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Health passes, print and public health in early modern Europe  
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## Health passes, print and public health in early modern Europe

Key words: ephemeral print, health passes, mobility, plague, public health

Abstract: Early modern governments produced a wide range of printed texts as part of their public health strategies, including broadsheets, flysheets and pamphlets. This study focuses on health passes, a form of ephemeral print which asserted that the bearer had travelled from a city which was free from plague. Passes were printed forms with textual, iconographic and material features which sought to enhance their authority, credibility and usability. Completed forms provide evidence of their users and of how passes were adapted in response to particular perceived threats. This study examines passes issued by a large number of European cities to argue for the development of a shared European culture of public health print, inspired by recognition of print's persuasiveness, efficiency and capacity to transcend the boundaries of place.

### Introduction

Commenting on his arrival in Italy in the spring of 1594, the English gentleman traveller Fynes Moryson observed: 'Whosoever comes into *Italy*, and from whence soever; but more especially if he come from suspected places, as *Constantinople*, never free from the plague; hee must bring to the Confines a certificate of his health, and in time of any plague, hee must bring the like to any City within land, where he is to passe, which certificates brought from place to place, and necessary to bee carried, they curiously observe and read. This paper is vulgarly called *Bolletino della*

*sanità*; and if any man want it, he is shut up in the *Lazareto*, or Pest-house forty dayes, till it appeare he is healthfull, and this they call vulgarly *far' la quarantana*. Neither will the Officers of health in any case dispence with him, but there hee shall have convenient lodging, and diet at his pleasure'.<sup>1</sup>

The health passes described by Moryson had gained ground over the course of the sixteenth century, particularly between 1575 and 1578, when a major epidemic of plague afflicted many cities and territories in northern Italy. Initially health passes were manuscript sheets akin to a letter of presentation, the earliest known example of which dates to Milan in 1484.<sup>2</sup> By the later sixteenth century these passes were printed forms which attested that a named individual or group of people had travelled from a city which, at the time of their departure, was free of plague or contagious disease.<sup>3</sup> Explanations of health passes featured in the accounts of other travellers

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<sup>1</sup> Fynes Moryson, *An Itinerary: Containing His Ten Years Travel Through the Twelve Dominions of Germany, Bohemia, Switzerland, Netherland, Denmark, Poland, Italy, Turkey, France, England, Scotland and Ireland* (London: John Beale, 1617), 74.

<sup>2</sup> Carlo M. Cipolla, *Public Health and the Medical Profession in the Renaissance* (Cambridge: Cambridge University Press, 1976), 26.

<sup>3</sup> The use of terms other than 'plague' (or its equivalent) reflects contemporary debates about the uncertainty of diagnosis and nature of 'true' plague as well as contemporary recognition of the possibility of concurrent epidemics of plague and other diseases such as typhus. On medical debates, see Samuel K. Cohn, Jr, *Cultures of Plague: Medical Thinking at the End of the Renaissance* (Oxford: Oxford University Press, 2010), ch. 2. On the possibility of concurrent epidemics, see Stephen R. Eil, 'The Venetian Plague of 1630-1631: A Preliminary Epidemiologic Analysis', *Janus*, 1986-1990, 73, 85-104, 94; Guido Alfani, *Calamities and the Economy in Renaissance Italy: The Grand Tour of the Horsemen of the Apocalypse* (Basingstoke: Palgrave Macmillan, 2013), 110.

from northern Europe who visited Italy.<sup>4</sup> But health passes were not an exclusively Italian practice, and these documents were issued by numerous localities elsewhere in Europe throughout the seventeenth and eighteenth centuries, especially by ports and by cities and towns which lay on trade routes. Contemporaries used a range of terms, in multiple languages, to describe the passes. The variety of labels is illustrated by John Evelyn's diary entry of 18 May 1645, which records how he travelled to Ferrara carrying a 'Bulletino or Bill or Certificat of Sanità'.<sup>5</sup> Health passes were related to, but distinct from, the genre of passports and safe-conducts, which were often signed by monarchs and were primarily issued to travellers of the highest status.<sup>6</sup>

As Moryson's account indicated, the system of health passes was one of a number of measures adopted by the authorities in an attempt to prevent the spread of plague, and it worked in conjunction with other public health measures such as pest-houses, which were sites for the inspection and certification of imported goods like textiles as well as for the quarantine of travellers. Similarly, health passes were used

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<sup>4</sup> Their use was noted by Michel de Montaigne (1580), John Evelyn (1645), Philip Skippon (1665), Amelot de la Houssaie (1677), and Edward Wright (1720).

<sup>5</sup> Additional terms have been used to describe these texts by scholars. Common terms (contemporary and modern) include: fede di sanità, bolletta di sanità, bollettino di sanità, lasciapassare (Italian); bill of health, certificate of health, health pass, health certificate, patents of health, papers of *pratique* (English); patente de santé, billet de santé (French); gesundheitspass, pestbrief, passierschein (German); patentes sanitarios (Spanish). For further discussion of nomenclature, and ideas of 'clean' bills of health, see Mark Harrison, *Contagion: How commerce has spread disease* (New Haven: Yale University Press, 2012), 40-41.

<sup>6</sup> On passports and safe-conducts, see Valentin Groebner, *Who Are You? Identification, Deception, and Surveillance in Early Modern Europe* (New York: Zone Books, 2007), 171-84.

to monitor the movement of merchandise and livestock as well as the movement of people. Health passes were a vital part of plague prevention strategies, yet they have hitherto featured as an ancillary topic within broader studies of measures undertaken to impede the spread of disease, with more emphasis placed on quarantine and *cordons sanitaires*.<sup>7</sup> Discussions of the use of health passes, moreover, have often drawn primarily on legislation and correspondence about them. This study breaks new ground by placing health passes at the centre of the analysis through close scrutiny of a large sample of the texts themselves.<sup>8</sup>

This study examines over 200 surviving printed health passes dating from 1576 to 1806, alongside 13 manuscript health passes dating from 1484 to 1721. Health passes are ephemeral texts, which were meant to be mobile, and were not intended to be archived. The physicality and purpose of health passes means that their survival is limited. Some passes still exist because an individual traveller kept his passes and the collection has survived, as in the cases of the Florentine merchant Giovanni Francesco Buonamici who travelled in the 1630s, now in the Wellcome Library; or Leonhard Grundherr, a member of one of Nuremberg's oldest and most prominent patrician families, who embarked on something of a Grand Tour around Europe in the 1690s, and whose health passes can be found in the Stadtarchiv Nürnberg.<sup>9</sup> Occasionally, passes were retained in the archives of health boards.

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<sup>7</sup> Key studies of plague prevention include Cipolla, *Public Health*; Richard John Palmer, *The Control of Plague in Venice and Northern Italy, 1348-1600* (unpublished PhD thesis, University of Kent, 1978); Giuliana Albin, *Guerra, fame, peste: crisi di mortalità e sistema sanitario nella Lombardia tardomedioevale* (Bologna: Cappelli, 1982).

<sup>8</sup> On health passes, see Cipolla, *Public Health*, 19-26; Palmer, *The Control of Plague*, 137.

<sup>9</sup> Wellcome Library, MS.5139; Stadtarchiv Nürnberg (StAN), E56-II 220.

Attempts have been made to identify health passes in and from a wide variety of locations, and the examples which have been located are geographically diffuse (see Table 1).<sup>10</sup> Nonetheless, the sample is not representative of the actual preponderance of health passes, as it is shaped by the acquisition policies and cataloguing practices of archives and libraries (which have often neglected ephemera), the dispersal of passes via the antiquarian trade in early modern ephemeral print, and the focus of the author's archival research on northern Italy.<sup>11</sup>

There is an extensive literature about the development and impact of printing in early modern Europe.<sup>12</sup> Printed items proliferated in this period, and recent scholarship has shown that ephemeral print could be produced very cheaply, and was often

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<sup>10</sup> Although seventeenth-century English plague orders contain stipulations about 'a certificate of health', no extant certificate has been located; the extent to which this provision was followed in practice is therefore unclear. See *Certaine Statutes especially selected, and commanded by his Maiestie to be carefully put in execution by all Iustices, and other Officers of the Peace throughout the Realme; ... Also certaine Orders thought meete by his Maiestie and his Privie Counsell, to bee put in execution, together with sundry good Rules, Preservatives, and Medicines against the Infection of the Plague, Set downe by the Colledge of the Physicians upon his Maiesties speciall Command* (London: Robert Barker and Iohn Bill, 1630), 69.

<sup>11</sup> The sample includes large groups of passes in the following collections: Archivio storico comunale della Spezia (ASCSp), n. 526; Archivio di Stato di Milano (ASMi), *Sanità, Parte antica* (p.a.), B. 278; Archivio di Stato di Mantova (ASMn), *Magistratura Sanitaria Antica*, 58; StAN, E56-II 220; Wellcome Library, London, ephemera.

