Plagues, Epidemics, Peculiar Beliefs and Practices through Time, 1500–2020: A Resource Guide

Compiled by Farhana Hoque, ProQuest Senior Product Manager and Samantha Lubrano, ProQuest Associate Product Manager, Historical and Social Science Collections

To talk to the sales department, contact us at 1-800-779-0137 or sales@proquest.com.
Introduction

The Plague, the Spanish Flu and HIV/AIDS are epidemics that have impacted global societies over the past 500 years. This resource guide will explore such questions as:

- How did societies respond to the Plague, Spanish Flu and HIV?
- Have the ways we respond to and make sense of epidemics changed over time?
- Based on what we can observe about the past, how will COVID-19 impact the way we live going forward?

This resource guide will help students and scholars answer these questions by examining primary source materials.

The study of primary sources and historical perspectives are key to understanding pandemics, as well as how societies responded to them to keep populations safe. Primary sources develop critical thinking skills, enable a greater understanding of a topic, and allow students to come to their own conclusions.

Primary sources from the medieval period, to the 18th century, and up to the present provide a long view of history. Materials such as historical newspapers, books, periodicals, government documents, handwritten reports, and documentary videos promote critical thinking and information literacy skills for novice researchers while empowering advanced scholars to make new connections that unlock deeper insights and information about the past.

ProQuest offers an amazing combination of different resources that can be used by students and researchers to learn more about the different pandemics and epidemics that have affected humanity. These databases include: Early English Books Online (EEBO), Early European Books (EEB), The Cecil Papers, UK Parliamentary Papers, Historical Newspapers, British Periodicals, American Periodicals Series, Periodical Archive Online, ProQuest Congressional Hearings, Congressional Research Digital Collection, Executive Branch Documents, Newsweek Magazine Archive, LGBT Thought and Culture, LGBT Studies in Video, Anthropology Online, Ethnographic Video Online, Anthropological Fieldwork Online, and many more.

This resource guide will look at three major pandemics: the Plague, the Spanish Flu, and HIV/AIDS. As you can see in the table below, the Bubonic Plague was known under different names and persisted through many centuries to varying degrees. In 1894, approximately 1300 years after the first outbreak of the plague, French biologist Alexander Yersin discovered the plague bacillus, which was later named in his honor, Yersinia pestis. We now know that the bacilli travel from person to person through the air, as well as through the bite of infected fleas and rats.

In contrast to the plague, which lasted centuries, the Spanish Flu in 1918 lasted approximately one year but resulted in a devastating death toll. Circulating newspapers, which by the 1910s could print photographic pictures, captured the progression of the disease and accelerated the rate at which people received information about the illness.

HIV/AIDS is still with us today. Perspectives in primary sources can be used to navigate how contemporary society has represented HIV/AIDS through magazines, newspapers, and films.

<table>
<thead>
<tr>
<th>Name</th>
<th>Time Period</th>
<th>Type Pre-Human Host</th>
<th>Death Toll</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Plague</td>
<td>541–1885</td>
<td>Yersinia pestis bacteria/Rats, fleas (discovered in 1894)</td>
<td>Total: 270 million</td>
</tr>
<tr>
<td>Plague of Justinian</td>
<td>541–542</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Black Death</td>
<td>1347–1351</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Great Plague of London</td>
<td>1665</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Italian Plague</td>
<td>1629–1631</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Third Plague</td>
<td>1885</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spanish Flu</td>
<td>1918–1919</td>
<td>H1N1 virus/Pigs</td>
<td>40–50 million</td>
</tr>
</tbody>
</table>

Data collated from: https://www.visualcapitalist.com/history-of-pandemics-deadliest/


The Plague

The Plague, also known as the Pestilence, the Great Mortality, and the Black Death can be examined using historical primary sources such as handwritten papers, historical ordinances, and government reports. This resource guide uses sources from Early English Books Online (EEBO), Early European Books (EEB), the Cecil Papers, and the UK Parliamentary Papers.

This broadsheet from EEBO published in 1665 writes of the "Seven Modern Plagues or Visitations in London," possibly referencing the seven plagues in Christianity's Book of Revelation.

