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Fleur Beauvieux

# Vigilance in Marseilles during the Plague Outbreak of 1720–1722

Disinfection Procedures within the scope of Marseilles' *Actes déclaratifs de la santé*

Institutional policing and urban administration have often been analysed from the standpoint of population surveillance across periods of high epidemic-related fatality levels during outbreaks of plague. These analyses have drawn partly upon the works of Michel Foucault, as well as on research presented during the 2010s and which continues to this day to be carried out on the gradual professionalising of urban police forces.<sup>1</sup> While the effective management of epidemics throughout the early modern era undoubtedly contributed to the increasing implementation of restrictive procedures for monitoring urban populations, the urgent need to prevent the spread of plague and the broad definition of the term “police” under the Ancien Régime invite us to think beyond these public health measures alone, and moreover to consider the function of “vigilance” specific to those times where the death toll was significant.

As for the specific term “vigilance,” as opposed to “surveillance,” it did indeed belong to the vernacular under the Ancien Régime. From the very outset, the first edition of the *Dictionnaire de l'Académie* defines *la vigilance* as a (French) feminine noun, denoting “care accompanied by diligence and activity”<sup>2</sup>. The dictionary's fourth edition revisits and elaborates on the earlier definition:

Attention to something, or to someone, accompanied by diligence and activity. *Great vigilance. Extreme vigilance. Pastoral vigilance. He is very vigilant. Vigilance is an essential quality in any General. In this instance he exercised the utmost possible vigilance. Lack of vigilance. To rely on the vigilance of others.*<sup>3</sup>

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<sup>1</sup> With regard the emergence and establishment of urban and subsequently state police forces throughout Europe in the early modern era, see some contributions from the collective work *Métiers de police*. Michel Foucault's best-known text linking plague and surveillance forms one part of *Discipline and Punish*. Subsequently, Foucault thought about the modes of governmentality linked to what he termed “biopolitics,” i.e. a “power over life” of leaders and their police relays (see notably his series of lectures *Security, Territory, Population and Birth of Biopolitics*). For an analysis of how the Foucauldian proposals were received by historians of policing, see the article by Vincent Denis, *L'histoire de la police après Foucault*.

<sup>2</sup> *Le Dictionnaire de l'Académie Française*, 1694, p. 617.

<sup>3</sup> *Le Dictionnaire de l'Académie Française*, 1762, p. 937.

This set of connotations, which is broader in scope, primarily concerns objects and *not* people. Also of note is the proactive element linked to the notion of vigilance: it is not merely a matter of being passively vigilant, but rather of proceeding with diligence, or promptness. As can be observed above, no link to any form of professionalisation is offered as an example of how the term is or should be applied, although one example does indicate that it denotes a quality that can be attributed to a military rank. Hence, *la vigilance* bespeaks of a certain attitude or form of behaviour, or implies the quality of attentiveness.

It should be noted, however, as was the case in *nr*, that in this self-same dictionary, no entry for the concept of “surveillance” is to be found before its fifth edition of 1798. It was only in the aftermath of the French Revolution and the ultimate decline of the Ancien Régime that surveillance was defined as “the act of keeping close watch on.”<sup>4</sup> And it was not until the dictionary’s sixth edition, dating from the nineteenth century, that a professional body – in this particular instance the police – was cited amongst the illustrative examples:

SURVEILLANCE. singular, feminine noun. *Act of keeping a close watch on.* The proper education of girls depends primarily on their mother’s surveillance. To exercise active, continuous surveillance over someone or something. To be placed under someone’s surveillance. He has been under the surveillance of high-level law enforcement for so many years. He must remain under surveillance for two years.<sup>5</sup>

Hence, within the context of the early modern era, the concept of surveillance belongs to the historian’s analytical categories rather than to the vernacular speech of the early eighteenth century, even if surveillance practices per se did pre-date the inclusion of the term in the *Dictionnaire de l’Académie* in the aftermath of the French Revolution. At the turn of the eighteenth century, the urban police did not yet exist as a fully professionalized group, and if we focus our attention on the status that the free port of Marseilles then represented, the *offices de police* only date from 1699<sup>6</sup>, i. e. a mere twenty years prior the outbreak of the Great Plague of Marseilles of 1720. In fact, not only does the term itself but also the very notion of vigilance seem to have characterized the measures taken by the urban police and also, more broadly speaking, by local residents who were mobilized for the good of their native city in the early years of the eighteenth century.

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<sup>4</sup> *Le Dictionnaire de l’Académie Française*, 1798, p. 619.

<sup>5</sup> *Le Dictionnaire de l’Académie Française*, 1832–1835, p. 2801.

<sup>6</sup> Marseilles’ *offices de police* were instigated in 1699 and acquired the following year by the *échevins*, the municipal magistrates. For a brief review of the institutional case of the Marseilles police and their normative action throughout the eighteenth century, see Beauvieux and Puget, *Collecter pour ordonner*.

This Great Plague, which erupted in the final days of the spring of 1720, was an unforeseen epidemic; following its initial manifestation it was poorly monitored and demographically resulted in the death of almost half the population of the city of Marseilles and the so-called *terroir*; its surrounding territory, i.e. an estimated 50 000 fatalities. The contagion subsequently spread to Provence and parts of Languedoc, causing the death of 120 000 individuals in total, i.e. one third of the entire Provençal population. The lockdown imposed on Marseilles, by dint of which city authorities sought to confine the further spread of the outbreak, was to last for nearly three years, a period punctuated by two epidemic waves within the city walls, the most destructive of which was that of 1720, lasting almost six months (from July to November-December) and which was responsible for the majority of epidemic related fatalities. It was followed by a brief recurrence during May 1722 when some 200 people succumbed to the contagion. Full resumption of the city's international trade did not materialise until early 1724.<sup>7</sup>

In terms of who actually wielded power within the city port, Marseilles was governed by four *échevins*, i.e. municipal magistrates who were replaced in pairs every second year, under the authority of a *gouverneur-viguiier* [governor-vigilante], and an assembly of notables, many of whom were merchants earning their livelihood from maritime trade. Ever since 1669, Marseilles had been a free port, i.e., no excise duties were to be paid on merchandise passing through its port, and a major part of its economic activity was predicated upon trade originating in other Mediterranean seaports and the *Échelles du Levant*.<sup>8</sup>

Following the epidemic's initial eruption in the summer of 1720, the *État royal* [Royal State] placed Marseilles and its surrounding territory under military supervision: the chevalier Charles-Claude Andrault de Langeron was appointed military commander on 3 September 1720, whereupon he was entrusted with full powers, notably those of policing and justice.<sup>9</sup> This represented an unprecedented development in terms of who was ultimately responsible for reinforcing epidemic controls, for it usually befell the Parliament of Provence to exercise these exclusive rights. How, then, are we to view this link between *gouvernementalité* – the art of government in the Foucauldian sense of the term – and vigilance against the backdrop of this epidemic of 1720–1722? This article will set out to analyse this subject by dint of a specific source, namely, the city's declaratory acts, the so-called *Actes déclaratifs*

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7 With regard to a precise chronology of the plague outbreak in Marseilles during 1720–1722, we refer to our summary article Beauvieux, Marseille en quarantaine, p. 14. For more detailed information, see the work by Carrière/Courdurié/Rebuffat, *Marseille ville morte*.

