions of the connections between Islam, Turkish despotism, and disease were hardly original. Abbé Martin Gaudereau described how the “Orientals” rejected precautions against disease under “the tyranny of Mahometisme.” “While the Christian Religion flourished in Armenia, Asia Minor, Mesopotamia and Syria,” he wrote, “these Provinces surrendered to the purity of the air.” They transformed, however, into lands “overshadowed by death . . . thatdevoured its own inhabitants” under the “force” and “ignorance” of the Turks.³ By the eighteenth century, European writers agreed that “all plagues that have appeared in Europe have been transmitted by communication with the Saracens, the Arabs, the Moors and the Turks, and that plagues do not have our homes as a source.”⁴ They understood that merchants, soldiers, travelers, and
their goods brought the “Oriental plague” to Europe. Plague—along with the sultan’s janissaries, eunuchs, and harem—became symbolic of “Oriental” decadence. European accounts encoded plague within a matrix that equated corrupt states and societies with corrupt bodies.

Beyond expressing anxieties that the Ottomans would destroy French commerce by conspiring with pirates or trading inferior silks, French administrators remained particularly wary of the threat of plague they associated with the Turkish Empire. “Plague covers Turkey, and appears frequently in cities, following commerce and communication,” the French physician G.-A. Olivier commented at the end of the eighteenth century. “It is always present in Constantinople because it is the city that communicates most with the rest of the Empire.” Turkish ships carried plague to Alexandria, Asia Minor, and Europe. Worried that international trade amplified the risk of outbreaks of this dreaded disease in France, physicians and administrators kept a nervous eye on merchants and merchandise from the eastern Mediterranean.

Plague was by no means the sole large-scale catastrophe that concerned early modern Europeans. As Stephen Tobriner has discussed, the “specter of earthquakes loomed large in the Enlightenment consciousness” as seismic activity under Lisbon, Sicily, and other parts of the Mediterranean killed over 130,000 people between 1693 and 1783. Devastation caused by hurricanes found expression in various literature, from William Shakespeare’s *The Tempest* to Daniel Defoe’s *The Storm*. Meanwhile, cold winters, bad harvests, and parasites in Europe and its colonies triggered famines. In early modern imaginary, these calamities traced to the same source; following ancient Hippocratic medicine, experts and lay populations believed that bad air, or miasma, “precipitated a radical imbalance between inner and outer states of being in humans and other life forms, from animals to seeds of grain.” However, it was only plague that they understood in relation to commerce and the Ottoman Empire: plague was an “Oriental” disease, it spread as a result of commerce, and it disrupted European commerce.

What medical knowledge did French experts generate to protect the kingdom from the ultimate “Asiatic” disease? What initiatives did the Crown and local administrators develop to safeguard commercial centers from catastrophic epidemics? This chapter argues that seventeenth- and eighteenth-century knowledge of plague was as inconsistent as French Orientalist discussions of the Ottoman Empire. On one hand, plague treatises, dictionary articles, and medical pamphlets exaggerated its terrible characteristics. They insisted that a plague-stricken city was the apocalyptic inverse of a properly functioning community. As Daniel Gordon and Colin Jones have shown, early modern writers used
metaphors that depicted plague as religious, political, and social derangement. They adopted Hippocratic theories to argue that plague resulted from disturbances of equilibrium and order in the human body and the environment. Such ancient interpretations jibed with early modern Orientalist visions of the Turks. French stereotypes of the Ottomans—political tyranny, sexual depravity, religious fanaticism, medical catastrophe—could be legitimated if medically rationalized as products of humoral derangement. The same writers who stressed plague’s dystopic qualities and followed ancient medical formulas, however, adopted new interpretations of disease by claiming that plague was not so dreadful if examined rationally. They insisted that empirical science would counterbalance the plague’s disruptive effects on body and society. Early eighteenth-century scientists and doctors—notable among them, Jérôme-Jean Pestalozzi and François Chicoineau—understood disease as a product of irrationality, and advocated the use of reason to restore humoral equilibrium. The late early modern period saw old and new “science” combining; empiricism and “reason” were not diametrically opposed to Hippocratic interpretations of plague.

As with doctors, French administrators combined Eurocentric Orientalist sensibilities, knowledge of Hippocratic science, and emergent rationalist approaches to prevent and contain disease. Convinced that plague spread through the foreign levain pestilentiel that corrupted air, royal and local administrators in Marseille and other ports strengthened plague prevention programs by reforming two existing institutions, the lazaretto, or quarantine hospital, and bureaux de la santé, which established regulations for travelers from the Levant. Meanwhile, the monarchy increasingly interfered in administering these institutions; upon opening Marseille to duty-free Levantine commerce, the Crown centralized both institutions, placing local health management under royal control and patronage. Led by Colbert, the monarchy imagined that it would protect the city and state from medical danger through royal regulation and streamlined administration. Civic leaders—the échevins and intendants de la santé—resisted, convinced that quarantine hospitals and bureaux in Marseille were civic institutions that required autonomy.

Like the “science” it was founded upon, plague prevention was thus a combination of old and new. It built on civic institutions that predated French commercial expansion. At the same time, an emergent power—a bureaucratized state—struggled to wrest away authority from local health intendants, who continued to believe that health in a municipality was a civic issue. Seeing commercial expansion and the developments that threatened it—pirates, foreign competition, and plague—as state, rather than local concerns, the monarchy sought to
adopt local systems of administration under its patronage, asserting that it alone could assure the health of the public. Ultimately, however, the bureaucratic machine failed in 1720.

UNDERSTANDING PLAGUE IN EARLY MODERN FRANCE

What was plague? The plague’s causes were not discovered until 1894, when Alexandre Yersin located a bacillus, later named *Yersinia pestis*, on dead rats and human plague victims. In 1898, scientists decoded the relationship between *Yersinia pestis*, fleas, and rats: fleas ingested bacilli from infected rats; they spread disease as they regurgitated bacilli on host bodies or defecated into the punctures created by their bites. Until such epidemiological discoveries, medical experts only knew that plague was a terrible disease. Fever, chills, and delirium; the eruption of black carbuncles; the bubo, the large roselike inflammation on the groin or armpit that secreted pus and blood; the bile spilling from the mouth and bowels; a “prompt death” after three days: these symptoms earned the disease its reputation as “the assemblage of all that is the most contrary to life,” in Jean Pestalozzi’s words.

