

Plague Markings: Doors & Disease

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This article probes the relations between the door and disease, exploring how historic forms of inscribing or marking the door have been used to convey public health information about the status of a building's occupants. In particular, it argues that practices of marking help to reinforce a politics of regulation and exclusion that signals who is able to exert control over the body and the threshold. In doing so, this paper contributes to growing interests within historical and geographical writing which explore how micro and intimate architectural features structure the social and political relations of public space¹. In this context, micro and intimate architectures are defined as interior built features that are distinct spaces, which in isolation do not constitute a building but through social interaction and representational practices become mobilised within larger built structures². Examples, of this kind of scholarship include work by Postles who explores the significance and social production of church porches in pre-modern England³, Hurdley's analysis of the corridor and the mantel piece⁴, Jütte's exploration of the metaphor 'the living house'⁵ and Rosselin's discussion of the social and political relations of the hallway⁶. Across these accounts, there is an emphasis on ensuring the continued exploration of the cultural and historical significance of different architectural spaces and how they continue to shape our interactions with the built environment.

Within this body of research is a relatively small but significant collection of literature that is concerned with the study of the door⁷. Typically, this work is focused on specific styles of doorway architecture⁸ and/or they tend to address conceptual discussions of the threshold and its role in regulating experiences of transition, separation and connection⁹. Alongside these discussions is a growing engagement with how the boundary the door

represents is reinforced and politicised by specific kinds of social interaction including the role of performance, bodily movement and different kinds of threshold technology¹⁰. A comprehensive example of this kind of analysis is Jütte's discussion of thresholds in *The Strait Gate*, where he provides a rigorous account of the cultural, social and architectural significance of the door, the key and the threshold throughout pre-modern western history¹¹.

It is therefore within this context that I situate this paper, extending current historical and cultural analysis of the door by considering how it is marked as a space of disease through the use of the Plague Cross – typically visualised as a simple cross painted in red above or beside the door of a household contaminated with the plague. By choosing this as the focus, this paper also situates its discussion within historic analyses of the plague and protective markings. It builds upon existing accounts which explore historical practices of quarantine and different cultural understandings of the plague and the ways in which efforts to control the disease were imbedded in different social practices¹² – from the construction of quarantine stations or Lazarettos¹³, to the use of long poles fastened to houses to designate quarantine zones¹⁴. More specifically, it extends discussions by Turner¹⁵ and Skemer¹⁶ who provide detailed historical examples of different iterations of the cross and apotropaic symbols during the first and second plague outbreaks and how this shaped people's experiences and responses to periods of disease. By choosing to focus on the architectural space of the door this paper adds to existing discussions of the plague and how practices of marking built spaces are connected to a wider historical management of infected bodies. As a result, forms of inscription like the Plague Cross and its mobilisation on the surface of the door represents attempts to fix the often-unstable boundary between the sick and the healthy¹⁷, operating as a mechanism to mark out spaces of protection or disease¹⁸. Although, in a modern-day context the red Plague Cross is no longer used, sites of disease and quarantine are still often marked to warn people of impending danger, especially during the

COVID-19 pandemic which has seen the return of visual notices in order to prevent contamination¹⁹.

By exploring practices of marking the door this paper also highlights how they are linked to a politics of exclusion. For instance, while marking the door can be presented as serving a valuable function in terms of containment and preventing the spread of disease, the act of doing so exposes the power relations inherent within who can control the door and regulate the home. It is through this process that bodies are afforded different statuses based on which 'body' is deemed safe or appropriate. This exemplifies the politics of the door which becomes a site of struggle through which the social and bio-political relations of contagion are enacted and maintained²⁰. As such, the door is an intrinsic point of communication and segregation between the spaces of the home, the body, and wider society. It also illuminates the 'threshold'; the physical and more-than-representational boundary between two worlds, where passage can be simultaneously granted and denied²¹. In this regard, marking the door represents a key mechanism in how we choose to regulate and respond to the ever-present threat of infection.

