

Introduction

“You have seen earthquakes, but tell me, young lady, have you ever had the plague? ... If you had,” said the old woman, “you would admit that it is far worse than an earthquake.”

Voltaire¹

From 1720 until 1722, the French city of Marseille, one of eighteenth-century Europe’s most important port cities, suffered an epidemic of plague that, as the traditional story goes, arrived at its port on the *Grand Saint-Antoine*, a trade ship that had journeyed for a year in the Levant. Caused by the bacillus *Yersinia pestis*, the epidemic of 1720 claimed approximately 45,000 lives in Marseille alone, reportedly about half of the city’s population. From there, it spread throughout the French region of Provence and surrounding areas, ultimately taking as many as 126,000 lives. It is for this reason that I refer to this epidemic, traditionally known as the Plague of Marseille, as the Plague of Provence throughout this book. Referring to it as the Plague of Marseille not only erases the experiences of those who endured the epidemic well beyond the region’s primary port city, but it was in towns and villages like Aix-en-Provence, Arles, Salon, Toulon, Avignon, and so many others that the largest number of lives were collectively lost to this public health disaster. Moreover, much like the Great Lisbon Earthquake or Hurricane Katrina in New Orleans, the plague of 1720 has left an indelible mark on the social fabric of these areas, becoming part of the collective memory no less than it has in Marseille.² As French historian Paul Gaffarel and the Marquis de Duranty wrote in their early-twentieth-century history of the outbreak: “The plague

¹ Old woman to Cunegonde in *Candide*. Voltaire, *Candide, ou l’Optimisme* (Paris: Larousse, 1991), 63.

² The 1720 outbreak is also referred to as the plague of Provence in numerous contemporary documents.

which ravaged the south of France, and especially Marseille, in 1720 and 1722, left deep traces in the popular memory. It was, in truth, a national catastrophe.”³

Marseille’s history as a port of entry for contagion is well known, as is the story of this outbreak – the last major wave of bubonic plague to strike the city and surrounding areas. What is not well known is the impact that the Plague of Provence had *beyond* French borders. To be clear, the infection never left southeastern France, yet all of Europe, the Mediterranean, the Atlantic, and parts of Asia (including the Spanish Philippines) mobilized against its threat, and experienced its social, commercial, and diplomatic repercussions. Accordingly, rather than discuss only what took place in France, this book looks across national boundaries to identify and analyze the ramifications of the epidemic beyond Gallic borders. It is a transnational, transoceanic history that looks at some of the foremost port towns of the early modern world in order to begin to shed light on the influence of this event abroad. Cities explored here include Genoa, London, and Cádiz – the official capital for the Spanish monopoly over the Indies market, and thus eighteenth-century Spain’s most important seaport – as well as some of the principal colonial ports in the Americas. These ports were not only major hubs for commercial activity in the first half of the eighteenth century but also shared inextricably close links with one another.

In the early modern world (roughly 1500–1800), port cities served as focal points for the expansion of the commercial community of the Atlantic and the world, essentially serving to unite disparate segments of the globe through the interchange of peoples, information, and commodities.⁴ Conducting research in more than twenty archives across Western Europe, I traced a vast network of communication regarding the Plague of Provence – what I term an “invisible commonwealth” – that circled the globe. In many ways, this invisible commonwealth functioned like

³ Paul Gaffarel and the Marquis de Duranty, *La Peste de 1720 à Marseille et en France, d’après des documents inédits* (Paris: Perrin et C^{ie}, 1911), v.

⁴ These bustling commercial hubs also serve as ports of entry for disease epidemics that traverse the oceans, carried by humans or by animal vectors that stow away in the cargo and eventually come ashore to proliferate among unsuspecting coastal populations. Port cities’ locations along coasts and major waterways put them in another vulnerable position as they are exposed to the dangers of natural hazards such as hurricanes and tsunamis. It is the very commercial and dynamic nature of seaports that renders them susceptible to such threats.

