

## **Dr Jean-Baptiste Bertrand's Account of the Marseille Plague of 1720**

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### **Abstract**

Despite centuries of experience managing plague the busy free-trade port of Marseille succumbed to a devastating epidemic in 1720. This paper describes how and why the plague was allowed to spread despite strict anti-contagion measures, its progress over the following two years, the responses of various authorities and the effects of plague on the people and their city. To understand this better, a brief history of the city and its relationship to the Crown is given. This description is based on a book written by an informed witness, Dr Jean-Baptiste Bertrand (1670-1752). His book was rediscovered by Ann Plumptre who translated it in 1805 and published it in England because she felt it was of special relevance to her contemporaries given that many European countries had experienced an epidemic of yellow fever in the previous two years.

Bertrand's book is a personal and measured account that includes the symptoms of plague and highlights medical disputes between the city physicians and those sent from the school of Montpellier. In doing so he reveals that both the diagnosis and the mechanism of spread were hotly contested. His account also reveals various logistic challenges such as disposal of the dead, lack of hospitals and food shortages. A keen observer of human behaviour, he describes a range of human responses to the threat of contagious disease including denial, acts of self-preservation, altruism and exploitation.

### **Keywords**

Jean-Baptiste Bertrand, Marseille, plague, eighteenth century, medical theories

## **Introduction**

In 1720 plague broke out in the busy port of Marseille causing the death of possibly 50,000 of its 90,000 population and the same number of deaths in the surrounding area over the following two years. Thanks to a rigorous central administrative response its effects were limited to Marseille and its environs. To understand why plague returned after a gap of 70 years and why the city's authorities reacted as they did it is helpful to appreciate the political background of this thriving French city port. This will help to explain why tensions developed between good public health control and commercial interests and why Marseille was so badly affected by the epidemic despite the presence of strict anti-plague measures. Further, it explains the frustration of one of Marseille's prominent physicians, Dr Bertrand (1670-1752) whose opinion was essentially ignored in the early days of the epidemic.

This paper gives a chronological account of the epidemic that mainly draws on Bertrand's book, *A Historical Relation of the Plague at Marseilles, 1720*, which runs to 24 chapters and almost 400 pages.<sup>1</sup> His book is an important social and medical document that details the unfolding events that led to and prolonged the plague in Marseille as well as the behaviour of the main protagonists: the Crown, the Marseille authorities, the physicians and surgeons, the Church, the Royal Navy and their galley slaves and of course the citizens of Marseille. Although this text provides us with the gaze of just one eyewitness it is valuable primary source material because this is an informed gaze of a physician who administered to the sick throughout the epidemic. Further, not only was he a survivor of plague but also suffered the grief of seeing his entire family die.

## ***A Historical Relation***

*A Historical Relation* was translated into English by Anne Plumptre in 1805. In her introduction, she writes that she was impressed by Bertrand's account for its heartfelt and faithful description of a horrendous tragedy. The narrative is compelling enough, she says, to be that of a romantic novel and all-the-more poignant because it arises from real-life observation. Although the events occurred about 90 years before her translation Plumptre points out how relevant the story is to her contemporaries given that for two years several parts of Europe had been affected by an epidemic, probably of yellow fever, although as happened in Marseille there was some diagnostic dispute. She tells her readers that the story of the Marseille plague is a warning against complaisance and denial and advises everyone to be vigilant and quick to act at the first signs of contagious disease.

Plumptre speculates that Bertrand wrote *A Historical Relation* for publication but claims it was never published when he first wrote it because of his criticisms of the conduct of the *échevins* (magistrates) and visiting physicians from the prestigious School of Montpellier. She came across the book thanks to a friend whom she visited in

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<sup>1</sup> Bertrand JB. *A Historical Relation of the Plague at Marseilles in the Year 1720*. Trans. Anne Plumptre. London: Printed for Joseph Mawman, in The Poultry; 1805.

Marseille. He had bought it off a 'common book-stall for a trifling sum of money' and thought that it had been stolen from Bertrand's heirs when they fled to the country during the French Revolution.<sup>2</sup>

Plumptre gives a short biography of Jean-Baptiste Bertrand who was born in 1760 in Martigues, a small town in Provence, where he began his studies. These he continued in Marseille where he studied philosophy and theology at a newly opened Jesuit College in 1689. Although his parents wanted him to join the clergy, he decided he preferred medicine after working with a Dr Brun in Avignon who had a very high reputation. Bertrand briefly continued his medical studies at Montpellier and on finishing practised in Marseille from 1707 rather than his own town where there were no vacancies.

His altruism and conscientiousness were soon noted when he was the only one of four physicians in ordinary at the principal hospital to tend the sick during an outbreak of fever despite becoming sick himself. The hospital accommodated more than 600 patients so his workload must have been large indeed. He was similarly stoic during the Marseille plague despite suffering three attacks of the plague and experiencing the grief of losing his wife and all his children. In 1726 he joined a new *Académie des Belles-Lettres* in Marseille and this organisation became 'his sole recreation' thereafter. All his medical works have disappeared but for a dissertation on the therapeutic benefits of sea air to tuberculosis sufferers, a view that was unorthodox at the time. He died a few weeks after a tiring journey to see a patient, having acquired a 'putrid fever' that weakened him. He was two months short of his 83<sup>rd</sup> birthday.<sup>3</sup>

### **Marseille's rise to prominence**

Marseille came under the French Crown in the late fifteenth century but remained largely autonomous until 1660 when it was a small town with a population of 50,000. An uprising in the city prompted Louis XIV to send in troops and order a new political system that allowed for centralisation and supported commercial expansion. Through the efforts of the King's Controller-General of Finances, Jean-Baptiste Colbert (1619-1683), the town underwent a commercial transition that led to its population doubling to 100,000 by 1720.<sup>4</sup>

Colbert was determined to restore the French economy and save it from bankruptcy. To this end he founded the French merchant navy in 1669, improved the country's highways and stimulated manufacturing through several measures.<sup>5</sup> The Mediterranean

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<sup>2</sup> There are three French print versions of Bertrand's book: one commonly cited in academic texts published by Pierre Mateau in Cologne dated 1723; an earlier one published by Pierre Hammer also in Cologne in 1721; a much later one was possibly published by J Mossy in 1779, 27 years after the death of the author. It is unclear from which text Plumptre translated.

<sup>3</sup> Bertrand, *A Historical Relation*, 1805 (Note 1). Introduction: xi-xxxii.

<sup>4</sup> Echinard P, Temime T. *Histoire des migrations à Marseille, 1482-1830, Vol. 1. La Préhistoire de la migration*. Aix-en-Provence: Edisud; 1989, p.27.

