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The Female Experience of Epidemics in the Early Modern Low Countries

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ABSTRACT

Recent literature has argued that women in parts of the early modern Low Countries experienced high levels of ‘agency’ and ‘independence’ – measured through ages and rates of marriage, participation in economic activities beyond the household, and the physical occupation of collective or public spaces. Epidemic disease outbreaks, however, also help bring into focus a number of female burdens and hardships in the early modern Low Countries, possibly born out of structural inequalities and vulnerabilities obscured from view in ‘normal times’, and which is supported by recent demographic research showing heightened adult female mortality compared to male during epidemics. For women, these included expectations of care both inside and outside the familial household, different forms of persecution, and social controls via authorities from above and internal regulation within communities from below – though these were also restrictions that women of course did not always passively accept, and sometimes violently rejected.

Keywords

Epidemics; plague; gender; women; inequality; vulnerability

In recent years, historical research into the early modern Low Countries has foregrounded concepts such as ‘female agency’ or ‘female independence’ – by pointing to developments such as late ages and a lack of universal marriage for women, and high levels of female participation in varied economic activities either part of or outside the confines of the household.¹ This provides a stark contrast to the ‘male breadwinner economy’ said to characterize – at least parts of the Netherlands – in periods post-industrialization, with women apparently more confined to domestic spheres.² Female physical presence and visibility on the streets and participation within broader neighbourhood and communal settings in the early modern Low Countries is also said to have been much higher than previously thought.³ Attention has been put on high female numeracy and literacy,⁴ and contributions to cultural, literary, and artistic pursuits.⁵ It should be noted, however, that terms such as ‘female agency’ bring with them numerous complexities and contradictions in the premodern context,⁶ and it has been shown from research elsewhere in Europe that quantitative indicators such as marriage patterns do not necessarily provide straightforward insights into women’s independence or welfare.⁷

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Some of these inconsistencies or contradictions can be revealed by looking at how early modern women fared during ‘crisis’ periods – for example, in years characterized by high mortality caused by epidemic disease outbreaks. Indeed, much progress has been made in recent years in gathering more information on sex-selective mortality, using documentary sources that do not appear to structurally under-record females.⁸ For example, based on a sample of sex-disaggregated adult burials from almost 300 localities that each contain fewer than 5,000 inhabitants across the seventeenth-century Low Countries (i.e. villages and small towns), it has been argued that women died at a higher rate than men during ‘severe’ epidemics (sex ratio of 0.98), when compared to ‘normal times’ (sex ratio of 1.05).⁹ This has been supported by data from the late-medieval Low Countries where women were also dying at a higher rate than men during epidemics, when placed in comparison to the usual sex ratio in mortality in normal times – seen through a long series of mortmain records (tax of a household’s best good payable to an overlord on death) for the County of Hainaut for the years 1349–1505,¹⁰ and *klok en graf* records (bells tolled and graves dug) for the city of Haarlem, Holland for the years 1411–1547.¹¹

These findings are curious because they go against our expectations of a ‘female mortality advantage’ based on certain basic biological and physiological principles during crises,¹² and generally contradict sex-disaggregated mortality data collected for nineteenth- and twentieth-century epidemics and famines.¹³ Indeed, they suggest that certain societal conditions can conspire in certain contexts to reduce, eliminate or even reverse these apparent advantages – perhaps through gender inequities in access to resources, welfare and protection, or perhaps more likely, inequalities in exposure to points of contagion born out of gendered roles. This, furthermore, fits uneasily with the narrative of ‘agency’ and ‘independence’ posited above, or perhaps at least suggests that ‘agency’ and ‘independence’ did not lead to favourable health outcomes during crises such as disease outbreaks. It should be clarified that this paper does not necessarily dispute the ‘agency narrative’, but instead suggests that the heightened level of female mortality during early modern epidemics, might at least point to the existence of certain kinds of structural inequalities and vulnerabilities hidden from view in ‘normal times’.

In this paper, a variety of illuminating documentary evidence from the late fifteenth- to the seventeenth century – though anecdotal – points to various burdens and hardships that women faced during epidemic disease outbreaks, which were either different or more pronounced than for men. These included expectations of care both inside and outside the familial household, persecution, and social controls via both authorities from above and within communities from below – though they were restrictions that women of course did not always passively accept. Interestingly, these are all features emphasized in recent gender analyses of modern-day societal responses to Ebola, Zika and COVID-19.¹⁴ The task for researchers going forward will be to address these illuminating examples more systematically – how they differ over time, locality, and outbreak, and whether women’s lives during epidemics was a strong departure from lives seen during ‘non-epidemic’ times.

Care inside and outside the Household

It is highly plausible that one major potential reason behind the above-mentioned sex-disaggregated mortality trends might have been the higher proportion of women undertaking caregiving roles during epidemics – of relevance to the seventeenth-century Low Countries given that diseases such as plague, dysentery and typhus clustered spatially and temporally at a household level. That is to say, when one person was infected or sick within a household, there was a greater likelihood of another from the same household also succumbing to the same fate.¹⁵ Occasionally, sources from the Low Countries shine light on some of the difficult decisions that women faced within their own households, if they themselves became sick. For example, it was noted by witnesses on 14 February 1520 in Kampen that a maid left a baby on the steps of another house because her mistress was too sick to take care of it any longer. Although taken in, the infant had already likely been infected – dying only three days later.¹⁶ This example also suggests the importance women often played in taking in children without guardians due to sudden epidemic mortality. At the fort of Schenkenschanz, Cleves, in 1599, the death from ‘pest’ of a corporal, his wife, and five children, led to a young two-year-old daughter, Anneken, being left behind. Eventually a midshipman took pity on the child, with a promise to bring it up with ‘every virtue’ (*alle deugd*) – though the burden was left to his wife, since it was noted that if the wife died before the child was articulate, she would be sent away to distant relatives.¹⁷ In Zierikzee, Zeeland, numerous examples were noted of women taking in young sick girls during epidemics in 1568 and 1573.¹⁸

Nevertheless, much of this care provision during epidemics was not necessarily limited to the households of women’s own families. People in houses that were marked out as ‘infected’, and could not rely on members of their own family to care for them, relied on paid outsiders to provide care and cleaning services (in Dutch *schrobbers/schrobsters*; in French *héricidesses*) – and although men can definitely be found in the sources doing this task, the majority of examples that can be found are female. While some women did this task because they had been infected once and survived, this did not apply to all *schrobbers* – many simply were lured to the dangerous work by the financial rewards.¹⁹ Regardless, it was not always easy to find someone to do it: a Tilburg family were reimbursed via the poor table during a plague in 1599, because they had to employ a *schrobber* all the way from Haarlem.²⁰ If the infected died of plague, for example, then the job could be very temporary, but if there were survivors, or different members of the household infected at different times, then the presence of these care-givers and cleaners could be extended.²¹ In Tilburg, a man even complained of being behind with his rent payments since he had lost his wife and children to the plague, and with no income in this period had nine consecutive weeks of *schrobbers* at his house.²² The role of a *schrobber* sometimes extended beyond care and cleaning: in some cases they were also found placing the corpse within the coffin,²³ and also serving as witnesses and signing last testaments.²⁴ In one case from a village in northern Brabant, this was to compensate for a priest’s refusal to enter a house out of fear that someone was ‘infected with the Gift of God’ (*besmet met de gave Gods*).²⁵ In another case mentioned in a burial register from the small village of Keiem in coastal Flanders on 9 August 1666, a domestic maid scaled a ladder up to a window to hear the last confession of her employer Jacob Maes on the

same night that he died of ‘*contagione*’ (likely plague) – possibly because a priest could not or did not want to enter the property.²⁶