8 See Carrière, *Négociants marseillais au XVIII<sup>e</sup> siècle*.

9 Archives municipales de Marseille (AMM), FF 292, Registre de Peste, Royal Commission of 4 September 1720.

*de la santé* pertaining to public health measures, which were dispatched at regular intervals to the royal authorities in Versailles. In particular, we will examine the most complete and detailed *Acte déclaratif*, namely, the Act dated 1 December 1722, an Act which marked the end of the plague outbreak and which was drawn up in the aftermath of the disinfection campaign executed in the autumn of 1722. Finally, we will describe the measures taken by the commissaires responsible for implementing these disinfection procedures in the city of Marseilles and the ramifications of such injunctions on practices in the field.

## 1 A Unique Source: Marseilles' *Actes déclaratifs de la santé*

Our examination of this subject matter is based upon an in-depth investigation of a truly original source linked to a period in which an epidemic was raging, namely, the city of Marseilles' *Actes déclaratifs de la santé*. These specific Acts, however, must be viewed against the overall normative production related to public health, a field which constituted one of core tasks for the urban police during the early modern era.

### *La Police de la Santé* during the Early Modern Era

During normal times, public health formed part of the police's prerogatives, as it did in times of epidemic from the eighteenth century onward. In his *Traité de la police*, Nicolas Delamare devoted an entire book, *De la santé* [About Health], the fourth of the first volume published in 1905, directly by appointing the military commander to this very question, in which he points out that:

Something so precious as health is at the same time so fragile that one is in danger of losing it at any moment; this may happen to anyone, either externally through injuries to their body, or internally by the disorder or disturbance to their moods, & to safeguard them from such dangers remains one of the Police's major tasks.<sup>10</sup>

Though most rubrics in Delamare's book refer to the hygienic supervision of food-stuffs and professions linked to the health sector such as physicians, the twelfth book focuses on leprosy, while number thirteen *De l'Epidémie, contagion ou*

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<sup>10</sup> Delamare, *Traité de la police*, p. 534.

*peste* [About the Epidemic, Contagion or Plague] is entirely devoted on how to control an outbreak of plague, as does the final title in the first volume, which duly reminds readers of the paramount importance of sealing off any affected towns or villages so as to thwart the risk of other locales throughout the region and across the realm being contaminated.

Delamare's publication primarily relates to the prevailing situation in Paris. In southern coastal cities such as Marseilles, the *bureaux de la santé* [local health offices] were in operation, often working in tandem with a lazaret – a quarantine station for maritime goods, ship crews and passengers – whose core mission was to impede an outbreak of plague within the city.<sup>11</sup> Furthermore, it was the Parliament of Provence that was responsible, notably during epidemic outbreaks in the seventeenth century, for instigating law enforcement and for managing contagious outbreaks in the provinces, as was the case in 1649–1650 for what turned to be the final episode of the infectious disease prior to the eighteenth century.<sup>12</sup> The 1720 epidemic thus represents a rupture in terms of which actors and institutions were responsible for plague control and its eradication and, more broadly, for the overall health of the city's residents. In the autumn of that year, following the failure of Marseilles' *bureau de la santé* to contain the contagion to within the lazaret, municipal authorities (comprising four *échevins* and a *gouverneur-viguier*) became overwhelmed by the deteriorating sanitary circumstances, leading the State to finally intervene directly by appointing the military commander Charles-Claude de Langeron. This was the first instance in which the Royal State, over the course of the outbreak, made such a forceful intervention; it represented a clear break from previous epidemics during the seventeenth century at a time the French State was gradually establishing itself, but was nonetheless allowing provincial parliaments to instigate measures for controlling plague epidemics.

One notable outcome of the *échevins* acquiring the *offices de police* in 1700 was that de Langeron effectively found himself at the head of Marseilles' urban policing body, which constituted his key intervention agency for managing the campaign against the epidemic. Indeed, the above-mentioned *bureau de la santé* was effectively side-lined for most of 1720 and 1721. This was not just on account of its failure to prevent the outbreak of plague in Marseilles in the first instance, but also because the health intendants had deserted the city during the epidemic's first wave.<sup>13</sup> Once the epidemic was no longer rampant in the city and it was becoming a question of deciding whether to indefinitely pursue the city's lockdown

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<sup>11</sup> On this topic refer to Hildesheimer, *Le bureau de la santé de Marseille sous l'Ancien Régime*.

<sup>12</sup> On the role parliaments played in managing epidemics vis-à-vis that of the central government, particularly in 1720, see Caddeo, *Santé publique et parlements au XVIII<sup>e</sup> siècle*.

<sup>13</sup> Refer specifically to Mourre, *La peste de 1720 à Marseille et les Intendants du Bureau de Santé*.

policy, members of the *Bureau de la santé* gradually started participating in municipal deliberations, albeit invariably in a subordinate role to the municipal authority set up by the French Crown.

Producing *Actes déclaratifs de la santé de la ville* was part and parcel of this institutional complexity and, during the 1720 outbreak, these Acts were to become a source of military-police authority incarnated in the figure of the chevalier de Langeron and those men under his command.<sup>14</sup> On both a local and urban level, these *Actes déclaratifs* constituted one visible aspect of the *police de la santé* in place during an epidemic which had initially ran rampant and which authorities struggled to contain within the confines of the city of Marseilles. Addressed to the royal authorities, these Acts were documents outlining those measures needed to ensure the city's continuous healthy status when confronted with the epidemic. Examining their contents has enabled historians to observe an emerging body of police knowledge under construction, a body of knowledge that was adapting to the infectious disease's trajectory, and which can confirm the decisive role played by the policing institution in controlling public health, a function customarily assigned to the *bureau de la santé*.

In his article devoted to the role played by the *police de la santé* in public health, Nicolas Vidoni draws attention to the rationale underpinning policing policy in this field, one predicated upon medical knowledge and know-how derived from other institutions: in the case of Paris, for example, it was the link between the Royal Society of Medicine and the Lieutenancy General of Police which, particularly from the 1770s onward, made it possible to better monitor the health of Parisians<sup>15</sup> thanks to the public health measures taken by physicians in the field. One should bear in mind, however, that at the turn of the eighteenth century, Marseilles did not as yet have its own medical academy; it was still dependent on other cities. Indeed, medical practitioners from Montpellier were dispatched to the great port city to diagnose plague once the initial suspicious fatalities occurred.<sup>16</sup> Physicians, irrespective of their provenance, were subsequently associated with the control system set up to combat contagion within the city, and their practical medical recommendations were adapted in a bid to formulate injunctions issued by the municipality. The Great Plague of Marseilles in 1720 could thus be considered as a foundational event in terms of the sanitary role of the police during an epidemic, replacing for a time the local *bureau de la santé*, and working in conjunction with other actors from the medical sphere.

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<sup>14</sup> On this point, see the article, Beauvieux, *Épidémie, pouvoir municipal et transformation de l'espace urbain*.

<sup>15</sup> Vidoni, *Protéger la santé des Parisiens au XVIIIe siècle*, pp. 97–110.

<sup>16</sup> See Signoli, *La mission médicale montpelliéraine à Marseille*.