<sup>5</sup> Colbert JB. Edit de Louis XIV (roi de France), sur la franchise du port de Marseille, daté du mois de mars 1669, à Paris. In: *Lettres, instructions et mémoires de Colbert*, publiées par Pierre Clément. Tome II. Ite partie. Industrie, commerce. Paris: Imprimerie impériale; 1863, p.796-798.

port of Marseille was an ideal opportunity to improve overseas trade so in 1669 he released it from most royal taxes. As a result, it became a global port with profits rising from 120,000 *livres* in 1700 to 2,000,000 *livres* in 1720.<sup>6</sup> Colbert also ordered the construction of an arsenal in the port and transferred the royal galleys from Toulon; their presence was an important issue during the plague. A new Chamber of Commerce was established which comprised of successful businessmen but excluded the nobility. The main purpose of this new elite of magistrates and merchants, the *échevins* and *négociants*, was to support the Crown's desire to improve commercial activity whilst also supporting the city's development. Regarding the former, Colbert provided subsidies to traders and sea merchants who built or purchased vessels.<sup>7</sup> He embarked on a scheme of *agrandissement* of Marseille that transformed it from a medieval town to a grand Italianate city renowned for its wide beautiful boulevards such as Rue l'Aix and La Canabière that led to the port and a huge central square that became the principal venue for social gatherings and trade.<sup>8</sup>

### **Marseille's health precautions against contagion**

As a port, Marseille was no stranger to infectious disease and especially plague. Bertrand gives an historical account of all the city's episodes of plague claiming that the current one was the twentieth after a lull of 70 years, the last being in 1649-50. Marseille was the first port in France equipped with quarantine for ship passengers when it built a *lazaret* in the southeast of the city in 1557. A new one was built between 1663 and 1683 near an area called La Joliette quite close to the city, on the west coast.<sup>9</sup> It was enclosed by a high wall and contained a cloister whose arcade was blocked by an iron lattice so that people from the city could communicate with the inmates on the other side of the lattice, ten to twelve feet away. This area was called the *parlour*. Residential staff managed the *lazaret*, which had its own port, housing, warehouses and pavilions.

The Crown and French physicians were constantly concerned about the threat of plague from the Levant and Turkey especially after Marseille became a busy duty-free port and the only one in France to receive sea traffic from those areas.<sup>10</sup> To protect the city, the Crown, led by Colbert, put the local *bureau de la santé* (health office) under royal control much to the annoyance of Marseille's *échevins* and *intendants de la santé* (high-ranking health officials) who unsuccessfully argued that this institution should remain under autonomous civic control. A royal directive required that the composition of Marseille's *bureau de la santé* change to that of 16 *intendants* (2 *échevins* and 14 *négociants*), each appointed for one year. These were chosen from the city's principal

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<sup>6</sup> Takeda JS. French absolutism, Marseillais civic humanism, and the languages of public good. *Historical Journal*. 2006; 49(3): 707–734.

<sup>7</sup> Deveau C. Small oversights that led to the great plague of Marseille (1720–1723): lessons from the past. *Infection, Genetics and Evolution*. 2013; 14: 169–185.

<sup>8</sup> Gordon D. The City and the Plague in the Age of Enlightenment. *Yale French Studies*, no. 92, 1997; p.67-87.

<sup>9</sup> Deveau, Small oversights, 2013 (Note 7).

<sup>10</sup> Barbieri R, Drancourt M. Two thousand years of epidemics in Marseille and the Mediterranean Basin. *New Microbes and New Infections*. 2018; 26 Supplement 1: S4–S9.

merchants who had travelled around the Levant and were therefore aware of the signs of plague and the ploys of sea-trading merchants. Louis XIV chose experienced merchants because he assumed that they would prioritise their own interests and therefore do their utmost to prevent plague. There were no medically trained personnel amongst their number.

The *intendants* had the power to order quarantine, disinfection of all goods from suspect locations and punishment to anyone who disobeyed. By 1689 it was illegal for any French vessel to approach another from the Levant 'without the presence of one of the *intendants* or his written consent'.<sup>11</sup> Quarantine became mandatory the following year for French vessels arriving from any region considered to be at high risk of plague. The Turks had a reputation of being lackadaisical when it came to management of plague so precautions were almost always necessary when ships arrived from suspect areas. Regulations became even stricter during the early years of the eighteenth century. For example, quarantine and health-passport evasions could lead to confiscation of vessels and severe fines for the vessels' shareholders.

By 1720, the standard protocol for any ship that arrived in the harbour of Marseille was for the ship captain to report to the health office located near Marseille's Saint Jean fortress, show ship's papers specifying its cargo and provenance, provide a list of passengers and most importantly present a health certificate from previous ports of call. Thereupon, the chief *intendant* might issue one of three types of certificates or bills of health (*patentes*): the *patente nette*, signifying 'that in the place of departure, there was no suspicion of plague'; the *patente soupçonnée*, for those from places suspected of an outbreak of plague; and the *patente brute*, for those from places known to be suffering an epidemic. These bills of health determined the length of quarantines: 16, 30 and 40 days respectively.<sup>12 13</sup>

If disease was suspected the crew and cargo were quarantined and cleansed on Jarre island about twenty miles from Marseille. If a ship had a clean bill of health, it was sent with the crew to the island of Pomègues for a shorter quarantine period whereas passengers and goods were sent to the *lazaret* at La Joliette.<sup>6</sup> The *intendants* of Marseille were in close contact with their counterparts in the major ports of the Mediterranean even in times of war so that information about any new development of infectious disease was quickly disseminated, especially when there were concerns about plague outbreaks in the Ottoman empire. This level of co-operation between nations had developed over the seventeenth century and even came to include ports in Russia and the North African Barbary states.<sup>14</sup>

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<sup>11</sup> Takeda JT. *Between Crown and Commerce: Marseille and the Early Modern Mediterranean*. Baltimore: Johns Hopkins University Press; 2011, p.106-130.

<sup>12</sup> Takeda JT. *Between Crown and Commerce*, 2011 (Note 11).

<sup>13</sup> Panzac D. *Quarantaines et lazarets: L'Europe et la peste d'Orient*. Aix-en-Provence: Edisud; 1986. 'Instruction pour les intendants de la santé', p.134.

<sup>14</sup> Brockliss L, Jones C. *The Medical World of Early Modern France*. Oxford: Clarendon Press; 2004, p.353-355.



Figure 1. The port of Marseille during the plague in 1720. Coloured etching after M. Serre. Credit: Wellcome Collection. Public Domain Mark.