In the city accounts of Breda (*stadsrekeningen*) throughout much of the seventeenth century when epidemics occurred, women tended to be paid for ‘cleaning’ services, while men were more often installed as visitors or comforters of the sick (*ziekentroosters*).²⁷ This did not always take place in houses, however, but other institutions such as schoolhouses and orphanages.²⁸ In 1668, two women came to clean four military barracks that were deemed to have been ‘*contagieuse*’ – receiving 2 guilders 10 stuivers per week (10 guilders in total).²⁹ Although providing consistent work for a period of 4 weeks, this was not a large sum for such a risky undertaking, since this was roughly equivalent to the wages earned by an unskilled day labourer, if they worked for a similar time period, in a small provincial town such as Breda.³⁰ Men were mostly employed as paid carriers of corpses of those that had been infected with plague, but this was not a universal rule – especially in times of much greater need. Indeed, just 1 year previous in Breda, corpse carriers were found in the city accounts complaining they were not being paid enough – and it was later mentioned that their task was ‘very tough’ (*lastte zware*). Out of necessity, anonymously recorded men and women together were brought in to carry bodies and bury possessions deep underground.³¹ These tasks bring parallels with findings from England and France where women became key examiners and codifiers of infected corpses and took in non-family members who were sick, for example, with dysentery.³²

Women also found themselves placed within public health institutions. For example, in Mons during the plague of 1515, the urban administration resolved on the 9th of May to put a number of women into the hospital of St. Nicolas to treat the afflicted.³³ In Harderwijk, a small town on the edge of the Veluwe, a woman, Lene, was installed as a guardian (*bewaarster*) to sufferers of the ‘*pest*’ and ‘other infectious sicknesses’ (*besmettelijke ziekten*) in the hospital constructed outside the city in 1625: being paid in rye, wood, and peat.³⁴ Women frequently tended to infected soldiers within temporary institutions, alongside male surgeons – as seen during the outbreaks connected to the Bishop of Munster attacks in Groningen.³⁵ Poor women also found paid work as fumigators of infected premises, houses, huts and streets – often through smoke or lime, which was in line with the miasma theory of sickness through corrupted airs and vapours.³⁶ This, of course, mirrored the efforts of women ordinarily working in ecclesiastical institutions who were charged with the task of treating the sick. Thus, for example, at the hospital of the Zwartsusters on the Molenstraat of Breda, the sisters are recorded treating a young boy suffering from dysentery – feeding him eggs, bread, butter, and herbs.³⁷ In Namur in 1638, it was noted that two women – Jeanne Anceau and Marguerite Verlée – spontaneously put themselves at the service of the sick: treating strangers in the guardhouse, praying for them, and not expecting anything in return.³⁸ Women living in beguinages also often were found employed in hospitals during disease outbreaks.³⁹ This was not always without problems: one midwife from Leiden complained in 1538 that her reputation had suffered because she had treated pregnant women infected with plague.⁴⁰

The emphasis on female care-giving during epidemic outbreaks is perhaps unsurprising given that ‘professional’ medical expertise provided by male doctors in the early

modern Low Countries was frequently unaffordable to ordinary people, and simply unavailable for those residing in smaller towns and rural areas.⁴¹ Furthermore, even when we look to outbreaks from the late eighteenth century such as the spread of dysentery in Brabant and Guelders, we can still trace a heightened level of suspicion and distrust of outsider medical practitioners – particularly when involving intrusive regulations on where families should bury their relatives' corpses, leading to resistance.⁴² Thus, accordingly, in Princenhage, a village in the Brabant countryside during a localized plague outbreak in 1582, most care was provided by family members, and if anyone outside the family was hired, it was local women who dispensed treatment in the form of Indian spices and black poppy.⁴³ For women in larger cities, the experience might have been slightly different. For example, in one case from Rotterdam, a 37-year-old wife of a baker declared that some time ago (before 1665, the date of the notarial document), she had experienced and recovered from a severe bout of dysentery (*rode loop*). Although she survived, she continued to have a number of lingering complaints, and in her declaration to a notary, notes that she actually visited a number of different medical practitioners – and was not satisfied with the quality of their treatments – until the solution was eventually found.⁴⁴

Women who took on new care-giving tasks exposed themselves to sickness but found themselves subjected to other forms of societal persecution too. At Oisterwijk and Oirschot, Brabant, in 1523, women working as *schrobbers* came to be named in the magistrates' accounts as accused of 'plague spreading' via doors and handles when taking care of the infected in their houses.⁴⁵ Given that the connection between the respective parties – care-givers and the sick – was not familial, it is only to be expected that mutual suspicion reigned. However, even the bonds of blood were sometimes insufficient. In Utrecht in 1604, an infected woman, Cunera Adriaens, had to get Jelis the *pestmeester* to throw her own sister, Neeltgen, out of her house.⁴⁶ In another case from 1530, a bailiff (*baljuw*) took into custody a '*scrobster*' who had been accused by her own husband of killing off those suffering with plague, and then with 'sorcery' (*toverien*) had brought death into other houses so that the whole street would die.⁴⁷ In the end the woman was set free, but there are cases – from Nieuwpoort in coastal Flanders during the plague of 1601–4, for example – of women being convicted of witchcraft during a chain of events that included the verbal cursing of someone with '*pestilentie*'.⁴⁸ This kind of vulnerability was not solely the preserve of women working in specifically 'disease-related' jobs – ordinary household maids also could suffer during epidemics. In the Brabant village of Sint Oedenrode in 1485, a man was fined 10 guilders for binding the feet of his maid and leaving her in the house – at the time infected with plague (*sieck was van der pestilentie*) – while he went out drinking.⁴⁹

Furthermore, women often had to resort to legal processes to make sure they received inheritances or payment promised to them after offering a duty of care in a plague-infected house – in some cases even when they were related to the afflicted such as their 'step-sister'.⁵⁰ In Amersfoort, commissioners (*weekcommisarissen*) were brought in on November 1599 during an outbreak of plague to mediate a disagreement between a one Gerrit van de Dashorst and a '*schrobster*'.⁵¹ Maintaining the 'proper' direction of where goods and property should end up after severe outbreaks was not always easy, however.⁵² In another case from Utrecht, and indicative of this kind of

unpredictability in transfer of property, a procuracy was announced after a number of goods was simply stolen from the house of a woman who had recently died of plague.⁵³ For some women, the sudden death of a family member also meant they no longer had the means to hold on to property or resources. On 22 October 1521 in Breda, a young daughter simply had to sell her copyhold or ground lease (*erfpacht*) to another, presumably wealthier, widowed woman, after the death of her mother through plague (*haestiger siecte der pestilentie*) in order to pay off debts.⁵⁴ Again in Utrecht, in 1637, a woman, Sara de Dayle, is noted as losing her husband and two children to plague, and due to her own struggle with illness, is in no position to maintain the costs of running the family business – eventually subject to a buyout from a man, possibly a distant relative, from Dordrecht.⁵⁵ In a series of seventeenth-century documents recording owners and users of land (*veldboeken*) in the large village of Oudenbosch, the proportion of plots of land in the hands of widowed women almost tripled from 5.6% in 1624 to 15.9% in 1626 after the plague of 1625, and yet just 1 year later in 1627 this had dropped to 11%, and by the next recordable year in 1632, this proportion was below 5%.⁵⁶ Property coming into the hands of widowed women in this village was either quickly taken over by male heirs of the deceased husband, or released via the active land market to those outside the family.

