Shutt Up: Bubonic Plague and Quarantine in Early Modern England

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Appendix 1: Map of St. Martin in the Fields.
The earliest seeds of my essay came from reading Daniel Defoe’s novel, *A Journal of the Plague Year*. Defoe’s work, which he wrote in 1722, described the experience of a man during the 1665 outbreak of bubonic plague in London. The book touched upon many of the classic tales of suffering and chaos during times of plague. *A Journal of the Plague Year* is often lumped into the same category as primary sources on plague in early modern England, and I was intrigued by some of their differences. Whereas Defoe’s fictional London was a place of pandemonium, the diary of Samuel Pepys, a true primary source on the 1665 outbreak, portrayed a more orderly underlying structure to life in such troubled times. Individuals did flee into the countryside, and people worried about catching the disease, but London’s social and economic life continued nonetheless. To gain a more historical perspective, I read Paul Slack’s classic book, *The Impact of Plague in Tudor and Stuart England*. Slack’s work undid Defoe’s mythologizing of plague. Using the same mortality figures that Defoe referenced in order to achieve verisimilitude, as well as other archival evidence, Slack asserted that, while plague cut a deep path through early modern English society, it did not undo it. I was particularly interested by Slack’s chapters comparing “The dimensions of the problem” from the standpoint of rural versus urban areas. Plague tended to pull the cloth of society taut until it began to fray at the seams. One such seam was town/country relationships.

To better understand the tensions between town and country in the early modern period, I read Henry Petowe’s work, *Londoners their entertainment in the countrie. Or the whipping of runnawayes. Wherein is described, Londons miserie. The countries*
crueltie. And mans inhumanitie., in which he decried the flight of Londoners into the countryside as an offense against God and a hazard to uninfected rural residents. Though the document presented an interesting view that I was interested in exploring further, it was difficult to find enough sources to support a robust analysis of the topic. I looked to Contours of Death and Disease in Early Modern London by Mary J. Dobson for a modern analysis of town/country relationships, but I still found the topic difficult to manage.

In an effort to narrow and refocus my investigation, I started thinking of other plague policies, both official and unofficial, that, like flight, had tangible social impacts. Quarantine in particular interested me because historians frequently mentioned it, but rarely discussed the topic in depth, and it seemed like a quantifiable phenomenon. In most of the books I consulted, descriptions of quarantine appeared only in the context of other issues. The only paper I found dedicated specifically to the topic was Gennsini, Yacoub, and Conti’s short article, “The concept of quarantine in history: from plague to SARS,” which was a scant introduction to the practice as used throughout history and across continents. I found more inspiration in Carlo Cipolla ‘s Fighting the plague in seventeenth-century Italy and Christophano and the Plague and Giulia Calvi’s Histories of a Plague Year: The Social and the Imaginary in Baroque Florence, which both described the Italian experience of plague policy on a social level. However, there was no equivalent English work.

In J. F. Merritt’s book, The Social World of Early Modern Westminster, she mentioned in a footnote in her chapter, “Poverty, plague and communal responsibility,” the existence of a number of 17th century records of quarantined houses in Westminster
parishes (WAC F4514 and F4516). Intrigued by the possibility of using these as well as court and testamentary records to reconstruct the social experience of quarantine, as Cipolla and Calvi had, I went to London over the summer of 2009 to visit the London Metropolitan Archives, Westminster Archives Center, British National Archives, and British Library.

Much to my surprise, the records Merritt cited were extremely rich in data and detail, especially for the 1636 plague outbreak in the parish of St. Martin in the Fields. As I investigated further, 1636 seemed like an ideal choice of outbreak to study because it was significant enough to have required full government mobilization against plague, but it was also small enough that the records were manageable and official policies did not completely break down, as they did in some of the more severe epidemics. St. Martin in the Fields was also a diverse enough parish to be useful as a case study. To supplement the numerical data, I looked at the Westminster Sessions Rolls, where I found court cases of individuals accused of breaking quarantine. These records included testimonies by witnesses and defendants in their own words, a rare link to the personal experiences of individuals during that time period. I hoped to find more detailed testamentary evidence as well, but I ultimately found the records to be less useful than I anticipated. The last source that I looked to for popular perceptions of quarantine was printed matter like handbills and books from 1636 and before. While works like *The shutting up of infected houses* were useful for looking at later arguments against quarantine, I was interested in how individuals during the 1636 outbreak might have felt. Most of the works I found, like I.D.’s *Salomon’s Pest-House*, *The Red-Crosse*, *Lachrymae Londinenses*, and the
pamphlets of Thomas Dekker, came from earlier, more severe outbreaks, but nevertheless revealed an interesting narrative about the use of quarantine as punishment.

All of the official printed books of orders that I read portrayed quarantine as purely a public health measure, and this conflict with the popular narrative interested me. I visited the British National Archives to look at the Privy Council records from the 1636 outbreak to see if unpublished internal documents could shed light on this. Fortunately, they did. The Privy Council records included suggestions for using quarantine in a broad and punitive fashion, in addition to its normal public health application. To this, I added the dimension of ways in which public health measures, even when not used for punishment might have been perceived as punishment. This idea came from the work of David Arnold in his book, *Colonizing the Body*, in particular his descriptions of how Indians understood western approaches to plague control under colonial rule during the late 19th and early 20th century.

To explore the inadvertent ways in which quarantine might have punished different segments of society, I analyzed the economic data available in the documents from St. Martin in the Fields and developed my own indicators to assess the main social groups impacted. This included using geographic location to estimate social class in addition to the records of chargeable and not chargeable households. The major drawback in my research was that I did not obtain any information on the parish composition during non-plague years. I only started analyzing the data after returning from London and therefore did not realize that I should have looked for parish tax information from 1634 and 1635 in order to establish a general sense of the parish composition from immediately before the outbreak.
Though this paper was by no means a Foucauldian analysis, I did consider
Foucault’s description of plague quarantine in *Discipline and Punish* and his reading of
Jeremy Bentham’s “Panopticon” as a starting point for understanding some of the
psychological impact of isolating infected persons. Because of a lack of written personal
records from quarantined individuals, it was difficult to pin down specific reactions to
quarantine outside of incidents that led to court cases or other forms of documented
government action. Therefore, I did not dedicate as much of the paper to speculation over
internal states as might have been possible if such records existed.
Introduction

i) The problem

The outbreak of bubonic plague that struck London and Westminster in 1636 provoked the usual frenzied response to epidemics. The national government republished the books of orders for controlling outbreaks and wrote to aldermen and justices of the peace, urging them to stay at their posts. Parishes assembled physicians, nurses, and surgeons to care for the sick and hired searchers and bearers to find and transport the dead and dying. Thousands fled the city; thousands more were quarantined in their homes or isolated in pesthouses. Though by the end of 1637 the outbreak in London and Westminster proved to be a milder one than those of 1625 or 1603 had been, it still carried off 10,400 individuals, 7.5 percent of the city and its liberties’ estimated total population.¹ In addition to nearly decimating the region, plague created physical, psychological, and economic suffering for thousands more. In the opinion of various contemporaries, some of the mortality and much of the suffering could be attributed to the controversial policy of household quarantine.

In 1636, quarantine was still a relatively new policy to England. Italian urban authorities first began to use quarantine as a response to bubonic plague around 1348.² However, long before then, they had implemented isolation policies for leprosy and other diseases. Quarantine, a word derived from quarantenaria, a forty-day period, was first mentioned with regard to disease in 1127 in Venice. Following the Black Death,

¹ Paul Slack, The Impact of Plague in Tudor and Stuart England. (London: Routledge, 1985), 151. By contrast, the 1625 outbreak led to 26,350 plague deaths in London and its liberties, an estimated 20.1%,
governments applied a similar set of mandates to plague.\(^3\) Italian states like Venice and Florence frequently used maritime quarantines to protect their citizenry from foreign infection brought through trade routes. In Italy and southern France, officials established observation stations and pesthouses known as lazarettos, in addition to implementing other policies aimed at controlling contagious diseases.\(^4\) In England, however, it took the royal government until the late sixteenth century to include quarantine and isolation in its books of orders related to plague control. Though, once it was adopted, it was adopted rigorously. Parishes in afflicted cities were required to use both household quarantine and publicly operated pesthouses to isolate both infected individuals and those members of their household who had been exposed to people suffering from plague.\(^5\)

Throughout outbreaks, the government asserted that plague control measures were employed in the name of public health and for the benefit of all. Contrary to this government narrative of disease prevention, however, there was a popular narrative that portrayed quarantine and isolation as punishment rather than prudent policy. Printed government orders called for the equal implementation of plague policy for all individuals, however handbills and other mass-produced writings contradict this egalitarian vision. The central question is why was there such a disconnect between government and popular rhetoric? In examining the 1636 outbreak on the parish as well

\(^3\) Rosen 69. Michel Foucault, in *Discipline and Punish: The Birth of the Prison* (New York: Vintage Books, 1979), emphasizes that the application of quarantine practices to plague victims added discipline to the exclusionary tactics used for separating lepers from society. Officials adapted leprosy-specific policies by adding different forms of containment relative to the severity of illness or exposure (198).

\(^4\) Carlo M. Cipolla, *Cristofano and the Plague.* (California: University of California Press, 1973), 20, 24. The Italian network of plague control was noteworthy for its ability to function across lines of sovereignty. The peninsula’s independent states cooperated enough to facilitate the spread of news related to public health.