In what follows, I examine four ways in which the door has been marked to signify or protect from various forms of plague. I begin with a brief history of the Plague Cross during the great plagues that affected London in the 16th and 17th centuries, and how marking sites of infection formally emerged through national orders which attempted to control the spread of the disease²². My focus then shifts to consider how these original markings became embroiled with notions of control and punishment, as the Plague Cross served more than a public health function, stigmatising both those inside and anyone that came too close to a 'contaminated other'. These markings are then juxtaposed with 'protective crosses' and early European textual amulets which seek to protect occupants from outside or spiritual harms. In each, the door is 'made sacred' through its inscription with religious iconography, positioning

it as a symbolic barrier to plague and disease. The final section turns to contemporary iterations of marking the door, which have re-emerged in the wake of the COVID-19 pandemic.

By exploring each of these perspectives this paper intends to extend existing scholarship that surrounds the history of intimate architectural features by attending to how the door has been marked to signify disease across different time periods. It concludes by highlighting how particular practices of marking reinforce the threshold and the door as sites of exclusion and bodily control which continue into the present. Before considering each of these points, I wish to begin by first expanding on the connection between the door, ‘liminality’ and the ‘threshold’, in order to illustrate how the door is intricately connected to how society structures and regulates unwanted bodies – including the pathogens of disease. As such the status of the door as a ‘porous’ boundary positions it as the site at which the politics of quarantine and contamination are enacted.

Doors & Thresholds

Crucial to this article’s exploration of how the door has been inscribed as a site of disease is its role as a threshold architecture²³ and a liminal space, each of which act to structure the distinctions between the sick and healthy²⁴. As a concept the threshold can be seen as the limit or the frontier which divides two spaces (or worlds²⁵). In architectural terms, the threshold highlights historically specific, culturally determined zones of transition in which certain gestures and activities are performed²⁶. This is best summarised by Eliade who suggests:

The threshold concentrates not only the boundary between outside and inside but also the possibility of passage from one zone to another (from the profane to the sacred)²⁷

In this respect, the door as an ‘intimate architectural feature’²⁸ serves as a particular embodiment of the threshold, regulating who or what can cross between the division that the threshold creates, paradoxically holding together and simultaneously separating two binaries (inside/outside; sick/healthy)²⁹. Thus, the door and the threshold that it marks can be understood in terms of movement and transformation, as it denotes the passage from one state to another³⁰. In the same capacity, the door and the threshold are also related to notions of liminality, a concept which denotes an intermediate state or condition³¹. Liminal entities therefore embody characteristics of the ‘in-between’, as they encompass aspects of those which they separate but at the same time remain distinct from them. Thus, movement across a threshold is punctuated by an experience of liminality, as the position of being ‘in-between’, transforms the individual as they move from one state to another³². The door therefore represents a physical manifestation of each of these concepts, as it structures a point of transition and transformation, which sits between two opposing points.

This ‘liminal’ position means that the door embodies a point of instability, where roles and statuses are not always clearly defined, often resulting in transitional states or power struggles, whereby ‘events are gathered’ and through which politics can be encountered, negotiated, and ritually performed³³. This can be seen in the door’s importance to domestic life and the ways in which we interact with the space of the home, as the threshold is often reinforced through numerous rites and ritual practices which frequently accompany passing the domestic threshold; whether that be the removal of shoes; the shaking of hands; or making the symbol of the cross³⁴. Therefore, the front door is often the first point of engagement with the house and its occupants, structuring the relationship between public and private life³⁵. Similarly, the movement between thresholds and doors is an intrinsic aspect in how we encounter ‘the body’ whether our own or that of others³⁶. As such, it becomes a mechanism through which we choose to order and classify the people and objects

we wish to allow into the household; as waste is funnelled out³⁷, and friends and family are allowed to enter³⁸.

It is therefore from these various acts of marking the ‘threshold’ and the role of the door in structuring our engagement with the body (and wider society) that we encounter its mobilisation as an indicator for death and disease. In this regard, the porosity of the door is seen as a threat to the healthy, and therefore the strict regulation of who can and cannot leave the home is important to the health of the state³⁹. As a result, the door as an architectural device can be understood as a bio-political artifact which constructs and produces the ‘healthy’ body⁴⁰, as it becomes the site at which the sick are denied access to private and public spheres (and equally the healthy are denied access to the sick). The door becomes the point at which this exclusionary politics is enacted, becoming an architectural manifestation of the ‘body’ and its many infectious orifices. Public health concerns target these unstable boundaries, often marking sites of infection, attempting to secure them through practices of ‘quarantine’ and ‘cleansing’⁴¹. As a result, the unhealthy body is often segregated from the ideal or healthy body in order to prevent contamination. Examples of this form of marking in order to denote and isolate sites of infection can be found throughout history; perhaps one of the most iconic iterations of these approaches can be found in the use of the Plague Cross, which became a means to quarantine households that were supposedly infected with the plague during the 16th and 17th centuries.