The Cecil Papers

The Cecil family were a significant force in British history and the Cecil Papers have become a crucial tool for research and teaching in Tudor and Stuart history. Handwritten letters provide a voice of the times. The collection includes correspondence on matters of state and policy of early modern English government.

The first letter, dated September 1578, explains how the plague broke out in London, causing 161 deaths.

Translation from Latin: "But now another obstacle has intervened in the wide spread severity of the plague, for it infests almost the whole of Germany, so that not one of the principal cities of the empire is safe enough for the meeting of an assembly to confirm the new Emperor."


Merchants petitioned Robert Cecil with a complaint about the quarantine regulations imposed on traders. The quarantine regulations stated that ships coming up the Thames to London should remain empty for 40 days downriver from Woolwich, and that the goods that had been onboard should be stored in open fields. Merchants argued that it was impossible to unload the ships without cranes and without facilities to protect their cargo from the weather. They also argued that the goods they carried (soap ashes, pitch, tar, corn, etc.) were unlikely to be infected.
Lastly, they argued that the voyage to London was nearly eight weeks – thus constituting a virtual quarantine by sea.

“We have been informed by the Lord Mayor that the Council is likely to order that ships coming from the east parts, now infected with plague, should stay unladen below Woolwich for 40 days, and that, for better assurance, the goods should be aired in open fields. We are most willing to observe such an order so far as conveniently we may, but we cannot unlade our goods at any place where there are not cranes and storage from weather, and the great part of our goods such as soap ashes, pitch, tar, corn, tarred cordage, copper, wax, iron, wainscots, clap-boards, oares and barrelled fish are in no way apt to take infection; and the rest, as flax and hemp, are the less dangerous for that it is the manner of those countries to have these goods kept in storehouses out of the towns, where no people do inhabit, from whence we do directly send them aboard our ships lying about 20 miles from the town. Moreover, these ships now presently come thence may seem sufficiently tried from infection, being now near eight weeks on the way, and by the laws of this realm, we forfeit all our goods landed at any other place than at the appointed wharves in London.”


The Plague and Christianity

These two works in Early English Books Online (EEBO) from 1592 and 1665 reveal early beliefs and practices around the plague.

For example:

• The plague was seen as divine retribution, linked to sin, the apocalypse, acts of God, and the alignments of the planets.

• One could overcome the plague through God’s forgiveness. We can see this in the document from 1665, which is anchored in a religious world view. It also advised drinking a good draught of humility, throwing away all infected garments, and instead wearing the garment of Jesus Christ as a defense against the plague.

• Some wealthier men joined processions of flagellants that traveled from town to town and engaged in public displays of penance and punishment.

• In the work from 1592, physicians at the time relied on techniques such as bloodletting and boil-lancing. In this document, they also recommend purging by vomiting, and include advice on how to induce purging.

These two works offer remedies to protect people from the plague. Although the plague bacillus had not yet been discovered, physicians used existing medical knowledge and treatments of their time to offer the best advice they could.

A Study of Three Ordinances in Early Modern Books

Ordinances are legal rulings or orders that would, alongside printing, always be proclaimed orally. This would be done by official heralds or messengers. After the public proclamation, the printed order would be nailed to a door or at busy spots and important intersections in a town or hamlet. In EEBO and EEB, many ordinances were repeatedly printed. This indicates that many laws were not adhered to, and that agreement of the population was very important for the effective implementation of that law.
The first ordinance covers 16 orders from 1603, during the reigns of Queen Elizabeth and then King James, on how to deal with the plague.

It is clear from the order that both the rich and poor were seen to be equally vulnerable, and that the measures proposed were to help control the spread of the disease.

Quarantine:
- A six-week quarantine with a mark on the door (cross).
- Clothes and bedding had to be burnt.

Key workers and institutions are identified:
- Parishes were to take the lead with identifying the cause of death and collecting data to share with the local privy council. Parishes received financial support for these extra activities.
- People were appointed to deliver food, look over the poor, and “also to wear some mark on their upper garment, or to bear a white rod in their hand, to the end others may avoid their company.”
- There is also a reference to physicians.

