

## Introduction

Just think, in walking around Milan, one heard nothing but song,  
veneration of God, and supplication to the saints, such that one almost  
wished for these tribulations to last longer.

Paolo Bisciola<sup>1</sup>

Plague, after a near seven-century absence from Europe, returned with an astonishing ferocity in the autumn of 1347. It blew in from the Orient along the trade routes linking East and West, making landfall in several Italian port cities. Within three years, the plague spread across Europe, including Scandinavia and Russia, and reached parts as remote as Greenland. According to contemporary reports, swellings as large as an apple appeared near the groins and armpits of victims – sure signs of impending death. Mortality records for the period are difficult to come by, but historians estimate that in many places, plague claimed between one-third and one-half the population, and in a few regions, the death toll was as high as 60 percent. Few could have guessed in 1347 that the near-apocalyptic explosion of plague merely announced the start of a pandemic, the second on record, that would reign over the continent for the next three and a half centuries (the first occurred around the Mediterranean and in Europe, ca. 541–750). Large and infamous outbreaks, such as the disaster in Milan between 1576 and 1578 or the Great Plague of London in 1665, were connected by smaller outbreaks that, when tallied together, reveal that multiple parts of Europe contended with the disease virtually every year until 1700.<sup>2</sup> In the latter half of the fourteenth century, any given locale was struck around once per decade. Then, mysteriously, cycles of recurrence lengthened to roughly once per century, until finally, save a few sporadic outbreaks, the disease seemed to vanish from the continent.<sup>3</sup>

A third pandemic began in the last years of the nineteenth century and lasted until the middle of the twentieth century, this time afflicting mostly China and India. It was at the start of this pandemic in 1894 that two rival

<sup>1</sup> Paolo Bisciola, *Relatione verissima del progresso della peste di Milano* (1577), 3v–4r.

<sup>2</sup> Biraben, *Les hommes et la peste*, 2:375–449.

<sup>3</sup> Cohn, “Epidemiology of the Black Death,” 74–75.

biologists – the Franco-Swiss Alexandre Yersin, representing the school of Pasteur, and the Japanese Shibasaburo Kitasato, student of Robert Koch – independently discovered the bacillus responsible for plague, initially named *Bacterium pestis*, but renamed *Yersinia pestis* in 1954 in the Frenchman's honor. Its vector was discovered in Karachi in 1898 by Paul-Louis Simond. Fleas, infected by the blood of diseased black rats, are responsible for transmitting plague to humans; the plague organism creates a mechanical blockage in the esophagus of the flea, forcing it to regurgitate blood into its hosts as it attempts to feed. In humans, the infection could take three forms: bubonic, the predominant and characteristic form that causes swellings (or buboes) in the armpits, neck, and groin; pneumonic, a far more lethal form that arises from bubonic infections and is also contagious through pulmonary discharges; and septicemic, a form caused by an infection of the bloodstream, which generally results in death within twenty-four hours of the first symptoms.

The majority opinion holds that *Yersinia pestis* was the same bacterial agent responsible for the earlier pandemics. Historical descriptions of swellings on the body correspond to the characteristic symptoms of the bubonic plague. Some period medical reports also described difficulty with breathing and blood in the lungs, pointing to the pneumonic form. Genomic testing carried out by microbiologists since the 1990s on the dental pulp of plague corpses have also pointed consistently to the same pathogen.<sup>4</sup> Still, some dissenting voices – chief among them Samuel Cohn Jr.'s – contest that some epidemiological characteristics of *Yersinia pestis*, such as the life cycle of fleas or the speed of transmission, simply do not match up with historical records.<sup>5</sup> This has necessitated a second look at other possible strains of the bacterium and vectors of transmission (different kinds of rodents, different kinds of fleas). Such complications are redoubled by the loose usage of the word “pestilence” on the part of premodern writers as a catch-all term for a wide variety of epidemic catastrophes that may have included anthrax, smallpox, measles, typhus, or some Ebola-like virus.<sup>6</sup>

Regardless of whatever retrospective diagnosis we may make today, *Yersinia pestis* was certainly not the disease experienced by premodern Europeans. As Andrew Cunningham writes evocatively,

<sup>4</sup> For an overview of the methods and results of studies in forensic microbiology from the 1990s to 2012, see Bolton, “Looking for *Yersinia Pestis*.”

<sup>5</sup> See in particular Cohn, *Black Death Transformed*; “Historian and the Laboratory”; “Epidemiology of the Black Death.”

<sup>6</sup> Scott and Duncan, *Biology of Plagues*; Shrewsbury, *History of Bubonic Plague in the British Isles*; Cohn, *Black Death Transformed*, 62–63.

