

A historical narrative on pandemic Patterns of behavior and belief

Gazala Khan¹ and Sazzad Parwez²

Abstract

Given the fractured reality of pandemic, the people's history needs to be written and understood. This paper provides a historical narrative on pandemics based on a literature review and makes inferences from the past and present. This narrative also reflects the ongoing COVID-19 pandemic in the world and India. The narratives provide a novel perspective to understand public health practices in a global context. It suggests the need for a more synchronized health response in pandemics while highlighting the uncertainties and challenges of using historical diseases as comparisons for the COVID-19 pandemic. The emphasis is on learning from historical evidence and ascertaining how these retrospective diagnoses help make arguments about health and illness in our present moment.

Keywords: pandemic; COVID-19 pandemic; historical narratives; literature

Introduction

The advent of COVID-19, the first global pandemic with extensive print, electronic and social media documentation providing both information and misinformation, makes a historical narrative necessary. With the uncertainty of the pandemic, people struggle to effectively communicate in lockdown, using artworks, songs, cartoons, and online messages to deal with the loneliness of isolation. Yuval Noah Harari (2021) points out that social distancing is inevitable during the crisis as the virus spreads by exploiting human instincts of socialization and contact, especially in hard times. The virus is a mindless microbe; we humans can analyze and change how we behave.

Over the millennia, pandemics/epidemics have been killers on a massive scale. Even today, nearly half a million people are victims of diseases such as malaria every year (Hoffman and Richie, 2003). The plague of Justinian struck in the 6th century and killed perhaps half the global population at that time (Harbeck et al., 2013). The 'Black Death' of the 14th century may have killed up to 200 million people (Cohn, 2008). Smallpox may have caused the death of as many as 300 million people in the 20th century alone (Riedel, 2005).

Pestilence, illness, plague, pandemic, malady, sleeping sickness, and disease: all these terms trace the same path towards a single journey, that is, death. "And Darkness and Decay and the Red Death held illimitable dominion over all" (Poe, 1842). The years 2020 and 2021 in the Gregorian calendar were marked by catastrophic repercussions of the new coronavirus. The only universal thing is microbes. In the 21st century, the world where human beings reigned is taken over by severe acute respiratory syndrome (SARS-COV-2), also known as coronavirus or COVID-19, claiming thousands of lives every day. The virus does not make any difference between people of different races, nations, ethnicity, colour, caste, and creed.

In history, the world has known and experienced several maladies that hampered the whole ecosystem and led to stark differences in varied populations, thus altering the demography. In history, whenever a pestilence surfaced in the form of the pandemic, it ravaged the human world; be it Athens Plague, Justinian Plague, Black Death, the Great Plague, Spanish influenza, cholera pandemics, or COVID-19, all have altered the demographic ratio.

The *Danse Macabre*, means 'Dance of the Death'. During medieval times (1000–1500 CE), this artistic genre came to fore in art, music, dance, and drama, where a group of skeletons subpoenaed living human beings from all walks of life to carry the corpse to its deathbed. The primary purpose of the art pieces was as a *memento mori* representing the inevitability of death. The *Nuremberg Chronicle*, an illustrated encyclopedia of the history of the world compiled in 1493 by Hartmann Schedel, has a mural by Michael Wolgemut titled *Dance of the Death* (Roth, 2013). The horrendous and unforgettable incidents of one of the deadliest plagues, the 'Black Death', are illustrated. The French composer Camille Saint-Saëns (1835–1921) wrote a symphonic poem for orchestra music titled *Danse Macabre*, the same title used by Stephen King for a book published in 1981 on the pandemic. These different art forms have tried to bring into focus the picture of the plagues and pandemics that impacted billions of lives over a short period.

The World Health Organization (WHO) declared the outbreak of COVID-19 as a pandemic on March 11, 2020. Steps such as lockdowns, vaccines, and behavioral habits of wearing a mask, maintaining physical distancing, and sanitizing hands have proven practical tools in curbing the severity of the new coronavirus (World Health Organization, 2020). The historical and comparative study of plagues and pandemics becomes essential in highlighting the behavioral changes in human beings and how evolution in science and technology plays a significant role in the fight against invisible enemies, like pathogens and viruses.

The plague is well documented and has been part of the world since the 5th century, and survived in dormant forms for centuries. People died of typhus, cholera, tuberculosis, AIDS, and so on. These diseases claimed many lives, yet they do not come under the definition of a pandemic.