This disease that inflicted such violence on the body moved swiftly through Europe, Africa, and Asia. In Rennes in 1605, 20 percent of plague victims died within a day, 48 percent within two days, and 80 percent within five. Between 1703 and 1716, plague devastated Europe every year: it left 18,000 dead in Kraków in 1706; 25,000 in Danzig and 21,000 in Stockholm in 1710; 215,000 in Brandenburg in 1715. An outbreak in 1713 killed a third of Prague’s inhabitants and a tenth of Vienna’s. At its height in 1720, the plague claimed a thousand deaths a day in Marseille. Across the Mediterranean, in Constantinople alone, outbreaks claimed from 12 percent to 30 percent of the population. Similar numbers held true for Salonika, Smyrna, Alexandria, and Cairo into the nineteenth century. During the eighteenth century, Constantinople was ravaged by plague 64 years out of 100; Anatolia, 57 years; Syria, 49 years; and Egypt, 44 years.

Southern France, and Provence in particular, suffered numerous plague outbreaks between the Black Death of 1347 and the Plague of 1720, the last epidemic in the kingdom. Daniel Panzac counts thirty epidemics between 1347 and 1450; forty-three between 1451 and 1550; and twenty-nine between 1551 and 1650. While the region only saw four epidemics between 1651 and 1750, the threat of plague remained high.

Early modern European observers turned to classical humoral theory to comprehend this violent disease. Introduced by the ancient Hippocratic school of
Between Crown and Commerce

1 1 0   between crown and commerce

medicine, the humoral theory developed under Galen and Byzantine and Per-
sian physicians such as the renowned Avicenna (ca. 980–1037), before it was
reintroduced in translation to European intellectuals in the Italian city-states
and Islamic Al Andalus (Spain); Latin plague treatises on the Black Death drew
on Arabic sources. Humoralists divided the world into four elements—fire,
water, air, and earth—corresponding to fluids in the body. Each element was
associated with colors, temperaments, seasons, smells, tastes, and age. Accord-
ing to humoralists, plague spread due to miasmas, or disequilibrium in the air.
Corruptions in the air upset the relationship between elements and correspond-
ing humors inside the body. Following such Hippocratic teachings, early mod-
ern physicians maintained that the plague was bad air: “The plague being a very
subtle vapor, it communicates itself easily from one to another subject,” Pierre-
Jean Fabre, the king’s physician, wrote in 1652, “this vapor contains venom that
is totally contrary to life, and it destroys it completely.” While healthy bodies
contained “natural heat,” the plague was “a cold vapor deprived of all heat.”

From classical Greece to early modern Europe, physicians across the Medi-
terranean world assumed that “moderation” could counteract humoral corrup-
tions. Arabic modifications on Galen included six principles of moderation: air-
intake, food and drink, work and rest, wakefulness and slumber, evacuation and
retention, and emotion. During plague outbreaks, physicians restored equilib-
rium in three ways: bloodletting to reduce heat, excising boils to remove bile,
and spreading clay over the skin to calm the humors. They relied on herbal and
fruit concoctions for hydration. Above all, physicians stressed that good regimen
and prudence could prevent and reverse bodily derangement, while, “the pas-
sions of the heart [and] movements of the spirit” could multiply disorder. Accord-
ing to one physician, such “passions” that stoked derangement included “move-
ments of temper, of love, of sadness.”

Definitions of “moderation,” “derangement,” humoral balance, and disequi-
librium were, however, open to interpretation. The Hippocratic vocabulary was
highly elastic, allowing early modern writers to magnify the scope of plague by
assigning various political, moral and social meanings to the term. Above all,
early modern medical experts and administrators associated plague, the physi-
cal disease, with political derangement based on readings of classical plague
texts written by chroniclers such as Thucydides, Procopius, and St. Cyprian that
reinforced the relationship between medical, political, and moral catastrophes.

Thucydides’ History of the Peloponnesian War was one of the primary accounts
of plague in antiquity consulted by early moderns. Thucydides wrote how the
The second year of the war saw “a pestilence of such extent and mortality [that] was nowhere remembered.” Plague for Thucydides symbolized the corruption of Athens and the destruction of the republic. Plague overwhelmed the physical body and stunned the sociopolitical body. The healthy abandoned their civic duties. Citizens succumbed to fatalism at the prospect of imminent death, abandoning public duties and pursuing personal pleasure: “men not knowing what would become of themselves became utterly careless of everything whether sacred or profane.”

Borrowing such interpretations from Thucydides, early modern French and Provençal intellectuals perceived plague as the destroyer of political order, as dangerous as political usurpers, anarchy, and tyranny. The physician François Chicoyneau, son-in-law of the first doctor to the Regent, used Thucydides’ plague as a template to understand all subsequent outbreaks in Europe. Plague epidemics, “a malady as old as the world,” he observed, had followed the same pattern though two millennia. As in Athens, war, political chaos and plague always appeared together. Plague disrupted citizenship; consuls fled, immorality reigned, and inhabitants succumbed to self-interest. Patriots and traitors appeared in such moments in striking contrast, as did order and disorder, virtue and vice, health and sickness. Specifically in early eighteenth-century Marseille, physicians such as Jean-Baptiste Bertrand described how the city repeatedly suffered the combined catastrophes of war and plague: the city’s oldest recorded plague devastated Massilia with Julius Caesar’s army in 49 BC, while subsequent epidemics prompted political chaos, or vice versa. In 1580, he recounted, the epidemic spread as citizens and consuls fled the scene, while in 1630, political disorder brought plague to the city: “the divisions that reigned in the city led to the neglect of precautions that might have prevented [the plague].” Other early modern plague writers associated plague with moral disorder. In Histoire de la Ville d’Aix, the physician Jean-Scholastique Pitton argued that while war and political instability “attracted the anger of the Lord,” immorality also generated plague. Epidemics, he claimed, began when “women of debauchery” spread disease.