<sup>12</sup> Key works include Elizabeth L. Eisenstein, *The Printing Press as an Agent of Change: Communications and Cultural Transformations in Early Modern Europe* (Cambridge: Cambridge University Press, 1979); Andrew Pettegree, *The Book in the Renaissance* (New Haven: Yale University Press, 2010).

produced in large quantities.<sup>13</sup> Scholars have explored how print was used as a tool of religious persuasion, a vehicle for intellectual or political debate, and simply as entertainment. Less has been said about how governments exploited print for governance, or about its place in the development of bureaucracies, and this article highlights its crucial role in these contexts. The first part of this article interrogates the significance of the format, language, iconography and materiality of the passes, and emphasises the importance of their visual and material features, as well as their textual content. The second section considers what surviving examples of health passes indicate about how they were used, and reflects on the implications for individuals and rulers of the tension between disease prevention and the mobility which scholars now increasingly recognise was characteristic of life in early modern Europe. The third part of this study examines the place of health passes within the broader use of print by governments and states to implement their public health strategies. Print was used to facilitate communication and to benefit the health of communities, , with broader implications for the development of governance.

Health passes became an important component of the mechanics and infrastructure of travelling. The increase in the use of health passes was propelled by the demands of more powerful states, especially those on the Italian peninsula, that entry to their

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<sup>13</sup> James Raven, *Publishing Business in Eighteenth-Century England* (Woodbridge: The Boydell Press, 2014); Rosa Salzberg, *Ephemeral City: Cheap Print and Urban Culture in Renaissance Venice* (Manchester: Manchester University Press, 2014), 19-21. Stallybrass raises some important questions about the impact of jobbing printing on daily life. See Peter Stallybrass, "'Little Jobs': Broadsides and the Printing Revolution', in Sabrina Alcorn Baron, Eric N. Lindquist and Eleanor F. Shevlin, eds, *Agent of Change: Print Culture Studies after Elizabeth L. Eisenstein* (Amherst: University of Massachusetts Press, 2007), 315-41, 340.

cities would only be permitted if the requisite documentation were presented. Nonetheless, this study argues that these demands were characterised by dynamics of persuasion and cooperation rather than by an imperative for control. Health passes sought to sustain mobility while managing the risks contingent on the movement of people and goods.<sup>14</sup> Their use involved pragmatic negotiation between individuals and states, and the uptake of health passes over a broad geographical area demonstrates that early modern authorities understood that their desire to prevent the spread of disease was best served by cooperation.

### **1. Text, iconography and materiality**

Printed health passes were produced for travel by land and sea, and documented the movement of people and goods. These passes can be broadly categorised into 'health passes', 'ship passes' and 'goods passes', and these groups constitute 81 per cent, 14 per cent and 4 per cent of the passes which have been collated for the purpose of this study (N = 219). 'Health passes' documented the movement of people, 'goods passes' focused on the transport of merchandise and livestock, and 'ship passes' offered a statement about the captain, crew, passengers and goods of a ship. Although differences in the format and content of each type of pass can be observed, they were not fully distinct textual genres. For example, most passes issued by health officials in Genoa were for journeys by sea, but the passes focused on the traveller and mirrored the format and content of most 'health passes'.<sup>15</sup>

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<sup>14</sup> On risk management in early modern Seville, see Kristy Wilson Bowers, *Plague and Public Health in Early Modern Seville* (Woodbridge: Boydell and Brewer, 2013), 68, 102.

<sup>15</sup> ASCSp, n. 526.

Despite differences in emphasis, the information that was documented on all types of pass indicates that the movement of people and goods were both understood to be potential vectors of disease.

Health passes were printed forms designed to be completed by hand (Figure 1). Typically, printed health passes had four components. First, they had a heading section which usually included one or more of the following: a visual representation of the issuing authority such as a coat of arms; a statement that the health pass had been issued free of charge; a reference to magistrates, officials or others with responsibility for health; a note of the city from where the pass was issued. Second, passes made a printed statement that, thanks to God, the city or territory was free from plague or contagious disease. Third, there were printed words to guide insertion of details about the traveller or travellers and their destination. Fourth, the concluding segment of each pass noted that it was issued in a given location, with printed words to direct the insertion of the date and the name of the issuing authority. Health passes benefit from close evaluation as texts. Their format, language, iconography and materiality were motivated by two primary aims: to facilitate their accessibility in terms of access and interpretation, and to prevent fraud. Health passes also sought to make a persuasive statement about the authority of the issuing city and to articulate a belief in the underlying religious causation of epidemic disease, but these were secondary considerations.

Accessibility and fraud prevention were often intertwined. When Michel de Montaigne arrived in Verona in late 1580, he noted that 'they would not have let us enter the town' had his party not had health passes, a custom which he believed was

'probably kept up for the purpose of cheating travellers out of the fees which they exact for the health-certificates'.<sup>16</sup> Montaigne's suspicions were not unfounded, since legislation was issued which sought both to ensure that notaries who compiled the passes did not profit from their work by charging travellers, and to discourage the production of fraudulent passes.<sup>17</sup> Yet governments appear to have taken steps to address to address notarial profiteering from the late 1580s onwards, by stating in large type print at the top of passes that they were issued free of charge.<sup>18</sup> This provision also aimed to facilitate the participation of travellers in the health pass system, as they had no reason to circumvent public health monitoring on grounds of cost. The name and job title of the notary who was responsible for entry of individual details is printed on about a tenth of passes in the sample. Usually a single official, variously a secretary, clerk, scrivener or deputy, held this responsibility in any given town or city, so printing the name saved him from signing each individual pass, or added further assurances of authenticity if he also signed the document.<sup>19</sup> A small number of slips issued in the late eighteenth century by cities with extensive trade networks featured sequential numbering, which indicates the developing sophistication of the health pass system.

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<sup>16</sup> William Hazlitt, ed., *The Complete Works of Michel de Montaigne comprising his Essays, Letters and his Journey through Germany and Italy* (New York: Worthington Co., 1889), 584.

<sup>17</sup> Archivio di Stato di Venezia (ASVe), *Sanità*, B. 2, 11 October 1544; ASVe, *Sanità*, B. 155, 19 June 1630.

<sup>18</sup> The terminology used was 'Gratis' or 'Senza premio'.

<sup>19</sup> James Raven has emphasised how handwritten signatures conferred authority on printed forms in eighteenth-century England. Raven, *Publishing Business*, 8.

The use of imagery on printed slips also aimed to make the creation of fraudulent copies more difficult, since it was harder to reproduce a woodcut design than pure text, and the symbols used would have been recognisable. The woodcuts used for imagery were often reused on later health passes.<sup>20</sup> Authorities normally sourced passes from a single printer, typically the printer used for all official publications.<sup>21</sup> Almost all printed passes had a visual dimension. Passes usually incorporated civic heraldry at the top of the sheet, most often a single coat of arms, sometimes two or three distinct designs (Figure 2), and sometimes an elaborate composite image. The most elaborate imagery can be found on larger-format ship passes (Figure 3) and later eighteenth-century passes.<sup>22</sup> Images often made reference to the patron saint of the issuing city. In these cases, the religious imagery also had a symbolic meaning since it intersected with the printed content of the pass that the city in question was free from plague ‘thanks to God’. A limited number of passes included the coat of arms of the city’s health office, including passes from Ancona, Mantua, Nice, Novara and Pavia, an early step in the development of visual identities of governments and bureaucracies.<sup>23</sup> The use of a single decorated initial at the beginning of the text was also a common feature of health passes, especially those from cities north of the Alps.<sup>24</sup>

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<sup>20</sup> ASMn, *Magistratura Sanitaria Antica*, 58, Health passes, Curtatone, August 1713; Quistello, September 1713; Revere, August and September 1713.

<sup>21</sup> In Venice, this was the ducal printer, Pinelli. ASVe, *Sanità*, B. 742, 25 May 1669.

<sup>22</sup> Università Vita-Salute San Raffaele, Fondo D’Agostino, Ship pass, Naples, 23 August 1774.

<sup>23</sup> For examples, see ASCSp, n. 526; ASMn, *Magistratura Sanitaria Antica*, 58; Palmer, *The Control of Plague*, 137.

<sup>24</sup> ASMi, *Sanità*, p.a., B. 278.

Imagery also affected how passes were 'read'.<sup>25</sup> Passes were inspected at the traveller's destination, whether at city gates or maritime inspection posts including customs houses, and were also shown to border guards during journeys, especially when travel bans were in place during particular periods of concern about plague. The intensity with which passes were inspected depended on location and circumstances. Imagery helped inspectors to ascertain the origin of the traveller and the authenticity of the papers with more ease, as they developed familiarity with the symbols of particular cities. Guards only needed to recognise a limited number of visual cues, since smaller towns in a territory generally used similar iconography, as in the use of the lion of St Mark by Venetian possessions, or the same symbol as the capital, as in the district around Mantua, where all settlements used a standard image of the ancient Roman poet Virgil, who had been born near the city.

