



Introduction

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Early modern German people were intimately involved with plague, which occurred with what seemed like divinely ordained frequency in cities and territories across Europe. In sixteenth-century Nuremberg alone, plague was officially recorded almost every eleven years.¹ Once a micro-generation, plague decimated the population—decimated in its original meaning, killing one in ten. That meant that with the exception of children who died young from other ailments or accidents, or those who were only temporarily resident in the city, every Nuremberger was a survivor of plague: in some cases they avoided contracting plague, in others they recovered from it. All those who survived knew someone who had died—collaborators and partners, neighbors and friends, kin and extended family, brothers, sisters, parents, husbands, wives, children. The relationships spared by one epidemic would be threatened again in the next. When it raged, plague disrupted all aspects of daily life, but when it was dormant it was equally and always latent in the fabric of the early modern everyday. In household provisions and storehouse cupboards, in carefully kept recipe books, and professional libraries, in daily practices and familial memory, in curated practices of hygiene, perfuming, and grooming, in talismans and devotional objects, in civic chronicles and built memorials, the materials of the household, the body, the city, and the land spoke to anxiety about the prevention of plague and the management of its outbreak.²

The scale of such death, loss, and destruction might seem almost unthinkable, but in fact it was rendered with acute numerical clarity. Starting in 1533, the city marked plague with new forms of recordkeeping. Nuremberg civic scribes began to keep tables which tallied the weekly deaths with forensic granularity. As the century progressed the city compared these numbers to previous epidemics and began to study their quantitative patterns.³ Plague tables were not the only mechanisms of control deployed by the city. Plague pamphlets were another paper tool in the fight against plague. Written for the most part

(though not exclusively) by municipal physicians, plague pamphlets were some of the most frequently published texts in the early modern period, particularly in the category of vernacular medicine. At their height, Carolin Porzelt estimates that up to six thousand copies of Nuremberg's plague ordinances and plague remedies circulated within the city.⁴ As well as circulating advice and information, the Nuremberg council banned multiple products thought to potentially carry the plague, including used clothes and feather mattresses. They closed bathhouses and brothels. They issued decrees about burial times, and who could be exposed to dead bodies.⁵ They safeguarded civic order by appointing experts and councilors to temporary positions of oversight, and safeguarded governance (i.e. themselves) mostly by fleeing to safer pastures.⁶ They opened and closed plague hospitals and formed and dissolved temporary structures of oversight.⁷ The relationship of these various strategies to the numbers of dead recorded in the plague tables was a matter of concern for sixteenth-century policy-makers, as well as historians today.

The contemporary preoccupation with counting as a coping strategy marks a moment where the intersection of recordkeeping, representational strategy, and the experience of pandemic intersected to critical affect. Much like the COVID-19 infographics, which occupied prime place on the front pages of newspapers until the deaths tapered off (but never ended) and their recordkeeping became a matter of rebuke and not management, Nuremberg's plague tables remind us of the aspirational and fictive nature of recordkeeping itself. Such representational strategies for management rehearsed entire disciplines of public health.⁸ They carried with them the potential for new ways of thinking, but they also rendered invisible the individual experiences which undergirded them. Deaths in such numbers obscure the tragedies of individual loss: they allowed the city to go on and ultimately to forget. These recordkeeping practices and their relationship to the city's strategies pose important questions about the ways in which pandemics were recorded as narrative events with a beginning and an end. They remind us that the crafting of narrative about pandemics is itself central to public health, and that the supposedly liminal temporality of "the pandemic" is a core component of narrative strategy. Challenging and critiquing those narratives as historically situated and historically constructed allows us to see the continuing dynamics by which we are comforted, silenced, and "managed" today.

What is pandemic management? What does it mean for a pandemic to be "over"? Does the ending of a pandemic mean it has been managed? The essays in this volume address the management of pandemics in early modern Germany in broad strokes, as strategies enacted in times of crisis, policies of prevention, and diverse practices of governance which cohered around a particular claim: that the social experience of disease could (and should) be dependent on governance, or, to put it another way, that governance could (and should)

trump nature. Unpacking the development of this thinking is no small thing. The essays gathered here cover a chronology spanning roughly the end of the fifteenth century through to the middle of the eighteenth century, showcasing important changes in these strategies, but also highlighting long continuities. The ubiquity of outbreaks of infectious disease, their intersections with large-scale historical processes and phenomena, the familiarities and discontinuities with modern public health, plus their occurrence in the midst of new forensic methods of recordkeeping serve to make early modern pandemic management a subject of compelling relevance.⁹ The essays here offer lessons in the agency of societies and individuals in times of crisis, as well as insight into changing medical and moral understandings of disease, contagion, and bodily integrity. But before addressing their contents more directly, and reflecting on the lessons they offer, a few essential terms and concepts used in this volume deserve consideration, not least the term “pandemic” itself.