The Plague Cross

As mentioned in the introduction, the Plague Cross is popularly depicted as a red or white cross painted or pinned on the door of a house, usually to mark a site of infection or ward off disease. This has most commonly been documented during the six major outbreaks of plague

in London between 1563 and 1666⁴², as Samuel Pepys charts the arrival of the cross in his diary;

‘This day, much against my will, I did in Drury Lane see two or three houses marked with a red cross upon the doors, and 'Lord have mercy upon us' writ there; which was a sad sight to me, being the first of the kind that, to my remembrance, I ever saw.’

(June 7th, 1665).⁴³

The formal emergence of the Plague Cross arguably stems from the Plague Orders published in 1578 by the government of Elizabeth I⁴⁴, which comprised a set of seventeen stipulations for the management of plague outbreaks across the country. These stipulations covered everything from the collection of the plague tax to the arrangements of burial parties, and punishments for those breaking quarantine. One of these rules specifically mentions that infected houses should be marked to denote those who had been infected:

‘...and furthermore, some speciall marke shal be made and fixed to the doores of euery of the infected houses, and where any such houses shall be Innes or Alehouses, the signes shal be taken down for the time of the restraint, and some crosse or other marke set vp in the place thereof, to be a token of the sicknesse...’⁴⁵

Although these regulations are not exacting in the precise details of how infected houses should be marked (other than Innes and Alehouses), written accounts state that it was most often done with a cross. However, this was not always with the popularly depicted ‘red cross’, as there are several documented cases of them being black, blue, made of wood or printed/written onto paper and pinned to the door⁴⁶. As a result, the way in which the door and infected individuals were marked to signify disease often differed according to the practices and regulations of the time. In this regard, different records provide different

accounts, and whilst national restrictions were in place they were often up to local councils and governments to enforce, leading to many different interpretations.

The specific use of the red cross seems to appear in relation to an act first ordered by the Lord Mayor of London in 1574, who proposed the use of the mark alongside printed papers with the words ‘Lord Have Mercy Upon Us’⁴⁷. This was to remain for at least forty days and no inhabitant was allowed to leave the house without permission⁴⁸. There is even mention that specific ‘warders’ were in charge of painting crosses on the doors of quarantined homes, including attaching the paper notices requesting mercy from the Lord⁴⁹. Once quarantine was over the warders would then paint over the red crosses with white crosses, ordering residents to sterilize their homes with lime⁵⁰.

Other examples of this form of marking can be found in the use of the ‘Lord Have Mercy’ broadsides, a genre of cheap weekly publications that appeared during the seventeenth century plague outbreaks. These often contained information about current outbreaks along with advice, remedies, and prayers⁵¹. They were frequently recognisable for their bold heading (of the same name) along with the frequent inclusion of a large cross across the upper half of the document. Jenner highlights how these sheets were issued to officers to nail onto infected houses, this became a point of bureaucratic efficiency, as “no longer did [officers] have to spend time painting this message on the door⁵².”

However, regardless of what method was used, the act of ‘inscribing’ the door in this way had a powerful visual effect, producing a strong emotional response in those that happened to see it, as John Gadbury in 1665 observed, he:

‘cannot but smile to think how many there are, that look askew [...] at the sight of a door with a Red Cross.’⁵³

This was in reference to those who were so afraid of the Plague Cross, that just the sight of it would cause someone to become infected⁵⁴. Whilst Thomas Dekker in 1625 noted that:

‘Foure thousand Red-Crosses have frighted the Inhabitants in a very little time: but greater is their number who have beene frighted, and fled out of the City at the setting up of those Crosses’⁵⁵

The emergence of the Plague Cross therefore brought with it fear and panic, its presence alone was enough to cause hundreds to flee from their homes. In many respects, the fear associated with its arrival seemed counterproductive to the quarantine it intended to impose, as whilst its mobilisation on the door attempted to fix the site as a boundary against the spread of disease, its sudden appearance suggested the opposite, causing families to flee, and heralding further circulation of the plague. This was likely to be compounded by those who were panicked into fleeing, unknowingly spreading the disease to surrounding locations⁵⁶.