\(^5\) Slack *Impact* 47, 209.
as the personal level, reasons for this inconsistency between official and unofficial perspectives emerge. Quarantine and its effects were not classless and its implementation was not always strictly in the name of public health.

ii) The evidence

Historians of the early modern period have long recognized quarantine as an important aspect of plague policy, and many have written about it and the controversy surrounding its implementation. This work has often been from the standpoint of the national government, and historians have relied primarily on printed records, such as the books of orders. What is lacking in historical writings is a close analysis of how quarantine worked in practice. No one has mapped the use of quarantine on a household level or considered the local microeconomics in depth. Only by attempting a detailed analysis of the measures taken can we assess its impact and better understand how it was perceived. Traditionally, a major stumbling block to this end has been the lack of sufficiently detailed records. Many of the plague-related records that historians have worked with refer to burials. While the mortality rate certainly reflects one aspect of plague’s impact, it neglects the larger number of people who were affected by epidemic conditions but did not die.

Because of its scale, progression, and surviving records, the 1636 plague outbreak provides a particularly appropriate case study for examining the government system of plague control and regulation in early modern England, and especially the parish’s use of quarantine and isolation. Like all outbreaks, it was pervasive and deadly, although not as
disastrous as earlier ones, such as 1625, or later ones, like 1665.\textsuperscript{6} This allowed parishes to implement policies of quarantine and isolation that became more difficult to enforce during more catastrophic epidemics.\textsuperscript{7} Furthermore, the 1636 outbreak followed a relatively common outbreak pattern, with major ports and London recording some of the earliest cases. From that point, the disease spread throughout the parishes and later moved into smaller county villages.\textsuperscript{8} The government responded quickly by issuing a series of proclamations and reprinting the book of orders for plague. This similarity to other outbreaks makes 1636 a good choice for investigating the effects of plague policy on individuals because it is typical of the period.

There are a number of detailed records surviving from 1636 that help reconstruct both the institutional and the social history of the outbreak. These include books of orders reissued by the government during the outbreak, detailed records from the Privy Council, court cases from the Westminster Sessions in 1636-1639, and account books outlining parish expenditures. The books of orders were printed documents issued by the Crown that described the mandatory plague control measures for London and Westminster.\textsuperscript{9} The

\textsuperscript{6} Slack \textit{Impact} 146.
\textsuperscript{8} Privy council records (BNA PC 2/48-9) from 1636 and 1637 indicated severe outbreaks of plague in the towns of Dartford (PC 2/48 25), Bury (PC 2/48 72), Grantham (PC 2/48 97), PC 2/49 Northampton (PC 2/49 88), Canterbury (PC 2/49 126), Cambridge (PC 2/49 393), and Gloucester (PC 2/49 423) among others. Scott and Duncan in \textit{Biology of Plagues} (Cambridge, Eng: Cambridge University Press, 2005), traced the 1636 outbreak as spreading westwards from London up the Thames to Westminster then to Isleworth, and on to Reading (207).
\textsuperscript{9} Books of orders were printed outlines of government policy regarding poverty, famine, and plague. Books of orders for plague listed mandates and offered suggestions for preventing the spread of disease. The first book of orders was printed in 1578 and served as the basis for future books of orders. Alterations were made whenever they were reprinted, though changes were generally minor. Paul Slack, “Books of Orders: The
Privy Council records outlined the highest level of institutional response. They also recorded the first appearances of plague in different regions and dates when books of orders were issued. Lastly, through examining the orders and discussions, one can ascertain some of the challenges the government faced in instituting various policies.\textsuperscript{10}

The Westminster Sessions Rolls had a number of cases of quarantine violations. These well-documented examples included the ‘informations’ of witnesses and the ‘examinations’ of accused persons, indicating in peoples’ own words how members of the general public responded to policies of isolation. The historical value of financial records varies by parish. Some parishes preserved only minimal records and merely listed the total sum of extra monthly expenses. Other parishes, like St. Martin in the Fields, kept detailed records documenting the expenditures specifically related to the epidemic. The St. Martin in the Fields records are particularly rich because they captured expense data at the quarantined household level, indicating the household location, number of residents quarantined, number of surviving individuals from each household, and additional outlays for nurses, watchmen, bearers, and searchers. This creates the possibility of providing an exceptionally detailed reconstruction of the social and economic experience of quarantine in this large and populous parish.\textsuperscript{11}

\textsuperscript{10} The Privy Council records were hand written in a ledger. It is important to distinguish them from the printed books of orders because they were not publicly available. The Council records document orders made as well as topics discussed during meetings. BNA PC 2/45-9.

\textsuperscript{11} The St. Martin in the Fields records from 1636 (WAC F4514 and F4516) serve as the source for all numerical data related to the parish cited in this paper, unless otherwise noted.
Plague and its perception

Bubonic plague was a prominent feature of 16th and early 17th century England, particularly in cities like London and Westminster. Outbreaks occurred roughly once every ten to fifteen years. At the time, physicians did not understand the etiology of the disease, and they attributed it to a broad range of causes. As William Kemp explained in a 1665 treatise on plague, “The cause of the pestilence is either supernatural, or natural.” Though he elaborated upon both categories, Kemp never reached a conclusion as to the origin of plague. Present day science pinpoints the bacteria *Yersinia pestis* as the causative agent of plague. It is a vector-borne disease transmitted by fleas that live on black rats, an intermediary for the illness. Fleas feed on the blood of infected rats, causing them to internalize the bacteria, which forms a digestion-blocking bio-film in the flea’s foregut. When the flea vector leaves the rat and attempts to feed on humans, it is unable to ingest its blood-meal, and vomits the blood along with saliva and bacteria-containing fragments of the bio-film back into the inoculum. The bio-film inhibits flea digestion, leading them to a point of starvation. To attempt to overcome this, fleas attempt to feed more frequently, often leading to a series of bites on a single victim. This ensures that a high enough bacterial load is transferred, causing infection. Fleas may also be carried in fomites, such as clothing or bedding.

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15 Though people in the early-modern era did not understand the flea-vector as the infection pathway for plague, they did recognize that infected persons could pass on plague to healthy persons through various possessions. To prevent this, the bedding of
Modern cases of plague have approximately a 50% fatality rate if untreated, and given that medical practices at the time often worsened a patient’s condition, the mortality rate may have been significantly higher. The first indication of plague was usually a painfully swollen lymph node called a bubo, which occurred near the fleabite. Infected individuals also suffered from fever, a characteristic spotty rash, and severe headache. The bubo turned a dark purple or black color, making the positive identification of clinically evident disease relatively easy in some cases.

plague victims was customarily burned and their clothing aired out for three or more months (Slack Impact 202). In In Carlo M. Cipolla’s book, Fighting the plague in seventeenth-century Italy. (Wisconsin: University of Wisconsin Press, 1981), p. 12, he quotes a monk who worked in lazarettos and wore the customary waxed robe but found that the robe was “only useful for keeping away the fleas.” Other forms of inadvertent action against plague vectors included the suppression of the rag-paper industry during epidemics (PC 2/46 352).


17 Presumably, there were also subclinical cases and atypical presentations, which justified the quarantining of people who were exposed but not yet ill.

There is considerable contemporary debate over whether all the early modern outbreaks of epidemic disease labeled as plague were in fact caused by Yersinia pestis. Theoretically, if all the epidemics were the result of the same pathogen, they would have similar disease profiles. As Scott and Duncan noted, outbreaks followed a variety of different patterns, suggesting other diseases may have been to blame for some of the high death tolls (173-5). Studies of modern outbreaks of bubonic plague suggested that plague spread most readily in warm, humid weather (70 degrees Fahrenheit or above) and that it had a particular epidemiologic curve similar to a normal distribution. Given that plague outbreaks in England did not always coincide with warm weather and could have curves that were skewed significantly enough to make them appear more typical of non-plague infections, it is likely that other causes may have been responsible for some of the period’s epidemics.

While the skeptical argument is at times robust, it does not prove that no outbreaks in England were the result of plague (Paul Slack, “Biology of Plagues: Evidence from Historical Populations (review).” Bull. Hist. Med., 2002, 76-77). There were notable similarities between some early modern English outbreaks and later confirmed bubonic plague epidemics in India. In this paper, I assume that the 1636 deaths resulted from bubonic plague.
Physicians besides Kemp attempted to explain plague through the humoral paradigm of medicine. They assumed that the body had four natural humors that existed in equilibrium during periods of health. Disease was the result of an imbalance in such humors. Imbalances came about through a variety of methods, the most significant of which, in the case of plague, was the influence of miasmas, or poisonous vapors that disrupted the body’s natural equilibrium.\textsuperscript{18} Miasmas could come from typical sources of foul stenches or be endemic to specific areas. In order to reduce the amount of putrefying waste left in the streets, plague regulations prohibited fishmongers and butchers from working during outbreaks. There were also orders to clean out gutters and alleys and kill cats and dogs to prevent them from fouling the area.\textsuperscript{19}

Visitation of plague brought terror to the city. In Thomas Dekker’s description of the epidemic of 1603, plague was personified as “the tyrant not the conqueror, making havoc of all when he had all lying at the foot of his mercy.” No one was safe or exempt from the suffering of plague. Dekker continued, adding that, “Men, women and children dropped down before [plague]. Houses were rifled, streets ransacked, beautiful maidens

\textsuperscript{18} Certain necessary directions, aswell for the cure of the plague as for preuenting the infection; with many easie medicines of small charge, very profitable to His Maiesties subiects / set downe by the Colledge of Physicians by the Kings Maiesties speciall command ; with sundry orders thought meet by His Maiestie, and his Priuie Councell, to be carefully executed for preuention of the plague ; also certaine select statutes commanded by His Maiestie to be put in execution by all iustices, and other officers of the peace throughout the realme ; together with His Maisties proclamation for further direction therein, and a decree in Starre-Chamber, concerning buildings and in-mates. (London: Robert Barker, 1636), Measures of prevention were intended to fortify the body and drive away miasmas. Methods included burning dried rosemary, juniper, bay leaves, or frankincense, and perfuming clothing with cedar or juniper. People were instructed to eat garlic, rue, and figs or drink wormwood or sage infused drinks as preservatives. In addition to environmental interventions and dietary recommendations, physicians attempted to correct humoral imbalances in the sick through forcibly adding or extracting humors. One common intervention was to attempt to lance and drain the bubo.