There had been a few instances of epidemics in the 21st century; for example, the country of Sierra Leone in West Africa quivered under the pestilence of the Ebola virus. The Ebola virus was first detected in the Democratic Republic of Congo in 1978 and was declared an epidemic from 2013–2016 in West Africa (World Health Organization Africa, 2021). This was an epidemic, whereas COVID-19 is reported as a pandemic. So, what is the difference between epidemic and pandemic? In its newsletter, the World Health Organization (2007) defines an epidemic as "the occurrence in a community or region of cases of an illness, specific health-related behaviour, or other health-related events clearly above normal expectancy." Whereas a pandemic is defined as "an epidemic occurring worldwide, or over an extensive area, crossing international boundaries and usually affecting a large number of people." The geographical space is the critical factor differentiating an epidemic from a pandemic.

This study is based on narrative-based literature on pandemics from a historical perspective with illustrations from the ongoing COVID-19 pandemic. The literature review is interdisciplinary and traces the personal, socio-economic, and cultural impacts on the human race that was ravaged and withered every time a pandemic entered its cozy and comfortable space. The critical sources in the study will be different forms of arts, like literature, art, narrative accounts, dance, and drama. The emergence and evolution of science and technology made a stark difference in the intellectual and cultural history of the world.

Pre-scientific revolution

The plague of Justinian spread like a pandemic from 541 to 542 CE and claimed millions of lives. It was named after the emperor of the Byzantine Empire, Justinian I, also known as Justinian the Great. Later through the DNA sampling of the bones, it was observed that it was a bubonic plague (*Yersinia pestis*). Other forms of plague, pneumonic and septicemic, were also recorded during the pandemic (Horgan, 2014: 1). It took people's lives for a period of more than 200 years and finally disappeared in 750 CE. Through the historical account of

Procopius of Caesarea, a Roman high-ranking official who lived in Constantinople, and John of Ephesus, a Christian bishop in Syria, we have a long historical account of the plague. They described the disease characterizing victims with swollen and hardened parts of the body, especially armpits and groin areas. It was marked by oozing of the swollen areas in many cases. John of Ephesus concluded that it was due to the emperor Justinian's wrongdoings and evil offerings, which angered God, punishing humanity through the plague (Horgan, 2014).

Emperor Justinian the Great pledged to employ together all possible economic and social interventions to restore Constantinople's lost glory. The database from the historian Procopius records that the plague spread from the African continent across the Mediterranean to Europe through grain transportation. Black rats carried the disease from one place to another, infecting hundreds of thousands. The emperor of the Byzantine empire took unprecedented steps when the space for burial of the dead bodies became scant; he ordered the emptying of the burial sites and extended the burial of the victims to outside the walls of the empire. The plague is referred to as the first pandemic in history. Procopius's description is recorded in his book *Secret History* (Horgan, 2014).

The next pandemic in history is 'Black Death' of the 14th and 15th centuries. It is also referred to as the second plague pandemic. Geoffrey Chaucer, the father of English literature, begins his most significant work *Canterbury Tales* in the context of this pandemic, which claimed millions of lives.

The days of the death have passed, and now the pilgrims are on a journey to pay homage to St Thomas à Becket. It begins as:

1. Whan that April with his shores soote
When April with its sweet-smelling showers
2. The droghte of March hath perced to the roote,
Has pierced the drought of March to the root,
3. And bathed every veyne in swich licour
And bathed every vein (of the plants) in such liquid
4. Of which vertu engendered is the flour;
By the power of which the flower is created;
5. Whan Zephirus eek with his sweet breath
When the West Wind also with its sweet breath. (Chaucer, 1868, verse 1)

The Black Death of 1346–1353 was a bubonic plague, a bacterial infection caused by the bacteria *Yersinia pestis* (Benedictow, 2008: 110). The pandemic enmeshed social, religious, and economic aspects of European societies. It hampered the demography of Europe, Western Asia, North Africa, and the Middle East. The cataclysmic loss of lives in Europe is claimed to be a one-third population of the continent. In addition to this, people lost faith in the church as the supreme entity. The emergence of science and technology in the later centuries allowed better scope for treatment. The social and cultural milieux were mainly represented through literary and historical anecdotes. Diane Bani Esraili, in "A New Relationship with Death," cites the views of Italian poet Petrarch on the historical accounts of high fatalities due to the Black Death.

So graphic and deadly was this plague that the great contemporary Florentine author Francesco Petrarch (1304–1374) legitimately worried that future generations would mistake historical eyewitness accounts of the event for tall tales. In a correspondence with a friend, Petrarch wrote: "O happy posterity, who will not experience such abysmal woe and will look upon our testimony as a fable." (Esraili, 2015: 1)

Another famous Italian writer Giovanni Boccaccio, in his masterpiece *The Decameron* (1349–1353), refers to the situations faced by the people during the plague. The background is medieval Italy, where seven women and three men take refuge in a deserted village to escape the "Black Death." They decide to narrate stories to pass their time. The stories represented the socio-economic and political amalgamation of medieval society (Boccaccio, 1804). The term

“Black Death” is comparatively a recent term that came into vogue and then was accepted by most 19th- and 20th-century social scientists and readers. Earlier it was referred to as pestilence or disease. The term “Black Death” was coined as a result of mistranslation. The Latin *Atra mors* was used in the historical accounts to name the pestilence. It means “terrible death,” but English translations that emerged rendered this as “Black Death” (Esraili, 2015). There is no connection between the term “Black Death” and cataclysmic events or the pestilence in particular.