The marking of the door and the mobilisation of the cross became synonymous with disease or as the regulations referred to it as a ‘token of the sicknesse’ which acted as an important classificatory tool in the identification of who was ‘infected’⁵⁷. The intention was that those who were sick could be segregated from the healthy and vice versa so the healthy were also prevented from crossing into contaminated space or risk being shut up in the house for the duration of quarantine. The symbolic inscription of the door acting as both a figurative and legal gesture to prevent those from crossing the threshold and risk further ‘contamination’ of the outside world. The use of the cross is also particularly significant given that the plague was often believed to be God’s punishment for wickedness, made manifest through miasmatic vapours, stench, insects, and poisons⁵⁸. It is important to note that throughout the major outbreaks between 1563 and 1666 understandings of what caused the plague and how it was spread changed with developments in medical research and

numerous plague treatises⁵⁹. Early interpretations position the causes of the plague as a combination of an imbalance of the four humors (black bile, yellow or red bile, blood, and phlegm) and the production of bad air or ‘miasma’, which could be caused by the presence of unburied corpses, rotting organic matter, and disorders in the heavens⁶⁰. While the latter half of 16th century saw a development in plague literature which emphasised a correlation between plague and poverty, although miasma was still seen as a central cause of the plague, as is seen in the advice of the Royal College of Physicians in 1578 which formed part of the plague orders issued by Elizabeth the 1st⁶¹, there was a shift to consider broader public health in how it was spread. There was also very little difference in interpretations between contagion and infection, the two often being combined – contagion in this instance simply expressing the plagues capacity of transmission⁶². The same was true with theories of miasma and contagion, which were often combined as the disease and miasma could be transmitted from place to place and person to person.

A knock-on effect of these different understandings meant that despite the differences in who was most likely to be affected, the poor being at the greatest disadvantage, it still impacted members of the upper classes as well. This seemingly indiscriminate pattern helps to explain why plague measures were so drastic and why early modern English plague controls centred around forced isolation, taking the form of shutting away infected populations with little account of their health or wellbeing⁶³. Thus, the connections between the plague, miasma, contagion and religion, meant that these acts of isolation reinforced by the cross on the door became a form of protection from evil⁶⁴, warding off that which would harm the bodies of the ‘faithful’. This divine protection is made even more explicit by the door’s relationship to the threshold as it becomes the physical and metaphorical division between good and evil, the sacred and the profane⁶⁵. In this respect the Plague Cross reinforces the saintly divisions between heaven and hell as by shutting away those who were

infected, 'The devil' was contained and not allowed to further corrupt the rest of the population. Likewise, the door's symbolic connection to death and 'passage to the other side'⁶⁶ became a powerful symbol to those who were marked and were unlikely to survive, signifying their own transition to the afterlife.

Markings of Control

However, while the Plague Cross functioned as a symbolic mechanism for regulating the spread of disease, it also became a means of controlling the population. Although the government presented plague control measures as acts of public health for the benefit of all, some popular narratives portrayed quarantine and isolation as a form of personal punishment rather than prudent policy⁶⁷. This was perhaps compounded by James I who reissued Elizabeth's original Plague Orders in 1604, with amendments that were rhetorically more severe in its treatment of plague victims⁶⁸. They make clear that infected (or healthy) persons attempting to cross the threshold of a quarantined house may be compelled by force to be kept within the house, and that any arrest would not be dependent upon identification of sores on the body – rather it is the moment the individual crosses the threshold of a house suspected of harbouring a plague victim⁶⁹. Those found breaking restrictions could be treated as felons and hanged, although most were likely punished along with other members of the household by being put in stocks, whipped, quarantined, or fined⁷⁰. The same logic extended to individuals who chose to get too close to quarantined houses (whether they actually went inside or not), such individuals were not just shut up in their own homes but were also seen as having crossed the border that separated the infected from the healthy⁷¹. These new orders reflect medical advances in this period, with a heightened awareness of plague as a contagion, not just as a miasma in the air but through the breath and 'stench' of the infected⁷².

