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SOME REASONS FOR THE RE-EMERGENCE OF THE PLAGUE METAPHORS DURING THE CORONAVIRUS PANDEMIC

1. *Remembering the Plague as a pandemic habit*

Since its start, the coronavirus pandemic has conditioned all areas of life, influencing our scientific, political, and economic agendas, as well as our social, cultural, and even religious interactions. Unsurprisingly, the pandemic has dominated media attention, with newspapers, TV channels, and websites reviewing and conjecturing about it from every possible angle. In an effort to understand the crisis, journalists and reporters would often turn to history and examine the experience of previous pandemics. Nevertheless, their discussions customarily passed over health emergencies of the present or near past to focus, instead, on the plague experience of prior centuries. Little thought was given, for instance, to the fact that the COVID-19 pandemic was not the only active pandemic of 2020, but rather the third — the other two being the HIV/AIDS Pandemic, active since the 1980s, and the Seventh Cholera Pandemic, which broke out in 1961 and never declared over. More recent health crises, such as the 1968 Flu Pandemic (the so-called Hong Kong flu) or even the 1918 Influenza Pandemic (Spanish flu), have also drawn little attention from the media and the public, something which may be quite surprising given that they happened in a world similar to our own and that they share many of the coronavirus features (viral infection, airborne transmission, high morbidity, comparable mortality rates).

The historical outbreaks of bubonic plague, however, were customarily mentioned by the press. A habit was formed of drawing parallels to the health crisis of the 14th to the 18th centuries, especially in the early months of the pandemic, when the idea of it still seemed novel and abnormal. On the one hand, the choice of the plague as a standard for comparison may seem natural since, among the population, the Black Death is probably the best-known pandemic. Yet, on the other, the choice is also surprising given that the plague occurred in societies that differed enormously from our

own, and that its medical aspects do not compare to COVID-19 very well — their mortality rates are unrelatable, for example. This chapter seeks to explore the intricacies of the cultural responses to the plague and the coronavirus.

2. *A brief history of the Plague*

The plague is a bacterial infection caused by *Yersinia pestis*, which is usually disseminated by the bite of fleas, especially those of rodents. After lodging in the flea's gut, the bacterium produces a biofilm that blocks its digestive tract and, consequently, impedes digestion. As a result, the starved flea searches desperately for hosts, trying to drink their blood just to regurgitate it moments later alongside *Yersinia pestis*. Although usually blamed solely on rats, the plague's natural reservoir is constituted of rodents in general — which account for about 40% of all mammals — so squirrels, hamsters, marmots, and others, may also spread the disease. Once it spreads among wild animals, the plague may become endemic to an area, with potentially infected populations likely existing today in the USA, Brazil, Madagascar, India, China, Kazakhstan, and elsewhere.[1]

Once inside the human body, *Yersinia pestis* may multiply for a few days, resulting in an incubation period of typically two to six days. After symptoms surface, the infection may develop into three different variants, depending on the mechanism of contagion and events within the victim's body. In its most common form, *bubonic plague*, the pathogen attacks the lymphatic system, causing the lymph nodes to swell into characteristic buboes that may appear in the groin, neck or armpit. The *septicaemic plague* occurs when the pathogen targets the circulatory system, which allows it to reach nearly all parts of the body and causes the blood to coagulate and the patient to bleed internally. Finally, there is *pneumonic plague*, which infects the lungs, compromising the respiratory system and conferring to the pathogen the capacity of spreading directly through the air. All three forms result in fever, headaches, nausea, and weakness. Gangrene may also occur, especially in the extremities (fingers, toes and nose). Difficulty in

1 'Global distribution of natural plague foci as of March 2016', *World Health Organization*, 15 March 2016, online. <https://www.who.int/images/default-source/health-topics/plague/plague-map-2016.png?sfvrsn=68bcc3ee_4> (last access: March 5, 2021).

breathing is common in the septicaemic and pneumonic forms, as well as coughing and vomiting blood.[2]

As with other diseases, plague's mortality rates vary in conformity with a range of factors; yet, if untreated, bubonic plague results in death in 50% to 80% of cases, while the septicaemic and pneumonic forms are almost always fatal. To allow for comparison, smallpox lethality was of about 30%,[3] untreated cholera may get to 60%,[4] while Ebola averages at 50%, although it can reach 90% on occasion.[5] Since plague can be treated with antibiotics, current mortality rates are around 11% if the infection is detected in time.[6] Albeit more bearable, the figure continues to be quite intimidating.

The pathogen was observed for the first time in 1894 by Alexandre Yersin and Kitasato Shibasaburo during an outbreak in Hong Kong. In 1898, Paul-Louis Simond identified the flea as a vector, thus establishing the habitual mechanism of contagion — a crucial piece of information to draw prevention strategies. Since then, historians have long wondered if the Black Death was caused by *Yersinia pestis* or not. Confirmation only came in 2010, when a genetic study using two independent methods attested that individuals found in plague pits located across Europe had actually died of bubonic plague.[7] Then, in 2013, another investigation using samples from a collective burial site in Germany confirmed that the Plague of Justinian in the 6th-century was also caused by the plague.[8] Thus, current historians

2 Sandra W. Moss, 'Bubonic Plague', in Joseph P. Byrne, *Encyclopedia of Pestilence, Pandemics, and Plagues* (London: Greenwood Press, 2008), pp. 74–76.

