

## A PSYCHOLOGICAL PERSPECTIVE OF THE BLACK DEATH

The Black Death was worse than anything experienced prior to that time and was, in all probability, the greatest single disaster that has ever befallen European mankind.

In most localities a third or even half of the population was lost within a space of a few months.

At the news of the approach of the disease a haunting terror seized the community. There was a frantic search for scapegoats--Jews were blamed--and there was wholesale flight by those who could afford to do so.

The majority of the population, taking the disaster as an expression of God's Wrath, devoted itself to penitential exercises, to merciful occupation, and to such good works as the repair of the churches and the founding of religious houses.

Horror and confusion brought a general breakdown and criminal elements were quick to take over. Drunkenness and sexual immorality were the order of the day. A writer of the day says:

*"In one house you might hear them roaring with the pangs of death, and in the next tippling, whoring and belching out blasphemies against God."*

The age was marked by a mood of misery, depression and anxiety, and by a general sense of impending doom.

Among painters the favorite themes were Christ's passion, the terrors of the Last Judgment and the tortures of Hell, all depicted with ruthless realism and with an almost loving devotion to each repulsive detail. Altogether characteristic was the immense popularity of the Dance of Death woodcuts and murals, with appropriate verses, which appeared soon after the Black Death and which expressed the sense of the immediacy of death and the dread of dying.



The origins of the Dance of Death theme have been generally traced to the Black Death and subsequent epidemics, culminating in the terror brought on by the outbreak of syphilis at the end of the 15th century.

The Middle Ages has long been recognized as a period of popular religious excitement or over excitement, of pilgrimages and penitential processions, of mass preaching, of veneration of relics and adoration of saints, of lay piety and popular mysticism. It was apparently also a period of unusual immorality and shockingly loose living, which we must take as the continuation of the "devil-may-care" attitude of one part of the population.

The most striking feature of the age was an exceptional strong sense of guilt and a truly dreadful fear of retribution, seeking expression in a passionate longing for effective intercession and in a craving for direct personal experience of the Deity, as well as in a corresponding dissatisfaction with the Church and with the mechanization of the means of salvation as reflected, for example in the sale of indulgences. These attitudes along with a great interest in astrology, accounts for the increased numbers of people who resorted to magic, and explains the startling spread of witchcraft and Satanism in the 15th century which were, according to the precept of modern psychology, normal reactions to the sufferings to which mankind in that period was subjected.

### A SOCIOECONOMIC PERSPECTIVE OF THE PLAGUE

Historians point to increasing wages and greater opportunities for social mobility as directly resulting from the plague. Immediate in the wake of the plague we hear of unparalleled abundance of food and goods, and a wild irresponsible life of pleasure.

*"Everyone tended to enjoy eating, drinking, hunting hawking, and gaming."*

*Agnolo di Ture*

It seems the plague tended to promote unconventional, irresponsible or self-indulgent life on the one hand, and a more intense piety or religious excitement on the other. Most commodities were more costly, by twice or more. The price of labor and the products of every trade and craft rose beyond double pre-plague prices. Lawsuits also rose.

Small towns were not as badly decimated by the plague but felt the consequences in another way. These locals were ravaged by mercenary armies who took advantage of the weakness of cities not being able to protect their suburbs. These ravages forced more and more people into the towns and into the depleted labor force—most particularly in the wool trade. Inheritance created a class of "nouveaux riche" whose wealth was accentuated by the impoverishment of many of the older families.

### PLAGUE SYMPTOMS AND DESCRIPTIONS

In 1347 when merchant ships from the Black Sea ports tied up at Genoa's busy wharves, roof rats left the ships and clambered ashore. Soon all of Europe writhed in the grip of the "Great Dying". Papal records tell of 200,000 towns depopulated. Physicians suspected "corrupt vapors" caused by a "malign conjunction of the planets."

## BOCCACCIO DESCRIBES THE RAVAGES OF THE BLACK DEATH IN FLORENCE

The Black Death provided an excuse to the poet, Humanist, and storyteller Giovanni Boccaccio (1313–1375) to assemble his great collection of tales, the *Decameron*. Ten congenial men and women flee Florence to escape the plague and while away the time telling stories. In one of the stories, Boccaccio embedded a fine clinical description of plague symptoms as seen in Florence in 1347 and of the powerlessness of physicians and the lack of remedies.

