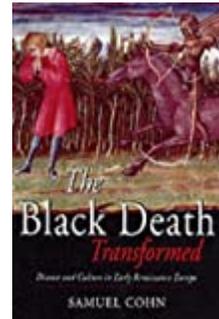




**Samuel K. Jr. Cohn.** *The Black Death Transformed: Disease and Culture in Early Renaissance Europe.* London: Edward Arnold Publishers, 2002. x + 318 pp. \$39.95 (paper), ISBN 978-0-340-70647-3; \$65.00 (cloth), ISBN 978-0-340-70646-6.



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## The Black Death Untransformed

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“The Black Death in Europe, 1347-52, and its successive waves to the eighteenth century was any disease other than the rat-based bubonic plague (now known as *Yersinia pestis*), whose bacillus was discovered in 1894” (p. 1). Thus opens Samuel Cohn’s *The Black Death Transformed*. The author’s stated goal is to re-read the late medieval European sources and to show that they do not, in fact, describe the disease known to our modern medical establishment as the bubonic plague. Cohn deliberately makes no attempt to offer another disease in place of the plague; the entire book is dedicated simply to proving that the Black Death was not the plague. From the start there are some very basic problems with Cohn’s approach to his topic. He uses only written sources from Europe, and while he alludes briefly to art history, Arabic sources, and modern scientific investigation, none is given much credence, especially where they might disprove his thesis. Even his use of written sources must be questioned when, for example, the extremely important treatise of Guy de Chauliac (who recognized two variants of the disease he saw, one causing

buboes and the other infecting the lungs), is cited only from nineteenth-century translations rather than from Michael McVaugh’s 1997 study.

In part 1, “The Middle Ages Confronts the Twentieth Century,” Cohn argues that the medieval disease, as described by medieval authors, does not match the known modern disease. The modern plague does not spread nearly as quickly as the medieval disease, even in its pneumonic form, and the modern disease is far less fatal, even in terrible conditions such as India. Cohn therefore accuses historians, who have argued the disease was the plague, of abusing their sources and reading into them evidence which does not exist. But comparing modern outbreaks of a disease with a medieval epidemic is fraught with problems that Cohn does not address. For example, to what extent and in what ways is any fourteenth-century city similar to modern China or India? Cohn never establishes a firm basis for his comparisons. Furthermore, the Center for Disease Control reports that if the bubonic plague is left untreated, even today, it is more than 50 percent fatal.

In part 2, “Signs and Symptoms,” Cohn focuses on the

buboes and the spread of “pustules” or “spots” described by some medieval authors. Primary sources often describe the buboes as appearing on the neck or armpit, as well as on the groin, though today victims may be more likely to show the buboes only in the groin. As Cohn explains, since flea bites tend to appear no higher than a person’s ankles, the groin is the nearest lymph node that could be effected. But people in the Middle Ages lived and interacted with animals and pests far differently than we do today, so why should we expect the transmission of fleas to be similar? Even more troubling, Cohn has almost completely neglected artistic studies of plague victims, most obviously the iconography of St Roche, where there are numerous depictions of buboes in the groin. The second symptom, “pustules” or “spots,” is not associated with the plague in modern times. But Cohn has at the least overstated the appearance of this symptom, since the sources themselves are far more vague than he would have us believe in describing what may or may not be the same symptom.

In part 3, “Epidemiology,” Cohn discusses the speed with which the medieval disease spread, the brief incubation period (as viewed through the primary sources), and the speed with which it killed. It is only the first that truly can be used to argue against the bubonic plague as a cause of the Black Death, and even then only if one assumes a disease would spread through a population in the Middle Ages in the same manner it would today. Untreated, the disease today kills nearly as quickly as medieval sources note. As for the next two points, since observers in the past could not know that the incubation period for the disease began with a flea bite, they must be unreliable on that point. Cohn does point out that there is no mention of a great mortality of rats or other flea hosts in the primary sources. But Arabic sources describe in great detail the deaths of the hosts for disease-carrying fleas, as well as the deaths of wild and then domesticated animals before the Black Death spread to humans. Cohn does cite Michael Dols’s work on other occasions in his text, but not here, where it clearly belongs.

Cohn goes on to argue that the medieval Black Death was at its peak in Italy in the summer and farther north in the fall, when fleas should have been dead. However, once again he again assumes that medieval people were living and interacting with animals and pests just as we do today. Worse, he utterly fails to discuss the “Little Ice Age” and its impact on temperatures and climate during the fourteenth century.

In his conclusion, Cohn clearly states that “[i]n place of *Yersinia pestis* I offer no alternatives” (p. 247). He is entirely dismissive of DNA evidence from southern France, where three bodies from a single mass grave (not two bodies from different graves as Cohn states) were tested for the presence of bubonic plague and other possible causes of the Black Death, including anthrax. Only the plague bacillus was discovered by the “suicide DNA” tests, tests that eliminate the possibility of contamination Cohn alludes to. He finally concludes, “This book has sought to liberate the Black Death from the late nineteenth-century prison of that era’s bubonic plague and, in so doing, to give grounding for a new history of disease and culture in the West. By looking at the Black Death afresh I have sought to solve a fundamental enigma of the early Renaissance: why did a new culture of ‘fame and glory’ spring forth from the West’s most monumental mortality?” (p. 252). Cohn actually spends only a few pages discussing the latter, so to equate this portion of his work with his larger thesis is misleading. Needless to say, in just a few pages Cohn can hardly “solve a fundamental enigma of the early Renaissance.”

Cohn’s arguments rely far too heavily on underlying assumptions that medieval people lived like modern people. His narrow focus on written European sources is another serious methodological weakness. Although he does raise some important questions, the book is too unreliable in its presentation of evidence and too dismissive of evidence that does not fit his thesis to be a serious contribution to the study of the Black Death.

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