3 Victoria A. Harden, 'Smallpox', in Byrne, p. 647.

4 Donato Gómez-Diaz, 'Cholera: First through Third Pandemics', in Byrne, p. 98.

5 'Ebola virus disease', World Health Organization, 21 June 2020, <https://www.afro.who.int/health-topics/ebola-virus-disease#:~:text=Ebola%20virus%20disease%20(formerly%20known,rate%20of%20up%20to%2090%25> (last access: March 5, 2021).

6 'What is plague?', CDC Centers for Disease Control and Prevention, <https://www.cdc.gov/plague/faq/index.html> (last access: March 5, 2021).

7 Stephanie Haensch and others, 'Distinct clones of Yersinia pestis caused the black death', *PLOS pathogens*, (October, 7, 2010), <https://doi.org/10.1371/journal.ppat.1001134> (last access: March 5, 2021).

8 Michaela Harbeck and others, 'Yersinia pestis DNA from Skeletal Remains from the 6th Century AD Reveals Insights into Justinianic Plague', *PLOS Pathogens*, (May 2, 2013), <https://doi.org/10.1371/journal.ppat.1003349> (last access: March 5, 2021); David M. Wagner and others, 'Yersinia pestis and the Plague of Justinian 541–543 AD: a genomic analysis', *The Lancet Infectious Diseases*, 14, 2014(4), 319–326.

speak of at least three worldwide conflagrations: the *First Plague Pandemic* in Antiquity (541–747), the *Second Plague Pandemic* in the Middle Ages and Modern Period (c. 1330-1844), and the *Third Plague Pandemic*, which began in the 19th-century and ended in the 1930s[9] or 1960s,[10] or — as some argue —is still ongoing.[11] However, it is important to note that this tripartite scheme might be expanded in the near future. There is evidence that the plague infected humans since at least 3000 *BCE*,[12] with scholars recently arguing that a fourth plague pandemic might have taken place before all others, possibly being responsible for the Neolithic Decline (about 3400 *BCE*).[13]

3. *How plague became the Mother of all Plagues*

The fact that some historians consider the Third Pandemic to be ongoing may sound surprising to some. That is due to a Eurocentric tradition that asserts that the plague "disappeared" after the Plague of Marseille ended in 1722. Simply put, it did not: there were outbreaks in Central and Eastern Europe in 1738, in Russia in 1770 or in the Ottoman Empire in 1801. Italy experienced a dreadful eruption in Sicily in 1743, which was viewed in terms of continuity by a chronicler at the time: '[The contagion] was little inferior to the one which afflicted the Capital in the year of 1656, because […] over 43.400 people […] were calculated extinct in the period of fewer than three months'.[14] In fact, Italy would register its last plague outbreak

9 Monica H. Green, 'Editor's Introduction to "Pandemic Disease in the Medieval World: Rethinking the Black Death"', in Ead. (ed.), *Pandemic disease in the medieval world: rethinking the black death* (Bradford: Arc Humanities Press, 2015), 9–25 (p. 10).

10 John M. Theilmann, 'Plague in the Contemporary World', in Byrne, pp. 514–516.

11 J. N. Hays, *Epidemics and pandemics: their impacts on human history* (Santa Barbara: Abc-clio, 2005), pp. 331–344.

12 Simon Rasmussen and others, 'Early divergent strains of Yersinia pestis in Eurasia 5,000 years ago', *Cell*, 163.3 (2015), 571–582; Julian Susat and others, 'A 5,000-year-old hunter-gatherer already plagued by Yersinia pestis', *Cell Reports*, 35, 2021(13), 109278.

13 Nicolás Rascovan and others, Emergence and Spread of Basal Lineages of Yersinia pestis during the Neolithic Decline, *Cell*, 176, 2019(1-2), 295–305.

14 'Poco respettivamente [il contagio] fu inferiore a quello, che afflisse questa Capitale nell'anno 1656, perché […] più di 43400 persone […] computaronsi estinte fra lo spazio di meno di tre mesi'. My translation. Orazio Turriano, *Memoria istorica del contagio della città di Messina dell'anno 1743* (Naples: Domenico Terres, 1745), preface, no page number provided. Available at: <http://

only in 1815, in the area around Bari. That happened just two decades before the country was ravaged by a novel affliction: cholera.

Therefore, the Plague of Marseille of 1720 does not mark the end of the plague in Europe nor the World. If we widen our gaze to include broader geopolitical areas — after all, pandemics are continent-wide by definition — this celebrated checkpoint reveals itself to be illusory and arbitrary.[15] Even during the 20th-century, there were relevant eruptions in industrialised countries, as proven by the outbreaks of Porto in 1898 or Glasgow, Sidney, and San Francisco in 1900. As it happens, the USA has had at least 1,006 confirmed and probable plague cases between 1900 and 2012; sixteen cases and four deaths occurred as recently as 2015.[16] Moreover, in late 2017, an outbreak happened in Madagascar, resulting in a total of 2,417 cases and 209 deaths (8.6% mortality).[17] To be sure, these eruptions were small in scale and did not reach the enormous mortality rates of previous centuries; but still, they took place. If they were not successfully managed, they could have just as well gotten out of control.

Current events have shown us that epidemics do not inevitably bow before human will. As Monica Green convincingly argues, recent experiences with SARS, Ebola and now COVID-19 urge new plague surveys to rethink the Black Death on a global scale, abandoning the exaggerated emphasis on Europe.[18]

This "disappearance narrative" overlooks the plague's nature as a pandemic and, therefore, does not make justice to the planetary scale of the phenomenon. The scholarship has traditionally concentrated on the European experience of the Middle Ages and Early Modern period to the detriment of more recent experiences which took place elsewhere. The Third Plague Pandemic is often put aside by this version of the story, even if it was in this period that the bacterium was discovered. Mortality rates

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www.bibliotecanapoletana.it/archivio/medicina/220> (last access: March 5, 2021).