In Florence, despite all that human wisdom and forethought could devise to avert it, even as the cleansing of the city from many impurities by officials appointed for the purpose, the refusal of entrance to all sick folk, and the adoption of many precautions for the preservation of health; despite also humble supplications addressed to God, and often repeated both in public procession and otherwise, by the devout; towards the beginning of the spring of the said year (1348) the doleful effects of the pestilence began to be horribly apparent by symptoms that showed as if miraculous. Not such were these symptoms as in the East, where as issue of blood from the nose was a manifest sign of inevitable death; but in men and women alike it first betrayed itself by the emergence of certain tumors in the groin or the armpits, some of which grew as large as a common apple, others as an egg, some more, some less, which the common folk called *gavoccioli*. From the two said parts of the body this deadly *gavocciolo* soon began to propagate and spread itself in all directions indifferently; after which the form of the malady began to change, black spots or livid making their appearance in many cases on the arm or the thigh or elsewhere, now few and large, now minute and numerous. And as the *gavocciolo* had been and still was an infallible token of approaching death, such also were these spots on whomsoever they showed themselves. Which maladies seemed to set entirely at naught both the art of the physician and the virtues of physic; indeed, whether it was that the disorder was of a nature to defy such treatment, or that the physicians were at fault...and, being ignorant of its source, failed to apply the proper remedies; in either case, not merely were those that recovered few, but almost all died within three days of the appearance of the said symptoms, sooner or later, and in most cases without any fever or other attendant malady.

Three years later when this great calamity subsided it left behind 25 million dead. For centuries plague flared intermittently, hammering Venice 70 times, killing a hundred thousand Londoners in the dreadful siege of 1665, striking worldwide--including San Francisco in the 1890's. By 1908 it was discovered that when ever plague surfaced there were large quantities of dead rats around. It was shortly after learned that fleas left their dead hosts in search of new live hosts, humans, and so the disease spread. In 1975 20 Americans contracted the disease and 4 died. They were victims of contaminated fleas harbored by ground squirrels in the western states. The world center for Plague control is located in Fort Collins, Colorado.

# A DESCRIPTION OF THE BUBONIC PLAGUE

From Barbara Tuchman's work

*A Distant Mirror*

The Bubonic Plague which struck Europe in the 14th through 16th centuries nearly brought life to a virtual standstill. The following excerpt from Barbara Tuchman's work describes the plague as powerfully as anyone.

In October 1347, two months after the fall of Calais, Genoese trading ships put into the harbor of Messina in Sicily with dead and dying men at the oars. The ships had come from the Black Sea port of Caffa (now Feodosiya) in the Crimea, where the Genoese maintained a trading post. The diseased sailors showed strange black swellings about the size of an egg or an apple in the armpits and groin. The swellings oozed blood and pus and were followed by spreading boils and black blotches on the skin from internal bleeding. The sick suffered severe pain and died quickly within five days of the first symptoms. As the disease spread, other symptoms of continuous fever and spitting of blood appeared instead of the swellings or buboes. These victims coughed and sweated heavily and died even more quickly, within three days or less, sometimes in 24 hours. In both types everything that issued from the body- breath, sweat, blood from the buboes and lungs, bloody urine, and blood-blackened excrement- smelled foul. Depression and despair accompanied the physical symptoms, and before the end "death is seen seated on the face."

The disease was bubonic plague, present in two forms: one that infected the bloodstream, causing the buboes and internal bleeding, and was spread by contact; and a second, more virulent pneumonic type that infected the lungs and was spread by respiratory infection. The presence of both at once caused the high mortality and speed of contagion. So lethal was the disease that cases were known of persons going to bed well and dying before they woke, of doctors catching the illness at a bedside and dying before the patient. So rapidly did it spread from one to another that to a French physician, Simon de Covino, it seemed as if one sick person "could infect the whole world." The malignity of the pestilence appeared more terrible because its victims knew no prevention and no remedy.

Rumors of a terrible plague supposedly arising in China and spreading through Tartary (Central Asia) to India and Persia, Mesopotamia, Syria, Egypt, and all of Asia Minor had reached Europe in 1346. They told of a death toll so devastating that all of India was said to be depopulated, whole territories covered by dead bodies, other areas with no one left alive. As added up by Pope Clement VI at Avignon, the total of reported dead reached 23,840,000. In the absence of a concept of contagion, no serious alarm was felt in Europe until the trading ships brought their black burden of pestilence into Messina while other infected ships from the Levant carried it to Genoa and Venice.