Taxes and fines:
- Taxes were imposed on infected towns or wealthy people in those towns to finance the infrastructure around containing the plague.
- The last item in the order tackles the spread of misinformation. We learn that “any one from the religious order shall not hold and publish any opinions (as in some places report is made) that it is not charitable to forbid the same, pretending that no person shall die but at their time prefixed, and by spreading this story, such persons will be not only reprehended, by order of the Bishop, but also forbidden to preach.” Lay persons who spread “dangerous opinions” were also liable to be imprisoned.
The second ordinance, Orders Conceived and Published by the Lord Major and Alderman of the City of London, is from almost 60 years later and at the height of the Great Plague of London. Many of the same points are covered as in the previous order, but there are more guidelines and measures in place. The main area of difference is the increased number of key workers.

Key workers:
- Examiners to be appointed in every parish.
- Two watchmen: one for day and one for night to make sure that no person goes in and out of infected houses.
- Women-searchers or Searchers of the Dead were appointed and hired by parishes in London, to examine corpses and determine the cause of death.

Restrictions for infected houses:
- The head of the household had to give notice of sickness.
- Closing off the house was mandatory.
- No one from the house could leave unless they had a certificate from the Examiners of Health.
- The house had to be marked and watched.

Guidelines for the removal of dead bodies:
- Burial: before sunrise or after sunset.
- All belongings had to stay in the house.
- Hackney coaches had to be aired after carrying dead bodies.

New punishable offenses:
- Animals were not allowed in the city and dog killers were appointed.
- Orders were made concerning loose and idle persons in and around gatherings at feasting, pubs, and theatres.

Roughly at the same time, another ordinance was published, Resolutie, van de Ed. Groot Mog. Heeren Staten van Hollandt ende West-Vrieslandt, in West Friesland in the Netherlands. It emphasizes that ordinance applies to wealthy and poor people alike. The key points are:

Quarantine:
- Those affected by the plague had to be brought to special plague houses, erected in most cities, and had to stay there at their own costs (until they died, or got better).
- Healthy people had to leave infected homes, so that they could be disinfected.
- Shops or houses where someone had been cured or died had to stay closed for a fortnight afterwards; these houses were marked with a "P" Shops that dealt with clothes and textiles had to stay closed for four weeks.

Key workers:
- No one who treated ill people were allowed to frequent public places, churches, and shops.
- The only people allowed to visit sick houses were specially appointed individuals.

Burial:
- Caskets of deceased people had to be sealed with tar.
- Burial places in churches were not allowed to stay open to pay respects to the dead.
- All dogs and cats had to be removed from infected houses, or killed.
- Large bonfires had to be kept burning outside plague houses, graveyards, and some busy street corners, presumably to burn the infected air.

The ordinances reflect a commonly held belief that the plague was in the air, on clothes, and could be carried by animals. They also understood that limiting social contact was important to containing the disease.

Parliamentary Minutes of Evidence, 1819

In the UK Parliamentary Papers, the minutes from the Select Committee Appointed to Consider the Validity of the Doctrine of Contagion of the Plague is a source that demonstrates the ways in which medical experts built and contested knowledge at the time. Some physicians disagreed that the plague was contagious, and others debated the means through which it was able to infect others.

In 1815, Charles McLean was investigating the plague at a hospital in Constantinople where he soon contracted the disease. Although he recovered, the experience gave him the idea that the plague was not passed between humans, but rather that the air itself was contaminated. He attributed his contraction of the disease on the fact that he was a foreigner in that country, and thus not acclimated to the local air, in addition to being weakened by a lack of proper food. The Committee questioned him on his
theory that the plague was not communicable between humans and, in response to a question on the clothing of the infected, he stated that since “it is customary for the relations of those who died of the plague in Turkey, to wear the clothes of the deceased, or to sell them in the public bazaar or market place,” the plague could therefore not be contagious.

Others such as Dr. Thomas Foster believed that under certain circumstances, the plague was contagious. Foster believed if the air in the room of an infected person was not fresh, the transmission of the disease was likely. But if the air was freshened, the person attending the infected would themselves be free of the disease.

Some doctors did not believe it to be contagious.