[A]t the moment Kitasato and Yersin decided to go into their respective laboratories carrying their blood and tissue specimens, they were working with ancient bubonic plague. But by the time they came out of their laboratories, they had given plague a new identity . . . The identities of pre-1894 plague and post-1894 plague have become incommensurable. We are simply unable to say whether they were the same, since the criteria of ‘sameness’ have changed.<sup>7</sup>

Matters of technological capabilities or clinical expertise aside, plague, broadly speaking, simply had no concrete ontological existence as a disease in the premodern world.<sup>8</sup> Under the inherited Galenic-Hippocratic model of health, doctors saw illness not generated by external trauma as a disturbance of the normal balance of an individual’s four humors – blood, phlegm, and yellow and black biles – that impeded the body’s vital functions. Where disease entities (rabies, plague, phthisis, and so on) were named, they were described and classified by causes and physiological signs – that is, by the usual conditions that preceded the disease and the usual symptoms that followed.<sup>9</sup> Disease itself, however, remained rooted in the hydraulics of individual bodies, not out there in the world as some invasive entity. In the case of plague, the symptoms, in addition to buboes and pulmonary distress, included fever, chills, vomiting, pustules, and carbuncles.<sup>10</sup> The natural cause was corrupt air, or miasma, possibly generated by improperly treated refuse, earthquakes, or meteorological and astrological events. Ultimately, like other epidemic diseases in the Christian world, plague was the providence of a wrathful God.

Some older narratives of plague paint a picture of paralyzing despair, colored by the authors’ own grim attitudes toward medieval life. Philip Ziegler’s popular history of the Black Death, for example, described a pre-1347 European population for whom

there was nothing except despairing fear, a total and disastrous lack of confidence in what the future might hold for them . . . The people were physically in no state to resist a sudden and severe epidemic and psychologically they were attuned to an expectation and supine acceptance of disaster. They lacked the will to fight; almost, one might think, they welcomed the termination of their troubles.<sup>11</sup>

<sup>7</sup> Cunningham, “Transforming Plague,” 241–242.

<sup>8</sup> Temkin, “Scientific Approach to Disease,” 446.

<sup>9</sup> Siraisi, “Disease and Symptom as Problematic Concepts,” 217–222. It was the development of contagion theories and specific medical treatments in the sixteenth century, especially in confrontation with the “new” disease syphilis, that spurred an ontological view of disease; see Arrizabalaga, Henderson, and French, *Great Pox*, 258–277.

<sup>10</sup> Cohn, *Black Death Transformed*, 57–62. <sup>11</sup> Ziegler, *Black Death*, 31–32.

And even had they the will to fight when plague struck, “it would have been miraculous if the medical profession had met the Black Death with anything much more useful than awestruck despair. Their efforts were as futile as their approach was fatalistic. Not only were they well aware that they could do little or nothing to help but they considered it self-evident that an uncharitable Deity had never intended that they should.”<sup>12</sup> Similar assumptions about the pessimism of the age colored some evaluations of fourteenth-century artistic endeavors in response to the disease. Millard Meiss, for example, assuming the same zeitgeist of “renunciation of life”<sup>13</sup> in his landmark survey of Florentine and Siennese paintings in the wake of the Black Death, argued that the trauma of the mid-century outbreaks and the subsequent social collapse created a psychological milieu that put a halt to developments in naturalism, human expression, and realistic narrative and, instead, spurred a return to self-abnegation, religion, ritual, and the supernatural, presented in a more alienating, formalized, and hierarchical mode associated with the Dugento.

Newer research that takes a broader view of plague as a recurrent condition and that considers plague in premodern terms rather than as *Yersinia pestis*, against which Renaissance medicine provided no possible defense, has revised such pessimistic positions. These new narratives show resilience, rather than supine acceptance. They show the quick recovery of communities devastated by plague, aided by strong interpersonal bonds of their citizens.<sup>14</sup> They show physicians combining first-hand experience with inherited medical paradigms in their prescriptive treatises<sup>15</sup> and sanitation officials developing new strategies for public health – the building of hospitals, and the establishment of necrologies and civic sanitation procedures.<sup>16</sup> They contend that what Meiss interpreted as a reactionary return to the Dugento in art testified not to the pessimism of the age, but to a sudden flood of new patrons interested in familial- and self-memorialization that necessitated a streamlined production of simpler, regimented figures.<sup>17</sup> As Randolph Starn writes,

<sup>12</sup> Ziegler, *Black Death*, 53.    <sup>13</sup> Meiss, *Painting in Florence and Siena*, 74.