The modern interpretation of a famous nursery rhyme, or folk song, gives glimpses of how details were passed on through rhymes. The song is:

*Ring o ring o roses
a pocket full of posies
Achoo! Achoo!*

And all fall down. (Granum, 2021: 2)

The interpretation of the rhyme looks towards symptoms of the Black Death. The patients developed red coloured rings like roses. Posies were a specific type of medicinal flowers rubbed around these rings to cure them; the patients carried them in their pockets. Moreover, if the patient sneezed, then death was inevitable. The common symptoms of the plague were enlarged swollen lymph nodes, headaches, dizziness, vomiting, sneezing, chills, and fever (Burton-Hill, 2015). It is one of many narratives that point out the horror of the ‘Black Death’.

There was no medication except for people to quarantine themselves and save their lives by keeping away from the contamination. Quarantine measures and physical distancing proved a significant step in controlling the plagues in the pre-scientific temporal frame.

Plague and pestilence were relatively regular tragedies in the ancient world, followed by scary reports. In those times, with a plague spread, no medicine was helpful, and it was unstoppable. The only way one could escape the plague was to avoid any form of contact with others. Generally, the plague was considered as God’s punishment for misdeeds, although the Greek historian Thucydides constructed a mystical basis of the disease (Procopius, 2015). Later medieval texts emphasized human behavior, with increased vices such as avarice, greed, and corruption, as leading to infection and thus to both moral and physical death.

Post-scientific revolution

The post-scientific period will include the period from the 15th century to the present. Science and technology were seen as catalysts for better health-related infrastructure and techniques that brought humans to the centre of the ecosystem. Though better medical facilities came into existence, pandemics still invaded the human homeland. The pestilences agitated the human world again and again. The Great Plague of 1665, the Spanish flu, cholera pandemics, and COVID-19 pandemic made a catastrophic and cataclysmic impact on the human world.

A diarist in England, Samuel Pepys, gives a vivid description of the Great Plague of 1665, which was a bubonic plague that devastated a fifth of the total population of London, emptying thousands of houses:

In the evening home to supper, and there to my great trouble hear that the plague is come into the City (though it hath these three or four weeks since its beginning been wholly out of the City); but where it begins but in my good friend and neighbour’s, Dr Burnett in Fenchurch Street – which in both points troubles me mightily. To the office to finish my letters, and then home to bed, being troubled at the sickness . . . and particularly how to put my things and estate in order, in case it should please God to call me away.

It was reasonable quarantine measures that helped the city dwellers to eradicate the plague.

Salman Rushdie (2021) says:

On almost every page of that book . . . the way people behaved in the 17th century is exactly how they behave now, . . . The book details how some Londoners locked down, sequestered themselves and successfully avoided the disease, while others “refused to do that, [saying] it was an intrusion on their freedom” – and many of them died (Daniel Defoe, 1722).

Rushdie said that there were also “quacks peddling crazy cures” and political wrangling around how to handle the outbreak.

It just showed me that we are just who we are, human nature is what it is, and back in 1665, people were doing exactly what people have been doing during this plague year, . . . I do not know whether that is comforting or not, but it seems as a species, we have not grown up very much since the 17th century.

The third plague pandemic was first reported in Yunnan, China, in 1855. It spread to nearby continents through global trade and voyages across ocean and land. It is considered one of the deadliest pandemics in history, claiming more than 10 million lives (Frith, 2012). According to World Health Organization, the pandemic claimed lives till 1960. Most deaths due to the third plague pandemic were reported in Asia, where the pneumonic variant was more prevalent and deadly. Most of the countries affected were either British colonies or were indirectly controlled by them. Pandemic did not just take lives, but it also fanned racial inequalities. The plague when it started was seen as something that is closely associated with cleanliness. The focus shifted to the British’s medical aids, and Western hygiene practices were the topmost priority. The reasons for the spread of the plague are mainly attributed to transportation and trade between the British and their colonies. Even strict quarantine facilities failed to stop its spread. The plague is known with different names in various countries. It is called Manchurian Plague as it gripped the northeastern part of China and some regions of Russia under its clutches. The Manchurian Plague of 1910–11 is significant as it was the first plague where medical officers and related officials used cloth masks and personal protective equipment for the first time to contain the airborne plague (Lynteris, 2018) and similar methods are being used to contain the new coronavirus in 2019–21 (present). The quarantine facilities, physical distancing, closure of non-essential activities, panic-stricken society/human behavior and medical aids used all bear stark similarities.