By the eighteenth century, plague developed into a multilayered term involving physical, moral, and political imbalance. The article for peste in the first edition of the Dictionnaire de l’Académie française (1694) illustrates the term’s broad scope. After defining peste as a “contagion, an epidemic malady that comes from a general corruption in the air and causes a great mortality,” the author
provided several figurative usages. As a noun, a *peste* was “a person with whom frequentation is dangerous.” The dictionary specified that “a person of bad example” was a *peste* against “the public,” and that a bad citizen in power was “a *peste* against the Republic.”27 “Lively and malicious young women” could also be *pestes*. Jean-François Féraud’s prerevolutionary *Dictionnaire critique de la langue française* (Marseille, 1788) reinforced such metaphorical definitions, stating that “people and things capable of corrupting the spirit of the heart” were plagues. “Bad Princes are ordinarily taken by *pestes de Coeur . . . Flatterers, peste fatale, destroy states more than the armies of enemies.” The verb *pester* meant “to wage war.”28

Plague signified more than bad people with bad intentions doing bad things. It was any extreme expression of evil and anarchy: *peste* was “all the bad things of this world.”29 If physicians in the Hippocratic tradition defined disease as humoral derangement, historians, administrators and doctors in the early modern period tended to regard plague as maximum derangement.

**RATIONALIZING PLAGUE IN EIGHTEENTH-CENTURY FRANCE**

Dictionaries aside, early modern French discussions of plague most often appeared in the form of plague treatises, usually published in Paris, Lyon, or Toulouse.30 Often titled *Traité de la peste*, the classic treatise included a preface, a discussion of the disease’s origins, signs—of its approach and symptoms—preservatives, and disinfection measures. These texts were hardly intended solely for physicians; rather, they were aimed at medical, religious, and municipal personnel in general.

While they adopted Hippocratic explanations of plague that connected disease to disorderly sociopolitical environments, early eighteenth-century epidemiologists introduced new interpretations that tended to shrink plague’s dimensions. While preserving Hippocratic theories of miasmas, physicians assumed a rationalist tone that reduced the disease to its “simplest forms.”31 They configured plague, disharmony, and irrationality against experimental knowledge and rationality. The medical views of two renowned physicians who practiced and wrote during the plague of 1720, Jérôme-Jean Pestalozzi and François Chicoynau, point to this transition.

Pestalozzi was professor of medicine in Lyon and a member of the Académie royale des sciences de Montpellier. Following Hippocratic teachings, he attributed the plague to yeasts activated by miasmas. His *Dissertation sur les causes et la nature de la Peste* and *Avis sur la Peste* described how air imbalances created
yeast, which spread through commerce. This yeast, he explained, was foreign; “in certain climates,” he described, “an assemblage of salts that compose a foreign and completely inassimilable yeast . . . puts everything in disorder.” The yeast multiplied in the blood and deranged humoral balance; it sent bodies off kilter by introducing “a cold vapor.” It gained strength “in our climates,” surviving “outside the [human] body without decomposing”; it survived for months in clothes, textiles, and merchandise. Echoing classical discussions, Pestalozzi then argued that plague destroyed more than the physical body: as individual victims fell, political and social bodies collapsed. “If this particular malady in man deranges all the economy of his body, the general and contagious malady entirely reverses the political order and ruins civil society.”

Pestalozzi insisted, however, that plague was a simple disease. It destroyed many things, but it did so in the same way. Plague disrupted healthy relationships among humors in the body; likewise, it disturbed healthy relationships among inhabitants in society. In a word, plague deranged “economy,” understood biologically as “a harmony between different parts and qualities of the physical body” and figuratively, “as the order by which the political body subsists.” Plague skewed relationships, but they could be righted through scientific observation.

Pestalozzi advocated a simplified scientific method of confronting the plague: observation of the disease’s effects. He adopted an empirical method that “consist[ed] in knowing the malady by its effects, by its signs and accidents, of judging its different circumstances, of taking these indications and following the best paths, and finally of performing means known to medicine.” Rather than focusing on the myriad causes, he advised the physician to observe the symptoms to discern what had been deranged. Plague, he argued, had to be reduced to its simplest forms. The variations and “bizarre complications” that plague produced in different bodies suggested that it required “different methods” of treatment. He argued, however, that “everything depends on one principal . . . all the variations can only come from the modification of the same principle.” Reduced to basics, plague could “be attacked by one method . . . by the same genre of remedies.”

Pestalozzi’s scientific method was fraught with tensions. Though he had inherited the Hippocratic vocabulary, his investigative process leading from particular effects to general ideas made him a budding empiricist. While he subscribed to ideas about plague that linked physical derangement with political and social disorder, he attempted to strip it of metaphors and reduce it to biological dimensions to make it manageable and curable.
Meanwhile, Pestalozzi’s contemporary and rival François Chicoineau (b. 1672, the son of Michel Chicoineau, chancellor of Montpellier University) also marshaled rationalist approaches to claim that plague did not exist. Chicoineau received his medical degree in 1693. Following his mentor (and father-in-law) Pierre Chirac, doctor of the royal army and first doctor to the king, Chicoineau achieved fame for refuting contagionist theories and for arguing that plague only existed in the imagination.

In *Notice sur les principales pestes qui ont ravagé le monde*, Chicoineau, like Pestalozzi, characterized plague as an uncomplicated disease. Using the first recorded plague outbreak during the Peloponnesian War as the paradigm for all subsequent epidemics, he demonstrated that “the most terrible wars have destroyed fewer people in entire provinces than the plague.” The plague, however, was predictable; it remained unchanged through centuries. “While wars have varied,” he explained, “plague almost always has the same characteristics: the oldest plagues are like pictures of the new [ones].” In all outbreaks, “one sees the characteristics of all other plagues; the origin is the same; the complications resemble one another; the progress is equally rapid; what follows is equally terrible; they have inspired the same beliefs.”

For Chicoineau, it was not plague that killed, but rather fear. “The concept of fear,” he detailed, produced “a conviction that one will be attacked; from this fear, a perpetual imbalance of the mind; from this imbalance, a quivering of the brain; from this quivering a vertigo and a strong belief that illness and death are not far off; from this belief a growth of terror; from this a stoppage of the blood and lymph or the blockage of fluids and solids; from this blockage, inflammations and gangrene; and finally the plague and death.” This hypothesis downgraded the plague “to psychosomatic dimensions,” Daniel Gordon writes. According to Chicoineau, plague did not exist. Fractured minds produced fractured bodies. A scientific mind, devoid of apprehensive imaginings, would eliminate plague.