Such orders also represent the first time in English history that violence was legally sanctioned against suspected plague victims, based entirely upon shared habitation and association rather than any evidence of being sick⁷³. In this regard, quarantine practices also targeted the healthy, confining them alongside those who were infected simply because it was felt that they had gotten too close to an infected ‘threshold’. Quarantine therefore became a method of punishment for various forms of non-compliance, even if it was acknowledged that the person was in fact perfectly well⁷⁴. Therefore, the presence of the Plague Cross as a marker of infection simultaneously became one of punishment, as victims, infected or otherwise, were boarded up in houses and left to die in total isolation from the community.

This punitive use of quarantine often led to forms of policing and suspicion, which again positioned the door and the threshold as sites at which disease could be spread, and which needed to be regulated and controlled. This paranoia is evident in several accounts in which citizens were accused of intentionally spreading the plague by supposedly making ointments from putrefying flesh and discharge from buboes and spreading this mixture on the walls and doors of houses, so that inhabitants would get sick, and looters could then take their belongings⁷⁵. However, many of these cases can be attributed to a fear and prejudice of the sick or subaltern in society, as people looked to blame others for the spread of disease⁷⁶. The use of quarantine and the policing of the threshold therefore becomes a disciplinary tool to punish those deemed ‘out of place’ or ‘other’ - regardless of innocence. The act of inscription is transformed into a disciplinary one, as it is not just unhealthy or sick bodies who are punished. The implied safety and protection that was symbolised by the Plague Cross and the ‘sealed door’ was therefore not always guaranteed.

However, the presence of these regulations and the Plague Cross as a regulatory device were sometimes resisted, with several accounts complaining at the harshness of the restrictions. For instance, the controversial swiss medical theorist and philosopher Paracelsus,

whose writings spanned medicine, nature, philosophy religion and alchemy, had a strong distain for the medical treatments at the time. In his 1596 medical manual he highlights his own dislike of the restrictions:

[W]hat a madness and cruel foolishness is this, that in the time of any great plague, such as are infected, you shut up in houses, set marks upon them, keep them in prison, strangle them with cares and solitariness, and kill them for hunger: is the plague so to be cured?⁷⁷

This is perhaps unsurprising given that much of Paracelsus' writings show contempt for previous plague literature⁷⁸. This rejection of the restrictions is also reinforced by his medical philosophy which emphasised the supernatural causes of the plague, as both emanating from divine punishment and the negative aspects of human will⁷⁹. This idea supposed that our inner emotions, feelings and imaginations would influence the heavens, and that anger, hatred, envy, deceit, vice, luxury and fear projected by humans would be fed back down to earth in the form of the plague⁸⁰

Although it's important to note that the vast majority of people seemed to obey the government and follow the respective regulations, evidenced by the fact that no legal proceedings exist under Elizabeth I which document people break quarantine. It wasn't until later accounts, such as in April 1665, where Charles II ordered severe punishment for a group of people who took the cross off their door 'in a riotous manner'⁸¹. Other accounts from this period also report that people would break out of pesthouses and isolated homes, abuse constables and watchmen and cover up the plague crosses on houses⁸². These forms of resistance were often carried out by those who suffered most from the plague, typically those on the lower end of the socio-economic scale, in an effort to fight back against restrictions that they felt were unfair and unnecessarily harsh⁸³. Although Newman suggests that it is the

lower middles class in particular that suffer most from plague regulations, as unlike the very poor who might benefit from charitable handouts they do not receive additional support⁸⁴. In this regard, while the use of Plague Cross and the strict strategies of quarantine employed by the government can be understood as a means of destroying or controlling the population to maintain order⁸⁵, it was also met with compliance and grudging acceptance. These practices reinforce the door as an extension of the human body, the plague cross emphasising it as a site of power struggle, between those who accepted the rule of quarantine and those who resisted.

