World History Bulletin

Teach in the Time of Corona(virus)
Editor’s Note

Greetings from the editors of the World History Bulletin. This issue of the Bulletin focuses on various ways that events such as the current Covid-19 pandemic alter our lives. While there are only a few people alive who personally experienced the Spanish Influenza pandemic of 1918-1920, there are many of us who remember the impact of recent epidemics on our lives, such as the Asian Flu epidemic (1957-1958), the 2009 Swine Flu pandemic, and the ongoing HIV/AIDS pandemic. Of course, there also have been more regional epidemics that have had significant impact on local populations, such as the recent Ebola virus outbreaks in the last decade.

As our readers know, this issue of the Bulletin was scheduled to focus on the Ottoman Empire and Süleyman the Magnificent. However, recent events begged us to make a last-minute change, a change that the editors believe is important. We will, however, return to the Ottomans in a future issue of the Bulletin and Djene Rhys Bajalan (Missouri State University) has agreed to serve as Guest Editor.

I wish to thank Laura Mitchell for agreeing to take on the task of guest editing this issue. She has put together a fine selection of articles and we hope that you enjoy them and find them informative. A note on the images: generally the editors try to find images that go with a particular essay. For this issue, with the exception of figures that have been numbered and referenced in an essay, the images are scattered throughout the Bulletin in no particular order or importance. They are simply there to provide visuals and information. The current pandemic provides historians with the opportunity to remind the world that while we are being forced to take actions that may be difficult for us, we are not the first generation of global citizens to undergo such a crisis. As historians, when a crisis is upon us, we teach. As our Guest Editor notes, Teach in the Time of Corona(virus).

H. Micheal Tarver  
Editor-in-Chief

Cover Image Credit: This illustration, created at the United States Centers for Disease Control and Prevention (CDC), reveals ultrastructural morphology exhibited by coronaviruses. Note the spikes that adorn the outer surface of the virus, which impart the look of a corona surrounding the virion, when viewed electron microscopically. A novel coronavirus, named Severe Acute Respiratory Syndrome coronavirus 2 (SARS-CoV-2), was identified as the cause of an outbreak of respiratory illness first detected in Wuhan, China in 2019. The illness caused by this virus has been named coronavirus disease 2019 (COVID-19).

Content Providers: CDC; Alissa Eckert, MS; Dan Higgins, MAMS

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Donors to the World History Association, 2019
LETTER FROM THE EXECUTIVE DIRECTOR - WORLD HISTORY ASSOCIATION

“Change. Adapt. Bend so as not to be broken. Let opportunity guide your actions.”

- Wayne Gerard Trotman (Mr. Trotman is a Trinidadian-British author with works ranging from novels, children's literature, travel books, screenplays, and a plethora of quotes. His blog is named Red Moon Chronicle.)

Welcome to the World History Bulletin for Summer 2020 and the theme we never anticipated—distance learning. This issue addresses ideas, concerns and examples of learning under new circumstances. Thanks to the willingness of Editor-in-Chief, Micheal Tarver to change course, we have indeed adapted. We hope our readers are also finding positive ways to recalibrate, and that you are finding virtual communication on Zoom, Google Meets, Webex, and other platforms keeps your work moving forward productively.

So, what's new at the WHA? The answer is plenty. We recently introduced a new online series, Under the Baobab: Conversations & Community in World History. The first session, “How Can History Help You During a Pandemic,” will have taken place by the time this issue is published. Stay tuned to WHA emails and social media for information about other sessions this summer. Each session will highlight WHA members as speakers or moderators and keep our members and friends aware of new research, innovative approaches to teaching, and relevant publications—explored in book-club style-sessions.

Last year, the WHA ramped up our social media presence on Facebook, Instagram, and Twitter. Please follow our regular posts to stay up to date on the field and with news from our office and other members. To keep these posts diverse, we ask members to share information with our office about your recent publications—books and papers, awards, promotions, relevant events, or anything else you’d like to share with your colleagues. We are grateful to chair Angela Lee and the members of the Social Media Committee: Amanda DoAmaral, Shane Carter, Thanasis Kinias, Jamie Parker, Jonathan Reynolds, and Maryanne Rhett.

The WHA’s website is another place to find updated news. This includes our Announcements section, which is always complimentary to members and their high schools and universities for posts about job opportunities and the like. Posts remain active for at least three months. To access the Members' Area, you must have an active account and password. You can find this information under the Membership tab. To create or update your account go to “Accounts,” and alert our office of your newly created login; once approved, you can freely enter the Members’ Area 24/7. This portion of the website includes the digital Journal of World History, the WHA Newsletter, recent issues of the World History Bulletin, and will house recorded Under the Baobab sessions.

Our objective for the WHA is to keep forging ahead productively in this new environment. Tomorrow for the first time since March, I will visit my office at our Northeastern headquarters to dust off the desk, open the windows, and gather needed files to take to my home office. A ritual—going to work—that had been commonplace is now an extraordinary event. Although we will not have our annual meeting in June, the Council will nevertheless gather for business—online, of course.

Please connect with me at info@thewha.org or 617-373-6818 should you have anything to share or general questions. Most important, we extend well-wishes to our members during this time.

Best regards,

Kerry Vieira

Kerry Vieira
LETTER FROM THE PRESIDENT -
WORLD HISTORY ASSOCIATION

The readers of this Bulletin—as members of the WHA—are historians and teachers. We are acculturated to dates, attuned to seasonality, regulated by the cycles of the school year. Until 2020. When did the wheels fall off our bus? In January, with first news of a new strain of Coronavirus from Wuhan, China? In February, as the news from Iran and Western Europe became dire? In March, when schools started to close in the United States—impacting the majority of WHA members? In April, when the world’s largest economy ground to a halt? In May, as a newly-reopened China reimposed quarantines, European leaders tentatively allowed people back to work and children back to school, and Americans looked down the barrel of a summer-long shut-down? How do we mark the passage of weeks and months when every day feels cataclysmic?

I don’t know about everyone else, but it feels as though my carefully nurtured personal and professional relationship with periodicity is permanently ruptured: like me and time had a nasty divorce (and we’re still fighting over who gets the dog). As with a devastating breakup, survival now means acknowledging grief as you pick up the pieces and gingerly plan for the future, however tenuous it may feel.

While I feel disoriented, I know it is May as I write this, the time when final exams loom (and grading has to be endured). We are all working through what used to be commonplace activities in a heart-wrenching context. In the WHA community, as in the global community, a few of our members got sick in the pandemic and recovered; other members lost loved ones. These raw emotions may help all of us read about previous plagues with more empathy.

Our current circumstances also invoke another staple of history instruction: change and continuity over time. (I know, WHAP teachers don’t use this terminology anymore, but the concept is still useful.) As we wrestle with new temporal metrics in a disrupted world, what are the questions that matter most, mid-pandemic? How do we prioritize our responses to change? Meanwhile, we also want to consider which of our pre-pandemic practices are worth preserving. My 2019 answer to a question about persistent research and teaching priorities would have hovered around evidence, epistemology, and empathy. My mid-2020 responses are centered in hope, grace, and gratitude.

Finally, thinking and teaching about world history encourages us—teachers, students, and scholars—to keep scale constantly in mind. On the macro level, there is very little we can do to make sense of, let alone ameliorate, the consequences of a microscopic novel virus and its deadly encounter with humans. Individually, though, our personal and professional practices can help our communities cope with what are, for most of us, unprecedented changes to our daily lives.

The changes for the WHA so far this year have been extraordinary. For the first time since the organization’s founding, we cancelled our annual meeting—prioritizing our members’ health and safety above all other considerations. I want to express both personal and institutional gratitude to the many members who converted their conference registration fees into donations, providing much needed financial support.

In the absence of an in-person gathering this year, we launched a blog, Pandem-Mondus, and an online forum for connecting members in real time around 1) our shared passion for new research, 2) developing innovative teaching and learning strategies, and 3) love of a good book: Under the Baobab: Conversations & Community in World History. You can find more information about both on our website, thewha.org.

The WHA also completely reconfigured this issue of the Bulletin to address teaching in remarkable times. We pulled off this change in less than two months thanks to the hard work of Executive Director Kerry Vieira, the Bulletin’s Editor-in-Chief, Micheal Tarver, and the exceptionally prompt and diverse response from members and fellow-travelers to the call for new papers we issued in March. (Don’t worry, I won’t mess with your other temporal obligations by letting the rest of the profession know we can publish a Bulletin in just two months!)

I close with warm personal greetings to you and your loved ones, hoping you are all safe and healthy. The Zulu farewell is especially apt these days: stay well.

Sala kahle,

[Signature]
FOCUS ISSUE: TEACH IN THE TIME OF CORONA(VIRUS)

Laura J. Mitchell*
Guest Editor

TEACH IN THE TIME OF CORONA(VIRUS)

Laura J. Mitchell | University of California, Irvine | mitchell@uci.edu

In an era when isolation-weary pop culture is on parody and meme overdrive, to deliberately appropriate Gabriel García Márquez’s title seems, if not entirely appropriate, at least tame.¹ The call for contributions to this special issue invoked the novel’s searing exploration of passion, rationality, and fidelity in order to provoke conversations about globalization, dislocation, and truth-telling. When the WHA officers and the editor-in-chief of the World History Bulletin decided to turn on a dime, putting the planned spring 2020 content on hold to work instead toward a special issue in response to the extraordinary times our members and readers are experiencing, we did not anticipate the exceptional, diverse outpouring of submissions. Maybe we’ve found the collective saturation point for cat videos and TikTok with medical masks. People are hungry for concrete, evidence-based ways of making sense of our fast-changing circumstances, and even more intent on communicating those practices with our students, across the educational spectrum from elementary grades through graduate programs.² After working on this special issue through May 2020, I know one thing for sure; cooped up historians have a lot to say.

This outpouring matters, not just at our desks, with our books, and with our students—which in person or though myriad means of digital communication. The essays in this issue connect foundational practices of history to ongoing global processes. There is plenty of precedent for explaining why world history, in particular, matters in classrooms and beyond.³ This issue of the Bulletin extends these arguments to make a time-sensitive case for the unique contributions of this field, asserting its continued relevance and rebutting assertions that world history’s sun has set.⁴ Eighteen historians, from a high school student to distinguished emeriti and a physician, connect their inquiry directly to urgent global questions, masterfully demonstrating the implications of a human-centric approach to thinking and teaching about our transformed world.

This issue includes authors based in Nigeria, England, Greece, Australia, Korea, Brazil, Canada, and the United States. Their contributions are geographically and temporally broad, unintentionally approaching “world history by accumulation.” We achieved reasonable coverage without soliciting it as such.⁵ These essays and lessons invite us to reconsider the role of disease in sixth-century-BCE South Asia, the Black Death in various locations of Afroeurasia, the horrific disease consequences of the fifteenth century’s great global convergence; imperial public health policies; colonial resistance and reactions; both bungled and effective government disease management; the post-World War I flu pandemic (as popular here as in current news media); and the spectacular range of human responses to illness and health.

Despite commenting on this impressive breadth, coverage isn’t the primary goal of world history research or teaching—or the Bulletin.⁶ This issue stands on its conceptual and methodological contributions and succinct syntheses of disease histories as a basis for crafting context, analysis, periodization, and comparison. Structuring inquiry in a time of Corona(virus) leads to what Walter Alvarez calls “research grade questions:” interrogations at the heart of a field.⁷ The foundations of world history lie in a Eurocentric and nation-premised epistemic trying to challenge an overly Eurocentric and nation-centric discipline in the service of explanatory narratives that account for the diversity of human experience.⁸ Wrestling with this conundrum keeps us all employed—and reading.⁹

In this issue of the Bulletin, this underlying paradox of the field is intensified by the temporal specificity of April 2020, when these essays were written. The urgency of the global corona-crisis comes through as an insistent backbeat, linking essays that float like various melodies looped on a common bass line. The shared themes, degrees of overlap, and points of contradiction in this collection suggest multiple organizational schemes; a DJ could create endless remixes. An editor working toward print has only one format to work with, though. The five sections of this issue curate one reading of these materials, guided by the various ways humans have responded to disease over time and across space. Teachers and researchers are welcome to reorder and resample the entangled questions, historical evidence, and foundational principles taken up by this issue’s 18 contributions.

The rest of this introduction provides a rationale for each section, a brief overview of the papers, then suggest alternative through-lines for readers interested in different thematic emphases. The papers are organized in approximate chronological order within each section.
I. Disruption & Destabilization

The first section productively upends a historian’s toolbox. These three essays insist that we no longer take foundational concepts—narrative, temporality, and political borders—for granted. Frank Uekötter’s contribution ratchets the familiar range of topics in this collection. Granted, in order to make sense of the Covid-19 pandemic, we need histories of other disease outbreaks, documentation of governmental and human management of illness, comparative plagues and suffering. But what do all these perspectives—however valid—mean for constructing world history? The discipline, if practiced with intellectual rigor, needs to be more than a sum of many parts—or as Uekötter says, a tangle of many narratives. As if challenging the centrality of storytelling weren’t destabilizing enough, Claudio Pinheiro and Vinicius Ferreira untie the strands of time. Their essay uses the observation that the days and weeks of lockdown seem to pass more slowly than pre-pandemic time as an entry point to a political critique of history. With their students, they interrogate temporal, historical, and cultural relativity, laying bare the inequalities inherent in the fact that contemplating the past, present, and future means something different in the global south than in the global north. They push beyond the kind of South-South dialog that the Comaroffs contribute to the familiar range of topics in this collection. Granted, in order to make sense of the Covid-19 pandemic, we need histories of other disease outbreaks, documentation of governmental and human management of illness, comparative plagues and suffering. But what do all these perspectives—however valid—mean for constructing world history? The discipline, if practiced with intellectual rigor, needs to be more than a sum of many parts—or as Uekötter says, a tangle of many narratives. As if challenging the centrality of storytelling weren’t destabilizing enough, Claudio Pinheiro and Vinicius Ferreira untie the strands of time. Their essay uses the observation that the days and weeks of lockdown seem to pass more slowly than pre-pandemic time as an entry point to a political critique of history. With their students, they interrogate temporal, historical, and cultural relativity, laying bare the inequalities inherent in the fact that contemplating the past, present, and future means something different in the global south than in the global north. They push beyond the kind of South-South dialog that the Comaroffs advocated in the 2010s, showing why we need world historical analysis in addition to the way anthropologists think about cultural formations and cross-cultural engagements. Ibtisam Abujad grapples with borders, space, and identity through the lens of migration studies, incisively arguing that location within a sovereign state is no basis for assigning markers of race, language, or religion—let alone gender or sexuality. Her impassioned manifesto for active, inclusive approaches to learning has research implications as well. These three essays use the depth of disruption accompanying the global travels of a virus to highlight principles we too easily take for granted. The current pandemic and its attendant human suffering are awful. Confronting that horror may provide a way to think differently about the world and its history: in our research, with our students, and in our daily lives.

Despite their radical assertions, the essays by Uekötter, Pinheiro and Ferreira, and Abujad don’t undermine the rest of the contributions, which didn’t have the benefit of engaging with these texts before publication. The information, sources, thematic framing, historical methods, and intellectual inquiry set out in the other essays and lesson plans can all be integrated into your classroom practice through the critical filters of narrative, temporality, and migrations.

II. Disease & Knowledge Production

How do we know what we know about diseases? How is that knowledge culturally inflected and historically contingent? How has this knowledge changed over time? Dr. Theodore Drizis offers a brief history of virology in Western medicine. His essay is useful for engaging students in basic interdisciplinary thinking. For example, how do the specifics of knowledge production in science and medicine shape other histories? How much virology—and history of virology—do you need to know to make sense of the current coronavirus crisis? Merry Wiesner-Hanks describes a path for walking students through the history of global plague outbreaks, focused on the Black Death, while also explaining how historians’ understanding of the disease and humans’ experience of it has changed over time. Oluwatoyin Oduntan raises questions of cultural relativism that resonate with Pinheiro and Ferreira’s essay by exploring how African ways of healing became subordinated to western biomedicine. His lament for the demise of medical pluralism reinforces Abujad’s post-colonial, anti-Eurocentric critiques.

III. Disease & Health Management

Liam Foster asks us to consider the extent to which the founding tenets of Buddhism had roots in the health practices of a disease-heavy environment. In a worldview without germ theory, some Buddhist practices nevertheless make hygienic sense, prompting Foster to ask about the practical implications of religious practice. In another example of fighting disease without a knowledge of germs, Joe Snyder takes us on a deep dive into seventeenth-century plague management in rural England, evaluating the benefits and high costs of strict quarantine in the town of Eyam. The protagonists of Rachel Constance’s study were more informed about the causes of disease, but gaps in understanding left ample room for debate about the medical utility of quarantine for cholera in nineteenth-century Britain and her empire. She argues that the government sought to avoid highly centralized strategies of mitigation (that we now know would have been effective) because of the emerging commitment to liberalism.

This analysis, like Snyder’s, opens suggestive comparisons to the current range of government approaches to managing Covid-19 around the world. Constance also looks at the ways in which cholera came to define liberal subjects (the white, middle class males of the empire) and non-liberal subjects (everyone else), offering evidence and analyses that could be interrogated through the lenses of narrative, time, and subjectivity introduced in Section I. Nicolas Moll’s summary of the uneven and often ineffective government response to the 1918 outbreak of flu in Australia reveals legacies of colonial administration and the tension between federal and local authorities in a newly independent nation. Moll’s essay offers an object lesson in failed disease management, and ripe possibilities for contemporary comparison. Mufutua Oluwasegun Jimoh rounds out this section with a contribution that surveys British colonial disease management in Lagos, pointing out when local knowledge could have been put to better use and highlighting how struggles over health management reinforced ruptures in colonial settings.

IV. Disease & Culture

Kerry Ward uses poetry and song—the trendy pop culture of the early twentieth century—to reveal common responses to the 1918 flu outbreak.
across racial and language divisions in South Africa. Most significantly, she offers a response to Uekötter’s call to untangle narrative, showing one way that disparate stories and ephemeral sources can be used to craft a singular history. The poems and lyrics she references are printed separately for easy use with students. Whitney Leeon’s imaginative and detailed lesson plan structures student inquiry into culturally divergent responses to disease. Her approach to Iroquoian and French encounters with influenza in the seventeenth century offers a parallel case through which to consider the medial pluralism Oduntan advocates. Anne Lee’s personal reflection rounds out this section with a poignant affirmation of historical inquiry and humanistic knowledge in the face of widespread disruption. She also validates the work that most Bulletin readers do every day: teaching history. As she finished her sophomore year of high school recalibrated by a global cataclysm, she nevertheless had the ability to create context for her personal experiences though historical thinking.

V. Plagues, Poxes, & Displacements: Comparative Histories

The four essays in this section deftly reinforce the importance of comparison in world history. John Aberth, a leading scholar of the Black Death in Europe, opens by providing context for our Covid-19 experiences through comparison with the fourteenth-century bubonic plague pandemic. Without defaulting to a teleological understanding of history, his essay nevertheless makes me grateful for living in a time after germ theory and a general recognition of the importance of hygiene. David Northrup approaches the Black Death in global context, offering an insightful comparison to the circulation of Afroeurasian diseases in the Americas after 1492 and more examples of culturally specific responses to disease. Aberth offers a second comparison with Covid-19, using experiences of the 1918-19 Spanish Flu to critique US public health policy in 2020. The issue concludes with a creative lesson plan by Phil Cantrell, who guides students in online research about current and recent cases of internally displaced persons and then invites comparisons with the “internal displacement” of present-day lockdown restrictions imposed to combat Covid-19.

Alternative Thematic Through-Lines

For readers who’d like to encounter all the essays that address the Black Death, I suggest starting with Wiesner-Hanks, followed by Aberth’s “Comparing Covid-19,” Northrup’s comparison with sixteenth-century American pandemics, and Snyder’s study of seventeenth-century Eyam. For those who want to focus on the post-World War I global flu pandemic, the essays by Ward, Moll, and Aberth (“Coronavirus in Historical Perspective”) offer geographical and conceptual diversity.

Not surprisingly, many essays in this issue address disease encounters in colonial contexts. In rough chronological order, Northrup deals with American responses to early Iberian invasions, Leeson examines French-Huron relations, Constance looks at the late nineteenth-century British empire, Jimoh, Oduntan, and Ward all contend with European colonization in Africa from the nineteenth into the twentieth centuries, and Moll examines the legacies of British rule in Australia.

Conclusion

Uekötter argues that historians’ traditional storytelling skills are no longer working in the age of corona. With a glut of individual stories, the assertion of a post-fact media economy, and the slow seepage of “truthiness” into all aspects of public discourse, evidence-based analysis is now suspect and the multiplicity of competing narratives is overwhelming. Abujad and Pinheiro and Ferreira, however, forcefully assert the significance of perspectives cultivated on the peripheries, margins, and migration routes of a world system now under assault. Tangled narratives might be confusing, but they are not going away; we ignore them at our peril. Far from presenting a unified story or a single world history, the contributions to this issue of the Bulletin overlap, contradict each other, and reveal the messiness of making history. Individually, these essays offer new insights and powerful provocations. Set in conversation with each other, the collective encourages us to confront the current disruption as a way to fundamentally rethink our practices as historians and teachers.

This special issue is not an edited collection; the contributors didn’t have the opportunity to engage with each other’s ideas during the development and editing process. The short production timeline for this issue means that the scholarship published here is a work in progress. The authors and the general readership encounter these collected contributions for the first time—at the same time. So the Bulletin extends to all of you an explicit invitation for ongoing conversation. The WHA facilitates communication in several fora. Take up the debate in real time on H-World, or offer your additions and corrections for classroom use. Respond with a blog post on Pandem-Mondus. Develop your ideas further, and at greater length, through contributions to World History Connected and The Journal of World History.

Like Garcia Márquez’s fabled protagonist Fermina, we are all now directly affected by efforts to control a fatal disease, grappling with love and death with renewed intensity. Like her, we attempt to navigate a rocky and uncertain path toward wisdom, perhaps inspired by literature to remember: extraordinary growth comes from extraordinary change.

Laura J. Mitchell teaches African and world histories at UC Irvine. She is a scholar of labor, the environment, and colonialism; a devotee of theory, method, and work flow; and the president of the WHA.

* I am grateful for research and editorial assistance from Jack Jenson, a graduating senior in the history department at UCI who learned quickly to master online work in this pandemic.
ENDNOTES


ATTENTION AUTHORS

Please have the publishers of your recent works send copies to the Bulletin so that we can get them reviewed for our members. Materials should be sent to:

Dr. H. Micheal Tarver
World History Bulletin
c/o Arkansas Tech University
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407 West Q Street - Ste 244B
Russellville, AR 72801

This also includes non-print items; in previous years we have also reviewed history-themed video collections and computer software programs.
PART ONE: DISRUPTIONS AND DESTABILIZATIONS

THE END OF STORYTELLING AS WE KNOW IT: HOW WORLD HISTORIANS CAN HELP PEOPLE TO MAKE SENSE OF THE CORONAVIRUS PANDEMIC

Frank Uekötter | University of Birmingham (UK) | F.Uekoetter@bham.ac.uk

Say what you will about the coronavirus, but it does produce stories. They come in all sorts of moods. Some are heroic stories about doctors and nurses who perform their duties at great personal risk. Some are tragic stories about crowded hospitals and lives lost. Some are criminal, such as suppliers who demand cash advances for masks they do not have. We have stories of leadership or attempts thereof, of carelessness and of police overreach, of behind-the-scenes service and stars performing from their living rooms. And then there are the stories that just have it all, like the 99-year-old British war veteran who pledged to do some laps walking in his back garden to raise money for the country’s National Health Service.¹

Historians will not lack stories to tell when the dust settles. Some are even busy collecting them as of this writing: scholars at the German universities of Hamburg, Bochum and Gießen have launched a public history project named Coronarchiv that solicits stories of everyday life during the pandemic (“sharing is caring—become a part of history!”).² More than 1,700 objects had been submitted by mid-May, and the website will be a treasure trove for researchers and teachers. But will a plethora of individual stories really help us to write the history of the pandemic?

Stories are a human coping mechanism. Faced with devastating events with no discernible sense and purpose—an epidemic, an earthquake, a hurricane—humans took refuge in employment long before Hayden White introduced the term into the philosophy of history.³ Authoritarian regimes have acted accordingly and tried to circulate desired stories in the face of disaster. When the deadliest earthquake of the twentieth century struck the Chinese city of Tangshan in 1976, the mouthpiece of the Communist Party of China, People’s Daily, opened with a story of how a senior cadre saved the local party chairman while ignoring the cries of his children under the rubble.⁴ This example shows how narratives provide a meaning, or at least the semblance thereof, when everything is falling apart. It also shows the price of storytelling: a notorious lack of context. The story of the party chairman rescue works only in isolation. Set against the full extent of devastation—the death toll was somewhere around 650,000—the story becomes meaningless.

In an age of electronic media, stories come in the form of a deluge. There will be plenty of stories to underscore any reading of the epidemic—it all depends on how scholars cherry-pick the evidence. We can discuss ad nauseam which experiences were typical and which were not, and it will be a useless exercise: the mistake will be to ask the question. Understanding a pandemic through individual stories is akin to deciding which type of opium will make you the most clear-sighted. Every recent disaster has triggered an endless chatter of individual narratives, none of which were help to understand what was going on. Storytelling is the new opium of the people.