By January 1348 it penetrated France via Marseille, and North Africa via Tunis. Shipborne along coasts and navigable rivers, it spread westward from Marseille through the ports of Languedoc to Spain and northward up the Rhone to Avignon, where it arrived in March. It reached Narbonne, Montpellier, Carcassonne, and Toulouse between February and May, and at the same time in Italy spread to Rome and Florence and their hinterlands. Between June and August it reached Bordeaux, Lyon, and Paris, spread to Burgundy and Normandy, and crossed the Channel from Normandy into southern England. From Italy during the same summer it crossed the Alps into Switzerland and reached eastward to Hungary. In a given area the plague accomplished its kill within

four to six months and then faded, except in the larger cities, where, rooting into the close-quartered population, it abated during the winter, only to reappear in spring and rage for another six months.

In 1349 it resumed in Paris, spread to Picardy, Flanders, and the Low Countries, and from England to Scotland and Ireland as well as to Norway, where a ghost ship with a cargo of wool and a dead crew drifted offshore until it ran aground near Bergen. From there the plague passed into Sweden Denmark, Prussia, Iceland, and as far as Greenland. Leaving a strange pocket of immunity in Bohemia, and Russia unattacked until 1351, it had passed from most of Europe by mid-1350. Although the mortality rate was erratic, ranging from one fifth in some places to nine tenths or almost total elimination in others, the overall estimate of modern demographers has settled- for the area extending from India to Iceland-around the same figure expressed in Froissart's casual words: "a third of the world died." His estimate, the common one at the time, was not an inspired guess but a borrowing of St. John's figure for mortality from plague in Revelation, the favorite guide to human affairs of the Middle Ages.

A third of Europe would have meant about 20 million deaths. No one knows in truth how many died. Contemporary reports were an awed impression, not an accurate count. In crowded Avignon, it was said, 400 died daily; 7,000 houses emptied by death were shut up; a single graveyard received 11,000 corpses in six weeks; half the city's inhabitants reportedly died, including 9 cardinals or one third of the total, and 70 lesser prelates. Watching the endlessly passing death carts, chroniclers let normal exaggeration take wings and put the Avignon death toll at 62,000 and even at 120,000, although the city's total population was probably less than 50,000.

When graveyards filled up, bodies at Avignon were thrown into the Rhone until mass burial pits were dug for dumping the corpses. In London in such pits corpses piled up in layers until they overflowed. Everywhere reports speak of the sick dying too fast for the living to bury. Corpses were dragged out of homes and left in front of doorways. Morning light revealed new piles of bodies. In Florence the dead were gathered up by the Compagnia della Misericordia - founded in 1244 to care for the sick - whose members wore red robes and hoods masking the face except for the eyes. When their efforts failed, the dead lay putrid in the streets for days at a time. When no coffins were to be had, the bodies were laid on boards, two or three at once, to be carried to graveyards or common pits. Families dumped their own relatives into the pits, or buried them so hastily and thinly "that dogs dragged them forth and devoured their bodies."

Amid accumulating death and fear of contagion, people died without last rites and were buried without prayers, a prospect that terrified the last hours of the stricken. A bishop in England gave permission to laymen to make confession to each other as was done by the Apostles, "or if no man is present then even to a woman," and if no priest could be found to administer extreme unction, "then faith must suffice." Clement VII found it necessary to grant remissions of sin to all who died of the plague because so many were unattended by priests. "And no bells tolled," wrote a chronicler of Siena. "and nobody wept no matter what his loss because almost everyone expected death.... And people said and believed, 'This is the end of the world.' "

In Paris, where the plague lasted through 1349, the reported death rate was 800 a day, in Pisa 500, in Vienna 500 to 600. The total dead in Paris numbered 50,000 or half the population. Florence, weakened by the famine of 1347, lost three to four fifths of its citizens, Venice two thirds, Hamburg and Bremen, though smaller in size, about the same proportion. Cities, as centers of transportation, were more likely to be affected than villages, although once a village was infected, its death rate was equally high. At Givry, a prosperous village in Burgundy of 1,200 to 1,500 people, the parish register records 615 deaths in the space of fourteen weeks, compared to an average of thirty deaths a year in the previous decade. In three villages of Cambridgeshire, manorial records show a death rate of 47 percent, 57 percent, and in one case 70 percent. When the last survivors, too few to carry on, moved away, a deserted village sank back into the wilderness and disappeared from the map altogether, leaving only a grass-covered ghostly outline to show where mortals once had lived.