## Usages and Number of Health Acts during an Epidemic

If health-related concerns were a constituent element of urban policing and one of the prime areas for intervention during lockdowns, public health must nevertheless be situated in the context of all the legislative acts produced during such an emergency. Indeed, by its very nature, plague was a form of epidemic that profoundly devastated human society, particularly whenever it could not be prevented, as evidenced in Marseilles in 1720. If we take into account all the Acts (and in particular the Ordinances), 37.12% of them addressed public health concerns – in the sense of epidemic control – and thus occupied the top rank if compared with other focus points in legislation concerned with policing. This plague control can, however, be subdivided into different types of measures, broken down as follows:

	1720	1721	1722	Total (%)
<b>Preventing Contagion</b>	8	1	1	10
<b>Movement of Goods and People</b>	5	10	3	18
<b>Administrative Procedures for the Dead and the Sick</b>	6	5	3	14
<b>Disinfection</b>	3	8	9	20
	22	24	16	<b>62 (37.12%)</b>

**Figure 1:** Plague control measures in Police Ordinances issued during the Marseilles epidemic.<sup>17</sup>

This chronological breakdown illustrates the epidemic's various supervisory and administrative phases, which were also predicated upon its actual presence in the city. Hence, the least number of ordinances were required for issues related to preventing contagion; this is scarcely surprising given how plague had overwhelmed Marseilles in 1720 without any forewarning. One thus notes the failure of any prophylactic measures in face of the disease's virulence. Very few ordinances addressing this issue were adopted during 1721 and 1722: unquestionably, the city's elites deemed such measures ineffective, insofar as the contagion had not yet been completely contained. Much more numerous, however, were those ordinances aimed at restricting and controlling to the fullest extent possible the movement of goods and people – in other words, curbing the spread of the epidemic. These ordinances were primarily centred on the year 1721, as the city was no lon-

<sup>17</sup> This table was constructed from an analysis of all the legislative acts the municipal authorities issued during the period 1720–1722, i. e., from the onset of the outbreak of plague in the summer of 1720. Two registers containing Police Ordinances, which are kept in AMM, have been taken into account: FF 292, *Registre de peste*, and FF 182, originals of police documents and other relevant items from 1717 to 1725.



ger directly affected by Black Death but was yet surrounded by it, given that contagion was still wreaking havoc across Provence.

If we consider how these ordinances equally served as preventive injunctions – and not merely for applying restrictive measures on the local population – we note that more so than routine hygienic measures (i. e., sweeping and cleaning the streets, continually circulating water through the streets so as not to allow rain-water or water from foodstuffs to stagnate, etc.), it was the act of isolating and rupturing contact with infected locales that best ensured protection against plague for eighteenth-century men and women. Those ordinances dealing with how to supervise the dead and the sick were centred on the end of 1720; chronologically speaking, this corresponded to the gradual waning of the epidemic and the beginnings of its ultimate control: a small number of ordinances were subsequently adopted in 1721, and very few in 1722 (where those from the previous year were simply reactivated). Generally speaking, a drop in the number of regulations directly linked to managing the plague in 1722 was to be observed, despite the temporary relapse in May of that year: this can be explained by the fact that either ordinances from previous years remained in force – the major limitation of such normative texts is that we cannot know how long a given ordinance remained in force or the date of its repeal, and moreover the need to legislate was not as urgent as when the contagion originally flared up. Or, and this appears to have been the case, the epidemic outbreak had been swiftly contained and the small number of those affected by this “second wave” did not call for a similar level of controls as in 1720 or 1721. Compared with the initial months of the epidemic, this temporary relapse in May 1722 did not provoke a massive flight from Marseilles and the city falling into utter disarray. As for those ordinances making provisions for disinfection measures, which, in turn, would serve as the basis for future normative texts when it came to producing *Actes déclaratifs de la santé*, they were all centred on the period 1721–1722, after the peak of the epidemic had already subsided.

37.12% of all ordinances and policing regulations issued during the period 1720–1722 focussed on developing normative health regulations. Surmounting the epidemic clearly represented a top priority for the military-urban authority enacting these regulations. The other spheres impacted in developing such police measures were typical of the Ancien Régime: economic management thus occupied 35.32% of the normative output during the outbreak (i. e. fifty-nine ordinances), given that the primary function of the city administrators and those involved in policing was to feed the people. This was followed by those focused on police supervision – including public safety and law and order issues, but also magistrates, municipal officers, and policing personnel, i. e. the “professionals” or those in the process of becoming so – which was at the core of thirty-three police ordinances issued during that period (19.76% of the total), and finally the ideological and social

framework (including religion), which only applied to thirteen ordinances, i.e., 7.78% of all regulations.

### The Specificity of the *Actes déclaratifs de la santé de la ville*

Given the widespread disarray provoked by the epidemic, the period during which the contagion raged was one of intense regulation and saw the creation of more than 200 police ordinances in the years between 1720 and 1722.<sup>18</sup> As part of this prescriptive process, the *Actes déclaratifs de la santé* routinely served to review, in tandem with the royal authorities, every measure that had been undertaken to eradicate plague, and thereby to declare that the contagion was well and truly under control and no longer wreaking havoc. The Acts were drawn up under the name of the military commander Langeron and the serving *échevins* following a meeting convened at Hôtel de Ville, jointly with “the principal municipal officers,” notably “the Prosecutor for the King and the Police, the health intendants, deputies from the chamber of commerce, hospital directors, several general commissaires and various other individuals representing the city’s neighbourhoods and parishes, as well as other noteworthy citizens.”<sup>19</sup> Unlike those diverse ordinances bearing but a single signature, namely, that of the head of the municipality, the collective signature on these Acts ordinarily served to guarantee the accuracy of the facts reported therein. Alongside the *bureau de police* and its representatives, various social actors operating across a variety of urban settings and locales (hospitals, trade, maritime health related to the port, etc.) were included.

In all, five *Actes déclaratifs de la santé* were formulated during the outbreak; their form varied depending on the evolving level of expertise concerning the epidemic and its impact upon the city and its residents. The Act of 30 September 1721, for example, was merely some three pages long and assumed the form of a plea to re-open Marseilles, arguing that there were no longer any plague-stricken patients within the city, and moreover declared that new general health quarantine measures were going to be implemented for more than a month in order to ensure that the disease be completely eradicated. Accompanied by a Declaratory Act “of what had transpired in the city of Marseilles and its *terroir* during the health quar-

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<sup>18</sup> On this question, see two previously published articles: Beauvieux, *Épidémie, pouvoir municipal, et transformation de l’espace urbain*, pp. 29–50; Beauvieux/Vidoni, *Dispositifs de contrôle, police et résistances pendant la peste de 1720*, pp. 53–61.

<sup>19</sup> *Acte déclaratif de la santé* in Marseille on 30 September 1721, in: Jauffret, *Pièces historiques*, p. 351.

antine between 1 October and 9 November 1721,”<sup>20</sup> the Act of 30 September set out in detail the key health measures adopted. Yet again, this document was signed by each individual municipal officer. In addition to the military commander and the *échevins*, sixty-six persons or more (“etc.”) co-signed the Act, inter alia, intendants from the *bureau de la santé*, trade deputies, general commissaires.