History teachers know an antidote to free-wheeling storytelling: context, context, context. Unfortunately, context is a difficult concept in when it comes to the story of the novel coronavirus; there are way too many of them. The pandemic has medical, political, economic and cultural contexts, it has consequences for schools and childcare, for the elderly and the sick, it touches on religious services and homelessness and so on. In fact, it is hard to imagine a subdiscipline of history that does not have something to contribute to the history of the Covid-19 pandemic. That may prove both a blessing and a curse.

It is not difficult to imagine the questions and concerns of academic fields. Medical historians will analyze models and predictions, mortality statistics, and work in the clinics. Economic historians will analyze the contraction of the global economy and the response of companies and policymakers. Diplomatic historians will discuss whether the decline of international cooperation was a factor in the rapid spread of the virus. Cultural historians will flag ethnic stereotyping. All these endeavors are worthwhile, particularly if they are based on more than the anecdotal evidence that is all around us. Many fields of historical scholarship can contribute—and need to contribute—to the history of corona.

The problem is how to integrate individual contributions into a full history. The pandemic shows that there is only one history, but scholars are ill prepared for writing total history. Most feel at home in sub-disciplines, which are often akin to veritable silos with associations, journals, and everything else that satisfies academic cravings for life. Even environmental history, once inspired by ecological thinking in networks, has become a pretty self-centered field.

Now the virus is blazing through the walls of the silos, and as we sift through the rubble, we find that contributions from individual disciplines do not add up. We need insights from medical history, economic history, social history and so on, but these insights...
will not just come together, no more than a pile of bricks builds a cathedral.

Integration is a critical challenge that most people who do world history are familiar with. It becomes a particular challenge when a crisis touches virtually every sphere of human activity. If things go badly, we can look forward to painful scholarly controversies on whether the pandemic was first and foremost an event of medical history, or an event of globalization, or take what you will. It will inevitably be a proxy war fed by rivalries between sub-disciplines. The story of the coronavirus pandemic is about how everything is entwined—a fact that many readers with jobs, leisure, family life and everything else now under one roof will be keenly aware of.

The story of the corona pandemic needs an entangled history, but perhaps not in the way that world historians are familiar with. Entangled history is often about individuals, groups and societies and their interactions. Few would doubt that this is a rewarding topic nowadays, deprived as we all are of social interaction. But entanglements are different when it takes the form of a virus—or, in fact, any non-human agent. There is no meaning, no intended message, no received message, no mess-up in communication. There is no moral lesson, nothing to satisfy the human longing for some kind of sense. The coronavirus does not mean anything. It just kills. What does it mean to write a history of entanglements when they consist entirely of faceless materialities?

Seen in this way, the Covid-19 pandemic does not seem all that exceptional. Globalization has always been about materialities: material connections were often the only thing that connected people in very different parts of the world. We do not know the people who harvested our bananas, tea leaves, or coffee, but we put our hands on the same stuff. (Okay: we did a hundred years ago, when most harvesting was not yet mechanized. But you get the point.) The corona pandemic is perfectly normal in a connected world, except that the inner life of the material is particularly vigorous (read: lethal) in this case.

Trade has long been an important topic of world history, but some studies have shown that commercial exchanges are just one aspect of a multidimensional entanglement. John Soluri traced the intertwined evolution of banana cultures in Honduras and the United States. Gregory Cushman followed the path of guano in all sorts of direction to reveal a network of global ecological connections. Augustine Sedgewick explored the world of coffee through the lens of a plantation dynasty in El Salvador. Most of all, these books show how a multidimensional history of material interconnections does not come together in a traditional linear narrative. These books do not tell a story. They just offer plenty of narratives of many different kinds: some full-fledged, some aborted, some global, some local, some isolated, some interconnected, but ultimately held together by nothing more than some kind of stuff. Many such world history narratives even lack a clear start and end, and they rarely come with the moral clarity that traditional storytelling demands. It is a big pile of entangled narrative threads, and it needs to be dealt with as such. You can try to isolate the threads, but if you separate them to look at each individually, you will notice that the story is not quite the same.

In writing the full history of the coronavirus pandemic, scholars may ponder that classic question of synthetic history writing: how does it all come together? This might be a false question to start with. Maybe we need a new style of world history writing where things do not add up; where narrative threads do not come together in a neat moral conclusion; where things interact without moral and meaning; where agency is both forceful and diffuse; and where scholars look in vain for an Archimedean point because morality is a matter of perspective when things get entangled.

Such a story might turn cacophonous, but it does not need to if we are alert to the sweet poison of cheap storytelling. The range of interactions is not endless, nor is the range of perspectives. We need multidimensional narratives, an alertness to interactions, an ability to play with different viewpoints, some caution with moral judgements, and perhaps a sense of irony. Most of all, we need to realize that entanglements are not necessarily a fancy, mind-broadening thing. Writing the history of the coronavirus pandemic in such a multidimensional way does not lead us towards a postmodern “anything goes.” Quite the contrary, when we recognize that each narrative thread comes with its own blinders, requirements, and constraints, we come to realize that, when these narratives overlap and intertwine, we can soon end up in a situation where few things “go.”

Confined to their homes, many people are wondering how they got there. Maybe world historians can provide some answers.

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The first case of Covid-19 was reported in Brazil on February 26, the first fatalities around March 15. In the meantime, most universities and schools started the academic year on March 9, only to be interrupted a week later. On March 16, most educational institutions across the country decided to suspend classes and activities; a week later, some of these institutions released a note discouraging online classes.

This controversial decision was not only based on the argument that public universities and schools were not prepared for fully adopting distance education, which is true. It also considered that many students would have great difficulty accessing online contents, due to the strong digital divide in Brazil. In a normal situation, most students have access to the internet through wifi connections provided by universities and public hotspots (largely unstable and of low quality). In the current circumstances, students have to depend on 3G network connections through prepaid mobile plans, meaning very limited capacity to attend to online activities. Ultimately, there was no feasible solution to promote including students at large.

When this semester started, we were offering a course on Histories of Time in Comparative Perspective at the Institute of History, at Rio de Janeiro Federal University. The main objective was exploring the existence of different perceptions and narratives about time and historicity in Western and non-Western societies. Our aim was to share readings about regimes of time in African, Asian and Latin American societies and to develop exercises for reflecting on how both local historiography and social life deal with the existence of distinct regimes of time.

Among the concerns we had was debating the limits of the global history of time, considering that time has distinct textures—its passage is not equally felt—for different groups or societies. Most especially, we wanted to discuss how post-colonial societies show peculiarities, not only in the way that history constitutes distinct narratives and experiences of the passage and memorialization of time—different understandings of pasts, presents and futures—but also that inequality is expressed in terms of how time can be accumulated in different countries, societies, or social classes.

Traditionally, Brazilian historiography’s interest in peripheral societies reflects social and cultural beliefs about spatiality and regimes of time. By and large, Africa or Asia are identified with a very narrow set of themes mostly confined to their colonial pasts. Very rarely are Brazilian scholars interested in histories of development in Africa or in contemporary economics in Asia. Instead, topics such as these are in the domain of anthropology or international relations. As a strategy to confront this bias, one of our priorities is to focus on readings and discussions about the future, most particularly how African and Asian societies related to expectations concerning the future. In August 2019, way before Covid affected our imagination, when we started preparing the syllabus and teaching philosophy for this course, we were preoccupied with sharing narratives of the future that would not reinforce the trendy approaches of disruptive fortcomings. After all, Brazil is already going through a disruptive present, a consequence of political turmoil that has affected the country since 2013—a circumstance that has affected the capacity of people to project ideas in the future.

We were surprised at how the proposed course corresponded to the ongoing social disruption in the country and at the university. This difficulty to project oneself into the future that was already affecting Brazilian society intersected with the rapid advance of the pandemic, producing even more toxic effects. Most history students already found it difficult to imagine that they could pursue an academic career in the field, even at the teachers’ school level. As the Covid-19 pandemic drastically transformed social life, it became remarkable how many people got suddenly concerned with the future, even disregarding the present. Medical, economic, and social forecasts shared space with spiritual prophecies, all spreading as fast as contagion.

A few days after the beginning of the lockdown, students (from across the university, and from different universities) started sending emails to ask for the maintenance of an online space for discussing time and possible futures. It was a revelation to see budding historians more preoccupied with the future than with the past, their natural raw material.

In many countries, the weeks following the appearance of the first cases of contagion or deaths inaugurated new experiences and regimes of time. Most people talk about living in a suspended time or extended present time, whereas the sensation of the passage of time has varied dramatically according to class or positionality. While many middle-class people “spend time” at home offices in journeys of 12 hours (even as they complain about the curfew while hoarding food or receiving deliveries at their door), the majority of key workers report feelings of time-compression, and informal workers (exposed to the risks of contamination or to starvation) are confronted by the
impossibility of accumulating time.

Most evidently, the impact of the ongoing pandemic and economic recession will be felt differently in the North compared to the Global South, and by minorities and unassisted populations within these regions and countries, provoking ruptures in our relationship to time regimes. In some European countries the fatalities have targeted people of a certain age, to the point of almost decimating one generation, and affecting the notion of individual lifecycles at large. Some governments established forecasting commissions to anticipate the outcomes of even more dystopian futures, developing measures to alleviate the effects of the pandemics and the impact of the economic recession. Those measures not only “save time” by providing prompt actions, but build reserves of time that can be shared to produce economic and political stability.

Meanwhile, in Africa, Asia and Latin America, time is running out. Analysts forecast grim scenarios and announce a move back to the past, not in terms of our normal old life, but to standards of wealth concentration, unemployment, and global poverty characteristic of decades ago. A recent report by the United Nations University’s World Institute for Development Economics Research affirms that, in certain Southern countries, income contraction due to the pandemic could “result in poverty levels similar to those recorded 30 years ago.”

Is Covid-19 a turning point towards the past? It is not trivial that numerous scholarly narratives argue that our socio-economic clock is going backward. The very idea of receding in time, as a result of a pandemic that seems to have put the whole world in stationary mode, emerges as a compelling invitation for an intellectual reflection about how uncertainties growing from a global pandemic trigger new narratives about time and temporality. From a sociological viewpoint, what is ultimately at stake here are social imaginaries about futures. These reflections are not merely rhetorical practices; they have concrete effects on peoples’ lives. This is why it is so crucial that, in a moment of open disputes about possible futures, sociology and history renew their attention to temporal regimes. Even the question, what is the world going to be like? elicits different responses depending on our position, which affects our capacity to make plans for the future.

In Brazil, very clearly, the future is disputed. The regular updating of numbers of infected or dead patients (which stopped in late April) is paired with oxonious governmental declarations, suddenly followed by measures hitting science and education quite dramatically. Among many measures taken since the outbreak of the pandemic, the Brazilian government has cut all funding for science until 2023, all grants to graduate students, and ended all grants for undergraduate research in the humanities.

Every release of disruptive new governmental decrees has been followed by a flood of email messages from students asking for assistance with their ongoing research, or just posing any random question that would help them imagine a feasible future for their careers and lives. They are mostly concerned with whether there will be a future at all. Higher education in Brazil is already dramatically impacted by socio-economic factors, gender and race discrimination, and the incidence of mental illnesses—including suicide as the second leading cause of death among university students.

We decided to keep an open channel, disconnected from the reading list and demands of the original course, but accessible to conversations concerning time. In parallel, we also developed virtual platforms—including online debates, an Instagram account2 and a blog, Historias Temporais3—for facilitating the circulation of the outputs of our conversations. Results have been interesting, including diaries of life with the pandemic and short essays about how this disruption affects the general relationship between past, present and future. Our collective work documents the experience of living with contingencies and constraints, dealing with dimensions of waiting, and living in expectation of the end of something—when we have no clue when it will stop. The ongoing challenge of this initiative is to develop new forms of observing the passing of time, and to construct a new vocabulary of time and its partitions—including terms related to our contingent incapacity to project (and to make plans for) the future.

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2. www.instagram.com/historias.temporais/
3. historiastemporais.wordpress.com/
Before the advent of the 2020 global health crisis, I was in the process of teaching a course on critical reading, writing, and research at the cultural margins, a class which was purposefully transnational and functionally decolonial. The global nature of the pandemic was significant for this class, as we had reached the final stages of a three-week unit on critical synthesis facilitated by an engagement with Francis Lawrence’s *I Am Legend.*\(^1\) As a result, my students had become all too familiar with the topics of alienation, isolation, and infection. The advent of the pandemic provided confirmation of the embeddedness of cultural production in real-world social experiences. I worried that the nature of social isolation, bans on international travel, and the move to remote learning risked mimicking the dehumanization and fear of the Other central to the 2007 film. It, therefore, became increasingly apparent that students would be experiencing a rupture of the social for which a transnational exploration of boundedness, mobility, and power would be especially relevant. In this paper, I discuss teaching transnationally during the 2020 global health crisis in light of the inequities and disparities that have become more evident. I examine how transnational pedagogy can facilitate critical decolonial engagement with the temporal and spatial dimensions of power, then detail the impact of employing critical reflection activities which empower students to explore their own affective histories and social experiences.

In her examination of migration and the 2020 Covid-19 pandemic, Samah Rafiq argues that “the coronavirus is not a problem of international borders, but an infectious disease that does not care about political institutions or quarrels. Covid-19 transmits from one human being to another, regardless of nationality, race, ethnicity, wealth, gender.”\(^2\) The current pandemic has indeed imprinted itself on the lives of more than three million people around the world in a way that is widespread and pervasive.\(^3\) However, it has become increasingly clear that its influence on the lives of these people is very much impacted by the power inequities at the global and local level. The current closing of borders, against which Rafiq writes, allows us to realize that the coupling of national exclusivism and global economic expansionism is responsible for much of the threat to life and livelihood that is made more visible by the pandemic. “The public health crisis showcases and exacerbates immense inequalities and disparities” which were already widespread.\(^4\) We see that black communities in the United States are disproportionally impacted, impoverished workers throughout the world are placed in an even greater risk of death, and the gendered nature of care work has become even more obvious.\(^5\) Teaching during a time when there is both a push for solidarity and a pull away from the fear-producing Other therefore requires an engagement with the boundaries of the nation.

It is important to note that teaching transnationally offers “much needed strategies for the more complex, and critical, analysis of power” dynamics at the heart of these structures of inequity.\(^6\) It facilitates an examination of the intersections between the temporal and spatial dimensions of power in a way that interrogates “the historical and contemporary fact of Eurocentrism in social life” and promotes a critical analysis of the individual in relation to the collective.\(^7\) Now, transnational pedagogy is not merely achieved by curricular inclusivity, or including texts from different parts of the world or by authors from diverse backgrounds. On the contrary, teaching transnationally requires that migration, mobility, and globalization be developed as frameworks for student engagement with their own ideas, worldviews, and assumptions.

Therefore, teaching transnationally is not coterminous with the mid-twentieth century movement in higher education for “multicultural” pedagogy, which, though productively focusing on the goal of inclusivity, equity, and curricular representation, can easily slip into the trap of cultural tourism.\(^8\) Let us recall Gayatri Chakravorty Spivak’s critique of the liberal multicultural classroom, wherein on a given day we are reading a text from one national origin. The group in the classroom from that particular national origin in the general polity can identify with the richness of the texture of the “culture” in question…People from other national origins in the classroom (other, that is, than Anglo) relate sympathetically but superficially, in an aura of same difference.”\(^9\)

Ultimately, student discussion in this multicultural classroom falls into the trap of cultural relativism, reinforcing Eurocentric narratives of progress or reinforcing the problematic clash of civilizations narrative.\(^10\) In this cultural tourism, the nation is maintained as the locus of power and “‘places’ [come] to be seen as bounded, with their own internally generated authenticities, and defined by their difference from other places which lay outside, beyond their borders.”\(^11\) I argue that this disempowers all students in the classroom, those who identify with the text and those who disidentify. This is because a focus on “knowing the [separate but unequal] other” does
not provide students with the tools to resist their integration into the colonial system of knowledge production. In order for students to develop a way of recognizing what Smith calls the “deep [scholarly] structure which regulates and legitimates imperial practices,” there must not only be a diverse integration of texts and an examination of unfamiliar contexts, but a recognition of the ways in which power plays a role in students’ interactions with the texts, with themselves, and with others.12

With that said, pedagogically, an examination of the self in relation to the Other during the pandemic required revisiting the role of fear in relation to racializations of the foreigner. It became important, therefore, to support students and allow them to express their anxieties, while also facilitating critique of the ways in which fear reinforces the inequities described above. As meditations on fear have historically been an especially facilitative locus of social and cultural critique, I asked my students to reflect critically on the relationship between infection and their fears and anxieties. They wrote or presented through video, live chat, or other modalities—a form of “affective history” for themselves. Not only did this allow for students to voice their concerns during what was a challenging time, but it facilitated a productive engagement with migration and transnational mobility. Students discussed topics such as the xenophobia in political rhetoric about Chinese migrants and the debate on health care rights for undocumented migrants. They were motivated to make connections between current politics of migration and the evolving “racial politics” in I Am Legend, which we began with the exploration of blackness as a “phobogenic object” in Matheson’s original 1954 novel, and then examined in relation to post 9/11 “stateless[ness] within the states” in the 2007 filmic version.13

Ultimately, this “critical reflection [served] as the purposeful unveiling and disruption of assumptions, norms, and universal truths dealing with knowledge, power, social identities, and their subsequent role in the continuation of hegemony.”14 Additionally, it helped inform the ways in which students would examine historical “truth” in the subsequent unit on decolonial research practices. In addition to recognizing the historical palimpsest within cultural texts and narratives, after critical reflection on their own positionality, I found that students were also more willing to apply equitable practices in their writing and research. They resists Eurocentricity, avoided slippage into savior and civilizing narratives, and became more comfortable with centering underrepresented scholarly voices and alternative historical accounts.

This is why I find the function of a transnational pedagogy in the classroom especially impactful. Linda Tihawai Smith’s seminal work on decolonizing research reminds us that writing has been traditionally used to mark “the beginning of history and the development of theory. Writing has been viewed as the mark of a superior civilization and other societies have been judged, by this view, to be incapable of thinking critically and objectively, or having distance from ideas and emotions.”15 Therefore, to use transnational pedagogy, not only in composition and research courses, but as a way to facilitate critical thinking would be to recognize the inequities that have become exacerbated by the global health crisis, but ultimately not created by it. It is imperative that there be more academic emphasis on teaching beyond the borders of the nation and multicultural tourism, without serving globalization and its economic expansionism. This goal can be accomplished by making central an examination of the temporal and spatial dimensions of power, while also empowering students to interrogate their experiential and affective relationships to hierarchical social structures. Especially during this time of displacement, isolation, and fear, empowering students by offering them tools for social impact is a priority.

Acknowledgment: I would like to offer my sincere gratitude to Sebastian Bitticks for his pedagogical coaching and invaluable support. I would also like to thank Rebecca Nowacek and Amelia Zurcher for allowing me to adapt their original design of the Foundations in Rhetoric class structure. Finally, I would like to thank Marquette University’s English department and its chair, Leah Flack, for their support and commitment to equity and access in higher education.

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ENDNOTES
1. I Am Legend, directed by Francis Lawrence (Warner Bros. Pictures, 2007).
10. See Huntington’s problematic theorization of global power: Samuel Phillips Huntington. The Clash of Civilizations and the Remaking of World

An Address of Thanks from the Faculty to the Right Honble, Mr. Influenzy for His Kind Visit to this Country, T. West, delt. Created/Published April 20, 1803 by S. W. Fores, 50 Piccadilly, 1803. Library of Congress.

Print shows physicians Sir W. Farquar, J. Ware, R. Pearson, Sir G. Baker, M. Garthshore or Sir William Knighton, G.Pearson, T. Beddoes, W. Falconer, and Sir George Smith Gibbes, with various remedies, presenting their thanks to a figure representing influenza, who is sitting on a chamber pot.
The novel coronavirus is the product of a complex history of disease, biological evolution, and medical research. Scientists identified coronaviruses about a century after viruses themselves were discovered. This paper uses medical textbooks and articles to outline this history. Human knowledge about viruses in general, and coronaviruses in particular, has advanced in fits and starts through inquiry in patients and in laboratories. Our ultimate success dealing with viruses will come through scientific diagnosis and therapy.

Virus is a Latin word for poison. Virus is a medical term too, which means the smallest independent quantity of living matter. Viruses are always harmful for the cells they inhabit—called “hosts,” although they did not invite the virus in. There are three hypotheses about the origin of viruses. In one account, viruses became parasites living in primitive cellular organisms. A second theory proposes that virus are not single organisms but components of normal cells that escaped cellular control. In my opinion, these components could be ribosomes, since their structure is similar to viruses. The third view is that viruses derived from pathogenic bacteria following a process of retrograde evolution.¹

A history of viruses in Western medicine begins in the second half of the nineteenth century with the terms “cellular enclosed corpuscles” and “filterable viruses” in birds and plants.² Later, the discovery of bacteriophage and the culture of viruses, along with the development of the electron microscope enabled more detailed research into the building blocks of cells.³ From this followed the discovery of the nucleotide composition of DNA, the fact that DNA is the basis of hereditary material and that the flow of genetic information always proceeds from DNA to RNA and then to protein, the discovery of interferon, the concept of episomes, and studies of bacterial growth, including lysogenesis. Collectively, this research established virology as a branch of medicine with its own diagnostic and therapeutic issues.

Gertrude Elion and George Hitchings made a major advance in the treatment of virus-based diseases with the development of an anti-herpesvirus therapy, a nucleoside analog drug they called acyclovir, for which they were awarded the 1988 Nobel Prize in medicine. This breakthrough ushered in a flurry of development, including processes for rational drug design and approval, leading to most of the antiviral agents currently available, which were developed and approved in the last two decades.⁴ The past three decades of medical research provided basic therapeutic principles based on pathophysiology of viral diseases and evolving knowledge of the effects of chemotherapeutic agents on both the virus and the host.⁵

Scientists first identified coronaviruses as a distinct subset in the early 1960s; labs in Britain (1960) and Chicago (1962) led the way. Like any virus, coronavirus consists of a nucleic acid (DNA or RNA, but rarely both) and a protein that encircles it. Coronavirus consists of RNA. The name coronavirus comes from its crown-like shape, with its fringe of projections around the kernel as seen in electron microscopy. In humans, illness from coronavirus resembles avian infectious bronchitis virus (IBV) with symptoms of the common cold and exacerbated respiratory insufficiency—or shortness of breath.⁶ Its infectivity is correlated to cold weather, particularly in midwinter and early spring, with the peak of dissemination in the northern hemisphere in April.⁷

The optimum temperature for cultivating coronaviruses in a lab varies between 33°–35° C (about 91°–95° F). At 37° C (98.6° F) cultivation produces a less than average quantity. Symptoms focus mainly in the nose: sneezing, nasal congestion, and sore throat. The most prominent symptoms are sneezing and profuse nasal discharge, while sore throat is less common.⁸ Most patients do not get a fever. Some species of coronavirus infect animals; poultry, for example, is responsible for infectious viral bronchitis of other birds. Other coronavirus species have been found on mice, rats and pigs. Researchers have used several methods to confirm infection, including complement fixation, viral neutralization, and viral hemagglutination.⁹ Researchers initially excluded the host’s immune response but later began to notice the host’s defensive responses.¹⁰ Such responses include the production of antibodies (including IgM, IgG, IgA, IgD), reactions within cells (such as T and B lymphocytes), the endogenous production of interferon.¹¹ In previous coronavirus forms, patients were predominantly between 20 and 40 years old.¹² In my opinion, the thymus gland may lend some immunity in childhood.

Early research suggested that coronavirus was not deadly for people. According to a 1974 study, “There is no documented report yet on record of human coronavirus being involved in a lethal infection…
behavior of these agents will it be possible to determine by what means control can be attempted.” In the 1980s, consensus medical opinion was that “Treatment is symptomatic, no preventive measures are available.”

Scientists continued to distance viral infections from bronchial ailments into the twenty-first century. One study noted, “Viral pneumonia is uncommon in adults, bacteria being the usual cause of the pneumonia per se. Influenza A virus or adenovirus infection can occasionally produce pneumonia.” Despite this infrequent exception, neither practitioners nor researchers linked coronavirus to lung disease. Moreover, they were unable to develop therapy or treatment, even after the appearance of Severe Acute Respiratory Syndrome, from the virus CoV (2002) and Middle East Respiratory Syndrome, from the virus CoV (2012). Both outbreaks proceeded without disease-specific treatment or prophylaxis. In my opinion we see, especially with SARS and MERS, an increase of infections and the virulence of coronavirus—avian IBV—due to changes in the virus from radiation, mutations, modifications of the conditions of its incubation, conservation and cultivation in vitro, and from physical and/or chemical agents. In a leaflet about international travel and health, the World Health Organization says, “A small number of cases have occurred as a result of laboratory accidents or, possibly, through animal-to-human transmission.”

