

# In Search of the Plague. The Greek Peninsula Faces the Black Death, 14th to 19th Centuries (\*)

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## ABSTRACT

Histories of the plague are based on the belief that we can locate epidemics in the related sources and classify them according to present-day medical categories. This article rests upon the assumption that present day medical discourse which is based upon laboratory observation is totally incompatible with history which lacks analogous techniques in constructing its own discourse. It explores the possibilities and the limits of a history of the plague based upon the phenomenology of the disease as recorded in the sources that concern the period of the second pandemic of the plague.

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As suggested by the title, the problem and, indirectly, its solution, seem self-evident; the sources contain the empirical material concerning diseases, contemporary medical science offers the criteria required for their classification and therefore for selecting the information which will be placed in the epidemic category of the plague; all the historian has to do is to construct his narrative, and the final product, a history of the plague, is ready for the public.

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A history of the plague that would obey such conventions would be unexceptional; merely another work in the tradition of historic nosology, a paradigm that has produced countless pages of histories of the plague, whether 'national' or international, some of them of exceptional value (1).

However, as soon as truisms and common places are set aside, a question emerges, the answer to which should logically be prior to any attempt to write a history of the plague: Is it actually feasible to identify the empirical data concerning infectious diseases during the second pandemic of the plague —stretching from the 14th century to well into the 19th— with the disease that we nowadays clinically recognize as the plague? This is the permanent question raised by all historical studies concerning plague and disease generally. The answer to it, explicitly or not, in most of them until recently was affirmative.

I will attempt to propose another point of view. In my opinion, recourse to contemporary medical knowledge, valuable though it may prove in some cases, is but of limited use when facing this particular problem (2). The logic according to which we collect evidence and then correlate it to the classifications of epidemic diseases prevailing since Pasteur's times can shed light on some sides of the problem but cannot really solve it. The laboratory foundations of actual medicine preclude any communication with sciences such as history that lack analogous techniques. Nevertheless, we should not hasten to assume that a history of the plague is impossible.

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- (1) See, for instance, the following very well-known works, BIRABEN, J. N. *Les hommes et la peste en France et dans les pays européens et méditerranéens*, 2 vols., Paris-La Haye, Mouton, 1975; DOLS, M. *The Black Death in the Middle East*, Princeton N. J., Princeton University Press, 1979; McNEILL, W. H. *Plagues and Peoples*, New York, Penguin Books, 1985; PANZAC, D. *La peste dans l'Empire Ottoman, 1700-1850*, Leuven, Ed. Peeters, 1985; SHREWSBURY, J. F. D. *A history of bubonic plague in the British isles*, Cambridge, CUP, 1971; ZIEGLER, Ph. *The Black Death*, London, Penguin Books, 1982.
- (2) On this topic see the similar points of view expressed by J. ARRIZABALAGA. Facing the Black Death. Perceptions and reactions of University Medical Practitioners. In: L. García-Ballester *et al.* (eds), *Practical Medicine from Salerno to the Black Death*, Cambridge, Cambridge University Press, 1994, pp. 237-288 and A. CUNNINGHAM. Transforming plague: The laboratory and the identity of infectious disease. In: A. Cunningham, P. Williams (eds.), *The laboratory revolution in medicine*, Cambridge, Cambridge University Press, 1992, pp. 209-244.

The difficulties I have just described can be overcome, under one condition; that we give up the stereotyped demand for a categorization of the disease in general and of the epidemic phenomenon in particular, which would rely upon contemporary medicine; history and today's medicine are incompatible discourses, because of the latter's laboratory foundations (3). Exaggerating perhaps I would say that a disease cannot exist unless it is identified through the very specific procedures used by medicine today. The alternative, perhaps one amongst others, is to embark on a search of the plague, as it has been recorded in the sources, in a perspective of narrative coherence.

Such an undertaking includes two phases: first, one would have to bring to light the way in which traditional medicine structures the concept of disease and the fundamental constructive axis of its epidemic version. One can then proceed to estimate the deviation of the epidemic phenomenon as recorded in the sources from its construction by contemporary medical science, which is the only available measure for understanding the epidemic. In other words, one would have to examine the feasibility of a history of the plague, the concept of which would be construed in terms of contemporary medicine.