The mobility of health passes and travellers meant that language and typography, as well as literacy, were factors which potentially constrained their use, and the evidence suggests careful consideration of these issues by the authorities who produced the passes. Most passes were in the vernacular, but the phrasing and terms which they included were extremely similar in French, German and Italian, facilitating their interpretation in localities with a different first language.<sup>26</sup> The use of vernacular made the passes more accessible to both border guards and travellers.

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<sup>25</sup> For discussion of how the material form of printed texts generated meanings, see James Daybell and Peter Hinds, eds, *Material Readings of Early Modern Culture: Texts and Social Practices, 1580-1730*, 2, 15.

<sup>26</sup> On the 'linguistic cacophony' of the early modern Mediterranean world, see Eric R. Dursteler, 'Speaking in Tongues: Language and Communication in the Early Modern Mediterranean', *Past and Present*, 2012, 217, 47-77.

Typography was related to language and mirrored local practice. German passes used Gothic letters, and Italian and French passes used a mix of roman and italic script. A few words and phrases were given in a different language and font in a small subset of passes. Occasionally, the words 'fede', 'contagion' and 'secret' (the latter in reference to seals) in roman script were interposed mid-sentence, especially in German passes. More often, passes included Latin words in roman or italic script, either for the name of the issuing authorities at the beginning of the pass, or short formulaic phrases at the end of the text asserting that the pass was given 'in quorum fidem', and framing the date and location from which the pass was issued. The use of Latin aimed to facilitate communication with non-local audiences and to confer authority upon the pass. These considerations are demonstrated in a 1666 pass from Nuremberg, where most of the text was in German, but the pass included the words 'Officio Sanitatis' in roman script, immediately followed by a German translation of this phrase, showing how the pass was designed to be evaluated easily both by local audiences and in non-German lands.<sup>27</sup> Passes for the cities of Amsterdam, Rome and Ulm were entirely in Latin, but this practice was unusual amongst printed passes, although common for manuscript passes. When Latin was used exclusively, it was doubtless chosen for its function as a universal language when there was a particular likelihood of unfamiliarity with the local vernacular amongst eventual readers.

The language used in the passes is revealing in other ways, if we look closely at small differences in the texts of passes from different cities. Some distinctions reflect local or regional concerns, emphases and messages. Alongside the absence of

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<sup>27</sup> StAN, A6, 1076.

plague, German and Swiss passes often flagged the ‘fresh and healthy air’ (‘frischer und gesunder Luft’) of their city, a reflection of the strength of local beliefs in miasma as a cause of pestilence.<sup>28</sup> In 1746, when the memory of the plague epidemic of 1720-2 had not yet faded, the authorities in Marseilles were eager to assure readers of ship passes that ‘we are taking the most rigorous precautions against plague and contagious diseases’.<sup>29</sup> While passes almost always thanked God for shielding the city from plague, a handful made reference to specific intercessory figures. Passes from Livorno attributed the city’s excellent health to their protector, the Madonna di Monte Nero, and passes from the Quatro vicariati in the Trentino noted the intercession of San Rocco.<sup>30</sup>

The size of passes varied, but a typical pass had a width of 10 to 14 cm and a height of 8 to 10 cm. Almost all were printed on one side only. A large majority (76 per cent) of passes were in landscape format. Portrait format slips often had larger dimensions, sometimes to accommodate details of large groups, as in some ship passes, and mostly date from the late-seventeenth century onwards. The layout and materiality of health passes were shaped by the broader culture of early modern print. Health passes closely resembled printed indulgences in their format.<sup>31</sup> Indeed,

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<sup>28</sup> For example, ASMi, *Sanità*, p.a., B. 278, Health pass, Bern, 28 September 1680.

<sup>29</sup> Ship pass, Marseille, 1746: ‘de Peste ni d’autres maladies contagieuses, desquelles nous nous gardons par les précautions les plus rigoreuses’.

<sup>30</sup> ASCSp, n. 526, Health pass, Livorno, 25 July 1659.

<sup>31</sup> The Catholic Church diversified its uses of print during the early modern period, and some printed items were used as tools of surveillance. For instance, *Beichtzetteln*, or certificates of attendance at mass and confession, were issued in Bavaria from the late sixteenth century. See David Lederer,

indulgences were not only the earliest form of ephemeral print, but are the oldest known printed text of all, dating back to the Mainz Indulgences of 1454.<sup>32</sup> Like indulgences, health passes had blank spaces for the insertion of names and dates. The resemblance in the physical form of the two genres was underpinned by the desire of both texts, like other official documents, to project authority. As well as leaving blanks for name and date, some health passes used printed words to prompt insertion of the details of individual travellers, such as their age and height.

A final important dimension of the materiality of passes is the presence of wax seals and papered seals (where a small piece of paper is placed over the wax before the stamp is applied).<sup>33</sup> Around a quarter of passes in the sample feature one or more seals. Seals were common on manuscript passes, confirming their authenticity. Seals which certified annotations on the pass when it had been inspected at places along the route fulfilled a similar function. Some seals, all the same, were applied to printed passes at the place of issue. In these cases, the printed text on the pass often alludes to the inclusion of 'our secret seal', creating a system of dual verification which warned the reader to doubt the authenticity of the document

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*Madness, Religion and the State in Early Modern Europe* (Cambridge: Cambridge University Press, 2006), 82-86.

<sup>32</sup> John Lewis, *Printed Ephemera: The Changing Uses of Type and Letterforms in English and American Printing* (Ipswich: W. S. Cowell, 1962), 11. On the impact of print on indulgence activity, see R. N. Swanson, *Indulgences in Late Medieval England: Passports to Paradise* (Cambridge: Cambridge University Press, 2007), 275. The 'black economy' of fraudulent and forged indulgences (see 453-65) mirrors the authorities' concerns about fraudulent health passes.

<sup>33</sup> On papered seals, see James Daybell, *The Material Letter in Early Modern England: Manuscript Letters and the Culture and Practices of Letter-Writing, 1512-1635* (Basingstoke: Palgrave Macmillan, 2012), 49.

without this element.<sup>34</sup> Given the widespread use of seals in early modern Europe it is noteworthy that a large proportion of printed passes were not sealed. The absence of seals in so many cases underlines the clout conferred by print and how city authorities trusted printed health passes.

When multiple passes issued by a single city survive, we can assess the ways in which the format of passes evolved over time. In the case of Rome, we can compare passes from 1576, 1633, 1691 and 1725. The text of the passes remained broadly similar across 155 years, but their size, layout and imagery was modified over time. The earliest two passes are smallest in size with the least elaborate iconography; both feature a coat of arms inscribed with S.P.Q.R. (*Senatus Populusque Romanus*, a term used to refer to the Roman government since the time of the Roman Republic), and topped with a crown, although the 1633 image is larger and more ornate. The S.P.Q.R. symbol is highly intricate in the larger passes from 1691 and 1725, and now flanked by large images of St Peter and St Paul. The two early passes have a single blank space of moderate size for the insertion of personal details, and anticipate the inclusion of the date at the end of the text. The later passes include specific blanks for age, height and hair colour, indicative of a broader move over time towards increasing complexity. The increase in the size of passes resulted from a practical desire to include more text, rather than reflecting a change in their status. This group of passes can be compared with a pass which was issued by the Roman authorities in 1656. The main text of the pass was followed by a lengthy warning ('avvertimento'), dated 28 June 1656, regarding the inspection of

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<sup>34</sup> See, for example, ASMi, *Sanità*, p.a., B. 278, Health pass, San Gallen, 30 October 1721.

passes at the gates of the city of Rome. Here we see a further example of the adaptation of health passes at times of epidemics, since plague had broken out in Rome in June 1656; this pass declared that plague was absent in the countryside surrounding Rome, rather than making claims about the health of the city itself. The imagery of the 1656 pass, in which the S.P.Q.R. at the top was framed by two sheaves of corn, sought to express the authority of the city's officials over the rural location to which the statement applied.