**Problems to Solve**

The history of coronaviruses suggests some directions to look for urgently needed solutions. First, new antiviral drugs depend on the isolation and cultivation of this coronavirus in a lab, keeping in mind the replicative cycle of RNA. The chemical structure and active mechanisms of currently available antiviral-RNA drugs—which work on influenza—need modification. Second, vaccines depend on serologic tests that can isolate coronavirus strains, the way flu vaccines do. Third, therapies will need to control for mixed viral infections of the respiratory system. Fourth, we need continued investigation of coronavirus by itself or other virus in the atmosphere in order to determine infectiousness. Fifth, we need more research on the critical point of virulence in order to better understand lethality. Finally, the suggested therapeutic method of having recovered patients donate antibodies without elaboration (monoclonal antibodies) to active patients has a potentially dangerous side effect: if the recipient’s body senses the donor antibodies as antigens, the resulting response would tax an already weakened immune system without containing the virus. Moreover, a blood draw and diminished antibodies could compromise the donor’s health.

**Conclusion**

The history of virology in the second half of the twentieth century is one of continuous development. Despite this rapid growth in knowledge, viruses have changed even faster. A member of the coronavirus group has acquired unprecedented virulence, causing millions of deaths and making scientific attempts to develop prophylaxis and therapy urgent. Continued research into the causes of Covid-19’s infectiousness and virulence is also necessary, keeping in mind that coronavirus was initially a “suave” virus of mild virulence. Ongoing research must be informed by the past research even as new evidence comes to light. Medical research will be successful, according to Hippocrates, “If the inquirer be competent, conduct his researches with knowledge of the discoveries already made, and make them his starting-point.”

**ENDNOTES**

5. Acosta and Flexner, 2011
22. Isselbacher et al., 1981.
TEACHING THE BLACK DEATH
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It is impossible to know what the impact of Covid-19 will be on any aspect of life, but judging by other recent events, one of these will certainly be increasing interest in former pandemics. This actually began to happen as soon as the World Health Organization declared Covid-19 a pandemic on March 11, 2020. Several days later, Visual Capitalist, a website with “data-driven visuals to explain the world around us,” posted an eye-catching history of pandemics over the last two millennia, arranged by date and by death toll, with the outbreaks represented as fuzzy balls that look like viruses.1

Three of the balls on the website—the first, fourth, and sixth most deadly pandemics in world history—are actually variations of the same disease: plague, caused by the bacterium Yersinia pestis. Major outbreaks of the plague include the sixth-century Plague of Justinian in the Byzantine Empire and surrounding areas, which may have killed around 50 million people, and what is usually called the “third plague pandemic” that began in 1855 in China, spread to India and then around the world, ultimately killing about 12 million people. The deadliest pandemic in world history was most likely the fourteenth-century outbreak that contemporaries called the “great plague” or the “pestilence of mortality” and which later acquired the name Black Death. This killed one-third to one-half the population in some areas, and may have had a global death toll of 100-200 million. In the early 2000s, several historians, most prominently Samuel Cohn, speculated that the Black Death was not caused by Y. pestis, but a breakthrough study in 2011 completely sequenced the Y. pestis DNA genome from the pathogens remaining in the tooth pulp of human remains in a fourteenth-century London cemetery.2 There is no longer any doubt that the Black Death was Yersinia pestis.

Using this and other studies of the DNA of historical and modern instances of the plague in humans and rodents, researchers have developed a fairly clear picture of the evolutionary history of the plague.3 They have demonstrated that from its earliest known outbreak in the Bronze Age until today, Y. pestis has not changed that much. There have been variant strains, but the version that caused the Black Death is not dramatically different from the one that infects rodents and sometimes people today. (Worldwide, up to 3,000 cases of plague are reported to the World Health Organization each year, from every continent.)

The Black Death is a staple of world history—and Western Civ—courses, and in a post-Covid-19 world that will certainly continue, particularly as our best initial tools to fight the virus are exactly those that were available in the fourteenth century: isolation and social distancing. This essay provides a guide for teaching the Black Death that incorporates the newest evidence, using materials available without a paywall online, as who knows when we will actually return to classrooms? Largely because of the research of paleogeneticists and molecular microbiologists, what we know about the plague has changed in the last decade. Your textbook may not be accurate, so it is important to augment this. You could also use the newer findings with your students to critique what is in the textbook, a good demonstration of how historical knowledge changes with new research. Research into the plague is a thriving interdisciplinary field of study, with new findings coming every year from various outbreaks around the world that occurred in different eras of the past or are happening today.

The best guide for how to teach the Black Death is Monica Green, a historian of medieval science and medicine. Much of my advice here, and some of the materials, come from her essay, “On Learning How to Teach the Black Death,” and other of her works.4 In that essay, she provides links to her syllabus and reading list for a semester-long course, and also handy guides to what one should cover in a one-hour and two-hour segment. However long you spend on the plague, your students will need a basic introduction to what the plague and Yersina pestis are. As we have seen in public commentary about the novel coronavirus, knowledge about how diseases operate is often sketchy or non-existent, even among those who proclaim themselves to be geniuses. Here is a short summary: Yersina pestis is a bacterium—not a virus—that causes three types of plague: bubonic, in which Y. pestis enters the skin through a flea bite or contact with infected tissue or bodily fluids, travels to the lymph nodes, causing them to swell into “buboes,” and also causes fever, gangrene, and other symptoms; pneumonic, in which Y. pestis enters the body from infected droplets in the air, and primarily affects the lungs, causing pneumonia; septicemic, in which Y. pestis gets into the bloodstream, causing fever, sepsis, and other symptoms. All of these can be fatal, with the fatality rate between 30 and 60 percent for the bubonic form, and nearly 100 percent for the other two.5

You can follow this grim information with a dip into the new genetic evidence, which indicates that sometime between 1142 and 1339, variants of Y. pestis on the Eurasian steppe in what is now western China diverged into four branches, one of which spread into Europe as the Black Death. Green includes a graphic of the phylogenetic tree, modified from one in Cui, et al. (2013), which shows this multi-part divergence (called a polytomy). Although your students may now be more familiar with scientific diagrams than they were before the Covid-19 outbreak, here is information that can help them understand this diagram: Each one of the small symbols represents a variation of a Y. pestis genome from somewhere in the world. Branch 0 (represented by circles) are variations that branched off before the major medieval divergence, including the
Justinian Plague (for which Green overlaid a rectangle). The medieval divergence (dubbed the Big Bang by geneticists) is the circle in the middle of the diagram; the small triangles right above this, at the base of Branch 1, are the genomes sequenced for fourteenth-century London. Branch 1 has a large number of variants, including one that caused the third pandemic in the nineteenth century (1.ORI) and another that caused plague in Central and East Africa (1.ANT).

This diagram includes only variations of the plague for which DNA-sequencing was complete before 2013. More studies have been done since; geneticists have been able to place these somewhere on this tree, which has become even bushier.

Figure 1. The Phylogenetic Tree of Yersinia pestis

Against this pestilence no human wisdom or foresight was of any avail...Men and women in great numbers abandoned their city, their houses, their farms, their relatives, and their possessions and sought other places, going at least as far away as the Florentine countryside—as if the wrath of God could not pursue them with this pestilence wherever they went but would only strike those it found within the walls of the city!... Almost no one cared for his neighbor, and relatives hardly ever visited one another—they stayed far apart. This disaster had struck such fear into the hearts of men and women that brother abandoned brother, uncle abandoned nephew, sister left brother, and—even worse, almost unbelievable—fathers and mothers neglected to tend and care for their children as if they were not their own...So many corpses would arrive in front of a church every day and at every hour that the amount of holy ground for burials was certainly insufficient for the ancient custom of giving each body its individual place; when all the graves were full, huge trenches were dug in all the cemeteries of the churches and into them the new arrivals were dumped by the
hundreds. ...Oh how many great palaces, beautiful homes and noble dwellings, once filled with families, gentlemen, and ladies, were now emptied, down to the last servant!" 

For a material source directly related to Boccaccio, you can consult a ledger book from a Florentine wool merchant that includes a list of ten members of his immediate family who died in June and July of 1348, posted by the Newberry Library in Chicago. The post links to a half-hour video about the ledger book from one of the Newberry’s specialists in manuscripts, including her discussion of the Black Death section. For further sources on the plague in Italy, World History Commons, the Open Access digital site hosted by the Roy Rosenzweig Center for History and New Media, and which the WHA co-sponsors, has a teaching unit on children during the Black Death. The site has a number of sources, including wills by men and women, health regulations from Italian cities, and several woodcuts of death snatching children away, along with lesson plans, teaching strategies, and a bibliography. The Jewish History Sourcebook at Fordham has a group of sources related to pogroms against Jews that resulted from the Black Death. The Decameron Web at Brown has a number of contemporary Italian accounts, and there are documents from other parts of Europe posted at various places.

Even if you only spend a short time on the Black Death, it is important to include some materials from the Muslim world, as the plague spread across the Near East and North Africa at the same time it spread through Europe. Ibn Battuta’s *Travels in Asia and Africa* includes discussion of the spread of the plague in 1348:

Early in June we heard at Aleppo that the plague had broken out at Gaza, and that the number of deaths there reached over a thousand a day. On travelling to Homs I found that the plague had broken out there: about three hundred persons died of it on the day I arrived...in Cairo and Old Cairo it reached the figure of twenty-four thousand a day. Plague may also have reached West and East Africa, though as yet no historic DNA has been recovered. 

The most frequently used Arabic work is the historian Ibn al-Wardi’s 1348 eyewitness account, “An Essay on the Report of the Pestilence,” which is often set against a University of Paris Medical Faculty report of the same year. Al-Wardi himself died of the plague.

My favorite of the Arabic sources is the earliest known formulation of the idea of contagion, which comes from the treatise *On the Plague* by the Muslim physician and historian Ibn Al-Khatib (1313-1374), the vizier at the court of Muhammad V in Granada. Many Muslim scholars interpreted certain *hadith* to mean that disease was divine punishment, but Ibn Al-Khatib saw it through empirical eyes. I have always liked this text, but now I hear it in the hoarse voice of Dr. Anthony Fauci, responding to the coronavirus deniers, quack healers, and other thoughtless, foolish people he has to confront every day: If one asks, “how can you admit the assertion, there is infection, when the revealed word (ash-shar) denies this?” we answer: that infection exists, is confirmed by experience, research, insight, and observation, and through constantly recurring accounts. These are the elements of proof. For him who has treated or recognized this case, it cannot remain concealed that mostly the man who has had contact with a patient infected with this disease must die and that, on the other hand, the man who has had no contact remains healthy. So it is with the appearance of the illness in a house or quarter because of a garment or a vessel; even an earring can destroy him who put in in his ear, and all the inhabitants of the house. The illness can first appear in a town in a single house; then from there, it can break out among individual contacts, then among their neighbours, relatives, and especially their visitors, until the breach becomes even greater. The illness can spread in coastal towns that enjoyed good health until there lands in them a man with plague, come from across the sea, from another coast where the plague already exists, as reports tell. The date of the appearance of the illness in the town tallies with the date of debarcation of this man. Many remained healthy who kept themselves strictly cut off from the outside world, like the pious Ibn-Abi-Madyan in Salé. He belonged to those who believed in contagion. He had stored up provisions for a long period and bricked up his door behind him and his large family. The town succumbed, but during that period, he was not deprived of a single soul...

But it belongs to principles which one may not ignore that a proof taken from tradition (hadith), if the observation and inspection are contrary, must be interpreted allegorically. In this matter it is essential that it should be interpreted in accordance with the view of those who hold the theory of contagion. There are also numerous compassionate passages [about contagion] in revealed scripture, for example, the utterance of the Prophet: “an owner of sick animals should not drive these to the owner of healthy animals.”

Ibn al-Khatib was exiled twice because of palace intrigue, and ultimately imprisoned and strangled to death, then his body was burned. Let us hope those opposed to Dr. Fauci just stick with wanting him fired.

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1. At www.visualcapitalist.com/history-of-pandemics-deadliest/. The Covid-19 totals are updated on a regular basis, and the site also has other Covid-19 visual resources.


14. A version from the Stanford History Education group, with questions, is at 1.cdn.edl.io/jNh4gb9wwGF41UrFeeisgnEOHocGF6NdF25tKAFmq97t6itU.pdf. As far as I can tell, there is no complete version of Ibn al-Wardi’s treatise available online.

The comparatively low figures of reported infections and fatalities from Covid-19 from Africa do not immediately appear to support the initial apprehensions of the World Health Organization (WHO) and other monitoring agencies. The statistics must mean that either there is gross underreporting of infections and fatalities in Africa, or that somehow there is some form of cultural protection over Africa. Indeed, the public rendition of infection as seen from news coverage across West Africa is that *korona* is a disease of the rich, the widely traveled, and Westernized elite. Where the WHO highlights the potentially devastating loss of lives from the pandemic, the poor state of health infrastructure, and the weakness of professional capacities for public health care in most African countries, many of the potential victims challenge quarantine and isolation policies, emphasizing that for them, the greater risk to life and society is poverty.

This distinction sits at the very heart of African medical history, characterized by the dichotomy of supposed traditional forms of healing and Western biomedicine. The two practices intersected through colonization and have struggled with one another since then. The dominant view of modern medicine sees biomedicine as Western and inherently foreign to Africa; a narrative that endures in the disposition of international agencies (including the WHO) toward Africa, but also in the policies of national governments determined to secure elite privileges and control by entrenching the dichotomy between assumed African ways and White ways. In the case of the current pandemic, as in many others, we see the repercussions of a powerful and enduring imperial ideology that claims all good and progressive human attributes as European while placing others in a perpetual state of becoming.

Is there, then, an African culture of disease and healing that is distinct from modern medicine? Africa has shared similar experiences of disease with the rest of the world. Despite the absence of documentary evidence, and weak scholarly attention, Africa could not but have shared in the Bubonic plague which killed over 65% of the population of Europe and was likely even more devastating elsewhere. The current spread of the novel coronavirus is evidence enough of the speed, potency and versatility of non-human biological agents to raise questions about whether or not the world belongs to us humans. This destabilizing of human agency is coupled with the Eurocentric tilt of the field of medical history. The sheer volume of modern scholarship and medical knowledge, with its lopsided focus on European (and Western) experience of pandemics, elicits empathy for the individual pains and passions of European victims, and a historicity that connects experiences of disease to the development of modern medicine. Setting this Western-centric scholarship against the absence of detailed study of Africa leads to broad generalizations and collectivization of the African experience of illnesses. That collectivization endures in our scholarship, in the media’s coverage of African hordes, helpless villages, and nameless faces, in the WHO data and metrics, and in the theories and projections of international agencies.

Studies about Africa have established that societies across the continent evolved social mechanisms for making sense of disease and its pains; they developed healing strategies and organized society around therapeutic ideologies. For example, the Comaroffs highlight that Tswana medicine included both material substances and social processes: “They cooled bodies inflamed by conflict, warmed ones chilled by bereavement, steadied relations disrupted by human carelessness.” Much like British medicine, Tswana healers worked to restore medical and social equilibrium. Similarly, Yoruba societies recognized that cleanliness mitigated against illness, that heat is therapeutic, and that the body can be aided to heal itself. They knew of the healing properties of roots, stems and trees, of extracts from rocks, of balms from oils, and the values of hard work, play and exercise. They evolved professional herbalists (more than nutritionists), medicine-men (doctors), bonesetters (surgeons), birthers, and institutions that supplemented the commonly shared knowledge of care and cure. However, they were also conscious of the reality of death and bereavement. They may have mitigated its social disruptions in narratives that highlight the fickleness of life and in cosmologies which depicted death as a transition to ancestorship.

This experience was not peculiar to Africa but common to human societies. Humans experimented with healing properties, merchants sought and sold medicaments from near and distant markets. Well into the nineteenth century, much of so-called European exploration included the search for medical knowledge and resources. African merchants across the Sahara, on the Swahili and Atlantic coasts, and in distant markets acquired what medical knowledges their home fronts needed and sold what was desired by customers. There could not be a fixed, ossified, or traditional form of medical practice in such conditions of ongoing searches and experimentations. Whatever conventionality was achieved in a practice was soon countermanded by new ideas and newly found properties because no existing knowledge was ultimately infallible. The social ideologies organized around conventionality eventually unraveled as new medical ideas forged counter-discourses that challenged old
forms. The search for healing created medical pluralism in which people found cures wherever they could—from herbalists, churches, mosques, hospitals, witches, wherever. This culture of medical pluralism persists despite the restrictive professionalization of medicine and the social restrictions against pluralism. Humans in their societies seek healing in all its forms; they organize society in the most effective forms to provide preventative health and cure in the event of illness.

It is this medical plurality and the exercise of endless inquisitiveness that was sacrificed by European colonization in Africa. Colonial power was the weaponization of an evolving European sense of racial uniqueness and superiority; it cast Europeans as different from others and European ways as inherently superior. The rationales of colonial conquest, including the pretensions of civilization and curing their ills, justified in European minds the imposition of European culture upon assumedly inferior cultures. Colonization paralleled the professionalization of medical practice in Europe and North America, the structuring of medical knowledge, and Europeanization of global medicine. The medical categorization of Africa was therefore a product of the modernization of medicine serving to affirm it as racially white and culturally European. In other words, there could not have been “African medicine” for medical racialization. Instead, what was a robust sharing of medical properties and knowledge became framed alongside otherness—a dichotomous binary—to an equally crafted European form. The imaginative crafting of the features of European identity as distinct from others also played out in the careful creation of medical knowledge as modern and Western, with clear—if lopsided—rules of training, qualification, and practice. Even those non-Europeans (and there were many of them) who qualified as MDs were made to accept that they were doing something European and contrary to their natural cultural and racial selves. These and other conscripted Westernized Africans aided the imposition of modern medicine at the expense, not of African medicine, but of medical pluralism.

Colonial doctors and their governments depicted indigenous healers as irrational and uncivilized, categorizing their practice as witches’ brew, even in instances where such practices were effective. Such healers were legally proscribed—imprisoned or fined—allegedly because they obstructed the achievement of colonial medical and civilizational goals. In reality, these limitations were part of the colonial racialist strategy to affirm difference, establish conventionality, and legitimize colonization. In so doing, colonial rule made medical pluralism illegal, uncivilized, and criminal. This move supported the professional, Western discipline of medicine which has since appropriated global funding through international organizations, government budgets, health insurance, pharmacies, and taxation. It killed a human practice rather than an African one, because prior to colonization, there was no racialized form of medical practice.

To survive beneath and against the gaze of colonial power, native medical practitioners successfully redefined and ossified their craft as the alternative, traditional African way in opposition to Western medicine. By being fixed and labelled traditional, such healing practices lost the medical plurality and dynamism characteristic of their pre-colonial existence. They lost discursive engagements, local and global ideas, and newly discovered properties which previously energized them. Thus, while Western medicine thrived on governmental legitimacy and could achieve landmark progress through research, experimentation, and innovation, the practice labelled traditional got stuck in an ossified form because it could not now appropriate the dynamism that once made it effective. The history of disease since the twentieth century has shown that neither Western biomedicine nor African traditional healing is wholly sufficient to resolve all healthcare concerns.

In the current Covid-19 pandemic, Africa is caught thus within two imposed medical cultures, both of which claim an exclusive trajectory to health and neither of which is singularly effective. The reality of a firm binary between African and Western medicine implies that the prescriptions of quarantine and isolation for the management of epidemics is now erroneously seen by some Africans as Western, foreign, modern, colonial, and un-African. Racial dichotomies imposed by colonization have continue through the inheritance of colonial ideology linked to elite privilege. It continues to shape the conceptions of medical practice, permitting many governments to neglect medical infrastructure while paying lip service to traditional medicine. As was the case with colonial medicine, the attitude to Covid-19 shows Africans responding by resisting governmental impositions, by disregarding prescriptions, and by affirming the right to medical plurality. Far from being stuck in their ignorance, Africans are making choices for medical pluralism and against irresponsible governments and a global medical system that has dehumanized them. The attitudes to the Covid-19 pandemic we see across Africa shows the endurance of a cosmology, much different from Western Messianism, which finds death not undesirable but a transition of hope to ancestorship, aljanna, or paradise.

Rather than bear a sense of frustration at Africa’s medical infrastructure or at the foolhardiness of Africans, the Covid-19 pandemic offers a historical opportunity to undo an imperialistic medical ideology. Modern medicine does not belong to one race. Its development drew on global resources, knowledge, finance, and personnel. African governments need to be pushed to recognize that investment in modern medical infrastructure is not un-African. Only by decolonizing medicine can such investments be indigenized and made legitimate. Unraveling imperialistic ideology must also provide for the unchaining of native healers by properly registering them and exposing them to modern practices. Their practice is not any more or less African than modern medicine. The greatest threat to human survival in Africa is the poverty created by the neglect of African populations, a neglect sustained by an ideology of difference which in reality was a strategy for the extraction of their
wealth, health and dignity.

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Broadside shows a man with the body of a snake in the center of a group of skulls, representing the disease cholera, his arms are outstretched and tongue out. Flying insects surround him. The skulls that surround him are depicted with worldly objects. The image is accompanied by a sarcastic and ironic ballad describing how cholera has afflicted the various social classes of Mexican society. Death kills everyone, regardless of their place in society.
PART THREE: DISEASE AND HEALTH MANAGEMENT

The emergence of a new disease like Covid-19 invites us to reflect on how the world has changed, including both the physical world and the world we conceptualize. How do people understand disease changes across cultures and across time? It would be a mistake to assume that there was a time when humans had zero understanding of disease, and now, with modern science, understand disease perfectly. Different societies have had different conceptual lenses through which they understand disease, and each has its own level of usefulness for recognizing and solving problems. To better understand our place historically in the Covid-19 pandemic, I examine a society’s response to disease that is far from current-day North America both spatially and temporally—early Buddhist India.

Disease often follows urbanization in early societies; Buddhism followed urbanization in ancient India. Buddhism could not have arisen independently of the new diseases that infested cities where the Dhamma also spread. Disease prevention became a systemic and institutional practice, as evident in many Buddhist rules and duties. Many of these rules are strikingly similar to current Covid-19 guidelines. Illness, however, was not only on the mind; according to Buddhists, it was in the mind. Although difficult to disentangle, the Buddha’s teachings about mental purity were congruent with physical cleanliness. His teachings are often spiritual medicines for material illnesses. Early Buddhism then was, in part, a reactionary system of beliefs and practices to avert disease.

Richard F. Gombrich suggests a linear relationship between urbanization, disease, and early Buddhism. The period of the Buddha saw a shift from entirely rural to city-based society, with foreign cultural contact, either “through trade [or] military conquest,” which may have brought new parasites to the region. Urban centers, especially in the Ganges Valley, often experienced hygienic problems as well. A combination of foreign contact, unsanitary conditions, a hot, wet climate, and a disease-sustaining population size created the perfect environment for a host of parasites. However, I disagree with Gombrich about how consequential disease was. Though he suggests the possibility of disease having an impact, Gombrich posits it to be “another factor which may have made reflective people gloomier about life.” I argue that Buddhism seems to be more prominently influenced, if not defined, by its response to disease. The message of the Dhamma “appealed especially to town-dwellers and the new social classes” because they were especially affected by disease. So they created institutional practices to prevent it.

First, we must specify what diseases early Buddhists faced. Currently, “the Ganges region sustains cholera, malaria, and dengue fever together with a great variety of multicelled parasites.” Though cholera was likely present, translators have gone with the much more general diagnosis of dysentery in “The Monk with Dysentery.” Another broader, symptom-based term may fit as well: gastroenteritis. The mosquito-spread diseases of malaria and dengue fever fall under the category of waterborne, as the lifecycle of a mosquito is dependent on water. Although the symptoms and correlative sources of the diseases faced by early Buddhists were quite different than Covid-19, the experience of a society facing disease was still fundamentally similar, and hygienic practices and medicine were still the main solutions.

Medicinal evidence prescribed by the Buddha points to gastrointestinal diseases most directly. The Buddha prescribed “five tonics—ghee [clarified butter], fresh butter, oil [meaning both vegetable and tallow], honey, sugar/molasses.” Almost all of these have the same main medicinal ingredient: butyrate, which is found in “butter, essential oils… vegetable oils, and animal fluids, such as sweat, tissue fluids, and milk fat.” The first three of the Buddha’s tonic prescriptions have this medicinal ingredient because the “effects of butyrate [have] a wide range of potential clinical applications from the intestinal tract to peripheral tissues.” Honey, although likely used for other illnesses, also has a similar purpose: “For a long time, it has been observed that honey can be used to overcome liver… [and] gastrointestinal problems.” The only tonic without gastrointestinal benefits is sugar or molasses. There is far less scholarship on sugar or molasses as medicine, which suggests that its effects may have been like a placebo. The oils may have also been used for dengue fever, as some oils are antipyretic (fever-reducing), but sources are too vague about oils to be conclusive. Four out of the five tonics prescribed by the Buddha have medicinal properties helpful for gastrointestinal health, and for the first three, it is likely their primary medicinal purpose.