Chicoineau’s refusal of plague was radical. Nonetheless, he was ultimately a traditionalist who employed conventional remedies to restore humoral balance, bodily and mental equilibrium. Attributing the disease to fear and “unwholesome food,” Chicoineau recommended better bread and, during the Plague of 1720,
counseled musicians to play “violins, drums, and fifes . . . and lively airs, . . . to drive away melancholy” and “superstition.”

Early eighteenth-century epidemiologists brought together Hippocratic medicine, classical historical interpretations, and emergent notions of empirical rationalism to understand plague. Attributing disharmony to bad air and foreign yeasts, physicians preserved the remnants of traditional humoral theory. They also began limiting, if not discarding, the wide metaphors of plague to uphold what would become an Enlightenment reading of disease; they introduced the idea that reason and experimental science could control and ultimately abolish biological and natural disasters. Early modern readings of plague, therefore, oscillated between pessimistic visions of an apocalyptic medical catastrophe that rendered humans powerless, and optimistic assumptions that the human mind could control nature.

PLAGUE PREVENTION AND THE BUREAU DE LA SANTÉ: A PREMODERN OR MODERN INSTITUTION?

While plague writers argued whether plague existed or not, administrators in European cities along the Mediterranean coast developed preventative measures to shield the continent from a medical catastrophe that they assumed was foreign and “Asiatic.” In this regard, they were motivated not only by Orientalist impulses; by the sixteenth century, it was a known fact that plague did not originate in Europe. During the classical and medieval periods, plague epidemics broke out indiscriminately in Europe, Asia, or Africa. By the seventeenth century, however, climatic changes and rodent depopulation had reduced plague’s “permanent foci” to the Near East, Africa, and Asia. Seventeenth-century Europeans agreed that the Ottoman Empire was the center of plague activity, with Constantinople, Smyrna, and Alexandria forming the triangle where the yeast to which they ascribed plague developed. The convergence of Orientalist views and biological realities supported European administrators’ polarized and distorted understanding that the Turkish Empire was the inverse of a properly functioning order.

Plague-prevention initiatives in early modern Europe consisted of several defining characteristics. First, as commerce was transnational in character, so too were the programs created to protect it. Like commerce, health maintenance transcended local and national boundaries. Bureaux of health, health intendants, and quarantine hospitals established from the sixteenth through eighteenth centuries throughout Euro-Mediterranean cities, republics, and states mutually
communicated intelligence to minimize the outbreak of plague; they worked with the premise that standardized rules and international collaboration would lead to the perfection of human health. The eighteenth-century *mémoires* of the Marseille Bureau de la santé revealed the universalist message: “The health bureaux that are established in all the ports of the Mediterranean exist within the jurisdiction of each government and its principal administration. Even in time of war, they continue to correspond with one another to convey mutual advice for all who can contribute to the conservation of health in the universal society of mankind [*société universelle des hommes*].” Correspondence among bureaux testifies to this collaborative aspect of health maintenance. The Marseille bureau sent or received approximately 250 letters regarding plague annually. The majority of its correspondence involved Spanish and Italian health bureaux; 72 percent of the letters were from or went to Genoa, Livorno, or Venice. Correspondence surged during plagues. The Archivio di Stato of Venice has conserved 5,653 letters received or sent between 27 June 1720 and 4 February 1724 during Marseille’s plague of 1720. Each bureau specialized in news of plague outbreaks in the Ottoman Empire; collaborative efforts among European bureaux to publicize reports to other bureaux played a critical role in preventing and containing plague in Europe.

The health bureaux therefore had several identities. As institutions established in a particular municipality and run by health intendants chosen by civic administrators, they were committed to serving the interests of local communities. Located in major port cities that served as gateways into the larger state, these bureaux were also corporate bodies beholden to the monarch. Finally, as part of a loosely organized Euro-Mediterranean-wide health organization, they were committed to safeguarding Europe from “foreign,” “Turkish” disease. These layers of commitments often resulted in much tension over authority and proper protocol.

Another distinguishing feature of plague-prevention initiatives was their combination of premodern and modern systems of health management. Unaware of the biological causes of plague, administrators and physicians employed by European health bureaux used Hippocratic medicine to define and diagnose disease, and to treat and disinfect people and merchandise suspected of contamination. At the same time, the bureaucratic machinery was rather modern and unprecedented. In France, it was the product of Colbert’s desire to centralize commercial administration; as the controller-general associated plague prevention with securing commercial activity, he insisted that the Crown control health management in Marseille. Much before the establishment of a democratic wel-
fare state, the French monarchy began claiming authority to govern subjects’ bodies—something previously limited to local and religious authorities. Furthermore, the systematized procedures for the quarantining of mariners and merchants conformed to “modern” standards of disciplinary management rather than premodern methods. Michel Foucault, after all, located the physical model for Jeremy Bentham’s panopticon in the plague-containment practices established in the lazaretto: “immobilized by the functioning of an extensive power that bears in a distinct way over all individual bodies—this is the utopia of the perfectly governed city. The plague . . . is the trial in the course of which one may define ideally the exercise of disciplinary power. . . . traversed throughout with hierarchy, surveillance, observation, writing. . . . Bentham’s Panopticon is the architectural figure of this composition.”45 The quarantine system instituted by early modern health bureaux can be analyzed as an early attempt at the detached scientific objectification that Foucault would find perfected in nineteenth-century detention centers.