The *Dictionary of Epidemiology* defines an epidemic as “the occurrence in a community or region of cases of an illness, specific, health-related behavior, or other health-related events clearly in excess of normal expectancy,” and pandemic as an especially widespread epidemic.¹⁰ As a relatively new medical science, applying a definition derived from epidemiology to the early modern period is anachronistic. Neither disease, nor contagion, nor “health-related behavior” were understood or experienced in the same way in the early modern period. The German term used was *Seuche* or *Pest*, both of which could sometimes be conflated with plague, and like plague were also affixed to instances of pox, smallpox, leprosy, typhoid, flux, as well as their symptoms such as fever, buboes, diarrhea, etc.¹¹ For this reason, in her still-unsurpassed survey of early modern medicine, Mary Lindemann uses the term “pestilence” as the best descriptor for this encompassing phenomenon in the early modern era.¹² Recent collaborations between historians and geneticists have seen greater specificity brought to bear on the epidemiology of the early modern period, as well as a broader kind of evidentiary record available to historians, and there is much still to be learned from this pursuit.¹³ As a medical term, pestilence was remarkably capacious and pliant. It linked concepts of corruption and putrefaction, miasma and infection, allowing writers to layer seemingly discrete and sometimes incompatible medical ideas on top of each other.¹⁴ It also transcended the medical. Pestilence, as scholarship on plague also notes, had both medical and moral connotations; it was understood not just as a disease, but as problem of social and moral order.¹⁵ Plague management thus brought together the social, the religious, and the medical in profoundly exigent ways.

It is therefore important that the essays in this volume span a chronology in which important changes were taking place in each of these spheres. The well-known complexities of the Holy Roman Empire, with its proliferate territories, divergent structures of governance, and contested areas of jurisdiction

and degrees of autonomy, created a unique situation for the structuring of responses to plague.¹⁶ The essays in this volume take place in different political settings, from imperial free cities to absolutist principalities, and at very different moments in the early modern history of the empire. Considering what might appear at first glance as a set of temporal or political “tensions” is key, allowing us to disaggregate strategies of management across geography, chronology, and political context. This has particular implications for our understanding of the movement and appropriation of policies from place to place. Despite an emphasis on local authority during times of plague, edicts issued in one territory or principality were often circulated to and adopted by others.¹⁷ Plague ordinances throw up the dynamics both by which local states, territories, and cities exercised and thought about their own independence and by which they made decisions in practice, often drawing on “best practice” and the innovations of their neighbors or rivals. As Nükhet Varlik’s approach to plague in the Ottoman Empire observes, “a conceptualisation of disease along a set of relations in time and space can also expose social, political, and economic structures and inequalities.”¹⁸

Such structures and inequalities, as well as the spatial management of plague, were shaped and framed by the confessional disputes which divided the lands of the Holy Roman Empire across new axes in the sixteenth century. Few areas of the printed landscape escaped these debates entirely, including medicine. Erik Heinrichs has shown both in this volume and in his monograph, the degree to which these plague pamphlets were mobilized as vehicles for confessionalization.¹⁹ Luther’s famous pamphlet on whether one could or should flee the deadly plague was just one example of the way in which religious authorities debated the appropriate responses to plague. But the ways in which Catholic and Protestant territories organized and thought about plague and pandemic management were also informed by confessional attitudes to charity and welfare, good works and penance, and the role of religious rituals.²⁰ Obvious examples are the role of pilgrimage and other devotional works which remained a resource for Catholics and were reconfigured in Protestant areas. Prayer was an intrinsic part of prevention, as were piety and good order. Sermons and the tools of liturgy and ritual were all mobilized to help manage the emotional vicissitudes of plague.²¹ And in the confessional disputes, these forms and genres were equally vehicles for propaganda. In this sense plague and its management formed a strand of the religious repertoires of the later sixteenth century, to borrow a term coined by Kat Hill, and could be themselves a useful barometer of the relationship between confessional division and pragmatic political association.²²

As the political and religious landscape of the Holy Roman Empire was in flux, so too was the landscape for medical practice. This was particularly evident in sixteenth-century civic spaces, as university-trained practicing physicians

carved out protected roles for their authority.²³ Plague exposed the reach but also the limit of this “new order” of medicine.