### **Evasion of anti-plague protocols**

Almost twenty years before the 1720 plague Marseille officials were in panic over the attempts of rival cities and ports to have its special privileges dropped. Colbert's death in 1683 meant that Marseille had lost its foremost supporter. Duties crept back thanks to tax farmers who established themselves in and around the city. Unsurprisingly, some Marseille merchants resorted to illegal methods to smuggle their goods out of the city or turned to foreign markets. One of Marseille's most effective *intendants* was Nicholas Fabre who spent years in the court at Versailles pleading the city's case. Eventually he found a way to persuade the Crown and its newly formed central Chamber of Commerce. Together with a lawyer and with the help of secret agents he uncovered evidence that contraband peddlers were smuggling in merchandise from ships in quarantine in Marseille.<sup>15</sup> He pointed out that these practices exposed not just the city but also the whole country to disease and that stopping duties would safeguard both. There were of course other reasons why Marseille's privileges were restored but the point of this story is that evasion of quarantine rules had taken place long before the events of 1720.

On 25 May the *Grand Saint-Antoine*, a three-masted ship, sailed into Marseille having spent almost one year collecting about 100,000 crowns' worth of goods, many of which were destined for the annual trade fair at Beaucaire about 80 kilometres north of Marseille on the Rhône. This fair was held in the last week of July for six days and

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<sup>15</sup> Fabre N. Archives of the Chamber of Commerce of Marseille. Series B 154. Letter from Fabre to Marseille Chamber of Commerce, 23 July 1701.

exempt from taxes, making it the biggest in southern Europe.<sup>16</sup> Trade in that one week was said to be as much as enjoyed in Marseille in a year. The owner of the *St Antoine*, Jean-Baptiste Estelle, happened to be deputy mayor of Marseille.

The likely route that the *St Antoine* had taken was initially Mosconissy, Cyprus, Sidon in the Lebanon (where it docked over the winter months), Tripoli and then Syria for a refit where it took on board fifteen passengers, one of whom died a few days before they returned to Cyprus.<sup>17</sup> On departure from Sidon on 31 January 1720, Captain Chataud carried a health certificate confirming that neither crew nor cargo had come into contact with plague. But after leaving Cyprus on 18 April several sailors died. As a result, the captain docked into Livorno, Italy where he reported the death of the sailors and a Turkish passenger. The Livorno health authorities warned on the health certificate of a 'malignant, pestilential fever' on board.<sup>18</sup> Thus, on reaching Marseille, Chateau must have been surprised that rather than being sent immediately to the island of Jarre, the port *intendants* told him to put into the *lazaret* of la Joliette where his cargo was off-loaded. They also ordered a 40-day quarantine of crew and passengers. Those who were unwell were examined by the *lazaret* surgeon, M Guierard, who declared they were suffering from merely fever rather than the plague although his examination was based on the external appearance of the body only.

On 31 May a further three ships arrived from the Middle East and a fourth on 12 June. They all possessed certificates from previous ports saying that plague was suspected although no-one had fallen ill or died. Despite the risk they were directed to quarantine at la Joliette rather than Jarre. However, when several sailors and some shore-porters then died the *intendants* asked Croizee, surgeon-major to the hospital of the galleys, to examine the sick and he did so with Bouzon, an experienced colleague. They found that three porters were suffering with the diagnostic buboes and certainly had 'pestilential fever'. The *intendants* as a result sent the *St Antoine* with its remaining cargo to Jarre Island where at a much later date it was burnt by order of the court. Significantly the passengers from all these ships were allowed to leave the *lazaret* for the city after only an 'ordinary' quarantine, that is fifteen to twenty days. For reasons unknown, the original order of 40 days had been reduced. They were also allowed to take their clothes and some merchandise after a light fumigation.

The *intendants* had tried to minimise or keep secret concerns about plague to the extent that in July they sent letters to the King and the *offices conservateurs* (chief health bureau officers) of all European ports saying that the contagion was contained.<sup>19</sup> Nevertheless, the Parliament at Aix must have been sufficiently alarmed to contain any potential spread because on 2 July it issued a decree prohibiting contact between the citizens of Marseille and those living in Provence.

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<sup>16</sup> Masson P. *History of the French Trade in the Mediterranean Kingdoms during the Eighteenth Century*. Paris: Hachette; 1911.

<sup>17</sup> Gouri, M. Hypothesis about the transmission of plague aboard the Grand Saint Antoine. In: Signoli M, Chev e D, Adalian P, Bo etsch G, Dutour O. (eds), *Plague: Epidemics and Societies*. Firenze: University Press; 2007, p.163–173.

<sup>18</sup> Deveau, Small oversights, 2013 (Note 7).

<sup>19</sup> Takeda, *Between Crown and Commerce*, 2011 (Note 11), p.131-157.

### **Marseille's actions in the early days of plague in the city: June and July 1720**

Dr Bertrand takes his readers through the events that occurred in these early months of the plague by starting with his surprise that passengers had been allowed to enter the city following only a short quarantine. He chronicles the earliest cases, the first being a woman who fell sick on 20 June with a carbuncle on her lip. Bertrand is scathing about the *lazaret* surgeon who had been asked to see her and diagnosed merely a common carbuncle. A week later a tailor fell sick and died, as did his whole family; this was attributed merely to a common malignant fever. At the beginning of July, several families on the Rue de l'Escale died with buboes. Then on 9 July Bertrand's colleagues, Dr Peyssonnel and his son, advised the *échevins* that a twelve-year-old boy had plague on Rue Estelle, which was in quite a different location to Rue de l'Escale. A guard was put in front of the house and the boy died next day. His sister, followed by the rest of family, became ill and they were sent to the infirmary where they all died.

On 11 July one of the passengers of Chataud's ship, who had been allowed to come into the city after the shortened quarantine, became sick. On examination the surgeon found a bubo; the man died later that day. Again, a guard was placed in front of the house, the family was sent to the infirmary and the house boarded up. Bertrand comments on the difficulty of knowing if this passenger was infected in the infirmary or in the city or by some merchandise that he had taken with him and again criticises the decision to impose only a short quarantine. One of his colleagues, Dr Sicard, was convinced, having attended the sick daily on the Rue de l'Escale, that the disease was indeed plague and on 18 July issued a report expressing his concerns to the *échevins* who decided to send master-surgeon Bouzon to investigate. (This is the same surgeon who had issued the report on July 8 of pestilential fever.) He forbore touching his patients and diagnosed worm-fever based on their histories alone. Bertrand was surprised that he conducted only a perfunctory examination because it was out of character and concluded he suspected plague but lacked the honesty to admit to his concerns. Sicard continued to work but in a fit of pique gave up saying anything further to the *échevins*.