a separate, autonomous community or detached state where consuls, ambassadors, public health officers, and others exchanged and spread information, and worked to shape responses to the public health crisis on the ground in their respective regions. They discussed, for example, precautions and measures taken against the plague in France and throughout Europe, or debated the effectiveness of quarantine in preventing the spread of plague. They also exchanged stories – their own and those of others – about arrests, forced searches of vessels and people, ship-burnings, quarantines, and even executions, almost always in port cities, as people attempted to travel or conduct business while the plague raged in southern France. Essentially, what emerges from archival documents at this time is a network of interconnected port cities that increasingly represented a global community – a series of settlements that while geographically distant, functioned together in many ways. Each port discussed in this book was a significant trading hub, all of which were connected by their close commercial and diplomatic ties to one another, and all responded to the Plague of Provence in unique ways and for unique motives. For this reason, each book chapter focuses on a different port city or region. Taken together, chapters cover the years from the 1713 Peace of Utrecht through roughly 1750 – a traditionally understudied period of the eighteenth century, since the great majority of historical literature typically ends in 1720 or begins with the Seven Years' War.⁵ Fundamentally, however, this book explores a moment in history; the Plague of Provence is representative of important shifts that were taking place by the eighteenth century both in approaches to the handling of disease and disasters and in the ways in which these were understood.

The First Modern Disaster

Among different types of disasters, disease epidemics hold a special status, particularly in regard to vulnerability.⁶ One could argue that

⁵ This was true in 1996 when Peter Campbell referred to the period between the Regency and 1750 as an “important but neglected period of French history,” and it remains true today. Peter R. Campbell, *Power and Politics in Old Regime France, 1720–1745* (London: Routledge, 1996), 1.

⁶ Here I refer to vulnerability as defined by the United Nations Office for Disaster Risk Reduction (UNDRR): “The conditions determined by physical,

they are, in some ways, the ultimate disaster. One rarely sees disease coming. Its general unpredictability and invisibility make it impossible to seek safer grounds. Once established, an epidemic can spread quickly and extensively, and can potentially strike down large portions of a population in a relatively short time. It can change an entire society's behavior, isolating individuals, separating loved ones, or even pitting family members against one another. For these reasons and more, the panic and anxiety triggered by the threat of disease is uniquely terrifying. It is a fear of the unknown induced by an invisible killer. Yet, like other disasters, infectious disease outbreaks are fundamentally environmental – from their origins to their transport to their transmission – and can be as revealing as they are destructive, “laying bare underlying power structures; the strengths or vulnerabilities of existing resources and infrastructures; and the values, prejudices, and belief systems of an affected population.”⁷ Consequently, this study makes the case that epidemics and pandemics *are* disasters. By examining the 1720 Plague of Provence through the lens of disaster studies, this book offers a new perspective of epidemic disease that breaks from traditional histories of medicine.⁸

social, economic, and environmental factors or processes which increase the susceptibility of an individual, a community, assets, or systems to the impacts of hazards.” A “hazard,” in turn, is “a process, phenomenon, or human activity that may cause loss of life, injury, or other health impacts, property damage, social and economic disruption, or environmental degradation.” United Nations Office for Disaster Risk Reduction, www.undrr.org/ terminology.

⁷ Cindy Ermus, “Memory and the Representation of Public Health Crises: Remembering the Plague of Provence in the Tricentennial,” *Environmental History* 26, no. 4 (October 2021): 778.

⁸ Disaster may be broadly defined as “a serious disruption of the functioning of a community or a society involving widespread human, material, economic, or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources” (UNDRR). However, I invite the reader to consult Andy Horowitz’ incisive discussion of the term in the introduction to his book *Katrina: A History*. The section offers insight into the ways in which historians (and other scholars) of disaster think about, and struggle to define, this loaded, complex, and oft-misunderstood word. Andy Horowitz, *Katrina: A History, 1915–2015* (Cambridge, MA: Harvard University Press, 2020), 12–16. For a foundational text that has helped to shape the field of historical disaster studies over the past twenty years, see also Ted Steinberg, *Acts of God: The Unnatural History of Natural Disaster in America* (New York: Oxford University Press, 2000).