Not only did it complicate the role of physicians, who were in theory required to attend plague victims, but who in practice often fled the city; it also created opportunities for other practitioners. Surgeons and barber-surgeons wrote plague texts and advertised their prowess as successful practitioners, but they simultaneously used plague to think through and theorize other aspects of their medical practice.²⁴ Midwives and nurses received extra pay and sometimes the opportunity to prescribe medical remedies. New positions were established during times of plague, including hospital personnel and cooks, but also ministers, grave-diggers, and porters who carried the dead from their place of death to the graveyards.²⁵ The question was how the measures and management of crises spilled over into the maintenance and dispersal of power and authority in times of good health. The links between pandemics and the creation of public health regimes have long been asserted.²⁶ More recently, some historians have argued that one outcome of the plague was the (slow) medicalization of disease management more broadly. As Paul Slack has observed, from 1665 there were fewer religious treatises on plague than there were medical treatises.²⁷ Andrew Wear demonstrated that even within such medical texts a lessening of religious sentiment can be clearly discerned.²⁸ While the overall framing of this shift as a secularizing phenomenon has received pushback, the link between the management of plague and a more assertive medical authority is generally accepted.²⁹ The essays here re-entangle medical, political, and religious forms of authority, showing how each discourse could serve the needs of local elites; but they equally do much to complicate any portrayal of a linear, or straightforward development of authority. This volume shows that pandemic management was crucial to the emergence of public health, but not as a faceless, people-less governmental force, nor still as a secularized body of medical theories, but, rather, as a highly contested, interpersonal set of debates between local and competing experts, played out in temporally specific and changing ways.

To be clear: this is not an origin story. As the robust literature on the Black Death in Europe and beyond comprehensively demonstrates, very few management strategies adopted in the early modern period were truly novel.³⁰ Plague texts, temporary quarantine, practices of fumigation, and the establishment of hospitals were all elements of management strategy which dated back to 1347, and in some cases even earlier.³¹ No responsible early modernist, however tempted, can assert the sixteenth century as something dramatically new. At the same time, while resisting an overly positivist teleology, it is equally important to avoid a kind of ahistorical assertion of continuity or “ever-presentism” in pandemic management. The dynamics of continuity are frequently invoked in the study of epidemics.³² But I do not feel that the justification for addressing pandemic management in early modern Germany lies in significant

continuities between its experience and our present moment. Indeed, I suggest that it is precisely this veneer of continuity which demands critical attention and engagement. The recent (or ongoing) COVID-19 pandemic has offered us this challenge with renewed urgency, not least because it evidenced a collective desire to make sense of strangeness by assimilating it to past experience, particularly in the popular media landscape, which featured endless thinkpieces on the similarities between policies of isolation and early modern quarantine. These temporal collapses and contrivances mark another way of looking at the important dictum that “the distinctiveness of the plague is that it ultimately destroys all forms of distinctiveness.”³³ But such a tendency runs the risk of naturalizing plague, of excusing deaths, of explaining away as inevitable what were highly preventable deaths occasioned and caused by public health policies, by equating commercial interests and corruption with limitations of the state and government, by accepting global inequities as unfortunate medical causalities.³⁴ As historians, but also as historically literate global citizens, we must resist this temptation. It is a historical imperative to consider temporality and disjuncture carefully, to denaturalize and think critically about causation, culpability, and agency, and to scrutinize the way in which narrative—historical narrative—has served to further or bolster the power of the state and the inequities of pandemic management. The essays in this volume elucidate highly idiosyncratic and complex case studies, all of which do work to disaggregate and think critically about the structures by which meanings around plague were made.