Sometimes, vulnerable women – often newly widowed – did receive resources from local institutions during epidemics. This is to be expected given that it has been argued that women often were seen as more ‘deserving’ recipients of structural protection via poor relief in the early modern Low Countries when compared to men of similar levels of impoverishment.⁵⁷ These resources came from various different institutions during epidemics. For example, at Zutphen during the plague of 1576, the churchmaster (*kerkmeester*) gave Geertken three *witten* (types of coin, roughly equivalent to three stuivers) because her child was infected, and another infected woman received a little over a *stuiver* for a measure of wine – apparently with perceived medicinal qualities.⁵⁸ Elsewhere, city administration was involved: indeed, in Amsterdam in the 1664/5 city accounts we learn that it was those without resources (*onvermogende*) who received sums for the ringing of the bells (to signal a death) or acquire medicines.⁵⁹ Thus, a ‘meager woman’ (*schamel vrouw*) in the city accounts was provided alms at Breda during the plague of 1604, since she was ‘*siecke van de peste*’, while a soldier’s wife, whose husband had the plague, and was left with four children, also received the same amount – 31 stuivers.⁶⁰ This was likely because the sudden death of the husband often led to financial difficulties: in Zutphen, in 1598, for example, the city accounts note that the sudden death of one man from the ‘*pest*’ had led his surviving wife and children in a descent into poverty.⁶¹ It is clear, however, that such payments were derisory – and as a proportion of total fiscal income cannot truly be seen as ‘welfare provision’.⁶² Indeed, such payments barely covered the basic burial costs of their deceased or soon-to-be deceased family members,⁶³ and fell far short of compensating for the costs of *schrobbers*, medicines, and other forms of guardianship for surviving children.⁶⁴

Many of the ordinary public health institutions had more space for women, likely because more women than men lived in early modern Low Countries cities. For example, in 1614, the Catharinagasthuis in Leiden had five rooms for women, and

only two for men, while the Elisabethgasthuis accepted only women.⁶⁵ However, the notion that greater levels of female migration to, for example sixteenth- and seventeenth-century Amsterdam, was fuelled specifically for the intention of receiving urban medical care is not wholly supported in examples elsewhere.⁶⁶ Indeed, at the *gasthuis* in Middelburg, a sample of almost 1,000 patients in the years 1659–61 showed that only 43% were female, declining to 41.8% when isolating only migrants.⁶⁷ Of course, many hospitals did not take in those suffering with an infectious disease, children, or women who were pregnant – because other institutions were better equipped for these issues.⁶⁸ During epidemics, infected people either ended up in pest houses or in special areas of *gasthuizen* separated from the rest – though further lines of demarcation were still established via sex. Thus, the Leiden pest house had three women’s rooms and two for men,⁶⁹ while at the Den Bosch *gasthuis* in 1606, a special service was put in place for those women infected with the ‘*haestige siecte*’ (plague) who were pregnant.⁷⁰ However, it must be noted that the greater level of institutional ‘care’ for women during epidemics was not a positive experience for many. For example, during the final plague of the Second Pandemic in Delft, two women were punished in 1665 and incarcerated in a house of correction because they were previously confined to a *pesthuis*, and yet had escaped and visited others, and had to be taken in as ‘fugitives’.⁷¹

Social Controls and Restrictions

The above point on punishments links neatly onto the second point; namely that we often find evidence of authorities instrumentalizing epidemics as a way of imposing new forms of social controls – and sometimes this was specifically differentiated down gender lines. This has similarities with findings from other examples from the early modern period, where particular reference has been made to physical control over and supervision of women’s bodies during outbreaks.⁷² One of the most common ways this was enacted was through the regulation of social interactions during funerals – especially perceived ‘excesses’ connected to eating, drinking and fighting.⁷³ In some cases, women were simply separated from the men – as seen in the map of Groningen produced by Egbert Haubois in 1634. At the Nieuwe Kerkhof of Sint Walburg, a peripheral cemetery constructed in 1623 to deal with a high number of plague deaths,⁷⁴ the women are demarcated from the men in their clothing, but also spatially.⁷⁵ On more severe occasions, however, women were banned from attending funerals altogether. This was announced in Amersfoort in 1599, alongside a whole host of other plague-related incidents and regulations, on the grounds of potential ‘*misbruiken*’ (abuses).⁷⁶ Similar announcements were made during the plague (*peste van heete sieckte*) of 1603 in Leiden,⁷⁷ 1636 in Haarlem,⁷⁸ and 1602 in Delft – the latter read out with the sounding of church bells during another plague outbreak on 22 July 1624 – where women were banned from attending funerals, and children were banned from going to school if the house was considered infected.⁷⁹ In Amsterdam in 1602, the same ban on women was put in place with the explicit miasma-informed rationale that ‘their presence increased the danger of contaminated air rising from the graves’.⁸⁰



Source: Egbert Haubois, *Caerte van de vermaerde ende antique stad Groeningen (Grote Haubois)* (Groningen 1665 [1634]). Image taken from: https://commons.wikimedia.org/wiki/File:Grote_Haubois.jpg.

In any case, impositions such as these were likely highly distressing for women and their families, who often went to great lengths to maintain religious observations even during epidemics, and thus provide little reason to expect such official restrictions were followed closely. We know that early modern neighbourhoods in the Low Countries put high precedence on the time-honoured customary duties of carrying the local deceased to a burial site, and being physically present to mark the passing.⁸¹ Indeed, in Groningen in 1623, the replacement of these customary duties within the neighbourhood with paid officials led to one of the most notable cases of civil disobedience against government impositions – resulting in physical violence and stones thrown at the paid carriers of the plague-deceased, where a number of protesters were women.⁸² Elsewhere, in Brussels in 1668, we know that residents along the rue du Curé violently resisted the occupation of

uninhabited houses by the plague infected and *pestmeesters* under authority of the urban administration. Women were significant and numerous in these acts of resistance and opposition.⁸³ Female defiance can also be found in the registers of offences recorded from Leiden (*correctieboeken*). In 1515, one woman had simply refused to carry a white stick (signalling infected or from an infected house) in public spaces, and in 1538 another woman challenged the regulation that corpses should not be kept in the house for longer than 36 hours, by claiming that her husband had not died from the ‘*pest*’.⁸⁴

Frequently, social controls were tied up in moral concerns over sexual behaviour. Already during the late fifteenth century, towns such as Abbeville in Northern France were curtailing freedoms for sex workers during epidemic disease outbreaks: not allowing them to use public ovens, or venture outside the city walls for firewood, for example.⁸⁵ The conception of the ‘female spreader’ was also something moralized within trade: ‘bad’ foods that posed a threat to public health were tied up in broader moral condemnation and corruption, if sold by an ‘indecent’ woman.⁸⁶ Later on, in the plague ordinance announced in 1605 in Sluis, the ongoing infection of the city was linked to God’s wrath at ‘loose women and whores’ (*lichte vrouwen en hoeren*). In fact, sex workers were ordered to leave the city 3 days after the publication of the ordinance, were forbidden to be offered any shelter at inns or taverns, and were to be reported to authorities upon refusal to move.⁸⁷ Elsewhere, in Leiden in 1681, a 23-year-old woman said to be guilty of prostitution was initially meant to be taken into a house of correction (*tuchthuis*), although upon learning of her infection with *pokken* (likely syphilis), was immediately released from custody and banned from the Rijnland area.⁸⁸ Furthermore, given the strong link between epidemic disease outbreaks and military activity,⁸⁹ another problem for women was the heightened risk of sexual violence. In the Campine village of Lille, for example, which was overrun by Croat soldiers in 1625 and 1626,⁹⁰ the term ‘*crawatensieckte*’ was used (Croats Sickness), and a woman, Elisabeth Peeters was noted as dying ‘*inden Crawatentijt vande pocxkens*’ – a likely reference to syphilis.⁹¹