In a second phase —providing the answer to the above question is affirmative, which I consider in advance to be so— the data in the sources have to be interpreted in contemporary terms. This cannot be done in the usual way, that is by exploiting the available information on the disease's symptomatology, for a simple reason: the available sources containing information on the symptoms of the various epidemics affecting the peninsula's population are very sparse, especially as regards the plague; even when we have full descriptions of the symptomatology, nothing guarantees that the disease in case was really the plague. Let it be enough to mention that one of the axioms of contemporary historiography, the identification of the Black Death that attacked Europe in the 14th century with the plague has been contested (4). One of the

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(3) Concerning the procedures needed to identify *Yersinia pestis* see BAHMANYAR, M.; CAVANAUGH, D.C. *Plague Manual*, Geneva, World Health Organization, 1976.

(4) TWIGG, G. *The Black Death: a biological reappraisal*, London, Batsford Academic and Educational, 1984.

arguments for this contestation —whether one agrees or not— rests upon symptomatology.

The only solution that remains therefore, is to construct a history of the plague based not upon the disease' symptomatology, but on a semiology of the sources. Inasmuch as it is possible to capture the meaning attributed to the plague by the inhabitants of the Greek Peninsula during five centuries, then it is possible to (re)construct it no longer as a medical category, but as the protagonist of a *mythos*, in the Aristotelean sense of the term. The whole problem therefore is reduced to constructing a narrative plot centering on the plague; the success of such an undertaking will be measured by the degree to which it allows us to understand the epidemic phenomenon, namely the plague, as present in the lives of the Greek peninsula's populations during five centuries.

If we turn now to the ways societies constructed the disease and in particular the plague, we should keep in mind the following points:

1. The term «plague» and its derivatives are present in Greek literature from the 14th century. In 1346 for instance, Michael Panaretos, a chronographer, referred to the epidemic that hit Trebizond during that year writing: «Sudden death occurred, the plague [...]» (5). It would however be useless to search for a content of the term corresponding to the contemporary one that denotes the specific disease caused by the bacillus *Yersinia Pestis*. During the early 18th century, chronicles continued to use the term in its wide sense, usually that of general disaster. The actual term plague however, was rather rarely used; most often we encounter the terms pestilence, mortal epidemic and finally, sudden death.

2. The symptomatology of the disease was never a very faithful companion in the search for the plague: the disease's symptomatology does not allow us to reconstitute a unified pattern and a rigorously defined nosological category. The discovery of common and recurrent symptoms representing the plague's pathology was hindered by the simple finding that during the same epidemic, the plague could appear

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(5) LAMPSIDES, O. *Michael Panaretos on the Grand Komneni*, (in greek) Athens, Researches on Pontos 2, 1958, p. 68.

under many and various forms. Conversely, many of the plague's symptoms and especially skin problems appeared as distinctive symptoms of other diseases (6).

A characteristic example of this problem facing medical theorists was that of the tumours of lymph glands in the lower parts of the body, a symptom that gave plague the title of bubonic: During an epidemic, bubonic tumours could affect some patients but not others. The same symptom however can appear itself in a number of other diseases—for instance, syphilis, which during its first epidemic outbreak was called disease of the bubons—. The appearance of this symptom therefore could not be taken as a feature certifying the identity of the plague (7).

For a medical perception that rested upon the visually observable and logically coherent argumentation, the various particularities of bubonic adenopathy could only lead to isolating these phenomena as idiosyncratic perturbations of the human body and this is how they appear in all medical texts. In other words, each symptom represented a specific and autonomous version of the patient's pathology, calling for a particular treatment, independently from the other symptoms.

It is evident that, conceptually at least, we cannot draw analogies between the plague as we conceive it nowadays and the terms pestilence, plague, death etc, used throughout the second pandemic of the plague denoting, among others, the action of *Yersinia Pestis*.

3. The human physiology upon which the conceptions of the disease and in particular of the plague were constructed was incompatible with present day scientific conceptions. The theory of the four elements, systematically formulated by Empedocles the Acragantian in the fifth century B.C., laid the foundations for the understanding of human body's functioning and further for the understanding of disease and

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- (6) KARATHEODORIS, K. Some thoughts concerning the plague. *Asklepios*, 1.8.1837, p. 6.
- (7) Compare, for instance, the classification of the diseases in the work of the 14th century physician J. ACTUARIOS. On the diagnosis of maladies (in greek). In: Ideler, J. L. (ed.), *Physici et medici graeci minores*, Berlin, Weber, 1842, vol. 2, pp. 459-460, with the one proposed by D. PYRROS FROM THESSALY. *A manual for physicians*, Nafplion, 1831, vol. 1, pp. 21 and 161 (in greek).

health. Thus the overall conception of disease was based, not on an experimental view of science, but on a physiology which as I have already said, rested upon philosophical bases (8).