Contents

The first group of essays take plague texts as their primary provocation. Strategies for managing plague required first the successful recruitment or engagement of a general public. In [Chapter 1](#) Christopher Hutchinson offers an illuminating example of how early plague writers sought to engage non-literate communities in literate texts. Focusing on three pamphlets in particular, by Hans Folz and Hieronymus Brunschwig, the chapter draws our attention to the dissonances within the texts which claimed to address the common man but provided costly recipes. Hutchinson provides a deep analysis of the oral and aural dimensions of text, with a focus on instruction for reading left by the writer themselves. Complicating a simple assumption that vernacular texts were intended for the “common man,” Folz’s verse format engaged a more aural dimension which explicitly addressed a non-learned audience, while his prose text was directed to more literate individual readers. Hieronymus Brunschwig, offered a tripartite set of remedies, including (as Hutchinson delightfully renders it) “some fancy ones for the lords, some middling ones for the townspeople,

and some for the common people in the countryside who can't reach an apothecary." In considering the multilayered work that texts do to reflect (and create) inequality, Hutchinson offers insight into what medical historians have termed the "plurality" of medical practice, and a mode of interpretation applicable to source material that will recur throughout the volume.

Hans Folz appears again in the second chapter of the volume, by Peter Hess, which focuses on pandemic management as an ambivalent ethical challenge bracketed by the writings of this early author and the better-known Hans Sachs in 1563. The locus of Hess's focus is Nuremberg, a city which, as we have already seen, attempted numerous measures to combat pandemics. Nuremberg was famous for the unusual degree of control its patrician city council exercised, and its strategies during times of plague have often been interpreted (including by me) as evidence of this. However, through a careful reading of dozens of plague texts, including both consilia and ordinances, Hess unpicks any straightforward depiction of control. He reveals instead a deeply conflicted patrician council, caught between a desire to exercise authority, a moral obligation to provide care and discharge their duty, and a strong sense of self-preservation. Luther's well-known 1527 pamphlet on whether one can flee the deadly plague has meant that fleeing has taken on specific valences of confessional conformity in historiography, but this too was less straightforward than we might expect. In Nuremberg, local preachers Veit Dietrich, Wenzelauß Link, and Andreas Osiander all debated the issue carefully. Not only did patrician flight reinforce the entrenchment of inequalities between those who could afford to leave and those who had no recourse but to remain, it also acted as a spur to enshrine new forms of social control to replace the council's physical presence. The deep and extensive deliberation that went into these decisions is significant; they were not the knee-jerk reactions of self-preservation, but carefully and extensively justified. The moral framework created by these debates materialized in practical strategies, which in turn enshrined inequalities. Political control, rather than presence, duty, or obligation, thus became the moral answer to plague. As we shall see in later chapters, this would play out through the following centuries.

Chapter 3 by Erik Heinrichs addresses plague pamphlets in ducal Bavaria. Heinrichs has been a leading scholar in the study of this literature, demonstrating its decisive role in the Reformation as a material by which preachers, particularly Protestant writers, could think about embodiment, sin and salvation, and devotional practice. Here Heinrichs picks up the question of Catholicism and illustrates with great subtlety the ways in which mobilization of piety as a defense against plague could allow authors, writers, and even princes to push highly specific religious agendas. In sixteenth-century Bavaria, mainly Catholic but with significant tendencies amongst nobles to Protestant reform, the confessional nature of the pamphlets turned primarily

on saints and their role in broader devotion. The authors Heinrichs traces were unusual, with attitudes shaped by theological beliefs but also by institutions and by (extremely) local altercations and rivalries. They were also reactionary—shaping their writing by dint of anxiety about the waning role of long-standing traditional practices.

Heinrichs' treatment of plague writing offers lessons in how to read ordinances and pamphlets more generally, demonstrating that pamphlets rarely reflected in an uncomplicated way the dominant attitudes or behaviors of the audiences for which they were intended. His concentration on Bavaria allows for disaggregation of the experiences of epidemics over the course of a century and shows how strategies even between epidemics only ten years apart could differ in ways that individuals found terrifyingly exigent, not just for their personal health but for religion, salvation, and the future of their communities as well.