<sup>14</sup> See, for example, Bowsky, “Impact of the Black Death upon Siennese Government”; Wray, *Communities and Crisis*.

<sup>15</sup> Chase, “Fevers, Poisons, and Apostemes,” 155, 160–163; Cohn, *Black Death Transformed*, 234–238.

<sup>16</sup> See, for example, Laughran, “Body, Public Health and Social Control”; Crawshaw, *Plague Hospitals*.

<sup>17</sup> Cohn, “Piété et commande d’œuvres d’art,” 567–570. More recent work on dating shows that some of the examples that Meiss cites for the post-plague aesthetic “turn” were actually executed before the Black Death; see Van Os, “Black Death and Siennese Painting,” 240.

“[the] chronic presence of disease suggests that we should not think of medieval and early modern societies as caught in the grip of plague-year panics or as waiting passively to be delivered by modern medicine. The newer accounts [of plague history] speak of ‘experienced populations,’ of well-organized institutional responses, of resourceful strategies for survival.”<sup>18</sup>

This book is about music and music-making as one of those resourceful strategies for surviving plague. It treats music as an urgent and active curative with material consequences for the health and well-being of those assailed by the horrible disease. It shows that the production of music was animated by the changing experiences and knowledge of pestilence, and that it reflected not a defeatist or reactionary psychology, but a practical resilience on the part of Renaissance Europeans. It makes no great claims about aesthetic breaks in music on account of trauma; rather, it focuses on how traditional beliefs about music became embroiled in the new discourses about plague and how established musical styles, techniques, and practices were marshaled up to combat the disease. While much research has been conducted on the political, economic, medical, and even literary and artistic consequences of plague, the connections between pestilence and music have been comparatively understudied. Most germane to the topic to date is Christopher Macklin’s oeuvre, including his 2008 dissertation, his 2010 article on *Stella celi extirpavit*, and his 2016 article on the composition of a Plague Mass.<sup>19</sup> A large part of Macklin’s focus is on medieval sacred monophony, particularly in English sources. In the dissertation, Macklin describes many types of works that reflect a preoccupation with plague, including flagellant songs from the fourteenth century, *laude*, and, more centrally, Masses such as the *Salus populi* Mass and the *Recordare* Mass. In the earlier article, a comparative source study, Macklin traces the early Franciscan history of *Stella celi*, a hymn invoking Mary’s help against the plague, and its reflection of late medieval beliefs about the disease. In the most recent article, Macklin traces the process by which liturgists assembled and disseminated the text and music of the *Recordare* Mass in the late Middle Ages.

One of the barriers to entry into the topic of music and plague is identifying a repertory of “pestilential” works – pieces inspired by a particular epidemic, that textually respond to the disease, or that were

<sup>18</sup> Starn, “Foreword,” x.

<sup>19</sup> Macklin, “‘Musica sanat corpus per animam’”; “Plague, Performance”; “Stability and Change in the Composition of a ‘Plague Mass.’”

used in plague-tide rituals. The difficulties establishing the first criterion are considerable. As Macklin acknowledged, the biographical circumstances of composers and the provenance of compositions from the period in question are, more often than not, speculative at best. At the same time, record-keeping of epidemic outbreaks – particularly the smaller ones – was incomplete.<sup>20</sup> Connecting a work to a specific outbreak, consequently, becomes a matter of highly conjectural triangulation.

The next two criteria put us on slightly firmer ground. Texts that explicitly mention plague – particularly prayers that request intervention against the scourge – present little challenge to identification. Peripherally, however, there are antiphons and other devotional texts that honor particular intercessors who have known apotropaic powers against pestilence, such as St. Roch or St. Sebastian, but that do not explicitly reference the disease. There are also works that allude elliptically to plague in poetic tropes. Anne Walters Robertson, for example, suggests the possibility that Machaut's motet *Fons tocius superbie*, which presents the images of the "dragon," "scorpion," and "most evil beast" in the context of the deadly sins, might refer to the dread disease, depending on which part of the 1340s we date the work (Kurt Markstrom, on the other hand, reads the motet as an allegory of the Hundred Years War).<sup>21</sup> With such rich imprecisions attendant on textual interpretations, the boundaries of the category "pestilential music" become hazier still. As for music performed in the rites of plague, we must interpolate between surviving prescriptive manuals – which can provide a great deal of specificity for prescribed pieces of music (or the text thereof, at least), but remain silent on the ad hoc music that accrued to the rituals – and descriptive chronicles – which often tell us only that music was performed, not which music was performed.