The problem becomes obvious when we study the efforts toward understanding the erratic behavior of the plague. This is not a problem calling for experimental solution; the answer will be provided, once more, by logic and the development of a pattern of complex causal relationships, the roots of which can easily be traced to Aristotle and Galen. Thus, the causes of disease can be distinguished in upcoming and distanced: the upcoming cause is the absolutely necessary condition of disease, or to use the wording of the times: «the upcoming cause, always a unique one, is that whose necessary and indispensable result is disease. It is that that has the closest relation to disease and begets its nature and quality» (9).

Distanced causes, in turn, can be divided into two kinds, the predisposing and the incidental, that must join forces in order to produce the upcoming cause. Without one of these two, the other does not constitute a danger to health. The distanced causes concern the person; thus the upcoming is correlated to the predisposition of each inhabitant of an area towards disease, while the incidental concerns some contingency that, correlated to the upcoming causes will facilitate a person's falling ill: «the incidental causes of diseases originate solely in the abuse or the harmful quality of un-natural things» (10).

The result of such a logical analysis of diseases must be considered satisfactory: the upcoming cause of an epidemic outbreak of plague, to limit ourselves to this disease, can only be a miasma that, beyond control, floats through the air. However its presence is not enough to provoke a great epidemic; the range of epidemic manifestations of the plague —victims counted on the fingers of both hands or hecatombs—

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(8) GLACKEN, C. J. *Traces of the Rhodian Shore. Nature and Culture in Western thought from Ancient times to the end of the eighteenth century*, Berkley, University of California Press, 1990 (1st ed. 1973), pp. 9 ff.

(9) MESGEROS, I. *Medico-philosophical anthropology*, Vienna, Schroempfl ed., 1810, pp. 113-114 (in greek).

(10) MESGEROS, note 9.

requires the presence of a predisposing cause, that can be none other than atmospheric fluctuations: heatwaves, south winds, electricity-charged atmosphere, heavy fogs. The plague does not appear at any time of the year: it seems to have a virtually religious respect for the seasons of the year; more importantly, it requires that certain meteorological conditions are fulfilled, without which its action degenerates or is reduced to insignificance. However, even when predisposing causes obtain, all the inhabitants of a place do not succumb to the disease, and their symptoms vary; here, individual *eykrasia* or *dyskrasia* enter the game, together with all other factors that can influence the balance of qualities; to cite an extreme, though operational at the time, example, consuming fruit beyond measure (11). It is at this point that the specific case of a patient with its particular symptoms corresponding to his temperament is formulated.

As mentioned, this analysis may yield quite satisfactory results providing it is capable of incorporating into its interpretative schema each and every peculiarity of an epidemic manifestation; the degree to which it will be satisfactory naturally depends on the author's perspicacity. What is important is to remember that all these analyses finally, lead, not to a typology of diseases —far from that— but to a casuistic of places and *krasis*; since, in the last analysis, it is not the plague that creates the background of an epidemic outbreak but Constantinople in 1347, Candia in 1592, Thessalonika in 1780-1794 (12). The predisposing and to a great degree the upcoming causes are innate features of topography, to borrow the expression of the times, not of the disease. Furthermore, incidental causes are determined, to some degree and according to the theories embraced by each writer, by geography, since individuals' *kraseis* are subject to their environment's influence. Therefore, the disease itself as we construe it today, is absent; there exist solely the patient and the place (13).

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(11) BRAYER, A. *Neuf années à Constantinople*, Paris, Treuttel et Wurtz Libraires, 1836, vol. 2, p. 242.

(12) I paraphrase here FOUCAULT, M. *Naissance de la clinique*, Paris, Presses Universitaires de France, 1972, pp. 22-23, who, in a different context, makes the same observations.