15 Green, 'Editor's Introduction to "Pandemic Disease in the Medieval World: Rethinking the Black Death"', p. 14.

16 'Plague in the United States', CDC Centers for Disease Control and Prevention, 25 November 2019, <https://www.cdc.gov/plague/maps/index.html#:~:text=Over%2080%25%20of%20United%20States,in%20people%20ages%2012%E2%80%9345> (last access: March 5, 2021).

17 Van Kinh Nguyen and others, 'The 2017 plague outbreak in Madagascar: Data descriptions and epidemic modelling', *Epidemics*, 25 (2018), 20–25.

18 Monica H. Green, 'Taking "Pandemic" Seriously: Making the Black Death Global', in Ead. (ed.), *Pandemic disease in the medieval world: rethinking the black death*, pp. 27–61.

were no less striking at this point: at least ten million individuals lost their lives in India alone.[19]

Several reasons underlie this selective narrative memory. Eurocentrism is certainly a motivator, as are more practical reasons such as the difficulties inherent to interdisciplinary research, language barriers, obstacles to access sources, or simply the lack of appropriate technology — genetic surveys became prevalent only in the past decade or so.

Beyond that, a key reason to sustain the narrative is the terrifying magnitude of the death toll. Historians agree that at least 30% to 40% of the European population perished during the Black Death (1346–1353),[20] with some arguing that numbers could be as high as 60%.[21] If, as many believe, the population of Europe was 75 million in 1346, it probably diminished by 1353 to around 40 to 50 million.[22] Regardless of what the precise numbers might be, this was clearly an event of massive proportions. It constitutes the sole episode in human history in which the global population decreased, resulting in a halt for about a century in the relentless growth of humankind.[23] According to Biraben's calculations, the world's population shrank from 443 million in 1340 to 374 million in 1400 – a net difference of sixty-nine. Only by 1500, it would grow again to 460 million.[24]

Although other afflictions may have reached similar or perhaps higher numbers, they do not come even close to match the plague's proportional distribution within the population (morbidity rate). The AIDS pandemic, for example, has caused the death of an estimated 32.7 million people up to 2019,[25] while smallpox is thought to have put an end to 300 million lives in the 20th-century alone.[26] Yet, their wide distribution in time and space affected society in very distinct ways. The sole exception is the demographic collapse that followed the Colombian exchange in the 16th century. It was caused by successive outbreaks of various diseases — above all smallpox

19 Hays, p. 332.
20 Byrne, p. XXIII.
21 Ole J. Benedictow, *The Black Death, 1346–1353: the complete history* (Woodbridge: Boydell Press, 2004), p. 300.
22 Hays, p. 62.
23 Colin McEvedy and Richard Jones, *Atlas of World Population History* (New York: Facts on File, 1978), pp. 342–351 (p. 346).
24 Jean Noël Biraben, 'An essay concerning mankind's demographic evolution', *Journal of Human Evolution*, 9.8 (1980), 655–663 (table 2, p. 658).
25 'Global HIV & AIDS statistics — 2020 fact sheet', UNAIDS, <https://www.unaids.org/en/resources/fact-sheet> (last access: March 5, 2021).
26 Donald A. Henderson, 'The eradication of smallpox – an overview of the past, present, and future', *Vaccine*, 29 (2011), D7–D9 (p. D8).

— which decimated the New World's autochthonous populations. However, the enormous loss of life was accompanied by other phenomena which attracted more cultural interest at the time and, in general terms, the misplaced attention worked to silence this experience and erase it from collective memory. So much so that only after the 1970s historians have revaluated the demographic collapse following the Columbian exchange as a crucial axis in the interaction between the Old World and the New.[27] A comparable argument can be made for the Influenza Pandemic of 1918. Despite its enormous death toll, variously estimated at between 50 and 120 million, the pandemic's partial overlap with the First World War distracted cultural attention enough for it to be declared forgotten by historians.[28]

In this way, the Second Plague Pandemic turns out to be unique on the scale of its impact. It has left profound marks in politics, economics, culture and even religion. Indeed, its cultural imprint is so significant that the plague was transformed into the disease *par excellence*, often in overlap with the ideas of Death or Apocalypse itself. That happened for a variety of reasons, chief among which is the calamitous mortality it inflicted, and the repercussions connected to that event.

Beyond that, there is the cyclical nature of the plague outbreaks, which would not fade after a few years but would rather run their course periodically every generation or so. Biraben estimates that there was at least one localised plague outbreak in Europe every year between 1347 and 1670.[29] In the 16th-century alone, there were five extensive eruptions in 1400, 1438–1439, 1456-1457, 1464–1466, and 1481–1485.[30] William Shakespeare was born shortly before an outbreak in 1564 and would encounter the disease five more times before his death in 1616. This recurrent pattern ensured that the plague could not be ignored or forgotten. For at least five centuries, its threat was too real and present to be put aside, something which resulted in profound collective fears and anxieties. In that sense, the trauma inflicted by the plague is crucially different from that caused by other similar events. The Influenza Pandemic of 1918, for example, lasted for slightly less than two years and seemingly vanquished

27 Alfred W. Crosby, *The Columbian exchange: biological and cultural consequences of 1492* (Santa Barbara: Greenwood Publishing Group, 2003); Crosby, *Ecological imperialism: the biological expansion of Europe, 900-1900* (Cambridge: Cambridge University Press, 2004).