Early modern European plague prevention was founded on a simple and logical premise: disease could be minimized by limiting contact with travelers. European countries shielded themselves from plague by first restricting the points of contact between the Levant, Barbary, and Europe. That Marseille became the only port in France authorized to receive vessels directly from the Levant had as much to do with limiting exposure to contagious disease as with increasing profits in trade through monopoly.46

Second, European states updated their lazarettos, making health surveillance a mandatory requirement for international traffic and travel. The completion of Marseille’s new lazaretto, the Nouvelles Infirmeries, in 1668, in time for Colbert’s edict of 1669, was no coincidence. The Crown could not risk the appearance of plague in France; a plague outbreak would shut down the port and disrupt the country’s international trade. Plague meant not only physical deaths but the disruption of commerce. This royal attention to pestilential outbreaks appeared clearly in the edict of 1669, which made quarantines compulsory. Building a new lazaretto at Marseille would prevent “the ruin of commerce and the exposure of the whole kingdom to the communication of the contagious malady.”47 Though a “communal institution,” the lazaretto was “national property.” Louis XIV reached into his own coffers to create it, providing 62,000 livres “for the acquisition of lands and the construction of the Nouvelles Infirmeries,” which would be “a great advantage and utility for the public.”48 By 1669, the city’s Bureau de la santé regularly held quarantines at the completed Nouvelles Infirmeries.
The lazaretto system was confined neither to Marseille nor to the late seventeenth century. The lazaretto was a legacy of the medieval leprosaria; as the incidence of leprosy decreased, leper asylums were converted into confinement centers for mendicants, the insane, and those with infectious diseases. Quarantining the “suspected sick” began in the fifteenth century in the Italian city-states, whose trading links with the Levant led them to implement measures for plague protection. In 1423, Venice constructed the first lazaretto on the island of Santa Maria di Nazaret to contain and prevent pestilential epidemics. Following Venice, Livorno established a permanent health administration, and expanded its existing lazaretto in 1590. Naples, Genoa, Trieste, and Split (Dalmatia) built or expanded their lazarettos by the eighteenth century. This wave of expansion projects coincided with the rise in international trade. As Françoise Hildesheimer has demonstrated, the renovated lazaretto became “the establishment most immediately representative of [modern] health administration.”

Far from serving as mere sites for quarantine, the architectural design of lazarettos served a symbolic purpose. They signified power. Visually, they “became vast establishments whose dimensions reflected the importance of the ports that depended on them.” A hierarchy of ports developed, reflected in the size of the quarantine centers. The expansion of a lazaretto promoted a port from a local commercial center to an international trading hub. As Daniel Panzac has argued, “the founding of a lazaretto was an act of political will that preceded future economic activity.” The reconstruction of the Livorno lazaretto (expanded from 10,750 m² to 12,700 m² in 1722 and 33,000 m² by 1781) coincided with the expansion of the city’s Levantine commerce. By its last expansion, the lazaretto had its own port. Similarly, the commercial powerhouses of Venice and Spezia expanded their lazarettos. The new Venetian lazaretto was three stories high, with imposing towers. The plans for the Spezia lazaretto were more spectacular: encased in high walls, two massive rectangular structures led to the main body of the lazaretto, built as a square supported by rows of arches.

Consistent with such expressions of commercial power, Marseille’s lazaretto on the Île de Pomegues, according to eighteenth-century British traveler John Howard, was “very spacious, and its situation rendered it very convenient for the immense commerce that the French conducted with the Levant.” Iron fencing separated an open gallery from twenty-four holding rooms on the first floor. Disinfection halls extended from the gallery; rectangular stone counters for textile disinfection extended along the halls. The lazaretto’s two other wings involved the same layout of halls and counters. The outer walls had apartment barracks for officers and ship captains, and warehouses for merchandise.
The Lazaretto at Livorno. *Courtesy Archivio di Stato, Venezia (653.A).*
Besides the power of the port, the lazaretto also demonstrated the power of surveillance. The structure stood at the entry to European ports, confronting travelers as they arrived by sea. The lazaretto purified bodies and made them fit for “civilization.” The lazaretto projected the power of this transformative process by drawing attention to contrasts: its immense size versus its isolated quarantine chambers; its reception hall for dirty travelers versus its aerated barracks for the purged; spacious hallways for the health intendants versus the prisonlike spaces for the unclean. In Marseille, iron bars separated the observer from the observed. Iron fencing caged in travelers while intendants “observed the quarantine” and “superintend[ed] the observance of every regulation established for the preservation of public health.” The lazaretto underscored binaries and hierarchies: clean versus contaminated, disordered versus organized, detained versus the disinfected. A fortresslike structure that separated the European city from the Mediterranean Sea, the lazaretto by its very architectural plan drew attention to the notion that he who ran it—the sovereign ruler, whether king, doge, or prince—was a force to be feared.

An anonymous author in the eighteenth-century French Encyclopédie confirmed that a lazaretto indeed operated much like an incarceration center. It was “a public building in the form of a hospital” that imposed a “kind of exile or imprisonment so unpleasant to bear.” In his Confessions, Jean-Jacques Rousseau commented on the uncomfortable experience of being quarantined in one:

I was . . . conducted to a large building of two stories, quite empty, in which I found neither window, bed, table, nor chair, not so much as even a joint-stool or bundle of straw . . . My dinners were served with no small degree of pomp; they were escorted by two grenadiers with bayonets fixed; the staircase was my dining-room, the landing-place my table, and the steps served me for a seat; and as soon as my dinner was served up a little bell was rung to inform me I might sit down to table.

A century later, the living conditions in lazarettos seem to have improved but little. A Parisian architect, Marchebeus, complained that the intendants of the lazaretto in Malta where he was detained forced upon him, “sixteen days of deadly boredom,” in addition to “ridiculous inspections” and outrageous fees that were “double the cost of the best hotels in the city.” The lazaretto, he concluded, was a “horrible prison.”

Simultaneously “a prison for containment and a hospital establishment for contagion,” the lazaretto was intended for both internment and disinfection. The staff at the Marseille lazaretto confined “suspects” behind bars in separate
apartments with “absence of physical communication.” Detained travelers communicated only with the captain, the chief health official, who issued three types of certificates or bills of health (patentes): the patente nette, signifying “that in the place of departure, there was no suspicion of plague,” the patente soupçonnée, for those from places rumored with plague, and the patente brute, for those from places ravaged by plague.61 These bills of health determined the length of quarantines: sixteen, thirty, and forty days respectively.62 Repeated inspections and disinfections would transform voyagers and merchandise from the Levant and make them eligible for entry into France.