(13) See also GEYER-KORDESCH, J. *Fevers and other fundamentals: Dutch and German*

The shaping of such a view—which in fact indicates the absence of a nosological ontology—owes much to the analytical approach of diseases. Contemporary medicine grounds the typology and classification of diseases in explanation that results from microbiological and laboratory examination. By contrast, traditional medicine, by which I mean pre-experimental medicine, follows a typology in which external symptoms are determining factors for classifying diseases in various categories, without necessarily maintaining any equivalence with the classifications of contemporary pathology. For instance, it is characteristic that for a great number of doctors of the times, the category of the plague merely represented a case of fevers, considered as a substantive disease, that could coexist with others (14).

The absence of an ontology of diseases can be proved otherwise too and there are quite a few such instances. J. Kantakouzinou described the plague of 1347 that killed his son, noting at the beginning that «there were no diseases during that year» (15) faithfully following the corresponding formulation by Thucydides in his description of the great pestilence of the Peloponnesian war.

He then goes on, again imitating Thucydides, to say that «if somebody started suffering from a disease, then this disease ended to become pestilential, to become plague» (16). It is clear here that the year of the great pestilence was in no way *anoson* (17), that means without diseases, as Kantakouzinou describes it. We should not commit the error of assuming the Emperor to have been the victim of a blind mimesis of his

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medical explanation c. 1680 to 1730. In: W. F. Bynum; V. Nutton (eds.), *Theories of fever from antiquity to the enlightenment*, London, Wellcome Institute for the History of Medicine, 1981, pp. 99-120 and especially 106 and 119.

- (14) For instance we have to wait for Cullen to transform fevers from diseases into symptoms, see BYNUM, W. F. Cullen and the study of fevers in Britain 1760-1820. In: Bynum; Nutton (eds.), note 13, pp. 144-145 and CASTIGLIONI, A. *A history of medicine*, Athens, Minotavros, 1961, pp. 144-145 (in greek). Nevertheless, even for Cullen, the plague belongs to the order of pyrexiae and to the category of eruptions. Bynum; Nutton (eds.), note 13, p. 137.
- (15) KANTAKOUZINOS, J. *History, Corpus Scriptorum Historiae Byzantinae*, L. Schopen (ed.), Bonn, Weber, 1832, p. 50.
- (16) KANTAKOUZINOS, note 15.
- (17) Without diseases.

classic model. To the contrary, John VI voices opinions encountered in texts concerning great epidemics (18): all the other diseases manifested during a plague epidemic are intellectually comprised in it. Or, in other words, they were absorbed by the disease that provoked the greatest terror and evidently the greatest disasters. If I wanted to be very precise I should say that the diseases were incorporated not in the plague but in the dominant fact of the epidemic located in a concrete place and time.

All the above can only, theoretically at least, lead to the conclusion that a history of the plague is an impossible undertaking. Yet this would be valid only if the analytical instruments of traditional medicine —an erroneous, yet convenient term— were the only tools we disposed of. A closer study of the sources seems to allow us more optimism as concerns answering the problem, provided, as I have already said, we definitively leave aside the approach of contemporary medicine. Our only guide must be research on the semiology of the plague, as expressed in the sources; in other words, what we need is a phenomenology of the plague.

Though the theoretical patterns that seek to understand health and disease and the analytical models thus produced obey philosophical principles that are incompatible to a great degree with observation and experience, actual life-experience engagement with such phenomena does not have to follow these principles, even if they are inwardly respected. A series of texts show that, with the exception of some appearances of the plague that were intermittently recorded, its major epidemics were beyond any doubt identified by observers as to their nature, and, furthermore, that the sources distinguished among diseases in an unequivocal way (19).

From the 14th century already, the sources certify that the epidemic phenomenon is not considered as a unitary reality, independent of the specific features caused by the identity of the micro-organism attacking

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(18) See for example, from a later period, TULLY, J. D. *The history of plague as it has lately appeared in the islands of Malta, Gozo, Corfu, Cephalonia etc.*, London, Smith, Elder and Co., 1821, p. 262.