In enclosed places such as monasteries and prisons, the infection of one person usually meant that of all, as happened in the Franciscan convents of Carcassonne and Marseille, where every inmate without exception died. Of the 140 Dominicans at Montpellier only seven survived. Petrarch's brother Gherardo, member of a Carthusian monastery, buried the prior and 34 fellow monks one by one, sometimes three a day, until he was left alone with his dog and fled to look for a place that would take him in. Watching every comrade die, men in such places could not but wonder whether the strange peril that filled the air had not been sent to exterminate the human race. In Kilkenny, Ireland, Brother John Clyn of the Friars Minor, another monk left alone among dead men, kept a record of what had happened lest "things which should be remembered perish with time and vanish from the memory of those who come after us." Sensing "the whole world, as it were, placed within the grasp of the Evil One," and waiting for death to visit him too, he wrote, "I leave parchment to continue this work, if perchance any man survive and any of the race of Adam escape this pestilence and carry on the work which I have begun." Brother John, as noted by another hand, died of the pestilence, but he foiled oblivion.

End note from your teacher:

The first wave swept through Europe in 1347-1350, and there were six more waves between 1350 and 1400 as each new generation of potential victims, not immune to the plague, appeared. The population of Europe was cut by half by 1400. This is probably the closest approach to the effect of a thermonuclear war in history.

# A PLAGUE DOCTOR

Carlo M. Cipolla

Historians generally state that western Europe was relatively isolated from the rest of the Old World and was protected from the plagues that periodically swept up and down its complex of trade routes. Western Europe was thus free from severe epidemics from A.D. 543 until the coming of the Black Death in 1347. This is not quite true; the Crusades brought western Europe into close contact with the East. One of the results of the Second Crusade was the introduction of a contagious variety of leprosy, and a deadly form of dysentery swept Europe in the wake of the Third Crusade. The cities and towns of western Europe developed means of combating these onslaughts in the form of charity hospitals, nursing orders for men and women, quarantine laws, emergency burial regulations, rudimentary public health offices, and the like. Europe was not completely unprepared for the Black Death and the regular recurrence of deadly epidemics thereafter.

In the following selection, Carlo Cipolla discusses how one such institution, the plague doctor, had evolved by the close of the medieval period and the eve of the Age of Discovery and Exploration. The story of Master Ventura's negotiations with the officials of the city of Pavia illustrates two aspects of European life that would be significant elements in the future.

The first is that Europe had become a great repository of disease microorganisms. Waves of disease had weeded out the weaker members of the society, but even the strong survivors were carriers of various illnesses, including measles, chicken pox, tuberculosis, diphtheria, malaria, and even more. Wherever the Europeans went, they carried their complex baggage of bacteria and viruses with them.

The second aspect is illustrated by Ventura's willingness to risk death to gain an economic advantage. Untimely death had become so common that life, even one's own life, was not regarded as particularly valuable. The Europeans had come to hold human life cheap; this explains a good deal about both the courage and brutality of the discoverers and conquerors.

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The Medieval and Renaissance city was afflicted with a problem which was essentially ecological in nature, namely a violent disequilibrium between the density of the population and the prevailing levels of hygiene and public health. The dire result of this disequilibrium was the recurrence of epidemics, mostly of bubonic plague, which at closely spaced intervals wiped out a large portion of the population. Ever since the outbreak of the great pandemic of 1347-51 people recognized the infectious nature of plague, but because they were totally ignorant of the sequence (rat == rat's fleas == man) they overrated the possibility of man to man infection. Thus it was not easy in time of epidemic to find doctors willing to treat plague patients. On the other hand, if the plague were so highly contagious, a doctor visiting a patient—it was argued—would not only easily contract the infection but would also carry it to other people or to patients suffering from other ailments. The solution to this double-edged problem was found with the institution of the community plague