What makes this source truly unique is how the measures to be adapted were set out in detail: focus was not on surveillance and segregating the healthy from the sick, or how corpses should be handled – even if such measures may inevitably have featured – but rather on those disinfection procedures that would facilitate an “exit” from the prevailing plague-ridden plight. What ensued was a set of practices put in place whose objective was to restore the city’s health as a whole – and that of its inhabitants in particular – in such a way that would enable resuming the routine functioning of the city and the winding down of quarantine procedures. Ultimately, it was a matter of compiling those police ordinances issued dealing with disinfection and their implementation, for this disinfection phase could last for many months on end. These injunctions were to be found, in part, in the Declaratory Acts, sometimes copied out in full, as were the outcomes of the implemented health and safety practices in the form of reports. Hence, the Act of September 30 was meant to be both preventive in intent and also an inventory of past experiences, notably those measures that had proven effective, and about which the municipality had to inform the Royal State. Only three such Declaratory Acts are to be found in the *Registre de peste* [plague register], for the Act from the year 1720 was not listed there. They do not seem to be as elaborate as those sent to the Royal State, however: the Act of 1 December 1721, for instance, merely comprised the previous ordinance that had been recopied.<sup>21</sup> Hence, it is difficult to ascertain exactly how many health acts were transmitted to the Royal State based solely on what can be found in the local archives, but this channel of communication would have been used routinely.

From the standpoint of the legal status that such acts assumed, no specific way of codifying is evident and their codification varied from one act to the next, depending on who signed it and the relevant measures to be implemented. The final Act, drawn up in 1722, differed in this respect: it was more akin to a collection, i. e. a cluster of texts of a similar nature – police ordinances and more structured regulations in several aspects – assembled in an orderly whole in an attempt to fashion a coherent law, structured and organised according to a specific programme.<sup>22</sup>

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<sup>20</sup> Ibid., pp. 353–358.

<sup>21</sup> AMM, FF 292, *Registre de peste, Acte déclaratif de la santé* 1 December 1721.

<sup>22</sup> Gaudemet, Codes, collections, compilations, p. 3.

This collection was based on pre-existing texts which were not only copied but also grouped together in an organised fashion in an attempt to adapt the rules to the requirements of that particular time, in this specific instance to those of the epidemic. In addition, there was the cumulative aspect of the knowledge and insights obtained by law enforcement agencies, thus facilitating the drafting of these acts to become more precise and detailed over time, depending on which particular measures taken by the city administration had worked or failed during the outbreak of plague.

The last specific feature of these Acts was that, as with the Ordinances, they were made public and known to city residents. They were to be found copied, for example, in reports related to outbreaks of plague, and not just in those emanating from the existing political authorities. Nicolas Pichatty de Croissainte, whose function was that of the king's prosecutor in the police and the city's orator, made mention of these Acts in his publication, as did Father Paul Giraud, who copied the Declaratory Act of 30 September 1721 in Folios 295–296.<sup>23</sup> Two other chroniclers of plague reports,<sup>24</sup> who lived through the 1720 epidemic and had first-hand experience of its impact within the city walls, also alluded to these particular administrative documents in their accounts. These documents emanating from urban government had a double destination: the Royal State and the city's residents, in a somewhat similar vein to the police ordinances that were read, posted in public, and shouted aloud during the Ancien Régime.

## 2 The Final Act of 1 December 1722: Lifting Quarantine

In the wake of the second successive epidemic wave to hit Marseilles in May 1722, those population control procedures adopted in 1720–1721 were reactivated and the military commander officially returned to retake administrative control of the city on 30 May 1722.<sup>25</sup> Even if only 200 plague-related fatalities were recorded, quarantine measures were once again tightened and the French Crown advocated a re-

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<sup>23</sup> Pichatty de Croissainte, *Journal abrégé*; Giraud, *Journal historique*.

<sup>24</sup> Bertrand, *Relation historique*; Roux, *Relation succincte*.

<sup>25</sup> In the aftermath of the initial wave of the epidemic during 1721, the military commander Langeron turned over command to the city's ordinary municipal government (the *échevins* and the *gouverneur-viguier*), even though the lockdown of the city had not yet been lifted. However, following the relapse of 1722, he was re-instituted with full powers by the French Crown (AMM, FF 292, *Registre de peste*, Royal Commission of 30 May 1722).

newed general disinfection campaign in the summer of 1722 to include the city of Marseilles and its environs. It was only finally implemented in the autumn of that year on account of stiff resistance from local residents following its announcement. The *Acte déclaratif de la santé* of 1 December 1722 declaring the city's health status, on which we will now focus, evaluated this latest disinfection campaign.

## The Disinfection Campaign: What was at Stake

The absence of any new plague-related victims, who had either succumbed to or survived the infectious disease, was not per se deemed sufficient reason to reopen Marseilles' urban area to people and goods coming from other cities and regions within the kingdom. Nonetheless, the French Crown demanded a thorough disinfection of the entire city and its surrounding territory in order that quarantine could be definitively lifted. By dint of such an operation, Marseilles' municipal authorities had to prove that there had been no fresh cases of plague over a period of several weeks and months. The most complete of the *Actes déclaratifs* formulated during that period was the Act of 1 December 1722,<sup>26</sup> whose date corresponds, in fact, to the final section of the Act (p. 31). Comprising thirty-two pages, and subsequently printed before being transmitted to the King's Council and stored in several archival locations, it differs from the other Acts in that it took into account not only Marseilles' urban area but also its adjacent regions, where the epidemic had also been wreaking havoc.<sup>27</sup> The Act features no less than 132 signatories, many of whom were physicians and surgeons who had fully participated in the public health campaign by sharing their medical knowledge in an attempt to bring this latest disinfection campaign to a successful conclusion.

The *Acte déclaratif* of 1 December 1722 thus included all relevant injunctions and a report concerning everything that had transpired between 5 September and 1 December of that year in order to enable the swift reopening of the city of Marseilles at the beginning of 1723 and thus to a resumption in commercial transactions. Along with re-establishing trade, re-opening the city was the key issue behind the formulation of this Act. Formally, this declaratory act of Decem-

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26 Bibliothèque municipale à vocation régionale de l'Alcazar (BMVRA), 3611, Collection of various printed and handwritten pieces concerning the outbreak of plague of 1720 in Provence, *Acte déclaratif de l'état présent de la santé*, (now referred to as *Acte déclaratif de la santé* of 1 December 1722).

27 This consideration of the *terroir* came into play in other eighteenth century general police regulations: see the study carried out jointly with Julien Puget, *Collecter pour ordonner*.

ber 1 compiled nine separate documents, of different types: seven<sup>28</sup> were regulations on several aspects concerning specific disinfection procedures to be implemented according to the city district, the various urban locations or socio-professional groups involved (the city in general; shops or stalls run by second-hand clothes dealers; retail traders and their business premises; Marseilles' environs and its *terroir*; places of worship; merchants and their vessels docked in the port; shops sealed up for a second disinfection). A list of those individuals appointed to execute these orders was to be found at the end of each document,<sup>29</sup> with or without specifying the precise urban district where they would intervene in-situ (these could be commissaires for the urban area within the city walls, clerics or commissaires in charge of the *terroir*, under the orders of lieutenants).<sup>30</sup> In three of the above-mentioned regulations, reports were appended to the end of the documents with a list of sites that had already been visited, outlining the problems the commissaires had encountered, and the suspect items confiscated during disinfection (inter alia, fabrics, furniture still likely to be infected). Finally, a brief text concluded the Act, in which a few sentences were explicitly devoted to hospitals and galleys, attesting to the fact that no sick person had been discovered anywhere during the three months set aside for general disinfection. It was at the close of this final report that the names of those persons attesting to the completion of the actions therein described followed one after another, thus finalising the *Acte déclaratif* of 1 December 1722.