\textsuperscript{19} Certain necessary directions.
thrown on their beds and ravished by sickness, rich men’s coffers broken open and shared amongst prodigal heirs and unthrifty servants, poor men used poorly but not pitifully.”

This indiscriminate calamity was what gave plague a distinct moral place in popular thought. Though the disease clustered to a certain extent in back alleys and took a great toll on the poor, contemporaries recognized the risk it posed to even the most noble, wealthy, or godly. In this sense, plague was “morally indifferent” and therefore particularly frightening.

However, the published accounts of plague may have exaggerated the extent of the dislocation it brought. While authors like Dekker and Daniel Defoe wrote about plague in the same terms as many of their continental counterparts, government records from 1636 suggest that the plague was only one concern among many to England’s rulers. Privy Council records yield frequent commentary on the outbreak, its progression, and attempts to contain it. However, these items are interspersed with decisions regarding the ongoing business of national economic, social, and foreign policies ranging from regulating the soap-making industry to negotiations with France over trade. The testimony from “London Looke-back,” a poem written in 1625, that “uncouth Grasse; and Haruests…grew where once [was]…th’ Market-place” was not the case in places

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22 BNA PC 2/45-9.
23 I.D., *Salomons Pest-House, or Towre-Royall. Newly Re-Edified and Prepared to Preserue Londoners with Their Families, and Others, from the Dubtied Deluge of the Plague. Item, A Laudable Exercise for Those That Are Departed, or Shall Depart Out of the City into the Country, to Spend Their Time Till They Returne. A Handfull of Holy*
like London and Westminster, where daily life had to continue. Even in 1625, it is unclear if the city experienced such post-apocalyptic conditions.

Quarantine and isolation in early modern England

The system of quarantine and isolation implemented in London and Westminster had two key features: the shutting up of houses and the pesthouse. These aspects were integrated, together constituting the strong arm of plague policy. While they existed in tandem, however, individual parishes did not always have pesthouses or enough room in them for additional victims, so quarantining houses occurred concomitantly. Scarcity of resources and lack of overarching organization made household quarantine the most common approach to controlling the epidemic.

The first major component of plague control was the shutting up of houses. When a parish-appointed searcher identified a house in which a person had died of plague, the local constable would close up the house, padlocking the door with all living inhabitants remaining inside. The door was marked with a red cross and the words “Lord have mercy upon us” to signify its status as an unhealthy space containing plague-exposed individuals. By law, watchmen were to remain outside the house at all hours. This served a dual purpose. A watchman could prevent sick or exposed individuals from leaving their house and spreading plague to healthy people and places. In addition, a watchman could

stop the healthy from entering the house and catching plague. From parish records, it appears that in practice watchmen were less common than the law suggested. The only visitors that the law allowed were nurses, who were often elderly widows, hired to tend the sick and bearers to carry the dead from the house.

Traditionally, quarantine lasted for 40 days, but this time was extended if a member of the household died during confinement. Householders with two residences were permitted to move their clinically unaffected family members and servants to be quarantined separately from the already ailing. Because fleas could be carried on clothing or bedding, this did not eliminate the likelihood of contracting plague. Nevertheless, under the humoral paradigm, doctors considered it a beneficial means of escaping the poisonous environment of the first location. It also may have distanced some individuals from residences infested with plague carrying rats and thereby reduced infections. However, many quarantined individuals were not fortunate enough to have a second residence and remained in a house with both the sick and the well. Critics pointed to this practice as one responsible for increasing the death toll during outbreaks rather than reducing it through containment.

The second key feature of plague control was the construction of pesthouses in which the parish could isolate individuals. If searchers discovered an individual suffering from the plague, bearers could take her to the pesthouse instead of having her quarantined

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24 WAC F4516.
25 Certain necessary directions 52.
26 The shutting up infected houses as it is practised in England soberly debated By way of address from the poor souls that are visited, to their brethren that are free. With observations on the wayes whereby the present infection hath spread. As also a certain method of diet, attendance, lodging and physick, experimented in the recovery of many sick persons (London: s.n., 1665).
inside her house. Members of her household might also accompany her to the pesthouse, or they might remain quarantined in the house where they had been residing. The decision whether or not to send an entire family to the pesthouse does not appear to have followed any strict guidelines.\(^{27}\) One explanation may be that in cases where the other residents appeared to be in good health, overseers and physicians judged the risk of moving them to an environment filled with invalids to be greater than that of leaving them in an infectious house. Even if the entire population of a household died or moved to the pesthouse, the building was nevertheless quarantined. The only difference was that the constable marked its door with a red cross but did not add any further inscription. The parish appointed doorkeepers to watch uninhabited houses as well, to prevent anyone from entering or looting them.

Documents regarding the architectural specifications for pesthouses mandated the construction of two buildings: one for the sick and another for the healthy but exposed.\(^{28}\) They were to be built in the same style, with stone or brick walls, high ceilings, and large windows to facilitate airflow and allow miasmas to dissipate. Overall, the aim was “not so much gorgeousnesse as cómodiousnes.”\(^{29}\) In practice, it is unclear if parishes in London and Westminster adhered to such strict guidelines.

Parishes in London and Westminster had distinct pesthouses that served as hospitals for the sick. They were overseen by a master or a mistress and employed nurses

\(^{27}\) There is no advice on the subject in the books of orders (\textit{Certain necessary directions}), and it does not appear to follow a discernable pattern in the parish records (WAC F4514).

\(^{28}\) Johann Ewich, \textit{[De Officio Fidelis Et Prudentis Magistratus.] Of the Duete of a Faithfull and Wise Magistrate, in Preseruing and Deliuering of the Common Wealth from Infection, in the Time of the Plague or Pestilence ... Newlie Turned into English by Iohn Stockwood, Etc.} (London: Thomas Dawson, 1583).

\(^{29}\) Ewich.
and watchmen. Locked gates sealed the pesthouses to prevent individuals from escaping. Perhaps because the pesthouses soon became overfilled or because of objections to the housing of sick and sound in close proximity, parishes like St. Martin built pestfields. These were fenced in and supervised areas with separate housing units for families or small groups of people. In St. Martin, these filled the open spaces of Soho and included repurposed tenements.\textsuperscript{30}

It is hard to gain insight into the quality of life inside pesthouses and pestfields. Ideally, they were spaces similar to later tuberculosis sanatoria—a place for the infirm to convalesce in an hygienic environment, where all their daily needs were met and they did not have to work.\textsuperscript{31} Theoretically, pesthouses would be “open unto the Sun, & high, & by a river side” and surrounded by natural spaces where the ailing could go to enjoy fresh air and exercise.\textsuperscript{32} However, given the spatial realities of London and Westminster parishes, this seems unlikely.\textsuperscript{33} Regardless, certain aspects of life continued even in the pesthouse. One example of this was Barbara Spencer, a woman from Westminster who was pregnant when she was diagnosed with plague and sent to the pesthouse. At the pesthouse, she


\textsuperscript{31} Dobson’s investigation of inventories from 18\textsuperscript{th} century pesthouses for smallpox victims indicated that “they were relatively well stocked with beds (flock and feather), bedsteads, bedding, bolsters, blankets, sheets, quilts, pillows, towels, candles, chamber pots, warming pans, and a variety of furniture, cooking, cleaning and washing utensils” (278).

\textsuperscript{32} Ewich.

\textsuperscript{33} Italian officials described the lazarettos of the same era as “faithful replica[s] of hell since...there is no order and only horror prevails” (Cipolla Christofano 27). Though there is little in the English literature of the time to indicate such an overwhelmingly negative experience, it is possible and would explain individuals’ reluctance to go to the pesthouse. Parish construction of pestfields may have been part of an effort to reduced the problems of overcrowding and unhygienic conditions by placing people in smaller dwellings for which they could be personally responsible.
both recovered and, six weeks into her eight-week stay, delivered her baby, who was healthy enough to be released along with her, on November 26, 1636.34

St. Martin in the Fields and the parish experience

The parish of St. Martin in the Fields is located on the eastern edge of Westminster. Its demographics and record keeping in the early modern period make it a valuable case study for the parish experience of quarantine. In 1636, St. Martin was a fashionable district thanks to its proximity to the centers of government and the increasing popularity of London’s West End. J.F. Merritt estimated that the population in 1625 was already between 9,500 and 11,000 (larger than many English cities), and it continued to grow throughout the 17th century.35 Though many residents were relatively wealthy, however, the parish’s growth was mostly through the influx of poor immigrants. The percentage of householders receiving assistance from the parish was 14.9 in 1603 and rose to 19.3 percent by the 1660s.36 This was lower than in the neighboring Westminster parish of St. Margaret in the Fields, where by the 1660s, 47.6 percent of the population received assistance, but St. Martin received a similar level of aid to the relatively poor London parish of Southwark.37 As such, it serves as a good location for understanding some of the social dynamics of urban quarantine because its population included a number of distinct social classes.