In some cases, it was not necessarily regulation from above, but increased vigilance from within the community about women’s actions. For example, in a legal proceeding of Peter Baeck against a maid, Wyllemken Claesz, on 23 March 1519 in Kampen, a witness observed that Wyllemken continued to go the house of Peter, even spending the night with him, although apparently was suffering from the ‘*pest*’.⁹² Medicks also tended to moralize the connection between epidemic diseases and sexual behaviour of women: with the ‘enticement’ of men into the sex act, weakening their bodies, and making men susceptible to plague.⁹³ Indeed, as seen from the examples so far cited, there were no sharp lines between miasmatic, providential and moralizing interpretations of disease spread, but all frameworks reinforced each other.⁹⁴ Furthermore, just as has been argued elsewhere for the ‘feminized famine’ images of the past – particularly for the famines of the nineteenth century – female distress was also foregrounded in early modern plague paintings in the Low Countries, including strong focus on the motif of motherless vulnerable children.⁹⁵ Yet it should also be noted, that some paintings – such as Gerard de Lairesse’s ‘Niobe Punished for her Pride’ (Amsterdam, 1668) – visualize the outbreak of plague as a direct result of a woman’s ‘pride leading to a fall’ in boasting about the number of children she had.⁹⁶

Conclusion

Recent literature has argued that women in (parts of) the early modern Low Countries experienced high levels of ‘agency’ and ‘independence’ – measured through ages and rates of marriage and participation in economic activities beyond the household, including the physical occupation of collective or public spaces. Nevertheless, epidemic disease outbreaks – which have been shown to have had more severe mortality effects on women than on men (relative to non-epidemic years) – help bring into focus a number of female burdens and hardships, possibly born out of structural inequalities and vulnerabilities obscured from view in normal times. At the same time, women were, of course, able to resist or negotiate some of these social controls and restrictions – and sometimes this resistance is simply invisible in our textual sources.⁹⁷

It also remains to be seen whether the roles and experiences of women during sixteenth- and seventeenth-century epidemic outbreaks were discernibly different to that of the medieval period – operating in line with broader changes in economic role and institutional culture of medicine and public health. Other parts of Europe – both north and south – have shown similar inequitable burdens in household care and wet nursing around the Black Death and medieval plagues.⁹⁸ Indeed, in this regard we have a wealth of stimulating and insightful literature on women’s social and economic position in and around the time of the Black Death of 1349–52 in the Low Countries,⁹⁹ but it should also be recognized that (a) it is often not possible to provide systematic comparative indicators before and after this plague, and (b) it is unclear whether the gendered effects of this unrepresentative hyper-mortality event correspond at all with the experiences of late-medieval and early modern epidemics in general.

Though of course illuminating examples are shown in this paper from a variety of contexts, the task now is to approach societal responses to epidemic diseases in the past through a more systematic gendered line of analysis. Women may have faced burdens and hardships during epidemics in the early modern Low Countries – but did this level of burden and hardship change over time, and how did it compare with other parts of the early modern world? Furthermore, how can we explain any temporal changes or geographical differences seen? Likely this will require us to move beyond the assorted examples compiled in this paper, and combine focused use of source material that can provide comparative indicators over time and space – measurements of female experience of crime or quarantine before, during and after epidemics, and post-epidemic gendered access to wealth, property and resources, for example, in the form of real estate, poor relief, and financial instruments. It also will require us to start setting up experiments that allow us to test variables of potential relevance. How were epidemics’ impact on women filtered and refracted by pre-existing marriage patterns or strength of bottom-up collective institutions? Did epidemics characteristic of industrialized urban environments create different demands and pressures on women than pre-industrial epidemics – an entirely relevant question for the Low Countries given the already-mentioned sharp post-industrialization transition from a society defined by more female economic independence to one marked by a ‘male breadwinner’ culture.

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Daniel R. Curtis is an associate professor at Erasmus School of History, Culture and Communication, works on all forms of inequality and vulnerability in a historical perspective, and is a co-author on a new book available open access in October 2020 through Cambridge University Press entitled ‘*Disasters and History: The Vulnerability and Resilience of Past Societies*’, <https://www.cambridge.org/core/books/disasters-and-history/0E0A126BFA23BFA416D8AABC75014D59#fndtn-metrics>.

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Bibliography

- Adriaenssen, L. F. W. “Verdieneen Aan De Gave Gods: Pest En Hygiene.” *De Brabantse Leeuw* 47 (1998): 32–37.
- Alink, A. M. ed. “Getuigenissen En Gichten.” <http://www.kampennotarieel.nl/akten9.pdf>, (2017).
- Anon. “Ordonnantie Haarlem 1636.” <http://www.cranendonk.demon.nl/Figuren/Ordonnanties/Haarlem-1636.html>, (2017).
- Bardyn, A. “The Gender Distribution of Immovable Property Ownership in Late Medieval Brussels (1356-1460).” *Continuity and Change* 33, no. 1 (2018): 29–57.
- Bas J.P. van Bavel., and A. Rijpma. “How Important Were Formalized Charity and Social Spending before the Rise of the Welfare State? A Long-Run Analysis of Selected Western European Cases, 1400–1850.” *Economic History Review* 69, no. 1 (2016): 159–187.
- Beijers, H. “Meierijse Schoutsrekeningen 1368-1638.” http://www.henkbeijersarchieffcollectie.nl/historisch_onderzoek/schoutsrekeningen.html, (2019).
- Bogaers, L. “Geleund over De Onderdeur. Doorkijkjes in Het Utrechtse Buurtleven Van De Vroege Middeleeuwen Tot in De Zeventiende Eeuw.” *BMGN: Low Countries Historical Review* 112, no. 3 (1997): 336–363.
- Boter, C., and P. Woltjer. “The Impact of Sectoral Shifts on Dutch Unmarried Women’s Labor Force Participation, 1812–1929.” *European Review of Economic History* (2020). doi:10.1093/ereh/hez020.
- Bram van Besouw, and D. R. Curtis. “Death at a Distance? Warfare and Mortality in the Seventeenth-Century Low Countries.” In *On the Economic Consequences of Warfare in Early Modern Northwest Europe: Four Conceptual and Empirical Contributions*, Bram van Besouw, 35–108. Utrecht: Utrecht University PhD Thesis, 2019.
- Broomhall, S. *Women’s Medical Work in Early Modern France*. Manchester: Manchester University Press, 2004.
- Bruneel, C. “L’assistance et la santé.” In *La Belgique espagnole et la principauté de Liège (1585–1715)*, edited by P. Janssens, 231–244. Vol. 1. Brussels: Dexia Banque, 2006.
- Cabré, M. “Women or Healers? Household Practices and the Categories of Health Care in Late Medieval Iberia.” *Bulletin of the History of Medicine* 82, no. 1 (2008): 18–51.