The mortality rate became so obvious that the parish priests pressed the *échevins* to send more medical help. Dr Peyssonnel was sent accompanied by the *échevins*' favourite surgeon, Bouzon. Whereas Peyssonnel diagnosed plague, Bouzon 'flatter[ed] the *échevins* with hopes to the contrary'.<sup>20</sup> To Bertrand's surprise, the *échevins* quickly convened a meeting without anyone from the city's body of physicians being present when they decided to put a permanent guard on roads leading to Rue de l'Escale and to transport the sick to the infirmary under the cover of night 'with utmost secrecy'. The *échevins* realised that a permanent doctor was needed at the infirmary to attend to the increasing volume of sick patients and asked the college of city physicians to appoint one of their members. As a result, their newest member who was 'unembarrassed' by a family accepted the position apparently 'with the warmest of philanthropy' at the end of July.

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<sup>20</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.48



Coincidentally on 21 July the city experienced unseasonal thunder and lightning which the populace interpreted as an augury of the plague. Indeed, from that date the plague disseminated rapidly. Peyssonnel, who was elderly, became too tired to continue so his son made the daily rounds. He made it clear to all who would listen that plague was amongst them and wrote to neighbouring towns and villages to avoid contact with Marseille. Bertrand tells us that this was why the Aix parliament of Provence took decisive action with a proclamation that no one should move between Provence and Marseille on pain of death. Since there are records of a decree to this effect on 2 July, he may have confused the dates. The decree led to shortages of food, panic and riots requiring the intervention of the army.<sup>21</sup>

By the end of July, the public demanded the *échevins* provide clear information about the nature of the epidemic and proper medical attendance. Four of the city physicians were consequently formally appointed to take responsibility for different parts of the city and conducted their daily rounds with one surgeon and an assistant. Within two days all were absolutely convinced that the sickness was plague and hurriedly communicated their findings to the *échevins*. Not one suggested that the cause was a malignant fever caused by poverty or bad food yet the *échevins* responded by issuing posters declaring just this. Further they cast aspersions on the physicians' honour saying they wanted to make a 'Mississippi' of the affair.<sup>22</sup>

Perhaps as a result many of the public joined in with criticisms of the physicians and expressed incredulity at their diagnosis of plague. According to Bertrand, this was for two reasons. First, the *lazaret* surgeon had informed the *échevins* that his sick patients were either suffering from *ennui* because of their long confinement or had 'a very common malady' to be treated with mercury (presumably 'the Pox' or syphilis); Bertrand writes that all his patients died within the next three days so his judgment was clearly wrong. Second, erroneous reports surfaced saying that the sick had voided a lot of worms, which fuelled the belief that bad food was the cause. People were very ready to believe this since at first the most vulnerable, that is children and the poor, were the most common victims. Bertrand marvels at the public's capacity for denial until confronted with the reality of massive mortality.

According to Bertrand, the galleys were very much better managed than the city and therefore suffered far fewer casualties. Of 10,000 personnel, 1,300 became infected with plague, of which only half died, many of whom were the medical staff. On 1 August having visited the sick of Marseille with the city physicians, the galleys' surgeon and physician issued a report to their commander saying there was no doubt that this was an 'extremely contagious and pestilential' malady requiring meticulous precautions to prevent fatal consequences. They dismissed ideas to the contrary. Immediately the galleys and arsenal were cut off from the city and strict procedures implemented for early detection of the sick and their separation from the rest of the crews. The galleys'

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<sup>21</sup> Deveau, *Small oversights*, 2013 (Note 7).

<sup>22</sup> The Mississippi Bubble burst at the end of 1720. The company had been the brainchild of John Law (1671-1729) who was Controller General of Finances under the Duke of Orleans. It was funded by the *Banque Royale*, which Law had also set up, initially as a private bank. The company's collapse led to gross inflation in France and bankruptcies. Presumably the *échevins* thought the physicians were exaggerating and risking mass panic.

land hospital, located outside the walls of the city, was emptied and dedicated to plague victims.

An intermediary ship hospital for those whose diagnosis was still uncertain was quickly established. Patients here were sent to the land hospital as soon as the diagnosis was clearer. To ensure this was done quickly, the ship received eight medical visits daily. Surgeons also made frequent visits to all the galley ships to detect and dispatch anyone with the slightest suggestion of illness to the intermediary hospital; boats were available for transport at a minute's notice. To provide the crews with all they needed the ship officers acquired tartans (small light vessels able to sail in all winds) to buy provisions from Toulon and Bouc. Bertrand forcefully makes the point that because of such excellent planning, the crew and officers wanted for nothing whilst the citizens of Marseille were without basic necessities. He blames the *échevins* for their 'unaccountable ... apathy' and their reluctance to accept the expertise and suggestions of the city physicians. When the *échevins* declined to appoint just one of the city physicians to a newly formed council on health, in exasperation, the physicians gave them a copy of François Ranchin's *Treatise on the Plague*, which described all the measures that should be taken in times of contagion.<sup>23</sup>

However, there was one physician to whom the *échevins* did now listen, Dr Sicard, because unlike his colleagues he brought a message of hope. He promised the contagion could be stopped if all his instructions were carefully followed. The plan was to burn great fires throughout the city's squares and marketplaces for three consecutive nights at 5pm, to light smaller fires in front of everyone's house and to burn sulphur in every domestic room so that all clothing was exposed. This only achieved a city choked with black smoke and bereft of wood. The epidemic continued unabated prompting Dr Sicard to leave the city, as did many others, having first stocked up with provisions at inflated prices. The poorer citizens erected tents on the plains outside the city, nuns were allowed to leave the convents to join their families, and all those people who had felt excluded by the *échevins* from participating in decisions about the protection of the city also fled. These included the officers of justice, hospital governors, some of the *intendants* of health, counsellors of the city and municipal officers so in effect the city was stripped of most of its experts and administrators.

At last, the *échevins* imposed some order, possibly because they had successfully petitioned the Crown on 4 August for transfer of judicial authority.<sup>24</sup> They appointed officers to different areas of the city to ensure that the poor received a basic ration of bread and the sick were attended. Guards enforced a new regulation that clothes and other goods were not to be removed from the houses of the dead and they organised beggars to dig the graves.

On 10 August, Bertrand describes the city thus:

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<sup>23</sup> Ranchin F. *Traité de la peste de Mre François Ranchin, chancelier & juge de la Faculté de médecine en l'Université de Montpellier*. A Lyon, se vend à Paris, chez Jean Pepingué, sur le Quay des Augustins, au S. Esprit. M; 1722. The first half was advice on disinfection of cities menaced by plague in 1629-30 and other measures to be taken; the second half was written later and describes the ordinances set out by Lyon during the plague of 1644 followed by plague remedies created by the *Curé de Colonge*.