Hence, the objective of this ultimate Act was to attest to the fact that a general disinfection of Marseilles and its *terroir* had been executed, with the aim of lifting quarantine and thereby declaring an end to the outbreak. The stakes were at once economic and social, given that for several years the lives of local residents and tradesmen had been such that they were unable to move freely, either across the kingdom of France or throughout the Mediterranean region.

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<sup>28</sup> A regulation included several points where the orders therein were to be applied, and was therefore a detailed and numbered document, whereas an ordinance usually regulated one or two issues and is shorter, without necessarily going into detail about the relevant policing procedures to be implemented.

<sup>29</sup> See Figure 2, p. 27.

<sup>30</sup> For the 253 commissaires concerned, a table was even inserted into the Act, indicating their distribution across the 42 districts of the Marseilles area, included in four *départements*.

## Merchants' Opposition to the Final Disinfection Campaign of Summer 1722

This final general disinfection campaign did not, however, proceed without some resistance from the people of Marseilles. Indeed, if we leave aside administrative sources in order to examine how the public reacted to such enforced sanitary measures, we come across observations in the plague reports bearing witness to protests by city-dwellers during this plague-ridden period, notably during the summer of 1722 when this disinfection campaign had been initially envisaged. Hence, in July 1722, Father Paul Giraud describes in his *Relation historique* how

At a meeting *Monsieur le commandant* [Langeron] convened at city hall, he asserted that His Majesty's aim was to disinfect all the merchandise in Marseilles. This proposal instantly had the entire city up in arms, and in view of its consequences it was the only thing talked about, and it was often a matter for debate, and for this reason the King was rebuked on several occasions. This project was greatly scaled back and was only carried out during the month of September in a way which we shall relate later.<sup>31</sup>

Although the language employed by the cleric concerning the public's level of dissent to this final disinfection campaign would suggest that their opposition did not give rise to any large-scale demonstrations or lead to violence, as was the case in August 1720 when two mini-riots erupted in front of the Hôtel de Ville, it is interesting to note how widespread the rejection of this campaign seemed and indeed manifested itself on every societal level. How should this public reaction be interpreted? Was it a case of Marseilles' residents becoming weary of the scheduled disinfection procedures and the more comprehensive public health measures to which they had been subjected for almost two years? In another written account of the outbreak, this time by a local merchant, Pierre-Honoré Roux, who became one of the city's *échevins* in the decades following the outbreak, it was noted how the general population was pleased about the small number of sick cases registered between 29 June and 5 July 1722 (there were six, and only five fatalities). And yet, this development also induced a sentiment of "imaginary quarantine"<sup>32</sup> amongst city-dwellers, who ostensibly could not imagine that the epidemic would persist to such a degree, and how they were becoming less and less willing to accept living in isolation and to endure the various health constraints imposed

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<sup>31</sup> Giraud, *Journal historique*, f. 331.

<sup>32</sup> Roux, *Relation succincte*, p. 91.

upon them.<sup>33</sup> Furthermore, Roux also penned an extensive account of the protests against the disinfection measures proposed by the municipality:

Mr de Langeron left all the establishments of Mr de Pilles [the governor-vigilante] unchanged, and he maintained the order that he [de Pilles] had established and he gives a most gracious welcome to citizens of low status who come to visit him, as he did to those living in better conditions, everyone praises his honesty; but soon afterwards they speak in a different tone: he has just declared that the foreign ministers have requested that all the goods and furniture in the city undergo a general disinfection, without distinction or exception. He proposed this to the *échevins* who soon spread the word. Immediately everyone rose in anger, this news inflames the public more than the plague itself, the women possessive of their furniture, livelier and quicker in carrying out a task than the men, soon send their complaints to him and he is forced to abandon his project with regard to furniture; he still persists in asking that those goods likely to be used at an assembly which he holds be disinfected, but the merchants are opposed to this as well and assign this task to someone else.<sup>34</sup>

Unlike the two popular mini-riots which erupted due to starvation in the summer of 1720 during the contagious upsurge, dissent in the summer of 1722 was characterized only by noisy din and not by mass gatherings in front of the Hôtel de Ville. During the first wave, the city's more affluent social groups had effectively fled to their local *bastides* or country houses, entrusting the city's administration to those *échevins* who had stayed put. One can also detect a refusal to authorise the remobilising of the police in order that they enter people's homes and eject residents while disinfection procedures went ahead, despite the fact the police were not normally vested with such authority. Furthermore, such opposition was markedly social in character: it was clearly a case of resistance by property-owning merchants and individuals who did not want to entrust their properties and belongings into the hands of the commissaires and their auxiliaries, some of whom were of low social status – galley convicts – whom the general population did not trust. It was the fact that such a thoroughgoing clean-up had been planned “without distinction or exception” for the entire city that posed a problem in the way Pierre-Honoré Roux chronicled this widespread reluctance. The risk of damaging furniture and property thus seems to have fuelled this dissent. Finally, that such a request for a general disinfection had not only come from the Royal State, who had left Marseilles to its own devices for more than two years, but also from “foreign ministers” of countries with whom it was no longer possible to

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<sup>33</sup> Françoise Hildesheimer has studied this tendency to rapidly forget the plague experience, revealing the extent to which Ancien Régime populations tended to swiftly banish any traumatic memories of the epidemic immediately after its passage, as did those historians examining the subject. See Hildesheimer, *Des épidémies en France*, pp. 162–165 (section Le reflux et l'oubli).

<sup>34</sup> Roux, *Relation succincte*, p. 92.



trade, flew in the face of Marseilles' sense of autonomy, a city which could no longer determine by itself whether it could reopen, and upon which state supervision had been imposed ever since the military commander had been appointed.

## The Entire Population's Participation in the Disinfection Campaign

In a bid to blunt city residents' resistance and to avoid stoking any fresh tensions, the municipal authorities modified their *modus operandi* for governance in order to impose their latest disinfection campaign. Whereas strong authoritarian controls had been imposed during the contagion's initial months and years, this time round the entire population was being asked to become involved in the disinfection campaign, and thus effectively to take a stake in reopening the city. This not only made it possible to prevent any theft or damage to objects and furniture that might occur during the implementation of the disinfection procedures – a possibility the population feared – but also to have city-residents assume some responsibility and to involve them in ensuring that their native city escape the shadow cast by contagion.

The number of commissaires thus appointed in the Declaratory Act of 1 December 1722 was considerable, much higher in fact than during previous disinfections campaigns: 238 were appointed for operations within the urban precincts, 253 for the *terroir*, an area which was certainly less densely populated yet spatially much more extensive.<sup>35</sup> The private premises where the urban police were not permitted to enter or frequent on a regular basis were specifically protected by having their users and owners assume responsibility for disinfecting their own properties. Ergo, as far as religious houses were concerned, the urban police were not to get involved and the municipal authorities appointed ecclesiastical commissaires with the concurrence of the bishop of Marseilles:

4. M. the Bishop is willing to consent that the General Commissaires and the Individual Commissaires shall make the same inspection in all the [Religious] Communities in the City, both for Men and for Women, they will proceed there with the same exactitude as [they do] in Private Houses, in the following manner.

Whenever a matter of inspecting a Girls' Convents, they shall refrain from entering them unless they are accompanied by an *Echevin*, as is the custom, and one of the Clergymen appointed for this purpose by the Bishop, whose names shall appear at the end of this Ordinance.

