

Sheilagh Ogilvie, *Controlling Contagion. Epidemics and Institutions from the Black Death to Covid* (Princeton, NJ: Princeton University Press, 2025). 526 pp. ISBN 9780691255569.

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Historians often take an overly simplified narrative and try to nuance it or show additional layers of complexity. Sheilagh Ogilvie's corpus of work tends to do the opposite – usually taking a very difficult-to-untangle development and cutting through the confusion to bring order to the chaos. Her latest book on epidemics and institutions conforms to this recognizable way of working, in the process helping the widest readership understand something very complex.

Understanding the emergence and spread of epidemic diseases across time and space is demanding, with so many causal and confounding factors and contextual specificities. In recent years, the improvements to the sampling and sequencing of DNA have brought us valuable new insights, with fierce debates continuing to rage about the spatial and temporal dimensions of the Black Death, where it was seeded, and how it moved from a dormant state in the soil to a more active one afflicting animals and humans. Still, much of that material is technical and dense – and not straightforward for historians to easily connect to economy, society, culture, and politics. To the credit of *Controlling Contagion*, it is less bogged down in these discussions, and I think there is something to be said for a scholar escaping the myopia of disease, medicine, or public health history. In this regard, Ogilvie comes to the subject of epidemics from outside as an expert in social and economic institutions in historical perspective.

To briefly summarize in simple terms the central argument of the book, contagion (or spread of disease) is seen as a negative externality of human decision-making or action – the individual creating costs to the wider collective. Reducing contagion sometimes creates other negative externalities for groups and individuals elsewhere. For Ogilvie, institutions are important in controlling the extent to which contagion becomes more or less of a problem, and the book skillfully takes us through six of them: the market; the state; collectives or communities; religions; public health institutions; and families or households. With a chapter devoted to each institution, Ogilvie suggests broadly in line with preexisting literature on societal responses to historical disasters (see Van Bavel et al., *Disasters and History*, 2020) – that it was never

one specific institutional option most likely to negate contagion, but rather the interaction between a diversity of institutions, where some institutions were able to override or counterbalance the worst effects of others. Although a feature of Ogilvie's previous books is often a plethora of original evidence, this argumentation instead is convincingly supported by an impressive grasp of a wide range of secondary scholarship that extends across seven centuries of historical contexts from different places around the world.

Some areas might have merited development or at least might be developed by other scholars going forward. One issue which sometimes rears its head is a tension over whether we are talking about the institutional arrangements that themselves led to greater or lower levels of disease spread and severity in a positivist sense or about the institutional arrangements that societies at the time believed to lead to greater or lower levels of disease spread. At the very least, there is sometimes a lack of clarity about which is being argued, where an issue is addressed sometimes implicitly but does not feature in the overarching framework. To use an illustrative example, Ogilvie cites a case of a young woman hanging bedclothes from a bridge during an outbreak in 1484 in Leiden to highlight the uneasy choices between exposing a family to infection or exposing the wider community (pp. 21-22, 410). To be sure, this young woman was punished for this act (a finding of Coomans, *Community, Urban Health and Environment*, 2021), but it says more about how society at the time viewed items such as cloth as vectors for disease (the miasmatical idea that it was difficult to fumigate), rather than this act being highly likely to shape disease outcomes in reality. That is, it is highly unlikely that hanging bedsheets from a bridge would have had any impact on anyone regarding contagion – even if people at the time thought so. It was simply an irrelevant act for containing the spread of disease.