MARSEILLE’S BUREAU DE LA SANTÉ

Who administered and determined operations at quarantine centers? The Marseille lazaretto was run by the city’s Bureau de la santé, which originated around 1640 and was restructured by royal command after the 1666 agrandissement into an agency “composed of sixteen incorruptible men, who without complacence would order quarantines, disinfect everything received from suspect places . . . and severely punish those who transgress orders.”63 These intendants, who were “chosen from among the principal merchants of the city,” rotated in annually.64 The échevins served as the top two intendants. The other fourteen were négo- ciants.65 The 1730 Mémoire sur le Bureau de la santé de Marseille et sur les règles qu’on y observe stipulated that they were to be selected from “among the city’s principal merchants, who have resided many years in the Levant.”66

The men chosen to direct plague prevention for city and state in Marseilles were thus not doctors specializing in disease control, but merchants. The individuals elected to the Bureau de la santé came from the same pool of négo- ciants as those elected to other political and administrative municipal offices. When Louis XIV issued his municipal constitution restricting municipal administration to the merchant class following the conquest of 1660, he extended the privilege of leading health management to négo- ciants as well. This royal decision underscored the association between commerce and plague prevention. The Crown accepted that plague spread through commercial exchange. It assumed that experienced merchants in the Levant trade who had spent their careers trading in the Ottoman Empire were most familiar with plague and how to prevent it. Furthermore, it determined that it was in the interests of commerce and commercial individuals that a major trading center remained plague-free; no one wanted to see plague arrive on Marseille’s shores, and least of all merchants, who would see commerce halted during epidemics.
Objections that profit-driven merchants might not ensure impartial quarantines did not materialize, given the hegemonic power these négociants gained in 1660. Controlled by municipal leaders and connected with the Chamber of Commerce, the Bureau de la santé’s political and commercial associations did occasionally overshadow its identity as a department for public health. Nonetheless, given the political and commercial monopoly Marseillais négociants enjoyed in administration, complaints that interests of the market and health might diverge remained unaddressed or muffled. Established elite merchant clans, such as the Roux, Borelly, or Remuzat families, dominated civic administration and were perceived as “rare and respectable citizens” of the patrie. Their leadership in health management went unquestioned for decades.

The Crown’s decision to entrust health administration to Marseillais merchant elites was also motivated by pragmatic motivations. By placing plague prevention in the hands of merchants who were also members of the échevignage and the Chamber of Commerce, the Crown limited control to a select few, streamlining its lines of communication with the city. By not cluttering different departments—commerce, health, and politics—with redundant personnel, it restricted the size of Marseille’s city government, thus benefiting the monarchy’s centralization efforts. The late seventeenth and early eighteenth centuries saw responsibility for “the protection of populations” gradually transferred from local authorities to the central state. This transformation can be tracked through an analysis of legislative material concerning the Bureau de la santé in Marseille from 1660 to 1720. Initially led by Colbert, the Crown endeavored to establish “a sense of precision, rationalization and uniformity” in health regulation.

After ordering the construction of the new lazaretto and the restructuring of Marseille’s health bureau in 1666, the Crown immediately began interfering in health administration there. It directed the échevins and health intendants to report on pestilential developments through correspondence with the parlement and the royal intendant in Aix and outlined the strategies it deemed necessary to protect Marseille and France from contagion. Deeming its “règlements . . . necessary to the control of the franchise of the port [Marseille],” the Crown ordered health ordinances to be followed with “exactitude and fidelity.” From one edict to another, it ordered seafarers to present bills of health for those on board their ships, and laid down rules for those arriving from places suspected of contagion. Clear from these edicts was the understanding that plague would result in “the total ruin of commerce.”

The monarchy remained particularly attentive to plague in the Levant and Barbary, and it stepped up regulations to minimize contacts between Levantine
and non-Levantine traffic. By 1689, the Crown forbade French ships to approach vessels of Levantine provenance “without the presence of one of the intendants of health, or by his written consent.” A year later, the royal intendant Pierre-Cardin Lebret made quarantines mandatory for all French vessels arriving from the Levant, Greek islands, Candia (Iráklion in Crete), the Morea (the Peloponnesus), and Barbary. In 1709, the Crown ruled that quarantine and passport inspection evasions would incur corporal punishment, confiscation of vessels, and a fine of 3,000 livres from each of the vessels’ shareholders. Following 1718, regulations became increasingly rigid. The Crown reserved a specific area within the harbor for merchant ships coming from the Levant. Other vessels were ordered to navigate around these waters.

Although initially, the Marseille Bureau de la santé’s intendants ran it as an autonomous municipal office and were “charged . . . to act following their knowledge,” Crown control increased steadily in the eighteenth century. Intrusive royal intervention started as early as in 1694 with demands for information regarding administration and finances. The Crown requested that there be a paper trail and forbade the Marseille health intendants to sequester financial records at the end of each year. By 1726, the royal intendant ordered the bureau to inform the Crown “of all news from the sea reported by the captains and shipowners who come from the Levant.” By 1751, the health intendants would send weekly reports of activities in the lazaretto to the intendant; in times of heightened security, they would send reports every two days. Meanwhile, a new directive stipulated that the bureau could only execute decisions regarding “important deliberations” after “Versailles’ approval.” In addition to merely requesting information, “the king exercised direct rule . . . despite the officially formulated principle [of autonomy].”

Constant royal interference led to frequent sparring over control of health regulation between the monarchy and the Marseille Bureau de la santé. The escalation in 1698 of a century-long quarrel between the bureau and the tobacco-trading Compagnie d’Occident, illustrates how royal pressure intensified the efforts of the bureau and the Marseille Chamber of Commerce to preserve their autonomy. The Compagnie d’Occident insisted on its merchants’ rights to visit their ships and cargo prior to quarantine. The Bureau de la santé deemed such visitations hazardous. The company responded by hiring its own inspectors to ensure security and prevent smuggling, which they deemed sufficient to avert pestilential disease. The Crown intervened by issuing an arrêt allowing the company what it wanted, agents both inside the bureau’s lazaretto and on board ships. The bureau remonstrated, maintaining that surveillance was only effec-
tive when managed at a single location—the lazaretto. The Crown tried to end the fiasco by placing an embargo on tobacco. The bureau protested again, arguing that given the high demand for tobacco, an embargo would increase smuggling and amplify the risk of plague, and that furthermore such an embargo encroached on Marseille’s status as a free port.