Although, as historian Cynthia Kierner has noted, historians have generally regarded the 1755 Great Lisbon Earthquake as the first modern disaster,⁹ the extent, duration, and influence across time and space of the Great Plague of Provence render it more deserving of this designation. The Plague of Provence has often been seen as the closing of a chapter in Europe – the last of a long series of medieval outbreaks of bubonic plague.¹⁰ Yet, it signified a beginning in many ways. It is true that it represents one of the final assaults of the Black Death that had been plaguing Europe since the middle of the fourteenth century – outbreaks that were traditionally perceived as horrific reminders of God’s anger. By 1720, however, understandings of disaster and contagion, and ideas about how to best manage these, were very much in flux. The so-called Scientific Revolution and Enlightenment Era had ushered in new empirical and mechanistic ways of understanding disasters and the environment, slowly moving away from strictly religious or astrological explanations. Epidemics were now described not only in terms of divine vengeance or celestial movements or prodigies, but increasingly as products of commercial activity.¹¹ Ideas about contagion, too – about the possibility that disease resulted from contact with an infective agent (there were many hypotheses about what these agents could be) – were in development. From 1720, the Plague of Provence inspired an outpouring of literature and debates that sought to explain the nature of contagion in new, more rational ways. Not until the Great Lisbon Earthquake of 1755 did another disaster cause quite as much distress and intellectual inquiry in Europe and the Atlantic as the Plague of Provence.

The 1720 plague also marked a major shift in parts of Europe from local- or municipal-level disaster management toward “disaster centralism,” a term I have coined to refer to the centralization of disaster and crisis management that developed, most notably, in the eighteenth

⁹ Cynthia A. Kierner, *Inventing Disaster: The Culture of Calamity from the Jamestown Colony to the Johnstown Flood* (Chapel Hill: University of North Carolina Press, 2019), 4.

¹⁰ There is evidence, including reports of higher death rates at some points between 1720 and 1722, that there were also cases of pneumonic, and perhaps septicemic, plague during the Plague of Provence.

¹¹ Daniel Gordon, “Confrontations with the Plague in Eighteenth-Century France,” in *Dreadful Visitations: Confronting Natural Catastrophe in the Age of Enlightenment*, edited by Alessa Johns (New York: Routledge, 1999), 5.

century. This premise forms the central argument in this book. Prior to the Plague of Provence, crisis management took place primarily at the municipal or local level, with few, if any, expectations on the part of the people for the government in a far-flung capital to step in and offer relief. This began to change over the seventeenth century, and the Provençal plague represented the first, most prominent opportunity to advance the power of the state in the name of public health. At this time, the monarchs of Western Europe's emerging nation states – including France, Great Britain, and Spain – all ruling from a recognized capital, stepped in to manage the crisis, at once replacing the authority of local officials.

The development of disaster centralism over the past 300 years has been neither neat nor continuous. Local customs and responses, changes in administration, revolutions, and other factors have continually influenced approaches to the handling of disasters and crises. Yet the centralization of disaster management that is evident across parts of Europe during the Plague of Provence marked a significant shift that is discernible in our approach to disaster relief today. Consider, for example, centralized agencies such as the US Department of Health and Human Services or the Federal Emergency Management Agency, the UK Health Security Agency, the Public Health Agency of Canada, *Santé Publique France*, or Spain's *Ministerio de Sanidad* (which can trace its origins to the *Junta de Sanidad* created in response to the Plague of Provence in 1720). Indeed, scholars across disciplines have noted that, as historian Frank Uekötter phrased it, “When a natural disaster strikes nowadays, government aid is hailed as something akin to a birth right in Western democracies.”¹² Existing literature has typically traced the origins of this centralized disaster management to the development of modern welfare states in the nineteenth to twentieth centuries,¹³ yet, as this book demonstrates, this history – the history of disaster centralism – began much earlier. In the eighteenth century as today, disasters served as tools of statecraft, and proved useful to the centralizing state. In 1720, it was the Crown – in Paris,

¹² Frank Uekötter, “It’s the Entanglements, Stupid,” *Journal for the History of Environment and Society* 5, Special issue on “COVID-19 and Environmental History” (2020): 106.