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doctors. These were physicians or surgeons, especially hired by an infected town or village in time of an epidemic, who were responsible for the treatment of the plague patients only and had to refrain from intercourse with the rest of the population. Their job was not only particularly dangerous but also very unpleasant because the plague doctor was quarantined, so to speak, for the entire period of the epidemic and some time thereafter. Those who applied for such positions were normally either second rate doctors who had not been particularly successful in their practice or young doctors trying to establish themselves. Texts of agreements between town administrations and plague doctors are not difficult to find in the archives and some have been published. Although they inform us about the terms eventually agreed upon by the parties involved, the cold and detached judicial prose of the notaries hardly reveals the bargaining which always preceded the final settlements. The bargaining was often hard. On May 10, 1630, the town council of Torino considered the

conditions requested by one Dr. Maletto to serve as a plague doctor. After some discussion the council instructed its representatives "to deal promptly with Dr. Maletto." They should try to reduce his pretenses and extract the best possible deal for this community but they ought to be careful not to lose the opportunity of hiring Dr. Maletto because it would be difficult to find a substitute at the same salary.

In the Communal Archive at Pavia (Lombardy) there is the original draft of an agreement reached between the community and a plague doctor. The document is of special interest because it shows a series of corrections and additions to the original text that are suggestive of the bargaining that took place.

The document is dated May 6, 1479, and it contains the "conditions agreed upon between the magnificent Community of Pavia and the doctor of medicine Giovanni de Ventura in order to treat the patients suffering from the plague."

The first clause deals with the salary. The community promised to pay to the doctor a monthly salary of 30 florins, which, as we shall see, had to be net of living expenses.

The second clause originally provided that the community would pay the salary two months in advance. This amounted to an interest-free deposit equivalent to two months' salary in favor of the doctor. However, in the bargaining that followed, the clause was modified, and the town's representatives managed to cut the advance to one month's salary.

Obviously the doctor had some doubts about the solvency of the community, and he was not satisfied with the advance payment. He wanted more guarantees, and the third clause of the contract stipulates that the community had to give the doctor an adequate pledge for the payment of his salary. On this point there seems to have been no further discussion.

A fourth clause also raised no difficulties. It was common practice in the hiring of an immigrant community doctor, whether plague doctor or not, that the community would provide him with a convenient house free of charge or at a reduced rent. In this particular case, the

community of Pavia promised to provide Dr. Ventura with "an adequate house in an adequate location," completely furnished, at the community's expense. The clause suggests that Dr. Ventura had not been living in Pavia.

Disagreement must have flared up again on the fifth clause. Originally it had been stipulated that the city administration would continue to pay the doctor his salary for two months after the termination of his employment. Later on, however, the town's representatives backed out, and in the subsequent bargaining, as in the matter of the advance, they managed to reduce the extra pay to one month's salary.

In both clause two and clause five, the final text is less favorable to Giovanni Ventura than the original draft. Were the administrators beginning to feel some doubts about the quality of the doctor's services? Or, having brought the doctor to the verge of acceptance, did they feel that toughness might extract from him an even better deal? We shall never know, but the modifications to the original text of clauses six and seven seem to favor the first hypothesis. The sixth clause originally specified the duties of the doctor, emphasizing the limits of his obligation. It stipulated that "the said master Giovanni shall not be bound nor held under obligation except only in attending the plague patients." Later on, however, the town's representatives felt that they needed a better guarantee of a satisfactory performance and pressed for an addition which specified the doctor's duties in more positive terms: namely, "the doctor must treat all patients and visit infected places as it shall be found to be necessary." With the seventh clause the town's administration committed itself to give a free grant of Pavian citizenship to the doctor in appreciation for his good services. But again, at the time of the final draft, it was felt necessary to qualify the original text by the conditioning clause "according to how he shall behave himself."

What kind of man was Master Giovanni Ventura? We have no information on him and all we can do is to speculate on the limited basis of the



agreement he made with the town of Pavia during a time of a social tragedy. He was ready to risk his life for some 30 florins a month, and it is doubtful whether he assumed this risk for purely humanitarian reasons. He was obviously anxious to obtain the citizenship of Pavia. One is tempted to think of him as an uprooted adventurer. But I doubt that was the case. More likely he was an obscure doctor from the countryside, and the fact that he was normally addressed as "master," clearly shows that he was of humble social standing. There were in the villages young men who, thanks to scholarship or to the economic sacrifices of their parents or to both, managed to obtain a university degree. But it was not easy for them to practice in the cities because the city doctors did not welcome competition, and they therefore resisted the immigration of more doctors. On the other hand, as the memoirs of Jerome Cardano testify, toward the end of the fifteenth century a physician did not fare well in the countryside where peasants often had recourse to barbers and quacks. The dream of a young country doctor was to be admitted to the city. Perhaps Dr. Ventura was such a one, and when the plague hit the city, he played his version of Russian roulette: if all went well, he would have obtained the citizenship of Pavia, thus establishing there both his residence and practice.