The Bureau de la santé underlined tobacco’s risk to public health, then emphasized the need for both surveillance and open commerce. It stressed that tobacco was “susceptible and always presents risks” to public health because, like any other merchandise, it could carry plague, and its pestilential vapors would be released into the air when lit. The disease would spread further when smokers carelessly emptied their pipes of ashes “without sterilizing them in linens.” Tobacco smuggling threatened to set this deadly chain of events into motion. The bureau therefore argued that the solution was to leave Marseille a free port, and to charge the bureau alone with all surveillance rights. “Marseille is known as a free port, and if not completely free, it is not at all . . . ; it is necessary for trade to be left entirely free in Marseille, where all sorts of merchandise enter freely by sea without duties or regulations.” The bureau cited the very priorities that Colbert had emphasized in the 1660s—commercial liberty and public health—to resist encroachments on its power. It interpreted commercial liberty as municipal offices’ autonomy and Marseillais merchants’ freedom to trade in any Levantine commodity.

THE FAILURE OF CENTRALIZATION:
THE GREAT PLAGUE OF MARSEILLE, 1720–1723

The Great Plague of 1720 marked a potential high point for centralization in health management; medical catastrophe provided the Crown with a legitimate reason to diffuse any calls for autonomy and decentralized rule. In this sense, the plague offered the monarchy an unusual opportunity—a state of emergency—to maximize its control and surveillance over afflicted provinces. The absence of civic order would seem the ideal moment for a Crown bent on amplifying centralization. With international trade suspended and the municipal administration wounded by rising mortality rates and social and political disorder, the city, it would seem, would succumb to French systems of power, administration, and knowledge exported from the center.

While transnational contacts between Marseille’s Bureau de la santé and similar bureaux all around the Mediterranean became strained, the monarchy initially responded to plague in Marseille with more surveillance and police,
attempting to convert all France into a gigantic lazaretto. It established new bureaux of health that operated under a royal Conseil de la santé, and issued quarantines in all afflicted municipalities. The Crown assumed that a sufficiently strengthened centralized administration would contain the disease. Ultimately, however, the expanded bureaucratic machinery failed to contain the epidemic, and centralization in health management reached a crisis point in France.

Plague arrived in Marseille in May 1720, as delayed quarantining of the plague-ridden merchant ship *Grand Saint-Antoine* and clandestine hauling of the *premier échevin’s* merchandise from the vessel to the city’s warehouses brought pestilence-carrying fleas and rats into the Vieux Port. While the appearance of the infamous carbuncles and buboes on the bodies of the sick and dying suggested that bubonic plague was beginning its ravages, doctors and administrators chose to deny it. Concerned that rumors of plague would decimate French and Marseillais commerce, the *échevins* and Bureau de la santé distributed letters to the Regent and “all the *officiers conservateurs* of health in all the European ports” in July 1720 declaring that the “contagion” had been contained. Later the same month, when Marseillais *échevins* agreed to discuss “the nature of the disease and measures to be pursued to prevent its spread,” with physicians, the royal intendant, and the *premier consul* of Aix-en-Provence and *procureur du pays de Provence*, Joseph de Clapiers, seigneur de Vauvenargues, the city’s administrators insisted that the disease was a malignant fever. Doctors echoed such claims. When the Regent sent Montpellier’s renowned anti-contagionist François Chicoyneau with his associates to Marseille to offer their diagnoses, Chicoyneau concluded that “this sort of plague” was nothing more than a common malady. Plague in his mind, after all, did not exist.

Even as they ultimately admitted that the “contagious malady” in Marseille was indeed plague, civic administrators and the Bureau de la santé continued fearing for Marseille’s reputation, as well as their own. Sending weekly reports on the situation in Provence and urging public health authorities all over Europe to maintain or strengthen quarantines, Marseille’s bureau insisted that it never acted in self-interest: it remained “interested in preventing such a scourge” in neighboring territories. Showering praise on other health intendants and governors, claiming that “the esteem that Your Excellencies have acquired through Europe by your great foresight and prudent measures to preserve your most serene state from the scourge of contagion has made us regard correspondence as the most precious advantage,” the health intendants pleaded a continuance of “reciprocal” cooperation. They assured their counterparts that Marseille’s bu-
reau concealed nothing: “Your Excellencies can count on the fidelity of the news that we communicate to you.” The health intendants sent letters to their sister agencies detailing specific news on the increase or decrease in deaths, the methods used in disinfecting goods and peoples, the systems in place for separating the suspected, the accidents that occurred, and the exact number of sick in the communities throughout Provence, as well as copies of mandates and edicts by the Regent, military commandants, and échevins.

Pressured by foreign health bureaux to contain the plague, shunned by countries and states that embargoed French trade, the civic administrators of Marseille—at once merchants, health intendants, and political leaders of their city—found themselves in a precarious position.

While surrounding states stopped trading with Marseille, the French Crown increased its communication with the city’s administrators. As the epidemic continued to spread from the poorest section of the city to the port and neighboring towns, “for the first time in France, the fight against the plague took on a national dimension.”

The Regent’s minister of war, Claude Le Blanc, ordered six line battalions and militia to Provence to prevent the epidemic from moving north. Meanwhile, the Crown established a new Conseil de la santé at Versailles, emphasizing the need to concentrate disease containment under the Crown’s authority to prevent conflicting regulations.

To prevent possible conflicts of jurisdiction, Versailles issued a comprehensive arrêt restricting travel to and from plague-stricken provinces, established military cordons, forbade traffic in and out of Provence, and issued directions for quarantines. It required certificats de santé issued by municipal officers for anyone traveling to and from Marseille, and restricted traffic to one gate. The Crown established more bureaux de la santé in Provence, which would be run jointly by the royal intendant, the military, and municipal administrators.