(19) See also MORRIS, C. The plague in Britain. *The Historical Journal*, 1971, 14 (1), 210-211 and the comments of GUYS, P. A. *Voyage littéraire de la Grèce*, II, Paris, Librairie Delagrave, 1783, p. 44.

people. In 1404, Ioannis Chortasmenos wrote: «It was summertime and great heat and great fevers attacked the city; all took to their beds and the evil was great» (20). Another text of the 15th century, the migration of Mazaris to Hades, carries a description for 1414 of an epidemic disease whose interest lies in its distinguishing of pestilential disease from angina, which most probably was none other than influenza (21). In 1580, in Crete, a chronicler recorded the epidemic as follows: «there was a great disease all through the island of Crete and we learnt of other countries too. The disease was this. It first gave a racking cough with phlegm and then diarrhea» (22). Twelve years later, it was the turn of the plague; the same chronicler proved how accurate his observations were: «There was a great death from plague and carba [...]» (23).

In 1647, in Ioannina this time, the writer clearly distinguishes between «terrifying» diseases that oppress the population and the «disease from *thanatiko*», that is from the plague (24); a few decades later the French consul at Athens Jean Giraud distinguished without any hesitation the two plague epidemics he had experienced in Athens from an outbreak of *fièvres malignes*, despite the fact that these fevers had actually killed more people than the plague (25). In 1816 finally, P. Hypitis could even give a definition of the plague in his effort to distinguish it from anthrax:

«Plague [...] is a feverish, rashcreating, contagious, virulent, malignant [...] disease which is born of a main miasma and affects only human organisms» (26).

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- (20) HUNGER, H. *Johannes Chortasmenos (ca. 1370 - ca. 1436/37). Briefe, Gedichte und kleine Schriften. Einleitung, Regesten, Prosopographie, Text*, Wien, C.H.Beck'sche Verlagsbuchhandlung, 1969, p. 177.
- (21) *Mazaris' journey to Hades or interviews with dead men about certain officials of the imperial court*, edited by Seminar Classics 609, State University of New York at Buffalo, 1975, p. 6.
- (22) LAMBROS, S. *Brief chronicles*, Athens, Academy of Athens, 1932, p. 14 (in greek).
- (23) LAMBROS, note 22.
- (24) MERTZIOS, K. D. The Archives of Epirus in Venice. *Chronicles of Epirus*, 1936, 11, 59.
- (25) COLLIGNON, M. *Le consul Jean Giraud et sa relation de l' Attique au XVIIIe siècle*, Paris, Ernest Sagot et Cie, 1913, p. 45.
- (26) HIPITIS, P. K. *Loimology or about plague and the protection and elimination of it*, Vienna, im Swickertsehen Verlage, 1816, p. 41 (in greek).

Theoretically therefore, there should be no difficulty in selecting the information about epidemics owed to the plague, barring of course those with very few victims that thus raise questions as to their nature (27). The flow of informations on diseases characterised as other than *loimos* and *thanatiko* varies between the 14th and the 18th centuries. The care for detail manifest in the sources from about the end of the 16th and the beginning of the 17th centuries as to the qualitative distinction of diseases should not necessarily be taken as resulting from a greater capacity to distinguish and classify diseases according to their nature. Without casting doubt on the evolution of classificatory systems over five centuries (28), I believe that the «flatness» observed in the sources that record epidemic diseases during the first centuries is caused by a 'conscious' choice favoring the *loimos* and whatever it represents, which is usually none other than the plague.

By contrast, smallpox, a second and just as terrifying epidemic that regularly made its appearance in the cities of the Ottoman Empire is absent from the sources; the *Chronicle* of Papasynadinos is the first document in Greek literature to mention smallpox, when the narrator's three-year old daughter Zoe died from it in 1623 (29). The silence of the sources, with a few unimportant exceptions that concern the action of smallpox and other epidemic diseases, paralleled by that of west-European literature (30), can obviously not be taken to indicate the absence of such diseases.

The sources' differential treatment of the plague as compared to the rest of epidemic diseases and specifically of smallpox may seem

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(27) I do not mean here that the sources offer detailed information according the analytical categories used by present day medicine. I simply believe that chronographers were able to classify diseases in major empirical categories according to their conceptions for diseases and one of these categories was occupied by the plague.

(28) Although I question their heuristic value in serving our purposes as historians.

(29) ODORICO, P. (ed.). *Conseils et mémoires de Synadinos prêtre de Serrès en Macédoine (XVIIe siècle)*, Ed. de l' Association «Pierre Belon», 1996.