The Buddha prescribed one other medicine, and gave it special importance. Monks, when ordained, are told they have four “resorts” (nissaya), meaning things to depend on and the final one is “using fermented cattle urine as medicine.” Cattle urine, or gomutra, holds a crucially different position in both Buddhist and Indian traditions in general. Gomutra has potent antimicrobial and antibiotic medicinal properties. The tonics alleviate symptoms, while gomutra halts disease. Cattle urine’s place as a nissaya reveals its
centrality to the religion: gomutra—antibiotic medicine—is as important to Buddhism as “eating food got by begging; wearing rags from dustheaps; [and] living at the food of a tree.” Juxtaposed with the other nissaya, though, drinking cow urine does not seem to fit as an essential aspect of early Buddhism.

How did Buddhism respond to prevalent water-borne gastrointestinal diseases? The monastic rules seem to limit time spent near water, but it is difficult to separate the intention of each rule. For example, one confessional restriction is “the act of playing in water.” Is this a rule to keep a disciplined appearance, or was it noticed that those who played in water tended to become ill? Since the only ruling against play specifies “in water,” perhaps it is the latter. Another curious rule prevents bhikkhus from bathing “in intervals of less than half a month.” Why not allow frequent bathing in a religion that places such a high value on purity? Perhaps the prohibition is against indulgent behaviour, or it could be that those who bathed frequently were often ill. Later rules make more sense, though, drinking cow urine seems not to fit as an essential aspect of early Buddhism.

Literal cleanliness and spiritual purity are not binaries; to early Buddhists, they were one and the same. They did not have modern biomedical conceptions of disease. So, how could early Buddhists have developed literal practices outside of perceptions and experiences?

To early Buddhists, disease originated from a weakness in the mind. In this worldview, morality was a prerequisite to concentration and wisdom. Reality, for Buddhists, is composed of mental and physical phenomena. From this perspective, any kind of disease...is a defective phenomenon apparent at one’s body. But one’s body is a composite of four interrelated factors: the mind, kammic force, food and seasonal phenomena (or weather). But what food and weather one is faced with are determined by the mind and kammic force. The mind in mutual collaboration with kammic force is therefore the main factor leading to the rise of disease in ordinary people.

Speaking about the mind necessarily includes the kammic force, since morality is a prerequisite to wisdom. In Mahanarongchai’s analysis, in the Pali term ‘sukhabhāva,’ health means the state of happiness in which folk Buddhists understand such a state as the state of having a fit or strong body devoid of disease. She goes on to show “that it is highly plausible to regard health in the ultimate level as the mind’s vitalized capacity.” Evidence of the mind-body connection is immediately evident in multiple suttas. For example, when the Buddha was speaking to a Jain, the Jain tells a story about “contemplatives & Brahmans who live committed to the development of the body but not to the development of the mind.” What happens to them is described as a “bodily painful feeling,” followed by a gruesome description. When the Jain asks why that is, the Buddha answered, “His mind was thus subservient to his body and fell under the power of the body. Why was that? A lack of development of the mind.” With mental weaknesses, the body falls apart.

When Buddhists speak about purity of mind, they also mean a body free from defilements. If the mind and body are connected, this approach would have solved bodily impurity, too. Perhaps meditation, the practice of closing the mind, was an attempt to purify the body. Perhaps ancient Indians were meditating to prevent widespread disease from infecting them. When the Buddha was born, “two streams of water appeared from the sky—one cool, the other warm—to wash [him] and his mother.” Considering the lack of uncontaminated water, this is a very suggestive symbol. The Buddha was known as “The Great Physician,” and “the Four Noble Truths [follow] a medical model: diagnosing the complaint, finding its cause, finding what would eliminate the cause, prescribing medicine to achieve that elimination.” Did he start a disease-preventing society, living in seclusion on the perimeter of urbanizing, disease-infested cities? Many decisions the Buddha made seem to support this. When proclaiming hair regulations, for example, the Buddha “naturally took the cleaner alternative: members of the Sangha [Buddhist community] all have their heads shaved.”

In most histories of Buddhism, however, the context of disease is largely missing. A keyword search for “Buddhism” and “disease” often returns multiple articles about applying Buddhist practices to medicine, but little else. Most references to disease in Buddhism include it as background information. Some scholars deny the importance of disease, because to do so would “conclude that the decisive historical determinants in this case are the physical and mental well-being of society at large, rather than individual personalities.” Other scholars include disease in the context of the religion’s origin, but completely omit it from the Buddha’s teachings.

A multitude of forces led to the creation of Buddhism. Disease was one of many. We might ask, in the time of a novel coronavirus, what aspects of society might bend and change around this pandemic? While our current conceptualization of disease has shown to be effective in some places, others have had less good fortune. In the fifth century BCE, as disease was becoming more
prevalent in the Ganges Region, the language of the Dhamma seemed to bend in such a way that, especially with its language about purity in the mind and body, it can be read through the lens of disease. Communal readings of the monastic rules were a ritualized purification of the Sangha. Mindfulness was an individual purification through the mind. It all depends on how we interpret purity. The Buddha was like a transcendental physician: he prescribed spiritual treatments for material ailments. Certainly, the Sangha was in need of a doctor.

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ENDNOTES

4. Gombrich, 56.
22. Mahanarongchai, 11.
25. Gombrich, 60.
The “Great Plague” of London was the last severe outbreak of bubonic plague in a cycle initiated by the Black Death of 1348/9. The epidemic marked the first serious eruption of the disease in the English capital since 1636, when a short, sharp outbreak killed about 10,000 Londoners. During the generation that followed, the city’s inhabitants were lulled into complacency by the pathogen’s near-total absence. Under little pressure to revise them, the capital’s plague response protocols languished. But in 1665, a more virulent strain of plague arrived in the capital, most probably via seaborne transport.²

By the time the “Great Plague” of London was over in late 1666, it had killed somewhere between 20 and 25 percent of the capital’s population.³ In the meantime, the disease developed a unique spatiality, originating in London and then radiating synchronously across East Anglia—from Yarmouth and Colchester to Harwich—before reaching deep into the English countryside, infecting towns and villages across England, including Eyam, a small village in Derbyshire.⁵

The Eyam Plague: A Brief Critical History in Outline

The Eyam plague attained prominence in the popular press, starting in the nineteenth century, for two reasons. First, the purported scale of mortality resulting from the outbreak is shocking; perhaps three-quarters of Eyam’s population died.⁵ Second, the seemingly altruistic sacrifice of the villagers, demonstrated by Eyam’s self-quarantine, resonates with readers. Histories of the Eyam plague often take as their point of departure William Wood’s _The History and Antiquities of Eyam_, first published in 1842.⁶ A local historian and Derbyshire tax collector, Wood wrote his history nearly two centuries after the outbreak. Based largely on oral testimony handed down over multiple generations, it is typical of the florid and dramatic romantic style favored by Victorian writers. To be sure, the events at Eyam also feature in earlier works, such as the Rev. William Bagshaw’s _De Spiritualibus Pecci_.⁷ Written relatively soon after the outbreak, _De Spiritualibus Pecci_ is not a history as such; rather, it is principally a religious treatise that features historical events tangential to Bagshaw’s overarching narrative.

Modern scholars attempting to uncover the history of the plague at Eyam have treated such works skeptically. Nevertheless, most accounts of the Eyam plague follow Wood in attributing the outbreak to a box of cloth and tailor patterns which arrived from London in September 1665.⁸ Alexander Hadfield received the box; someone opened it on or around September 2 or 3.⁹ Scholars presume that, among its contents, the box included a cargo of infected fleas. The accounts vary as to the name of the individual who opened the box (“Thrope,” “Thorpe,” “Cooper,” “Vic(c)ars” are all possibilities), where they opened it (sources suggest the “plague cottage” of the widow Cooper), and the relationship between the two (Did a servant open the box? Or a journeyman or tailor lodging with the widow?).¹⁰

An alternative theory is that the plague arrived in Eyam during the village Wakes, an annual festival held in late August 1665. In this scenario, people from outside the village visited Eyam, including festival goers from Derby. The theory holds that one of these visitors brought the disease to the festival, from whence it moved directly into the Eyam population. Such an argument supposes that plague was present in Derby before the Wakes. However, the evidence for or against this is inconclusive. Batho, quoting Hutton’s earlier history of Derby (1791), asserts that plague was already present in Derby—and indeed virulently so. After examining the parish records, however, Bradley argues that the mortality rates in Derby during August 1665 were not exceptional, suggesting that the pathogen had not yet made inroads there.¹¹ Whatever the case, records show the first plague-related death at Eyam occurred September 6.¹² The name of the victim was George Vic(c)ars. His connection with either of the two scenarios outlined above remains unclear, although Scott and Duncan speculate that he was likely a journeyman from Edensor, a village five miles south of Eyam.¹³ In the event, September 1665 marked the beginning of the plague’s visitation at Eyam. Over the course of the next thirteen months, it devastated the community.

The scope of this devastation has traditionally been characterized as extremely severe. This conclusion is due in large part to an uncritical acceptance of Wood’s account and the popular reconstructionist histories that have resulted from it. Wood, who tells us he derived his figures from the parish register, calculated the total number of plague-related deaths at Eyam between September 1665 and November 1666 to be 259, out of a population reckoned to be between 330-350.¹⁴ The result is a mortality rate of 74–78 percent. Recently, scholars have questioned these findings. They point out that Wood does not tell us whether he is referring
to Eyam town or Eyam parish, which encompassed two other towns. Wood also acknowledges that there are additional deaths attributed to plague in the register, which he dismisses as duplicates. Moreover, fallible officials updated the register; they did not invariably keep accurate records and that these same records have been subject to later “curations.”15 Little wonder controversy surrounds the statistics. Indeed, a case study in 2016 examined the parish register statistics and heard tax returns for the period in question and concluded that, at a minimum, the population of Eyam at the start of the outbreak was 700.16 The difference is not insignificant.

As recorded in the parish register, the trend in deaths follows what modern epidemiology has shown to be the pattern of mortality typical of bubonic plague outbreaks in temperate climates. There was a spike in deaths early (September, October), followed by a gradual decline coinciding with the onset of winter, a steady increase as the village warmed through early spring 1666, followed by a dramatic surge when temperatures and humidity spiked between high spring and September 1666. Deaths declined again as plague petered out in late autumn 1666. This waxing and waning pattern corresponds to that of a primary vector of bubonic plague: infective fleas, which thrive in hot, humid temperatures (along with their hosts, black rats and brown rats) and become less active (or die off) in cooler months (as do their hosts).

The village death rate between high spring and September 1666 was exacerbated by the measures the villagers implemented to prevent the spread of plague beyond Eyam. In June 1666, the inhabitants took the extraordinary step of quarantining the entire village by establishing a cordon sanitaire some half-mile in circumference around the settlement. Sources disagree about whose decision this was, and under what precise circumstances and pressures the villagers determined to do this. Most records attribute the quarantine strategy and operation to the parish priest, Rev. William Mompesson. These sources typically credit Mompesson’s predecessor, Rev. Thomas Stanley, with assisting in the quarantine’s execution. Others, notably Bagshaw citing letters from Stanley’s son, suggest that the cordon sanitaire was chiefly Stanley’s work.

The cordon sanitaire was imposed to prevent anyone entering or leaving the village, in effect creating a closed population to check the spread of the pathogen. The traditional story is one of heroic self-sacrifice in which the priest convinced the villagers to quarantine for the sake of the greater good. Revisionist historians Paul Slack and Patrick Wallis question this narrative, arguing instead that Eyam’s quarantine was compelled; it was a condition imposed by the local nobleman, the Earl of Devonshire, tied to the provision of necessities to the village during the outbreak.17 Contemporaries would have viewed the absence of such provision to a village whose population was increasingly vulnerable and unable to care for itself, let alone produce foodstuffs, as catastrophic. This argument suggests that the famed cordon sanitaire was the result of external pressure, rather than the resigned altruism of the affected community.18

Be it altruism or compulsion, the outcome of the cordon sanitaire was the same: isolated and sequestered, the pathogen burned its way through the population while preventing its spread to the neighboring countryside.

Eyam was devastated as a result. As Mompesson, who survived, observed in a letter to his uncle on November 20, 1666:

The condition of the place has been so sad, that I persuade myself it did exceed all history and example. Our town has become a Golgotha, the place of a skull; and had there not been a small remnant, we had been as Sodom, and like to Gomorrah. My ears never heard such doleful lamentations—my nose never smelled such horrid smells, and my eyes never beheld such ghastly spectacles.19

Mompesson, whose wife died of plague in August, spent the following days burning or “purifying” the victims’ clothes and furniture “for the safety of the country.”20 The last plague-related death recorded at Eyam was on November 1, 1666.

The Eyam Plague: Conclusions, Perspectives, and Social Responses

There are no unqualified answers to what happened at Eyam between September 1665 and November 1666. The legacy of nineteenth century romanticism and the steady mythologization of the Eyam plague, which took root in the popular imagination, complicates the history.21 Nevertheless, direct observation of plague behaviors, an improved understanding of pathogen patterns through modern epidemiological study, and a prudent assessment of what little contemporary evidence exists lend some definition to Eyam’s late-seventeenth century historical reality. Combined, this suggests some tentative conclusions.

The social response to plague at Eyam was a mixture of both medieval and early modern practices. As with plagues throughout history, the outbreak exposed underlying socioeconomic disparities. Unable to leave, the poorer villagers bore the brunt of the pathogen and were disproportionately affected.22 The wealthier families, notably the Bradshaws and Farnsleys, fled.23 Statistical analysis of the hearth tax suggests that only 20.2 percent of the total victims were from wealthier households, a group who, in addition to the ability to flee, also benefited from better standards of cleanliness, which led to fewer rodents and the risk of human infection.24 Even Mompesson, cast as the selfless hero in the tragedy, took advantage of his status to save his children. In June, the same month he decisively intervened to convince the villagers to isolate themselves, he broke the quarantine and sent his son and daughter to safety in Yorkshire.25

Quarantine and isolation approaches to the plague were undergoing revision in the late-seventeenth century. Prior to the new Plague Orders of 1666, standard practice was to shut up entire households together—sick and well alike—when infection was detected. This effectively condemned the healthy. The Orders abolished this practice and called instead for the setting up of pest-houses in communities to isolate the sick from the healthy.26 The quarantine at Eyam combined both approaches. On the one hand, the entire village was...
subjected to the cordon sanitaire; on the other, pest-houses were set up within the cordon.27 Moreover, the fact that Mompesson burned the clothing and furniture of plague victims (standard practice with the 1666 Plague Orders) suggests recognition that plague transmission was neither limited to contact with an infected individual, nor was it entirely attributable to miasma, the leading infectious disease explanation of the Middle Ages. Although people in the seventeenth century lacked a scientific understanding of disease pathology, such practices and behaviors suggest their understanding was evolving.

The challenges the villagers confronted in the seventeenth century Derbyshire countryside are reflected in our own time, and many of the same questions are being asked and debated today. What is appropriate isolation practice during a disease outbreak? Are the effects of quarantine worth the economic impact? What are the obligations of the community to itself, to the people who comprise it, and those around it in times of crisis? What role do socioeconomic factors play in determining epidemic outcomes and whose responsibility is it to alleviate them—the community or the government? As the example of Eyam demonstrates, the answers to these questions are anything but straightforward.

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ENDNOTES

1. That the strain that arrived in 1665 was more virulent is borne out by comparative analyses of parish registers and mortality rolls for the years of plague visitation (1569, 1593, 1603, 1625, 1636, and 1665). Even allowing for fallibility, these indicate annual mortality rates in 1636 as 2.3 times greater than normal versus 5-6 times greater than normal in 1665. Neil Cummins, Morgan Kelly, and Cormac Ó Gráda, “Living Standards and Plague in London, 1560-1665,” The Economic History Review 69, no. 1 (2016): 13.


3. It is notoriously difficult to arrive at precise morality statistics from the seventeenth century, be it for London or anywhere else, including Eyam. Multiple factors make it challenging. Bills of Mortality and parish registers, which are typically the referent points for gathering data on plague mortality, are prone to inaccuracy. For example, “searchers” (in London, typically poorer older women working in pairs) hired by municipal parishes to count and determine the cause of death of plague victims would sometimes disagree on the cause of death of victims. In other instances, they would not be allowed to view the victim to confirm cause. Also, contemporary court records show that it was not unheard of for wealthy homeowners to bribe watchmen and other parish officials to report the death of a servant as being unrelated to plague, despite evidence to the contrary. Were a verdict of death by pestilence to be rendered, the inhabitants of the household—all of them, even the healthy ones—would be shut up inside until all danger of infection had passed, with typically mortifying results. Parish registers are not more reliable. Having been compiled by fallible local officials, who did not always identify causes of death accurately, and then subject to later editing and processes associated with curation, researchers are wise to approach parish registers skeptically. See A. Lloyd Moote and Dorothy C. Moote, The Great Plague: The Story of London’s Most Deadly Year (Baltimore: Johns Hopkins University, 2004), 10-11; Paul Slack, The Impact of Plague in Tudor and Stuart England (Oxford: Clarendon Press, 1985), 149-151.

4. Shrewsbury, 499.


8. Wood, 49.


12. Whittles and Didelot, 2.

13. Scott and Duncan, 264.


15. Whittles and Didelot, 2.

16. Whittles and Didelot, 2.


19. Wood, 81-82. Emphasis seems to have been Mompesson’s.

20. Wood, 81-82.


22. Slack, 18.


24. Whittles and Didelot, 5.

25. Wood, 57.


27. Wood, 82.
On October 7, 1892, German scientist Max von Pettenkofer engaged in a little self-experimentation, hoping to settle the long-standing scientific argument over the contagious nature of cholera.1 Pettenkofer was well known in the public health field. By the end of the nineteenth century, he was at the center of the international debate over cholera’s transmission.2 This question was of great interest to the governments of Europe and their colonies, as it would justify or change national responses to the outbreak. The first cholera pandemic broke out in 1817, affecting nations across the world in waves over the course of the nineteenth century. In doing so, it threatened the free mobility that liberal governments deemed essential to improving the wealth of nations.

Pettenkofer had been studying cholera for decades, ever since he and his daughter caught the disease in Munich. Pettenkofer saw cholera as a context-dependent disease. He railed against the “false doctrine” of contagionism and described himself as a “localist,” or someone who believed that cholera only arose under specific environmental conditions: the existence of germ “X,” specific soil conditions, specific seasonal conditions, and certain individual conditions or predisposition.3 Eliminate any one of these, and cholera ceased to be an issue.

Pettenkofer stands in contrast to Robert Koch, another German scientist, who in 1884 claimed to have found the bacillus that caused the disease, resolving a question which engaged scientists since 1817.4 His research established compelling evidence supporting the argument for cholera’s contagiousness. Koch’s claim that cholera spread person to person or via germ-infected trade goods validated the use of restrictive measures, specifically quarantine, that might throttle the growing global economy. Pettenkofer partially accepted Koch’s research, agreeing that the scientist had probably found the bacillus, or germ “X.” However, Pettenkofer remained steadfast in his belief that cholera could not be caught via the bacillus alone.

To prove his theory correct, Pettenkofer took sodium bicarbonate to neutralize his stomach acid, then swallowed one cubic centimeter of bouillon laced with cholera bacilli (taken from a patient who had succumbed to the disease). He ensured that the number of bacteria he swallowed was far greater than the number taken into the body under normal conditions.5 The next day, Pettenkofer began to experience extensive gas pains and diarrhea that continued for almost a week. Although he had an abundance of the cholera bacteria in his stools, he never became seriously ill.6 Pettenkofer declared that this proved anti-contagionism was correct, and that disinfecting feces and clothing, isolating the infected, quarantine, and state control of infected commercial commodities wasted time and money. British politicians and merchants eagerly used Pettenkofer’s experiment as justification for continuing their liberal strategies of free trade and the unimpeded global circulation of goods and people.7 Koch’s research went largely ignored by British political leaders and even by prominent medical professionals such as Joseph Fayer, the President of the Medical Board of the India.

British capitalists, who were uncomfortable with accumulating evidence that their imperial activities and networks were responsible for initiating the century’s pandemics, were anti-contagionists. They eagerly supported an epistemology of cholera that stressed local, environmental, and even racial causes because it not only absolved them of responsibility for the disease, but made restrictions on expansion and imperial commerce both needless and ineffective.8 Anti-contagionism, as expressed by Pettenkofer, also aligned well with the liberal tendency to construct exclusionary categories of difference by rooting predisposition to cholera in specific social, cultural and/or racial behaviors that justified government intervention in some areas or neglect in other cases.

The disagreement between Koch and Pettenkofer exemplified the larger issue that cholera pandemics raised: the rights of the individual versus the right of the state to limit a person’s movements and activities.9 In the British Empire, the political ideology of liberalism shaped the contours of this debate, supporting a government that was wary of “governing from the center,” and which recognized that cities, societies, and family had their own “internal logics and mechanisms of self-regulation which must be respected.”10 As a result, it supported decentralized strategies of rule that empowered local entities rather than the central government.

Liberalism, or liberal governmentality,11 emerged out of philosophical ideas outlined by Jeremy Bentham and Adam Smith, and over the course of the nineteenth century became a mentality as well as a method of governance.12 Liberal governmentality emphasized a commitment to freedom (of religion, speech, press and assembly), free markets for labor and goods, protection of the liberties of individual citizens, and the idea of progress. It was a product of new forms of knowledge and expertise, and it “produced and justified new techniques of rule over those subjects deemed capable of self-government” as well as those who were not.13

With the emergence of liberalism came the formation of the liberal subject. Liberalism was “committed to maximizing the freedom of certain individuals” by protecting religious, political, and economic rights.14 The liberal subject was typically a white, male-property-owner, whoself-policing but who also kept watch over the government that both guaranteed his freedom and threatened it.15 However, liberalism was fraught with tension between its universalizing principles and a theorization of difference that...
The liberal subject could only exist through the construction of nebulous oppositional figures, non-liberal subjects, whose patterns of behavior not only identified them as available for governmental intervention and/or conquest, but also reinforced the need for their subjugation and the development of specific strategies of rule to manage them as populations. Cholera spread through the global trade networks enabled by the promotion of liberal policies such as free trade. Thus, cholera was, in a way, instrumental to the creation of the liberal subject for two reasons. First, the rapid spread of the disease heightened the need for profound changes in sanitary organization within British cities, including the colonial ones, by revealing the dark, unventilated spaces inhabited by the lower classes of the empire. The mass deaths caused by cholera initiated structural changes to cities designed to manage visibility as well as smell. Second, the evolution of knowledge about cholera reinforced the construction of racial and class differences between people. Cholera threatened the liberal subject, but its most frequent victims were the poor working-class men and women, particularly colonial subjects, living in Britain and its colonies. British legislation designed to manage cholera also established new techniques to manage the bodies and behaviors of these non-liberal subjects.

Cholera emerged in India on the very eve of liberalism’s triumph, threatening to undo much of the work of Bentham and other reformers from the early part of the century. Proponents of free trade had ended the East India Company’s monopoly in 1813, and Parliament had abolished the slave trade in 1806. In the midst of debates over Catholic emancipation and parliamentary reform arrived a pandemic that not only dominated the public agenda, but also invited a series of “antiquated dictatorial responses” in the way of quarantine and cordons sanitaires, decidedly illiberal strategies. Public pressure forced the British government to attempt to use cordons sanitaires to prevent the disease’s arrival on the British Isles in the 1830s; this effort failed, and Parliament abandoned both cordons sanitaires and quarantine as a mitigation strategy, declaring it “pointless” and “ineffective.” Liberalism was predicated on a dislike of central control and an emphasis on local decision-making, so how could the British Empire reconcile its commitment to an empire of free trade with the exigencies of addressing this new threat?

The government embarked on a series of locally based prevention strategies that came to be known as the sanitarian paradigm. Sanitarianism as public policy addressed public fears that cholera might become endemic in the sewage infested industrial cities of Britain, while also supporting liberal governance. Liberalism demanded that the central government promote a certain type of sanitary behavior without legally forcing its liberal subjects to do so. Engineering projects that appeared by mid-century, such as sewer systems and piping water to individual homes, coerced without being legally coercive. However, in order for sanitarianism to work, cholera could not be contagious; it had to be rooted in local causes, such as “filth,” which could be eliminated in public space by the government or in private space by the individual. The miasma theory promoted by anti-contagionists, which rooted cholera in local environmental conditions, provided crucial support to the sanitarian paradigm as well as liberal ideas of governance.

The British government’s desire to simultaneously protect free trade and public health shows the growing tension between the economic needs of the nation and the nascent role of science in formulating government policy. The disagreement between Koch and Pettenkofer also exemplified the problem of reconciling the liberal desire for de-centralization and the reality of the cholera pandemic, which encouraged intervention by the national government. Pettenkofer claimed that there was no need for the state to interfere with commerce to stop cholera because the disease was locally based, and thus rooted in inherent, perhaps irredeemable differences between places and people, while Koch pushed for state intervention as a safeguard against the dangers of imperialism and international networks. Koch’s science, and his preferred strategy of mitigation, was correct; but politically, this did not matter. The history of cholera in the British Empire shows how knowledge could be selectively used to support specific strategies of rule. Anti-contagionist science supported a liberal vision of the world as a series of distinct and discrete localities that could not “infect” each other. In such a world, the networks that connected the different components of the empire were secure and British power legitimated; it was a world safe for the empire of free trade—but not for public health.