The plague caused by *Yersinia pestis* bacterium had been part of history, and it recurred after a few centuries. The carriers of pathogens are mainly rodents and fleas. If they bite humans, it can be transmitted from animals to humans. The frequency of contagion transfer among humans is enormous as it can merely spread through touching of clothes of an infected person or through inhaling the contagious droplets from the air.

In 1918, as the ashes of the man-made disaster of World War I were starting to die down, the deadliest pandemic in modern times arrived. The virus infected 40% of the global population over the next 18 months. Out of this 40%, an estimated 20 to 50 million people perished. This was massive relative to 17 million people killed in the First World War (Knobler et al., 2005). The pandemic spread was evident, with numerous cases in the United States of America, Europe, Greenland, and beyond.

The influenza pandemic of 1918–20, also known as the Spanish Flu, was caused by the H1N1 Influenza A virus. It was Spain that first reported the deaths caused by influenza, and that is how it got this name (Barry, 2005). The virus showed a high mortality rate that affected young adults the most. It is considered one of the deadliest pandemics in history. Its temporal frame is parallel to the First World War. It is also known as the ‘forgotten pandemic’ as most of the cases were under-reported or went unreported due to the First World War of 1914–1918 that left an indelible mark on the world economy and the grieving families. The flu’s origin is unknown as there are scarce historical and narrative accounts. In her essay “On Being Ill” (1926), Virginia Woolf highlights the need to establish illness as an equal and essential subject of discourse as love and war are.

Molly Schwartz (2020) suggests that, although the flu claimed 10 times as many American lives as the concurrent world war, it was difficult to characterise a familiar disease like influenza as the enemy. She writes: “The war provided far more compelling enemies, ones that could be seen and put on posters and placed in stories.” But the lack of obvious references led to a bit of a myth: the lack of flu art.

The nickname Spanish flu resulted from a widespread misunderstanding on the political front. Spain was one of the few major European countries to remain neutral during World War I with a free press. This allowed Spanish media to report on the flu, and it was assumed that Spain was the pandemic’s ground zero. The Spanish believed the virus originated from France, so they called it the “French flu.” It reflects the international politics and blame game in naming any virus, which can be seen in the current context with COVID-19. Different strains of Spanish flu had a resurgence as Hong Kong flu decades later in 1968 and again as bird flu in 1996, which is still having repercussions in India and globally.

The historical and cultural narratives around past pandemics reflect human behavior and nature. It is also observed that whenever people’s lives were ravaged and devastated by pandemics, humans took refuge in religious and medical texts that gave them insight into occurrences of pestilences.. Historical narratives aid and fasten the understanding of similar situations so that such health emergencies can be tackled judiciously.

Steve Maas (2020) says: “the probability that COVID-19 reaches anything close to the Great Influenza Pandemic seems remote, given advances in public health care and measures that are being taken to mitigate propagation. However, some of the mitigation efforts that are currently underway, particularly those affecting commerce and travel, are likely to amplify the virus’s impact on economic activity.” The improved medical support and technological innovations prove significant in monitoring the mortality rate. Catastrophic devastation due to pandemics in history gave insights and helped limit potential spread of epidemics across the globe. Ebola virus and Zika virus were controlled to specific areas.

Salman Rushdie says,

As the global pandemic raged, many people failed to take [Susan Sontag’s] advice. Voices including an Islamic State spokesman, Hulk Hogan and a conservative pastor from Florida named Rick Wiles declared that the virus was a punishment from God. Other, greener voices suggested it was nature’s revenge on the human race – though, to be fair, louder voices were warning against anthropomorphising.

Though there are marked differences between the first global plague of the 6th century and the new coronavirus of the 21st century, human nature and its take on pandemics is common. Science and technology in medicines and drugs have brought about better health conditions and helped restrict the present pandemic to a lower severity.

India’s experience with pandemics

The occurrence of plague and pandemic related diseases has been part of human civilization since time immemorial and they are recorded in the history of the Indian subcontinent too. Sushruta, an ancient Indian physician and surgeon who practiced in India in the 5th century BCE, noted in his treatise Sushruta Samhita a condition called *Agairohini*. It had cholera-like symptoms where patients were diagnosed with hardened swelling under the armpits, accompanied by high fever and burning sensations in the body. The patients died 15 days after catching the illness. The Indian Medical Gazette reported findings by Gaspar Correa, a Portuguese historian and chronicler, through his book *Lendas da Índia* (Legends of India). The book records a cholera-like malady traced through the Ganges Delta, which the locals of Calicut (present Kozhikode) called *moryxy* (History.com, 2017: 2). The fatality rate was high, which led to catastrophic human loss. Here, the historical narrative of cholera becomes significant because later, beginning in the early 19th century, cholera spread throughout the

world. There have been seven recorded cholera pandemics across for two centuries, from 1817 to 2017. Similarly, Hippocrates from Greece and Aristaeus of Cappadocia cite the existence of the cholera-like disease, which effaced millions of lives in the 4th century and 1st century BCE (History.com, 2017).