<sup>24</sup> Takeda, *Between Crown and Commerce*, 2011 (Note 11), p.131-157.

No longer were the shops opened; all public works were suspended; commerce ceased; the churches, the exchange, and all public places were shut up; divine service was suspended, and the course of justice stopped; neighbours, and even relations, ceased to visit ...<sup>25</sup>

## **The second stage of the plague: August and September 1720**

### ***Inadequate hospital beds***

By now the *lazaret* infirmary was too full to take any more of the sick so they were instructed to remain in their homes. Although the authorities agreed with the city physicians about the need for more hospitals there was disagreement on venue. The physicians favoured the *Hotel de la Charité* because it was able to accommodate 600 and thanks to its proximity to five other religious houses could accommodate far more if necessary. A point in their favour was that these religious houses were separated from the city by a hill. The superiors put forward every objection possible and although eventually they appeared to agree they never vacated their premises. Bertrand points out that many lives could have been saved had this house been adopted together with the five others given they could accommodate 3,000 beds.

By mid-August, the *Hotel Dieu*, a hospital for convalescents, was selected for the plague victims but being so small it filled up within two days, which necessitated the use of its stables. All the city physicians were occupied in other areas of the city so two physicians, father and son, from outside Marseille were appointed to provide medical treatment together with a surgeon and other medical attendants. Bertrand explains that they did not condescend to discuss the 'malady' with the city physicians, choosing to employ repeated bleeding and violent purgatives on the sick; these were traditional Hippocratic and Galenic interventions. The mortality rate increased daily and both physicians died within a few days as did all the other medical attendants. The hospital descended into 'a scene of horror and confusion' where the newly sick were placed next to those about to die and thieves plundered. On 20 August a second hospital was agreed on but was not ready until October. Consequently, many of the sick ended up in tents erected for them on the ramparts or died in the streets.

### ***Disposal of the dead***

Bertrand writes that 'a strange infatuation, of doubting whether the malady was really the plague' led to the dead not being buried always with proper precautions.<sup>26</sup> New grave sites were desperately needed so a site close to the cathedral was chosen but the nuns of a nearby convent objected. Eventually two graves at a site outside the city between the gates of Aix and La Joliette were dug, each fourteen feet deep and ten *toises* square (about twenty metres square). Finding labour to dig them and to transport the dead was very difficult so beggars and vagabonds were coerced into the work. The graves soon proved inadequate since they filled up quickly with three to four hundred corpses deposited there daily.

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<sup>25</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.85.

<sup>26</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.93

Feeling overwhelmed, the *échevins* sought advice and help from the officers of the galleys whom they met on 21 August and the following few days. One result was that convicts from the galleys were promised their liberty if they agreed to remove the dead bodies from the streets and bury them. Over a period of eight days 133 convicts were used for this purpose. Other changes were made such as covering the graves with lime to prevent corrupt air spreading the contagion and an ordinance that all corpses be removed from the streets. Further the bishop was asked to stop celebrating mass and gallows were erected in public places to deter potential malefactors given the rise in theft.

The dead however kept accumulating so that by the end of August a thousand corpses per day needed burial. Bertrand writes it was 'like the labours of Danaïdes ... nothing could keep pace with the mortality'.<sup>27</sup> The convicts died so the *échevins* kept requesting more. Naval reluctance led them to ask the *intendant* of Provence to interpose and so another hundred were sent who were managed by one of the more active *échevins*, M Moustier. But within six days these one hundred reduced to twelve through death or exhaustion. One hundred more convicts were sent, this time with four officers and 40 soldiers, all paid well and promised ten *livres* if they survived to the end of the epidemic. Eventually with the help of the *intendant* of Provence, M Lebet, and his sub-deputy, M Rigord, most of the streets were cleared of corpses by early September. These officials provided shoes, clothes and food for the convicts, horses and other provisions, all of which were essential. Bertrand is full of praise especially for Rigord who worked tirelessly despite poor health and bereavement: 'too much acknowledgment cannot be made to these two gentlemen for the very important service they rendered us'.<sup>28</sup>

Burial in mass graves was not the only option considered for disposal of the dead. Other suggestions were made although most rejected burning the bodies, a practice that the Genoese had adopted during a previous plague outbreak, for fear that this would result in the spread of toxic vapours. Similar concerns of contamination as well as the logistics led to rejection of filling a ship with corpses and scuttling it at sea. But one suggestion was adopted, that of filling the church vaults with corpses and lime. The physicians and Bishop Belsunce opposed this measure but were ignored because it was popular with the public.

### ***Expert medical opinion and disagreements***

Another development helped to prolong doubts about the nature of the epidemic. On direction from the Crown, medical experts from the prestigious school of Montpellier arrived on 13 August, including François Chicoyneau, director of the medical visit, Jean Astruc, Antoine Deidier, J Verny, apothecary, and the surgeon J Soulier who were all accountable to Pierre Chirac, physician to the Regent of France.<sup>29</sup> <sup>30</sup> They convened a meeting with the city physicians, accompanied them to the hospitals and different parts

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<sup>27</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.166

<sup>28</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.179

<sup>29</sup> Signoli M, Bello S, Dutour O. Epidemic recrudescence of the Great Plague in Marseille (May–July 1722): excavation of a mass grave [Article in French]. *Medicine Tropicale*. 1998; 58(2 Suppl): 7-13.

<sup>30</sup> Dutour O. Antoine Deidier, his experimental approach to the contagious nature of plague in Marseille in 1720. *Histoire de Sciences Medicales* [Article in French]. 2011; 45(1): 45-50.

of the city, and attended post-mortems. However, when they came to present their report to the *échevins* and governor, which was dated 18 August and signed by Chicoyneau and Verny, the city physicians were excluded from the meeting. Bertrand managed to acquire a copy of it later, which he incorporated in his book as an appendix.