The second group of essays turn to political strategies for managing pandemics. In [Chapter 4](#) Mona O'Brien offers us an example of two city councils and their approach to French Pox in the earliest years of the disease, 1495–1510. Unlike plague, pox was recognized as a new disease, and in their responses, civic councils provide a good example of the way in which older measures could be rethought for new contexts. O'Brien's chapter is useful for contextualizing many of the other essays in this volume, since the timeline of her comparison takes place before confessionalization occurs. What is particularly compelling is that there were still clear differences between cities and their disease-management strategies, which cannot be explained away by religious differences. Here the critical importance of recordkeeping and the structures of the archive are once more to the fore. As O'Brien reminds us, the written sources present the council operating with one voice, when in fact, the results could be arrived at after significant debate.

A very different political context is considered in [Chapter 5](#) by Thomas Wozniak, whose intimate portrayal of civic devastation focuses on an extraordinary set of sources in late sixteenth-century Quedlinburg Abbey and its surrounding towns: tax registers on which scribes have noted the numbers of the dead. Unlike the purpose-drawn plague tables kept by Nuremberg, these were longer-standing forms of recordkeeping, amended in highly idiosyncratic ways. Crosses or annotations transformed one kind of record into another, a good analogy for the way in which plague politics more generally could overlay otherwise familiar-looking political decisions. As Wozniak observes, the records allow for a graphic (rather than simply numerical) representation of the dead, and close attention to the neighborhood, gender, age, and sometimes occupation of the dead allows for a detailed study of how waves of pandemics reshaped communities in profound ways. In the wake of population devastation, Quedlinburg turned to recuperative measures, creating new citizens, appointing guardians for bereaved children, and seeking to restore the health of

society. As Wozniak argues, this was not just reactive, but evidence-based decision making, and the role of quantitative recordkeeping in producing political decisions should be seen a sign of the way in which futurity and strategy was itself codified within reaction to pandemics.

If plague was generally a crisis, what happened when it occurred in a time of catastrophe? In [Chapter 6](#) Sigrun Haude offers a comparative study of plague in Munich and Nuremberg during the Thirty Years' War, when broader emergency drastically changed the parameters of pandemic experience. Haude's chapter assesses the cities' strategies for control, but also their limits in application, traced through records of violations. While governments threatened severe punishment for violations, not only did many citizens simply ignore the ordinances, in practice city councils often made exceptions for individuals or were more lenient in prosecuting violations of ordinances than the legislation might suggest. This was especially true for cases arising in the countryside. In Munich, Brigitta Millerin, for example, who lost her father to plague in 1634, sold some of his clothes and was duly reprimanded, but was not punished. Haude offers us ad hoc adaptability and decision making as a site of resilience, warning at the same time that ad hoc should not be confused with carelessness or indifference. These practices demonstrate a level of self-reflection and reflexivity with which plague policy continually grappled.

Ulf Wendler, in [Chapter 7](#), drills down on one of the most foundational practices to characterize pandemics across times and spaces, the practice of quarantine in the political entity most characteristic of the eighteenth century, the "absolutist" principality of Electoral Hanover, where quarantine served to delineate and articulate with granular precision the elector's political agenda. In forty-seven edicts issued over only seven years, the targets became, in gradual stages, the itinerant poor ("vagrants"), Jews (specifically "poor Jews," "Betteljuden," as opposed to the more limited category of "protected Jews," "vergeleitete Juden" or "Schutzjuden"), "dissolute craftsmen," and Roma. Broader eighteenth-century debates about quarantine are usually interpreted through the lens of trade and developing concepts of the free market, but here an alternative emphasis on control and moral order is revealed as an animating throughline from the patrician to the absolutist prince. The time-consuming and costly effort put into this—border checks every fifteen to twenty kilometers, manned by numerous bureaucrats as well as soldiers—shows how resources and emergency measures could be transformed into a mobilization of the power of the state. This was a level of political control which was not simply pragmatic or reactive, but, like the strategies studied by Peter Hess in Nuremberg almost two centuries earlier, was carefully crafted as a moral good in its own right. By revealing very different foci to inequality, Wendler shows how overt similitude of practices can sublimate the broader question of control, who wields it, and who falls victim to it.