- Carmichael, A. "The Last Past Plague: The Uses of Memory in Renaissance Epidemics." *Journal of the History of Medicine and Allied Sciences* 53, no. 2 (1998): 132–160.
- C. H. van Wijngaarden and L. M. van der Hoeven. "De Familienotities Van Elisabeth Willemsdr. Cortenhouff." *Ons Voorgeslacht* 73 (2018): 1–25.
- Coomans, J. "Policing Female Food Vendors in the Late Medieval Netherlands." *Yearbook of Women's History* 36 (2017): 94–114.
- Coomans, J., and G. Geltner. "On the Street and in the Bathhouse Medieval Galenism in Action?" *Anuario de estudios medievales* 43, no. 1 (2013): 53–82.
- Crawshaw, J. L. S., I. Benyovsky Latin, and K. Vongsathorn, eds. *Tracing Hospital Boundaries: Integration and Segregation in Southeastern Europe and Beyond, 1050-1970*. Leiden: Brill, 2020.
- Curtis, D. R. "An Agro-Town Bias? Re-examining the Micro-Demographic Model for Southern Italy in the Eighteenth Century." *Journal of Social History* 48, no. 3 (2015): 685–713.
- Curtis, D. R. "Was Plague an Exclusively Urban Phenomenon? Plague Mortality in the Seventeenth-Century Low Countries." *Journal of Interdisciplinary History* 47, no. 2 (2016): 139–170.
- Curtis, D. R. "Preserving the Ordinary: Social Resistance during Second Pandemic Plagues in the Low Countries." In *Waiting for the Ends of the World: Perceptions of Disaster and Risk in Medieval Europe*, edited by C. Gerrard, P. Brown, and P. Forlin, 280–297. Vol. 43. London: Routledge, 2020.
- Curtis, D. R. "From One Mortality Regime to Another? Mortality Crises in Late-Medieval Haarlem, Holland, in Perspective." *Speculum* 96 (2021): 1. <https://www.journals.uchicago.edu/journals/spc/forthcoming>.
- Curtis, D. R., and Q. Han. "The Female Mortality Advantage in the Seventeenth-Century Rural Low Countries." *Gender & History* (2020). doi:10.1111/1468-0424.12495.
- Curtis, D. R., and J. Roosen. "The Sex-Selective Impact of the Black Death and Recurring Plagues in the Southern Netherlands, 1349–1450." *American Journal of Physical Anthropology* 164, no. 2 (2017): 246–259.
- Danielle van den Heuvel, *Women and Entrepreneurship. Female Traders in the Northern Netherlands, C. 1580–1815*. Amsterdam: Askant, 2007.
- Danielle van den Heuvel, "Gender in the Streets of the Premodern City." *Journal of Urban History* 45, no. 4 (2019): 693–710.
- Danneel, M. *Weduwen En Wezen in Het Laat-middeleeuwse Gent*. Leiden: Garant, 1995.
- Davies, S. E., and B. Bennett. "A Gendered Human Rights Analysis of Ebola and Zika: Locating Gender in Global Health Emergencies." *International Affairs* 92, no. 5 (2016): 1041–1060.
- De Moor, T., and J. L. van Zanden. "'Every Woman Counts': A Gender-Analysis of Numeracy in the Low Countries during the Early Modern Period." *Journal of Interdisciplinary History* 41, no. 2 (2010): 179–208.
- De Moor, T., and J. L. van Zanden. "Girl Power: The European Marriage Pattern and Labour Markets in the North Sea Region in the Late Medieval and Early Modern Period." *Economic History Review* 63, no. 1 (2010): 1–33.
- Deneweth, H., and P. Wallis. "Households, Consumption and the Development of Medical Care in the Netherlands, 1650–1900." *Journal of Social History* 49, no. 3 (2016): 532–557.
- Félix Hachez, M. "Les fondations charitables de Mons. Chapitre II, Les hôpitaux de malades. Section IIe. Les hôpitaux de Pestiférés." *Annales du Cercle Archéologique de Mons* 1 (1837): 187–191.
- Franken, M. "De Uitbarsting Van De Patriottenbeweging in Arnhem Door De Bril Van Willem Anne Schimmelpenninck Van Der Oije (December 1782–augustus 1783)." In *Veluwe En Andere Geschiedenissen. Liber Amicorum Drs. R.M. Kemperink*, edited by B. G. J. Elias, W. Smit-Buit, H. A. M. Ummels, and A. C. van Woerden, 141–158. Hilversum: Verloren, 2010.
- Hanneke van Asperen, "Nothing Else than Decay: Theodoor Van Der Schuer's Allegory of Human Deprivation for Leiden's Plague Hospital." *Journal of Historians of Netherlandish Art* 12, no. 2 (2020): 1–28.

- Hans de Waardt, *Toverij En Samenleving: Holland 1500–1800*. The Hague: Stichting Hollandse Historische Reeks, 1991.
- Hans van den Heuvel, “Crimineel Klachtboek 1533–1811.” https://www.erfgoedleiden.nl/component/lei_files/download/id/472, (2013).
- Heyning, K. *Turbulente Tijden: Zorg En Materiële Cultuur in Zierikzee in De Zestiende Eeuw*. Hilversum: Verloren, 2017.
- Howell, M. *The Marriage Exchange: Property, Social Place and Gender in Cities of the Low Countries, 1300–1550*. Chicago: Chicago University Press, 1998.
- Howell, M. “The Problem of Women’s Agency in Late Medieval and Early Modern Europe.” In *Women and Gender in the Early Modern Low Countries, 1500–1750*, edited by S. J. Moran and A. C. Pipkin, 21–31. Brill: Leiden, 2019.
- Huisman, F. G. *Stadsbelang En Standsbesef. Gezondheidszorg En Medisch Beroep in Groningen, 1500–1730*. Rotterdam: Erasmus Publishing, 1992.
- Hutton, S. *Women and Economic Activities in Late Medieval Ghent*. Basingstoke: Palgrave, 2011.
- Ingram, H. “‘Pottes of Tryacle’ and ‘Bokes of Phisyke’: The Fifteenth-Century Disease Management Practices of Three Gentry Families.” *Social History of Medicine* 32, no. 4 (2019): 751–772.
- Ingrid van der Vlis, *Leven in Armoede. Delftse Bedeelden in De Zeventiende Eeuw*. Amsterdam: Prometheus/Bert Bakker, 2001.
- Jacquet-Ladrier, F. “Les épidémies de peste aux XVIe–XVIIe siècles: L’exemple de Namur.” *Cahiers de Sambre et Meuse* 4 (2007): 122–141.
- Jan de Vries, “An Inquiry into the Behaviour of Wages in the Dutch Republic and the Southern Netherlands, 1580–1800.” In *Acta Historiae Neerlandicae: Studies on the History of the Netherlands*, 79–97. Vol. 10. The Hague: Martinus Nijhoff, 1978.
- Jan Luiten van Zanden, Tine De Moor, and S. G. Carmichael. *The European Marriage Pattern, Female Empowerment and Economic Development in Western Europe 1300–1800*. Oxford: Oxford University Press, 2019.
- Jan van Hout, *Ordonnantie Ende Ghebot Nopende De Heete Ziecke, Ofte Peste*. Leiden: Raedthuys, 1603.
- Janssens, P. A., and W. Van den Branden. “De Pest in Het Algemeen En in Het Bijzonder Te Poederlee, Lille, Gierle En Wechelderzande in De Zeventiende Eeuw.” *Jaarboek Van De Heemkundige Kring Norbert De Vrijter* 3 (1985): 5–99.
- Kappelhof, A. C. M. “Verzorging Van Pestlijders Op Het Brabantse Platteland in 1582.” *Nieuwsbrief Zorggeschiedenis* 7 (2009): 1–4.
- Kappelhof, A. C. M. “Kroniek Breda En Baronie 1467–1829.” https://www.academia.edu/43513172/Kroniek_Breda_en_Baronie_1467_-_1829, (2020).
- Karin Van Honacker, “Résistance locale et émeutes dans les chef-villes brabançonnaises aux XVIIe et XVIIIe siècles.” *Revue d’histoire moderne et contemporaine* 47, no. 1 (2000): 37–68.
- Kees van der Wiel, and P. Ekamper. “Kromme Sikkels Des Doods, of De Pest Van 1624 in Delft.” *Jaarboek Delfia Batavorum* 27 (2018): 75–95.
- Kelleher, M. *The Feminization of Famine: Expressions of the Inexpressible?* Durham, NC: Duke University Press, 1997.
- Kerkhoff, A. H. M. *Per Imperatief Plakkaat: Overheid En Pestbestrijding in De Republiek Der Zeven Verenigde Nederlanden*. Hilversum: Verloren, 2020.
- Kittell, E., and K. Queller. “Wives and Widows in Medieval Flanders.” *Social History* 41, no. 4 (2016): 436–454.
- Kowaleski, M. “The Oxford Handbook of Women and Gender in Medieval Europe.” In *Gendering Demographic Change in the Middle Ages*, edited by J. M. Bennett and R. M. Karras, 181–196. Oxford: Oxford University, 2013.
- Ladan, R. *Gezondheidszorg in Leiden in De Late Middeleeuwen*. Hilversum: Verloren, 2012.
- Lonsain, B. “Een Oproer in Het Pestjaar 1623.” *Groningsche Volksalmanak* (1918): 54–59.
- Lotte van de Pol, and E. Kuijpers. “Poor Women’s Migration to the City. The Attraction of Amsterdam Health Care and Social Assistance in Early Modern Times.” *Journal of Urban History* 32, no. 1 (2005): 44–60.