¹³ For example, “[S]ince the late nineteenth century, it was the nation-state that galvanised everyone’s attention in the wake of a disaster, more precisely the

Madrid, London, and beyond – that called for measures to prevent the spread of the Provençal plague into their own regions. Some of the measures enacted at this time from the capitals of these kingdoms included (but were not limited to): amplified surveillance and police presence in ports and along borders; the enactment of controversial vessel searches and quarantines, and directions for carrying them out; the restriction or prohibition of movement across borders or in areas suspected of infection and the use of health certificates; the establishment of military cordons; the deployment to the provinces of royal representatives charged with reporting back to the Crown; and, notably, the founding of centralized public health agencies that remain to this day (albeit under new structures and with new names).

Public health and disaster management were essential to the centralizing state of the eighteenth century. Throughout the Plague of Provence, monarchs across Europe employed plague-time measures to achieve various political and commercial objectives. Among these, the threat of plague served as a pretext to clamp down on smuggling (as we see in Chapters 3 and 5); to deliberately consolidate monarchical power and reign in defiant portions of the population (as we see in Chapters 4 and 5); to outmaneuver, or improve one's place among, commercial competitors (as seen throughout this book); or merely in retaliation for perceived transgressions, such as the imposition of quarantines, embargoes, and/or vessel searches (as evident in Chapters 2 through 4). Commercial interests and diplomatic relationships drove responses to the plague no less than did concerns over public health.

Focusing on this one major crisis, then, has allowed me to explore these dynamics and developments, and to identify the numerous ways in which a disaster in one place has the potential to influence ideas, power structures, trade, diplomacy, public health policy, and local practices in different parts of the globe. By decentering the site of disaster, I demonstrate that catastrophes are not merely localized events. History is rarely monolithic or confined – the influence of an

resourceful, interventionist nation-states that Charles Maier has described as Leviathan 2.0 (Maier, 2012). Disaster relief has been a test for national governments ever since, and they are widely expected to be caring and generous. Few things are more corrosive to the legitimacy of political power than a botched response to a disaster, and ambitious politicians saw an opportunity.” Uekötter, “It’s the Entanglements,” 106.

event in one place can spread like seismic waves. The goal here has been to follow those waves across national boundaries to explore how they manifested themselves abroad, and how local historical contexts in turn informed how the threat of plague was experienced far beyond ground zero. In the end, the 1720 Plague of Provence emerges as a complex, influential event with ramifications that extended well beyond France and well beyond 1722, despite the disease never crossing Gallic borders. As historians Lynn Hunt and Jack Censer have observed, “French events were not just French.”¹⁴

The Chapters

In this book, I explore how the Plague of Provence was experienced not only in France but in regions far from where the epidemic unfolded. The chapters therefore proceed geographically in order of distance from Provence, as they trace the outbreak’s ramifications to some of the most active port cities of the eighteenth-century Atlantic world. Chapter 1 lays the groundwork for the rest of the book by addressing the emergence of plague in the port city of Marseille and its spread into southeastern France. It tells the story of the *Grand Saint-Antoine*, the infamous vessel that allegedly transported the plague to France from the Levant in 1720. It then situates this traditional narrative within the context of recent genetic studies that call its accuracy into question. Although the science has not yet been able to disprove the accepted *historical* explanation for the outbreak – which is to say that the pathogen arrived on the ill-fated vessel – it has offered a valuable opportunity to revisit traditional understandings of disease as a product of the “orient,” and to examine and appreciate the influence of new technologies – in this case, genomic DNA analysis – on historical research and our interpretations of archival documents. The chapter

¹⁴ Although the authors were writing about the French Revolution and Napoleon, the statement applies just as well to the earlier eighteenth century. The longer quote is as follows: “Scholars are now showing that revolutionary ideas circulated globally before 1789 and that events in the Atlantic world, in particular, reverberated across many different borders ... French events were not just French.” Lynn Hunt and Jack R. Censer, “Think Globally, Act Historically: Teaching the French Revolution and Napoleon,” *Age of Revolutions* (December 11, 2017), <https://ageofrevolutions.com/2017/12/11/think-globally-act-historically-teaching-the-french-revolution-and-napoleon>.

moves on to discuss civil and religious responses to the epidemic and what I argue was the implementation of disaster centralism in France, as authorities in Paris stepped in to mitigate the threat of infection from Provence before it spread any further.