Markings of Protection

However, while the Plague Cross in early modern London is presented primarily as a symbol of warning and infection used to mark out segregate and stigmatise the houses of the infected, other depictions of the Plague Cross in early modern Europe highlight its use as an apotropaic symbol in various amulets of protection. For instance, the depiction of printed crosses on parchment or paper were sometimes posted on doors and exterior walls to ward off disease and various evils⁸⁶. The Plague Cross, in this iteration was therefore not just to be used on the thresholds of those who were sick but also as a means of protecting and denoting the healthy. In this regard we see how the door and other surfaces of the home becomes ‘sacralised’ in order to deter disease and foster a sense of security.

The use of apotropaic plague sheets or ‘Pestblätter’, was particularly prominent across German-speaking lands around the 15th and 17th centuries after the arrival of block forms of printing. Many of these accompanied treatises and pamphlets centred around physicians and alchemists offering medical and spiritual advice in order to treat and deter the plague⁸⁷ This often took the form of pious practices of traditional Christianity including the invocation of

saints' protections and the use of amulets or Pestblätter, which integrated popular religious imagery with Latin or vernacular text⁸⁸.

<INSERT FIG 1 NEAR HERE >

The focus on what was printed typically centred around two catholic plague saints: Sebastian, who according to legend used his body to shield ancient Rome from a flurry of plague contaminated arrows; and Roch, often portrayed as a pilgrim who had overcome disease, frequently depicted with a plague sore on one of his thighs⁸⁹. An example of this kind of textual amulet can be seen in **Figure 1**, which depicts a 17th Century wood cut print of St Sebastian (left), St Roch (right) and St John Nepomuk (below). This print would have most likely been posted above a door or on a wall as a means of protecting the family from disease, although plague amulets like this could also have been folded up and worn around the neck or bound to infected parts of the body⁹⁰. Text and symbols in this iteration of a Plague Cross therefore sought to reinforce the promise of saintly intercession against disease. At the top of the cross is the Triumphal Inscription (INRI), and at the bottom is the Sacred Heart pierced by the Three Nails of the Crucifixion, which was another popular symbol in the 17th century to convey Christ's divine love for the faithful⁹¹. The main body of the cross contains various letters or 'characteres' which represent abbreviated liturgical formulas⁹². In this case the letters represent a shorthand for the Blessing of Saint Zacharias, which was said to provide protection from disease, as it had supposedly been used to shield those attending the Council of Trent (1546-7) against a violent outbreak of the plague⁹³. For example, the letters D, I, and A can be roughly translated to mean:

D: Deus, Deus meus, expelle Pestem a me, et a loco isto, et libera me.

(God, my God, drive this plague away from me, and from this place, and free me.)

I: In manus tuas, Domine, commendo spiritum meum, cor et corpus meum.

(In your hands, O Lord, I commend my spirit, my heart, and my body.)

A: Ante Coelum et Terram Deus erat, et Deus potens est liberare me ab ista Pesta.

(Before heaven and earth God was and God is able to liberate me from his plague)

(Translation by Tradistae, 2020)⁹⁴

The cross, and these various textual and symbolic references within the ‘plague amulet’ therefore connect the space of the ‘threshold’ with both the body and the divine. This is evident from the first line of the blessing as it calls upon God to drive away the plague from both the individual and their immediate surroundings. Although, Skemer highlights that most amulet users did not necessarily know what these letters meant, (with the exception of clerics who would have recognised parts of the shorthand) people would still not hesitate to use them, and that if anything, the mystery that the letters implied served to enhance the protection of the cross⁹⁵. Thus the ‘plague amulet’ functioned as another means of marking the door, house, or person, in the expectation of receiving divine protection from disease. This example of the Plague Cross therefore served as a symbolic protector of the threshold, arguably imbuing spaces like the door with a certain degree of ‘mystical power’ and status. The door and the home are ‘made secure’ through the ritual display of the cross and its various protective saints.