- Luud de Brouwer. “De Aenclevende Sieckte. De Pest in Tilburg Voor 1630.” *Tilburg: Tijdschrift Voor Geschiedenis, Monumenten En Cultuur* 13 (1995): 3–13.
- Luud de Brouwer. “Erfenisperikelen Ten Tijde Van Pest.” *De Brabantse Leeuw* 49, no. 2 (2000): 74–83.
- Martyn, G., and F. Stevens. “Testamenten Van Pestlijders in De Zuidelijke Nederlanden.” In *De Pest Te Leuven, 1634–1636. De Kapucijnen En De Zorg Om De Mens*, edited by G. Van Reyn, 33–35. Louvain: Peeters, 2016.
- Mentink, G. J. “De Rode Loop in Gelderland. De Dysenterie Epidemie in De Jaren 1778–1779 En 1782–1783, Toegelicht Aan Gegevens Uit Het Archief Van Het Hof Van Gelderland En Uit De Begraafregisters.” *Bijdragen En Mededelingen Gelre* 64 (1970): 124–145.
- Monballyu, J. “‘Geexecuteert Metten Viere’: Omwille Van Hekserij in Het Graafschap Vlaanderen, 1600–1624.” <https://www.kuleuven-kulak.be/facult/rechten/Monballyu/Rechtlagelanden/Heksenvlaanderen/Vonnissenhekserij/Vonnissenhekserijtekst1600-1624.html>, (2001).
- Moran, S. J., and A. C. Pipkin, eds. *Women and Gender in the Early Modern Low Countries, 1500–1750*. Brill: Leiden, 2019.
- Munkhoff, R. “Searchers of the Dead: Authority, Marginality, and the Interpretation of Plague in England, 1574–1665.” *Gender & History* 11, no. 1 (1999): 1–29.
- Murphy, N. “Plague Ordinances and the Management of Infectious Diseases in Northern French Towns, c. 1450–c.1560.” In *The Fifteenth Century XII: Society in an Age of Plague*, edited by L. Clark and C. Rawcliffe, 139–160. Woodbridge: The Boydell Press, 2013.
- Muurling, S., J. Kamp, and A. Schmidt. “Unwed Mothers, Urban Institutions and Female Agency in Early Modern Dutch, German and Italian Towns.” *The History of the Family* (2020). doi:10.1080/1081602X.2020.1767677.
- N.C.J. van Breemen-Kruyt. “De Gave Gods in De Mallemolen.” *Jaarboek ‘Die Haghe’* (1948/9): 47–72.
- Noordegraaf, L., and G. Valk. *De Gave Gods: De Pest in Holland Vanaf De Late Middeleeuwen*. Bergen: Octavo, 1988.
- Perton, H. “Bij De Begrafenis Op Een Pestkerkhof.” *Groninganus*. <https://groninganus.wordpress.com/2014/06/08/bij-de-begrafenis-op-een-pestkerkhof/>, (2014).
- Pot, G. P. M. *Arm Leiden. Levensstandaard, Bedeling En Bedeelden, 1750–1854*. Hilversum: Verloren, 1994.
- Roelens, J. “Visible Women: Female Sodomy in the Late Medieval and Early Modern Southern Netherlands (1400–1550).” *BMGN: Low Countries Historical Review* 130, no. 3 (2015): 3–24.
- Rommès, R. “Op Het Spoor Van De Dood. De Pest in En Rond Utrecht.” *Jaarboek Oud-Utrecht* (1991): 93–120.
- Rose, C. “Plague and Violence in Early Modern Italy.” *Renaissance Quarterly* 71, no. 3 (2018): 1000–1035.
- Sas, B. “Die Swaerigheyt Des Levens Te Gierle Tijdens De Miserabele Tweede Helft Van De 17de Eeuw.” *Jaarboek Van De Heemkundige Kring Norbert De Vrijter* 26 (2008): 105–134.
- Schmidt, A., and M. van der Heijden. “Women Alone in Early Modern Dutch Towns: Opportunities and Strategies to Survive.” *Journal of Urban History* 42, no. 1 (2016): 21–38.
- Schmidt, A., and E. van Nederveen Meerkerk. “Women’s Labor Force Participation in the Netherlands, 1600–1900.” *Feminist Economics* 18, no. 4 (2012): 69–96.
- Schroor, M. *Rurale Metropool. Bevolking, Migratie En Financiën Van De Stad Groningen Ten Tijde Van De Republiek (1595–1795)*. Groningen: Nederlands Agronomisch Historisch Instituut, 2014.
- Simons, W. *Cities of Ladies: Beguine Communities in the Medieval Low Countries, 1200–1565*. Philadelphia, PA: University of Pennsylvania Press, 2001.
- Smith, J. “Overcoming the ‘Tyranny of the Urgent’: Integrating Gender into Disease Outbreak Preparedness and Response.” *Gender and Development* 27, no. 2 (2019): 355–369.
- Sogner, S., and J. van Lottum. “An Immigrant Community? Norwegian Sailors and Their Wives in 17th-Century Amsterdam.” *The History of the Family* 12, no. 3 (2007): 153–168.