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ENDNOTES

1. Cholera is caused by the microorganism Vibrio cholerae. Outside the host, in its natural aquatic environment, the disease is not toxic; once ingested, however, it travels to the small intestine, where it adheres to the lining and reproduces in response to unknown environmental factors. In the process of reproducing, it releases a toxin that disrupts the small intestine’s ability to maintain the body’s overall water balance, causing the organ to release excessive amounts of mucus, causing vomiting and the signature “rice water” diarrhea. Through these excretions, bacteria are released back into the environment along with the bodily fluids, where it is free to infect and reproduce again. Karl E. Klose and John K. Mekalanos, “Distinct roles of an alternative sigma factor in both free-swimming and colonizing phases of the Vibrio cholerae pathogenic cycle,” Molecular Microbiology 28 (1998): 501.
2. Cholera’s first foray into the geopolitical sphere sparked debate worldwide over a key question: is the disease contagious? Contagionists argued that the disease was spread person to person. Anti-contagionists espoused miasma theory, which situated the disease in the local environment. Arguments between contagionists and anti-contagionists lasted until the end of the nineteenth century.

4. Koch originally received the credit for finding the bacillum, but the first recorded sighting was in 1854, by Italian scientist Filippo Pacini.

5. Altman, Who Goes First, 24-25.

6. This is likely because he had been ill with the disease in the past, and exposure to cholera bacteria confers some immunity to its victims.


11. Using Patrick Joyce’s definitions, liberalism and liberal governmental are used interchangeably in this chapter to refer to the ways in which the British government used the idea of freedom as a formula for exercising power and as a technique of rule throughout the nineteenth century. Joyce, 1-2.

12. Bentham and his followers championed parliamentary reforms based on utilitarianism, which argued that the proper course of action, political or otherwise, is the one that maximizes the happiness of the greatest number of people. Utilitarianism underpinned Adam Smith’s argument in Wealth of Nations that free markets were in the self-interest of most people because free markets increased the total wealth and happiness of the nation as a whole. See Richard Hudelson, Modern Political Philosophy (Armonk, NY: M. E. Sharpe, 1999), 20.


15. Joyce, 4.


LEARNING FROM HISTORY: CYCLES OF DISEASE IN AUSTRALIA
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From colonial foundation in 1789, Australia recorded regular disease outbreaks. The occurrences themselves range from national events to local theatres of global phenomenon, with response and public concern expressed through political dialogue and media coverage. Covid-19 is no exception, and has caused concern among Australians, given the national shortages of goods, a sudden spike in unemployment, and the shutdown of civic and public life. Australians have responded to Covid-19 in a manner unparalleled by its most recent antecedents, with discernible worry displayed through hoarding, event cancellations, and the closure of public venues. This essay offers a localized case study of the current global phenomenon, incorporating cultural studies and history to provide an overview of disease history in Australia, recent events, and commentary on its contemporary, first world, consumer culture.

Like other former colonies, the consumer culture of Australia is built on political hegemony, mass media, and global marketplace integration; it overshadows Aboriginal Australia. Historical documentation of settler Australia allows for comparisons between the ongoing response to Covid-19 and previous pandemics. From the onset of colonization (1778) to the Second World War (1939-1945), Australia endured numerous epidemics. Some of these were regional events, such as outbreaks of smallpox. Others were part of wider pandemics, such as the 1918-1920 Spanish Flu. Australia experienced other local and global epidemics, but none exceeded the impact of the Spanish Flu, with an estimated death toll up to 100 million. Table 1 summarizes a history of outbreaks in the public mindset.

Like other nations, Australia was affected by major disease outbreaks after the Spanish Flu, including Asian Flu (1957-1958), HIV/AIDS (1981-present), and the 2009 H1N1 colloquially called swine flu. But none of these public health events prompted the same numbers of deaths or such a heightened public response. Although polio once loomed large in Australia’s public consciousness, reaching its peak in 1938 (during the Second World War) and overshadowing memories of the Spanish Flu, global events paired with the 1956 development of a vaccine, led to polio largely receding from the mainstream media, even as it continued to afflict Australians.3 In contrast, the Spanish Flu’s place in Australian history has been actively promoted via commentary from former Prime Minister Tony Abbott, whose comparisons of the Spanish Flu to various twenty-first century pandemics have been present in Australian media since early 2005 and continue through recent times.2

Considering the flu’s prominence in the media and politics, along with the average life expectancy in Australia (around eighty as of 2019), the Spanish Flu remains a noteworthy outbreak of disease in public consciousness but is itself situated outside of living memory.3 This historical awareness of epidemics and pandemics before Covid-19 influences Australian mindset. Part of the concern surrounding Covid-19 is that it is more troubling than diseases Australians previously experienced. While it initially seemed that Covid-19 was less deadly than H1N1, it is a more aggressive pandemic. The disease has a higher case-to-fatality ratio and spreads more readily than H1N1, its most immediate antecedent. The Australian death toll increased over the time of writing this article—during a significant spike in global fatalities—from around 10,000 to over 80,000.4 In contrast, over its lifespan 2009-2010’s H1N1 flu caused an estimated 150,000 to 575,000 deaths worldwide. With Covid-19 operating in roughly half the time, it is understandable that Australia and the world are responding with much more concern. Furthermore, Covid-19 arrived in Australia at a time of uncertainty in the public mindset that was not present during 2009’s H1N1 outbreak. From January until June 2009, the world suffered a significant financial crisis, but it had a comparatively minimal effect on Australia due to the government’s economic stimulus policies. Between 1996 and 2009, Australia had just two financial crises. But a rapid response to Covid-19 and the shutdown of civic and public life are operating in roughly half the time, making even more concern.

### Table 1: Disease Chronology in Australian Public Memory

<table>
<thead>
<tr>
<th>Disease</th>
<th>Years</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Smallpox</td>
<td>1789-1790, 1828</td>
<td>New South Wales</td>
</tr>
<tr>
<td>Smallpox</td>
<td>1829</td>
<td>South Australia</td>
</tr>
<tr>
<td>Influenza</td>
<td>1847-1848</td>
<td>Global Pandemic</td>
</tr>
<tr>
<td>Bubonic Plague</td>
<td>1855-1860</td>
<td>Global Pandemic</td>
</tr>
<tr>
<td>Smallpox</td>
<td>1857</td>
<td>Victoria</td>
</tr>
<tr>
<td>Measles</td>
<td>1867</td>
<td>Local Epidemic</td>
</tr>
<tr>
<td>Influenza</td>
<td>1889-1890</td>
<td>Global Pandemic</td>
</tr>
<tr>
<td>Polio</td>
<td>1911-1966</td>
<td>Global</td>
</tr>
<tr>
<td>Encephalitis Lethargica</td>
<td>1915-1926</td>
<td>Global Pandemic</td>
</tr>
<tr>
<td>Spanish Flu</td>
<td>1918-1920</td>
<td>Global Pandemic</td>
</tr>
</tbody>
</table>

This

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and political situation for Australia during the 2009 H1N1 outbreak was thus relatively stable.

In contrast, 2020 began with a terrifying 2019-2020 bushfire season that inflicted significant damage on residential and tourist areas. Although not the largest fires Australia has seen, the 2019-2020 bushfires were some of the most economically damaging, with costs exceeding 100 billion Australian dollars (roughly 60 billion US$). Australians also experienced an unprecedented decade of political instability. Typically, Australian Prime Ministers served an average of 5 to 10 years in office, but between 2010 and 2020, the nation saw five political turnovers, resulting in declining economic growth further hampered by the bushfire impact. Covid-19 therefore entered the Australian mindset at a time of grave economic and political uncertainty.

Since H1N1 arrived during a time of relative stability, the 1918 Spanish Flu makes for a key contrast to Covid-19. The Spanish Flu entered Australia just 17 years after Federation in 1901, when the modern nation was formed from six British colonies. It was not until 1911 that the settler government resolved inter-colonial disputes and agreed on Australia’s internal and external borders. The newly minted country then suffered significant drought (1911-1916) and entered World War I (1914-1918). Its second Prime Minister, Alfred Deakin, was at the helm of a of politically and economically uncertain country focused on recovery when the Spanish Flu entered Australia on ships returning from war-torn Europe. Although officials quickly established a quarantine, the virus soon made it into the general population.

Responses to the Spanish Flu highlight how disconnected the fledging nation was. For example, Victoria initially took neither quarantine measures nor attempted to document cases, resulting in the flu’s spread to New South Wales; infected patients traveled from Melbourne via train. In contrast, both New South Wales and Tasmania closed their borders after their first reported cases. Likewise, Queensland withdrew from key federal agreements in the context of the outbreak and Western Australia closed rail transport, effectively isolating itself from the rest of the continent. There is evidence of a national response, though, in the accusations that South Australia underfunded quarantine camps.

The disconnection between federal and state governments prompted a six-month deadlock in Parliament between the prime minister and the leader of the opposition, broken only when foreign aid helped to establish a Department of Health in 1921. The intrusion of the global influenza pandemic revealed the new Australian government’s inability to manage disease controls on local and regional levels.

We can see a similar disconnection between the national government and local experiences of Covid-19. Federal government efforts to contain Covid-19 began in earnest the third week of March 2020. In this context it may seem that Australia was caught by surprise with Covid-19. However, as early as February Australian news media reported increasing demand for and production of products such as hand sanitizer. That same month, Prime Minister Scott Morrison continued the 2019 budget reductions to health care. In light of the first confirmed Australian cases of Covid-19 in January, this was a controversial decision. At the time, though, the public’s attention was firmly focused on the bushfire crisis. A forewarning was, however, present, much as had been the case with the Spanish Flu. Concerted actions were hampered once again by a disconnection between the federal government and regional or local concerns. This disconnection certainly has roots in Australia’s colonial administrative structures, but through twentieth century, Australian leaders have not resolved these tensions, nor has the balance of power between state and federal governance been static since 1901.

The business and economic life of Australia increasingly moved to federal control after Federation. However, as officials deemed that matters such as environmental planning and urban management required flexible approaches for the nation, some power shifted toward state governments. The privatization of key services, such as telecommunications in the 1980s, fostered the further decentralization of Australian federal government. In this sense, it is understandable that a governmental response to Covid-19 did not begin until three months after initial cases were reported.

In March 2020, the Covid-19 situation in Australia evolved from one of mild concern to sudden panic. In February, Prime Minister Morrison promised that routine life would continue. Instead, by late March Australians lived with increased hygiene protocols, self-isolation and quarantine, travel restrictions, social distancing practices, and newly enacted laws restricting mass gatherings. These regulations occurred amid school closures, a move to online learning, the shutdown of non-essential federal and public services, revisions to business practices, and the prospect of closing of borders. Australia additionally saw a massive spike in unemployment as businesses reduced staff to accommodate the new measures. Attempts to simultaneously mitigate the economic fallout while addressing public health again highlight the friction between state and federal governments in Australia. For example, the Victorian government announced the closure of all non-essential services and businesses on March 22. Mere days later, however, the federal cabinet had met and overturned these measures, requiring key entertainment venues to close (again, restricting mass gathering), but not all non-essential services. There has been, in this sense, a sporadic response to Covid-19 by Australia’s varied governments.

Although there are important similarities between Australia’s government response to the Spanish Flu and Covid-19, the response from the general public presents a wholly distinct experience. During the Spanish Flu, Australian newspapers reported few instances of hoarding. Most reported hoarding as a hold-over from World War I and cast the activity as reprehensible. Australia experienced home front shortages in 1917 and the nation had experienced food riots for the first time, which were still very much in the public mindset when flu broke out. In contrast, during

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the Covid-19 pandemic there have been documented spikes in panic purchasing and hoarding behavior reported by Australian news outlets and supermarkets alike. For the first time since World War II, conditions have led to rationing and bare shelves. Tourist panic shoppers—residents of major urban centers, such as Melbourne—have travelled to supermarkets in surrounding communities. While social media and other general communication channels reported organized bus tours, professional journalists reported cases of individuals undertaking the activity. Nevertheless, the phenomenon is prevalent enough that regional supermarkets and suppliers restricted purchases to local customers only, requiring identification at the point of sale. These instances, however, occurred weeks after the first cases of hoarding were reported in the closing week of March. By this stage, a nation still recovering from a devastating bushfire season had initiated a mentality of panic purchasing. For many Australians, the unfamiliar experience of empty shelves or regionally-restricted shopping—a jarring change from the time before 2019—only served to heighten the sense of tension in the national mindset. It is not unfair to state that life in Australia in March 2020 presents a palpable air of concern in the public mindset.

Australians confronted Covid-19 with an awareness of disease history on the continent, but this current outbreak is the first prominent pandemic in Australian public consciousness since 1918. As a result of being the first pandemic in living experience, Covid-19 presented the nation with a set of challenges. While these challenges are not historically new, they are coupled with a recent natural disaster, political and economic instability, frictions between state and federal governments, and a delayed response to initial cases of the disease. The result has been panic as governmental and commercial services show signs of strain, are unable to maintain clear mandates, and to meet the needs of a public in disarray.

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ENDNOTES

7. McQueen, 134.
The history of Lagos is laced with stories of disease outbreaks. From malaria in the nineteenth century to the outbreak of Covid-19 in the twenty-first century, the city has been part of global histories of diseases. Its socioeconomic growth, physical development, and political transformation has been influenced by the outbreaks of diseases. This essay highlights the outbreak of diseases in Lagos with a view to illuminating our understanding of the nexus between epidemic control and urban development in the global south. The study of infections and their spread is critical to history of humankind. Diseases have defined wars and triggered the collapse of empires. Pathogens are as old as the human race. Their evolution today is reflective of the globalization of the human community. The history of humanity and human societies is that of continuous engagements with diseases which have the capacity to alter demography, economy, and social and physical landscapes. Consequently, the history of Africa can be told as the history of our interaction with malaria.

According to Charles Rosenberg, "no diseases illustrate the complex interdependence that shape disease incidence and experience better than malaria." The history of Lagos, the colonial capital of Nigeria and one of Britain’s most prized assets in the West Coast of Africa, is that of a continuous engagement with diseases. More than any other socio-political and economic space in Nigeria, Lagos and Lagosians’ interaction with diseases have to a very large extent defined its history. The history of nineteenth-century Lagos was dominated by wars of royal succession, major fires, racial tensions, and disease outbreaks. As Lagos grew from a fishing village to a global megacity, every century in the history of Lagos was characterized by outbreaks of diseases that influenced its physical development. Among all the diseases that ravaged Lagos in the nineteenth century none had such enduring legacies as malaria.

When the British government sent William Macgregor to Lagos as the colonial governor in 1899, one of the most fundamental problems confronting his administration was malaria. The health conditions of the city were so frightening that he expressed doubt about his own survival. The death rate among the European population in the city was 71.12 per thousand. By 1900, the figure rose to 87.64 per thousand. Within the same period, Lagos witnessed 2,200 fatalities out of a population of 33,000. The majority of these casualties were children between the ages of 5 and 10. The severity of the malaria epidemic during this period was succinctly captured by a letter Macgregor wrote to his colleague Griffith: “The fatal malaria is everywhere. The less one thinks of that perhaps so much the better…I think it very doubtful that I can hold out here. If I do get ill I suppose I must remain forever.”

The entire imperial project came under threat as a result of malaria. The fight against the disease led to the unprecedented expansion of public health facilities in Lagos. Hospitals and social amenities were built in an attempt to reduce infant mortality rate. Ordinances were promulgated to control the environment. Slum clearance and urban development were the two major flanks of the public health law. The Macgregor administration embarked on slum clearance as a technological and urban planning solution to endemic mosquito control. These insects were rampant in Lagos to the extent that some Europeans stationed in Lagos considered such posts as a death sentence. In order to reduce mosquito breeding, the famous Macgregor canal was built to drain water from low-lying areas of Lagos Island and carry it into the adjacent lagoon. This project marked a fundamental shift from the official policy of scientific racism advocated by London and Liverpool based schools of hygiene and tropical medicine—the two leading imperial think-tanks for the study of tropical diseases.

The idea of racial segregation was suggested by metropolitan-based imperial scholars such as Roland Ross as the most assured measure to tackle the problem of mosquito-induced malaria outbreaks among the Europeans and Africans in Lagos. This idea was already a key medical policy in Liberia, South Africa, India, and the Gold Coast. However, Macgregor worried that implementing such measures in Lagos might result in conflict between the city’s African and European populations. He characterized the city as “too large [and] too sophisticated to be re-organized against its will.” This push-back by the governor against the official policy of the Joseph Chamberlain-led Colonial Office was based on his assessment of how racial relations influenced commerce and social relations in Lagos. The fight against malaria not only changed the character of urban planning in Lagos, it set the precedent for future public health responses in the city.

The Spanish Flu of 1918-1919

On August 30, 1918, the senior sanitary officer in Lagos was alerted by the Governor of Sierra Leone to an outbreak of Spanish flu in Freetown. The Governor further advised that all necessary cautionary measures be taken to insulate Lagos from its spread. Shortly afterwards, on September 3, the “influenza was declared an infectious disease by notice under the public health ordinance of 1917.”

The interconnectedness of the British colonies through commerce and
human migration ensured a wide spread of the disease. The news of the epidemic, together with the memory of past outbreaks, led to panic among the people of Lagos. The first local case was confirmed on September 14. Three crew members of the S.S. Panayiotis were discovered to be seriously ill and lying on the Iddo wharf opposite Lagos Island. The sailors were moved to the infectious disease hospital after they were diagnosed, but the disease spread through Lagos then to other parts of the country. Lagos, the epicenter of commerce, politics and colonial activities, became a center of diffusion because Lagos was the port of entry into the region.

The colonial government’s response to the outbreak was to declare a health emergency and apply the provisions of the public health ordinance of 1917. Infectious diseases hospitals were opened in Ikoyi and Yaba to care for the victims of the pandemic, evaluating and treating patients. Ships coming to Lagos and their passengers were quarantined at the port. Initially, the colonial government in Lagos was reluctant to in any way encourage a panic which might cripple the colony’s economy and disrupt hinterland commerce. However, as the death toll mounted and the criticism in the local press became strident, the state was forced to act. Officials initiated vigorous and draconian public health measures predicated on imperial notions of disease management and control. This imposition of governmentality allowed state intrusion into the private domain, regulating burials, religious activities and social gatherings.

The outbreak of the pandemic also re-awakened the call for greater urban planning in Lagos. Colonial officials did not consider the disease as an externally induced threat; but rather blamed the indigenous population’s hygienic practices. They considered Lagos insalubrious—only significant urban planning measures could eradicate future disease outbreaks. As part of these measures to re-plan Lagos, the colonial authority extended the city’s boundaries. The new Yaba housing scheme was conceived as new living space that would help to decongest Isale-Eko (Lagos Island).

This huge urban planning project suffered not only financial delays but also various agitations by the local population. The project was kept in abeyance until 1924, when a deadly bubonic plague outbreak struck the city.

The 1924 Plague Outbreak in Lagos

On July 7, 1924 a Kolanut trader named Bogobiri, a resident of Oko-Awo, one of the most densely populated areas of Lagos Island, died after a trade trip to Sekondi, Gold Coast. His death was certified by the medical officer of health to have resulted from pneumonic plague. Coincidentally, a few weeks after Bogobiri died, so did his wives and three servants. Their deaths were attributed to diarrhea, cough, and fever without medical examination. The circumstances of their deaths, and the fact that they had just returned from Accra, a city in the Gold Coast that was already an epicenter of plague, prompted the colonial government to re-examine their corpses. The medical officer’s initial examination returned a negative result for bubonic pestis. On July 18, a lung smear taken from the corpse of one of Bogobiri’s wives for clinical re-examination was found to be “swarming with bacteria morphologically indistinguishable from B. pestis.” The differentiation in the strains of plagues that killed Bogobiri and his wives showed that though bubonic plague was the dominant strain of plague during the outbreak, other forms of plague were equally present.

This plague outbreak had profound effects on the medical policies and public infrastructural development of the colony. Urban development and physical re-planning of Lagos that was first mooted when the Spanish Flu ravaged the colony again became a topical issue, featuring prominently in the Lagos print media. The outbreak elicited varying degrees of responses from the colonial government, ranging from the usual metropolitan-conceived sanitary measures such as quarantine, demolition of infected private houses, and the deployment of sanitary gangs to clean urban areas and clear drainage systems. However, the most comprehensive and ambitious plan was put in place to address the perennial outbreak of diseases in Lagos. Officials agreed that various slums that dotted the physical landscape of the city must be cleared for new urban development. To achieve this objective, Lagos Executive Development Board was created in 1928 under the legal instrument of the Town Planning Ordinance (Cap 95 of 1928) to carry out the development of Lagos in collaboration with the Lagos Town Council. New urban space was opened for development on the Lagos mainland. Surulere and Yaba housing schemes were developed to decongest Lagos Island. More than any other disease in Lagos, bubonic plague changed the city’s morphology. The fight against plague altered the demographics of the city, changed the urban planning orientation of the city, and also played a decisive role defining Lagos party politics in the last decades before independence.

From 1960 to the dawn of the fourth republic, there were no major outbreaks of flu or bubonic plague. However, there were occasional outbreaks of malaria, Lassa fever, and cholera. The Ebola outbreak in 2014 did not have serious epidemiological impact in terms of deaths. It did, however, once again demonstrate the anxiety and trauma associated with disease outbreaks in the age of globalization.

The outbreak of Covid-19 in Wuhan province, China in December 2019, again demonstrated the relationship between humans and the environment. While the virus was initially confined to central China, the interconnectedness of world transportation systems, economies, and political systems rapidly aided the spread of the virus. The speed of its spread was unprecedented in the history of the world. In Nigeria, the first known index case was an Italian businessman who was on a scheduled visit to a French cement company located a few kilometers outside of Lagos. However, the virus has since spread to 34 of Nigeria’s 36 states with varying degrees of fatality. In Lagos, the human cost and its impacts on the social temperament of the city are tremendous. For the first time in the twenty-first century, the city lost its vibrancy and has suffered serious
economic dislocation. The disruptive effects of the virus permeated the Nigerian public domain; citizens’ way of life was transformed as a new social order was sanctioned by the state. The effects of Covid-19 on the city of Lagos and other urban centers across Nigeria and West Africa will likely lay the foundations for urban planning and community health for decades to come.

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ENDNOTES

2. Packard, 226.
6. PRO CO 657/15, Outbreak of Plague in Lagos.
7. PRO CO657/15, Outbreak of Plague in Lagos. The differentiation in the strains of plagues that killed Bogobiri and his wives shows that though bubonic plague was the dominants strain of plague during the outbreak, other forms of plague were present.
One of the most overwhelming cultural features of the Covid-19 pandemic is the onslaught of media responses that permeate almost every aspect of daily life in the United States. The barrage of opposing political opinions, the uncertainty surrounding the collection of reliable data, the dysfunctional relationship between state and federal governments, and the general failure of the state to provide a coherent response—or even to disseminate trustworthy information—laid bare cracks in the foundations of American society and our contemporary world. Musical parodies provide amusing distraction from the 24-7 news cycle and attract large audiences. Singer-comedian Randy Rainbow’s parody of President Donald Trump’s advocacy of ingesting bleach as a treatment for Covid-19—“A Spoonful of Clorox,” sung to the tune of “A Spoonful of Sugar” from Walt Disney’s 1964 film Mary Poppins—garnered nearly six million views in the first three weeks after its release. Amateur and professional musicians alike have released a dizzying array of videos watched by millions on YouTube, Facebook, TikTok, and other media. Turning to the visual, major art institutions such as the Getty Museum in Los Angeles and the Rijksmuseum in Amsterdam issued social media challenges to encourage people to photograph reenactments of famous artworks in their own homes, then post the images online. The results are astonishingly creative and beautiful. This online overload—family and friends’ images of their daily lives under social distancing; the sudden transfer of work and education to remote formats; and Trump’s daily spread of misinformation about Covid-19 via Twitter—will all constitute the pop culture archive future historians consult to understand how we began to make sense of the Covid-19 pandemic as it emerged in 2020.

We are not only using pop culture to navigate the present, though. Commentators are using historical comparisons to make sense of our current moment, too. A key touchstone for this coronavirus crisis—in the English-language media and in this special issue of the World History Bulletin—is the 1918-1919 influenza pandemic commonly known as the Spanish Flu. Other contributions in this issue document government policy, mortality, medical treatments, and even the different kinds of viruses that brought on historic flus and other maladies. This essay opens a different path into past pandemics, analyzing popular cultural responses to the Spanish Flu in South Africa. This research reveals that linguistically and culturally diverse poetry and song share common themes in the face of a threatening disease. The verses can be read as historical artifacts that reveal people’s emotional responses to the pandemic and voice perspectives from diverse communities within South Africa’s variegated culture-scape.