Political consequences of pandemics

The notion that an object undetectable to the naked eye could move across the world and is/was more powerful than humans, states, and empires is unbelievable, but it decimates the sense of security and exposes the vulnerability of individuals and regimes. This was evident in the 19th century with cholera and then in the 20th century with Spanish flu. It brought global differences such as social disparities, political hierarchies, and scientific struggles to the fore, and this trend is also visible in the present situation.

Pandemics tend to create contradictions, exposing the tensions between openness and closure of the communication from one to another. The COVID-19 pandemic is new evidence of this form of behavior. A miniature and probably accidental mutation in a virus got spread into the human population, but the consequences happen to be momentous and disastrous.

The COVID-19 virus can be considered an anti-democratic force. It killed millions of people and put millions out of work while radically restricting travel, causing states of emergency, and putting citizens into intrusive administrative control, banning demonstrations, and postponing elections. It has also generated conspiracy theories and unfounded reproaches and stimulated several political leaders' illogical denials of scientific findings. Further, it has also heightened some long-existing disputes among states.

The challenge of developing practical barriers against an invisible virus sounds strangely familiar in 2020. However, a centuries-old ongoing debate focused on having a barrier against the agent and its hosts to free others. These debates resonate with the reactions to the ongoing COVID-19 pandemic, including the reliance on experts at a time of uncertainty, when international organizations have been weakened by political hierarchies and power structures. The WHO is looked to for solutions to the global health crisis.

The most striking feature of this viral agent is proximity and speed in transporting infections. It has undermined the feeling of security and superiority of the global bourgeoisie. For many Europeans, disease had its place either in the past (e.g. Black Death in Europe) or in less "civilized" regions of the world. In other words, there should be a spatial distance between themselves and diseases. Nevertheless, with industrialization, trade, and colonial expansion, global contagion is evident as regular outbreaks are spread across the world with new means of transportation to faraway spaces. This connection and communication have also made a localizable disease a global threat.

Despite commonly shared feelings of humanity, pandemics reveal differences rather than working as great levellers. This is mainly because responses to pandemics are based on imperial hierarchies built into the international system from the outset and visible discrimination in the implementation of health measures. Consequently, pandemics have acted as a herculean challenge for policymakers who need to react judiciously and quickly. During the COVID-19 pandemic, the health emergency left an indelible mark in global politics: *"The world was witnessing rising nationalism, backsliding democracy, declining public trust in governments, mounting rebellion against the inequalities produced by globalisation, resurgent great power competition, and plummeting international cooperation."* (Wright and Kohl, 2021)

Further, the ongoing struggle against pandemics could be equated with civil resistance against tyranny. These events are based on the idea that the enemy – an autocrat requiring submissive citizens or a virus needing a host to replicate and spread – depends on the people's cooperation. Both methods try to defeat the enemy by depriving it of essential

resources. These processes tend to take time, adding to the frustration among those who have made sacrifices. However, there are differences; lockdowns are state activity, while civil resistance is a movement of the people. Lockdowns worldwide also led to a ban on protests and demonstrations.

Procopius (2015), in his *Secret History*, gives a historical account of the Justinian Plague by reflecting on how Justinian, the emperor, encouraged and facilitated trade and transportation among the countries and this led to the pandemic's creation – thus claiming millions of lives. Procopius disliked the emperor and blamed him alone for spreading the pandemic through his policies.

Samaddar (2021) studies the outbreak as an epidemiological crisis compounded by economic, social, and political factors. There is a description of the assassination (22 June 1897) of the British Plague Commissioner W. C. Rand by the Chapekar Brothers. Under the third pandemic, the bubonic plague that hit India in 1897, the colonial government enforced various laws to safeguard the public in which the British were given preference over the natives. The politics of the Europeans were uncovered as the pandemic treated everyone equally. Snowden (2019) also reflects the history of economic, political, and social change, highlighting the stark realities of inequality and government ignorance.