- Steendijk-Kuypers, J. *Volksgezondheidszorg in De 16e En 17e Eeuw Te Hoorn: Een Bijdrage Tot De Beeldvorming Van Sociaal-geneeskundige Structuren in Een Stedelijke Samenleving*. Rotterdam: Erasmus Publishing, 1994.
- Ufkes, T. “De Verzorging Van Zieke En Gewonde Soldaten in Groningen En De Ommelanden, 1665 En 1672.” *Gewina* 17 (1994): 26–31.
- Vis, G. N. M. *Het Weeshuis Van Woerden: 400 Jaar Stadsweeshuis En Gereformeerd Wees- En Oudeliedenhuis Te Woerden 1595–1995*. Hilversum: Verloren, 1996.
- Wenham, C. Julia Smith and Rosemary Morgan. “COVID-19: The Gendered Impacts of the Outbreak.” *The Lancet* 395, no. 10227 (2020): 846–848.
- Wiersma, G. “Observaties Van Pieter Van Foreest Tijdens De Pest in Delft (1557/’58).” *Nederlands Tijdschrift Voor Geneeskunde* 138, no. 52 (1994): 2618–2621.
- Winer, R. L. “The Enslaved Wet Nurse as Nanny: The Transition from Free to Slave Labor in Childcare in Barcelona after the Black Death (1348).” *Slavery & Abolition* 38, no. 2 (2017): 303–319.
- Ysbrand van Diemberbroeck, *De Peste, Libri Quatuor, Book 1. Arnhem: J. Jacobs*. 1646.
- Ysbrand van Diemberbroeck, *Tractatus De Peste, Book 1. Amsterdam: J. Blaeu*. 1665.
- Zarulli, V., J. A. Barthold Jones, A. Okszyzan, R. Lindahl-Jacobsen, K. Christensen, and J. W. Vaupel. “Women Live Longer than Men Even during Severe Famines and Epidemics.” *Proceedings of the National Academy of Sciences* 115, no. 4 (2018): 832–840.
- Zuijlen, R. A., ed. *Inventaris Der Archieven De Stad ’S-hertogenbosch, Chronologisch Opgemaakt En De Voornaamste Gebeurtenissen Bevattende: Staatsrekeningen Van Het Jaar 1399–1800*. Vol. 2. Den Bosch: W. C. van Heusden, 1866.

Notes

1. Just a small selection of relevant literature: De Moor and van Zanden, ‘Girl Power’; van Zanden et al., *The European Marriage Pattern*; van den Heuvel, *Women and Entrepreneurship*; Schmidt and van der Heijden, ‘Women Alone.’
2. Schmidt and van Nederveen Meerkerk, ‘Women’s Labour Force Participation’; Boter and Woltjer, ‘The Impact of Sectoral Shifts.’
3. van den Heuvel, ‘Gender in the Streets.’ Also, for the fifteenth- and early sixteenth centuries: Roelens, ‘Visible Women,’ 17–22.
4. De Moor and van Zanden, “‘Every Woman Counts’,” 207.
5. See the recent essays in Moran and Pipkin, eds. *Women and Gender*.
6. Howell, ‘The Problem of Women’s Agency.’
7. Curtis, ‘An Agro-Town Bias?’
8. A recurring problem discussed in Kowaleski, ‘Gendering Demographic Change,’ 183.
9. Curtis and Han, ‘The Female Mortality Advantage.’ A severe epidemic by the definition of these authors is where a locality sees a quadrupling (300% increase) in annual mortality over trend.
10. Curtis and Roosen, ‘The Sex-Selective Impact of the Black Death.’
11. Curtis, ‘From One Mortality Regime to Another?’
12. According to the ‘body fat hypothesis’, women’s higher body fat allows for greater capacity to deal with mortality spike events connected to malnutrition (i.e. famines and famine-related epidemics). Moreover, this body fat supports a higher level of leptin, an important driver of the immune system, allowing women to show a heightened resistance to many other diseases caused by bacteria, viruses, fungi, and parasites. There are a few exceptions such as malaria and measles.
13. Zarulli et al., ‘Women Live Longer than Men.’
14. Wenham et al., ‘COVID-19’; Smith, ‘Overcoming the “Tyranny of the Urgent”’; Davies and Bennett, ‘A Gendered Human Rights Analysis.’
15. Curtis, ‘Was Plague an Exclusively Urban Phenomenon?,’ 152; Curtis and Roosen, ‘The Sex-Selective Impact of the Black Death,’ 252, 255–256.

16. Alink, ed. 'Getuigenissen,' no. 890, fo. 224 v. Accessed 20/5/2020.
17. Stadsarchief Deventer, Groote (vroeger Heilige Geesten-) en Voorster gasthuis te Deventer, 0767, no. 1304.
18. Heyning, *Turbulente tijden*, 47.
19. Adriaenssen, 'Verdienen aan de gave gods.'
20. de Brouwer, "'De aenclevende sieckte",' 8. See also the difficulties in finding candidates for this task in the Mallemolen area of The Hague: van Breemen-Kruyt, 'De gave Gods,' 50.
21. Moreover, in certain cases, *schrobbers* were sometimes formally asked in resolutions to remain in the house for as long as six weeks after the death of the occupant by *pest*: Archief Eemslant, Amersfoort, Stadsbestuur Amersfoort, 1300–1810, 0001, no. 18, fo. 5 [18/6/1599].
22. de Brouwer, "'De aenclevende sieckte",' 12.
23. *Ibid.*, 9.
24. Martyn and Stevens, 'Testamenten van pestlijders,' 35.
25. Brabants Historisch Informatie Centrum, Den Bosch, Schepenenprotocol Sint-Michielsgestel, 5121, no. 43, fo. 215 r [17/5/1561].
26. 'Parochieregisters. Provincie West Vlaanderen', https://search.arch.be/nl/zoeken-naar-archieven/zoekresultaat/inventaris/inleiding/eaidid/BE-A0513_109981_108806_DUT/inventarisnr/I1099811088063121/level/file/scan-index/100/foto/513_9000_000_00396_000_0_0199, fo. 213: '... quia contagion obierat, Maria anciella Jacobi Maes Smie aliquo officio, audita eius confessione cum scalis per fenestram'.
27. Based on consulting each available seventeenth-century volume: Stadsarchief Breda, Stadsbestuur Breda (oud administratief archief) 1280–1810, Stadsrekeningen, nos. 549–647.
28. Vis, *Het weeshuis van Woerden*, 150–151.
29. Stadsarchief Breda, Stadsbestuur Breda (oud administratief archief) 1280–1810, Stadsrekeningen, no. 617, fo. 100 v.
30. Calculation based on de Vries, 'An Inquiry into the Behaviour of Wages,' 82–83.
31. Stadsarchief Breda, Stadsbestuur Breda (oud administratief archief) 1280–1810, Stadsrekeningen, no. 617, fos. 103–104 v.
32. Munkhoff, 'Searchers of the Dead'; Broomhall, *Women's Medical Work*, 157–158.
33. Félix Hachez, 'Les fondations charitables,' 189.
34. Streekarchivariaat Noordwest-Veluwe, Stadsbestuur Harderwijk, (1190) 1231–1813, 5001, no. 607 [30/10/1625]. Curiously, this did not seem to affect her life chances as she appeared again some 22 years later in 1547 in the same function.
35. Ufkes, 'De verzorging van zieke en gewonde soldaten,' 30.
36. See Namur in 1632: Jacquet-Ladrier, 'Les épidémies de peste,' 131.
37. Kappelhof, ed. 'Kroniek Breda,' fo. 25. Accessed 10/7/2020.
38. Jacquet-Ladrier, 'Les épidémies de peste,' 134.
39. Simons, *Cities of Ladies*, 76–79.
40. Wiersma, 'Observaties van Pieter van Foreest,' 2620.
41. Deneweth and Wallis, 'Households.'
42. Mentink, 'De rode loop,' 138; Franken, 'De uitbarsting van de Patriottenbeweging,' 152–154. See, also, the case of a patient doing a 'mischief' (*enige moedwil*) against a surgeon during an epidemic outbreak in 1634–5 Utrecht: Bogaers, 'Geleund over de onderdeur,' 352.
43. Kappelhof, 'Verzorging van pestlijders.'
44. Stadsarchief Rotterdam, Notarissen te Rotterdam, 18, 452, no. 239, fo. 390 [3/1/1665].
45. Beijers, ed. 'Meierijsche schoutsrekeningen,' no. 12996 fo. 229, 233, 241–242, 258. Accessed 12/4/2020.
46. Het Utrechts Archief, Notarissen in de stad Utrecht 1560–1905, no. 4 [10/9/1604]: and it was declared '... voor redenen van wetenschap dat ... Cunera in haar pestilentielle sieckte heeft'.
47. de Waardt, *Toverij en samenleving*, 94.
48. Monballyu, "'Geexecuteert metten viere",' no. 17, 21.
49. Beijers, ed. 'Meierijsche schoutsrekeningen,' no. 12995, fo. 12. Accessed 12/4/2020.

