

Example of essay on a great plague: exploring the scope and impact of the black d...

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More than half a millennia after the Black Death first ravaged Europe and the Middle East, it is still studied and analyzed with morbid fascination. This disease epidemic is so memorable today because it was such a destructive and fearsome plague, spreading as quickly as it did between individuals, primarily from 1346 to 1350, and demonstrating a worst-case scenario when a disease is not understood well and conditions favor disease spread.

The Black Death is primarily a disease of small mammals like rats, and is transmitted by fleas. The organism directly responsible for the disease is a bacterium (*Yersinia pestis*). Once rats, plentiful in the unsanitary cities and rural countryside of the fourteenth century, were killed, fleas quickly turned to humans and other animals as alternative hosts. Black Death was also known as bubonic plague because the disease caused painful and large abscessed lymph nodes, or “buboes.” At the time, these buboes were also called “gavocciolo” (Kelly, 2005). The plague was also called the Black Death, likely because a severe infection caused septicemia, blood system contamination that leads to a syndrome in which hemorrhages and gangrene develop, turning areas of the body black (Bollet, 2004). In addition to the buboes and the dark splotches, infected individuals also developed a terrible stench. There were also reports of the disease affecting the nervous system or mental state, with infected individuals falling into a stupor, shouting madly or walking around half naked (Kelly, 2005). An infected person took three to five days to develop symptoms and then died after another three to five days (Benedictow, 2005).

Alfred Jay Bollet (2004) speculated that infected, dead marmots that still carried fleas were eagerly collected for their fur by trappers and were the

source of the plague. The furs reached ports in Crimea, where the Tartar prince Janiberg Kahn was attacking the fortified city of Kaffa. The attacking forces found themselves dying of a disease marked by buboes and a putrid fever and launched cadavers into the city, an attempt at biological warfare. The city was soon devastated, although rats entering the city may have been more responsible for spreading fleas and the disease than the catapulted cadavers. Ships fleeing the city of Kaffa spread the plague to various port cities and the spread of the plague largely mirrored trade routes.

Gabriele de' Mussi, who was a notary in Piacenza when the outbreak began, described the arrival of the disease in Italian port cities, its rapid spread and its toll:

“ Alas! Our ships enter the port, but of a thousand sailors hardly ten are spared woe to us for we cast at them the darts of death! scattered the poison from our lips they in turn soon infected their whole families, who in three days succumbed and were buried in one common grave. Priests and doctors visiting the sick soon were numbered with the dead. (Decameron Web project at Brown University)

The disease affected individuals indiscriminately and spread quickly. No social or economic group was spared. From 1348 to 1350, it is estimated that the plague killed 25 million people, or one-third of the population of Europe and the Middle East. It is also estimated that the disease had a mortality rate of at least 70 percent (Bollet, 2004, p. 388).

Comparing the Black Death to other high-profile, impactful epidemics throughout history helps to further understand the severity of the Black Death epidemic. Tuberculosis, also known as the “ White Plague” or

consumption, may be caused by one or both of two organisms:

Mycobacterium bovis or *Mycobacterium tuberculosis* (Hays, 1998, p. 154). It is mostly known as a disease of the lungs, usually spread through the respiratory system and was responsible for more deaths in the western world in the 1800s than any other epidemic disease (Hays, 1998).

Urbanization and industrialization, accompanied by crowded living and working conditions, poverty and poor nutrition all contributed to the spread of tuberculosis and the disease's high mortality rate. Poor air quality like that in the factories and streets of industrialized cities likely contributed to disease spread, increasing lung irritation and coughing. The efforts of the sanitation movement that worked to improve living conditions, especially in poor populations, saw a decrease in the disease. Before it was understood that tuberculosis was a bacterial disease that could be addressed through treatment with a course of antibacterial drugs, theories about the disease were often not scientifically based, with speculation that infection was related to hereditary disposition, as often multiple members of the same family would be affected.

Another disease that affected people across an even broader geographic area and period of time is smallpox. Smallpox may have existed in China and India for thousands of years, as inoculation techniques were described in ancient Chinese and Sanskrit medical texts. Smallpox is a highly-contagious, viral disease that was frequently deadly and often left survivors severely scarred. The greatest smallpox epidemic occurred when Europeans and the African slaves accompanying them introduced the disease to the Americas, where Native Americans had never been exposed to the disease and had no

resistance to the disease. Massive numbers of Native Americans were killed, some through blatant biological warfare. Smallpox became more menacing in Europe after the disease traveled to the New World and then was reintroduced to Europe. A series of severe outbreaks occurred and, in Europe, the mortality rate ranged from 20 to 40 percent (Bollet, 2004, p. 79). In the Americas and on isolated islands, the disease wreaked even more havoc. Scientific advancements rendered the disease less threatening. It was first discovered that the disease was prevented through inoculation with a mild form of the disease and then the process of vaccination using the virus responsible for cowpox was developed.

Like the Black Death, these diseases were met with some degree of panic while the disease's source, mode of spread and prevention or treatment was still unknown. The Black Death also traveled faster than these diseases and, unlike smallpox, no one in Europe had developed a resistance to the disease.

It is fairly easy to study the Black Death objectively now that the science behind the disease and its spread is known. At the time that the disease was ravaging the population indiscriminately, however, panic ensued. Economic systems were affected, people fled cities, sometimes carrying the disease with them, and religious fanaticism found a place. Mussi, in his contemporary account, captures the fear, confusion and panic in cities where the Black Death was discovered: " Lamenting our misery, we feared to fly, yet we dared not remain" (Decameron Web Project at Brown University). A new obsession with death found its way into art and literature.

An Italian land-owner, Marchionne di Coppo di Stefano Buonaiuti, who

survived the plague wrote about the Black Death in Florence in his chronicles three decades after the outbreak. He discussed the unfamiliarity of the disease and the inability of doctors to treat the disease, the wide range of different animals that were affected and the symptoms of the disease.

Buonaiuti also mentioned the panic and fear that were pervasive, as families abandoned infected members in terror. He also touched upon the economics of cities affected by the plague. Gravediggers and attendants demanded high fees and the costs of food and wax increased greatly.

The Black Death is as important and notable as it is partly due to the significant impact it had on social and economic structures in Europe.

Immediately following the Black Death there was widespread famine and malnutrition due to the shortage of labor that was required to harvest crops.

After the Black Death subsided, there was a shortage of labor that forced landlords, wealthy peasants and urban employees to compete for workers and offer good wages while rents and fines fell (Benedictow, 2004 p. 388).

This increased the purchasing power of the newly-empowered lower classes while the power and wealth of the feudal lords decreased.

The Roman Catholic Church saw the plague as divine retribution (Kelly, 2005 p. 18). As the Black Death progressed, Christians became frustrated with the failure of the Church to do anything to stop the spread of the plague.

Religious fanaticism took hold, in some cases, and panic manifested in extreme actions like self-flagellation and the persecution of Jews

(Benedictow, 2004 p. 393), and the pope was forced to condemn these actions. As a result of the Black Death, blind faith in the Roman Catholic Church was shaken.

The Black Death that raged through Europe and the Middle East was arguably the most acute major epidemic to occur in known history. As discussed, the population, doctors and Roman Catholic Church had no knowledge of the disease and were ill-prepared to deal with it, while poor sanitation facilitated the spread of the disease. Within just a few years, a significant portion of the European and Middle Eastern population was wiped out, leaving a mark on the economic and social systems of Europe and solidifying the Black Death in its position as the epidemic to which all other major disease outbreaks are compared.

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