My point is that institutions which intended to do good – or were set free in Ogilvie's conception to work optimally through their embedded position within a favorable social framework – did not necessarily limit the spread of disease, even if the thinking behind them assumed they would. In my view, the book therefore might have benefitted from creating a framework that links institutions or the embedded position of those institutions (next to one another, in differing contexts of wealth and power distribution) to the likelihood or probability of an “epidemic intervention” being produced – regardless of whether that intervention is effective or not in reducing contagion. It is necessary to

make this point since epidemics, perhaps more than any other historical agent, often disrespect the vagaries of space. There are myriad reasons for contagion to spread or be contained. Places with “effective” sets of institutions could easily be infected through processes developing in other places with “ineffective” sets of institutions, for example. More importantly, because the dependent variable of the book – contagion outcomes, measurable by spread and severity of epidemic mortality – is notoriously difficult to empirically reconstruct effectively over time and space within a comparative framework just on their own. On these grounds, we see high resolution evidence on the precise spatial and temporal differences between institutional structures and characteristics (Ogilvie’s speciality) being considered next to low resolution or simply incomplete or sometimes non-existent information on epidemic disease characteristics. So, for example, when we consider the effectiveness of pest house interventions – founded by urban administrations – it is difficult to come to any resolution: while we sometimes have death rates within the institutions, occasionally with refined demographic profiling of those that died, we rarely can compare that to simultaneous non-institutional contexts where we lack a clearly defined population at risk. Here, we can potentially know the institutional framework more likely to produce a pest house-oriented policy of epidemic interventions, but we cannot say much coherently about their likely success (beyond explicit references to them being perceived as places people avoided for a variety of reasons, pp. 106-113).

Overall, then, the book builds a coherent conceptual framework for explaining the dimensions of contagion, with the various features and constellations of institutions as independent variables of importance. Realistically, this is the more straightforward way to approach the epidemics and institutions relationship. Although implicitly there are references to how epidemic contagion, or the anticipation of it, shapes the qualities and characteristics of institutions, this part is not explicitly conceptualized or modelled in the book. Likely, this lapse is because it is a much more complex direction of causal effect, though it remains important to consider as it probably created a kind of feedback loop which impacted upon institutional effectiveness to deal with further outbreaks. On that note, such a relationship would have been perfect to demonstrate visually, and it was perhaps a missed opportunity that no visualization of the overarching conceptual framework appeared in the book.

In sum, I am sure *Controlling Contagion* will be well read and used – given its accessibility and engaging framework, I was already teaching

with it a week after its release – and future scholarship can build upon the framework by more directly considering the correlations and causal effects of institutions and their capacity to shape epidemic disease dynamics. It is a starting point for more refined analyses at micro- and meso-scales where confounding variables can be more easily controlled and quantitative data is available at a higher resolution.

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Wouter Waldus, *Turfvaart op de Zuiderzee. Scheepswrakken in Flevoland, 1550-1700* (Utrecht: Matrijs, 2024). 176 pp. ISBN 9789053456033.

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This new publication by Wouter Waldus is a revised and accessible version of his Leiden doctoral dissertation (2021). It focuses on early modern shipwrecks found in Flevoland, the reclaimed land of the former Zuiderzee and, in particular, on vessels that transported peat. While the economic and social history of the Zuiderzee and its role in the rise of Holland's Golden Age has been extensively studied, Waldus addresses a crucial but underexplored aspect: the logistics of peat, the vital fuel that heated the households and industries of the booming urban centers of the western Netherlands. By integrating archaeological evidence from shipwrecks with economic and social history, Waldus offers both a fresh lens on maritime logistics and an important contribution to the wider historiography of Dutch socioeconomic development.

The opening sections of the book situate the Zuiderzee in the period 1550-1700 as a maritime crossroads, essential not only for fisheries and international trade but also for supplying basic resources to Holland's cities. Waldus demonstrates convincingly that peat – often overlooked compared to bulk goods like grain or timber – was a linchpin commodity in this system. His analysis highlights the centrality of resource flows in enabling Holland's urban expansion, drawing attention to networks of supply that supported both local economies and long-distance ventures.

The core chapters examine peat extraction, transport, and trade in detail. Waldus's accessible writing makes complex socioeconomic structures approachable, while offering insights into skippers, insurers,