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35 *Acte déclaratif de la santé* of 1 December 1722.

And whenever it is a question of a similar search in the Men's Convents, it shall suffice that they be accompanied by an *Echevin*, as is the custom, and one of the Clergymen appointed for this purpose by the Bishop, whose names shall appear at the end of this Ordinance.<sup>36</sup>

Although the municipal authorities had the ultimate say on how and where to disinfect and on which procedures to implement, they did nonetheless delegate to each social group – in this case the religious orders – the task of putting these sanitary measures into practice. The disinfection campaign was thus planned in consultation with local communities, as can be gleaned from the number of signatures collected for the *Acte déclaratif* before it was forwarded to the Royal State. Appointing commissaires by district enabled creating this sense of accountability and of making public the names of those in charge of disinfection. The various lists contained in the Act, including the names of 491 city residents to be entrusted with temporary police duties, spoke for themselves: as a rule, we do not find such names in police sources, apart from those holding a policing function and who were professionals in the field, or those to whom the task of guarding of city had been vested. Here, we can thus witness an individualisation of policy, that is to say of the policing authority granted – in this case temporarily, for it was only valid for the time required to complete the general disinfection campaign – to individual local residents who were not professionals in the strict sense of the term, but who nonetheless participated in setting up a policing force focused on public health concerns whose objective was to bring an end to the plague outbreak. Unlike the ordinances or police regulations formulated during the early modern era – where the social structure was not typically considered in any other way than collectively – the lists of temporary commissaires added at the end of these regulatory documents in the *Acte déclaratif de la santé* enable us to know their individual identities: this constitutes the paradox of this list which gave access to a substantial number of names, an uncommon feature during the Ancien Régime. These Acts represented a call to individual accountability, a human trait normally considered a feature of the contemporary period, and how the role of the individual was envisaged in the aftermath of the French Revolution. It was that specific period of contagion that enabled this individualisation and its subsequent appearance in the historical sources. Coupled with ramping up levels of police knowledge and know-how, the eighteenth century equally saw the gradual empowerment of ordinary people, whose dissent can be gleaned in the sources.

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<sup>36</sup> *Ibid.*, p. 10.

### 3 Decontaminating and Cleaning Marseilles: Disinfection Procedures

The year 1720, and much of the following year, were devoted to attempts to thwart and subsequently curb the further spread of the epidemic, in particular by instigating measures to control and isolate those impacted by the contagion. Spanning several months, the disinfection procedures at once espoused and coexisted with those measures originating in the special privileges assigned to the commissaires, thus enabling the development of new policing skills.

#### Commissaires' Division of Labour

In addition to the individual neighbourhood and block commissaires, who had been appointed on a quasi-permanent basis throughout the contagious period, the implementation of Marseilles' overall disinfection campaign led to the temporary appointment of new commissaires to carry out any task related to decontaminating the city. The table below, based upon the *Acte déclaratif* of autumn 1722, summarises these appointments for the final disinfection campaign, as well as the tasks assigned to the commissaires.

This table clearly indicates how commissaires were appointed in order to accomplish three distinct missions: to ensure “widespread disinfection” and they were thus spread right across Marseilles' various districts, or in the case of a more targeted disinfection that concerned a particular social group (e.g., second-hand clothes dealers), or specific locales (religious houses and churches, merchants' sea-going vessels in the docklands). In the *terroir*; moreover, it was not a policing organisation that predominated but rather a military one: it was divided into 42 *départements* or precincts further sub-divided into four large districts, with the commissaires under the orders of district captains and the more general command of the Marquis de Mizon. New personnel were added to the initial appointments decreed on 25 September 1722 on account of the growing number of sites to be disinfected. Indeed, at the close of day on 5 September alone, for which 102 commissaires had been envisaged, some 940 shops and business premises were sealed up throughout the city.<sup>37</sup> This confirms that despite the above-mentioned reluctance, as portrayed by Pierre-Honoré Roux in his account of the outbreak, shops had been successively disinfected, as police documents prove.

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<sup>37</sup> *Ibid.*, p. 8.

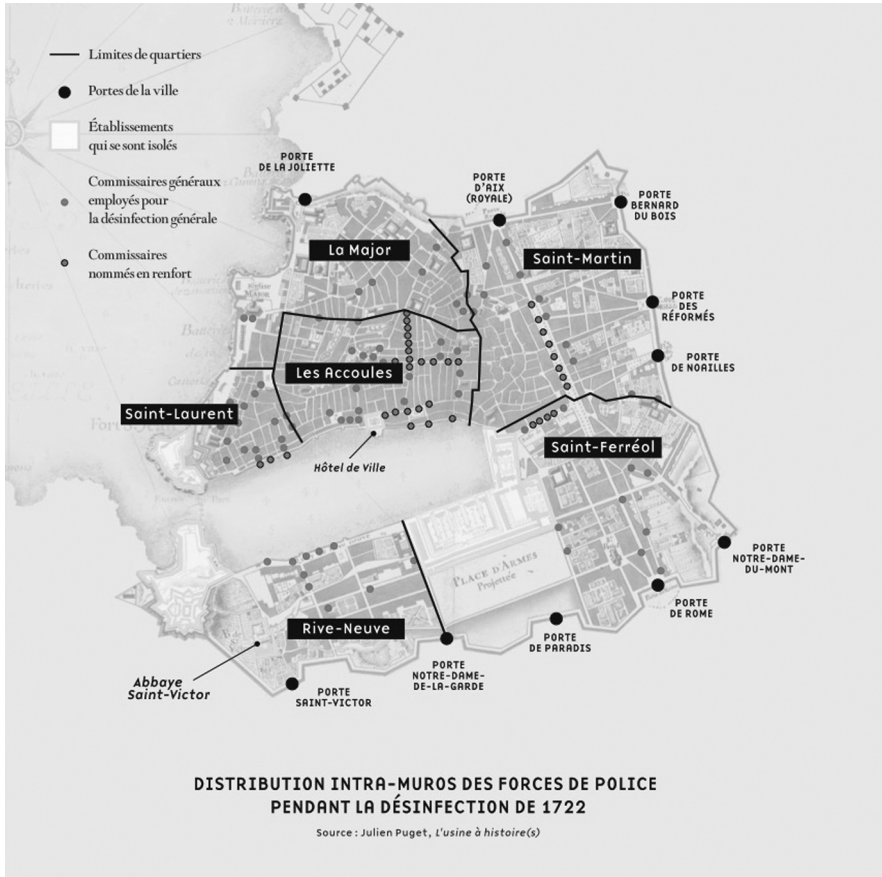
Urban Area			<i>Terroir</i>		
Date of Ordinance	Number of Commissaires	Tasks to be Executed	Date of Ordinance	Number of Commissaires	Tasks to be Executed
5 and 22 September 1722	102	General Disinfection	22 September 1722	253	Disinfecting residential dwellings
14 September 1722	67	Inspecting second-hand clothes retailers and disinfection			
22 September 1722	14 (clergymen nominated by the bishop)	Disinfecting religious houses and churches			
25 September 1722	+ 40 (reinforced by 102)	General Disinfection			
1 October 1722	15	Disinfecting merchants' vessels in the port			

**Figure 2:** Appointment of commissaires and tasks to be executed during the final disinfection campaign in 1722.

The 102 commissaires and their reinforcements were thus spread across the entire city, although it should be noted they were somewhat thinner on the ground in the city's older districts, notably in the Major area, adjacent to the Charité Hospital and the neighbourhood most afflicted by the epidemic given that it was the contagion's breeding ground and where the majority of pestilence-related fatalities occurred. These neighbourhoods were monitored at the expense of local clergymen, who had to disinfect church property all while taking charge of the surrounding streets.