28 Alfred W. Crosby, *Americas forgotten pandemic: the influenza of 1918* (Cambridge: Cambridge University Press, 2003).

29 Hays, p. 46.

30 *Ibid.*

afterwards, allowing for its collective memory to abate and quietly blend with the cultural shock caused by the First World War. The plague, however, would not go away; its shadow would loom large as an enduring menace for generations. This cyclical nature favoured the emergence of personal and collective habits designed to cope with the crisis, control the spread of disease, and relieve psychological stress. The memory of the plague would not be obfuscated by other social or cultural phenomena.

Moreover, since nearly all contagious diseases tended to be interpreted as 'plagues', the *idea of plague* would be carried on by other diseases after plague outbreaks became smaller and less frequent in Europe. Between 1830 and 1900, the continent was hit by four momentous Cholera Pandemics, which affected society in many ways but without ever approaching the enormous relevance of the Black Death. That notwithstanding, people would frequently interpret the two diseases as one and the same: it was common for writers, chroniclers, and physicians at the time to call cholera 'the plague'. Alexander Pushkin, for example, wrote *A Feast in Time of Plague* (1830) while in isolation due to the Cholera Quarantine of Moscow. In 1771, the city had experienced a severe plague outbreak, so its first encounter with cholera sixty years later — well within living memory — was naturally interpreted by most as a re-enactment of a past experience. Similarly, when cholera emerges in Eugène Sue's best-selling popular novel *The Wandering Jew* (*Le Juif Errant*, 1844), it is accompanied by an author's footnote:

> In 1346, the famous black plague devastated the globe; its symptoms were the same as cholera, and the same inexplicable phenomenon of its gradual progress in stages and along a given route. In 1660 another similar epidemic decimated the world again.[31]

The plague outbreaks of 1346 and 1660 are seen here as the direct predecessors of the cholera outbreak of 1832. The epidemics might have distinct names, yet, in practice, their supposedly shared symptoms and transmission patterns turn them into one and the same.

Curiously, the confusion could also be reversed on occasion. In *The Innocents Abroad* (1869), Mark Twain claims to witness in Venice a

31 'En 1346, la fameuse peste noire ravagea le globe ; elle offrait les mêmes symptômes que le choléra, et le même phénomène inexplicable de sa marche progressive et par étapes selon une route donnée. En 1660 une autre épidémie analogue décima encore le monde' (Eugène Sue, *Le Juif errant*, Bruxelles: Méline, Cans et compagnie, 1844, vol. 7–8 (part XIII, chapter X), p. 145 ; my translation).

grand fete honouring a saint who had been instrumental in doing away with cholera three hundred years ago.[32] Rather, the *Festa di San Rocco* is dedicated to the plague-deliverer Saint Roch, and is celebrated annually since 1576 to commemorate the end of an acute plague outbreak. Twain is confusing the eruptions of cholera and plague — and probably on purpose.

The cultural confusion with plague also extends to other transmissible diseases, a strategy that allowed artists to enrich discourses on any affliction by using plague metaphors. In literature especially, almost any malady can be transformed into plague: Jack London's *The Plague Ship* (1897) is actually about yellow fever; *The Plague* (*A Peste*, 1910) by Brazilian author João do Rio portrays smallpox; Gesualdo Bufalino's *The Plague Sower* (*La Diceria dell'Untore*, 1981) is built upon tuberculosis; while the popular sci-fi novel *Journals of the Plague Years* (1988) by Norman Spinrad is an early discussion of AIDS.

Furthermore, these links and exchanges do not rely solely on culture but are frequently also based on outdated science. Until the rise and acceptance of the *Germ Theory of Disease* from the 1860s onwards, most diseases were seen as ultimately caused by a single factor which could range from unbalanced humours to miasmas and filth itself. These underlying causes would interact in complex ways with environmental factors and individual predispositions, but, in general terms, different diseases such as plague, cholera, or typhus could all be explained as resulting from a single motive — whatever that might be. That reasoning set the basis for discussions in early chemistry and pharmacology as well. If all diseases ultimately result from the same cause, then it makes sense to search for a single remedy to cure them all: a *panacea* or a *philosopher's stone.* Consequently, conditions that would be categorised differently in the 21st-century could be reasonably seen as near-equivalents two centuries ago.

This is noticeable also in the survival of the therapy and prevention strategies practised from the 14th-century onwards. Prevention against cholera or typhoid in the 19th century involved segregation, quarantine, and flight, practices which were in many instances created and perfected during the plague outbreaks of previous centuries. Although societies around the world and throughout history have intuitively grasped the concept of contagion and have isolated individuals suffering from certain ailments, the first documented evidence of quarantine being enforced as state policy dates from 1377 and belongs to the city of Ragusa (now Dubrovnik), then

32 Mark Twain, *The Innocents Abroad, or The New Pilgrims Progress* (Hartford: American Publishing Company, 1875), p. 219.

part of the Venetian Republic.[33] The quarantine policy was a direct result of the challenges posed by the Black Death and the realization that its spread relied heavily on maritime commerce. In subsequent years, Venice would continue to take measures in that direction: the plague hospital (Lazzaretto Vecchio) was adapted in 1423 to house plague victims, a board of health was created in 1485, and health licences (*fedi di sanità*) certifying an individual's provenience from a plague-free zone were implemented in the late 16th and early 17th centuries.[34] These measures would continue to be used in later periods and are linked to many collective habits adopted during the current pandemic: quarantines, lockdowns, social distancing, or restricted mobility conditioned by negative tests or proof of vaccination. Arguably, current discussions about COVID green passes, individual freedom and state policy have their roots in this period.