Chapter 2 travels from the coasts of Provence to the Italian peninsula with a focus on the port city of Genoa, considered by some to be *l'état le plus exposé*, or “the most exposed” to the threat of plague by its proximity to Marseille. The Genoese port stands out as among the most frequently mentioned in contemporary plague-related documents across Europe as region after region mobilized against the threat of infection from France. The chapter begins with a brief introduction to Genoa’s place as a maritime capital and port of entry for contagion. It discusses the city’s rich history of quarantine and public health and examines the arrival of news that plague was in France. Here, I ask why it took roughly two months for the rest of Europe to begin learning about the outbreak. The fact that the number of plague cases began to rise more rapidly in the month of July forms only part of the answer. More significantly, from the earliest documented deaths in May through the end of the epidemic, Marseillais officials, merchants, and others (initially including public health officers) perpetuated a campaign of misinformation meant to protect the livelihood of this wealthy and bustling ancient port city. Claims that the disease was merely a malignant fever, or that the outbreak had ended or was under control (when, in fact, it had not and was not), caused confusion in the first months of the outbreak. Nevertheless, the inevitable truth that plague was in France began to arrive in cities across Europe via envoys, ambassadors, and especially via consuls who reported back to their respective states from Marseille, Aix, Toulon, and other areas. From there, word traveled rapidly as these accounts were copied or repeated in letters and printed in newspapers across Europe and the colonies, creating an invisible commonwealth based in contemporary communication networks. The chapter then examines responses to the Plague of Provence in Genoa and Italy and how they influenced, and were influenced by, Italian trade and diplomacy. Here, and throughout the rest of the book, it becomes clear that reactions to the plague in France cannot be looked at in isolation. Officials across Europe looked to other states as they contemplated how to handle the threat of plague from France. In some cases, more rigorous public health measures were implemented to protect commercial relationships by adhering to certain standards

and/or by helping a port city to appear both safe and competent. In others, measures against another region were imposed in kind as retaliation, resulting in instances of what we may refer to as tit-for-tat public health diplomacy. In disease and disaster management, then, public safety is seldom the only, or even primary, consideration.

Chapter 3 moves north from Genoa to the port city of London, where the Plague of Provence caused waves of fear, opposition, and intellectual inquiry. Taking place against the backdrop of the recent South Sea Bubble, the epidemic in France became a major topic of discussion among politicians, journalists, scholars, physicians, grocers, merchants, and others as they protested perceived infringements on their civil liberties and freedoms or debated the nature of contagion and the usefulness of quarantine. When London received word of the outbreak in Marseille, the city experienced a series of protests against a possible embargo with “despotic France” and a toughening of quarantine regulations under the Quarantine Act of 1721. Merchants, grocers, and other groups in the city were especially resistant to measures that would in any way impede their industry. In 1720, just as plague cases emerged in the south of France, the bursting of the South Sea Bubble unleashed waves of anxiety and suspicion. Passionate attacks against the perceived injustices of the Crown as it attempted to enact quarantines and impede illicit commerce were filled with accusations that government authorities and “South Sea scheme men” meant to take away the inviolable rights of the people under the pretext of a foreign plague. Meanwhile, debates between contagionists and anti-contagionists about the transmission, or lack thereof, of infectious disease also erupted with special force in the wake of the 1720 plague in Provence. This chapter explores these reactions, placing them in the larger historical context of early-eighteenth-century politics and diplomacy and considers the various factors that came into play as England designed its new emergency public health policy.

From London, we travel south to the ancient port city of Cádiz, the Gateway to the Indies after it replaced Seville as the point of departure for the Americas in 1717.¹⁵ Chapter 4 explores reactions to the threat, and the centralization of disaster management, during the reign of Spain’s first Bourbon monarch, Philip V. It also examines the 1720

¹⁵ This occurred with the formal move of the *Casa de la Contratación de las Indias* from the inland river port of Seville to the Atlantic port of Cádiz.