Disease epidemics have a way of concentrating the mind and testing human capacities. How did past societies cope with pandemics or global pathogens spread when vaccinations and other modern medical interventions were unavailable, even unthinkable? This collection of primary sources from eighteenth-century South America spotlights local reactions to a previously unknown ailment. In 1719 a pandemic ravaged the silver-mining city of Potosí, in present-day Bolivia, after devastating Buenos Aires and Córdoba, Argentina. Possibly introduced via the transatlantic slave trade, the pathogen went on to cripple Cuzco and Arequipa, Peru, decimating many smaller, mostly Indigenous towns along the way. In all, the disease killed hundreds of thousands and displaced many more.

If early modern medical therapies were of limited use against virulent pathogens, what were the options? Was social distancing practiced, or masking? Generally no, but none sat idly by as the pandemic raged. The Andes region of South America was deeply Roman Catholic by this time, and, as such, believers put their trust in Jesus Christ, Mary, and the saints as intercessors before God. Catholic priests, self-appointed frontline workers of their day, according to observers, cared for the sick and “cured souls.” Priests urged parishioners to respond to the health crisis with religious processions and other acts of collective piety. Personal pleas for forgiveness followed. A sinner’s best hope when struck by “contagion” was a good death, making peace with family, neighbors, and God before expiring.

Thankfully for us, the Gran Peste that swept the Andes between 1717 and 1722 left a documentary trail. The sources collected and translated here reveal the alarm and drama that accompanied an early modern American pandemic, along with the search for answers (and culprits). There is evidence, too, of an emerging medical science rooted in Enlightenment principles, and, although early
eighteenth-century theories of disease causation and prescribed therapies may seem ludicrous today, sources point to experimenta-
tion to help limit suffering. The pandemic provoked conflict between established faith and newfangled science.

In what may have been a global coincidence, an equally deadly pathogen struck Marseille and parts of southern France in 1720. Marseille’s experience merits brief comparison, in part because it coincided with the Andean pandemic but also because conflicting reactions to it illuminate common stress points, some found in more recent pandemics. These include (1) calls for isolationism and self-sufficiency versus openness and global interdependency; (2) denunciations of opportunism, debauchery, and carelessness amid chaos and death versus praise for civic duty, self-sacrifice, and moral integrity; (3) class solidarity versus antagonism or division; (4) the promotion of novel medical and public health interventions versus quack remedies or false palliatives; and (5) the search for cosmic causes and meaning versus more secular views of nature and the lim-
itations of human knowledge. Alert readers will spot many more.