An anonymous poem published in a regional Afrikaans newspaper, a song by a prominent Zulu musician, a schoolboy ditty, and a lengthy ode published in the country’s leading medical journal offer intimate glimpses into human suffering, reveal larger social conflicts, and suggest a method for weaving individual narratives into a meaningful, encompassing history. Howard Phillips, South Africa’s leading historian of the Spanish Flu, uncovered the first three sources; it is likely the school song never entered the Spanish Flu as part of the narrative, Willa Cather’s One of Ours, was not published until 1922, when it won the Pulitzer Prize for literature. For in-the-moment commentary in 1918, communities turned to newspapers and magazines. In the absence of radio, music circulated in print; new songs often found distribution soon after being composed. The two poems and two songs analyzed in this essay are real-time cultural responses to the Spanish Flu. Although they likely do not represent the entirety of the genre—much pop culture was ephemeral and escaped archiving, and is now beyond living memory—this small corpus provides a valuable counterpoint to newspaper articles and cartoons. The verses can be read as historical artifacts that reveal people’s emotional responses to the pandemic and voice perspectives from diverse communities within South Africa’s variegated culture-scape.

Poetry, read or sung, was a major form of pop culture in the early twentieth-century British colonial world—which included South Africa in 1918, even though white settlers negotiated independence in 1910. Silent films were in full vogue by 1918, but theaters were closed during the pandemic, and flu did not make it into the filmic repertoire. Radio, which would revolutionize the nature of popular culture and news media, did not enter the public realm until the 1920s. The first American novel to include the Spanish Flu as part of the narrative, Willa Cather’s One of Ours, won the Pulitzer Prize for literature.
The anonymous poem begins with the existential question of human contact with a deadly contagious disease: “Spanish Flu, from overseas/ What are you doing in our Fatherland?” The opening stanzas invoke the poem’s place of publication, a newspaper called Ons Vaderland (our fatherland), which had only been in circulation for two and a half years. The Afrikaans press was relatively new, an outgrowth of Afrikaner nationalism and political organization following the defeat of the Afrikaner Republics by the British empire in the South African War (1899–1902). Despite maintaining power over indigenous Africans in post-war negotiations with English-speaking settlers and the British empire, Afrikaners remained bitter about the appalling treatment of their communities during the war. The British use of concentration camps to imprison civilian women, children, and the elderly was a rallying cry of Afrikaner nationalism. There was active support amongst some Afrikaners for the Germans in World War I and resistance to the new united South African government, including an armed rebellion. South African forces quelled the rebellion only nine months before Ons Vaderland began circulation. It remained an explicit organ of the National Party and promoted education in Afrikaans. The newspaper had ties to both prominent Afrikaner politicians and intellectuals, including in the literature department of the Dutch Reformed Theological School in Potchefstroom, where the poem may have been written. The poem’s explicit religious invocations accompany the fear that disease may undermine hard-fought political rights and folk identity.

The Zulu song Influenza 1918 also laments a community’s profound disruption. Like white settlers, African colonial subjects experienced the upheavals of two major wars in a lifetime, followed by several outbreaks of virulent disease culminating in the Spanish Flu. Various reports from rural regions noted that influenza spread as men returned to their villages from wartime service or from working on the mines. The disease spread rapidly when they participated in the usual rituals and celebrations of their cultural and religious lives. One of the district surgeons wrote that influenza “swept like an avalanche through the District carrying off hundreds if not thousands and leaving whole kraals desolate in its wake.”

Medical personnel (doctors, nurses and pharmacists) were spread very thinly over huge regions which put tremendous pressure on the few doctors and nurses available. Magistrates and native commissioners had to scramble to get medical supplies brought in from cities where there were also serious shortages. Once the disease took hold, villagers began practicing what we now call social distancing in an effort to save themselves. One rural observer from the interior of East London reported, “For two weeks a great solemn hush has prevailed, no one to be seen, no one to be heard; no life on the farms, no work in the lands. Lord influenza and his followers have held the countryside in their grip.” Government officials also took measures to enforce social distancing by “closing schools, prohibiting meetings and indoor church services for Blacks, postponing court-cases and the payment of taxes, and suspending military recruiting.” Only labor recruitment for the mines persisted.

Medical students, both white and African, volunteered their services, but medical and government officials met with hostility in local communities who distrusted their motives and methods. A report from Umtata noted that, “The people simply would not have us. One stood outside his hut and insisted his child was better; another woman took our medicines but said we had come to poison them.” Africans used folk-medicine and commercially prepared concoctions, but there was almost total hostility to inoculations which officials abandoned as a public health method because of suspicions about the motives for the measure. The suffering was too great; suspicions about white motives and malevolent spirit possession took hold. Some African Christians even abandoned faith in missionary churches in some of the most devastated regions.

The devastation flu wrought on rural African communities became one of the foundational childhood memories of Walter Sisulu, who was a young schoolboy in the Transkei at the time. Sisulu would grow up to be a prominent member of the African National Congress with Nelson Mandela; he was sentenced to life in prison alongside Mandela at the Rivonia Trial in 1964. Reuben Tholakele Caluza, the song’s composer, would have been in the midst of this suffering. Already famous when he wrote Influenza 1918, he was music teacher at the Ohlange Institute in KwaZulu-Natal—an institution founded by Africans and modeled on the Tuskegee Institute. Caluza was also a journalist, and prominent member of the New African Movement. Well on his way to becoming one of the most popular composers and performers of his day, Caluza’s music covered an enormous range from ragtime music about modern love and urban life to political songs that reflected the burning issues of his time. While still a teenager, he wrote one of the most enduring African protest songs, lamenting the 1913 Land Act that dispossessed Africans of their land and formed the basis of Apartheid-era homelands. The South African Native National Congress, precursor to the African National Congress, adopted the song as its official anthem. Caluza’s choir made Enoch Sontonga’s Xhosa hymn Nkosi Sikelel’ iAfrika (God Bless Africa) popular. It became a preeminent anti-Apartheid struggle song and eventually South Africa’s national anthem after the end of Apartheid. Caluza’s music was so popular that many of his songs became part of the standard repertoire of other groups. He was one of the first African composers to record his music and at the forefront of introducing African music to a global audience. Columbia Records recorded Influenza 1918 and African-American newspapers, including W.E.B. DuBois’ The Crisis, promoted his music.

Given the power differential among Afrikaner, Black, and English South Africans, it is not surprising that the disruption noted in a schoolboy parody was not accompanied by the fear and distrust evident in “Spanse Griep” and Influenza 1918. The well-to-do boarding students even found some humor in their situation. St. Andrew’s Preparatory School was, and still is,
a private school in Grahamstown catering to and creating a new elite. During the outbreak, the boys were vulnerable to illness and death, but they commented most pointedly on the fact of doing their own domestic work. Oh would you like to hear the tale of Spanish influenza, When everybody great and small must do his own Sebenza…

For all of us we did our bit, old boys and new pots too

We swept the floors and made the beds when we had Spanish ‘flu. Illness among Africans probably caused a labor shortage, hence the need for the boys to do their own chores, an unlikely occurrence in normal circumstances at this elite institution. The song’s composer isn’t known; perhaps a teacher trying to keep up the boys’ spirits? Or the boys themselves? Howard Phillips collected the lyrics from a former headmaster, C.G. Mullins, whose personal memories help to preserve evidence of the race- and class-based differences in reactions to the pandemic.

Perhaps the strangest, and by far the longest, of the verses about the Spanish Flu was an ode penned by Dr. Thomas Querney published in the South African Medical Record. He was not a prominent figure in the South African medical profession; it would require a genealogist’s devotion to discover more details about his life. He was the reporting district surgeon and also port health officer for Port St. Johns, still a working port at the time of the Spanish Flu. The disease, however, spread into the rural areas via railways from larger port cities. Phillips estimates that two main groups carried the influenza to the region—members of the South African Native Labour Corps returning from Europe after World War I, and black laborers who fled the major urban centers and the mines in Kimberley as the disease spread. These carriers were overwhelmingly men, but as Reuben Caluza’s song reminds us, the disease spread rapidly through the population.

The District of Port St. Johns had one of the lowest mortality rates in the region (less than two percent) and the explanation is most likely that the nearest connecting railway system to Port St. Johns was to Natal and Durban rather than to Cape Town—one of the hardest hit regions in the country. What is more, officials speculated that South Africa was hit with two strains of the influenza simultaneously, the virulent strain entering from Cape Town and a milder strain entering via Durban and affecting Natal. This accounted for regional variations in the mortality rate. Querney’s ode is a pointed critique of the official handling of influenza. Many public health issues emerge in the verses. What stands out, given his position as a district surgeon, is his belief that senior officials blamed his fellow district surgeons for their handling of the epidemic. The poem’s final line suggests that the Influenza Commission’s conclusions would ultimately be flawed because of insufficient information. Querney asserts that the only reasonable conclusion is not to allocate blame, but rather assign a verdict of P.U.O.—pyrexia (fever) of unknown origin. These four compositions and their audiences differ in terms of genre and publication venue. Read together, though, common threads connect the verses: not just through the Spanish Flu as an event, but through interconnected themes. Though the authors were differentiated by race, class, ethnic identity, generation, and geography, their verses all reveal the degree of disruption wrought by the disease in their communities. Although the St. Andrew’s parody is a bit of an outlier because it was not written for a public audience, we nevertheless see an upending of hierarchies. Fear and distrust are palpable in the lines penned for adult audiences. These deep emotions circulated via a form of popular culture that resonated strongly in the early twentieth century, revealing a time and place specific to keep up the boys’ spirits? Or the need for the boys to do their own Sebenza…

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ENDNOTES
2. Raisa Bruner, “How People Imitating Masterful Paintings Launched a Sweeping Trend from Italy to Iceland,” Time, April 10, 2020, time.com/58171/1 coronavirus-art-history/.

Caluza eventually traveled with his choir to the United States. Caluza studied for a B.A. in Music at the Hampton Institute in Virginia before enrolling in Columbia University for an M.A. in Music Education which he completed before returning to South Africa in 1936.


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South African Verses from 1918

‘Spanse Griep

Spanish Flu, from overseas,
What are you doing in our Fatherland?
Have we not suffered enough
We fought so hard for our rights.
So many women, children, and men
Are through hunger, murdered, bullet and sword,
Hunted in the valley of death.
Their fate lamented by their people.
Spanish Flu, you are another dagger
In the pierced heart of a people,
Whose wound does not want to heal at all
Because their loss is already too great.
Spanish Flu, go away from here
Because if you last any longer
Then there will only remain, here and there
A few survivors among our murdered people.

Anonymous
Translation by Kerry Ward

Influenza 1918

In the year nineteen eighteen
We’re killed by the disease called influenza
Which finished our beloved relatives
Mothers, fathers, sisters, and brothers
In other households no one was left
It took young women and men
It chose the beautiful ones
It even took the good looking men.
It took the teenagers
It took even the young maidens
It took the engaged ladies
It took the strummers (bridesmaids)
Even the grooms
It was like there was a black cloud over the earth

Just as it comes to collect young women and men
It burned out the elders, while it finished the youth
Mothers, fathers left the orphans
Miserable with no one to help
So today we’ve forgotten the great help
It was like this long ago
With those who went to Canaan
When they faced difficulties
They felt sorry for their wrong doings
When things go well they go with joy
They didn’t think about their creator
Only they were successful who worshiped him.

Reuben Tholakele Caluza

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1. Anonymous, “‘Spanse Griep,” Ons Vaderland, 1 January 1918, 8; cited in Howard Phillips, “‘Black October’: The Impact of the Spanish Influenza Epidemic of 1918 on South Africa,” PhD diss. (University of Cape Town, 1984), 144.
St. Andrew’s Preparatory School Flu Parody
(To the tune of “When His Day is Done”)
Oh would you like to hear the tale of Spanish influenza,
When everybody great and small must do his own Sebenza.*
We’ll tell you all about it in our own Preparatory
And when we’re finished you can see how smart we all can be.
For all of us we did our bit, old boys and new pots too
We swept the floors and made the beds when we had Spanish ‘flu.

Anonymous

*(sebenza translates as labor)


An Ode to the Influenza Commission

’Tis well that in these stressful days of rest,
The Influenza should be on Commission;
And evidence be taken how this pest
Escaped its captors and here gained admission.
Just that! Please don’t consider in your quest
Its whereabouts or doing in transition.
Work of this kind if worthy of the name,
Lies chiefly in the doling out of blame.

And what a field is here, though somewhat wide—
A latitude that’s helpful in these cases—
Your Cape to Cairo net cast in the tide.
Is sure to gather in some venial races,
Whose sun-warmed blood will probably decide
To throw your blame and scolding in your faces.
’Twere best, perhaps, to take a nearer view,
The upper end of Africa’s Nahpoo!

To start with Capetown, Pasteurized and gay,
The Union-Castle folk might need attention.
The Cape Times, Harbour Board and Table Bay,
The M.O.H.—apostle of prevention,
And others too, not very far away,
Quite well deserve an honourable mention.
’Tis quite a work of supererogation
To think about the Mayor and Corporation.

Then there’s the C.G.R. (good dividends);
The Station too—no thing of lath and plaster
The home of greetings from one’s dearest friends,
A spot but seldom noted for disaster.
But, Gentlemen! As much on you depends,
Take careful notes about the Station Master.
The Influenza germ, whose goose you’re cooking
May just have dodged him when he wasn’t looking.

Johannesburg and Kimberley and Bloem-
Fontein and places North, South, East and West.
Like Piquetberg and Smithfield,
And housing for the germs of dire unrest,
All these are worth a swizzle with your broom,
Provided that you handle it with zest.
But let me whisper in your septic ears,
The blame this time does not rest on De Beers.

The District Surgeons are an easy mark,
A fertile source of adverse exploitation;
Tho’ here may sound a yelp and there a bark,
You need not fear Beserk retaliation.
So banish from your minds all care and cark,
And pour on them the blame to saturation.
What your acumen will surely observe is—
They’ve no one to support them—in the Service.

As in review before your massive kens
There pass the medicines and the serum cures,
The Amboceptors and the Antigens,
And other forms of hypodermic lures,
Endeavour to preserve the classic “Mens Sana”—advice that’s gratis and endures.
But if rejecting Sera is your bent,
You might at least return the “Complement.”

And when your minds with facts that leave you cold
Are sated, and you need a little “pep”
To warm you up, I would a tale unfold
That should prove overheating—take a step
Aside from beaten tracks, and there behold
A State Department known as Prisons Dept:
Where native guards are paid two bob per day
To feed their families as best they may.

But that’s a side-line. You may never need
To take a Departmental sudorific,
Some better ones there are—a different breed.
That make one seat—they’re equally specific.
For instance, there are women, wine, and “weed.”
Whose action may be gentle or terrific.
Avoid a chill for cold feet—I’ve heard say—
Are the progenitors of feet of clay.

And when at length, in course of weary years,
There comes an end to your germ rumination,
And those involved have passed between the shears
Of your cast-iron blame and condemnation,
Before you hurl your verdict at our ears,
And fix the blame beyond all revocation,
Be kind and pause, and moderate the blow.
And wangle in a verdict—P.U.O.

Dr. Thomas Querny

LESSON PLAN

JESUIT RELATIONS READING WORKSHOP

A CROSS-CULTURAL COMPARISON OF JESUIT AND WENDAT MEDICAL RESPONSES TO THE 1636 INFLUENZA EPIDEMIC

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From the fall of 1636 until the spring of 1637, a contagious illness, most likely a hypervirulent strain of influenza ravaged Wendat country in present-day Quebec.1 Surrounded on every side by a most “violent” fever in François Le Mercier’s words, the Jesuits sickened but recovered relatively quickly.2 Wendat villagers did not. The following assignment for a lower-division general education course entitled “Native North America” uses excerpts from the Jesuit Relations, a series of reports describing the Jesuits’ conversion efforts in the New France mission field, to examine a variety of natural and supernatural strategies employed by both Jesuit priests and Wendat shamans to combat the medical crisis at hand. The assignment underscores the fact that medical practices and the social constructs in which they are embedded—health, illness, and healing—are culturally relative. Or, as the shaman “selling his antidote” to the inhabitants of Ossossané said to Father Brébeuf, “You have your ways of doing and we have ours, Oniondechanonkhor.”3 The assignment also serves as a scaffolding exercise in support of a more traditional research paper using the seventy-three volumes of the Jesuit Relations. The assignment is targeted at first and second-year undergraduates who have little experience reading seventeenth-century primary sources. This lesson uses three 60-minute class sessions to complete and requires students to read approximately 30 pages (a small group reading of 10 pages and a common reading of 20 pages). Students are also expected to meet once outside of class to complete two reading worksheets (one for the small group reading and one for the common reading) and prepare for a small group presentation.

Learning Objectives

Upon completion of this assignment, students will be able to:

1) understand medical practices as social constructs that vary across cultures and different historical periods.
2) recognize a primary source and analyze the perspective and context in which it was created.
3) problem solve collaboratively in small groups.

Procedures for Implementation

Day 1: Historical Content and Context (1 hour in the classroom)

Before class, students watch a narrated PowerPoint that provides a general overview of the Northeast native culture area in terms of geography and environment, early history from the Paleoindian Period (c. 15,000 B.P.) to Contact (c. 1492 with Basque fishermen off the coast of Nova Scotia), and the history of ethnographic research—with particular attention to the early observations of Samuel de Champlain, Marc Lescarbot, and the Jesuits as well as the later work of Lewis Henry Morgan whose *League of the Ho-dé-no-sau-nee, Iroquois* is the first published ethnography in anthropology.4 Students also come to class having read the Haudenosaunee and Ottawa case studies in Mark Q. Sutton’s *An Introduction to Native North America*.5

Class time is dedicated to a comparative analysis of the Haudenosaunee and Ottawa case studies in terms of natural environment, history, cosmology, politics and external relations, social organization, life cycle, economics, material culture and technology, religion and medicine, art, expression, recreation, and contemporary issues. I reserve the last five minutes of class for a brief introduction to the Wendat confederacy of Iroquoian-speakers living in the St. Lawrence Valley-Lower Great Lakes region.
Day 2: Jesuit Relations Library Tutorial (1 hour at the library)

The first forty-five minutes of class is dedicated to introducing students to the Jesuit Relations in book and on-line form. We meet in the library coffee shop where I organize the class of twenty-four students into six groups and assign the following texts from the Jesuit Relations to each group:

1. Vol. 10, Chapters III, IV, and V;
2. Vol. 13, Chapter III;
3. Vol. 13, Chapter IV;

In addition, all groups read Vol. 13, Chapter 5, pp. 145-184. Groups receive copies of the Jesuit Relations reading worksheet due the following class meeting (see Appendix A). I allot a few minutes for group members to exchange contact information. We then proceed upstairs to the computer lab, making a quick detour into the stacks so students can see where the Jesuit Relations are physically located in our library.

Once in the computer lab, the reference librarian demonstrates on the overhead screen how to access the Jesuit Relations online, navigate the index, and locate specific references within individual volumes. Students follow suit at their individual computer monitors. Men’s lacrosse is historically the most successful sport at Roanoke College, laying claim to one national and eighteen conference championship titles, and because of its popularity with the student body I ask our reference librarian to demonstrate the search process using “lacrosse” as the topic du jour. Student interest aside, a search for “lacrosse” is also advantageous because it requires using both volumes of the index, since most references do not appear under “lacrosse” as students anticipate but under the sub-sub-heading of “crosse,” which is found under the sub-heading of “games and recreation,” which is, in turn, located under the main heading of “Indians: social and economic life.” Of the several references noted under “crosse,” I select “played for sick” (10:185-187, 197) as the online demonstration text given the entry’s direct bearing on Wendat medical practices. Particular emphasis is placed on the necessity of consulting the volume’s preface to determine who is “I” in the passage, who are the “Savages,” and which country does the letter writer mean when he says “the whole country is sick.” It is imperative that students grasp the importance of ascertaining when and where the letter writer makes culturally specific observations. Doing so requires due diligence and students need to be prepared to do a bit of backtracking through the text to locate information that anchors information in time and space.

If time permits, I encourage students to select a topic of their choice from the index and begin exploring within the pertinent volumes. In my experience taking the time to walk students through how to locate the volumes in the library, use the index to explore potential research topics, “Ctrl F” keyword search within electronic volumes, and properly cite the source is time well spent. For many undergraduates, call numbers are a foreign language, side-by-side translations appear intimidating, folio and page numbers are easily confused, and research topics are scary commitments. In the case of the latter, it is helpful to ask students what topics they most enjoyed reading about in the two case studies (cosmology, material culture, or politics, for example) and if any particular questions came to mind while reading. Students do not yet need to identify a topic for their research paper but I find it useful to encourage them to start thinking sooner, rather than later, about the inevitable.

For the last fifteen minutes of class we relocate to an adjacent screening room where students watch one of two segments from Black Robe (1991), a film chronicling the journey of Father LaForgue and his protectors, an Algonquin family tasked with care of the young priest, from Champlain’s trading post to a distant Wendat village. The first segment details the young Jesuit’s encounter with a band of Montagnais and the shaman traveling with them. The second segment covers the death and “She-Manitou” dream sequence of Chomina, Father LaForgue’s guide, and LaForgue’s discovery upon entering the smallpox-stricken settlement that the villagers have murdered most of the Jesuits stationed there because they blame the priests for the epidemic. Either segment dovetails nicely with the assigned group readings. Immediately before groups leave I encourage them to invest time in watching all of Black Robe but it is not required on the syllabus.

Day 3: Analytic Reading (1 hour in the classroom)

Students meet in their small groups outside of class to answer questions collectively on the Jesuit Relations Reading Worksheet (see Appendix A). The worksheet requires students to hone their skills contextualizing and analyzing a primary source, and grapple with the paradigms of knowledge, realities, and values shaping the medical practices employed by both Jesuits and Wendat in combatting the 1637 influenza epidemic. The first half-hour of class is devoted to five-minute group presentations focusing on evidence of Catholic and/or indigenous medical practices from the group readings. The second half of class involves a group discussion of the common reading—François le Mercier’s
account of the devastating fever that afflicted entire villages and the high-stakes curative rituals the Wendat performed at their shamans’ behest.

**Conclusion**

Students typically react well to the *Jesuit Relations* Workshop. Yes, they enjoy the library tutorial as a welcome break from the normal class routine, but end-of-course evaluations also indicate that students appreciate the face-to-face meeting with the reference librarian assigned to support the Native North America course. They find it comforting to know that their reference point-of-contact is familiar with my expectations for both the workshop and research paper assignments. Students specifically noted the expert reference help they receive in narrowing down research topics and locating appropriate source materials for the final paper. From my perspective, I know students have “gotten” the workshop assignment when they can do three things: First and foremost, students can express empathy with both Jesuits and Wendat—and not dismiss out of hand their distinct medical responses to the overwhelming suffering that characterized the 1637 influenza epidemic. Second, students can take a complex primary source such as the *Jesuit Relations* and, for the final paper, contextualize the information it contains with an eye towards recognizing cultural difference. Third, students can make roughly equivalent contributions to their small group presentation.

**A Note on Extending the Jesuit Relations Workshop to Other Medical Emergencies and Recommended Resources for Teachers:**

The *Jesuits Relations* Workshop can easily be extended to other medical emergencies confronting native populations, such as the smallpox epidemics of 1639-40 in Wendat communities⁵ or 1669-70 in Montagnais and Algonquin communities.⁶ For a general discussion of the demographic impact of smallpox in the Americas from 1518-1670, see John Aberth’s *The First Horseman: Disease in Human History.*⁷ For a specific discussion of disease and sixteenth- and seventeenth-century population trends for the Wendat-Tionontate, see Gary Warrick’s “European Infectious Disease and Depopulation of the Wendat-Tionontate (Huron-Petun),”⁸ and for the Haudenosaunee, see Eric E. Jones’s “Sixteenth-and Seventeenth-Century Haudenosaunee (Iroquois) Populations Trends in Northeastern North America.”⁹ Bruce G. Trigger’s *The Huron: Farmers of the North* is an eminently readable ethnography of the Wendat.¹⁰ Allan Greer’s introduction to *The Jesuit Relations: Natives and Missionaries in Seventeenth-Century North America* provides a succinct overview of the French Jesuits’ presence in native North America.¹¹

**A Note on Online Sources**

The *Jesuit Relations* are now available online through several sites. However, I strongly encourage students to access the volumes through the Research Laboratories of Archaeology landing page at the University of North Carolina ( rla.unc.edu/Louisiane/jesuit.html). I find it more user-friendly than going through either Kripke Center’s server at Creighton University (moses.creighton.edu/kripke/jesuitrelations/) or Internet Archives (archive.org/). In the case of the former, students find searches and citations to be difficult; and in the case of the latter, students are easily overwhelmed by the results when they do a global search for *Jesuit Relations*.

As for other online primary sources chronicling the history of early French involvement in North America, I typically tell students to begin their research journey by browsing the digital collections found at the following web sites: (1) *American Journeys* ( americanjourneys.org/) with 18,000+ pages of eyewitness accounts of North American exploration; (2) The Champlain Society ( champlainsociety.utpjournals.press/) for a digital collection that includes *The Works of Samuel de Champlain* in six volumes and the Champlain Society’s *Hudson’s Bay Company Series* in twelve volumes; and *Canadiana* ( www.canadiana.ca/), which includes a comprehensive, full-text searchable set of historical monographs on the history of Canada.