Evidence on pandemics suggests that the present crisis of COVID-19 is likely to last for some time. This makes international bodies such as the WHO essential. Although the scale and expense of the tasks ahead are enormous, continuing suspicion among countries is quite evident and is working as a significant impediment. It makes organizations and states unable to manage pandemics. Even though the WHO's role is critical, its effectiveness depends on state cooperation. Powerplay and disagreement shown by major powers undermined the gravity of the problem and converted the pandemic into a political football. It has heightened some long-existing disputes, most notably those on trade and other matters between China and the United States. Correspondingly, the capacity of the WHO and United Nations to address pandemics has been called into question by American criticisms of the WHO. This form of blame game also happened in the last century, when Spain and France blamed each other for spreading the virus. There is a parallel between the terminology of Spanish/French flu and the US use of the phrase "Chinese virus."

Managing pandemics is the responsibility of governments. City-states in the Italian Peninsula and the Adriatic developed systems for tackling plagues in the 14th century. While viruses do not respect borders, they spread and survive based on the effectiveness of laws, policies, and acts of states. However, evidence suggests that efficacy in addressing pandemics does not reflect the democratic/authoritarian regimes divide. Key indicators of successful leadership showcased the capacity to make decisions, willingness to listen to scientists, effective bureaucratic machinery, and the trust they prompt in citizens. It reflects the ongoing discussion on the performance of women heads of government. Most female leaderships made early decisions about lockdowns and other measures and effectively communicated with the public. Further, disagreements may arise when one country's action, or refusal to act, poses risks for other states and their citizens. This is also evident with the ongoing politics around the COVID-19 pandemic.

Discussion and concluding remarks

There have been several deadly pandemics. In the pages of history, the historical narratives of pandemics can be categorized into pre- and post-scientific revolution temporal frameworks. Science and technology in health-related issues have played an intrinsic role in controlling and managing pandemic and epidemic situations. The Renaissance of the 1500s–1600s is known as the enlightenment era. It saw the emergence of modern science where significant scientists and thinkers like Johannes Kepler, Copernicus, and Galileo gave the initial impetus

to exploring science in the human world. William Harvey's contribution to heart and blood movements in the human body was crucial to the medical Renaissance.

Similarly, Leonardo da Vinci's curiosity about the human body discovered various information on the human brain and muscular system. The contribution of science and technology helped to dissipate the myths and spiritual beliefs that clerics used to cure diseases. The narratives about pandemics before and after the scientific revolution changed drastically. Science opened paths to see and observe the world as it is.

The world has witnessed several plagues and pandemics in the past, wreaking havoc and taking millions of lives. Loss of lives, emotional and mental upheavals, economic disbalance, cultural changes, demographic alterations and societal affliction due to pandemics have been recurrent in society. In medical emergencies like the Great Plague of 1665, the cholera pandemic, Spanish influenza, or the present coronavirus case, people turn back to history to learn lessons. The narratives from the histories of the pandemics give powerful words and stories to live by.

Over time, technological innovations in science and medicines have led to better health facilities and assisted in battling deadly diseases like AIDS, cancer, neurological and heart ailments to a certain extent. However, communicable diseases that infect multiple people faster are challenging to tame. Plagues and flu that infect healthy people have proved to be a difficult challenge for scientists, doctors, and most importantly, people in general. Though scientists and medical practitioners try their best to procure antidotes, the population plays a vital role in curbing the spread. Over time, the generation changes and new faces emerge to live the history again. Similar mistakes are repeated by society when met with global medical emergencies and challenges. Society neglects the seriousness of historical narratives of pandemics till another health challenge is met.

A historical narrative on the realities of the pandemic is essential, as this allows documentation of issues and tribulations of disease and shows the change in behavior and belief.

Notes

¹ Department of English, School of Languages, Doon University, Dehradun, India

² School of Liberal Arts and Human Sciences, Auro University, Surat, India, E-mail: sazzad.parwez@gmail.com

References

Banerjee, A. K. (2021) Who's Afraid of a Virus Wolf? *The Hindu*, 1–6. <https://www.thehindu.com/books/whos-afraid-of-a-virus-wolf/article31172069.ece>

Barry, J. M. (2005). 1918 Revisited: Lessons and Suggestions for Further Inquiry. *The Threat of Pandemic Influenza. Are we Ready? Workshop Summary*. Washington, DC: National Academies Press. <https://www.nap.edu/catalog/11150/the-threat-of-pandemic-influenza-are-we-ready-workshop-summary>

Benedictow, O. J. (2008) "Plague, Historical," in H. Kristian and K. Heggenhougen (eds.). *International Encyclopedia of Public Health*. Cambridge, MA: Academic Press, 110–120.

Bhattacharya, B. (2021, April) "The Cold Ones: India's Epidemic Goddesses," *Mint*, 1–14. <https://www.livemint.com/mint-lounge/features/the-cold-ones-india-s-epidemic-goddesses-11587104247592.html>.

Boccaccio, G. (1804) *The Decameron: Or Ten Days Entertainment of Boccaccio*. J. Wright.