Health passes were material objects. Printed text was only one of multiple facets of that materiality, which was also demarcated by size, spacing, colour (most passes were printed in black, but a minority were in red ink), imagery, seals, and manuscript insertions. On one level, the physical characteristics of health passes were influenced by print culture. The evolution of these characteristics over time ran in parallel with general developments in modes of communication and was facilitated by the cheapness of print, which meant that cities obtained new and updated passes as a matter of routine. The full year of issue, for example, was printed on some passes as early as 1576. On a deeper level, nonetheless, the materiality of health passes was prompted by the need for these objects to convince all those who interacted with them of their nature, authenticity and significance. As Sarah Lloyd wrote in her study of eighteenth-century tickets, 'people had to know what they were and trust that they were what they appeared to be'.<sup>35</sup> The importance of this trust was heightened by the risk which epidemic disease was recognised to pose to the health of communities, and the potential consequences of mistrust, cynicism, apathy,

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<sup>35</sup> Sarah Lloyd, 'Ticketing the British Eighteenth Century: "A thing ... never heard of before"', *Journal of Social History*, 2013, 46, 843-871, 848-849.

and fraud. Trust was hard to establish because, as Adrian Johns has shown in his work on print and piracy, measures which sought to ensure authenticity could be copied or circumvented.<sup>36</sup> The complex materiality of health passes minimised this possibility.

## 2. Use and users

Trust was crucial because of the mobility of the health passes and the people and goods which moved with them. Mobility influenced public health strategies due to early modern understandings of disease causation. While historians of pre-modern medicine have examined the impact of these views, their consideration has largely focused on static responses like quarantine and *cordons sanitaires*.<sup>37</sup> Health passes were a dynamic element of public health policy which sought both to facilitate and to regulate mobility. Their circulation and use required and generated trust.

Trust was important for travellers as well as officials, and is reflected in the terminology used to describe the passes. When travellers were strangers in a town or city, they were unable to rely on their personal reputation or networks of credit, as

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<sup>36</sup> Adrian Johns, *The Nature of the Book: Print and Knowledge in the Making* (Chicago: University of Chicago Press, 1998), 173-174.

<sup>37</sup> The study of itinerant healers is an important exception. See David Gentilcore, *Medical Charlatanry in Early Modern Italy* (Oxford: Oxford University Press), 282-95. These issues have been more thoroughly examined by modern historians. See Alison Bashford, ed., *Medicine at the Border: Disease, Globalization and Security, 1850 to the present* (Basingstoke: Palgrave Macmillan, 2006); Harrison, *Contagion*.

they might do in their place of origin.<sup>38</sup> By carrying a *fede*, they could inspire the faith and confidence in their person that the word used for the document implied. Other terms for passes offered similar assurances; a *bollettino* conferred trust, because its etymology was connected to the term *bollo* which meant a stamp or a seal.

Health passes were not a theoretical ideal. Surviving examples of completed health passes demonstrate how the health pass system worked in practice and how it adapted due to circumstances. Handwritten text on passes detailed who and what was travelling, and sometimes alluded to their destination and reasons for travel. Passes were not tied to individuals in the same way as modern passports, and from the earliest examples it is clear that a single pass often served for a group which was travelling together. Sometimes passes outlined the specific relationship between individuals: master and servant, husband and wife, or ship captain and sailors. Others just provided a list of names. The printed format of passes underlined the expectation that they might be used by multiple people, through references to 'travellers' in the plural, and by the provision of multiple slots for identifying details. Nonetheless, the majority of surviving passes document a single individual, although groups of two or three travellers were relatively common. Larger groups were more unusual: around 7 per cent of passes in the sample document groups of four to eight people; and 2 per cent involved groups of 12 to 30 people. All groups of eight or more were travelling by boat.

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<sup>38</sup> On ideas of 'credit' see Craig Muldrew, *The Economy of Obligation: The Culture of Credit and Social Relations in Early Modern England* (Basingstoke: Palgrave Macmillan, 1998).

Around a third of passes in the sample contain references to the age and height of the traveller; around a quarter note hair colour; and about a sixth contain details of their beard. There are occasional references to eye colour, faces and clothing. All these markers, with the exception of clothing, were used by early modern people to assess an individual's humoral condition, or 'complexion'.<sup>39</sup> Italian cities seem to have been particularly interested in beards, whereas eyes were only deemed worthy of note north of the Alps. Almost all of the named travellers were men.<sup>40</sup> The vast majority were aged between 20 and 50, although individuals as young as 10 and as old as 76 are named. Most men were deemed to be 'ordinary', 'middling' or 'typical' in stature; only a handful were labelled as tall or short. It is therefore unlikely that the recording of height facilitated identification of specific individuals in practice. This may explain why hair colour was usually given first on passes which included both height and hair colour, even though height featured on passes more often. The most common term used to describe hair was 'chestnut' (*castagno* in Italian; *chataing* in French). Ten travellers were described as having black hair (*nero/negro*). In her work on Renaissance skin, Kate Lowe has explained that both 'nero' and 'negro' were used at this time to mean 'dark', as well as 'black', and that the latter term was 'more emphatic'; descriptions of hair colour may also have sought to convey these nuances.<sup>41</sup> Grey (*grigio/gris*; men thus described were aged between 46 and 60) and

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<sup>39</sup> See Mark Dawson, 'First Impressions: Newspaper Advertisements and Early Modern English Body Imaging, 1651-1740', *Journal of British Studies*, 2011, 50, 277-306, 288-289.

<sup>40</sup> The sample includes four references to women: three passes from 1577 all refer to an elderly woman called Simonetta; the fourth involved a wife accompanying her husband in 1612. ASCSp, n. 526, Health pass, Polverara, 26 July 1577; La Spezia, 27 and 30 July 1577; Nizza, 1 January 1612.

<sup>41</sup> Kate Lowe, 'Visible Lives: Black Gondoliers and Other Black Africans in Renaissance Venice', *Renaissance Quarterly*, 2013, 66, 412-52, 417.

blond (*biondo/blond*) also feature in the sample, and there are single references to red (*rosso*) and 'frosty' (*brinato*; for an older traveller). The terminology used for hair thus reflected visual perceptions of colour and incorporated observations of the ageing body. Hair colour was first included on health passes in 1630. Its use as a marker of identity occurred first in Italy, where it was deployed by four cities in 1630, and a further five by 1636. The timing coincided with the major plague epidemic of 1629-1631, which affected many cities in northern Italy, and the spread of which was associated by contemporaries with troop movements connected with the War of Mantuan Succession. By 1670, hair was included on passes from Geneva, likely prompted by the incidence of plague in Switzerland in 1667-1668. Similarly, hair's inclusion in passes from 1680 from Konstanz, Salzberg and Solothurn reflects the high incidence of plague in Bavaria and Austria in 1679. In all these cases, contemporary recognition of the contribution of mobility to the spread of disease fostered greater attention to identity and identification. Beards were the final marker of identity which featured on a substantial proportion of health passes. Their inclusion correlates with the gendered use of health passes, as noted above. Most references to beards were in Italian passes, but they were also documented on passes from Geneva, Nice and Salzberg. Beards were described using similar language and colours to hair. Most were chestnut or black; a few were red or grey. Several beards were described using the adjective 'spunta', indicating that they were trimmed.

Although health passes increasingly provided more detail about travellers' identities, if we scrutinise the details which were included, a large proportion were remarkably unspecific. Most passes detailed an adult man of typical height with chestnut hair.

Beards, of course, were malleable, as Will Fisher memorably highlighted.<sup>42</sup> The inclusion of printed prompts and manuscript insertions simply show that it was mostly adult men who were mobile and who used and were expected to use the health pass system. It is also instructive to reflect on what the passes did not include. In particular, it is notable that no attempts were made to record distinguishing marks on the body such as scars or moles. This absence is striking because these marks were recorded on other types of identity documents, such as those for pilgrims and emigrants, and because the skin was a subject of considerable interest to early modern people, and imperfections were weighted with meaning.<sup>43</sup> Ultimately, I would argue, the passes show that the authorities' primary concern was with the number of people on the move, and where they had come from, rather than who they actually were. Including identity details on passes issued a message to the traveller about the importance of the pass to the authorities, and made it harder for adjustments to the size of a travelling group to be made. Legislation repeatedly prohibited changes to the size of the travelling party.<sup>44</sup> The importance that was attached to accurate numbers can be seen from a detailed annotation on a pass from 1774 – in the same hand as the original list of travellers – explaining why one member of the party was no longer travelling.<sup>45</sup>

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<sup>42</sup> Will Fisher, 'The Renaissance Beard: Masculinity in Early Modern England', *Renaissance Quarterly*, 2001, 54, 155-87, 155.

<sup>43</sup> On distinguishing marks, see Groebner, *Who Are You?*, 191, 209; on skin, see Jonathan Reinarz and Kevin Siena, eds, *A Medical History of Skin: Scratching the Surface* (London: Pickering and Chatto, 2013); see esp. Siena on the 'moral biology' of skin.

<sup>44</sup> Archivio di Stato di Padova (ASPd), *Ufficio di Sanità*, B. 396, 4 May 1630; ASVe, *Sanità*, B. 765, 4 January 1774mv.

<sup>45</sup> Università Vita-Salute San Raffaele, Fondo D'Agostino, Ship pass, Naples, 23 August 1774.