By the 1800s, the pathology of the plague was still not fully understood. Medical experts relied on their own experiences to administer advice and recommendations, but these were often conflicting: was it in the air, or passed between humans?


The Spanish Flu

In contrast to the plague, which lasted centuries, the Spanish Flu lasted approximately one year, but resulted in a devastating death toll. The outbreak and its progression were captured through photographic pictures, a technology that was still somewhat new, and printed in circulating newspapers.

Through the Eyes of the News: 1918

Historical newspapers are a great resource for tracing pandemic efforts locally, nationally, and across the world.

In 1918, much of the world was at war, with global mass movements of soldiers and displaced persons. It was at this time that the infamously coined “Spanish” flu spread like wildfire in the spring. The St. Louis Post-Dispatch published photos of medical personnel from the Red Cross and Boston hospital wearing influenza masks and transporting influenza patients into an ambulance.

In May of 1918, the Manchester Guardian reported on the impact of influenza on world leaders. The article reports on the widespread "mysterious plague" by listing afflicted world leaders like the Prime Minister and King of Spain. Highlighting the church service attended by King Alfonso as the point of contact with the "mysterious plague," the article points to the dangers of large gatherings.

Many newspapers published guidelines on preventing the Spanish flu. In October of 1918, The Labor Journal published an article that advised avoiding contact with others, wearing masks, and washing the nose and throat. Fresh air, sneezing into a handkerchief, and burning anything that had been contaminated was also advised.

The Spanish flu continued to spread through the United States, Europe, and Asia. In November, the Shanghai Times continued monitoring Singapore as fatalities increased. The newspaper published precautions to take against the Spanish flu, which it describes as "usually conveyed by the persons affected through coughing and spitting." The report directs locals to avoid "a confined space, such as an over-crowded room, a theater, a cinema show, and any place of public entertainment . . ." These directions are comparable to modern times as the report encourages what we would now think of as "social distancing." The report also recommends that those with the flu self-isolate and clean floors daily with "some disinfecting solution."

In December of 1918, the Shanghai Times published an article differentiating the symptoms of the Spanish flu and the common cold. In response to complaints about the lack of clear and consistent advice, articles of this type were produced in various newspapers across the world as many anxiously confused the two sicknesses.

Several articles in the San Francisco Chronicle in November 1918 report on "mask slackers," or people who refused to wear masks. Mask slackers were arrested and fined $10 for not wearing masks, which is equal to $274.44 in 2021 when adjusted for inflation.

 alleged to have been a victim of the Spanish flu.

**Mysterious Plague in Spain.**

**King Alfonso a Victim.**

**Madrid, Monday.**

The newspapers this morning devote a great deal of space and large headlines to the epidemic which is steadily spreading throughout the peninsula. Among prominent people who have been attacked by the malady are the Prime Minister and the Minister of Finance. The tramway service is running badly on account of the illness of the majority of its employees. Messages from the provinces indicate that approximately 30 per cent of the population has caught the mysterious illness, of which the germ has not yet been discovered.

King Alfonso is confined to his bed. It is feared his Majesty has fallen a victim to the fatal disease.

(Later.)

King Alfonso is confined to his bed. It is feared his Majesty has fallen a victim to the fatal disease.


Many newspapers published guidelines on preventing the Spanish flu. In October of 1918, The Labor Journal published an article that advised avoiding contact with others, wearing masks, and washing the nose and throat. Fresh air, sneezing into a handkerchief, and burning anything that had been contaminated was also advised.

**HIV/AIDS**

When AIDS was first recognized in the U.S. in 1981 there was little known about the origins of the disease and how it spread. As cases began to rise, so did mass hysteria, fueled by a lack of knowledge and misinformation that was circulated to the public. Many believed that you could catch the disease through sweat or saliva, breathing the same air, or even just touching an individual affected with the disease.