The works studied in this book cover the range of "secure" to "speculative" membership in the category of "pestilential music" (a listing of polyphony associated with plague is provided in the appendix). Most explicitly mention plague and make reference to St. Sebastian, who, among plague protectors, is the best represented in Renaissance music. The works discussed are not meant to be an exhaustive coverage of all "pestilential music"; rather, they were chosen to illustrate aspects of the culture of plague. I have elected to focus on Catholic Europe during the

<sup>20</sup> Macklin, "Musica sanat corpus per animam," 35.

<sup>21</sup> Robertson, *Guillaume de Machaut and Reims*, 138; Markstrom, "Machaut and the Wild Beast," 19–26.

period 1400–1600 for multiple reasons. Practically, it allows me to stake new grounds outside of Macklin’s studies. With only a few exceptions (most notably, the discussion of Paracelsus in Chapter 2), I have chosen to limit my historical witnesses to those from Catholic traditions in order to present – as much as possible, and if only at the broadest levels – a coherent, operative theological understanding of illness throughout the book. The chronological choice, too, is meant to help maintain a consistent picture of pestilential “habitus.” During this period – half a century on from the first waves of outbreaks – there was a growing sense of experience and habituation for the professionals charged with plague management. We can, therefore, speak of general routines and patterns of response to plague for this period. While there were some debates on the merits of specific treatments (whether bloodletting is useful for plague, for example<sup>22</sup>), there was nevertheless a great deal of continuity in medical knowledge throughout Europe. Such conditions allow us to more easily interpret the musical evidence through contextual extrapolation.

The increasing sense of experience and routinization is evident in surviving medical plague treatises, a corpus of writing that began to crop up in the middle of the fourteenth century, authored usually, though not exclusively, by university-trained doctors and surgeons. Plague treatises were not entirely new at the time of the Black Death, but prior to 1348, they were few in number and usually circulated as a part of larger medical *compendia*.<sup>23</sup> Aided by the printing press, the number of these plague treatises increased dramatically in the two centuries following the Black Death. Based on data compiled by Paul Slack, for example, there would have been enough plague treatises at the turn of the fifteenth century in England (with a population of 3.3. million) to distribute one to every 130 people.<sup>24</sup> At the beginning of their production, the majority of treatises were written in Latin, many of which were also translated into the vernacular. The number of vernacular treatises increased in the sixteenth century.

Plague treatises varied greatly in length, from a few to a few hundred pages, and they varied greatly in emphasis as well. Some were highly philosophical and delved deeply into theology or astrology to explain the remote causes of plague, while others comprised straightforward lists of medical recipes.<sup>25</sup> The most typical and balanced of the treatises consisted of a discussion of causes and signs of the disease, including the progression

<sup>22</sup> Cohn, *Cultures of Plague*, 15–18.

<sup>23</sup> Nockels Fabbri, “Continuity and Change,” 19.

<sup>24</sup> Slack, “Mirrors of Health,” 239.

<sup>25</sup> Cohn, *Cultures of Plague*, 1.



of symptoms in the patient; regimen and prevention, which often occupied the bulk of the treatise; and treatment, which included recipes for medicines and, sometimes, guides to surgery. Some treatises included dedications and prefaces to the readers, and some took on a devotional focus, commingling medical advice with prayers and sermons that exhorted readers to mend their ways. Judging by the dedications and content of these treatises – some authors provided cheaper alternatives to expensive medications, for example<sup>26</sup> – there was a wide range of intended audiences for these works, from other medical practitioners to lay readers of varying socio-economic circumstances.

In his study of French plague treatises, which do not differ substantively from other European treatises, Colin Jones has identified three corporate groups whose voices can be discerned: “medical practitioners, with their concern for health; churchmen, with their preoccupation with morality and spiritual welfare; and the representatives of secular authority, with their concern with community welfare and the workings of authority.”<sup>27</sup> Each group developed specific strategies to preserve health in all three bodies: the biological, the spiritual, and the civic. Doctors, armed with venerable Galenic principles, offered their expertise on diagnosis, regimen, and medicine. Religious authorities, treating plague as divine punishment for baneful or pernicious behavior, urged moral improvement and conducted devotional rituals. And magistrates implemented embargoes, quarantines, and codes of surveillance not only to deter contagion but also to ensure public order. This is not to say that there was a strict division of labor or spheres of concerns among the three groups. Typically, a religiously trained author would not exclude natural remedies from his treatise, nor would a medical doctor reject penitence and prayers. And doctors who occupied offices such as “royal physician” or “civic health official” would be in a good position to safeguard both individual and public health.