Having explored the ad hoc, messy world of practice, and the critical throughline of control in which it resulted, the third section of this collection pivots again, addressing questions of theory in the broader context of scholarship, the nonhuman animal, and public health. In **Chapter 8** Benjamin Wallura explores the variety of approaches to plague evident in the University of Helmstedt between academics from medicine, natural philosophy, and law, all of whom contributed dissertations and plague texts. Focusing on the period immediately following the Thirty Years' War, Wallura shows how "discourses of possibilities" were debated by local academics. Wallura's chapter reframes pragmatic decisions, flight, burial practices, personal health, and hygiene, not as well-established, still less inevitable strategies of plague management, but as profound intellectual quandaries to which a generation of local academics saw themselves offering meaningful contribution. His chapter therefore establishes a circular dialogue or dialectic with the political, practical decisions explored by the previous section. The continued vitality of these debates is important, not least because the end of the seventeenth century is more often interpreted as an era where the prevalence of plague began to wane.

Ansgar Schanbacher, Philip Knäble, and Malte de Vries remind us in **Chapter 9** that epidemics were not experienced only by humans but also by animals, and that experiences of disease was an interspecies question. Animal epidemics or epizootics occurred on a roughly similar timeline to human epidemics: eleven outbreaks of Rinderpest, cattle-plague, foot and mouth disease, anthrax, rabies, or other highly contagious epizootics were recorded in the sixteenth century, and thirteen in the seventeenth century. Medical attention to these diseases became more formalized as the centuries progressed, while social authorities reacted with a variety of attempted solutions, many of which were similar to those deployed in "human" plague. The changes to the way in which animal plague was managed tracked developments on agriculture and husbandry more generally. This involved an emphasis on quarantine and "enclosure," with cattle in particular the subject of increasing "interior" dwellings in barns. While partly informed by confession, responses to the disease were also increasingly framed as a danger to the economy. While the shapes of this study echo other chapters here, the focus on the nonhuman animal reminds us that while we need to think critically about social and medical policy, we also need to be critical of the centrality and moral imperative of human agency within it. Even when the desire was to cure or treat nonhuman animals, their pain and suffering was too often a result.

The degree to which measures formulated around the crisis points of epidemics went on to structure the development of broader notions of public health remains one of the most formative questions in the history of pandemics. Martin Christ focuses in **Chapter 10** on plague cemeteries as a

site of pandemic management, and on the pandemic as a factor in the development of cultures of burial more generally. Using the case studies of Nuremberg and Munich in comparative context, he demonstrates that the ability of specific places to manage their epidemics also depended on contingent external factors. Nuremberg, for example, was able to speedily establish plague cemeteries, despite opposition from town clergy, because its well-known strong council held sway, while other cities saw a different balance of power. What were enacted as contingency measures created enduring change, since strong efforts to disassociate burial spaces from plague and dishonor gradually meant that what were once sites of “dishonorable” burial became the main sites of civic interment. Despite the relative absence of archaeological and archival records for smaller-scale cemeteries, there is evidence to suggest that small towns and villages also opened plague cemeteries, but that upon the passing of pandemics, these sometimes fell into disuse, or in rare cases were used to inter other liminal or marginal members of society: unbaptized infants, travelers, or Jewish people, for example. Fittingly, at the end of this collection, the temporalities of pestilence come once more into view. Debates about cemeteries and burial speak to the futurity of plague planning: to the expectations of magistrates and clerics alike for the future. The way in which these burial spaces dragged the plague into the literal foundations of the cities’ dead is a good metaphor for how plague management as a historical phenomenon functions. We still carry it with us.

Conclusion

As Sigrun Haude reminds us, there are lessons to be learned here. For early modernists, these essays show clearly the centrality of pandemic management to normal social function—as Martin Christ puts it, “how important responses to outbreaks of disease are to understanding early modern society at large.” Likewise, for historians of medicine and science asking broader questions about pandemics and the history of disease management, it should be clear that the early modern period offers valuable and specific insights into the way in which social authorities, medical practitioners, and individuals constructed narratives about morality and order, necessity and culpability, which allowed for the exercise of state control in increasingly restrictive ways.