The plague outbreak that visited London in 1636 first came to the attention of the English government in October 1635. The Privy Council reported that France and the

34 WAC F4514.
35 Merritt Westminster 261.
36 Merritt Westminster 260-1.
37 Merritt Westminster 260-1.
Low Countries were suffering from an outbreak and ordered customs officers to turn away or quarantine infected ships, fearing “dangerous consequences, if tymely care not [be] taken therin.”\(^{38}\) Despite such preventive methods, by February 1636, plague had spread to Yarmouth. The Privy Council wrote to the bailiff of Yarmouth about the proper treatment of French citizens temporarily detained there. These individuals were some of the first people to violate quarantine during the 1636-1637 outbreak. Baron de la Forte and other French nationals from Brill had been allowed to stay in Yarmouth on the condition that they remain only in the housing that the government provided for them until they proved free of any contagious disease. Nevertheless someone who remained anonymous gave the Baron and his company horses and other means of transportation, allowing them to leave Yarmouth and make their way to London and Westminster to visit the court.\(^{39}\)

By March of 1636, plague had begun to break out in the suburbs of London, and on the 10\(^{th}\) of April 1636, the Privy Council reissued the books of orders for plague.\(^{40}\) The bill of mortality for April 28 to May 5, 1636 reported plague in four London parishes outside the city walls.\(^{41}\) Over the subsequent weeks, plague spread throughout the city and surrounding parishes, arriving in St. Martin in the Fields at the end of June. In compliance with the books of orders, in June 1636, the parish officials of St. Martin quarantined two houses located on Spur Alley, a side street running off the Strand, south of St. Martin’s Lane. The next houses quarantined in St. Martin were on St. Martin’s

\(^{38}\) BNA PC 2/45 132-3.
\(^{39}\) BNA PC 2/45 287.
\(^{40}\) BNA PC 2/46 87, 99.
\(^{41}\) [The Diseases and casualties this weeke] (London: T. Cotes at the Parish Clerks' Press, 1636).
Lane and Long Acre, tracing a line north from the river and through the center of the parish.42

In July, the outbreak continued to spread north through Soho, and three houses on Horne Lane, a small nearby street, were quarantined. By August, newly quarantined houses were scattered throughout the parish from St. James’ Park in the west to Drury Lane in the east and from Long Acre in the north to Hartshorne Lane in the south.43 By the end of the month, twenty-two households including a total of 100 people were in quarantine and an additional thirteen households with a total of 81 people had already been reopened in the time since the outbreak emerged in the parish. Of those thirteen households reopened, five of them had lost one or more family members while under quarantine.44

The number of households quarantined per month in St. Martin continued to increase through November then began to decline until March of 1637, when it started to go up once again.45 The summer of 1637 saw a second peak in quarantines that dropped sharply in August. This was a typical pattern for plague outbreaks and followed the life cycle of rat and flea populations. The parish continued to provide aid to quarantined individuals through early 1638.46 Throughout the outbreak, quarantined houses were

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42 WAC F4514, also see Appendix 1, St. Martin in the Fields map from John Strype 1720. A Survey of the Cities of London and Westminster. [online] (Sheffield: hriOnline, 2007). http://www.hrionline.ac.uk/strype/figures.shtml. N.B., Strype’s map of St. Martin was made in 1720, after the parish limits had been reduced. In 1636, St. Martin was larger, extending further north into Soho and further west towards St. James’s Park.
43 Hartshorne Lane was located in the are between the modern Charing Cross and Embankment Tube stations and ran north-north-east up from the Thames to the Strand.
44 WAC F4514.
45 See Graph 2 on page 30.
46 WAC F4514.
predominantly centered around Covent Garden and Soho and along St Martin’s Lane and Long Acre.

In 1636, the government of St. Martin used pesthouses in tandem with household quarantine. Three different forms of quarantine arose as a result. Some individuals were sent directly to the pesthouse without being first isolated in their homes, others were isolated in their homes then eventually sent to the pesthouse, and a third group never went to the pesthouse.\textsuperscript{47} It is difficult to determine what factors led to which scenario. Individuals who lived alone tended to be sent directly to the pesthouse, but there was not a clear mandate requiring this measure. It is possible that these situations arose out of insufficient pesthouse space. In 1636-1637, the maximum number of individuals in the pesthouses of St. Martin was sixty-six.\textsuperscript{48} If more space had been available, the parish might have followed the 1630 Privy Council recommendation for the use of pesthouses as a “better and more effectual course” of plague control.\textsuperscript{49}

Affected households tended to cluster spatially and temporally. This fact did not escape pamphleteers and other writers at the time. Thomas Dekker observed in his 1604 work, \textit{Nevves from Graues-end sent to nobody}, “Whole housholds; and whole streets are stricken/The sick do die, the sound do sicken.”\textsuperscript{50} To illustrate this using some of the data from parish records, in September and October of 1636, thirteen houses in Round Court,

\begin{itemize}
\item \textsuperscript{47} WAC F4514.
\item \textsuperscript{48} Merritt \textit{Westminster} 299.
\item \textsuperscript{49} Privy Council order from 1630 as quoted in Slack \textit{Impact} 217.
\item \textsuperscript{50} Thomas Dekker, \textit{Nevves from Graues-end sent to nobody}. (London : Printed by T[homas] C[reed]e for Thomas Archer, and are to be solde at the long Shop vnder S. Mildreds Church in the Poultry, 1604).
\end{itemize}
a small area off the strand, were quarantined—a large number for the location. In the following fourteen months of the outbreak, there were only three more houses shut up in Round Court. Given the nature of plague transmission, this phenomenon has a number of explanations. It is possible that the rat population in Round Court became infected with plague around the same time in the late summer or that infected rats moved to Round Court at that time, thereby infecting the residents all at once. The individuals quarantined did not all die, so the sharp drop off in newly quarantined households and absence of re-quarantining in the records could have been the result either of the death of the infected rat population and failure by new infected rats to re-colonize the area or of immunity on the part of survivors. Plague has an incubation period of one to six days in humans and as low as five in fleas, creating the potential for the disease to spread rapidly but fade quickly in a small population.

Another possibility is that after being quarantined, families left their households in order to escape the supposedly poisoned environment. This seems unlikely given that most individuals with the means to flee urban centers during outbreaks generally did, and previously quarantined individuals would have been highly suspect as travelers. However, families under quarantine may still have used whatever money they had to flee afterwards. This touches upon the irony of quarantine. The period of quarantine was theoretically supposed to attest to the health of a household rather than condemn it to a constant state of suspicion, but in practice quarantine placed a stigma on the location, which was difficult to lift, even once the red cross was washed from the door.

51 Clustering was common. In St. Martin, 68% of locations where houses were quarantined had two or more houses quarantined. WAC F4516. See Appendix 1 for map.  
52 Gage and Kosoy 516.
The microeconomics of plague

Sickness and death aside, plague’s most tangible burden was economic. Though it is hard to quantify economic hardship, a number of surrogates can be used. These include analysis of the economic status of those affected, the need of quarantined individuals for parish subsidies, and assessment of the potential impacts of policy measures. Overall, those who paid most dearly during times of plague were the lower middling sort. While the poor faced significant difficulties, their aid status changed little, and quarantine and plague presented less of a threat to their livelihood or the livelihood of the most affluent.

In Paul Slack’s analysis of outbreaks in Bristol during the same time period, “plague picked out the narrowest alleys and poorest houses and hit them hard.”53 While this may have been true for some parishes, the records for St. Martin in the Fields reflect a different trend.54 The majority of shut up houses were listed as being located on major streets such as the Strand and St. Martin’s Lane. Only 99 of the 345 houses (29%) quarantined between June 1636 and December 1637 were listed as located on alleys or in yards or courts. Because there are not correspondingly good records available for measuring the absolute proportion of houses in St. Martin that were located on alleys, yards, and courts, this number serves only for speculation rather than providing a rigorous indication of a greater trend towards quarantine in theoretically disadvantaged areas. Furthermore, not all alleys, yards, and courts were inferior locations. However, it is a suggestive figure.

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53 Slack *Impact* 123.
54 Data from WAC F4514.
In order to try to quantify inferior living conditions, it is useful to approximate the quality of residence by establishing whether or not the street on which individuals lived was included in Boyle’s book of London streets, *London and Its Environs*, when it was published in 1799. The assumption behind this is that locations that were sufficiently fashionable or wealthy would have a permanence not afforded to lower income or slum-like housing. St. Martin was not burned during the Great Fire of London in 1666, so the majority of changes in street patterns were the result of deliberate demolition and redevelopment. Using street permanence as an indicator, still only 104 of the 345 houses (30%) were located on unlisted streets. It is possible that this 30% was a significant portion of the parish relative to the actual part of the population that resided off main streets, but as is the case with using alleys, yards, and courts as a measurement, no proper denominator exists to measure this in absolute terms. Presumably, wealthier individuals who fled Westminster during the outbreak lived on larger thoroughfares or more significant streets, lowering the number of occupied houses to be quarantined in such locations. Adjusting for vacancy would give greater weight to the 30% of houses not on main streets, but it is unclear to what extent this would change the significance of the figure.

Though imperfect indicators, these are important in qualitatively examining the profile of the outbreak itself. The primary occurrence of quarantining on major streets suggests that those most impacted were the middling sort because they were affluent enough to afford housing on larger thoroughfares but not affluent enough to have left during the outbreak. Other historians have noted the lasting impact of plague outbreaks

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on populations of self-employed tradesmen. More successful shopkeepers, craftsmen, and traders would have located their businesses and residences on streets like St. Martin’s Lane and the Strand and near Charing Cross. The sizable number of quarantined houses in such locations reinforces the notion that plague hit such individuals particularly hard.

Quarantine records from St. Martin give a rough indication of the socioeconomic status of quarantined individuals. The records note whether households were “chargeable,” “partially chargeable,” or “not chargeable.” Chargeable households were those who were financially dependent on the parish for material support during the period of quarantine. Partially chargeable households paid for a portion of their keep, and not chargeable ones supported themselves. Over the course of the 1636-1637 outbreak, 84% of the individuals were chargeable, meaning they could not afford to pay the 4 pence per quarantined person per day that the parish charged for support. Though this was a relatively low cost, it was significant enough to encompass some of the lower middling sort who, though comfortable, lacked the resources to endure long periods of expenditure without income. It also included those who were chargeable at the time of the outbreak but who were required to later pay back some of the compensation they received. Such individuals who were given loans made up a small but not insignificant portion of the chargeable households on the parish roll.