This report concluded that the malady was pestilential although not at its height of destruction. It blamed the high level of morbidity and mortality in Marseille on lack of food, especially 'butcher's meat' to sustain the sick and lack of precautions to separate the sick from the well. It warned the Crown that if help was not forthcoming, not only the city but also the province and possibly the rest of the country would be fatally affected 'by this sort of plague'.<sup>31</sup> This last term suggests some diagnostic ambivalence and may have been chosen because there was not a consensus amongst the prestigious medical visitors who already held rather different views on how plague was spread. For example, Chicoyneau did not believe transmission was by contact from person to person but a consequence of miasma (bad air), thus quarantine was unnecessary and indeed cruel. He also held the radical view that it was not plague that was fatal but the fear of it. Fear, he claimed, could lead to blockage of the fluids and solids of the body that progressed to inflammation and gangrene; although his view on causality was wrong, he demonstrated a perceptive psychosomatic understanding.<sup>32</sup>

The concept of bad air causing epidemics arose in ancient Greek medicine of the fourth and third centuries BCE. Miasma could arise from a variety of causes such as stagnant water, unburied corpses, earthquakes, astrological and climatic changes; a change in the wind could therefore disperse it. In contrast to Chicoyneau, Dr Astruc was a contagionist, believing that spread was caused by infection between people or contact with infected goods. Neither based their opinions on experimental data whereas Dr Deidier demonstrated later that the lesions associated with plague could be reproduced in animals that he had injected with fluid from the gallbladder of people who had died of plague. Based on this, he came around to the view that the disease was indeed contagious. In his first chapter, Dr Bertrand clearly explains why the Marseille epidemic was not due to miasma; his views put him in direct conflict with Chicoyneau.

The *échevins* yet again chose to ignore the medical view and issued a public notice declaring that the epidemic was *not* pestilential but rather a common malignant fever due to unwholesome food. Bertrand generously speculates that on both occasions they acted to prevent an outbreak of panic but he clearly believed they were misguided. Unfortunately, the ensuing false sense of security led to a return to normal social behaviour and worship that included a large procession in honour of Saint Roch, protector from the plague.<sup>33</sup> Unsurprisingly, the mortality rate increased further, reaching its heights by the end of August.

In September after a period of quarantine in Aix, the Montpellier physicians returned to Marseille on order of the Crown. Whilst in quarantine, Didier had written a letter to the Marseille physicians advising them to bleed the sick 'even until they fainted away' to prevent the internal organs from becoming too full. It seems that at this time he believed that the sickness was due to 'gangrenous inflammation' rather than plague;

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<sup>31</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.101 & 351-354.

<sup>32</sup> Takeda JT. *Between Crown and Commerce*, 2011 (Note 11).

<sup>33</sup> St Roch was the saint who interceded for the populace when plague was in their midst.

possibly he had been influenced by Chicoyneau's views on the subject. Bertrand points out that he was confusing a symptom with a diagnosis and was so incensed he reprinted the entire letter in *A Historical Relation*. Many of the 'foreign physicians' made the same error and therefore treated their patients with laxatives, emetics and bleeding to dispel the poison; they changed their minds once they saw the fatal results. The 'foreign surgeons' were as bad, apparently resorting to deep incisions and 'scarifications' that then killed the patients. It did not take too long for the diagnosis of 'gangrenous inflammation' to be abandoned.

### ***A distraught city and its people***

Famine became an urgent concern after the Aix proclamation on 2 July that prohibited communication between the city of Marseille and adjoining country. It was therefore agreed that three guarded markets could run outside the city. The goods were sent to barriers where they were sold without danger. Prices increased and provisions remained scarce, particularly meat and wine. Crowds surrounded the shops that remained open and in so doing risked contracting plague. Even fish was unavailable because all the fishermen were dead.

Two of the most moving chapters in Bertrand's book describe the effects of plague on the people and the city. It is impossible to do justice to his narrative, which demonstrates his compassion and grief. His descriptions are both those of an observant doctor and a fellow sufferer. As the former he tells us that 'the plague assumes all sorts of symptoms so all sorts of complaints were to be heard' and then gives us some examples: the 'thirst of fever', 'the rage of delirium', a 'father tormented by excess of nausea [and] useless efforts to vomit', 'acute pains in the head and all parts of the body', 'burning tumours' and 'violent swellings of the belly'.

Bertrand is deeply aware of the pain of bereavement and questions who is most to be pitied, family members who die at the same time or when they die at intervals 'one after the other'. He understands why some chose 'voluntary death' but as a strong Christian pities them for 'plunging rashly into sorrows eternal'. He also gives examples of unchristian behaviour remarking that 'all charity was extinguished in every breast'.<sup>34</sup> Thus, he tells us about: servants who hastened their master's death; parishioners who turned away their sick cleric who had conscientiously performed his duties to them; a sick physician also refused help except from the religious community; mothers giving birth alone without any female support; and parents so fearful of contracting the plague from their sick children they threw them onto the streets. However, not everyone behaved selfishly for he devotes some pages to those who acted with extraordinary altruism.

With regard to the state of the city he contrasts the Course, Marseille's wide, elegant boulevard, once the favourite meeting place of the young and happy, with its changed appearance, filled with the dead and dying. The streets were mostly impassable not just because of corpses but also infected furniture thrown out of windows and the dogs, hunted and killed because they were thought to carry the contagion.

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<sup>34</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.113-127

***Sickness and deaths amongst the medical practitioners***

Bertrand expresses his irritation at a directive from the *échevins* and governor demanding all physicians and surgeons who had fled to the country must 'return to their duty on pain of a fine of two thousand *livres*, and being declared unworthy ... of their profession'. He is clearly insulted they have not chosen to acknowledge the shortages were due to the high rates of sickness and death among medical practitioners (Table 1).

**City Physicians**

Bertrand	Mild first attack in mid-August, followed a few days later by a more severe one after his family died
Montagnier	Replaced Bertrand and died within a few days
Peyssonnel	Died shortly after Montagnier
Rignal	Exhausted, went to the country to recover and returned at the beginning of October
Robert	All his family died but he continued working
Audon	Fell ill at the beginning of August
Sicard	Left the city after his failure to expel the contagion through bonfires

**City Surgeons**

Masters and assistant surgeons	Twenty-five died Five too exhausted to work recovered in the country
Apprentice surgeons	The majority became sick or died The remainder helped in the hospitals

**Apothecaries**

Five died and many of their apprentices  
Survivors continued to work in their shops although exhausted by their workload; some overcharged for their medicines

Table 1. Sickness and death toll amongst the medical practitioners in August and September 1720. Data taken from *A Historical Relation*.<sup>35</sup>

***Decisive leadership, quacks and benefactors***

On 12 September the King appointed the Chevalier de Langeron as temporary commander of the city and territories of Marseille with the authority to restore order. In effect martial law was implemented. It was he who had been responsible for the efficient arrangements of the galleys and arsenal. Bertrand has nothing but praise for his altruism and administrative ability and indeed his contemporaries perceived him as charismatic and decisive.<sup>36</sup> Langeron prioritised three actions: good policing, adequate hospitals and

<sup>35</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.147-150

<sup>36</sup> Takeda, *Between Crown and Commerce*, 2011 (Note 11), p.131-157.

prompt burial. With respect to the last he had three more graveyards quickly constructed. The sick needed druggists, apothecaries as well as notaries to make their wills. Many of these gentlemen had fled the city so he recalled them. He also insisted that those *intendants* of health and municipal officers who had fled must return to support the *échevins*, on pain of severe penalties. He ordered the removal of infected clothes from the streets and of dead dogs that had drifted into the port from the sea.