Besides that, official recommendations to avoid cholera in the 19th century could often be found in previous plague treatises. The report produced by the University of Paris in 1348 suggests people could avoid plague by maintaining simple diets, bypassing stress and anxiety, keeping away from excessive sex and drinking, and purifying the air by burning chamomile, among others. The same advice is propagated time and again during the cholera pandemics, with the sole difference that chamomile should be consumed in tea rather than burned as incense. In this manner, until the last decades of the 19th century, there were substantial historical, cultural, and even medical reasons for cholera to be seen as an equivalent of the plague. The perceived likeness kept the memory of the plague alive even in a century in which European outbreaks became rarer and diminished in scale. Regardless of that, for the average person at this place and time, epidemics were, literally, a matter of choice between plague and cholera.

Interestingly, a similar pattern arose in the early months of the coronavirus pandemic when little was known for certain about the virus. There was no agreement at the time on the best therapeutic protocol, and vaccines were still at their earliest stage of development. In these circumstances, individuals received the same advice they would have in previous centuries: eat healthfully, stay hydrated, rest and sleep well, avoid stress, and keep away from large groups. Suddenly, the novelty of COVID-19 allowed for

33 Gian Franco Gensini, and Magdi H. Yacoub, and Andrea A. Conti, 'The concept of quarantine in history: from plague to SARS', *Journal of Infection*, 49, 2004(4), 257–261 (p. 259).

34 Kristy Wilson Bowers, 'Plague and Developments in Public Health', in Byrne, pp. 424–484.

the re-emergence of old patterns of interpretation and reaction which were directly linked to cholera and the plague.

If this conclusion seems far-fetched, the Influenza Pandemic offers another case in point. In 1900, Sidney experienced a limited outbreak of bubonic plague — about three hundred confirmed cases — that continued to flare up until 1910. In this decade, Australia reported 1,371 official cases and 535 deaths.[35] Unsurprisingly, the epidemic engendered great concern among the public, so when the new threat of the Spanish Flu emerged in Sidney in late 1918, the population naturally understood the latter in light of the former. Just like cholera a century earlier, newspapers reported sensational accounts conflating the two diseases. In parallel to the Black Death, some families with suffering members marked their houses with flags.[36] The extent of the overlap became manifest when Lucy Taksa collected oral histories in the 1990s. Several interviewees asserted they could recall "the Bubonic Plague" or avowed to have been inoculated against it.[37] One person declared about Influenza: "I always understood it was the same kind of flu that swept Europe, the Black Death in the Middle Ages. I think it was the same kind of thing, it was carried by fleas on rats".[38] Furthermore, the effect was not restricted to Australia since similar accounts were registered by folklorists in the United States during the 1930s. The shoemaker James Hughes professes, for instance:

> *D'ya remimber the flu thet come the tame a the war? Alwiays a war brengs somethin' an' I alwiays thought thet flu wuzn't jest the flu. It wuz more laike the bumbatic pliague [bubonic plague]. Anywiays a lotta thim thet daied a it tirned*

35 Bubonic plague, *National Museum of Australia*, 13 March 2020, <https://www.nma.gov.au/defining-moments/resources/bubonic-plague> (last access: March 5, 2021).

36 Lucy Taksa, 'Plagues, Pandemics and Playback Loops: War-time footing and urgent lessons from history', *Macquarie University – Critical Issues Discussion Papers*, 7 April 2020, p. 5, <https://www.mq.edu.au/__data/assets/pdf_file/0006/972519/Lucy-Taksa-CWF-Critical-Discussion-2020-Plagues-Pandemics-and-Playback-Loops.pdf> (last access: March 5, 2021).

37 Lucy Taksa, 'The Masked disease: oral history, memory and the Influenza Pandemic, 1918-19', in Kate Darian-Smith and Paula Hamilton, *Memory and history in twentieth century Australia* (Oxford: Oxford University Press, 1994), pp. 79–84.

38 Taksa, 'The Masked disease: oral history, memory and the Influenza Pandemic, 1918-19', p. 88.

> *black, jest laike thiey wuz said ta heve tirned black in Ireland in '46 an' '47 whin thiey hed the bumbatic pliague thiere. [?]*[39]

If cholera and influenza could be confused with the plague in the public imagination, why would the coronavirus — which resembles the flu — be treated much differently? The fact that these diseases could be conceived similarly impacted cultural perceptions, habits, and interpretations. One such connection is evident in the current habit of wearing protective masks. When the precaution was called for in the early months of the pandemic, countless articles in the media drew parallels between the new COVID-19 masks and the bird-like masks of plague doctors, indirectly claiming there to be a connection between the two. Although plague masks are easily recognisable today, they are absent from the images representing the plague from the 14th to the 17th century. In fact, there is very little evidence for their usage. The two earliest treatises to describe and illustrate them are dated 1661 and 1721. The proximity of these dates to the perceived end of the plague outbreaks in Europe underscores that this was a late phenomenon. Moreover, very few masks have survived, and those that did are of dubious provenance. An analysis of two of the masks presented in German museums has shown that they were clumsy, impractical, and, even if possibly authentic, unlikely to have been used during real medical emergencies.[40] When considered together, these elements show how, contrary to common legend, plague masks were not widespread but were used on rare occasions that could very well be ritualistic or commemorative rather than medical — if they were used at all. Thus, there is a genuine possibility that plague masks are, in effect, a cultural construction, a way to imagine the past that started in the 17th century and reached the present day.[41]

Yet, even if the current masks are not directly linked to those of plague doctors, they are certainly tied to the plague as a disease. The modern masks emerged during a plague outbreak in Manchuria (northeast China) in 1910.[42] They were created and implemented by Chinese physician and Cambridge graduate Wu Liande. Contrary to the major practices of the

39 Stephanie Hall, 'Stories from the 1918-1919 Influenza Pandemic from Ethnographic Collections', *Library of Congress*, 15 April 2020, <https://blogs.loc.gov/folklife/2020/04/stories-influenza-pandemic/> (last access: March 5, 2021).