And yet, in the Rive-Neuve district, which had been redrawn and created as an administrative precinct during the plague outbreak, a relatively large number of commissaires were envisaged and duly spread out over those wharves in the port where most merchandise shops were concentrated. These establishments had to be decontaminated in like manner to the houses of individual residents. The port and docklands were equally the area where food supplies and provisions arrived by sea. As for the newly-constructed district known as the *nouvelle ville*, the upshot of the urban development plan decided upon in 1660, it was less densely populated than the older districts and thus required fewer personnel to execute disinfectant procedures.

One week after the proclamation of this first Ordinance of September 1722, the municipality issued a second Ordinance in a bid to increase the number of commissaires involved in disinfecting the city. Fourteen clerics were then appointed



**Figure 3:** Distribution of commissaires throughout Marseille's urban area during the disinfection campaign of autumn 1722. The map, whose graphic design was conceived by Vinciane Clemens, was produced by the History Museum of Marseille (MHM).

to disinfect places of worship, while forty new commissaires were appointed for the rest of the city. They were split into groups along the city centre's principal axes (around the port, the Cours, the Canebière, the streets neighbouring on Hôtel de Ville and the Hôtel-Dieu), a strategy which, in effect, enabled them to closely scrutinize the adjacent streets. The commissaires were positioned precisely where scrupulous vigilance was called for: the area around Hôtel de Ville, the hub of municipal authority and headquarters for the *bureau de police* from which the teams were dispatched; along the port and around the Cours and the Canebière, the major areas for shipping and commercial trade. More than 46 commissaires thoroughly controlled the Accoules district, while the la Major district was entrusted-

ed to the fourteen newly-appointed clerics charged with disinfecting places of worship.

## Washing, Scouring, Cleaning

The number of locations subjected to such a thorough cleaning and decontamination process was considerable<sup>38</sup>; not one single street in Marseilles was without a house or a business premise in need of disinfection.<sup>39</sup> Although houses where plague-related fatalities had occurred were marked with a red cross to differentiate them from other dwellings during the city's initial disinfection campaign, this differentiation strategy was not repeated in the autumn of 1722, at which stage the entire city needed to be decontaminated.

In their attempts to thoroughly execute the disinfection campaign, the police commissaires started keeping “disinfection log-books” in which they recorded, in addition to the street name where the relevant house or shop was located, the owner's name, the tenant's name, as well as the various perfumes used for disinfection purposes, and a list of items found in the houses that were perfumed.<sup>40</sup> A preliminary inspection of the house in question would ascertain whether anyone sick was to be found therein, and, where necessary, to determine whether those dwelling in the house had carried out a clandestine burial during the contagion. Every room in the dwelling had to be inspected “as well as the Cellars and the most hidden Places attached to them”<sup>41</sup>: here, we can already observe an increase in the number of settings where the police could routinely intervene directly; in normal times, their scope for manoeuvre was limited to the street level, given that they rarely entered the private sphere inside residential houses.

Initially, the commissaires' right-hand men and the so-called *corbeaux* (grave-diggers) executed an exhaustive cleaning, on occasion accompanied by professional perfumers (known as disinfectors<sup>42</sup>) and porters, under the close supervision

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<sup>38</sup> In order to provide a more comprehensive overview of all the processes involved, this section and the following one have been constructed based upon an analysis of the *Acte déclaratif de la santé* of 1 December 1722, while also taking into account the ordinances dealing with disinfection produced during the years 1720–1722.

<sup>39</sup> Bertrand, *Relation historique*, p. 376.

<sup>40</sup> AMM, GG 373 and 374, *Journaux de désinfection*. These diaries differ from one commissaire to the next (for example, single sheets may be substituted for bound notebooks), which attests to a certain latitude granted to them to carry out their missions.

<sup>41</sup> *Acte déclaratif de la santé* of 1 December 1722, p. 25.

<sup>42</sup> *Ibid.*, p. 30.

of the commissaires. Every single item in the rooms where sick patients had lain (mattresses, straw mattresses, pillows, blankets, sheets, linen, etc.) and more generally every item of furniture, had to be removed from the house so as to be transported to a washhouse (as for example the one operating at La Joliette) in order that they be scalded and laundered. Mirrors as well as metal parts had to be scrubbed with *eau-de-vie* [brandy] or vinegar. To ensure a sufficient supply of disinfectant liquid was available, the grape harvest continued throughout the epidemic, even at the height of the contagion: in September 1720, for example, local vignerons were thus urged to proceed as usual, for wine “could contribute greatly to disinfecting and halting the [spread of] contagion.”<sup>43</sup> Entire dwellings or premises had to be washed down; floors and walls needed to be whitewashed, on account of the lime paint’s antiseptic properties. The commissaires were obliged to take care of the bureaux or cabinets in the merchants’ houses, first by locking them and then handing the key over to the *bureau de police* should the owners be absent:

WHENEVER the said General Commissaires will have all the Keys of all the Shops in their *Départements* & that seals have been affixed to them in the aforesaid manner, they shall draw up a general statement of the Shops in their *Départements*, in which they shall mention, the Street or Place where they are located, the names & surnames of the Owners of the Shops, of the names and surnames of the Owners of the Merchandise, the number of Keys for each Shop, and the day on which they will have been handed over the keys and that the seal will have been affixed to the [shops]: this report shall be given to Us by them, & a copy to the Echevins.<sup>44</sup>

As this extract from the sources indicates, a similar procedure was carried out on shops, and despite the opposition voiced by some merchants, as Pierre-Honoré Roux alluded to above, their premises were, in fact, well and truly disinfected in 1722. *Bastides* in the *terroir* had to be disinfected with the same level of vigilance as private dwellings in the city.<sup>45</sup>

## Burning, Scenting, and Ventilating

Once houses had been scrubbed clean, they then had to be perfumed. Every rag and piece of clothing in poor condition, and generally anything that might serve as a potential source of infection, were discarded and burned. Straw and hay

<sup>43</sup> AMM, FF 292, *Registre de peste*, Ordinance of 19 September 1720.

<sup>44</sup> *Acte déclaratif de la santé* of 1 December 1722, p. 3.