The use of the Plague Cross in these protective instances stands in contrast to its mobilisation in the numerous plagues that afflicted London. For instance, in these examples, marking the door with a cross becomes a proactive measure to protect the ‘healthy’ and designate a zone of safety within the household, where the act of stepping across its boundary becomes a process of cleansing. Equally, it denotes the religious health of the occupants who signal their devotion to Christianity. This is juxtaposed with the use of the Plague Cross on

the doors of 16th and 17th century London households, where it became a means of classifying the sick and the quarantined, and of conveying that crossing the threshold was to become contaminated by ‘the other’. This highlights the different ways in which the cross was used to mark the door as a space of disease and the different contexts in which it was deployed. Of course, some of the reasons why the use of the Plague Cross appears in such different contexts can in part be explained by shifting religious and medical attitudes at the time. Heinrichs documents the movement away toward chemical and artisanal forms of knowledge in plague publications from the late 15th to 16th century onwards⁹⁶. This is arguably exacerbated by outbreaks of the plague which undermined church authority; with priests having to abandon congregations, and both the wicked and the innocent being afflicted by the plague⁹⁷. This certainly set the stage for the Reformation of Luther which would have downplayed the role of Saintly intercession and would have rejected the use and purchase of protective amulets like that shown in Fig. 1. ⁹⁸

What these differences also identify are changes in how the threshold was reinforced. From comparing the two, we can see how purpose of the threshold is inverted, based upon what ritual practices are present. Whilst both have protective connotations, one actively encourages movement across (although only for the devout and faithful) and the other seeks to prevent it. Thus, the door’s liminal character as a space on the boundary between inside and outside contributes to these different performative rituals and to what kinds of transformation can take place – whether that be one reinforced by the power of the heavens or one backed by the restrictions imposed by the state⁹⁹. The marking out of spaces as either ‘sacred’ (as in the case of the printed amulets which sacralises the door), or profane (such as the infected plague house which is to be separated in order to control the ‘spread of evil’) creates a politics of what ‘bodies’ are or are not allowed in, again reinforced by ritualistic forms of control and display.

‘Contemporary’ Markings

Practices of ‘marking’ and ‘inscribing’ the door to classify spaces of ‘plague’ continued right up into the 19th and 20th centuries. For instance, several examples of marking infected houses are remarked upon by a Dr Macintosh (1898) in an edition of the *Lancet*, as he discusses his recent efforts to control an outbreak of smallpox in Chesterfield by marking infected homes with ‘posters’ that alerted people to the outbreak¹⁰⁰. In the same vein, archival imagery from the British Library highlights the spread of the plague in India during a period of resurgence in 1896. As Fig. 2 illustrates, one such use of markings by a door was to denote an infected and disinfected house, whereas in Fig. 3 we see the use of various rings to highlight the number who have died within. Again, the door and the threshold become the sites at which the health of the occupants is conveyed. Although these iterations differ from London’s Plague Cross, we can see that the use of cross-like symbols and rings become a visually distinctive way of warning others of the dangers inside and the presence of disease.

However, the connection to the holy and the divine is not quite so explicit, as the focus appears to be much more about conveying information rather than overt categorisation of the sacred and profane. However, these markings, like those used during the early London plagues, were also accompanied by harsh restrictions from the Indian colonial government, as a campaign of quarantines, isolation camps, travel restrictions, demolition, and disinfection of buildings were still pursued¹⁰¹. Again, these restrictions disproportionately affected the poor, often perpetuating the colonial state’s assault on the bodies of its subjects¹⁰².

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It further illustrates how marking the door is often tied to regimes of control and containment¹⁰³, which both serve to inform the population of public health matters, but also to enforce compliance and generate fear.

Perhaps most poignant in living memory, the COVID-19 pandemic has also contributed to a range of visual strategies which target the house and door as a means to denote sites of quarantine. Most explicit has been the revival of the previously mentioned ‘plague-sheets’ and the blessing of Saint Zacharias, as theological websites and religious groups return to its promises of divine protection, encouraging users to download and print the 16th century blessing and Plague Cross for use against Coronavirus¹⁰⁴. The re-emergence of this kind of ‘saintly’ iconography reasserts the power of religion in affirming the boundaries of the body in relation to the threshold, serving to temporarily stabilise what is and is not allowed to enter the home. Thus, like the earlier ‘Pestblätter’ its religious symbolism sacralises the space of the threshold, providing a figurative form of protection against the spread of disease. Their revival comes despite the new knowledge associated with how diseases are spread, as it exemplifies beliefs about the divine as both author and actor of pandemic, as both the cause of unknown plagues (his wrath) and the pathway to their potential solution (divine intervention).