Did Dr. Ventura have a family? In all likelihood he had neither wife nor children; otherwise their presence would have been mentioned in the clause referring to the house that the community had to provide for him. Yet Dr. Ventura must have had relatives in mind when he made the stipulations in the agreement. The chances of survival of a plague doctor during an epidemic were not high, and in clause eight, with obvious reference to the payment granted by clause two, Dr. Ventura obtained the promise that "in the event—may God forbid it—that the said Master Giovanni should die in the exercise of these duties, that then and in that case his heirs should not be required to make restitution of any part of his salary that might remain unearned." Was he thinking of his parents?

The institution of the community doctor in the Italian cities dated back to at least the end of the twelfth century. The idea behind the institution was to make available free medical treatment and care for the poor. The community plague doctor was but a special kind of community doctor and clause nine is similar to the analogous clauses that one finds in all agreements relating to the hiring of community doctors: "the said Master Giovanni shall not be able to ask a fee from anyone, unless the plague victim himself or his relatives shall freely offer it."

A plague epidemic was not only a human tragedy for a city; it was also an economic disaster. All too often, enormously swollen expenditures on public health treasures were accompanied by drastic diminution of revenues, and all this meant bankruptcy for the frail public finances. Reading the agreement, one has the impression that Master Giovanni was more worried about the solvency of the city than about his chances of survival. With clause two he had obtained an advance payment. With clause three he had obtained from the city a special pledge to guarantee his salary. With clause ten he obtained that "whenever and however it shall come about—God forbid that it should—that because of a plague of this kind the city may be brought so low that Master Giovanni cannot have his wage nor the things necessary to his existence, that then and in that case Master Giovanni may be released from his obligation without any penalty."

By the end of the fifteenth century the gulf between physicians and barber-surgeons was widening in Italy; the physicians were more and more regarded as upper class while the barber-surgeons were increasingly considered part of the lower orders. By the end of the sixteenth century a physician was no longer addressed as "master," that title being normally reserved to the barber-surgeons. In 1479, things had not yet gone so far, although even then it would have been unusual for a high-ranking distinguished physician to be addressed with the title of "master." Dr. Ventura was obviously neither

distinguished nor high-ranking. However, he was a physician and not a barber-surgeon, because clause eleven stipulates that "the Community is under obligation to maintain a barber who should be at least adequate and capable." The reason for the clause is obvious, a main task in the treatment of plague patients was lancing their suppurating buboes and the operation was normally performed by a barber-surgeon and not by a physician.

A city infected with plague was quarantined by all other places; trade and communications were halted, victuals became scarce and difficult and expensive to obtain. Many of those who were spared by the plague could hardly escape starvation. Dr. Ventura protected himself against these unpleasant events with clause twelve, which stipulates that "the Community has and is under the obligation to provide said Master Giovanni with all and everything which is necessary for his life, paying and exbursing the money therefore." Master Bernardino di Francesco Rinaldi obtained a similar clause when he was hired as plague doctor by the city of Volterra in 1527.

With clause four Dr. Ventura had already secured for himself free housing facilities while clause eleven took care of all other living expenditures. Thus the 30 florins of the monthly salary could be left untouched and put aside. When one's life is at stake, it is hard to decide whether pecuniary compensation is adequate or not. As we shall see below, by the standards of the time, the financial terms extracted by Dr. Ventura were reasonably adequate. But he kept worrying about the solvency of the community. He had already obtained the promise of an advance payment (clause two). He wanted a special pledge to guarantee his salary (clause three). He had made certain that in case of insolvency he would be released of his obligation (clause ten). But these guarantees were seemingly not enough to set his mind at rest. In a final assault on the problem he extracted clause thirteen, which stipulates that "however the community would not observe the previously agreed conditions, either partially or totally, then and in

that case, it would be possible to said Master Giovanni to be totally free from any engagement, notwithstanding the previous clauses or others to be made." Clause thirteen practically repeats what was already established by clause ten. What the town's administrators thought of this obsession of Dr. Ventura and of his being more concerned with the possible insolvency of the Community than with the probability of his catching the plague we shall never know. We know, though, that after they had accepted clause thirteen and had recognized the doctor's right to leave the job under the aforesaid conditions, the administrators pressed to have this addition inserted: "that the doctor should notify the community at least ten days in advance so that the Community would be in the condition to provide (for a substitute)."