The percentage of quarantined individuals who were fully chargeable remained relatively constant. The constancy of this value as a proportion of the total number

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56 Scott & Duncan 147-8.
57 These areas were packed with smaller residences occasionally interspersed with larger houses the gentry rented. Merritt Westminster 147.
58 In 1636, a craftsman could be expected to make an estimated 29 pence per day while a laborer might receive 16 pence. “Datafiles of Historical Prices and Wages.” International Institute of Social History. [http://www.iisg.nl/hpw/data.php#europe](http://www.iisg.nl/hpw/data.php#europe).
quarantined is an important indicator because it shows that plague’s disease profile with regard to socioeconomic status was consistent in St. Martin. This may be because daily patterns during an epidemic were fairly regular. There were no major parish policy shifts or drastic measures that either opened up a whole new class of people to greater risk or dramatically reduced the risk for another group. This was confirmed by the policy records from the Privy Council, which did not reveal any widely mentioned alterations of the traditional books of orders employed.59

Between 15% and 19% of the population of St. Martin was on poor relief, totaling around 1,700-2,000 persons. During the 1636 outbreak, 5,367 people were quarantined, of which 4,485 were chargeable, more than the total number of those receiving regular poor relief. Therefore, at least 2,500 of those chargeable were otherwise financially independent from the parish. Because more people were fully chargeable than were on the poor rolls, it is clear that plague regulations forced individuals who otherwise would have been financially self-sufficient into a state of dependence upon parish aid.

The difficulties faced by the middling sort during times of plague were two-fold. Families lost relatives who were important for supporting the household and quarantined businesses were forced to shut their doors. Even those not quarantined faced financial hardships. Tradesmen from infected regions were excluded from future fairs, even after being plague-free for months or never having been quarantined. The Privy Council attempted to remedy this in January 1637 by ordering tradesmen in Bristol to allow London traders who brought a certificate from the mayor of London certifying “that neither they or their houses or families either are or have been this yeare infected of the

59 BNA PC 2/45-9.
Plague nor any neare adjoyning them neither have nor are.” The additional clause testifying as to the health of the trader’s neighbors showed an understanding of the transmission of plague and its tendency to cluster. It also touched upon another way in which quarantine could be doubly punishing—harming both the quarantined household and all its neighbors. This could result in a perception of unjust punishment for a class of uninfected and unexposed people who had the misfortune of residing near those infected and exposed.

Plague regulations were intended to help individuals cope with the economic ramifications, but they also placed an economically damaging stigma on houses, which lasted beyond the duration of quarantine. A Privy Council order from January 7, 1637, prohibited the owner of a previously shut up house from “tak[ing] into his house any person whatsoever to lodge” for the year following the quarantine. To further insure that householders followed this rule, each parish’s churchwardens were required to compile a list for the local Justice of the Peace of houses that had been quarantined. For households that lost renters or supporting members, this order made the recovery process more challenging because they could not recoup any lost rent or compensate for reduced productivity by simply taking in a lodger. There was no accompanying order to provide relief to households for which this anti-lodger order was a financial burden. Presumably, such individuals had to find other means of coping.

In Westminster, poor relief was distributed independently through each parish. There was no central system of collections, as there was in the city of London, so

60 BNA PC 2/47 61-2.

61 The date on the document reads “the 7th of January 1636,” but all previous and subsequent entries indicate that the record book is from 1637, suggesting a miswritten entry. BNA PC 2/47 67.
problems had to be dealt with either locally or by the crown. Each parish collected taxes from its wealthier inhabitants and redistributed them to the poor. The poor, like those quarantined, were divided into two categories: those completely chargeable, who regularly received a large amount of relief, and those partially chargeable, who received occasional smaller sums. During times of plague, the rolls swelled with the sick, widowed, and quarantined. Many people were no longer able to continue doing business or lost their other means of support, and the rules of order mandated that the parish “minister necessaries vnto [the quarantined] at their own charges (if they be able) or at the common charge if they be vnable.”

To handle the increase in demand on the relief system, parishes drew from neighboring parishes and townships when requesting aid for the “poore visited,” floated bonds, and converted treasuries of gold and silver plate to cash in order to cover costs. The reliance on gold and silver from the parish treasury indicates that collections and loans were insufficient to cover expenditures. The parish provided individuals who were under quarantine in their houses with basic supplies. If the household could afford to pay for them, they could either pay immediately or borrow money repayable later to the parish for their assistance. If the household could not afford to pay, the parish absorbed the expense.

In *Lachrymae Londinenses*, a collection of prayers and commentaries on plague published in 1626, the author described the financial hardship of the epidemic, saying:

Our Calamitie extendeth yet further: For we that remaine in about London, being for the most part, but poore I say our selues, and men of meane estates; some of vs hauing had our Houses visited, and so shut vp for a long space; and others of vs taking no money at all, neither for our Wares nor worke, the whole Countrie and Kingdome in a manner baulking vs, and refraining to send or buy any Wares of

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62 Certain Necessary Directions.
63 WAC F4514.
vs: and all this while, wee hauing our selues, wiuues, children and servuants to care
for, and to maintaine, and besides sitting at great Rents, (yea, and many of vs
hauing vnmercifull Landlords,) and hauing no Rents nor Reuenuewes our selues;
nor other meanes to helpe vs, besides our manuell Trades, Occupatio
cns, and
Shopkeeping. All which considered, was not, and is not our case lamentable?64

This book of tracts, published by a private publisher in London after a year of
extraordinarily high death tolls, reflected a different vision from more official documents,
providing an important view of the outbreak. It depicted the common person’s suffering
in terms of day-to-day impact. Those who stayed in London did so because they were too
poor to leave. The experience of plague then compounded problems selling goods, paying
rent, and providing for a family. Uninfected regions shunned them, and their landlords
were unforgiving. Lastly, the reliance of many of those who stayed on personal labor for
their income meant that the exodus of the rich, those with the greatest buying power,
threatened their ability to continue to support themselves. All of these concerns were
outside the realm of health and spiritual wellbeing. Nevertheless, they were just as
instrumental in guiding an individual’s life. Whereas more official works, such as the
1625 handbill, The Red-Crosse, recounted past sufferings with some sense of hope for a
better future and a final call of “God Save the King,” Lachrymae Londinenses was raw
and unoptimistic.65

64Lachrymae Londinenses: or, Londons lamentations and teares for Gods heauie
visitation of the plague of pestilence. With, a map of the cities miserie: wherein may be
seen, a journall of the deplorable estate of the citie, from the beginning of the visitation
vnto this present. A Christian expostulation and admonition to such as fled out of the
citie. ... (London : Printed [by B. Alsop and T. Fawcet] for H. Holland and G. Gibbs, at
the Golden Flower-deluce in Popes-head Alley, 1626) 4.
65The Red-Crosse: or, Englands Lord haue mercy vpon vs. [A lamen]table relation of
many visitations by the plague in times past, as well in other countries as in the city of
London, and the certaine causes thereof: with a true number of all those that dyed in the
last great visitation, at the comming in of King Iames: and also the number of all those
Plague was also economically difficult for the parish. Government regulations allowed for additional tax collection to support those in quarantine, but the amount received was not sufficient to cover the extra expenditures. From June 1636-April 1637, the collections, donations, and parish bonds for supporting the ‘poor visited’ of St. Martin totaled 1039 pounds, 7 shillings, and 2 pence. Of this, 390 pounds was in bonds that later had to be repaid. The parish church did not absorb all this institutional debt. Some chargeable homeowners, presumably the better off of those chargeable, were lent money during their time in quarantine. An example of this was Issac Mills of Spurr Alley, who appeared in the rolls as chargeable but was lent ten shillings during the four weeks for which his family was quarantined. The total amount the parish paid for his household of three while they were shut up during November was identical to the amount the parish paid for another household of three that was shut up for the same four weeks. The only difference was in the records, which listed Mills as having received the ten shilling loan during that time. The parish’s equivalent expenditure on both households shows that the loan was not an amount above and beyond the typical level of compensation. Giving relief in the form of loans may have been a way in which the parish passed the costs of quarantine on to those quarantined, even when they were unable to pay at the time.

Implementation of plague regulations

\[\text{\textit{that haue dyed this present visitation; with two speciall medicines against the plague.}}\]
\[\text{(London : printed for Iohn Trundle, and are to be sold at his shop in Smith-field, neere the Hospitall-gate, 1625).}\]

66 WAC F4516.
67 WAC F4514.
Thanks to bills of mortality and other indicators, the officials of St. Martin were aware of the presence of plague in London before any cases were found in the parish. However, extant regulations aside, they were not entirely ready for the outbreak. A bearer from the neighboring parish of St. Giles in the Fields carried the bodies of the first plague victims in St. Martin to the graveyard because the parish had not yet hired any of its own bearers.\(^{68}\) The parish soon recruited its own bearers and other outbreak workers. Expenditure records showed a lack of existing pesthouses and no pre-infection construction. On June 19\(^{th}\), 1636, after the outbreak had reached St. Martin, the parish commissioned the construction of twenty-two pesthouses. They likely took a couple of weeks to complete and were still not sufficient to handle the outbreak. Over the course of the next month, the parish ordered the construction of twenty-four more pesthouses, some of which were large buildings, others of which were smaller free-standing houses in the open areas designated as pestfields. Construction of some pesthouses first required the demolition of abandoned or decrepit buildings already on the property, further retarding resource mobilization. Basic infrastructure also was slow to come. Rinhard Colly dug a well for the pesthouse on the 24\(^{th}\) of July 1636, six weeks after plague first appeared in the parish and four months after it appeared in London.\(^{69}\) This necessary element in housing took time to construct and had not been planned in advance.

The lagging pace of plague response may have stemmed from a reluctance to scale-up before an epidemic proved itself to be of sufficient degree to merit major financial investment. Plague often existed at low levels even on non-outbreak years, so officials may have hesitated to spend money preparing for a disaster that might not come

\(^{68}\) WAC F4514.
\(^{69}\) WAC F4516.
to pass. Furthermore, a different understanding of the transmission of plague may have led some parish officials to believe they could escape infection through other forms of spiritual readiness.