Music, explicitly and implicitly, played a role in the healing of all three bodies under pestilential assault. Chapter 1 begins with a survey of the medical value of music that was readily described in many plague treatises, particularly in the sections on regimen. Many authors promoted music-making as a salubrious recreation, placing it on the pharmacy shelf alongside anti-pestilential foodstuffs and other medicines. The promotion of music was not universal, however. Authors of religiously skewed treatises

<sup>26</sup> Wray, “Boccaccio and the Doctors,” 305–306; Nockels Fabbri, “Continuity and Change,” 32–38.

<sup>27</sup> Jones, “Plague and Its Metaphors,” 106.



sometimes took an ascetic stance on music and cautioned against its use. The remainder of the chapter examines how this negative view of music in their purportedly “medical” writing is consistent with prohibitions against temporal recreations doled out in sermonic literature, and how some devotional music might be understood as a rapprochement in this conflict between the doctor and the churchman.

Where the first chapter deals with the practical aspects of musical therapy, the second chapter turns to the esoteric side of premodern medicine and its relationship to music. While the beneficial connections between music (as a metaphysical concept) and health in premodern occult thought have been well rehearsed by D.P. Walker and Gary Tomlinson, among others,<sup>28</sup> the malignant relationships between music and the propagation of disease have not yet been extensively explored. The first part of the chapter will wade into this new territory and examine the phenomenon of sympathetic resonance as an explanatory conceit for Renaissance theories of contagion – with regard to infectious diseases in general, and plague in particular. We will see that the ways in which doctors explained and rhetorically deployed the musical concept yielded different models for the transmission of disease in the Renaissance, from ones based on natural magic to those that looked forward to modern germ theory. In the second half of Chapter 2, the focus turns to a different, but related, aspect of sympathy as “amity” or “friendship.” As the metaphysical harmony undergirding the universe broke down in times of pestilence, so too did the harmony between friends, kin, and compatriots. We will look at the anxieties surrounding this social breakdown and the role that music may play in restoring the body politic.

Chapter 3 investigates how the restoration of the body politic led to another conflict of interest between spiritual and medical-civic authorities. One of the most common practices in Christian communities during outbreaks was to hold public penitential processions. These crisis rituals aimed most obviously to placate a wrathful God, but many of its constituent elements – such as the use of relics, the planned routes, and the music performed – also articulated the communal identity of the participants and aimed to restore the broken social ties described in the previous chapter. These popular rituals, however, often came under the disapprobation of civic magistrates who, fearing contagion, sought to limit congregations of

<sup>28</sup> Walker, *Spiritual and Demonic Magic*; Tomlinson, *Music in Renaissance Magic*; Voss, “Natural Magic of Marsilio Ficino”; Gouk, “Music, Melancholy, and Medical Spirits”; Copenhaver, “Scholastic Philosophy and Renaissance Magic”; for a study of the musical philosophy in Ficino’s commentary on Plato’s *Timaeus*, see Prins, *Echoes of an Invisible World*.

people. We will look at the ingenious solution to this problem by Carlo Borromeo, who, during an outbreak in Milan, encouraged citizens to sing from their doors and windows in order to collectively perform the public rituals while quarantined inside their own homes.

Chapter 4 is a study of the cult of St. Sebastian. Taking together recent research in art history with an examination of the liturgy and devotional songs that celebrate the saint, the chapter explores the circuitous way by which Sebastian, who neither contracted nor cured anyone of plague in his lifetime, became one of the most revered protectors against pestilence. One understudied facet of the saint's persona is his military history and patronage of soldiers, which, though eclipsed by his thaumaturgic powers against disease beginning in the fourteenth century, nevertheless interacted with his anti-pestilential function. The reconstitution of this cultic layer of the saint, in turn, reveals the contemporary etiological beliefs about plague embedded in the semiotics of its representation.

The object of study in the fifth and final chapter is Paolo Caracciolo's *Il primo libro de Madrigali a cinque voci*, published by Scotto in 1582. Amid settings of Petrarchan poetry and other amorous texts in the collection are a series of four works, headed by the spiritual madrigal *Santo Guerrier*, that make reference to a major outbreak in Milan between the years 1576 and 1578. These songs bring up important questions about the value of patronage of pestilential arts and monuments, as well as the medical value of commemoration – the act of remembering tragedy that may have vital repercussions on health.

Throughout the book, close readings of individual “pestilential” works ground the contextual discussions. These readings aim to show how broader concerns in the medical, religious, and civic discourses about plague find their way into the texts and the structures of the music and, more importantly, how this music that responds to the intricacies of pestilential thought and practices can be useful – as medicine, as spiritual correctives, as ritual tools – in the combat against plague.