A *Newsweek* article printed in 1983 reflects the way that fear informed societal responses to AIDS. In San Francisco, police officers were afraid to come in to contact with the disease during first-aid work and were issued resuscitation devices and rubber gloves. Medical professionals refused cases that involved infected patients and lab technicians worried that they could contract the disease in the lab. In New York, a shipment company refused to handle shipments of blood and biopsy samples after they noticed the return address was from the AIDS foundation. Fear of the disease also led to xenophobia, often against Africans. In India, the government rounded up and forced several African students who had tested positive to leave. In Belgium, all foreign students, most of whom were African, were required to do mandatory testing. However, Belgian citizens who travelled internationally were not required to test, even after visiting affected areas. According to medical professionals, this uneven application of testing requirements does not help prevent the spread of disease. Instead, Belgium’s targeting of foreign students systematized racist beliefs around race, disease, and the body.

Press Materials

**SCOPE OF THE AIDS EPIDEMIC IN THE UNITED STATES**

Philip S. Rosenberg, Ph.D.  
*National Cancer Institute*  
Geraldine McQuillan, Ph.D.  
*Centers for Disease Control and Prevention*

John M. Karon, Ph.D.  
*Centers for Disease Control and Prevention*  
Linda A. Valleroy, Ph.D.  
*Centers for Disease Control and Prevention*


Some local governments had initiatives to understand the spread and transmission of HIV/AIDS. Chicago, for instance, had a monthly AIDS statistics report that focused on the demographics of those affected by the disease. They took data on sex, age, ethnicity, and how infections occurred. According to the chart on the transmission routes of HIV, the most common way it was transmitted was through sexual intercourse. The second was among intravenous drug users. The high prevalence of AIDS within parts of the LGBTQ community fueled early myths that only gay men and drug users could get the disease. As we know, this is not the case, as the dominant mode of spread is in fact through heterosexual transmission worldwide.

In South Africa, the government’s embrace of AIDS denialism up until 2005 led to many preventable deaths. The documentary *Taking HAART* examines the failure of the South African government in acknowledging the disease. Government-sponsored AIDS denialism combined with the high price of antiretroviral drugs ensured that poor people could not get the treatment they needed. *Taking HAART* shows how outrage against these policies ignited a movement. Activists promoted AIDS education, built coalitions, protested, engaged in civil disobedience, and used the courts to achieve their objectives.

**Spread and Statistics**

In the United States, the Center for Disease Control and Prevention set up a task force specifically on understanding the scope of AIDS in America. This report from 1996 covers how AIDS spreads through sexual intercourse, blood transfusion or contamination, and breastfeeding. It also includes prevention methods, such as the use of condoms, screening blood, and alternatives to breastfeeding.
Prevention

A report from 1996, written by the Chicago HIV Prevention Planning Group, offers a comprehensive guide to AIDS prevention, needs analysis at the neighborhood level, and agencies and services in the region. The report argued for the need for funding for HIV/AIDS care, treatment research, prevention, and housing programs. HIV/AIDS prevention programs in communities and neighborhoods with a high prevalence of the disease offered a safe and judgment-free environment to aid those who feared being stigmatized because of their HIV status.

Further interventions included:

- Spreading awareness of what AIDS is, how it spreads, and prevention by using flyers, brochures, and pamphlets within local communities and institutions.
- Promoting the use of condoms in advertisements and distributing free condoms in high-risk communities.
- Free and local accessible testing.
- AIDS education through various workshops held in local communities and among youths through the public school system.
- Needle exchange programs to limit the spread among intravenous drug users.

Community-based approaches, particularly those led by the LGBTQ community, were important methods of spreading awareness and promoting safer sex practices to avoid infection. The documentary film Sex Positive focuses on Richard Berkowitz, a revolutionary gay activist and early advocate of safe sex in response to the AIDS crisis. Berkowitz, Michael Callen, and Joseph Sonnabend wrote How to Have Sex in an Epidemic in 1983, a manual that was among the first publications to recommend using condoms to prevent STDs. Berkowitz’s activist work radically changed the way that people thought about sex, and his contribution to the development of safe sex practices is rarely fully credited. Given the failure of the United States to properly provide policy and funding support to AIDS research and prevention, the activist work of Berkowitz and others was profoundly impactful in educating and preventing the spread of AIDS.