Burton-Hill, C. (2015) "The Dark Side of the Nursery Rhymes," *Counterpoint*. BBC Britain. <https://www.bbc.com/culture/article/20150610-the-dark-side-of-nursery-rhymes>

Byrne, J. P. (2008) *Encyclopedia of Pestilence, Pandemics, and Plagues*, vol. 1, A–M. Westport, CT: Greenwood Press.

Camus, A. (1975) *The Plague*. London: Vintage International.

Chaturvedi, P. & Ramalingam, N. (2020) “Into the Past in the Times of COVID Pandemic,” *Cancer Research, Statistics, and Treatment*, 3(5), 94. https://doi.org/10.4103/crst.crst_139_20.

Cohn, S. K. (2008) “Epidemiology of the Black Death and Successive Waves of Plague,” *Medical History*, 52(27): 74–100.

Defoe, D. (1722) *A Journal of the Plague Year: Being Observations Or Memorials of the Most Remarkable Occurrences, as Well Publick as Private, Which Happened in London During the Last Great Visitation in 1665*. London: George Routledge and Sons.

Doležal, J. (2009) “‘Waste in a Great Enterprise’: Influenza, Modernism, and One of Ours,” *Literature and Medicine*, 28(1), 82–101. <https://doi.org/10.1353/lm.o.0036>

Esraili, D. B. (2015) “A New Relationship with Death: A Synthesised Experiential Portrait and Analysis of Mid-Fourteenth Century Medieval European Society’s Reception of, Responses to, and Reflections on the Black Death,” *Aleph*, 1–54. <http://aleph.humanities.ucla.edu/2015/10/06/a-new-relationship-with-death-a-synthesized-experiential-portrait-and-analysis-of-mid-fourteenth-century-medieval-european-societys-reception-of-responses-to-and-reflections-on-the-black-d/>

Frith, J. (2012) “The History of Plague – Part 1. The Three Great Pandemics,” *Journal of Military and Veterans’ Health*, 20(2), 11–16.

Girard, R. (1974) “The Plague in Literature and Myth,” *Texas Studies in Literature and Language*, 15(5), 833–850. <https://www.jstor.org/stable/40754299>

Goldenthal, H. (2021) “Will a Better World Emerge from COVID-19? Salman Rushdie Says No, if Previous Plagues are Anything to Go by,” *The Current*. <https://www.cbc.ca/radio/the-current/the-current-for-may-26-2021-1.6040652/will-a-better-world-emerge-from-covid-19-salman-rushdie-says-no-if-previous-plagues-are-anything-to-go-by-1.6040932>

Granum, M. (2021) “Ring a Ring O’ Roses (Ring Around The Rosie),” *Nursery Rhymes*. <https://www.nurseryrhymes.org/ring-a-ring-o-roses-ring-around-the-rosie.html> <https://www.nurseryrhymes.org/ring-a-ring-o-roses-ring-around-the-rosie.html>

Harari, Y. N. (2021) “Lessons from a Year of Covid,” *Financial Times*, February 26. <https://www.ft.com/content/f1b30f2c-84aa-4595-84f2-7816796d6841>

Harbeck, M., Seifert, L., Hänsch, S., Wagner, D. M., Birdsell, D., et al. (2013) “*Yersinia pestis* DNA from Skeletal Remains from the 6th Century A.D. Reveals Insights into Justinianic Plague,” *PLOS Pathog.* 9(5).

Heffernan, V. (2020) “The Literature of Plagues Gives us Words to Live by,” *Wired*.

History.com. (2017) “Cholera. History”. <https://www.history.com/topics/inventions/history-of-cholera>

Hoffman, S. L., and Richie, T. L. (2003) “Disease States and Vaccines: Selected Cases: Part I. Malaria,” *The Vaccine Book*. Cambridge, MA: Academic Press, 291–310,

Horgan, J. (2014) “Justinian’s Plague (541–542 CE),” *World History Encyclopedia*, S8-VI(137), 106. <https://www.worldhistory.org/article/782/justinians-plague-541-542-ce/>

Keys, T. E. (1944) "The Plague in Literature," *Bulletin of the Medical Library Association*, 32(1), 35–56. <https://europepmc.org/article/PMC/194297>.

King, S. (2006) *Danse Macabre*. London: Hodder & Stoughton.

Knobler S. L., Mack A. & Mahmoud, A. (2005) *The Threat of Pandemic Influenza: Are we Ready? Workshop Summary*. Washington, DC: National Academies Press.

Lepore, J. (2020) "What our Contagion Fables are Really about," *New Yorker*, March 30. <https://www.newyorker.com/magazine/2020/03/30/what-our-contagion-fables-are-really-about>.