The interests and concerns of officials are elucidated by other details. 62 per cent of completed passes gave the intended destination of the travellers. The inclusion of the end-point offered an assurance to the eventual reader that the journey had been planned, a point underlined by the fact that a health pass had been obtained. The destination was not always specific, especially if a long journey was involved. Passes from Amsterdam, Buchenberg, and Geneva all gave the destination as 'Italy'.<sup>46</sup> Where the specific destination was entered, we can evaluate the types of journeys conducted with health passes. There are 68 printed land passes where the distance travelled – as the crow flies – can be calculated.<sup>47</sup> The distance ranged from 4km to 338km, with a median distance of 30km, and a mean distance of 67km. For the 39 printed sea passes where approximate distances can be gauged, distances ranged from 23km to 1564km, with a median distance of 73km. Although the actual distance travelled would invariably have been longer, whatever the mode of travel, the following points are clear. First, health passes were used for short, medium and long journeys by land and sea. Second, sea journeys were typically longer than those on land, a product of the faster speed of maritime travel and the greater distance between stopping points. Third, health passes most often documented travel within the locality or region, a point confirmed by collections of passes which show how some travellers, like Leonhard Grundherr, obtained a sequence of passes over the course of a longer journey.<sup>48</sup> Occasionally, health passes document this longer journey by noting the starting point. In November 1611,

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<sup>46</sup> Università Vita-Salute San Raffaele, Fondo D'Agostino, Health pass, Amsterdam, 12 June 1723.

<sup>47</sup> Some of these journeys may have involved travel by boat along rivers, but passes do not contain this level of detail.

<sup>48</sup> StAN, E56-II 220.

for instance, a frigate which had originated in Tunis received a health pass from Livorno on its way to La Spezia.<sup>49</sup> Similarly, Jacques Bonjan, who passed through and obtained a health pass from Geneva in June 1670 on his way to Saint Gallen, had begun his journey in Paris.<sup>50</sup> These insertions reflect the oral conversation which took place between traveller and inspector, and actively share the information obtained with future officials; the level of detail may have been particularly pronounced when the health status of a port like Tunis was unknown or of concern, or in periods when there were outbreaks of plague in close proximity to the route of the traveller, as in Switzerland. Officials did not have to retain passes in order for the system to work. The dating of passes countered the possibility of fraudulent reuse, and the physical slips intersected with other systems. For example, in La Spezia, the Health Office kept manuscript registers detailing the passes which they had inspected and the oral exchanges with the travellers who presented them.<sup>51</sup> In Mantua, the Ufficio delle Bollette kept records of foreigners who arrived in and departed from the city on loose sheets which also noted travellers' lodgings.<sup>52</sup> In Nuremberg, travellers had to show their pass at the city gates, where they were issued with a residence permit which they had to present on arrival at their inn.<sup>53</sup>

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<sup>49</sup> ASCSp, n. 526, Ship pass, Livorno, 3 November 1611.

<sup>50</sup> ASMi, *Sanità*, p.a., B. 278, Health pass, Geneva, 19 June 1670.

<sup>51</sup> Surviving registers date from 1680 to 1775. For details, see Giacomo Bertinati, 'Il libro delle patenti di sanità', <http://www.cittadellaspezia.com/l-gioielli-della-Mazzini/Il-libro-delle-patenti-di-sanita-194414.aspx> [accessed 3 August 2016].

<sup>52</sup> ASMn, Archivio Gonzaga 3056-3092. See also R. Navarrini, 'L'ufficio delle bollette e il controllo sanitario a Mantova nei secoli XV-XVII', *Civiltà mantovana*, 1984, 5, 11-25.

<sup>53</sup> Carolin Porzelt, *Die Pest in Nürnberg. Leben und Herrschen in Pestzeiten in der Reichsstadt Nürnberg (1562-1713)* (St. Ottilien: EOS Verlag, 2000), 129.

Further scrutiny of passes provides indications of how and why certain journeys were undertaken, including details of whether the traveller was on foot or travelling by boat or horse. Occasionally, as in the case of Donato Orelli, a citizen of Vilsbiburg in Bavaria who travelled to Rome in 1700, the motivation for travel was religious.<sup>54</sup> The manuscript pass explained that Orelli wished to visit the holy sites of the city on the occasion of the jubilee. Most journeys recorded on printed passes were undertaken for the purpose of trade. Some simply noted the number of mules which were carrying the goods; others described the merchandise or livestock which was being transported. A pass from Castelnuovo ne' Monti in central Italy from December 1636, for example, noted how Giovanni Battista Granelli and Pietro Antonio Lamberti had come from La Spezia and were headed for Reggio Emilia and Modena, accompanied by five laden mules.<sup>55</sup> In Brentonico, near Trento in northern Italy, in the 1750s and 1760s the authorities kept a close eye on transhumance, documenting the movement of herds at the end of the summer. A pass from 1767, for instance, noted the journey of Bortolamio Zanine with 70 sheep, 3 goats, his family and other possessions.<sup>56</sup> When different passes document the same traveller we glean a sense of the rhythms of trade. Jacopo Rivarolla from La Spezia passed through Livorno on 25 September 1611, and again on 3 November 1611, both times on a boat destined for La Spezia carrying goods originally from Tunis.<sup>57</sup>

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<sup>54</sup> Health pass, Vilsbiburgo, 24 March 1700.

<sup>55</sup> ASCSp, n. 526, Health pass, 19 December 1636.

<sup>56</sup> Health pass, Vicariato di Brentonico, 6 October 1754, 3 September 1760, 31 August 1767.

<sup>57</sup> ASCSp, n. 526, Ship pass, 25 September 1611, 3 November 1611.

Rivarolla's passes also detailed – in print – the disinfection procedures which had been applied to the goods on board at Livorno's lazaretto.<sup>58</sup> More often, passes – especially those from ports or those issued in times of heightened concern – confirmed in handwriting that 40 days of quarantine had been completed.<sup>59</sup> Others stated that the bearer had spent 40 days in a city or territory which was free from plague, as in the case of the courier Paolo Muccini in 1632.<sup>60</sup> Most passes which have been categorised as 'goods passes', because they focused on the goods being transported rather than the identity of the traveller, feature one or more merchant's marks. Inspectors could compare the mark on the pass with those on the goods being transported as reassurance that the goods did not pose a health risk. In a number of cases these goods comprised textiles like cotton and wool which were thought to be a potential vector of plague.<sup>61</sup> These features show that health passes were used to target movement which was perceived to be particularly risky, because of the timing of the journey, or the locations, items or animals involved. This aspect of risk management involved the documentation of details pertinent to the risk. The dates of passes in the sample show that they were used continuously from the 1570s onwards, and at times when plague was not present in the region where they were issued. The continuous running of the system reflected a perception that

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<sup>58</sup> For a discussion of disinfection procedures at Venice's lazaretto, see Jane Stevens Crawshaw, *Plague Hospitals: Public Health for the Plague in Early Modern Venice* (Farnham: Ashgate, 2012), 211-17.

<sup>59</sup> For example, ASCSp, n. 526, Health pass, La Spezia, 19 July 1577; ASMi, *Sanità*, p.a., B. 278, Health pass, Constanza, 4 October 1680.

<sup>60</sup> Health pass, Castelnovo di Garfagnana, 30 July 1632.

<sup>61</sup> For example, Goods pass, Mantua, 22 September 1723; Wellcome Library, EPH501, Goods pass, Piacenza, 24 April 1723.

plague remained a constant threat to European polities throughout the early modern period.

Handwritten annotations on the pass after it had been first completed provide further evidence about how the system worked. Around one third of passes in the sample were annotated, either or both on the front or reverse of the pass. These annotations recorded inspections at smaller localities on the journey, usually at several different places. Most annotations were signed, and often they included the word 'vista', meaning 'seen'. Usually they were dated, and some – as previously noted – included a seal. The authenticity of the annotations was conferred by the signature, seal and their very presence on the printed document itself. Annotations document the route taken by the traveller in detail. Some reveal how outlying communities were active participants in the overall strategy of a capital city, and highlight how smaller settlements formed a public health bridge to a new jurisdiction. On 18 September 1720, for example, a traveller left Valle d'Orsera (Urserental), a valley in southern Switzerland. Eight days later he had reached Canobbio, where the annotation by the local commissioner reported that the exterior of the consignment of goods had been disinfected, and the traveller had been advised to go to the lazaretto outside the Porta Orientale, one of Milan's gates, without opening his load at any point on the way.<sup>62</sup> This intervention brought the traveller within Milan's public health system as soon as he entered Milanese territory, and long before he reached the city itself.

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<sup>62</sup> ASMi, *Sanità*, p.a., B. 278, Goods pass, 18 September 1720, 'Cannobio a 26 7bre 1720. Vista et attesa la purga esteriore qui fattagli si rafferma con che però si conducano à drittura al Lazaretto fuori di P.O. di Milano, e non venchino toccati interiormente soto pena Giuseppe Ant<sup>o</sup> Petrolino Com<sup>rio</sup>.'