Nearing the end of August, the *intendants* of neighbouring provinces sent several surgeons and physicians to Marseille. It seems that some of these doctors saw this as an opportunity to demand very high salaries and pensions which the *échevins* felt obliged to agree to. Bertrand was somewhat piqued since he and his colleagues had never asked for higher fees. One of their number, *M Varin*, was a quack who boasted that his own specific had cured the plague in Hamburg and other German cities. The *échevins* initially fêted him despite the inflated price of his remedy at twenty *livres* per bottle. The ineffectiveness of the elixir soon became apparent prompting Bertrand to comment: 'Novelties in medicine, as in everything else, please for a time, but they also have commonly the same fate – that their fall is as rapid as their rise'.<sup>37</sup>

Bertrand writes about the generosity of various people, from the King who paid for a monthly supply of meat to a philanthropic citizen who sent 100,000 *livres* (the equivalent of approximately £870,000 today) to be used for the poor.<sup>38</sup> He has considerable praise too for the bishop Belsunce who remained in the city giving confession to the dying and alms to destitute families and Pope Clément XI (Gianfranco Albani) who sent corn and granted a bull of indulgences to those who cared for the sick. But although money, provisions and expertise all helped, the city and its remaining citizens were in a very sorry state. He speaks of empty houses, deserted streets and families depressed and horrified by what they had seen, too frightened to venture out for fear of breathing infected air. Those who had recovered from the plague were obliged to go out to find food but looked emaciated, pale and exhausted with every step taken. Once they regained their strength, they tended the sick because of the prevalent belief that reinfection did not occur, a notion that was later shown to be incorrect.

### **The third stage of the plague: October and November 1720**

On 3 October guards arrived to guard the city gates against peasants fleeing the surrounding countryside where plague was raging. New cases in the city began to decline and thanks to the completion of more hospitals all the sick could be cared for there. Furthermore, those who now caught the disease seemed to have an attenuated form, suffering only a mild fever without any tumours. The exception was the quarter of St Ferriol, the wealthiest part of the city, which had been hitherto protected by the largeness

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<sup>37</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.194.

<sup>38</sup> 100,000 *livres* equated to £7,500 using the Marteau Early 18<sup>th</sup>-Century Currency Converter, <http://www.pierre-marteau.com/currency/convert.html>; this amount in sterling was worth approximately £870,000 in 2017 based on The National Archives' Currency Converter: 1270-2017, <https://www.nationalarchives.gov.uk/currency-converter/#currency-result>.



of the houses and wide boulevards. At least, Bertrand wryly comments, there were now plenty of physicians to attend them.

The abatement led to a gradual social change. 'Devoured with *ennui* after a long confinement ... they ventured again at times on the street. But this was done with caution and reserve ...'. Rather than embrace 'they spoke at a distance, and, exchanging only a hasty compliment ... passed on as if in fear lest a word might communicate the infection'.<sup>39</sup> The men were more likely to venture out and carried poles, eight to ten feet long, called 'batons of St Roch' that helped them to keep their distance and to stave off dogs. With their pale faces, long beards and poor state of clothing Bertrand comments that they presented almost a comical sight as if they were voyagers just arrived.

Although at the end of October, no deaths occurred for five or six days, new outbreaks occurred in November 1720 all over the city but these were less virulent. Bertrand supplies the admission and death rates for two hospitals in October and November. Other challenges now presented. To safeguard the city the Commandant required that anyone entering from the country must produce a health certificate confirming that no one had been sick in their *bastide* (country home) during the previous 40 days. Peasants who came to the city to sell their goods were obliged to produce a certificate weekly. Many of the people who arrived came to claim an unexpected inheritance and tried to take their new possessions out of the city, thereby risking spread to other parts of the country or dying in the attempt. The Commandant therefore prohibited removal of any domestic items although the directive was often flouted.

Additionally, there was a sudden increase in marriages. The reasons were protean: solitary girls needing a protector, widowed artisans returning to work needing a woman to manage the household, newly wealthy men able to consider marriage for the first time. To mitigate the risk of spread, health certificates before marriage were demanded. Bertrand however is troubled by this enthusiasm and particularly the abrupt change from woe to 'sports and festivity' which he foresaw as inviting further sickness: 'Strange blindness! which in rendering us insensible to so many misfortunes might draw upon us greater in the future!'.<sup>40</sup>

Lootings and theft, mainly perpetrated by those who attended the sick, hospital workers and those who transported the dead were commonplace. The prisons filled with malefactors who were severely punished. The Commandant imposed a curfew from 9pm, since many of these thefts occurred at night and he closed all public places, public houses and houses of pleasure.

### **The fourth phase of plague: December 1720 and January 1721**

The sickness rate fell significantly within the city during these months. Plague continued unabated in the surrounding countryside so it was agreed in mid- December that the city physicians together with a surgeon and assistant would tend the sick in one of four allocated areas in the nearby countryside. This continued until the end of the epidemic. They were later joined by many of the 'foreign physicians'.

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<sup>39</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.209-210.

<sup>40</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.239-241

Bertrand writes that the people of Marseille were now mainly concerned with appeasing their God through 'sincere repentance and prayer'. On 2 October 1720, their bishop had issued a pastoral prayer (disseminated widely and reproduced in Bertrand's book) in which he declared that the plague was a consequence of the city's commercial pride. To appease God, he called for collective penitence and the celebration of a new festival of the Sacred Heart of Jesus that took place on 1 November. The climax of the ceremony was when Belsunce, witnessed by thousands of citizens, asked God to slaughter him for the sins of the city, a gesture that has infiltrated the annals of French history.<sup>41</sup> The message clearly had an effect because even the Keeper of Marseille's records blamed the plague on the wickedness of the people and defined it as divine vengeance.<sup>42</sup> People were desperate to make their confession and attend mass so in December the bishop decreed that mass be celebrated daily throughout the city at the same hour at altars erected in front of the churches. At Christmas, mass was said in front of all the churches and on New Year's Eve the bishop gave a benediction on the ramparts and at the graves of the dead. A large public procession joined him and could have easily got out of hand but for the presence of the soldiers.

*A Historical Relation* includes two long chapters about the large number of publications that started to emerge in the last months of the plague.<sup>43</sup> Bertrand divides them into three categories: straightforward histories, rather pious and badly written odes, and medical texts. Of the former he commends one as 'tolerably faithful' by the *échevin* M Pichaty but it was censored. Of the latter he comments that one by Chicoyneau and Verny particularly annoyed the public as well as the city physicians because its authors asserted that the epidemic was due to a common and putrid fever exacerbated by the terror of the imagination. Further, it was filled with 'trifles and innuendoes ... decrying their colleagues and casting unjust suspicions on their conduct.'