50. Het Utrechts Archief, Notarissen in de stad Utrecht 1560–1905, no. 157 [8/9/1636].
51. Archief Eemsland, Amersfoort, Stadsbestuur Amersfoort, 1300–1810, 0001, no. 18, fo. 52 v [26/11/1599].
52. See the long protracted legal battle over inheritance of property and goods after plague mortality described in de Brouwer, ‘Erfenisperikelen.’
53. Het Utrechts Archief, Notarissen in de stad Utrecht 1560–1905, no. 181 [24/10/1636].
54. Stadsarchief Breda, Schepenbank Breda 1499–1811, Vestbrieven 1521, no. 428, fos. 259 r–260 v.
55. Het Utrechts Archief, Notarissen in de stad Utrecht 1560–1905, no. 139 [11/8/1637].
56. Own database of owners and users calculated from West Brabants Archief, Bergen op Zoom, Dorpsbestuur Oudenbosch, 0300, Kohier van huizen en gronden of veldboek, 1624–1626 en 1632–1635, no. 0921, 0923.
57. Pot, *Arm Leiden*, 263–264; van der Vlis, *Leven in armoede*, 64–65. These poor relief institutions also became fearful that certain women would prove a burden on the system: Muurling et al. ‘Unwed Mothers,’ 14.
58. Regionaal Archief Zutphen, Archief van de Kerkmeesters van de Hervormde Gemeente te Zutphen, 0062, Rekening van kerkmeester Derrick van Thyll (buiten), 1576, no. 292, fos. 21–22 [archive transcription].
59. Stadsarchief Amsterdam, Archief van Burgemeesters: stadsrekeningen, 5014, no. 125, fo. 382, 422.
60. Stadsarchief Breda, Stadsbestuur Breda (oud administratief archief) 1280–1810, Stadsrekeningen, no. 554, fos. 203 r–204 r.
61. Regionaal Archief Zutphen, Oud archief van de stad Zutphen (1206–1815), 0001, Rekeningen van Johan Ruter, 1598–1599, no. 1159, fo. 6 [archive transcription].
62. Placed within a broader context: van Bavel and Rijpma, ‘How Important Were Formalized Charity and Social Spending Before the Rise of the Welfare State?’
63. See above 11.
64. Sas, ‘Die Swaerigheyt des levens te Gierle,’ 120–123.
65. Ladan, *Gezondheidszorg*, 102–103.
66. Argument made in van de Pol and Kuijpers, ‘Poor Women’s Migration.’
67. Own database of patients calculated from Zeeuws Archief Middelburg, 24.1 Godshuizen Middelburg 1343–1812, ‘Lootjesboeken’, register van personen, die voor rekening van het gesticht ter verpleging zijn opgenomen, voornamelijk vreemdelingen en arme ingezetenen, 1584–1812, no. 22, fos. 1–20 r.
68. Bruneel, ‘L’assistance et la santé,’ 239.
69. Ladan, *Gezondheidszorg*, 102–103. This gendered segregation has also been noted elsewhere in Europe for quarantining policies: see the essays in Crawshaw et al., eds. *Tracing Hospital Boundaries*.
70. van Zuijlen, ed. *Inventaris der Archieven de Stad ’s-Hertogenbosch*, II, no. 1167.
71. Stadsarchief Delft, Archieven van het stadsbestuur van Delft 1246–1813, Register van vonnissen in strafzaken, no. 2387, fo. 122 v [6/4/1665]. Thanks to Eveline Kaiser, Stadsarchief Delft, for directing me to this document.
72. Carmichael, ‘The Last Past Plague,’ 145; Rose, ‘Plague and Violence,’ 1006.
73. Kerkhoff, *Per imperatief plakkaat*, 38–39.
74. Schroor, *Rurale metropool*, 40.
75. Observation carefully made in Perton, ‘Bij de begrafenis op een pestkerkhof.’ Accessed 21/5/2020.
76. Archief Eemsland Amersfoort, Stadsbestuur Amersfoort, 1300–1810, 0001, no. 18, fo. 17 [7/8/1559].
77. van Hout, *Ordonnantie*, 165 (no. 4).
78. Anon., ‘Ordonnantie Haarlem 1636,’ no. 15.
79. van der Wiel and Ekamper, ‘Kromme sikkels des doods,’ 84–85.
80. Noordegraaf and Valk, *De Gave Gods*, 120. This issue also discussed in Steendijk-Kuypers, *Volksgezondheidszorg*, 176–177.

81. Huisman, *Stadsbelang en standsbesef*, 157; Bogaers, 'Geleund over de onderdeur,' 350; Rommes, 'Op het spoor van de dood,' 114; Curtis, 'Preserving the Ordinary.'
82. Lonsain, 'Een oproer,' 57.
83. Van Honacker, 'Résistance locale,' 46–47.
84. Ladan, *Gezondheidszorg*, 63. Not unlikely given that there is no evidence for epidemic activity in this year: Curtis, 'From One Mortality Regime to Another?'
85. Murphy, 'Plague Ordinances,' 152. Also, Coomans and Geltner, 'On the Street and in the Bathhouse,' 71.
86. Coomans, 'Policing Female Food Vendors,' 108.
87. Zeeuws Archief Middelburg, Vrije van Sluis 1584–1796, 7, Stukken betreffende maatregelen tegen besmetting met pest, 1605, 1770–1771, no. 363, fo. 3 r.
88. van den Heuvel, ed. 'Crimineel klachtboek,' fo. 689 [7/1/1681]. Accessed 21/5/2020.
89. van Besouw and Curtis, 'Death at a Distance?,' 44.
90. A generic term for light calvary operating on the side of the Catholic League during the Thirty Years' War rather than an ethnic designation.
91. Janssens and Van den Branden, 'De pest,' 81–82.
92. Alink, ed. 'Getuigenissen,' no. 633, fo. 165 v.
93. Noordegraaf and Valk, *De Gave Gods*, 134.
94. All three elements mentioned in turn by the Nijmegen medic IJsbrand van Diemerbroeck in *Tractatus de peste*, I, 23–24; reproduced from Idem, *De peste*, I, 18.
95. van Asperen, 'Nothing Else Than Decay,' 7. For the 'feminized famine' image: Kelleher, *The Feminization of Famine*.
96. van Asperen, 'Nothing Else Than Decay,' 10–11.
97. It should also be noted that women explicitly wrote about the epidemics they were experiencing – including very detailed analyses of number and scale of deaths and social impact: see, for example, the plague of 1664 in Amsterdam a diary entry in van Wijngaarden and van der Hoeven, eds. 'De familienotities,' 22; and comments of a Norwegian sailor's wife: Sogner and van Lottum, 'An Immigrant Community?,' 165.
98. Cabré, 'Women or Healers?'; Ingram, "'Pottes of Tryacle'"; Winer, 'The Enslaved Wet Nurse as Nanny.'
99. Just a small selection of relevant literature: Howell, *The Marriage Exchange*; Hutton, *Women*; Bardyn, 'The Gender Distribution of Immovable Property'; Kittell and Queller, 'Wives and Widows'; Danneel, *Weduwen*.