Similarly, news articles in India report the use of quarantine ‘stickers’ and ‘signs’ (Fig. 4) stuck to the doors of infected houses in order to classify and enforce isolation¹⁰⁵. Like the earlier Plague Cross or the ‘Lord Have Mercy’ Broadsides they seek to warn people of the possible risks and legal implications of crossing an ‘infected threshold’. Visually they are entirely functional, documenting the number, names and date of quarantine— although the red and white colour scheme is synonymous with iterations of London’s earlier Plague Crosses. This form of marking draws much more on the bureaucracy and power of the state, and how it is able to legally regulate and control access to public space. In this regard, the act of

putting a notice on the door and the household via the deployment of documents and signs renders it a site of administrative management and biopolitical control, as the state extends its influence into the private space of the home. Whilst this form of marking visually differs from earlier forms of Plague Cross, the ritual performance of reinforcing, surveilling and stabilising the boundaries between the ‘sick’ and the ‘healthy’ during a period of uncertainty remains the same. However, like earlier quarantines this has also been met with a backlash as people report being ostracised, with strangers taking pictures of ‘infected’ households or abuse being shouted at quarantine victims¹⁰⁶. This is accompanied by feelings of suspicion and fear as infected ‘bodies’ are stigmatised and avoided by the wider community¹⁰⁷. The marking of the door therefore continues to perpetuate a politics of contagion where categories of the ‘other’ are maintained and reinforced through practices of the state¹⁰⁸. Whilst the original intent was to reduce the spread of the disease, its effects have wider and longer-term social implications that see members of the community excluded even after the illness has left¹⁰⁹.

< INSERT FIG 4 NEAR HERE >

Concluding Remarks: More than Marking

By examining the Plague Cross and other forms of marking the door during periods of disease, what emerges is how visual strategies represent a key mechanism in how we choose to regulate and react to the ever-present threat of infection, as controlling access to the public sphere becomes a key strategy in halting the spread of harmful pathogens. Thus, the Plague Cross, and other forms of marking disease symbolize how society responds to the threat of death and how those messages are reproduced and conveyed¹¹⁰. This process also encompasses ritual acts of ‘sacralising’ the threshold through various forms of religious iconography such as the Pestblätter, which attempt to allow divine forms of protection to enter the space of the home whilst denying evil and malign entities entry into the home.

These individual performances of marking the door and the boundary it denotes illustrates the importance of visual and spatial regimes to various kinds of social production. Consequently, being able to mark and inscribe the door (and the threshold) is a process of making and securing the space of the home; when this is denied, or transgressed, it is reflected back on the body as a site of fear and trauma. As such, these forms of marking remain powerful mnemonic devices, even long after their initial use has ceased. This is seen in the terror brought by the arrival of the Plague Cross throughout London in the 16th and 17th centuries.

What remains central to these practices of inscription is their capacity to temporarily ‘stabilise’ the threshold and the boundary/binary it denotes. The act of making a mark on the door therefore reaffirms the order between the sick/healthy and weak/powerful. Thus, the marked door becomes a site of regulation and control, strengthening divisions between the sacred and the profane¹¹¹. The ability to inscribe and imbed a message on the surface of the door therefore becomes an act of ‘the powerful’, strengthening their reign over the threshold. More often than not, the examples I provide present how the state has used various marking strategies to take control of the division between public and private spheres in order to prevent exposure to death and disease. However, this power to exclude, whilst in some instances serves an important public health function, also reinforces categories of ‘the other’ as the classification of the infected stigmatises those that do not meet the criteria of the ‘healthy body’¹¹². In many ways it positions the door as a biopolitical device which can be used to subjugate and normalise specific iterations of the ‘ideal body’. Thus, the door and body are inherently intertwined, as it is constantly reconfigured, produced, and reproduced through the interwoven ritual performance of various architectural forms and spatial acts of marking the door. To mark the door as a site of disease is therefore to go beyond the simple inscription of architectural space; it becomes an intimate act of bodily contact that delimits precisely what form the ‘healthy’ can take.

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