The Crown subordinated the health bureaux in Provence to a new Conseil de la santé, headed by the minister of war, the controller-general of finance, and Parisian medical experts. The Conseil would protect the kingdom by “containing everybody in one rule.” Standardizing information communication, it instructed each bureau to submit a monthly register to the royal intendant. These registers contained information regarding the number and quality of hospital and religious personnel; the staff employed at hospitals to dispose of the dead; the number and quality of beds, sheets, drugs, aromatics, and provisions at each hospital; updated mortality rates and numbers of the sick and convalescent; the number and quality of the administrative staff in each institution; and a memorandum of supplies requested. The Crown ordered the royal intendant of
Provence “to compose from the particular accounts [of each bureau] a general picture” to send to the controller-general.91

Additionally, the Conseil mobilized a micromanaged centralized organization to administer food and relief, totaling three million livres from the royal treasury.92 It ordered 600,000 livres to be given immediately to Provence to buy grain.93 Grain was transported down the Saône or the Rhône to Provence; distribution involved “equality and proportion,” “good order and intelligence.” The Conseil employed five individuals to “establish not only the exactitude of service, but also order and rule.”94 It guaranteed accuracy through registers containing “exactly all that is received and dispensed to the last cent.” Daily notations were “to clearly inform . . . by whom the grain has been purchased, the name and the residence of the vendors, at what measure, and the weight of the measure, the price, the place of delivery . . . whether at a granary or if the vendor rendered his delivery on board ship.”95 Warning that “breaches of trust” would be punished severely, the Conseil ordered recounts of all supplies before embarkation and disembarkation. It issued mandatory passports to all vendors and buyers, which were to be “copied not only in the Bureau des fermes du Roi, but also in the Bureau des péages [Bureau of Tollgates].”96

The Crown, therefore, spread its tentacles of power over the plague-infested provinces. It assumed that transparent, organized, and rationalized administration would contain and ultimately end the epidemic. But neither its hierarchically organized ladder of communication nor centralized disaster assistance systems could stop the disease from spreading. By mid-August of 1720, 300 on average died daily; at the Hôpital Saint Jacques de Galice in Marseille, 30 to 40 orphans succumbed each day.97 Contagion spread to Aix, St. Rémy, Cassis, Toulon, and other towns north of Marseille. Despite all efforts, plague continued until 1723. By the time it disappeared, half of the population of Marseille was dead. And the massive centralized apparatus created by royal statecraft to contain it seemed to have all but collapsed.

THE IMPORTANCE OF THE GREAT PLAGUE

The significance of the Great Plague of Marseille lay in the fact that both traditional and rationalist medical knowledge had been unable to cope with it. Neither Hippocratic explanations of imbalance nor more “modern” ideas that rejected the existence of plague as mere irrational fantasy reduced mortality. Meanwhile, as was evident from the rise in looting and pillaging, and the exodus of terrified inhabitants, centralized governance had failed to establish order. Fi-
nally, the temporary suspension of international and domestic commerce in Marseille, in addition to rumors that the negligence of the city’s négociant elite had exacerbated the calamity, suggested that commerce and merchants did not contribute as much to the general good as had once been thought.

The plague temporarily disrupted many of the local and national programs of Louis XIV and Colbert. Beginning in the 1660s, Colbert had introduced several policies to control and strengthen French commercial activity. His plans regarding the regulation of commerce (Chapter 1), the Crown’s ultimately exclusionary policies toward Levantine immigrants and traders (Chapter 3), and its micromanaging of plague prevention and containment (Chapter 4) all rested on the king’s distrust of his subjects and complete reliance on royal guidance. As Colbert’s many letters reveal, he worked under the assumption that in a kingdom composed of different particular bodies, the Crown alone could manage diverse interests in a way that sustained the public good.

Simultaneously, however, the Crown had extended commercial activity in Marseille and beyond by embracing a contrary position toward elite merchants founded on trust. As demonstrated in earlier chapters, it advocated a new commercial civic spirit that portrayed négociants and le négoce as essential to civic and state communities. In 1720, however, a medical catastrophe of epic proportions put extreme pressure on the system of administrative centralization and royal regulation and on the notion that elite merchants were trustworthy, honorable citizens and subjects. Jacques Savary’s hypothetical parfait négociant had not materialized; rather, Jean Eon’s foreigners, imparfait négociants and a greedy échevin, it seemed, had introduced an “Asian” disorder into Marseille. The plague suggested that Marseille’s commercial elites had made the wrong choice in opting for the Crown’s method of commercial expansion and centralization. It suggested that such elites and their commerce were threats—not foundations—for stable society, politics, and morality.

Given the simultaneous crises in medical knowledge, administrative centralization, state-building, and commercial civic spirit, what alternative methods of social, political, and moral organization could civic and royal administrators cobble together to restore the city to health? Finding answers to these questions became all the more urgent for royal observers and local administrative elites, as the very systems established to keep plague-stricken Marseille connected to the kingdom ended up isolating the city. The Crown attempted to contain plague to Marseille and protect its plague-free provinces with standardized administration and police. Such measures intended to wrap France under one uniform system of surveillance separated Marseille and the plague-stricken provinces from the rest
of the kingdom. Even as centralization intensified the Crown’s surveillance of all its provinces, the creation of cordons, physical boundaries, and limitations on travel and commerce detached Marseille from France in unprecedented ways. Cut off from the Mediterranean and Levant through trade embargoes, walled off from the rest of France by cordons and arrêts forbidding physical contact, plague-stricken Marseille lost the two lifelines that kept it a functioning city—its transnational marketplace and its connections to the kingdom. If French officials had “othered” plague as a Turkish disease before 1720, plague “othered” Marseille in 1720.

In this state of emergency, Marseillais échevins, citizens, and royal commandants turned to the old tradition of civic republicanism to formulate their responses to plague and social fragmentation. They mobilized, above all, the notion of political virtue—of citizens renouncing their personal interests to save a republic in crisis—to guide policies, emergency laws, and civic order during medical catastrophe. The concept of republican virtue strengthened particularly because it could overlap with Hippocratic medical notions of moderation and time-honored religious ideas of civic charity and morality. Furthermore, this collection of medical, political, and religious vocabularies that emphasized virtue served the needs of administrators and citizens interested in critically re-evaluating merchants and commercial activity in Marseille. Reactivating local republican political traditions, they rediscovered Marseille’s identity as a non-commercial republic. The next chapter, therefore, investigates virtue without commerce in the plague-stricken city.