**Endnotes**

7. See the first and second letters of Father Charles Albanel in *Jesuit Relations*, 53: 59-93.
Appendix A

Jesuit Relations Reading Worksheet

“You have your ways of doing and we have ours, Oniondechanonkhron” (JR 13:213)

Names of Group Members:

Text(s) Analyzed:

General Observations

1. Who is the letter writer? Provide a 3-4 sentence biographical description of the letter writer. Copy and paste links to the source(s) you use.
2. When do the events described in the letter take place?
3. Where do the events described in the letter take place?
4. Which native groups does the letter writer describe?
5. Who are the main actors described in the letter?
6. What characteristics does the letter writer hold up as proof that we/the Jesuits are different from them/the natives?
7. What characteristics does the letter writer hold up as proof that we/the Jesuits are similar to them/the natives?
8. What ideals and/or values shape the letter writer’s version of events?

Comparing European/Jesuits and Wendat Medical Practices

1. How do the Jesuits treat themselves and other Frenchmen?
2. How do the Jesuits treat the natives?
3. How do Wendat shamans (“sorcerers”) treat the native population?
4. How do Wendat shamans treat the Jesuits?

Additional Questions for Vol. 13, Chapter V

1. What does the Father Superior tell the Ossosané council they must do if they truly desire God’s compassion?
2. How do the Wendat “captains” react?

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It is April 2020 and the world is full of fear. The more articles I read about the increasing death toll, amid every headline screaming “virus” or “crisis” or “lockdown,” my disenchantment with life grows. Nevertheless, nearing my two month anniversary of staying home from school, I push past a myopic view fostered by isolation and boredom, and I reflect. I reflect not on my doubts and disappointments; instead I reflect on my faith in the world founded on my personal experiences with the past. In a time when I rarely see another human face, I depend on the glimpses I have had through the gates of history for human connection. World history has taught me about the commonality of all humans. History is my story and vice versa, meaning its events and patterns tell me that I am not alone, and there is a connection between me and the rest of the universe. The past and the outside may feel distant during this time of struggle, but through memories that history leaves behind for us, we see that the human race is bound together by the threads of our ancestors’ and our descendants’ stories. The truth behind history is that it is continuing inside each living person and each lasting establishment. This is the light I look for when I study history, that it may give strength when the world around me is in darkness.

My first real experience with history coming alive before my eyes was among a collection of Renaissance books in Stanford University’s Green Library. Past the large tomes decorated with gold leaf, I spotted a humble, tattered book with stains and blue-ink notes scribbled in the margins. I described the moment I shared with this ancient piece of someone’s ordinary life as a supernatural connection between me and another human over metaphysical barriers. I wrote in a journal soon after this experience in 2016, “The next thing I knew, the book and I… were in Italy in the sixteenth century. A Renaissance scholar was in front of me, hunched over the book… He was an actual human, not just a character from a history textbook. The awareness of the existence of people from before my time shot through me like a white-hot strike of lightning. I felt an intense feeling of familial love towards the man as I realized that he was not any different from me.” Seeing someone sprout from the veins of the past taught me that my lifetime is not on an independent fast-track. History may be studied in fragmented regions, movements, and eras, but when we seek life and truth behind history, we can see that we are on the same spectrum as the individuals who lived geographically and chronologically distant from us.

Unfortunately, when thinking about the commonality of humans, we must also consider our susceptibility to evil. Hannah Arendt, who wrote about Adolph Eichmann’s criminal trial, coined the term the “banality of evil.” Arendt claimed that many of those involved in the Holocaust were doomed to follow orders, which sparked a controversial debate about whether villains in history should be considered just as human as everyone else. This debate shows the need for a balanced outlook on history, navigating between seeking authenticity and recognizing atrocities.

I was forced to confront this horror-filled question when I visited Tuol Sleng in Cambodia, a former school turned prison and torture camp during the reign of the Khmer Rouge. Walking along the cement walls, a scream trapped in my throat, I saw bloodstained tiles and chains on iron-framed beds. I read the exhibition’s stories of victims and perpetrators. I read that Pol Pot dreamed of an agrarian utopia, or the “Super Great Leap Forward” inspired by Mao’s own “Great Leap Forward” in China. The Democratic Republic of Kampuchea was purged of any idea or person against Pot’s peasant Communist movement. I remembered visiting the killing fields the day before and seeing the rags of clothes still tangled among the roots of trees, and the monument in Choeung Ek that displays a literal pyramid of skulls. Standing alone in the ominous, crumbling buildings of Tuol Sleng, chills ran down my spine, and I felt like I was not alone. The feeling of being connected to history that had comforted me in a library now terrified me. I kept telling myself that I could never be like Pol Pot, that I could never take part in such brutal acts, but I saw the shadows of emaciated prisoners curled in their brick cells that were around two feet wide; I felt them watching and doubting me.

Beyond the unthinkable cruelties that are the bane of the heritage we share as humans, there is still hope in history. The continuation of lives that pass down legacies of great achievements can be a source of inspiration. My ancestry traces back to Admiral Yi Sun-Sin, who is known as one of the greatest military leaders in Korean history. He never lost a single battle or ship, even when he was outnumbered. Yi most famously fought in the Imjin Wars (1592–1598) against Japan’s Toyotomi Hideyoshi; without his ingenious strategies, Korea might have been part of Japan today. I feel the pride of being his descendant when I look up at his bronze statue in the Seoul Plaza. He stands towering, one hand on his hip and the other on a sword. He seems to still be protecting Korea, my country, standing fierce in front of Gyeongbokgung Palace and Bugaksan Mountain. I have a responsibility to carry on his great legacy, as everyone does with their own ancestors. This responsibility is the opportunity to overcome the path of evil and darkness of the past. History, or rather the story of my universal heritage, shows me why I belong in the world.

My experiences have made studying history a personal endeavor. Secluded within the walls of my home since early March, the memories I have of encountering history connect me to humans beyond time and space. My reve-
lations allow me to love my place on Earth: The commonality of humans is the beauty and significance of history. The universality and intimacy of history is what gives me hope that human life is not just about the individual self. At a time when I feel so alone and insignificant, it gives me the motivation to see the greater scale of life and appreciate its grandness. No worldwide crisis, not even Covid-19, can stop me from recognizing the blessing of being a part of the human race.

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Clipping from *The Age* (Melbourne, Australia), June 21, 1892.

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The current coronavirus pandemic has everyone spooked and a little on edge. After all, the death rate from Covid-19 is estimated to be 1-3 percent, 10-30 times higher than that from seasonal flu. But try a death rate of 50-60 percent: In other words, half or more of the population—every other person around you—dying from the disease. That is what happened during the Black Death, or “Great Mortality,” that swept Europe between 1347 and 1353. And while 80 percent of those infected by coronavirus are expected to suffer only mild symptoms, try reversing that for plague, the disease that caused the Black Death, which had a pre-modern case fatality rate of 80 percent, making it one of the deadliest of all diseases known to humans.

For those seeking historical context as they confront the novel coronavirus, it may be worth remembering that human society has survived more devastating disease outbreaks. Plague, of course, is a different disease than Covid-19, caused by a bacterium, *Yersinia pestis*, instead of a virus. Bubonic plague is not spread person-to-person at all; rather, fleas that normally feed on animal hosts, such as rats, will bite and infect humans once all the rats have died of plague, in other words, an epizootic. Modern studies of plague conducted in India and Egypt during the early years of the twentieth century demonstrated that dozens or even hundreds of infected fleas could be released once an epizootic ran its course. Given these numbers, it is not hard to imagine the zoonotic transfer of plague to humans within the typical peasant housing of the Middle Ages. One form of the disease, pneumonic plague, is transmitted directly from person-to-person through droplet infection, much like how the coronavirus is communicated. But bacteria, being about 1,000 times larger than viruses, are less easily passed down the trachea to the lungs, and the narrow window of time for symptomatic contagion, coupled with the necessity for close personal contact, meant that any pneumonic outbreaks were much more localized and limited in scope compared to bubonic ones.

Nonetheless, contemporaries were convinced that plague was very contagious and was primarily spread person-to-person. Doctors and priests on the front lines of the disease were warned to practice their own form of social distancing: to not get too close to sick patients and to not speak or even look at them directly. Sick rooms were also purified, which in a medieval European context meant warding off bad miasmas by lighting fumigating fires, spraying cooling, cleansing liquids such as vinegar, and by ventilating the room with fans. Since contemporaries understood disease as communicated via stenches or bad smells and foul vapors, municipal efforts were made to clean waste and garbage from city streets, while guards were posted at city gates to keep out infected persons and their goods. None of this worked, though, because plague was spread primarily by infected rats and their fleas, who entered unseen in grain cargoes that nearly every in a medieval European context meant warding off bad miasmas by lighting fumigating fires, spraying cooling, cleansing liquids such as vinegar, and by ventilating the room with fans. Since contemporaries understood disease as communicated via stenches or bad smells and foul vapors, municipal efforts were made to clean waste and garbage from city streets, while guards were posted at city gates to keep out infected persons and their goods. None of this worked, though, because plague was spread primarily by infected rats and their fleas, who entered unseen in grain cargoes that nearly every community needed to feed their populations. Although certainly the modern world is more interconnected globally than ever before, there were global trade networks in the Middle Ages, which is how plague migrated from endemic centers in Central Asia westward: along the Silk Road whose terminus was on the Black Sea in the Crimea, where maritime powers such as Genoa and Venice had local trading factories to facilitate the transportation of commodities—and unseen disease—back home to Europe. Trade, by both ship and land, was also how the Black Death spread throughout Europe once it arrived. This spread, however, appeared very haphazard to contemporaries, skipping over whole regions only to hit them later and changing direction arbitrarily, as if the disease behaved like a player “in a game of chess” or else being “propelled by winds in the airy regions.” Not knowing where or when the plague would strike next contributed greatly to the terror it inspired.

As with today’s novel coronavirus, the Black Death caused tremendous economic and social upheaval. In Europe’s medieval manorial economy and feudal social system, serfs owed dues and services to their lords and were not free to leave the village of their birth, a condition that applied to a greater or lesser percentage of the peasant population on the eve of the Black Death, depending on region. The plague threw the manorial system into chaos, creating an enormous demand-side shock for goods and a supply-side shock in available labor due to the high mortality. Simply put, there was a steep shortage of available workers to till the lord’s land, and far fewer consumers to buy goods, which in terms of the economic laws of supply and demand meant that lords now had to pay much higher wages, or else make other concessions, in order to keep what labor they still had, and could expect much lower prices for the largely agricultural goods they produced, meaning that landowners’ expenses threatened to outstrip income. In the meantime, these conditions proved a boon to the peasant laborers themselves, who could now expect higher standards of living and status owing to higher...
real wages and more cheaply available land. As a matter of fact, the Black Death was perhaps the best thing to have happened to the European peasantry—for those who survived—a kind of silver lining or Golden Age that nonetheless did not extend to all aspects of society. It was largely because of the Black Death that serfdom, the institution that had oppressed peasants for centuries, waned in western Europe by the end of the Middle Ages. This was in spite of labor laws enacted in the mid-fourteenth century by nearly every country in Europe that attempted to turn the clock back to before the Black Death in terms of wage rates, prices, and freedom of movement. Even if some estates weathered the storm of the first outbreak of the plague, the Black Death returned at periodic intervals to keep population, and therefore supply and demand, at its new, low level for at least a century after 1348. Much as lords hoped the “world would amend” after the first plague, it did not.

New research has shown that from the very beginning of the first European outbreak in 1348-49, plague caused enormous disruptions in grain production, animal husbandry, and rent collection. Because of all the deaths, lords suddenly found themselves in possession of overwhelming numbers of livestock from the heriots, or best beast paid as death dues. They also had newly-vacant tracts of tenant land that had to be maintained and could not easily be turned over to new caretakers. Farmers of any status who survived the plague found that they could now take up these vacant lands upon vastly more favorable terms than ever before. Ironically, because this redistribution of wealth, primarily in the form of land, played itself out most freely in England and the Netherlands, these countries emerged in a very strong economic position relative to the rest of Europe, measured by per capita GDP, by the end of the Middle Ages—a phenomenon known as the Little Divergence. The Black Death laid the foundations for the emergence of a new economic system, capitalism, largely because the new bargaining power wielded by peasant workers enabled them to move freely in a wider market for their services.

Many people today are wondering if the severe economic impact of the novel coronavirus on modern capitalism will once again inaugurate a transition to a new system, perhaps one that is more socialized in order to support the millions of workers and businesses affected by the enforced isolation.

Finally, there is the overall cultural impact of the Black Death, which provides some lessons for the modern Covid-19 crisis. At the beginning of every college course I teach on the Black Death, I ask students to raise their hands if they believe in an afterlife. Typically, less than half do so. When probed further, they say they believe there is nothing after death, or they are not sure. By contrast, there was universal belief in the Middle Ages that death was not the end of a soul’s journey, but merely the beginning. Dante’s Divine Comedy laid out a topography of the afterlife that included heaven, hell, and purgatory—the waystation for the not-quite-as-yet deserving—which fueled an industry of masses and prayers for the dead that became more popular in the wake of the Black Death. Preparations for the afterlife took on a greater urgency when people could not be sure if they could secure the services of a priest or receive a decent burial amidst the chaos of an epidemic. The Black Death also presented front families with a wrenching choice: either stay to tend those who became sick and risk contracting the disease themselves, or flee to safety but abandon spouses, siblings, and others to lonely deaths. Chronicler after chronicler throughout Europe commented on such abandonment, even among close family members. Fears of being forgotten, consigned nameless to a mass grave, may have stimulated patronage of individual portraiture, one of the hallmarks of the Renaissance, as part of a new cult of remembrance or commemoration in the wake of the plague.

I firmly believe that medieval assurances of an afterlife gave our predecessors a psychological advantage, and a certain degree of resignation, when faced with unprecedented crises like the Black Death. Petrarch may have questioned why God was allowing his generation to feel so severe a lash as the plague, but he ultimately accepted that God still cared for mortal men, for otherwise “there would be nothing left to sustain us.” Obviously, we can never recapture the religious faith of our ancestors. Today, science and medicine are our lodestars in the fight against the novel coronavirus. It is well that we place our trust in them, for modern medicine has done wonders in eliminating or managing a whole host of diseases, including smallpox, polio, measles, cholera, influenza, and AIDS. There are those who would doubt our modern guides, whether in the form of skepticism of climate change, mistrust of vaccines, or even conspiracy theories that Covid-19 is a hoax overblown by the media. This is a suicidal impulse, because testing, information sharing, hospital treatments, and vaccine development are tools that represent are our last, best hope in this coronavirus crisis.

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ENDNOTES


The dangerous coronavirus pandemic that began at the end of 2019 shared a number of features with earlier pandemics. First, the disease spread stealthily and rapidly from its place of origin. Second, transportation networks were crucial in shaping the routes of dispersal. Third, along with compassionate helping it provoked a range of emotional responses, including panic, religious fatalism, xenophobia, and hoarding. In addition, there were paranoid rumors of its cause: some in China and Iran blamed the American military for deliberately introducing the virus, while others in the United States blamed the Chinese for the pandemic or claimed that it might be a big hoax, perhaps linked to George Soros (a Jew). Even in our supposedly scientific age the baser human instincts were not hidden. Fear and rationality are mortal enemies. A comparative history of pandemics is not a common topic in world history survey courses, mostly for pragmatic reasons. Even so, comparing epidemics and pandemics can sometimes be an effective teaching tool. For example, I have found that explaining declining urban mortality rates in nineteenth-century Europe is helped by combining public health efforts to curb cholera and smallpox epidemics with developments in scientific medicine and inoculations. In this essay I shall show why it can be pedagogically useful to compare the bubonic plague pandemic of the mid-1300s (the so-called Black Death) and the catastrophic demographic collapse in the Americas during the century after 1492. On the one hand, they shared many similarities (unintended transmission along the extensive trade routes that connected East and West Eurasia. Whether the disease reached Crimea via the overland Silk Road or through maritime routes is not known, but from Crimea Italian ships transported the plague to Genoa and Marseilles in 1348. The plague spread rapidly around the Mediterranean, into western Europe and then into Scandinavia and central and eastern Europe in 1350. Having done its worst, the plague vanished for a time. Though the course of the pandemic is most fully documented in Europe, it also affected Islamic lands, central Asia, and China. Just as other diseases, notably colds and influenza, occur alongside today’s coronavirus, so too did diseases such as typhoid, anthrax, and smallpox infect people during the time of the bubonic plague, accounting for a confusing array of symptoms in the afflicted. Amazingly, modern research has demonstrated that the bubonic plague is a rod-shaped and spore-forming bacterium of the genus bacillus, scientifically known as Yersinia (or Pasteurella) pestis. DNA recovered from medieval French, British, and Dutch cemeteries has enabled scientists to identify Yersinia’s entire genome and confirm that it was the principal cause of the deadly plague. Fleas living on a species of black rat were the principal carrier of the plague. However, none of that was known at the time, and, even if it were, there was no way to prevent its spread or even observe it until those infected displayed horrendous symptoms.

Victims generally suffered severe pain, fever, diarrhea, and vomiting, but the most visible symptoms were dark splotches and swellings the size of hen’s eggs in the lymph nodes of the groin and armpits. As in the case of the coronavirus today, some communities attempted to stem the spread by quarantining afflicted persons and by blocking outsiders. These measures were not very effective because no one could block the ubiquitous rats from towns and homes nor prevent their tiny disease-carrying fleas from biting humans. Some communities miraculously escaped infection while others lost up to two-thirds of their inhabitants.

The horrors of the disease and the high mortality it caused gave rise to many irrational explanations. Some imagined the plague was due to divine punishment or the work of the devil; others embraced conspiracy theories blaming witches or the Jews. Medical doctors did what they could, which was very little. Fear and ignorance prevailed.

The pandemic was not confined to Europe and the Baltic. In 1348 a ship unwittingly carried the plague from Sicily to the Maghreb, from where it spread to Egypt. Before the plague, in the words of the great Arab historian Ibn Khaldun (1332-1406), the city of Cairo had been the “metropolis of the universe, garden of the world, swarming core of the human species.” Afterwards, it became a shadow of its former self for centuries. The well-travelled Khaldun also penned a poignant and balanced global assessment of its effects in both the East and the West:

[The] destructive plague...devastated nations and caused populations to vanish. It swallowed up many of the good things of civilization...Cities and buildings were laid waste, roads and way signs were obliterated, settlements and mansions became empty, dynasties and tribes grew weak. The entire world changed. A contemporary witness like Khaldun,
who lost both parents to the plague, could not have known how soon and how much the world would manage to recover, but his words foreshadow the sentiments that, a century after his own natural death, the surviving native inhabitants of the Americas would have felt after being struck by another series of devastating diseases.

The American Demographic Collapse of the 1500s

Although some students have a sound factual understanding of the population collapse that followed Columbus’s voyages to the Americas, many others are likely to harbor unhistorical views of how and why that tragic event occurred. I believe it becomes easier to bring students to a balanced understanding about the demographic collapse if one examines that calamity in comparison with the ravages of the bubonic plague of the 1300s. Comparative history can be an effective antidote to unfounded conspiracy theories.

The common assertions that the Spanish sought to get rid of the indigenous Americans by deliberately spreading disease is so lacking in evidence and logic that it is easily disposed of. Even if the Spanish had been able to cause an epidemic, they lacked a credible motive for wanting to do so. The conquistadores were cruel, greedy, and rapacious, but they had great need of indigenous people as a labor force, since voluntary migrations from Europe to the Americas were very small. As the population in their Caribbean colonies tumbled, some Spanish moved to conquer the densely populated kingdoms of the Aztecs and Incas, only to see those people also die in great numbers.

Instead, the causes of the demographic collapse clearly had much in common with those of the bubonic plague: exotic pathogens introduced accidentally from the outside world that spread with deadly consequences among people lacking acquired resistance or immunity. Although the Americas were not entirely isolated before 1492, contacts were insufficient for diseases from the Old World to establish themselves. Lacking exposure to non-lethal infections, indigenous Americans had no immunity or resistance to the spreading pathogens.

In the early days, the smallpox virus played a large and deadly role in the decimation, as shown in drawings of people whose bodies are covered with the characteristic pustules. A Franciscan missionary who learned Nahuatl, the language of the Nahua people of central Mexico, recorded the vivid memories of the survivors he interviewed. Here is a translation of a small excerpt:

Before the Spaniards appeared to us, first an epidemic broke out, a sickness of pustules. It began in Tepeihuitl. Large bumps spread on people; some were entirely covered...The pustules that covered people caused great desolation; very many people died of them, and many just starved to death; starvation reigned, and no one took care of others any longer...This disease of pustules lasted a full sixty days; after sixty days it abated and ended.5

As this account makes clear, the epidemic began before the Nahua had direct contact with the Spanish. Later passages of the account describe the subsequent Spanish attacks.

As was the case with the Black Death, several other diseases, newly introduced, accompanied the main killer, adding to the misery and mortality. These included typhus, measles, and influenza. After the calamitous first round of infections, the epidemics returned just as the plague had done in Europe and influenza does today. In these subsequent epidemics the death rate was lower because people had acquired resistance or immunity and tactics to avoid infection.6

Depopulation and Repopulation

A comparative approach also is helpful in considering the magnitude of the demographic collapse in the Americas and the subsequent repopulation. Scholarly discussions of pre-modern demography usually start by stating that the evidence is scant, uneven, and imprecise and then go on to suggest a ballpark estimate with a wide margin of error. Moved by the shockingly high mortality, many modern people naturally focus on the high end of the estimate. However, it is useful to distinguish between general history, which is largely about individuals, and demographic history, which is about populations. All individuals die, whether in calamities or at the end of a natural life, but, so far, most human populations have proven quite resilient in rebuilding their numbers gradually after catastrophes through natural increase. To be balanced, world history needs to include both the heart-wrenching loss of individual lives and the subsequent recovery of the afflicted populations.

Because the records for parts of medieval Europe tend to be better than for most other lands in that era, there is less disagreement about demographic data there. Scholars generally agree that the population of Europe was about 80 million before the plague. During the plague years it may have fallen to something like 60 million, though mortality among those who caught the plague may have been near 50 percent. Figures are less reliable for Egypt, which may have lost 40 percent of its population, while the losses in North Africa as a whole may have been about a quarter of the population. Everywhere population gradually recovered. Despite the further ravages of the Hundred Years War (1337-1453) and other deadly conflicts, Europe’s population by 1500 had regained its pre-plague size. The recovery in North Africa was slower with the Maghreb regaining its pre-plague population size by 1550 and Egypt by 1600. In both places gains were slowed by the severe social and economic effects of the initial epidemic as well as by new outbreaks of the plague and other diseases.

In contrast to the consensus about late medieval Europe, the demographic historians of the Americas have to deal with much weaker evidence and far more controversy. Not only are the population losses especially difficult to tally or model but the pre-contact estimates are also especially contested. Alfred Crosby points out that twentieth-century estimates of the Native American population before Columbus’s first voyage range from 8.5 million to an extraordinary
100 million, the latter number being larger than the population of all of Europe at the same time and nearly as large as that of China, both densely populated. Of course, the Americas are vast, accounting for a bit over a quarter of the planet’s land area, but were (and are) also very unevenly populated. Whereas densities were high in the Peruvian Andes, Mexico and parts of Central America, quite low densities were typical in other places in the Americas where hunting and gathering were more important than agriculture. Cautioning that the American estimates are based on “disconcertingly imprecise” data, Crosby wisely suggests putting the numbers aside and assuming that “there were a lot of Americans in 1492” and that the subsequent population losses were “undoubtedly considerable and swift.”

Although a consensus may be emerging that the pre-Columbian population of the Americas was roughly 50 million, calculation of the losses in the first century of contact is still hampered by the controversy about the pre-Columbian numbers. Careful attempts to model the population decline in sixteenth-century central Mexico and Peru suggest that 90 percent or more lost their lives. However, the vast areas of the Americas where hunting and gathering were more important than agriculture would have had much lower densities, and epidemics among them often started much later and spread more slowly. In the face of these uncertainties, it is probably safe to suggest (as most textbooks do) that overall in the century after 1492 Native American numbers fell by somewhere between 50 and 90 percent.

To complete the assessment of what such losses meant in the long run, it is useful to point out that the number of indigenous Americans eventually rebounded, most rapidly in the regions where pre-Columbian populations had been densest. Subsequent generations acquired resistance to the new diseases just as populations had in Afro-Eurasia. For 2.5 centuries after 1492 indigenous Americans remained the majority population of the Americas. Only after 1800 did people of Amerindian descent become less numerous than those of European descent. In Mexico, Central America, and parts of South America today indigenous people are still the majority of the population.8

**Conclusions**

Historians who impose artificial limits on their field of study run the risk of distorting it. World history gives deeper meaning to the past because it views history globally, comparatively, and over time. Seen in isolation one event is hard to understand. A clearer perspective comes from looking at the stream of events comparatively.

The stream of history is always changing. The growing globalization of the past thousand years, or just the past century, has altered the breadth and speed of changes. The bubonic plague infected Europeans and North Africans over many years and recurrences over several centuries. The spread of Afroeurasian pathogens was likewise a very long process, as was the course of acquiring resistance to them. Compared to late medieval and early modern times, disease transmission moves much more rapidly today because of speedier transport and denser populations. Covid-19 became global in a very few months. Fortunately, today’s medical personnel are able to respond more quickly and effectively. A historian writing in the midst of the current pandemic would be foolish to predict its duration and outcomes. But history suggests the pandemic will run its course and that immunizations will render the virus no more harmful than *Yersinia pestis* is in an age of antibiotics. With luck, the current coronavirus may be extinguished completely, just as smallpox has been and polio may soon be.