Together, these essays make clear the duty of care ascribed to social authority during times of plague. They show the way in which plague and pandemics functioned as a testing ground for civic authority—they were a “demonstration of the councils’ growing control over municipal healthcare systems and, indeed, their cities.” But they also reveal the contingency at the heart of what is often regarded as a relentless paternalistic direction in the governances of German

cities. Changes in regimes of order make a case for the temporal and cultural specificity of plague, which, like “carnival” saw a temporally limited suspension of the mechanisms of social life. Perhaps less like the world turned upside down, here the world was turned inside out, with minute degrees of stratification around new and contingent social professions. If control and order during times of plague subverted or restricted social freedoms, control and order after times of plague resulted in enduring inequalities. These challenge any self-satisfied notions of modernity. Plague regimes speak to the way in which reckoning with pandemic’s own temporality—when it will pass and what wreckage and residue it will leave in its wake—is part of the challenge of managing it. What is it, then, to “manage” a pandemic? Is it to survive it? To protect those infected, or those not yet infected? Is it to ensure a quality of life for those who come after it? While attention to the way in which these pandemic managements produced social regimes of control is critical, it is equally important to remember to take seriously the gravity with which these questions were debated, and the deeply contingent circumstances through which they were enacted. In what civic governments and early modern people managed to effect and in what they failed to achieve—what they wrought, and what they won from these changes—we see the gauntlet of the early modern period laid down for us.

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Notes

1. Porzelt, *Die Pest in Nürnberg*.
2. For a recent account of these challenges in an Italian context see Henderson, *Florence under Siege*.
1. StadtArchiv Nürnberg, B/19, 480. See Murphy, *A New Order of Medicine*.
2. Porzelt, *Die Pest in Nürnberg*, 56–57.
3. Newhouse, “Outside the Walls.”
4. Beer, *Eltern und Kinder*.
5. Mummenhof, *Die öffentliche Gesundheits- und Krankenpflege*.
6. This is better studied in the English context. See Slauter, “Write Up Your Dead”; McCormick, *Human Empire*.
7. The literature on plague is too great to adequately summarize, but for formative works on early modern Germany see Swan, *Negotiating the French Pox*; Feuerstein-Herz, *Gotts verhengnis*; Eckert, *The Structure of Plagues*; Ulbricht, *Die leidige Seuche*.

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8. Byrne ed., *Encyclopedia of Pestilence*, vol. 1, 197–200. For historical reflections on definitions see Vögele et al., “Epidemics and Pandemics.”
9. Arrizabalga et al., *The Great Pox*; Brenner, *Leprosy and Charity*; Demaitre, *Leprosy in Premodern Medicine*; Herlihy, *The Black Death*; Berco, *From Body to Community*; Stein, *Negotiating the French Pox*.
10. Lindemann, *Medicine and Society*, 51.
11. Monica Green lays out the importance of historical engagement with these developments. See M. Green, “The Four Black Deaths”; M. Green, “Plague (*Yersinia pestis*).”
12. Kinzelbach, “Infection, Contagion, and Public Health”; Dross, “Vergesellschaftung unter Ansteckenden,” 198.
13. Burschel, *Die Erfindung der Reinheit*; also Douglas, *Purity and Danger*.
14. For consideration of this specificity see Wendler, *Pest, Fleckfieber, Ruhr und Typhus*. On the constitution of the Holy Roman Empire see Brady, *German Histories*; Wilson, *The Holy Roman Empire*; Stollberg-Rillinger, *The Holy Roman Empire*; Hardy, *Associative Political Culture*.
15. Christenson, “Politics and the Plague,” 374.
16. Varlik, *Plague and Empire*, 9.
17. Heinrichs, *Plague, Print, and the Reformation*.
18. Cunningham and Grell, eds, *Four Horsemen of the Apocalypse*.
19. Rittgers, *The Reformation of Suffering*.
20. Hill, “Introduction.”
21. Murphy, *A New Order of Medicine*. See also Mendelsohn et al., *Civic Medicine*.
22. Murphy, “Skin and Disease,” 191–201.
23. Newhouse, “Outside the Walls.”
24. Mummenhof, *Die öffentliche Gesundheits- und Krankenpflege*.
25. Slack, *The Impact of Plague*, 228–47.
26. Wear, *Knowledge and Practice*, 291.
27. Relevant, though an older framing on the contest between “state-control” and religion see Palmer, “The Control of Plague.”
28. Cohn, *Cultures of Plague*; Cohn, *The Black Death Transformed*.
29. Wray, *Communities and Crisis*.
30. See Cohn, *Epidemics*; Vögele et al., *Epidemics and Pandemics*.
31. Girard, “The Plague in Literature and Myth,” 834.
32. T. Green, *The Covid Consensus*.

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