Lynteris, C. (2018) "Plague Masks: The Visual Emergence of Anti-Epidemic Personal Protection Equipment," *Medical Anthropology*, 37(6), 442–457, DOI: 10.1080/01459740.2017.1423072

Pepys, S. (1970) *The Diary of Samuel Pepys: 1665*, ed. W. Matthews & R. Latham. Berkeley-Los Angeles: University of California Press.

Maas, S. (2020) "Social and Economic Impacts of the 1918 Influenza Epidemic," *National Bureau of Economic Research*, 5. <https://www.nber.org/digest/may20/social-and-economic-impacts-1918-influenza-epidemic>

Miller, K. (2017) *The Literary Culture of Plague in Early Modern England*. Basingstoke: Palgrave Macmillan.

Neira, M. (1997) "Cholera: The Challenge for the 21st Century," *World Health*, 50(1), 9.

Outka, E. (2019) *Viral Modernism: The Influenza Pandemic and Interwar Literature*. New York: Columbia University Press.

Patterson, G. E., McIntyre, K. M., et al. (2021) "Societal Impacts of Pandemics: Comparing COVID-19 with History to Focus our Response," *Frontiers in Public Health*, 9. <https://doi.org/10.3389/fpubh.2021.630449>

Pepys, S. (1970) *The Diary of Samuel Pepys: 1665*, ed. W. Matthews & R. Latham. Berkeley-Los Angeles: University of California Press.

Poe, E. A. (1842) "The Masque of the Red Death," *Graham's Magazine*.

Procopius. (2015) *The Secret History of the Court of Justinian*. Adelaide: University of Adelaide Library.

Rai, S. K. (2020) "Pandemics through Indian Literary Lens," *Live History India*, 1–10. <https://www.livehistoryindia.com/story/cover-story/pandemics-through-indian-literary-lens/>

Riva, M. A., Benedetti, M. & Cesana, G. (2014) "Pandemic Fear and Literature: Observations from Jack London's *The Scarlet Plague*," *Emerging Infectious Diseases*, 20(10), 1753–1757. <https://doi.org/10.3201/eid2010.130278>

Riedel, S. (2005) "Edward Jenner and the History of Smallpox and Vaccination," *Proceedings (Baylor University Medical Center)*. 18(1), 21–25.

Roth, G. A. (2013) "The Dance of Death," *US National Library of Medicine*. <https://circulatingnow.nlm.nih.gov/2013/10/31/the-dance-of-death/>

Rushdie, S. (2021, May) "What's Irretrievable After a Pandemic Year," *Washington Post*. <https://www.washingtonpost.com/opinions/2021/05/24/salman-rushdie-pandemic-losses/>.

Saint-Saëns, C. (1875) *Danse Macabre*. YouTube. Accessed on June 12, 2021.

Samaddar, R. (2021) *A Pandemic and the Politics of Life*. New Delhi: Women Unlimited.

- Sarkar, N. (2011) *Fleas, Faith and Politics: Anatomy of an Indian Epidemic, 1890–1925*. Singapore: National University of Singapore.
- Schwartz, M. (2020) “The 1918 Flu Pandemic Changed Literature More than you Think,” *Mother Jones*. <https://www.motherjones.com/coronavirus-updates/2020/05/the-1918-flu-pandemic-changed-literature-more-than-you-think/>
- Sessa, K. (2020) “The Justinian Plague,” *Origins: Current Events in Historical Perspectives*, 1–10. <https://origins.osu.edu/connecting-history/covid-justinianic-plague-lessons>
- Snowden, F. M. (2019). *Epidemics and Society: From the Black Death to the Present*. New Haven: Yale University Press.
- Tyrwhitt, T., ed. (1868). *G. Chaucer, The Canterbury Tales: To Which Are Added an Essay on His Language and Versification, and an Introductory Discourse, Together with Notes and a Glossary, in three volumes*. London: William P. Nimmo.
- Veronika. (2020) “Good Plague Literature,” *Denver Public Library*. <https://www.denverlibrary.org/blog/research/veronika/good-plague-literature>.
- Woolf, V. (1947) “On Being Ill,” In *The Moment and Other Essays*. London: Hogarth Press. <http://www.gutenberg.net.au/ebooks15/1500221h.html#ch3>.
- World Health Organization. (2007) *Ethical Considerations in Developing a Public Health Response to Pandemic Influenza*. Geneva: WHO. https://www.who.int/csr/resources/publications/WHO_CDS_EPR_GIP_2007_2c.pdf.
- World Health Organization Africa. (2021) “New Ebola Outbreak Declared in Guinea,” WHO. Accessed on April 19, 2021. <https://www.afro.who.int/news/new-ebola-outbreak-declared-guinea>
- Wright, T. & Kohl, C. (2021) *Aftershocks: Pandemic Politics and the End of the Old International Order*. New York: St Martin’s Press.