Once the parish began plague preparations, they went smoothly. Nurses, doorkeepers, bearers, and searchers were recruited within the first week. By the end of July 1636, the parish was employing three nurses, ten doorkeepers, three bearers, and two searchers. The numbers of bearers and searchers varied little, even as the number of quarantined households changed. The number of bearers remained constant for the rest of the outbreak. The number of searchers increased only slightly—in mid-September, their number increased to three and just for the month of January 1637 an additional searcher was added, bringing their number briefly to four. The reasons for this increase are unclear. The number of doorkeepers was more strongly correlated with the number of locations of quarantined households than they were with the absolute number of quarantined households. To clarify, the three houses quarantined in Bennett’s Alley during August 1636 count as one location but three separate households. As seen in graph 1, there appears to be a linear association between the number of locations and the number of doorkeepers. The number of doorkeepers was closely correlated with (correlation coefficient=0.895) and closer to the number of locations (average of 1.8 locations per doorkeeper) than for the number of households (correlation coefficient=0.834 and average of 2.9 households per doorkeeper). This suggests that the parish may have assigned doorkeepers to watch more than one house. Such a scheme

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70 This approach differs greatly from modern programs of preparedness in which nations devote large budgets to emergency infrastructure.
71 Data from WAC F4516.
would have been particularly effective if the parish designated doorkeepers for specific regions, such as a street or a court. The number of nurses was also correlated with the number of infected households, but less closely than the number of doorkeepers was. These measures would have had a financial benefit because they would have reduced labor costs while still meeting the requirements of the books of orders.

![Graph 1: Household Locations vs. Doorkeepers, St. Martin 1636](image)

In looking at graph 2, a profile of the 1636 outbreak in St. Martin as a whole, a number of trends emerge. First of all, there was a temporal trend. New quarantines peaked in October and November 1636, and then there was a small resurgence in April 1637. This pattern of a primary wave of infections followed by a smaller one during the following year was common among plague outbreaks, but the peak in autumn 1636 was a little late. Plague usually flourished during warmer months because of the population dynamics of its hosts—rats and fleas. However, 1636 was unusually hot and dry. In his diary, John Evelyn wrote that, “This Yeare 1636, being extremely dry, the Pestilence

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72 Data from WAC F4516.
much increased in London and divers parts of England”. Evelyn lived a few miles south of London. Even in Newcastle, which is 200 miles north and has a far cooler climate, the plague only subsided in October and November.

Second, though the number of households quarantined followed a similar pattern to the number of people quarantined, the average number of persons per quarantined household declined steadily after August 1636, as the outbreak increased in size. From the beginning of the outbreak until the end of August 1636, average quarantined household size was 5.9 people. The average number of individuals per quarantined household for houses quarantined between September 1636 and August 1637, when the parish records end, was 3.8 people. This may be interpreted in a number of ways. It may suggest a gradual trend towards infection at specific social levels, as indicated by deviation from the mean number of persons per household, which in 1695 was 5.1 for

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individuals living outside the city walls of London.\textsuperscript{74} Given that the wealthiest would flee but might leave servants behind to tend to the house, it is possible that the low average is the result of quarantining more under-occupied residences.\textsuperscript{75} This would have had a two-fold effect because mean household size values were often inflated through the inclusion of large servant and apprentice filled dwellings of the wealthy. The decline also may be because of continued migration away from the parish during an outbreak. As the outbreak worsened, householders who initially stayed may have decided to pay to escape the plague-ridden parish. Another possibility is that the decline was because of the parish’s preferential use of pesthouses for treatment, rather than keeping individuals in their homes. Not all household members would necessarily be sent to the pest house. In the case of Richard Bould, only two of the eleven inhabitants of his house were sent to the pesthouse. The rest were quarantined in their home.\textsuperscript{76} With pesthouse space at a premium, only the sickest or most immediately exposed might be sent away.

Plague and the popular experience

While the numerical data paint an image of the parish experience of quarantine, the social experience appears primarily in court records, as few other documents survive about quarantined individuals. People charged in the Westminster Sessions for violating plague regulations in 1636 tended to fall into one of two categories: those who neglected

\textsuperscript{74} J. F. Merritt, \textit{Imagining Early Modern London}. (Cambridge, Eng: Cambridge University Press, 2001), 133.
\textsuperscript{75} This scenario was used as the premise for Ben Jonson’s 1612 play, “The Alchemist” (London: Thomas Snodham). In this city comedy, the servants left behind by their master to care for the house during an outbreak of plague engaged in shenanigans and debauchery. However, it is unclear how common the practice of leaving house caretakers was.
\textsuperscript{76} WAC F4514.
their official duty and those who refused to follow orders. Those who neglected their duty included Thomas Parker, a constable who was sent to the Gatehouse prison for neglect after he opened an infected house before the full period of quarantine had finished, and the more serious case of Friswide Williams and Edith Flastoe, two searchers who were bribed to lie about the cause of death of a servant.\textsuperscript{77}

Parker’s case was rather cut and dried. He may have been convicted as an example to others who might be tempted to yield to the urging of homeowners to open apparently healthy but still quarantined houses before the complete term of isolation was finished. The Williams/Flastoe case is similar in that it concerns a type of situation that may have been commonplace during plaguetime. The case also highlights one manner in which plague regulations may have been unjustly applied to persons of different socioeconomic levels. Williams and Flastoe were searchers for the parish of St. Martin when they were sent to examine the body of a servant at the house of “the Prince His Highness’ shoemaker” in Covent Garden. When they arrived, they declared the cause of death to be pestilence and quickly placed the corpse in a coffin and nailed it shut. However, before they could leave, a servant came to them with ten shillings from his master for each of them and suggested they tell the shoemaker, who had allegedly authorized the bribe, whether or not the man had died of plague. The searchers went on to tell the shoemaker that the man had died “only ‘of a surfeit.’” Upon hearing this, the household decided they were safe and waited until the following day to bury the coffin.\textsuperscript{78}

This went against the ideal of an honest and impartial squad of public health officials.

\textsuperscript{77} LMA WSR 46/58, 59 and WSR 50/13
\textsuperscript{78} LMA WSR 50/13.
who would judge which deaths were caused by plague based on personal expertise rather than convenience.

Though the presence of a court record signals that someone eventually identified the servant as having died of plague, presumably leading the parish to shut up the shoemaker’s house, this record may be the tip of an iceberg of plague related offenses facilitated by wealth and class. A wealthy household could afford to bribe searchers and watchmen as well as presumably hide infected persons without attracting public attention. Early on in the 1636-1637 outbreak, the government recognized households’ concealment of infected servants as a challenge to plague regulations. In early May 1636, the Privy Council wrote to the mayor and aldermen of London and Justices of Middlesex, Surrey, and Westminster to condemn the practice whereby people would “ordinarily remove their [infected] servants to their gardenhouses or other private place” in order to prevent their house from being shut up. The Council called this a public health risk and ordered that “when any p[er]sons shall bee found to bee sick or to dye of ye Plague in any such gardenhouse or other private place, that ye said houses bee forthwith shutt up, and also ye houses from whence they were first removed.”\footnote{BNA PC 2/46 128.} This attempt to prevent corruption indicates that the government sought to apply plague orders as fairly and equally as possible. However, there is no further indication as to the efficacy of this order.

The wealthy still had greater access to privacy both because they were not dependent upon lodgers or other families in order to pay for a home and because more expensive dwellings offered greater space for segregating the infirm. Had a servant died
of plague, the likelihood that the parish would quarantine a building was far higher than if a servant was merely sick but recovered. Illness was more easily hidden, especially if no one called upon a doctor. In theory, individuals were obligated to alert the local health examiner or other parish official if anyone in their household was sick. The books of orders dictated that “the Master of euery house, assoone as any one in his house complaineth, either of Botch, or Purple, or Swelling…shall giue knowledge thereof to the Examiner of health within two houres after the said signe shall appeare.”

This standard required both the family members to correctly identify the illness as plague and the householder to act in good faith and inform the examiner. Searchers visited each house after a reported death in order to ascertain its cause, making the successful bribing of the searchers the only opportunity for concealment in such cases.

Instances in which the parish was not informed of infected households were not always unequivocally the fault of one party or another. Using the case of Thomas Osborne, a draper of St. Clement Danes, as an example, symptoms could be difficult to detect and self-interest encouraged ignorance. On January 21, 1637, Osborne met with the Master of the Pesthouse of London to bring him his apprentice, who was infected with plague. Osborne also gave the Master of the Pesthouse 46 shillings to cover the expenses related to his apprentice’s illness. The apprentice died eight days later, but Osborne claimed that he had been unaware that the apprentice was sick until the day before he sent him to the pesthouse. The case came to the attention of the justices at the Westminster Sessions because Osborne had continued doing business at his shop for a month after the time at which he sent his apprentice to the pesthouse, thereby avoiding

80 Certain necessary Directions.
quarantine for nearly four weeks. That violation aside, the accompanying certificate from William Upton, the Keeper of the Pesthouse of London, claimed that the bubo on the servant “was very small” and “if he had died at home [it] would hardly have been seen or felt.”\(^{81}\) Though Upton may have been bribed, and Osborne did not act in good faith by skirting quarantine and continuing to sell cloth after the death of his apprentice, the certificate suggested that not all violations were out of malice, and concealment could be plausibly explained away through medical excuses.

The inconvenience and suffering of a family under plague regulations, particularly quarantine, may have motivated the majority of the second kind of offender: those who refused to follow orders. Such offenders tended either to refuse to pay the additional tax for the relief of visited houses or to break quarantine. Both types of offenders were mostly of the middling sort. Coachmakers, grocers, fishmongers, tailors, and innholders were among those charged.\(^{82}\) There was a conspicuous absence of the poorest from the Sessions’ rolls.