40 Marion M. Ruisinger, ‚Die Pestarztmaske im Deutschen Medizinhistorischen Museum Ingolstadt', *N.T.M.*, 28, (2020), 235–252 (pp. 426–247).

41 Ruisinger, p. 250.

42 Christos Lynteris, 'Plague masks: the visual emergence of anti-epidemic personal protection equipment', *Medical Anthropology* 37.6 (2018), 442–457.

time, Dr. Wu emphasised the airborne spread of pneumonic plague and, as a result, defended the usage of an 'anti-plague mask'. His design was based on that of surgery masks — created just recently, in 1897 — with the addition of further layers for filtration. It was the first time that personal protective equipment was used to control an epidemic and the experiment was soon repeated on a much wider scale during the 1918 Influenza pandemic, before being reimplemented for the present crisis.

4. *The Plague metaphors in the times of the Coronavirus*

Cholera and influenza were not the only pandemics to invoke images of plague and to conflate them. Comparable ideas surfaced regularly at the start of the AIDS pandemic, just like the Ebola scare of 2014 was used to posit the relevance of studying the plague's history today.[43] In that sense, the recollection of the plague in the times of Coronavirus confirms a historical tendency, even if its causes — as typical of such broad phenomena — are numerous and complex.

Firstly, plague metaphors are powerful and old, even preceding the Black Death itself. They abound in the Bible, where they are often presented along with other scourges. Ezekiel (*14:21*) speaks of 'sword, famine, wild beasts, and plague' as tantamount, while the damages inflicted by the Four Horsemen of the Apocalypse have been variously interpreted as war, pestilence, and political oppression, among others. In the *First Chronicles* and the *Second Book of Samuel*, David is urged to determine his own damnation: three days of plague, three months of enemy pursuit, or three years of famine. Assuming that the penances are equivalent — God allowing for a choice of personal preference rather than degree of severity — the plague comes across as the worst calamity, accomplishing in days that which famine achieves in years.

For that reason, the plague metaphors are ambivalent enough to be bent in almost any direction. In literature, Pär Lagerkvist's *The Dwarf* (*Dvärgen*, 1944) or Albert Camus' *The Plague* (*La Peste*, 1947) manipulate it to create allegories of Fascism; André Brink utilized it to discuss the apartheid system in *The Wall of the Plague* (1984); Antonin Artaud invoked it to contextualise his Avant-guard theatre.

43 Monica H. Green, 'Preface. The Black Death and Ebola: on the value of comparison', in Ead. (ed.), *Pandemic disease in the medieval world: rethinking the black death*, pp. IX–XX.

Nevertheless, plague metaphors are not the monopoly of artists. As astutely remarked by Susan Sontag, the idea of plague — or cancer for that matter — has the power to unite and to exclude. Since transmissible diseases are invariably seen as coming "from the outside", they create a cultural dichotomy between the *ingroup* and the *outgroup*, between *us* and *them*. Moreover, diseases are considered unnatural incidents which must be dealt with and, if possible, sanitised and eradicated.

It follows that discourses on plague are quite useful politically as a strategy to diffuse attention or unify agendas through fear and common hatred. That was the case in the past and it continues to be the rationale behind much of the populist rhetoric employed during the COVID-19 crisis. In the 14th century, the plague was famously blamed on Jews and Lepers. In the 16th century, syphilis was first described by physicians as *peste cruelle* ('cruel plague') and *ignota pestis* ('unknown pestilence'); yet, its name was quickly transformed as its identity was reimagined locally in relationship to one's perceived enemies: in France, syphilis was called *le mal de Naples* ('Naples disease'); in Italy, *il mal francese* or the *morbus gallicus* ('the French disease'); in Poland, it was 'the German disease'; in Russia, 'the Polish disease'; in North Africa, 'the Spanish evil'; and, in India, 'the Portuguese evil' or 'the foreigner's disease'.[44] By the same token, cholera was consistently envisaged as *Asiatic cholera* or *Indian cholera* in the 19th century, a fact that has even influenced the scientific understanding of the affliction.[45]

Such rhetoric combining epidemics and group identity is, in fact, so common that it can be seen as a cultural habit of its own and one which is amply used at present. The right-wing Brazilian president Jair Bolsonaro, for instance, repeatedly engaged it to create a sense of unity among his supporters when the coronavirus pandemic had just reached Brazil. After consistently attacking science, scientists, and the World Health Organization, Bolsonaro urged his followers to fast to rid Brazil of Coronavirus, a statement which his allies hailed as a saint proclamation.[46] Trump likewise referred to Coronavirus as the "China virus" and "Kung

44 Ernest L. Abel, 'Syphilis: The History of an Eponym', *Names, a journal of onomastics*, v. 66, n. 2 (2018), pp. 96–102 (p. 98).

45 Aureo L. Guerios, *Cholera and the Literary Imagination in Europe, 1830-1930*, PhD diss. (Padua: University of Padua, 2021), pp. 41–64.