In her revealing study of plague prevention measures in early modern Seville, Kristy Wilson Bowers demonstrated that restrictions were flexible. The civic authorities imposed travel bans and set up *cordons sanitaires* during the plague epidemics of 1582 and 1599-1600, but many exemptions to these restrictions were granted following petitions from individual travellers and towns in the region.<sup>63</sup> Health commissioners sought to weigh up the economic and social needs of individuals and the community against the risks to health.<sup>64</sup> Petitions show the willingness of travellers to play by the rules, and Bowers discovered that merchants were especially likely to comply with restrictions or to request a formal exemption.<sup>65</sup> Health passes, similarly, sought to manage risk by using information and communication to sustain travel and trade as much as possible.

Scrutiny of used health passes shows that the characteristics which made them texts about health had more to do with place than identity. Descriptions of travellers were informed – to some degree – by humoral understandings of the body, but were fairly generic. The passes placed more emphasis on documenting locations on the journey, and on conveying implicit and explicit messages about their healthiness, in order to ensure that the place of origin did not contaminate the destination. Passes thereby organised and communicated medical knowledge and experience about the towns, cities and ports through which they moved.

### **3. Print and public health**

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<sup>63</sup> Bowers, *Plague and Public Health*, 52-54, 57.

<sup>64</sup> *Ibid.*, 10, 68.

<sup>65</sup> *Ibid.*, 103.

The communicative power of health passes was amplified by their relationships with other texts and forms of communication. Their power was further magnified by their status as official documents, and thereby as expressions of the power of the state. The development of the health pass system was thus entangled with the growing recognition of governments of the opportunities which print offered for governance. Previous studies of the use and control of print by early modern rulers have indicated that its manipulation became more sophisticated in times of challenge or crisis for a polity, be it war or political rupture.<sup>66</sup> Plague was a challenge of comparable magnitude for early modern polities. The use of print in attempts to control plague pre-dates its sustained deployment for other political purposes in the first half of the seventeenth century.

Health passes originated in powerful states in northern Italy which had strong bureaucracies. Manuscript health passes were widely used in Milanese territory in the late fifteenth century, and were adopted by the Venetians in the early sixteenth century. A decisive shift to the use of print for health passes took place in the 1570s. This decade also saw an explosion of printed plague tracts and a surge in official publications about plague in the Italian states.<sup>67</sup> As Sam Cohn has argued, a major epidemic of plague in northern Italian cities from 1575 to 1578 sparked a sudden

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<sup>66</sup> Examples include the Venetian Republic in the 1600s, James I in the 1620s, and Oliver Cromwell in the 1650s. See Filippo de Vivo, *Information and Communication in Venice: Rethinking Early Modern Politics* (Oxford: Oxford University Press, 2007), ch. 6; Jayne E.E. Boys, *London's News Press and the Thirty Years War* (Woodbridge: The Boydell Press, 2011), ch. 7; Nicole Greenspan, *Selling Cromwell's Wars: Media, Empire and Godly Warfare, 1650-1658* (London: Pickering & Chatto, 2012).

<sup>67</sup> Cohn, *Cultures of Plague*, 202.

change in focus for public health initiatives and an appetite for political action.<sup>68</sup> Plague had recurred intermittently in many Italian cities over the course of the sixteenth century, but the sudden explosion of printed texts shows that this epidemic was a catalyst for developments in the bureaucracy of plague's management, as well as in the vibrancy of medical debates, perhaps due to its severity.

The health pass system required the participation of multiple states in order for it to work. The development of the system involved the exercise of power on other states, as well as cooperation. When large and powerful polities like Milan and Venice demanded a health pass as a condition of entry into a territory, smaller polities were inclined to produce health passes which could attest to departure from their towns and cities so that merchants passing through their cities and their own subjects could travel to major centres of trade. A Venetian decree of 1576 emphasised the importance of the authenticity of the passes, nudging other polities towards producing printed forms which – for the reasons discussed above – conferred added legitimacy on the pass.<sup>69</sup>

Power was also a dynamic in the ways in which cities spread the practice throughout their dependent territories.<sup>70</sup> A decree issued in Ferrara in 1682, for instance, highlighted how the residents of its territories or 'Terrieri' were expected to obtain passes before seeking entry to the city itself.<sup>71</sup> Passes from smaller communities

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<sup>68</sup> Cohn, *Cultures of Plague*, 5, 239.

<sup>69</sup> Biblioteca Museo Correr, Venice, *Donà Dalle Rose*, n. 181, c. 29: 'Che quelli che vorranno venir in questa Città debbano portar le fede autentiche di Sanita.'

<sup>70</sup> ASVe, *Sanità*, B. 737, 21 September 1606.

<sup>71</sup> Wellcome Library, EPH501:34, 27 July 1682.

often regarded travel *to* the regional capital, so the implementation of this system was as much about regulating entry to the capital and managing its hinterlands as attesting to the absence of disease. These practices echo the use of printed decrees in Rome to regulate numerous aspects of urban life. As Rose Marie San Juan has shown, these decrees aimed to assert the authority of Rome's civic government over the city, as part of its power-play with the papacy.<sup>72</sup> Elsewhere, decrees regarding the health pass system placed obligations on non-travelling citizens, albeit, judging from the timing of decrees, mainly in periods where an outbreak of plague was nearby. A 1711 ordinance prohibited innkeepers in Hamburg from housing anyone who was not in possession of a health pass.<sup>73</sup> A similar provision from Padua in 1657 threatened transgressors with a large fine, and required proprietors to post up the decree in their inn.<sup>74</sup> Placing these obligations on innkeepers recognised that the transient population of inns presented a heightened risk for the transmission of disease and offered a second line of defence in the eventuality that a traveller without a pass had eluded border or city guards. But health passes were an instrument of communication more than power and provided important signals to other polities. By issuing passes, Italian states made two statements: that their city was safe, and that they were committed to participating in an effective risk-management system.

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<sup>72</sup> Rose Marie San Juan, *Rome: A City out of Print* (Minneapolis: University of Minnesota Press, 2001), 18, 26.

<sup>73</sup> Mary Lindemann, *Patriots and Paupers: Hamburg 1712-1830* (Oxford: Oxford University Press, 1990), 29.

<sup>74</sup> ASPd, *Ufficio di Sanità*, B. 396, 18 June 1657.

The later spread of the system north of the Alps was often prompted by the reputation of the efficacy of Italian public health measures. Italian systems were discussed and emulated by northern European states.<sup>75</sup> Cities in Germany paid close attention to Italian measures, not least because they were sometimes subject to them during epidemics, as was the case for Frankfurt in November 1665, when a travel ban was imposed by Venice.<sup>76</sup> The health status of Frankfurt and the measures taken by Venice were discussed in correspondence between other German cities. The introduction of printed health passes in Nuremberg in the same month, when the government decreed that 'general forms' should be printed and thence completed with the details of each person and their goods and sealed, was surely no coincidence.<sup>77</sup> But we should not assume that official correspondence was the only factor which prompted the uptake of health passes in northern Europe. Personal experiences may also have been influential, if legislators or the physicians who advised them had travelled to Italy for trade, leisure or education. The *peregrinatio medica* undertaken by many early modern medical students may have been a particular stimulus for the wider adoption of plague prevention measures.<sup>78</sup> The vast geographical reach and highly-organised distribution networks of print

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<sup>75</sup> Examples include Sir Dudley Carleton's report to the English Parliament in 1626 on measures used by Paris and Venice and the report produced for the Dutch in 1721 by Bernardo Leoni Montenari of the Venetian Health Office. Palmer, *The Control of Plague*, 148; Duane Osheim, 'Plague and Foreign Threats to Public Health in Early Modern Venice', *Mediterranean Historical Review*, 2011, 26, 67-80, 67.

<sup>76</sup> Porzelt, *Die Pest in Nürnberg*, 142.

<sup>77</sup> Decree of 7 November 1665, cited in Porzelt, *Die Pest*, 27, 217.