The high-profile case of Stephen Smyth, a fishmonger in St. Martin, demonstrated some motivations for breaking quarantine and how multiple members of a household could aid and abet in the crime. Three people were charged in the case. William Busby, a doorkeeper in St. Martin who was assigned to shut up Smyth’s house and watch it, was charged with neglecting his duty and allowing Smith and two of his servants to come and go from the house. Smyth and William Fenn, one of his servants, were both charged with concealing Margaret Burton, a servant, when they knew she was sick with plague, selling fish while quarantined, and leaving a quarantined house.

\(^{81}\) LMA WSR 48/1,1a.
\(^{82}\) LMA WSR 46/58, 59, WSR 46/114, WSR 47/32, 33, WSR 47/139.
Smyth did not conceal Burton’s illness by hiding her away from all others. On the contrary, Smyth’s sister and husband visited on Friday, January 19, 1636, during the period when Burton was sick and saw Burton. Rather than continue to stay with Smyth in an infected household, they chose to find other lodging. On the 20th, Busby asserted that Burton was “so sick” and that “his master was persuaded it was the plague, yet nevertheless [Smyth] sold fish openly,” in clear violation of the rules of order. No one in the household took action until the night of the 22nd, after John Sherman, Smyth’s brother-in-law, informed Smyth that Burton ought to be sent to the pesthouse. Even after taking action, Smyth did not inform the local authorities that one member of his household had been infected.

On Tuesday, January 24th, Smyth’s house was finally shut up. He left Fenn and two other servants to care for the house and moved his family into a house on Long Acre. Busby, the doorkeeper, reportedly allowed the servants to leave the house periodically so they could walk in the fields and take in some fresh air. Whether or not this was standard policy is unclear, but its appearance in the testimony may mean it was a violation of the strict regulations. Three weeks later, before being officially released from quarantine, Smyth sent one of his servants to the house on the Strand and had him remove the padlock from its door, so the family could return. They returned five days later and Smyth began selling fish once again. All three defendants were convicted of violating the rules of order and threatening the health of the community. The court considered the sale of Smyth’s fish to be an additional hazard because it was thought to carry the seeds of infection. All fish that could be taken back was collected and locked in the infected

83 LMA WSR 48/24, 25.
house. The justices sentenced Smyth to a term at Moorgate Prison, though the Privy Council later reconsidered his sentence.\textsuperscript{84}

The case of Stephen Smyth exemplified the desire of a tradesman of the middling sort to carry on his business. Quarantine took twice the usual toll on vendors of perishable goods. They lost income both from reduced sales and spoilage of their product. Given this increased liability, Smyth’s evasions are understandable. In a time when plague was an untreatable illness, the businessman’s desire for self-preservation overruled order and public health.

Many of those violating quarantine attempted to do so clandestinely. However a number of cases exist of open and, at times, violent rebellion. Jeremy Wright and Kellaway Guidott, both gentlemen of St. Clement Danes were charged in July 1637 after Wright assaulted the constable and the constable’s assistant when they went to shut up Wright and Guidott’s houses.\textsuperscript{85} Though likely ineffective in the long run, this passionate outpouring of displeasure at being quarantined came back to both the inconvenience and the fear of being locked away from society. As gentlemen, Wright and Guidott likely would have been financially solvent enough to tolerate a few weeks of quarantine. However, for men accustomed to a certain standard of social interaction, the isolation would have been a marked change. Fear of plague also may have occasioned the assault, but those of higher social class, as seen in the Smyth case, often had access to other quarters in which they could stay while waiting for their primary residence to be reopened and aired out.

\textsuperscript{84} BNA PC 2/48 6.
\textsuperscript{85} LMA WSR 49/115.
Fear of inconvenience may also have motived Lady Paul in Lambeth, who was quarantined after she tried to avoid it by throwing out a servant suspected to have plague.\textsuperscript{86} This cruelty came despite her ability to relocate to Sir Richard Michelborne’s house. As an outcome of this particular case, the Privy Council mandated that masters provide for their servants who were sick or left behind to care for a house.

Popular Narratives of Quarantine

Popular narratives, even when not rejecting quarantine directly, critiqued it as a punishment. The author of “London, Look-Backe” described the experience, saying,

\begin{quote}
…The time
Then held it an inexipavle Crime,
To visit a sick friend: Strange Stoure, wherein
Loue was a fault, and Charitie a sin’
When Bad did feare infection from the Good,
And men did hate their cruell Neighbour-hood…
A sicknesse comfortlesse; when we doe feare
To see those friends whom we doe loue most deare.\textsuperscript{87}
\end{quote}

Quarantine was portrayed as uncharitable, cruel, and an inversion of traditional values. Government attempts to impose discipline were refashioned as undercutting the meaning of love, charity, and goodness because the words held not only an emotional but also a practical component. They had to be performed, and that involved direct contact with the object of one’s goodwill. By criminalizing visiting the sick and other demonstrations of goodwill towards the infirm, plague policy disrupted conventional patterns of kinship and neighborliness. According to the books of orders, nurses, bearers, physicians, and other government-hired plague officials were the only individuals allowed to enter and exit

\textsuperscript{86} BNA PC 2/46 162.
\textsuperscript{87} I.D. 61, 66.
infected houses, and they were required to distinguish themselves in the streets so that others could avoid them.\textsuperscript{88}

In some communities, fear of contagion and government mandates were sufficient to prevent casual visitors to quarantined homes. However, certain immigrant communities did not comply with regulations. On June 7\textsuperscript{th}, 1636, the Privy Council strengthened the order that no visitors be allowed into quarantined households after a number of cases of French and Dutch congregations “sending their consolators to houses where the persons are visited, and after go[ing] into the company of others.”\textsuperscript{89} If the consolators refused to stop visiting infected houses, they were to be shut up along with other person exposed to plague. This threat was a government attempt to force individuals into a pattern of behavior that ran contrary to the prevailing custom of Dutch and French churches.

The forceful application of quarantine also led to a public perception of it as punishment. The primary agents responsible for shutting up houses were local constables and their assistants, the same as those charged with upholding other laws and orders. When they failed to secure a house or convince a family to go to the pesthouse, they called upon additional help. In early 1637, John Clarke, a shoemaker living on St. Martin’s Lane, refused to leave his home and move into a house in the pestfields nearby. The Justice of the Peace and other officers of St. Martin were ordered to send the bearers and other plague-time workers to open Clarke’s house and order him and his family to

\textsuperscript{88}\textit{Certain necessary directions}. The directive in the 1636 book of orders was that “Searchers, Chirurgions, keepers and Buriers are not to passé the streets without holding a red Rod or Wand of three foot in length in their hands, open and evident to be seen, and are not to goe into any other house, then into their owne, or into that whereunto they are directed or sent for, but to forebeare and abstaine from company.”

\textsuperscript{89} BNA PC 2/46 249.
leave. If they refused, the bearers were expected to force them out. This violent approach to enforcement added to the negative public perception of quarantine and the suggestion that it was punishment rather than aid.

George Wither’s “History of the Pestilence,” a poetic account of the 1625 outbreak, which he wrote shortly after the epidemic, underscored the militaristic nature of plague regulations and the apparent unfairness of quarantine. He described the rules of order and their implementation, saying,

…what was gravely Counsell'd...  
...might carry
Some likenes to proceedings military
A band of Halberts mustred were, to guard
The People from the Plague in eury Ward.
And if they found by making inquisition
(Or had but any probable suspition)
Where lodgd it had (althought but for a night)
That man was banisht from the publick sight,
Imprisned in his house both night and day,
As one that meant the Citie to betray.
And (to compel that his vnwelcome guest
Should keep wthin) his dore was Crost & blest
And for that purpose, at the same did stand
An armed watchman, strengthned by comaund.91

Stigma transformed previously accepted individuals into enemies of the state, unwelcome even in their own neighborhoods. Their houses became prisons, and their every move was suspect. Plague policy made the sick into a dangerous other. Even those who were well were still under “inquisition” and treated as though they too might at any moment fall ill, metaphorically turning their backs on attempts to stop the spread of infection.

90 BNA PC 2/47 98.
Wither’s frustration at the punitive nature of quarantine was further developed in a later argument where he attributed the ebb and flow of disease to “Gods hand.” That is, if plague was an act of God, then government intervention was useless, if not outright harmful because it attempted to take plague control out of the hands of God. The policy of quarantine was, as also noted in “London, Looke-Back,” uncharitable, and therefore unchristian, another offense against God. Wither issued a final critique against plague regulations. For,

In humane Pollecy, wee sawe no hope,
But as the Stones, and Timber wch doe stop
A Breach at ffirst; when all is drowned ore,
Doe nothing els but make the waters rore.
So when our Sickness, and our Pouertie
Had greater wants then wee could well supply;
Strict Orders did but more enrage our greife,
And hinder in accomplishing releife.  

Human intervention could do nothing, according to Wither, except worsen everyone’s grief and suffering. The flood of plague was stronger than the weak dam formed by the books of orders, and strict regulations only prevented individuals from providing spiritual solace to the sick—the one thing they could offer under Wither’s paradigm of divine orchestration.

The inevitability of plague’s toll in “History of the Pestilence” stands in contrast to the concept of public health promoted through the books of orders. Though medical literature at the time was unsure of plague’s etiology, government regulations confidently suggested actions for parishes to take in the prevention of disease. The Privy Council repeatedly urged local magistrates to continue upholding quarantine, creating a public

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92 Wither 57.
93 Wither 59.
face of control and orderliness that reached from naming of the regulations, “necessary directions,” to the methodical level of detail on subjects like taxation and compensation.

Public health or punishment?