(30) PERRENOUD, A. Contribution à l' histoire cyclique des maladies. Deux cent ans de variole à Genève (1580-1810). In: A. E. Imhof (ed.), *Mensch und Gesundheit in der Geschichte*, Berlin, Hakkert Verlag, 1980, pp. 176-177 and RAZZEL, P. E. Population change in eighteenth-century England. A reinterpretation. *The Economic History Review*, 1965, 18, 323.

strange but is not necessarily impossible to explain. The *thanatiko* is presented as a divine Nemesis or Grace, according to the case. Every attempt to rationalise the ways in which the plague acts is doomed to fail: neither the theory of miasma nor that of contagion succeed in convincingly explaining its mechanisms, its contingency, its indifference towards the gender, age and social class of its victims, and lastly, its virulence that makes it the most fearsome among all diseases. All these lead to reducing its explanation to a semiology of the divine as well as to a major point of reference for the lives of local societies and, finally, to an element of periodisation of their history as recorded in local chronicles. This is exactly what Papasynadinos makes clear when he says «the plague is not a natural death, but the wrath of God» and he underscores it by incorporating the epidemics that attack the city of Serres in his narrative as elements of the city's history, not as simple, personal, experiences, as he does for smallpox.

By contrast, smallpox seems, in the 17th century—I am still referring to Papasynadinos' chronicle—to have acquired the character of an infantile disease (31). It therefore exhibits regularity, as a result of the necessary renewal of the human potential lacking immunity toward it, selectivity as to its victims, a particularly visible human-to-human contagiousness, and finally a logic that is accessible to those experiencing it.

This is not to say that it lacks the mantle of Divine providence. Its ravages among child population, a large part of which succumbs, allow for its qualification as a mechanism of natural-divine selection. Its name in Greek (blessing) supports this view. Nevertheless, it has a comparatively limited interest for the total of the population, since it attacks only the very young; it calls for intensifying reproductive activity, without however endangering—despite the fact that the number of its victims may be greater than that of those of the plague—the very existence of the city as can happen in a disastrous plague epidemic that causes the collapse of the total social structure.

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(31) For a detailed analysis of Papasynadinos' conception of the disease see KOSTIS, K. *La peste n'est pas une mort naturelle, mais un châtement de Dieu*. In: P. Odorico (ed.), note 29, pp. 581-596.

Both plague and the *thanatiko*, though conceptually they could be assimilated to any great epidemic, were in fact assimilated since the 14th century to the plague (32). All the indices that could be used and mainly its seasonality that allowed to distinguish the plague from typhus, as the two were often conflated, support this view. Thus, from the time of its reappearance in the 14th century, the plague was exclusively identified with the term *loimos*, sometimes qualified as «of the bubons», since this and only this disease laid claim to being the most disastrous, the par excellence godsend, against which even the interventions of Saints fail to do anything. By the beginning of the 19th century, there is no longer any doubt.

The above observations justify the choices I have made as to the feasibility of a history of the plague and therefore as to the possibility of its condition, creating a corpus of informations referring to the plague (33). I certainly do not claim that other pestilential diseases could not make their way into this corpus. That is why our attention should focus not on local epidemics but on the great epidemic waves, with large amounts of relevant information certifying their very existence, and permitting to compare the epidemic waves of the East and West, thus providing a more trustworthy reconstruction of the epidemic conjuncture, than what we would achieve by any other method. Since historiography cannot overcome the problem of empirical affirmation of the nature of a disease, which provides the only guarantee required by medicine in order to classify it in its analytical categories, it follows that the construction of a plot which will be as satisfactory as possible is the only way out in our aiming for a history of the plague.

In what I have already exposed I have stated, of course my personal choice as to the question of the feasibility of a history of the plague. I must add that I do not consider this choice as unique, but as

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(32) This differential treatment of the plague compared to the other diseases has been identified also in the early Muslim world, see CONRAT, L. I. Taun und Waba. Conceptions of plague and pestilence in the early Islam. *The Journal of Economic and Social History of the Orient*, 1982, 25, 286-307.

(33) KOSTIS, K. *The time of the plague. Images from the societies of the Greek peninsula*, Heraklion, University Press of Crete, 1995, pp. 301ff. (in greek).

one of the alternatives offered to historians. At the same time however, I do believe that my proposal offers the most satisfactory solution to the narrative reconstruction of the plague over the five centuries of its second pandemy.