<sup>45</sup> *Ibid.*, p. 15–16.

were also destroyed, for families often used them as bedding for the sick before they transferred them to the hospital. Houses had to be thoroughly aired and all fabrics and clothes piled in one spot. Bedspreads and curtains in private houses, carpets, chair covers, tapestries and clothes had to be exposed to fresh air for at least fifteen days, beaten, brushed and scented, along with everything else in the dwelling. Finally, the commissaires would systematically perfume each space three times, every second day, with the windows thrown open between each perfuming session so that fresh air could easily enter and circulate, and thus “complete the purification.”<sup>46</sup>

Several steps needed to be taken before each perfume was deployed: the dwelling had to be thoroughly sealed off, all conduits and chimneys plugged so that no smoke could escape. Often composed of gunpowder, a *parfum de la ville* was also deployed using a relatively straightforward procedure. All that was required was to start a fire in the centre of the room into which all the ingredients meant to perfume the space were thrown: inter alia, sulphur, antimony, arsenic, camphor, cinnabar, laurel berries, juniper seeds, cloves, ginger, valerian, and saltpetre.<sup>47</sup> Small-scale burners could also be made for these different preparations, into which hay soaked in vinegar was thrown. This concoction had to burn for some twenty-four hours before the house could be reopened and aired. Furthermore, certain perfumes had been previously deployed during a contagious outbreak by those in contact with anyone who had contracted plague: these perfumes could be made and processed into a paste or soap, or inserted into sachets to be carried on one’s person and inhaled from time to time.<sup>48</sup> City authorities paid for the deployment of perfumes in the homes and on the belongings of the poorest people, but extracted an advance payment from those who could afford to pay for them: those commissaires executing cleansing operations had to keep a statement of expenses and a general statement concerning every citizen obliged to contribute to the financial outlay, along with a list of houses that had undergone disinfection.<sup>49</sup>

As far as shops were concerned, their entire merchandise had to be transported to the lazaret in Arenc where it was perfumed at some distance from the city walls during a quarantine period. The infirmaries, too, were equipped with special

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<sup>46</sup> Ibid., p. 10.

<sup>47</sup> AMM, FF 292, *Registre de peste*. On how to make perfume in order to disinfect houses of plague victims, 11 May 1722.

<sup>48</sup> AMM, FF 292, *Registre de peste*, Letter from the intendant dated 20 September 1720.

<sup>49</sup> AMM, FF 292, *Registre de peste*, Ordinance of 10 October 1722. These lists also appear in the disinfection log-books kept by the commissaires (GG373 and GG374), partially burned but sections of which have been restored.



rooms for ventilating merchandise. Generally speaking, Marseilles' disinfection campaign was identical to a city-wide implementation of procedures usually reserved for suspicious vessels entering port:

[A]ll suspicious Goods the [houses] contain & to have them carried up into the most elevated and airy Attics and Apartments in the House, to be spread out there & exposed to the air for forty days, during which time all Doors & Windows of the aforementioned Places or Apartments are to be kept open; such precautions have long been sufficient to allow for a daily flow of goods, without risk of contagion.<sup>50</sup>

Such disinfection procedures for goods and commodities were routine practice at Marseilles' lazaret: these measures were replicated and extended to all the city's dwelling-houses and shops. Given that the contagion was particularly rampant throughout Provence and Languedoc during 1720–1721 and not yet completely eradicated, goods from these particular areas were tracked down for any possible sign of contamination:

If they [the commissaires] espy any merchandise from Avignon and the Comtat, they shall inquire about the name and residence of the owner of this merchandise, and for how long it has been in the vessel, in order to give us an account of [the situation], after it had been brought to the Lazaret, where it will undergo a thorough quarantine.<sup>51</sup>

The lists of silk bales found in some houses proved the existence of such contraband and were included in the enforcement records of the Ordinances in the Declaratory Health Act of 1 December 1722.<sup>52</sup>

The commissaires duly closed, sealed off, and retrieved the keys of shops, just as they had previously done in houses emptied of their inhabitants.<sup>53</sup> Certificates were drawn up with a precise appraisal of the emptied shops in question, each location being assigned a number as well as an inventory of items present.<sup>54</sup> If some merchandise happened to be more suspect than others, then all the merchandise to whom it belonged would also have to be quarantined. As for those clergymen responsible for disinfecting churches and church property, they were obliged to quarantine in their convents once cleaning had been executed. They would then receive their sustenance “only from providers who shall bring it to them without

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50 *Acte déclaratif de la santé* of 1 December 1722, p. 9.

51 *Ibid.*, p. 25.

52 *Ibid.*, p. 14.

53 *Ibid.*, p. 10.

54 AMM, GG 384 to GG 388, “various certificates of commissaires visits to shops, sources burnt but partially restored.”

coming in contact with them.”<sup>55</sup> Their mission, once completed, was inspected by the general commissaires who, in turn, had to probe every nook and cranny in the churches – sacristies, bell towers, chapels, cellars, the various chests and cupboards – and make certain that any corpses, which might have been buried within the church grounds at the onset of the contagion, had been properly covered with lime, in sealed vaults.

All disinfection tactics deployed during the contagion tied in with the Hippocratic tradition, an approach which had inspired preventive medicine throughout the Middle Ages: air was considered the primary vector in the spread of any disease, just as it constituted the solution for decontaminating any contaminated object once the air had been purified by perfume. The only way to protect oneself from such contaminated bodies, whether sick or dead, and from the pestilential air they exuded, was to envelop oneself in disinfected air with an odour that could keep the tainted emanation at bay. Hence, in order to lift quarantine measures and to avert any fresh outbreaks of plague, once sick people were no longer to be found within the city, each of its constituent components – residential dwellings, business premises, docklands, religious houses – had to endure a thoroughgoing disinfection campaign for which perfumes were one of the elements considered capable of purifying the air.

## Conclusion

This article, which specifically focuses on the disinfection campaigns executed in Marseilles in the wake of the plague outbreak of 1720–1722, as manifest in the *Actes déclaratifs de la santé* drawn up by the municipal authorities, probes the notions of surveillance and vigilance underpinning sanitary policing practices. During 1720–1721, as the epidemic was raging uncontrollably, it was patently a matter of surveilling residents of Marseilles in their movements and mass gatherings, even though, it should be noted, the term “surveillance” did not yet feature as such in the dictionaries in circulation during the Ancien Régime, and the surveillance practices executed by the urban police pre-dated the definition of this notion. Furthermore, the notion of “vigilance,” which was closer to the way of thinking about governmentality during the early modern era, seems thereafter to have taken precedence once the outbreak had abated and it was no longer causing fatalities on a daily basis. On the whole, the plague outbreak represented a unique period in the unfolding early modern era: rampant contagion was a determining fac-

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55 *Acte déclaratif de la santé* of 1 December 1722, p. 10.

tor in accelerating the professionalizing of the urban police and its control mechanisms (post 1720, these would focus on foreigners in Marseilles). Even in the ultimate *Acte déclaratif de la santé* of 1 December 1722, such surveillance manifests itself by way of the census of second-hand clothes traders, considered at that point as an occupational group with an elevated health risk, and in the extensive creation of lists, whether they be lists of people (appointed commissaires but also city residents who had contravened the injunctions in place following inspections of their houses and shops) or of potentially dangerous objects.

As far as the practical implementation of the various disinfection procedures and techniques were concerned, however, (whether they impacted localities, objects, or people), what ultimately prevailed was the alert response to those persons and objects deemed suspicious, and thus the vigilant approach. Thereafter, mustering this concept of vigilance became particularly productive, for it required that the entire population participate in any attempt to implement preventive measures and thus enable quarantine to be lifted, or at least for those who had survived the epidemic and who had *a minima* a home and/or was a citizen of Marseilles (the most underprivileged social strata were not mentioned in the ultimate *Acte déclaratif de la santé*, apart from a few second-hand clothes dealers who were not shop owners and were selling their wares on the city streets). This call upon everybody to participate can therefore be interpreted as a form of political restructuring of the social body and its cohesion in the aftermath of plague's devastating impact, by galvinising the population through their participation in disinfection measures. The various individual measures were effectively aimed at a collective objective: bringing an end to quarantine restrictions, the return to "normal" life, and the renewed free movement of goods and people.

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