Awareness in Ethnic Communities in the United States

ProQuest databases also contain primary source materials that focus on awareness campaigns in different ethnic communities. Often created both by and for their own communities, these projects were important in crafting programming that was accessible to the communities on which they were centered.
The Asian Human Services of Chicago (AHS) had its own awareness campaign that centered Chicago's Asian Indian and Pakistani communities known as "Khabar," which means "news" in Hindi and Urdu. Khabar was developed to "refute the many misconceptions about the HIV/AIDS held by the South Asian community," and was part of a culturally sensitive multi-media campaign "designed to inform a public that does not have access to mainstream HIV/AIDS awareness programming."

The Asian American AIDS Foundation also published a newsletter for Asian communities that promoted information, understanding, and news about AIDS relief efforts.

The cover of the December 1991 issue of Positively Aware: The Journal of the Test Positive Aware Network features the basketball player Magic Johnson. One month earlier, Johnson had become one of the first major heterosexual celebrities to announce his HIV-positive status.


Drug Trials and Vaccines

Although there are no preventative vaccines for HIV/AIDS, treatments now exist that can slow the progression of the disease, prevent secondary infections, and significantly prolong the life of people who have it. Some treatment plans and drugs can be very expensive, such as highly active antiretroviral therapy (HAART), which slows the progression of the disease. To help alleviate the cost of the treatment plan, bills have been proposed to extend healthcare coverage for those affected by HIV/AIDS. ProQuest primary source materials can be used to study the history and development of treatments, drug trials, and community forums on vaccines.


To help alleviate the cost of the treatment plan, bills have been proposed to extend healthcare coverage for those affected by HIV/AIDS but can't afford treatment, like this bill proposed by the Illinois house of representatives. (Bill to Extend AIDS Health Care Coverage written by Illinois. House of Representatives, in Tracy Baim Editorial Files (1995), Windy City Box K2 (Alexander Street Press), 1 page(s). https://search.alexanderstreet.com/view/work/bibliographic_entity%7Cbibliographic_details%7C2070899 proposed by the Illinois house of representatives.)
Conclusion

Key Takeaways from Materials on the Plague, the Spanish Flu, and HIV/AIDS

Controlling the spread of the disease was important:

• Practices around quarantine, isolation, and social distancing were vital to containing diseases like the plague.
• Communities burned clothing, bedding, and even the air to prevent contact with the plague. They also sealed coffins and killed dogs and cats. These practices demonstrate that they believed the disease could spread in a variety of different ways.
• Institutions recorded mortality data during the plague.
• Masks were promoted during the Spanish flu.
• Awareness of how HIV/AIDS is spread and safe practices to prevent infection were vital for public health.

Keyworkers were an important part of outreach:

• Clergy members helped perform data collection on plague deaths.

• Watchmen guarded areas to ensure people were staying isolated.
• Physicians used existing knowledge and their personal experiences with the plague to develop preventative measures.

The role of communication and coverage around diseases was important:

• Ordinances were posted in public places to inform local populations.
• Newspapers accelerated the rate at which the public received information about the Spanish flu.
• Misinformation and misunderstanding can lead to mass hysteria, fear, and racism.
• There were fines for spreading misinformation during the plague.
• There were fines for ignoring mask ordinances during the Spanish flu.
• LGBTQ activists played a vital role in spreading awareness and promoting safe practices during the AIDS crisis.

DATABASES COVERED IN THIS GUIDE

- Early English Books Online (EEBO)
- Early European Books (EEB)
- The Cecil Papers
- UK Parliamentary Papers
- ProQuest Historical Newspapers
- British Periodicals
- American Periodicals Series
- Periodical Archive Online

- ProQuest Congressional Hearings
- Congressional Research Digital Collection
- Executive Branch Documents
- Newsweek Magazine Archive
- LGBT Thought and Culture
- LGBT Studies in Video
- And many more

DIVERSITY, EQUITY, & INCLUSION

Help Students Learn from Every Voice

There is increased demand to support students and researchers with access to insights and information from a wide variety of perspectives. Through ProQuest collections, academic libraries have a unique platform to support diversity, equity and inclusion (DEI) initiatives, ensuring representation of diverse users and reflecting every voice, regardless of race, gender, sexual orientation, physical ability, or belief.

Learn More

Speak to your Sales Specialist for more information about these collections from ProQuest!