While Giovanni could not take his mind off the community's possible insolvency, the town's administrators kept worrying about the kind of service that the doctor would provide to the patients. The minds of the two parties were following different logic's and as the doctor persistently returned to his own point, the administrators felt that they had to reiterate, their own. They had already managed to add to clause six the condition that "the doctor must treat all patients also visit infected places as it shall be found to be necessary." They had also succeeded in emphasizing that the grant of citizenship would be dependent on "how shall he behave himself," (addition to clause seven). But they were still uneasy. They therefore requested the insertion of clause fourteen, which stipulates that "said Master Giovanni would have and should be obliged to do his best and visit the plague patients, twice, or three times or more times per day, as it will be found to be necessary."

The town administrators were understandably concerned with the capacity of the doctor to resist the assault of the infection and to deliver his services. This concern was not motivated by pure humanitarianism. Clause fifteen stipulates that "in the case—may God forbid it—that the said Master Giovanni would fall ill, and could not perform his

office, that then and in such case he should receive a salary only for the time of effective service."

The last clause stipulated that "said Master Giovanni will not be allowed to move around the city in order to treat patients unless accompanied by a man especially designated by the Community." The explanation offered is that Dr. Ventura when accompanied by the deputy would be "identified as the doctor appointed to that office," but the real reason behind the clause was to ensure that the doctor would not intermingle with other people. The deputy's function was to monitor Giovanni's movements. In Prato, in December 1527, the community made an inquiry on the behavior of the local plague doctor Stefano Mezzettino. It was noticed that, according to the rules, "when the community plague doctors move around they always have to be accompanied by a custodian specially appointed, but said Master Stefano went to treat a patient in Pinzidemoli and went there alone, without the custodian, with great danger for all concerned." He was reprimanded and fined. A plague doctor was regarded as a contact and all contacts had to live in isolation.

From the remarks I have made on some of the clauses, it will be apparent that the agreement made between Dr. Ventura and the city of Pavia was not dissimilar from analogous agreements made in other cities. One has, indeed, the distinct impression that by the last quarter of the fifteenth century a standard formula had evolved. This formula was adopted, with minor variations, in places as different as Turin in Piedmont, Pavia in Lombardy, and Volterra and Prato in Tuscany. The pecuniary reward, however varied considerably from place to place, largely depending on the quality and prestige of the doctor, the availability of substitutes, the severity of the epidemic, and the urgency of the town's needs. Dr. Ventura, we have seen, was granted 30 florins per month, the free use of a house, and his living expenses.

The florins mentioned in the contract were units of account. Thirty such florins corresponded to 11.5 gold florins and therefore to approximately 40 grams of

pure gold. What this meant in terms of purchasing power is difficult to say because the price structure of those days was totally different from the price structure of today. Books of medicine were then valued in Lombardy between 5 and 13 florins each, with many having the value of 6.5 florins. Thus the 30 florins that Dr. Ventura received each month hardly bought five books of medicine. But manuscripts cannot be compared with the printed books of today, and few doctors owned more than some dozen books. Compared to other salaries, the salary of Dr. Ventura was not at all bad. A skilled worker, if he managed to be employed 200 days a year—which was virtually impossible—hardly made 60 florins in a year. The accountant of the community made 84 florins a year. The mayor of the city made 540 florins. At the university there were two or three famous professors who earned more than 1000 florins per year, but 90 percent of the lecturers earned less than 200 florins per year.

A contemporary, living in a developed country, may think that 40 grams of gold per month do not represent an exceptionally attractive salary. But in fifteenth century Europe gold was a scarcer commodity. Life was often brutish and short, and death was a more familiar event. Our story proves that a monthly salary of 40 grams of gold plus living expenses was high enough to attract a doctor to a job which bordered on suicide.