46 Matheus Teixeira, 'Bolsonaro faz chamado para jejum religioso neste domingo contra coronavírus', Folha de São Paulo, 4 April 2020, <https://www1.folha.uol.com.br/poder/2020/04/bolsonaro-faz-chamado-para-jejum-religioso-neste-domingo-contra-coronavirus.shtml?origin=folha> (last access: March 5, 2021).

Flu" on numerous occasions in order to channel people's discontent towards a political and economic rival.[47] In Italy, Matteo Salvini, the ex-Minister of the Interior, manipulated information on viral contagion to call for a stop to the arrival of African refugees.[48] In India, Hindu nationalists inculpated Muslims for the crisis.[49]

Once the metaphors of invasive diseases are directed against people, they implicitly point to genocide.[50] Given that illness must be eradicated to relinquish human suffering, by the same token, individuals or groups considered a social plague should disappear in some way or another. Nazism's depiction of Jewish people in *The Eternal Jew* (*Der ewige Jude*, 1940) as syphilitic plague spreaders is an infamous and chilling example of the power of such metaphors and the terrible outcomes they may help achieve. It is no coincidence that, as the elections approached, Donald Trump exacerbated his rhetoric, repeatedly referring to COVID-19 as the plague from China, especially when commenting on the poor economic performance of his late-term.[51] The inflammatory oratory would devolve a little later into wilful attacks on democracy and the endorsement of white supremacist groups.

There are also more mundane reasons for the revisitation and construction of plague memories. One of them is the novelty of the problem. The newness and unfamiliarity of COVID-19 invite old patterns of behaviour and interpretation — as did cholera in the 1830s and influenza in the late 1910s.

47 President Trump calls coronavirus kung flu, BBC News, 24 June 2020, <https://www.bbc.com/news/av/world-us-canada-53173436> (last access: March 5, 2021).

48 Alessandro Massone, 'No, per il nuovo coronavirus non ha alcun senso parlare di allarme-contagio dall'Africa', The Submarine, 5 February 2020, <https://thesubmarine.it/2020/02/05/africa-coronavirus-allarme-contagio-salvini/> (last access: March 5, 2021).

49 Murali Krishnan, 'Indian Muslims face renewed stigma amid COVID-19 crisis,' Deutsche Welle, 14 May 2020, <https://www.dw.com/en/indian-muslims-face-renewed-stigma-amid-covid-19-crisis/a-53436462> (last access: March 5, 2021).

50 Susan Sontag, *Illness as Metaphor* (New York: Farrar, Straus and Giroux, 1978), pp. 84–87.

51 Patrick Wintour and Julian Borger, 'Trump attacks China over Covid plague as Xi urges collaboration in virus fight', The Guardian, 22 September 2020, <https://www.theguardian.com/world/2020/sep/22/trump-china-xi-beijing-united-nations> (last access: March 5, 2021); Eric Loch, '"Before the Plague Came, I Had It Made": Trump Strikes a Doubtful Note in Pennsylvania', The New Yorker, 21 October 2020, <https://www.newyorker.com/news/campaign-chronicles/before-the-plague-came-i-had-it-made-trump-strikes-a-doubtful-note-in-pennsylvania> (last access: March 5, 2021).

From a practical point of view, until scientific knowledge is built around the new threat, society is plunged for a period into the pre-modern-medicine era. Even though questions about COVID-19's cause and mechanism of spread were swiftly answered, the lack of therapy and vaccines forced societies all over the world to turn to old plague prevention strategies such as quarantines, social distancing, and masks. These similarities with other pandemic responses in history proportionally diminish as science advances solutions. In the meantime, however, the remembrance of things past arises naturally, and individuals and societies are tempted to re-enact the old habits associated with pre-modern pandemics, among which, the plague prevails.

The same holds for cultural representations. A new threatening disease will only form its own identity and accompanying set of metaphors after familiarity develops. Time is required for that to happen, so, in the meanwhile, old patterns of interpretation prevail. Among these, the plague stands out as the best suited and most spectacular. It would be unfeasible to explain Coronavirus through the lens of other afflictions: cancer metaphors do not address contagiousness appropriately; those of syphilis are too deeply associated with sex and personal retribution; tuberculosis — even if airborne and breath-related — is unsuitably linked to art and refinement. Given that these metaphors ensure disparate interpretations of the health crisis as a whole, they also affect the formation of habits very differently. For example, the belief that tuberculosis was a sort of angelical ailment that targeted those who were too virtuous for earthly existence — women and children above all — allowed for the symptoms of the disease to influence cultural trends such as fashion design and even beauty standards. A case in point is the German philosopher Karl Rosenkranz, who comments in his essay *Aesthetics of Ugliness*:

> But illness is not ugly in cases like phthisis [i.e., tuberculosis], mania, or states of fever, when it gives the organism a transcendent tincture that makes it appear downright ethereal. Emaciation, a burning gaze, the pale or fever-blushed cheeks of the patient can even make the essence of the spirit more directly visible. […] Who has not seen on a deathbed a virgin or youth who, as a victim of consumption, offered a truly transfigured sight! […] A convalescent is a sight for the gods![52]

52 Karl Rosenkranz, *Aesthetics of Ugliness: a critical edition*, trans. by Andrei Pop and Mechtild Widrich (London: Bloomsbury Publishing, 2015), pp. 45–46.

As shown by Carolyn Day, the positive metaphors associated with tuberculosis amazingly turned its outward manifestations (pale skin, thin bodies, red lips, etc.) into desirable traits.[53] This led, in turn, to changes in habits of dress and behaviour. Victorian makeup, for instance, welcomed the emaciated appearance of consumptive patients by trying to mimic their perceived pale faces and red lips and cheeks — an appeal which can also be found in many paintings by the Pre-Raphaelites.