Given the strength of the government narrative that quarantine was a policy of public health for the parish to apply “without favor or partiality,” the question becomes, how did the public narrative that quarantine was punishment arise?\footnote{BNA PC 2/46 356.} Quarantine was never described in the published books of orders as a means of punishment. Rather, it showcased government visions of a disciplined public in times of “collective calamity.”\footnote{Foucault, Susan Sontag, \textit{AIDS and Its Metaphors}. (New York: Macmillan, 2001), 132.} Quarantine was promoted as a measure for the preservation of the city as a whole, and those breaking quarantine were punished because they were threats to public welfare.

The explanation is threefold. First, plague disproportionately affected people of middling or lower socioeconomic status, who lacked the financial resources to flee. This created an imbalanced subset of the population that was subjected to quarantine. Second, quarantine was designed in a manner that caused the least amount of hardship for the poorest and the richest, but the middling sort often suffered financially as a result of the policy, leading to a sense of inequity and feeling of penalization. Lastly, the government engaged in a form of double-speak: it claimed to only use quarantine as a method of isolating the sick and exposed, but in practice it also used quarantine to punish those who broke other regulations. The first two points were ways in which quarantine combined with social inequality led to a perception of punishment that was unintentional on the part of the government. Important as they are, the third point is more notable because it was
an intentioned use of quarantine as punishment, rather than health policy, possibly furthering the public objection to the measure.

Flight was a common plague measure taken by those who could afford it. The popular recommendations for it were simple: “flie far…flie speedily…[and] returne slowly.”96 Each suggestion increased the necessary financial outlay. Distance and speed were contingent on reliable and strong means of transport, and the longer an individual or family was away, the greater their personal savings had to be to support them. The monetary barrier was significant for the lower middling sort and the poor, who often lacked transportation options, places they could stay, and the money to finance a journey. As a result, they tended to stay in the city and wait out the epidemic, hoping they would be spared.

Plague then spread throughout, leading to a skewed population sample. As the government responded by quarantining houses, the apparent pattern was one of discrimination. In neighborhoods that would normally have sizable populations of wealthier individuals, only the poorer were left. Narratives of plague that centered on its tendency to impact the indigent and marginalized likely drew from this phenomenon.

The financial bias of plague policy against the middling sort was a second unintentional way in which quarantine became punishment. The few wealthy householders who remained in the city and were subject to quarantine often had enough money to tolerate an extended period of expenditure with lower levels of income. The poorest were fully chargeable and parish support may have constituted an improvement in their income. For those who were already on the poor rolls, the prospect of daily food

96 I.D. 25-6.
and drink without obligation to seek work may have been a relief. As evidenced by the absence of court cases about quarantine involving the poorest, there was little incentive for them to carry on daily life. They did not have self-run businesses that had to be kept up, and they did not have social reputations to uphold through regular visits. The poorest were also unlikely to own a house, so the provisions forbidding lodgers were of less concern.

For the middling sort, the situation was very different. Both the middling sort who were chargeable and the middling sort who were only partially chargeable experienced quarantine as financial punishment. Those chargeable benefited from the charity of the parish while shut up, but in the time after their homes were reopened, they suffered. Cities like Bristol blacklisted quarantined merchants and refused them entrance to markets and fairs without a signed and certified paper from the mayor of London. The parish forbade householders from renting to new lodgers. Shopkeepers who dealt in perishable goods had to tolerate the loss of their stock. Some chargeable households were also lent money by the parish to support themselves. Landlords could still require tenants to pay rent even while shut up. Business owners in general saw a decreased demand for goods during epidemics as the wealthy left town and others were reluctant to leave their houses and enter social environments. These side effects of plague drove members of the middling sort into debt. A policy of taxation was incorporated into plague regulations to finance quarantine and make it less damaging to those unable to support themselves on savings alone throughout the four to six week period. However, the government did nothing else to soften the blow in other ways.
For partially chargeable individuals, quarantine was damaging for similar reasons. Stigma, additional expenses, and debt all hurt their financial independence. However, unlike households that were fully chargeable, those partially chargeable did not receive as much parish aid. It is unclear whether the income gap between fully chargeable and partially chargeable households was large enough to create a significant difference in financial outcome.

In contrast to ways in which quarantine appeared unjust through unintentional circumstance or shortsighted policy, the government also used quarantine as a form of punishment in addition to a tool of public health. The Privy Council specified in its internal records, but not in published books of orders, that individuals were to follow the rules of order and that “whosoeuer shall doe the contrary shall be shutt up in the same house as in an infected house for soe long a time as...[the] Justices of Peace shall [think] meete.”97 This applied to householders who so much as entered a house that had not had time to be fully aired out after quarantining. Such individuals were hardly exposed under a humoral paradigm, but the state orders mandated complete and unflinching compliance. The manner in which the order specifies that those breaking the printed orders should be shut up “as in an infected house” acknowledges that such individuals were not clearly contagious. Their punishment was meant to fit the crime. By risking infection, the uninfected had to live under the same conditions as the sick.

The same logic extended to individuals who did not enter quarantined houses but chose to “sitt at the doores” of infected houses.98 Such individuals were not just shut up in their own houses but were seen as having crossed the line that separated infected homes

97 BNA PC 2/47 66.
98 BNA PC 2/46 143.
from safe surroundings. As a result, they were treated as equally infectious as those already quarantined in the house in front of which they had sat. The Privy Council commanded that such persons “be shutt vpp wth ye rest of ye infected p[er]sons.”\(^99\) This was a step further than other orders that suggested individuals be locked up as if they were infectious. Quarantining a healthy individual amidst those infected because the healthy person had stayed too long in close proximity to an infected house could directly endanger someone who otherwise might have been low risk for contracting plague. In this case, quarantine was a punishment that not only made the offender understand the inconvenience suffered by invalids, but it also threatened his physical health.

The use of quarantine as a direct punishment was not limited to directly health-related kinds of violations. Lodgers within six miles of the Castle of Windsor were ordered to leave or risk the punishment that the parish “shut them up in theire houses as…infected & dangerous.”\(^100\) The government characterized travelers during times of infection as disease vectors, and policies preventing individuals from visiting the court or traveling to various royal residences were common. However, printed versions of these policies did not specify a particular punishment for those who broke them. Instead, individuals were simply expected to comply. The written records demonstrated that quarantine was used in the case of non-compliance as a preventive measure of punishment. Those who did not have the financial means to own houses or who were unable to travel away from Windsor were designated as a danger to the nation and quarantined in a punitive manner even though they may have been completely healthy.

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\(^{99}\) BNA PC 2/46 143.
\(^{100}\) BNA PC 2/46 337.
The mere status as a traveler or lodger put individuals in a marginalized class that the state could summarily imprison in their place of residence.

The records did not indicate whether or not anyone was ever quarantined as punishment. However, the existence of the possibility and its repetition in various Privy Council orders suggests it may have been used as a threat or occasionally used to deter future violations. Quarantine as punishment did not exist in printed records, but its presence in the written ones indicates that it was part of the official dialogue about epidemic control and social order. By standing contrary to the traditional government mantra of quarantine as public health, shutting up houses for intentionally punitive reasons may have contributed to the negative public perception of the practice.

Government uses of quarantine under circumstances of dubious exposure and for a suspect class of individuals were not egalitarian. They incorporated moral judgments about the poor and the unsettled into public policy. The policies placed the blame for transmission on non-compliant individuals. In such cases, plague transformed from a morally ambivalent disease to a disease of ignorance and apathy. Those who were expected to know better, such as watchmen and searchers, who failed in their duties were punished like criminals who were conscious of their offense and its implications. As such, the government suggested they should be imprisoned in Newgate Prison “as an Example to others.”\(^{101}\) The underlying assumption was that officials would understand why what they had done put the public at risk. Their punishment was meant to make them suffer, but it was not intended to teach them what their error could have led to. The government assumed they already understood the implications. Ordinary citizens were

\(^{101}\) BNA PC 2/46 143.
punished as though they lacked such a sophisticated view. Sentencing a person to quarantine was a means of instilling a fear of the consequences for ordinary people of violating plague regulations, namely, having to be shut up with the sick and dying, unable to carry on one’s business or daily life.

Conclusion

Quarantine was implemented remarkably effectively. Despite a lack of early preparations, economic stress, and public opposition, parishes managed thousands of infected and exposed individuals in a system that, for many, helped ensure compliance. Pesthouses gave parishes a secure place to put individuals for the full duration of quarantine and insured that they would receive care. The coordination of parish officials provided daily support to the needy. To save money, the parish devised strategies to minimize expenses and to bring in some returns. Policies like having watchmen assigned to areas rather than individual houses had little public opposition. Others, like giving aid in the form of loans, may have been less popular.

However, quarantine could never be uncontroversial. The flight of the wealthiest from London and Westminster left only the more socially vulnerable to be quarantined. Plague policy was financially sensitive to the poorest but costly in the short and long term to the middling sort. Most significantly, government implementation of quarantine was not always as fair and equal as official public documents purported it to be.

The government used quarantine directly as a punishment to control individuals found breaking other parts of the books of orders. Though this was not publicized, popular narratives continually included grievances about the cruelty and inequity of
quarantine and the militaristic nature of its implementation. Quarantine was depicted as uncharitable and, by the same token, unchristian because it prevented family and friends from supporting the ill in conventional ways. In response to the perceived inequity of quarantine, individuals, most often the middling sort, broke out of their houses, hid the sick, bribed parish officials, and violated the books of orders in other ways.

Similar public arguments against quarantine continued to arise throughout the rest of the 17th century. During 1665, the last great outbreak of plague in London, individuals printed dozens of pamphlets and published books specifically detailing the points against shutting up the infirm and exposed. In the end, opposition to plague policy died out only when plague itself did.

Word Count: 12291
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Abbreviations:
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BNA: British National Archives
LMA: London Metropolitan Archives
WAC: Westminster Archives Centre

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Key:
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3. Drury Lane
4. Hartshorne Lane
5. Long Acre
6. Round Court
7. St. Martin’s Lane
8. Spur Alley
9. The Strand