<sup>78</sup> On the *peregrinatio medica*, see Ole Peter Grell et al., *Centres of Medical Excellence? Medical Travel and Education in Europe, 1500-1789* (Farnham: Ashgate, 2010)

pedlars which centred on towns like Bassano del Grappa in northern Italy may also have played a part.<sup>79</sup> These pedlars obtained health passes themselves in order to travel and sell their wares.<sup>80</sup>

Health passes worked in conjunction with other printed texts designed to counter plague, especially broadsheet decrees. The collective effect of these texts was generated by the intersection of form, function, and circulation. Both decrees and health passes were usually produced by the city's official printer and headed with civic heraldry. Decrees which imposed bans on travellers who had come from or passed through certain areas where plague was reported were common, and sometimes specified that travellers from certain cities would be exempt if they possessed a health pass.<sup>81</sup> In this way, governments were able to combine rigorous plague restrictions with continued contact with specific localities which were perceived to be safe. The distribution of information in decrees was brought about by mobility, orality and visuality, as it was with health passes. People engaged with printed decrees in a range of different ways. In Italy, *comandatori*, figures in between town criers and heralds, read decrees aloud, and affixed them in prominent places in the city, such as on church doors.<sup>82</sup> People heard, saw, and read about plague

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<sup>79</sup> On the scale of these networks, see Alberto Milano, "'Selling Prints for the Remondini': Italian Pedlars Travelling Through Europe During the Eighteenth Century', in Roeland Harms, Joad Raymond and Jeroen Salman, eds, *Not Dead Things: The Dissemination of Popular Print in England and Wales, Italy, and the Low Countries, 1500-1820* (Leiden: Brill, 2013), 86-89.

<sup>80</sup> Milano, 'Italian Pedlars', 81.

<sup>81</sup> For example, ASVat, *Segreteria di Stato, Venezia*, B. 88, 3 July 1656.

<sup>82</sup> Filippo De Vivo, *Information and Communication in Venice: Rethinking Early Modern Politics* (Oxford: Oxford University Press, 2007), 129.

prevention measures. The flexibility of print as a means of communication helped governments to 'educate', in Stephen Greenberg's formulation, the populace about plague.<sup>83</sup>

Printed decrees were also sent to other cities both within and beyond the jurisdiction of where they were produced. Often they were included with letters to ambassadors or officials. For example, On 1 July 1656, the papal nuncio in Venice, Carlo Carafa della Spina, bishop of Aversa, wrote to Rome that 'it is heard here that Florence, Bologna and Ferrara have placed the city of Rome and some of the provinces of the Papal States under a travel ban due to suspicion of contagion'.<sup>84</sup> As a consequence, Carafa continued, on the previous day the Venetian Health Officers had announced a similar ban by a public proclamation. A week later, Carafa sent a letter with an update on the situation and attached a copy of the printed decree of 30 June, suggesting that he had originally heard about it via oral sources, and had not been able to obtain the text in time to include it with his earlier missive. This example shows that manuscript correspondence had a greater immediacy than print, but that Carafa believed that the papal authorities would want to see exactly how the Venetian Republic had asserted its position, even if they were already aware of its stance.

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<sup>83</sup> See Stephen Greenberg, 'The "Dreadful Visitation": Public Health and Public Awareness in Seventeenth-Century London', *Bulletin of the Medical Library Association*, 1997, 85, 391-401.

<sup>84</sup> Archivio Segreto Vaticano (ASVat), *Segreteria di Stato, Venezia*, B. 88, 1 July 1656: 'L'essersi sentito qui che Fiorenza, Bologna, e Ferrara havevano per suspetto di contagio bandita la Città di Roma, et alcune Provincie dello Stato Ecc<sup>o</sup>, è stato causa, che hieri mattina questi SS<sup>ri</sup> Deputati sopra la Sanità venissero con publico bando alla medesima risolut<sup>ne</sup>.'

Correspondence with health officials in other states prompted the issuing of further decrees. In November 1679, for instance, a proclamation issued by Ferrara's Health Office noted that they were applying the same provisions as Venice's health officials to cities in Germany and Austria which were affected by contagion as they had become aware of the restrictions imposed by Venice.<sup>85</sup> The next month, Ferrara's officials noted at the beginning of a printed edict that they had been advised that the contagion had spread to Graz and Moravia by the 'corresponding' ('corrispondente') health tribunal in Milan.<sup>86</sup> Decisions taken elsewhere seem to have added weight to Ferrara's position.

The perceived efficacy of print communication about plague prevention measures encouraged governments to use print to address other public health concerns over the course of the seventeenth and eighteenth centuries. Government promotion of population-level health encompassed the regulation of medical practice; food standards; and environmental matters including air quality, water pollution, waste management and cemeteries. The format of items used to support activity in these areas mirrored plague print in many cases, as with large broadsheet decrees which regulated the sale of cinchona, or the small slips which advertised smallpox inoculation opportunities to parents.<sup>87</sup> Printed forms were widely used to issue licences and privileges, although since these documents typically included far more text than health passes, they were usually larger in size. The choice of print for non-plague items was motivated by the same benefits which it conferred on health passes: authority, authenticity, efficiency and portability.

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<sup>85</sup> Wellcome Library, EPH501:27, 2 November 1679.

<sup>86</sup> Wellcome Library, EPH501:29, 5 December 1679.

<sup>87</sup> ASVe, *Sanità*, B. 156, 4 December 1731; ASVe, *Sanità*, B. 563, Avviso, 20 October 1775.

Many aspects of the eighteenth-century response to cattle plague imitated plague prevention measures and were coordinated by health boards and disseminated via printed broadsheets. Cattle plague had long recurred in Europe, and major epizootics in the early eighteenth century (perhaps stimulated, Karl Appuhn has suggested, by long-distance trade and new markets for beef in Italy and France) provoked government action.<sup>88</sup> The earliest known travel ban on cattle was imposed by Venice and Padua in 1599.<sup>89</sup> The tactics used to inhibit the spread of disease included quarantine and *cordons sanitaires*. Health passes were used for cattle in the Papal States from 1713, in the Spanish Netherlands from 1714, and in France from 1739.<sup>90</sup> In France, anyone accompanying the animals also required a certificate. An example of a bovine health pass issued by the Health Office in Rovigo in 1769 bears a striking resemblance to those used for humans in its size, format, language and iconography.<sup>91</sup> The small slip in landscape format was headed with civic heraldry; the pass attested that the cattle were healthy ‘thanks to god’; blanks were included for details of the number of cattle and the date; and phrases such as ‘faccio fede’ and ‘in quorum fidem’ provided assurances. There was even a blank for the hair colour of the cattle, although the manuscript insertion simply noted that this was ‘varied’ (‘diverso’). The use of print in the management of cattle plague reminds us that we should not make assumptions about human-animal dichotomies in our

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<sup>88</sup> Karl Appuhn, ‘Ecologies of Beef: Eighteenth-Century Epizootics and the Environmental History of Early Modern Europe’, *Environmental History*, 2010, 15, 268-287.

<sup>89</sup> Emmanuel Leclainche, *Histoire illustrée de la médecine vétérinaire* (Paris: A. Michel, 1955).

<sup>90</sup> Clive Spinage, *Cattle Plague: A History* (New York: Kluwer Academic, 2003), 241-43, 249.

<sup>91</sup> This pass dated 19 June 1769 is reproduced in Spinage, *Cattle Plague*, 261.

study of the past. Printed health passes, like other preventive measures, were deemed to be an effective strategy for both humans and animals.

Print was also used by early modern rulers in their attempts to manage the poor. The poor were categorised as a public health problem because they were associated with disease – including plague – and were thought to pose a danger to the overall health of a city.<sup>92</sup> Migrants were also associated with the spread of disease and anxieties about vagrancy intersected with those about poverty.<sup>93</sup> Across Europe, poor people who had been born in a community were treated differently from outsiders. Governments frequently issued legislation which expelled the foreign poor. In England, the vagrancy statute of 1597 went further in mandating the return of vagrants to their parish of residence.<sup>94</sup> Print and public health intersected in these attempts to manage the non-native poor, which often fell within the remit of health magistracies. Printed broadsheets publicised legislation to citizens and vagrants.<sup>95</sup> Pamphlets explained regulations to innkeepers.<sup>96</sup> Small format print also played a

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<sup>92</sup> On associations between poverty and disease, see Cohn, *Cultures of Plague*, ch. 8; Brian Pullan, 'Plague and Perceptions of the Poor in Early Modern Italy', in Terence Ranger and Paul Slack, eds, *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (Cambridge: Cambridge University Press, 1992), 101-24.

<sup>93</sup> John Pound, *Poverty and Vagrancy in Tudor England*, 2nd edn (Harlow: Longman, 1986); Brian Pullan, *Rich and Poor in Renaissance Venice: The Social Institutions of a Catholic State, to 1620* (Oxford: Blackwell, 1971), 220-221, 238. Pedlars were sometimes suspected of deliberately attempting to spread plague. See Gentilcore, *Medical Charlatanism*, 155.

<sup>94</sup> Paul Slack, 'Vagrants and Vagrancy in England, 1598-1664', *The Economic History Review*, 1974, 27, 360-379, 360.

<sup>95</sup> ASVe, *Sanità*, B. 155, 7 April 1701.