This shows how the metaphors of tuberculosis are built very differently from those of the plague and, therefore, influence habits and cultural interpretations in equally disparate ways. The plague metaphors are best suited for scenarios in which a disease is new and unfamiliar, spreads quickly through the population, acts swiftly, is mortal to some degree and does not become chronicle or debilitating for life — all characteristics which also apply to COVID-19. Beyond the plague, few illnesses share all these characteristics. As we have seen, cholera and influenza behaved thus at some point in history, but they were themselves understood at the time through the plague's lenses rather than engendering a set of metaphors of their own. Perhaps, the sole event which could rival the plague as a viable metaphor is the great dying of the native peoples of the Americas in the 16th-century. As previously mentioned, the deadly combination of diseases brought along with the conquistadores is akin to the Black Death at many levels: an enormous death toll, high contagiousness, rapid proliferation, and societal collapse. These features notwithstanding, the dismal effects of the Colombian exchange are not sufficiently known by the general population to give birth to prompt comparisons. In addition, its historical unravelling is very complex, involving a great number of afflictions and other synchronous phenomena (violent expansion, enslavement, evangelism, cultural imperialism), all of which are equally intricate in their own right and which, once again, diffuse the already scarce public attention. The great dying of the 16th century certainly led to collapse, but one which is imagined within Sontag's dichotomy of *ingroup* versus *outgroup* as something that afflicted only *them* and sparred *us*. This perceived immunity precludes the metaphor to be viable for *us* — whoever that might be.

Beyond that, there is one characteristic that, in my opinion, is fundamental to our contemporary intake on the plague as a way of understanding the present challenge: the simplicity of the plague narrative. On collective memory, the Black Death surfaces inexplicably as a force of

53 Carolyn Day, *Consumptive chic: a history of beauty, fashion, and disease* (London: Bloomsbury Publishing, 2017).

nature, threatening humans with annihilation for no reason whatsoever or, alternatively, due to collective sin. It reigned terror for four centuries, only to allegedly disappear in the 18th-century — as mysteriously as it first broke out. This simple story offers two convenient advantages. Firstly, it invokes old interpretation patterns of disasters as heavenly punishment, something that allows *us* to blame *them* for the tragedy, and, concomitantly, to look at *ourselves* as victims – for what could we do against such a massive event? Especially if sent by God? If we did not look back to the plague metaphors, we would perhaps be forced to gaze into the real reasons behind the Coronavirus pandemic: climate change, imminent ecological collapse, staggering environmental pollution, overpopulation, unsustainable industrial growth, wealth inequality, and so forth. Each one of these issues is formidable and convoluted on its own terms. There is no easy and simple solution to any of them, nor will there ever be. However, since complexity often fails our need to explain phenomena in simple terms imbued with intents and purposes, it is uncomfortable to live with such a wide range of causes. Many would find the idea that there is no ultimate meaning behind the Coronavirus pandemic — apart from being a sign of a world out of balance — assuredly daunting. There *must be* meaning behind an event that is at the root of so much suffering; if there is not, then it is necessary to invent one. The old plague metaphors fulfil this cultural and psychological need through a coherent and simple narrative. Interestingly, much of the meaning attributed to the plague is pre-scientific and is constructed to cope with a tragedy that is enormously superior to our own. The dissonances are cast aside, however, overwritten by the demand for a simple, unified narrative.

On top of that, the plague experience offers an opportunity to contemplate annihilation from a different perspective. Since 1945, the idea of a human-induced apocalypse has been looming in the public mind. Between the 1950s and 1980s, it took the form of nuclear war, and, as that threat subsided, it gave way to the menace of global warming and climate change. The more recent anxieties are also accompanied by predictions of the emergence of zoonotic diseases and pathogens resistant to antibiotics. In this context, looking back to the plague experience allows us to take a paradoxical stance. From one side, it helps us acknowledge and understand the real possibility that humans might cease to exist in the future — or at least that civilisation as we know it might have to be reinvented completely. Yet, on the opposite side, it also allows us to find relief and to enjoy a happy ending of sorts. Since the plague narrative is shaped in terms of the

disappearance of a once-mighty menace, it presents us with a paramount example of human endurance and everlasting triumph.

Nearly all cultural and artistic representations of a post-apocalyptic world point to some type of renewal — or at least the hope of it. This is manifest at the end of Camus' *The Plague*: although we know not for how long the truce will last, at least for a time the world is saved. Celebratory conclusions such as this one are found in countless films and novels ranging from Defoe's *A Journal of the Plague Year* (1722) to the Hollywood blockbuster *Contagion* (2011). Even when nearly all of humanity has been exterminated, many post-apocalyptic texts reach the end with a flint of hope and renewal. This is the case in Mary Shelley's *The Last Man* (1826), whose protagonist roams the planet in search of another Eve to re-establish humanity; or in *The Near End of the World* (*O Quase Fim do Mundo*, 2008) by the contemporary Angolan writer Pepetela, in which a small group of survivors decide to repopulate the world out of Africa for the second time.

When used in relation to the Coronavirus, the plague metaphors permit us to collectively see what we already believe: collective human tenacity in the face of adversity will eventually — and perhaps almost inevitably — triumph over the challenges, despite their monumentality. In the end, humans always prevail, and if the world is left in ruins, the survivors will somehow rebuild civilisation anew. Hence, the plague metaphors can paradoxically offer emotional relief, offering on occasion a form of Aristotelian purification (*katharsis*). At least as far as narratives go.