In this last phase of the plague Commandant Langeron addressed the Herculean task of purifying the entire city. Taking advice from Chicoyneau and Verny on what materials to use for fumigation he instituted a complex system that was supervised by layers of inspectors. Every item of clothing, bedding, furniture was to be fumigated three times and walls and ceilings washed with two to three coats of lime so that the houses were safe to inhabit. The process started in early January with every house that had seen sickness daubed with a red cross. The city paid for purification where inhabitants were too poor to do so. A rumour that the clothes would be burnt prompted many to conceal their favourites so further inspections had to take place. After some discussion with the bishop, the vaults of the churches were permanently closed with iron clamps.

Significantly, Bertrand comments that the rationale supporting this process revealed that most people were contagionists and believed in the infectivity of the sickness. Furthermore, even those doctors who were apparently non-contagionists, notably Chicoyneau, subscribed to these thorough measures. The court clearly agreed with the

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<sup>41</sup> Gordon, *The City and the Plague*, 1997 (Note 8).

<sup>42</sup> Anon. *The Plague of Marseilles*. *British Medical Journal*. 1889; 2(1502): 827-829.

<sup>43</sup> The number of published narratives devoted entirely to the plague in Provence, for example, appears to be greater than even the number of fragmentary references to plague in all the previous centuries of French writing; Gordon, *The City and the Plague*, 1997 (Note 8).

contagionist theory too otherwise it would not have invested so much effort in the establishment of a *cordon sanitaire* around the southern province.<sup>44</sup>

### **Consequences of the plague**

Although by February 1721 most considered the plague to have ended, almost every two weeks a new case emerged. Bertrand comments that plague never suddenly stops but disappears by degrees, pointing out that this was the experience in the Middle East. An ordinance was decreed that if anyone became sick, they should inform the commissaries and be examined by a physician who would decide whether to hospitalise the patient. The ordinance was strengthened in March such that the penalty of non-declaration could be execution.

Anxiety about further outbreaks increased. By now the idea of immunity after surviving an episode was abandoned since so many had relapsed. To curtail the effect of these relapses, bills were posted asking anyone with symptoms, however mild, to declare themselves. To encourage the poor, they were treated and given all they needed at public expense. Yet again there was much diagnostic dispute but sensibly an intermediate hospital was established where uncertain cases were sent. To the relief of the physicians, common diseases had begun to reappear especially erysipelas and other rashes. This fitted in with the prevailing belief that over time, plague degenerated into a less pernicious disease. Large indoor gatherings continued to be prohibited, which was a problem on Easter Sunday when mass was celebrated inside the churches with the doors shut. The populace outside forced the doors open so subsequently the bishop celebrated mass in the open on the Course.

By May, people were far less fearful; the women at last ventured on the streets and 'banished that frightful solitude'. The assemblies were reopened, the port and Course revived as busy social areas and parties took place. However, commerce was restrained by the prevalence of plague in the adjoining territories. The merchants continued to meet but outside the Change which remained closed. Bertrand comments that 'Commerce ... was shackled for several years after'. He ends his book with a computation on overall mortality and concludes that because records were not kept carefully an exact account is impossible. He gives an estimate of 50,000 deaths in the city of Marseille and breaks down mortality rate by occupation (see Table 2). The translator adds a footnote that according to another account plague broke out again in May 1722 and continued until August although the effects were not as bad as in the previous years.<sup>45</sup> Sporadic episodes continued in the south of France until 1723.<sup>46</sup>

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<sup>44</sup> A wall was built by July 1721 to isolate Provence but the army also had to be used to establish a sanitary line consisting of over one thousand armed guards with orders to shoot anyone crossing the line. This appears to have been effective since very few outbreaks occurred in the north of France.

<sup>45</sup> Signoli, Bello, Dutour, Epidemic recrudescence of the Great Plague, 1998 (Note 29).

<sup>46</sup> Without modern treatment (antibiotics), the mortality is about 40–60% for the bubonic and nearly total (over 90%) for the pulmonic variant; Perry RD, Fetherston JD. *Yersinia pestis* – etiologic agent of plague. *Clinical Microbiology Reviews*. 1997; 10: 35–66.

<b>Occupation</b>	<b>Numbers in city</b>	<b>Deaths</b>
Master hatters	100	53
Journeyman	300	27
Master joiners	104	84
Master tailors	138	78
Shoemakers	200	110
Cobblers	400	350
Masons	500	350

Table 2. Deaths in Marseille by occupation. Bertrand adds that five-sixths of the porters died and that the mortality rate was even higher amongst women and children. Data taken from *A Historical Relation*.<sup>47</sup>

Bertrand's professional and personal account of the Marseille plague gives us a rare opportunity to witness the ravages of plague on a wealthy and successful port that had not endured an outbreak for almost 70 years, that is not in the living memory of most of its citizens. Every aspect of daily life was disturbed if not destroyed. However, although Marseille and its province were badly affected, the rest of the country was protected thanks to a strong central and regional administrative response. Significantly this included the creation of a strict *cordon sanitaire* around the affected areas policed by local militia and the regular army. 'Strictness' then meant that any escapee was immediately shot. Once the plague was under control, the central government and the Crown generously contributed financially to the area's recovery. Marseille soon became a vibrant port once again.

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<sup>47</sup> Bertrand, *A Historical Relation*, 1805 (Note 1), p.343-344.

## **Biographical details**

The author is a retired NHS consultant and Honorary Senior Lecturer at Keele University's School of Humanities. She developed an interest in history of medicine whilst a medical student at Guy's Hospital and obtained the DHMSA from the Society of Apothecaries in the middle of her medical studies in 1979. Whilst a student she won the joint Guy's and St Thomas' history of medicine prize. She published a paper in the *Journal of Medical Biography* on Thomas Bakewell (1761-1835), madhouse keeper and moral therapist, and two books, *Medical History Education for Health Tutors* (Lovett and Tomkins, 2013) and *Casanova's Guide to Medicine: 18<sup>th</sup> century medical practice* (Lovett, 2021) and was shortlisted for the Leo McCarthy prize in History of Medicine, Edinburgh 2018. *Casanova's Guide* was selected on the Arnold Bennett longlist prize in 2022. She has given numerous papers about her recent book to the British Society of Eighteenth-century Studies, the Association for Medical Humanities and elsewhere. Her website is <https://lisettalovett.com>.

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