<sup>96</sup> ASVe, *Sanità*, B. 155, 2 August 1630.

significant role in regulation. A 1678 decree obliged vagrants from Venice's subject territories and other states to leave the city of Venice within three days, with a carrot and stick approach whereby they were offered a free passport ('passaporto') but threatened with whipping and the pillory if they did not comply.<sup>97</sup> In England, printed forms were used to record pauper examinations by Justices of the Peace, and for removal orders when the decision was taken to return them to their original parish.<sup>98</sup> Print was also used to manage access to poor relief and to certify the poverty of individuals who were permitted to remain in cities. In Turin, the poor had to obtain a 'certificate of poverty' from their local parish priest from 1672, with which they could obtain free medicines. An example from 1705 affirmed that Maria Magdalena Isola was 'poor, needy and wretched'.<sup>99</sup> These slips echoed the format of health passes with blanks for name, place, date and grammatical agreement.

Ephemeral public health print fuelled the growth of bureaucracy. The system needed notaries and scribes to complete the printed forms. In 1656, the Venetian Health Office took on an additional employee who was to be exclusively responsible for the city's health passes, because the magistracy's notary was unable to deal with the volume of work.<sup>100</sup> The use of small printed slips as health passes and certificates of

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<sup>97</sup> ASVe, *Sanità*, B. 743, 25 October 1678.

<sup>98</sup> Adam Crymble, 'Whipped and Deported: England's Historic Resistance to Movement of Labour', *The Conversation*, <https://theconversation.com/whipped-and-deported-englands-historic-resistance-to-free-movement-of-labour-63422> [accessed 12 August 2016]; <https://www.londonlives.org/static/RV.jsp> [accessed 12 August 2016]

<sup>99</sup> Sandra Cavallo, *Charity and Power in Early Modern Italy: Benefactors and their Motives in Turin, 1541-1789* (Cambridge: Cambridge University Press, 1995), 78-79.

<sup>100</sup> ASVe, *Senato Terra*, R. 152, 20 June 1656.

poverty also promoted the use of printed forms in order to monitor urban populations in other ways. In Venice, censuses were compiled using printed forms from 1633.<sup>101</sup> These forms facilitated speedy and consistent information-gathering and comprised a basic grid, topped by a heading and a header row with a column for the head of household and other columns for numbers in particular groups. The forms categorised the city's population, since separate forms were printed to compile details of each of the three main social groups in the city (nobles, citizens and 'artefici' or artisans).<sup>102</sup> Printed slips were also used in Milan to certify deaths and burials, and in Venice to produce certified copies of entries in baptismal and death registers.<sup>103</sup> The language and format of these texts bore a strong similarity to health passes. Print was also used to announce demographic change, as with broadsheets which set the yearly tally of births against the total number of deaths.<sup>104</sup> Governments thus used print in a diverse range of ways, to disseminate, categorise, and collect information, and to communicate with individuals, officials, civic communities, and states.

## Conclusion

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<sup>101</sup> ASVe, *Sanità*, 568-569.

<sup>102</sup> Robert C. Davis, *Shipbuilders of the Venetian Arsenal: Workers and Workplace in the Preindustrial City* (Baltimore: The Johns Hopkins University Press, 1991), 93.

<sup>103</sup> ASMi, *Atti di governo, Popolazione parte antica*, B. 118, Burial slip, 29 March 1630; B. 143, Burial slip, 31 August 1693; B. 143, Death slip, 1698; ASVe, *Sanità*, B. 926, Attesto ... come nel Libro de' Battezzati, 18 July 1763; Copia estratto del Libro dei Morti, 22 November 1757.

<sup>104</sup> These *ristretti* were published in Venice from 1676. ASVe, *Sanità*, B. 743, 26 September 1676.

Early modern public health measures were characterised by regulation, organisation and monitoring. Health passes were a fundamental component of public health strategies because they spanned all three of these approaches. Plague was a constant anxiety for governments, even during the eighteenth century when outbreaks in western Europe were rare. Governments recognised the benefits of information-sharing and cooperation. Health officials communicated extensively with their counterparts in other states, especially in Italy and Germany. The rise of printed health passes was driven by an increasing recognition of the value of communication. Developments in the content, format and materiality of health passes reflect the growing sophistication of that communication, and underline how textual and material messages of authenticity were as important as the statement about the city's health status on the pass. Health passes were transnational texts, and the similarities in the language and format of texts issued by cities in different parts of Europe demonstrates that individual cities participated in a collective system of considerable geographical scope. This system was most highly developed in the major ports and trading centres of northern Italy, southern France, Switzerland and southern Germany.

Health passes were printed because print was persuasive. The significance of print's persuasive powers has long been recognised by historians of the Reformation, and its credibility was exploited by early modern governments in their attempts to contain the spread of disease.<sup>105</sup> Cities were both centres of printing and centres of public

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<sup>105</sup> R. W. Scribner, *For the Sake of Simple Folk: Popular Propaganda for the German Reformation* (Oxford: Clarendon Press, 1994); Andrew Pettegree, *Reformation and the Culture of Persuasion* (Cambridge: Cambridge University Press, 2005). Similarly, Massimo Petta has argued that news

health regulation. Print communicated authority and knowledge beyond the spaces in which texts were centred and produced, and across linguistic and geographical boundaries. Health passes also had a fundamental manuscript dimension, and functioned within broader cultures of writing and orality. The perceived efficacy of health passes encouraged governments to use print for other purposes, both within and beyond the realm of public health. Paperwork became a tool of power. The mechanisms through which this power was expressed evolved from the sixteenth to the eighteenth century, stimulated by crisis and perceived threats, and honed by ideas of what made official print most effective. The ways in which this power was deployed relate to Michel Foucault's arguments about the rise of biopower, especially in the eighteenth century.<sup>106</sup> Health passes and other forms of public health print sought to regulate bodies and populations, but they do not fit within Foucault's linear narrative. Claudia Stein rightly emphasised that evidence of struggle and contestation indicates a more complex process than that set out by Foucault.<sup>107</sup> The communicative and cooperative dynamics of the health pass system further challenge Foucault's views. Instead, health passes show that governments and states responded to the mobility of their populations by developing a shared European culture of public health print.

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pamphlets in Milan from the end of the sixteenth century sought to inspire trust and convey the message that they contained reliable news by following a standardised format and using coats of arms. See Massimo Petta, 'War News in Early Modern Milan', in Joad Raymond and Noah Moxham, *News Networks in Early Modern Europe* (Leiden: Brill, 2016), 291.

<sup>106</sup> Michel Foucault, *Security, Territory, Population: Lectures at the College de France 1977-78* (Basingstoke: Palgrave Macmillan, 2007).

<sup>107</sup> Claudia Stein, 'The Birth of Biopower in Eighteenth-Century Germany', *Medical History*, 2011, 55, 331-37, 335.

**TABLE 1: Examples of health passes and where they were issued, 1484-1806**

<b>Region</b>	<b>N passes in sample</b>	<b>N issuing settlements</b>	<b>Names of settlements</b>
Italy	169	68	<p>Acquanegra, Alassio, Ancona, Avii            Quatro Vicariatum, Belforte, Bergamo,            Bolano, Bologna, Buriani, Carneri,            Castelnovo de' Monti di Reggio,            Castelnovo di Garfagnana, Chiavari,            Chioggia, Cividale del Friuli, Corno,            Curtatone, Ferrara, Firenze, Fiume,            Fivizano, Genova, Grottammare, La            Spezia, Livorno, Lodi, Lucca, Mantova,            Milano, Modona, Monfalcone,            Monterosso, Mori, Napoli, Oneglia, Palù,            Panigaglio, Pavia, Piacenza, Pignone,            Pisa, Polverara, Pontremoli,            Portovenere, Proverara, Quistello,            Rapallo, Revere, Riana, Roma,            Roveredo, Rovigno, Sacco, Sarzana,            Sassuolo, Senigallia, Sestri Levante,            Siena, Soriso, Spilimbergo, Valle</p>

			d'Orsera, Varrazze, Venezia, Vicariato di Brentonico, Vignanello, Villa S. Martin, Vintimiglia, Viterbo
Switzerland- Austria	16	13	Arbon, Basel, Bern, Buchenberg, Einsidlen, Geneva, Inssprugg, Salzberg, San Gallen, Solothurn, Veldkirch, Vienna, Zurich
Germany- Bohemia	16	13	Augsburg, Bopfingen, Bregenz, Cologne, Constanz, Frankfurt, Lubeck, Nuremberg, Prague, Regensburg, Schwerin, Ulm, Vilsbiburgo
France	13	9	Agde, Antibe, Avignon, Jaussels, Manosque, Marseille, Narbonne, Nizza, Pontarlier
Mediterranean	3	3	Corfu, Malta, Modon
Netherlands	2	2	Amsterdam, Antwerp

**FIGURE 1: Wellcome Library, MS.5139/1, Health pass, Genoa, 22 June 1630**

**FIGURE 2: Wellcome Library, MS.5139/6, Health pass, Bologna, 16 November 1632**

**FIGURE 3: Wellcome Library, EPH+29:32, Ship pass, Malta, 24 March 1804**