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**ENDNOTES**


Historical comparisons to the novel coronavirus outbreak inevitably invoke the 1918–19 influenza pandemic, which killed at least 50 million people worldwide. A particularly virulent H1N1 strain of the flu virus caused that catastrophe. Replications of the virus in the lab have demonstrated that this strain was able to reproduce extremely rapidly inside the lungs, as much as several thousand times faster than a normal flu virus. This made it much more deadly than the usual seasonal flu, even as it proved just as contagious.

There are some similarities but also some important differences between the 1918–19 flu and the coronavirus disease, at least for what we know so far. Like nearly all diseases, the 1918–19 flu particularly targeted the poor: for example, at least 20 million died in India alone, representing perhaps 40 percent of all deaths. In addition, like the coronavirus, the 1918-19 flu had an elevated death rate compared to seasonal flu, about 2-3 percent of all infected. And because it was so virulent, it provoked in many patients an exaggerated immune response, resulting in what has been called a “cytokine storm” as immune cells and viral-laden blood and fluids filled up the lungs and literally suffocated victims. In 1918-19 the young and those in the prime of life, between 20 and 40 years of age, were the most prevalent victims, their bodies said to be stacked like “cordwood” in hospital hallways. Once again we may be seeing the cytokine response in Covid-19 patients, which may explain why young adults are being hospitalized and even dying from the pandemic.

Yet there are differences between the 1918–19 influenza pandemic and the current coronavirus crisis. In 1918–19, the flu benefited in its spread by the winding down of the First World War, when unprecedented millions of troops and civilians were transported around the globe back home. While modern-day airplane travel makes global spread of a virus much faster and easier for populations able to afford and access such transport, international trade and travel during the current coronavirus outbreak has ground to a halt, with all the expected economic impacts that come with such suspensions of daily activity. Spread of the flu in 1918–19 may also have been facilitated by censorship of the disease’s existence in Germany, England, France, and the United States in order to maintain war-time morale. Because newspapers in Spain were free to report on the disease, it rather unfairly acquired the nickname of the “Spanish Flu.” Today, the World Health Organization (WHO) relies on open reporting of disease outbreaks in order to stem and contain pandemics. Nonetheless, some censorship did occur in China when Covid-19 first emerged in Wuhan in late 2019. Even in the United States, the Trump administration has been criticized for initially downplaying the threat posed by the disease.

We should remind ourselves that we have several advantages in fighting the coronavirus compared to the 1918-19 flu. Above all we have testing, an important tool in securely identifying who has the virus and allowing for targeted quarantine and contact tracing of affected individuals, as opposed to wholesale shutdowns of public functions. During the 1918–19 pandemic, no one was even aware that viruses existed. They were not discovered until 1933. Modern-day hospitals can provide much more aggressive supportive care—such as ventilators—for those who come down with severe cases of Covid-19, which was not available to hospitals in 1918-19, and thus many more patients can be saved who in the past would have died. We also can now inoculate and protect large sectors of our populations with vaccines—once they are available—even though a “cure” for flu has yet to be developed.

What is most remarkable about the early response to the coronavirus in the United States is how ineffectively we availed ourselves of these modern tools to fight such a disease. It’s as if the Trump administration, at least initially, was bound and determined to fight the coronavirus in the past, as if the centuries of progress made with respect to flu and other diseases had never happened. True, China did contain the coronavirus in its epicenter with draconian quarantines, and some have therefore suggested that we in the West should likewise get “medieval” on Covid-19. The word “quarantine” itself originated from the Spanish word quaranta or forty-day isolation imposed by Venice in 1448 upon all ships seeking to enter the city and which is often credited with helping to end the Black Death, or plague, in Europe by the seventeenth and eighteenth centuries. But we should certainly not restrict ourselves to such low technology measures.

From the moment that everyone became aware of an emerging coronavirus outbreak in China in January and February of this year, we should have been stockpiling testing kits, ramping up hospital bed space and ICU equipment, and working to obtain virus samples to quickly develop a vaccine in the laboratory. Aggressive testing, screening, and contact tracing of all travelers coming from abroad at this time, with mandatory quarantines of those who came from epidemic “hotspots,” could have limited or even halted coronavirus’ spread in the United States, as has been demonstrated by the relatively low levels of infections and deaths in Singapore, Taiwan, and South Korea, despite these countries being close to the virus’ epicenter in
China. Instead of turning a blind eye to the potential dangers of an outbreak here, regular updates on preparedness, including attempts to develop a vaccine, should have been provided to the public.

Currently, as individual states open up their economies and end social restrictions intended to limit the spread of the virus (sometimes under pressure from anti-lockdown protests), the United States is projected according to latest modeling to see about 147,000 deaths from the coronavirus by August 2020, with a worst-case scenario of in excess of 223,000 deaths. At this rate, by the time a coronavirus vaccine is developed and administered, perhaps in 2021, we could exceed the total of 675,000 deaths in the United States from the 1918–19 influenza pandemic. This would represent an epic failure of our modern-day response to contain a disease pandemic.

Modern science is a gift, and knowledge is power. Not only are we failing to learn the lessons of history, we actually seem to be trying to **relive** the past experiences of pandemics going back to at least 1918 (and maybe beyond), when modern weapons of fighting viruses were not yet available. While I, as an historian, welcome most attempts at reenactment of historical events, this kind of response from a government in the twenty-first century is profoundly baffling and, for those who have already gotten sick and died, very tragic.

John Aberth received his Ph.D. in medieval history from Cambridge University and is the author of ten books, including *Plagues in World History* and the forthcoming *The Black Death: A New History of the Great Mortality in Europe, 1347-c.1500*.

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LESSON PLAN

WORLD HISTORY IN THE TIME OF COVID-19:
USING STAY-AT-HOME ORDERS TO PROCESS IDP EXPERIENCES

Phillip A. Cantrell, II | Longwood University | cantrellpa@longwood.edu

This exercise was designed in late March and early April 2020 following the cancellation of person-to-person classes at Longwood University for the rest of the semester, owing to the Covid-19 pandemic. The two-fold purpose of this assignment is to replace a previous assignment with a more manageable exercise that could be completed collaboratively online at home and to provide an assignment that would leverage students’ lived experiences during the widespread quarantines to better understand the lives and experiences of Internally Displaced Persons (IDPs) in recent global history.

Overview: A collaborative assignment to better understand the experience of Internally Displaced Persons (IDPs).

Learning Objectives

After successfully completing this assignment, students will be able to:

- Communicate an informed perspective on the experiences of IDPs in developing economies
- Explain differences between being displaced in a developing economy compared a developed economy
- Work collaboratively online

General Instructions

The regular semester was cut short by the Covid-19 pandemic, necessitating a continuation of classes online. As such, this assignment replaces the oral, in-class presentations on a contemporary global crisis.

This replacement assignment focuses attention on global crises of Internally Displaced Persons (IDP). Stay-at-home orders in the United States offer an opportunity to gain a new perspective on how the IDP experience is lived in the developing world. The assignment posits that the various stay-at-home, shelter-in-place, and lock-down orders of numerous states means that many Americans now find themselves as de facto IDPs; that is, displaced to their homes for an as-yet undetermined length of time. The connection between these two seemingly dissimilar situations is explained in Step Three.

Step One

One of the objectives of this assignment is for you to practice working collaboratively in an online setting, since this form of work will likely become more commonplace in the future. To start the assignment, students should use any available means of communication to organize themselves in groups of three or four, and then use a digital platform to communicate regularly. Possible platforms available include Zoom, Google Duo, Facetime, Facebook Messenger, Slack, and Skype. The professor can help with this if students are having difficulty connecting with others in the class.

Step Two

Your group should determine an IDP crisis to research. According to the United Nations Refugee Agency, an Internally Displaced Person is “someone who has been forced to flee their home but never cross an international border” and who seeks safety “anywhere they can find it—in nearby towns, schools, settlements, internal camps, even forests and fields.” Quite often, IDP situations developed as a result of either “internal strife” or “natural disasters.” The following websites can help your group determine which IDP situation to investigate as well as other useful information.

The UN Refugee Agency: www.unrefugees.org/refugee-facts/what-is-a-refugee/

International Rescue Committee: www.rescue.org/

Internal Displacement Monitoring Center: www.internal-displacement.org/internal-displacement

Refugees International: www.refugeesinternational.org

Once your group has determined an IDP situation to investigate, you will begin research to support a video presentation viewable by the class. The video must include both images and the voices of your group members. The research and presentation should explain:

1. the historical background of the situation in question
2. the conditions which led to the IDP crisis
3. who was affected
4. the internal strife or natural disaster that generated the crisis
5. the current state of the IDP situation

All group members are expected to participate and take part in the video presentation.

Step Three

A key component of the assignment is an Individual Reflection Paper. This is where you will draw connections between the IDP situation you learned about and the current stay-at-home orders in the United States. Americans directed to remain in their homes have been effectively displaced from their normal routines in society at large. Most American college students have been displaced from their campuses, for example. Many Americans have been displaced from their workplaces and entertainment centers. Even quarantined at home, though, many luxuries and conveniences remain available in the US when compared to people living as IDPs.

The individual paper component of this assignment asks you to reflect on how different the experience of being displaced from one’s home in a developing country is compared to being displaced at home in the developed world. Drawing on your observations at home and the research you did with your group on an IDP situation, respond to the following questions:

What conveniences and luxuries do you enjoy at home which are unavailable to IDPs in developing countries?

What kinds of obstacles do you think IDPs must overcome to survive, which are not an issue in developed economies?

How do you think you would respond to those obstacles if you were a genuine IDP in a developing economy?

Many IDPs are forced into displacement with only what they carry on their person. What items from your home would you carry with you if faced with genuine displacement?

What would you have to leave behind and how would that change your life?

The paper should be 5 to 6 pages, double-spaced.

Grade Determination

For this 100-point assignment, the final score will be composed of the following:

- Quality of the group’s presentation and collaborative work: 25 points
- Depth and thoroughness of the groups’ IDP Research: 50 points
- Each Student’s Self-reflection Paper: 25 points

Phillip A. Cantrell is an associate professor of history at Longwood University, where he teaches Asian, African, and world histories. His primary research area is East Central Africa and he has published several articles on Rwanda. He has been involved in the World History Association since 2011.
In 2000, China joined the World Trade Organization allowing increased access to American markets and goods and permitting Chinese manufacturers to compete with American manufacturers for the first time. Autor, Dorn, and Hanson dub this the “China Syndrome” — later the China Shock — and find that the exposure to competition from China created long-term reduction in wages and labor participation in local labor markets (“local commuting areas”) that were exposed to this competition. Among the “local commuting areas” that were noted to have a more adverse reaction to increased trade were areas of Tennessee, Alabama, Mississippi, Georgia, North Carolina, and Virginia — as seen in Figure 1 below. Why were these areas more heavily effected than the country as a whole? What Autor, Dorn, and Hansen do not attempt to do is provide historic or policy reasons for these most harmed areas, but rather simply rely on the economic and manufacturing similarities in local commuting areas that were most effected. This paper seeks to place these findings within a historic context by examining the manufacturing history of the Tennessee Valley Authority and its long-term effects on the economic history of the region at large. The TVA’s emphasis on heavy manufacturing, while important for the area’s development, had the unintended consequence of encouraging a lack of diversification. This lack of diversification handicapped the area’s ability to adapt to a changing world and set the region up for difficulty once it was faced with outside competition. The story of the Tennessee Valley Authority and the China Shock is a story about a lack of economic diversification and governmental policies and incentives that encouraged that of diversity.

The Legacy of the Tennessee Valley Authority

In 1934, the Tennessee Valley Authority was founded with the goal of bringing one the country’s most underdeveloped areas more in line with the rest of the country. In doing so, they created a new political and social unit that – while based on existing county lines – crossed states lines and included part of seven states (Alabama, Georgia, Kentucky, Mississippi, North Carolina, Tennessee, and Virginia). This newly formed geographic and federal unit was unlike any other in both its physical and legal scope. The TVA was tasked with developing the area through increasing both agricultural productivity and manufacturing. One of the major initiatives by the Tennessee Valley Authority was to bring electricity to farms and industries that did not have access power. The dual goals of this were to improve lives and to attract heavy industry that required access to not simply affordable power, but large quantities of power. Carl Kitchens has argued that when you include the cooperative fees the power provided by the TVA was no cheaper than that provided by earlier sources for most individuals and businesses; however, in this case we are most interested in power provided to heavy manufacturing where prices were cheaper, and where quantity crucial. ALCOA’s Tennessee operation was big enough and required enough energy that they considered building an entire dam to be a reasonable operating expenditure.

Former TVA Director David Lilienthal’s hagiography to the authority, TVA: Democracy on the March, discusses the area’s ability to draw manufacturing as one of the great feathers in the cap of the TVA. The presence of ALCOA in the area meant that other downstream industries that relied on steel and aluminum, as well as intermediate items made from steel and aluminum, were drawn to the area due to cheap shipping costs for these heavy goods and a large pool of workers who were familiar with both heavy manufacturing and metallurgy. This made it much easier to start a firm, expand a firm, and steal the best workers from competing firms. It is for this reason that “new plants for making synthetic fibers have been built by du Pont, American Enka, Monsanto, and American Viscose. Heavy industrial chemicals flow to all parts of the nation from plants recently built below Kentucky Dam by B. F. Goodrich, Pennsylvania Salt, and National Carbide”.

Lilienthal is extremely proud of the fact that the area
under the purview of the Tennessee Valley Authority had done extremely well at attracting and creating new firms—and rightfully so. Between 1933 and 1950, the number of manufacturing firms in the Tennessee Valley had grown from 2,400 to 6,620. This 175 percent increase in the number of firms is much higher than the increase of 86 percent that was seen throughout the rest of the country. The leadership of the TVA—Lilienthal included—was extremely proud of this because it brought jobs and prosperity to a region that had been chronically lacking in both of those things, and while it is easy to criticize the lack of economic diversity nearly a century later, the lack of economic diversity matters secondarily to lack of economic activity.5

The Tennessee Valley Authority’s push for increasing the presence of manufacturing in the area was effective in setting the region on a form of path dependence. This paper conceptualizes path dependence in the framework of Avidit Acharya, Matthew Blackwell, and Maya Sen. In their conceptualization, path dependence is strengthened rather than weakened by the ability of individuals and firms to move and geographically sort. Those with a skill or set of skills can move to areas where those skills are most in demand, and firms are able to search nationally for the skills that they require and can increase the size of a plant rather than having to create new plants in other regions. This allows the firms to increase economies of scale.6

The presence of heavy manufacturing in the area meant that there was then a workforce with the skills needed for heavy manufacturing. This knowledgeable workforce—and the presence of intermediate suppliers—made the area attractive for new firms to be founded and for firms to relocated to the area. This creates a virtuous cycle that leads more and more related firms to locate to the area and becomes a draw for workers who have the skills to work in those firms. Furthermore, many southern states including Tennessee and Mississippi put a strong emphasis on both residential vocational schools and junior/community colleges which had as a primary emphasis professional and semiprofessional education (meaning manufacturing, agriculture, and industry). In the Post-War years this allowed for the states to capitalize on both the boom in manufacturing in the United States as well as the boom in potential students created by the GI Bill. To this day, both states consider their vocational and community colleges to be among their greatest educational assets.7

By 2000, the counties of the Tennessee Valley Authority were more heavily involved in manufacturing than the rest of the nation. The average county had 6.7% of their population working in manufacturing while the counties of the TVA averaged 11.3% of their population engaged in manufacturing—this difference is statistically significant as seen in Figure 2.8

These manufacturing jobs paid on average about $31,500 dollars which was approximately on par with manufacturing jobs in the rest of the country. What this means is that these were not just jobs, but good jobs in an area of the country which was on average poorer than the country as a whole (and again this difference is statistically significant). Individuals employed in manufacturing in this area would have found themselves doing better than most other resident of the area, in real terms.

It is unsurprising that with this type of success, there was little energy to change the system and diversify the economy of the area. This lack of economic diversity was not accidental, but due to a direct governmental action. As tends to be the story with most instances of lack of diversity, the area was highly susceptible to shock.

The China Shock and American Manufacturing

In understanding the China Shock it is important to understand the two methods by which the China Shock affected American manufacturing. When China acceded to the WTO in 2001, it brought with it a massive pool of labor able to work in relatively low skill manufacturing, for wages lower than American workers were willing/able. This low wage labor was helped by not simply massive differences in purchasing power parity, but by an active role from the Chinese state to promote manufacturing through low interest loans, state infrastructure investment, and monetary policy that was highly favorable for exporters.9

The pressure from China was felt through two main forces: direct competition and firms being forced to increase labor efficiency. The first method is the most commonly discussed one. This is the idea that jobs were outsourced due to globalization. This can happen either through companies engaging it Foreign Direct Investment and building factories in other countries—in this case China—and through purchasing raw and intermediate products from existing factories in other countries—sourcing wires, tubes, or steel sheets from other countries to use in domestic assembly, or through stores and wholesalers simply buying from foreign companies. Regardless of whether the jobs are directly outsourced or lose out to competition from foreign firms the result is fewer jobs in American manufacturing.10

Equally as important as direct outsourcing is the increase in automation and efficiency that was caused by the increased competition. Increasing competition from foreign firms forced domestic manufacturers to decrease the costs of labor in order to remain competitive. While the United States lacks the abundant labor pool found in China, firms in the United States have ready access to large amounts of capital and a lending environment conducive to making major investments in automation. By reducing the labor force and relying on a higher degree of automation, American firms were able to reduce costs and remain competitive with the new foreign competition. While not all automation related job losses can be blamed on increased competition from foreign firms—in particular China—it is clear that this competition exacerbated and accelerated the problem.11

In short, while there are two primary avenues through which the China Shock affected American manufacturing and manufacturing employment, both paths led to the same place. For those working at firms which began to face
foregone competition, the loss of a job due to automation felt the same as a loss of a job due to direct outsourcing. While losing a job to automation may allow more money to stay in the community than a full plant closure, for those who become former employees, the effect is the same: job loss, long term unemployment, and a high likelihood of dropping out of the formal labor force.\textsuperscript{12}

The harm to US firms is not just the short-term pain of increased competition and possible closure, but the decline in profits forced firms to cut costs beyond increasing automation. The increase in competition from Chinese manufacturers led to a decline in primary research and development at the firm level. Those firms which were trade-exposed saw significant declines in patents and patent applications in the years follow China’s accession to the WTO even when sectoral shifts in patents are taken into account. This does more than simply reduce employment in the short-term, but reduces potential for innovation in that sector in the future.\textsuperscript{13}

The China Shock in the TVA Area

So far, this paper has argued that the Tennessee Valley Authority was successful in its goal of increasing the number and size of manufacturing firms in the Tennessee Valley Authority service area. They did this by offering inexpensive and abundant electricity that drew large manufacturing firms thus creating an environment of increasing reliance on manufacturing. Because the counties of the former Tennessee Valley Authority service area had an average manufacturing employment nearly 70\% higher than the rest of the country they were more reliant on manufacturing than the county as a whole. The heavy reliance on manufacturing mean that the area lacked adequate economic diversity to weather a shock to the system.

This shock came in the form of China’s accession to the WTO. The policies which had encouraged economic development and the creation of a manufacturing culture transitioned from being a major advantage to a major liability. These previous policies meant that the TVA service area was more badly hurt by the China Shock that the rest of the country (see Figure 3). These differences continued to expand throughout the years of the Great Recession and despite more recent declines remain persistently and significantly above the national average.

The short-term shock to the system became a long-term problem due to the lack of economic diversity in the region. Because of the sectoral concentration in manufacturing in the Tennessee Valley Authority service area, the decline in research and development in that trade-exposed sector affected the research and development that took place in the TVA area. The decline in the research and development and creation of new technologies in the former TVA service area transformed the China Shock into long-term stagnation as the failure to innovate came during a time of especially rapid technological innovation. Michigan serves as a counter-example where innovation continued despite the long-term decline in manufacturing in part because of the active role of major research universities and because the innovation and manufacturing in Michigan and the Rust Belt were based on geographic endowments rather than artificially reduced power rates.\textsuperscript{14}

Although the average poverty rate in the former Tennessee Valley Authority service area is consistently higher than the average for the nation, the difference becomes greater after the accession of China to the WTO. This difference is confirmed by difference-in-difference testing which shows the difference between the TVA areas and non-TVA areas to be statistically significant (See Figure 4). One important note on the data is that the year 1996 is smoothed as the year had to be eliminated due to significant data issues.

In many ways, Figure 3 serves primarily to confirm and add rigor to the map in Figure 1; the areas in the former Tennessee Valley Authority service area were hit harder by the China Shock than the nation as a whole. This is not to say that the TVA areas were hit harder than other areas found to be in the most-affected category; what this paper seeks to do is place most affected areas in the broader historical and policy contexts of those areas.

\textbf{Figure 3. Average County Level Poverty Rate}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{poverty_rate.png}
\caption{Average County Level Poverty Rate}
\end{figure}

Policy Decisions in a Broader Context

The federal government directly and intentionally developed the resources needed for a large and deeply engrained manufacturing sector to take hold in the Tennessee Valley. This was an intentional development strategy to advance a region and to develop economies of scale that would have been hard to achieve through the private sector and free market alone. At the time of this program the United States was rapidly increasing its manufacturing capabilities in order to take the role of economic leader in the inter-war, World War II, and post-War periods and to do this required government action to provide capital, credit, and a regulatory environment conducive to growth. When Lilienthal was
writing in 1953, the United States was the world’s workshop creating the most and best stuff in the world and it was nearly unforeseeable that that could change, but it did.

Mark Twain is reported to have said that: “History does not repeat itself, but it does rhyme.” It is for this reason that it is important to examine the lessons of this policy choice and its consequences. The federal government through a set of policy actions and directions moved a region of the country towards economic sector concentration. This lack of diversification meant that all the regions’ eggs were in a single basket and in 2001 that basket fell. It is important to understand that the result is not simply from governmental action, but from a governmental action that encouraged sectoral concentration. Cecile Fruman of the World Bank argues that a lack of economic diversification in many of the world’s economies is now among the most important economic issues and the experience of the TVA and manufacturing are evidence of this.15

The idea of governments creating incentives to attract a single industry that is believed to be the industry of the future did not die with the New Deal. The lesson of history is that an area’s economic concentration on a single sector, while it can bring short-term prosperity, often brings long-term economic harm to the region. The Tennessee Valley Authority brought a massive boost to the lives of those in the region - bringing jobs, infrastructure, and development—but ultimately set the region on a course that would lead to pain and hardship. The drive towards a concentration in manufacturing meant that when the China Shock hit, the TVA areas were least prepared to handle the shock and were added to the list of “most-affected areas”.

ENDNOTES


7. Tennessee Board of Regents, About Us: Tennessee Community Colleges (no date); Mississippi Board for Community Colleges.


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David Cullen
Arkansas Tech University

For most of the last century, historians of United States religion primarily focused their research upon church history and popular evangelical preachers. Institutional profiles of established Protestant denominations, and such recognizable figures as Aimee Semple McPherson, Billy Graham, and Jerry Falwell were commonplace subjects in bookstores and libraries. When historians viewed religious history outside the country, they approached the topic from West to East—American religious missionaries attempting to convert the peoples of South America, Africa, the Middle East, and Asia. Absent in these studies were the influences of Eastern religious missionaries upon the United States. Neumann’s book corrects this omission and in the process places traditional United States church history in a more international context. Assistant Professor of History in Education at California State University, Pomona, Neumann provides an assessment of the influence and impact of Hindu/Yoga philosophy upon Americans by examining the life and career of its most successful proponent, Paramahansa Yogananda.

What little understanding most Americans have of the Hindu religion is its association with the counter-culture movements of the late 1960s (the Hare Krishna’s), self-help movements of the 1970s and 1980s, or as a physical exercise to reduce the stress of modern living. One importance of Neumann’s work is to remind readers of the earliest origins of Hinduism in the United States and how an Eastern religion, seemingly having little in common with established religions in America, managed to survive and thrive in a capitalistic culture. Additionally, Neumann’s story of success is more remarkable given it begins in the decade when xenophobia produced the Ku Klux Klan, the Eugenics’ Movement, and the restrictive Immigration Act of 1924.

Born Mukunda Lal Ghosh to a middle-class family in Benares, Bengali in 1893, the future Swami Yukteswar. His studies included the Bengali in 1893, the future Swami Yukteswar. His studies included the Christian Bible and the urgency to spread Hinduism to other countries, resulting in travels to Japan and a growing interest in the United States. In 1920 he accepted an invitation to be a delegate to the International Congress of Free Christians and Other Religious Liberals held in Boston. Now known as Swami Yogananda (meaning Bliss), the twenty-seven-year-old spoke to the Unitarian audience about “Science and Religion.” He stated that there was one truth and that is you must know yourself as a spirit and that this can be accomplished through four methods: intellect, devotion, meditation and science. Finally, he emphasized there is one universal religion and that the duty of all persons should be to develop a personal relationship with God. Although a Hindu, his remarks echoed the sermons of many evangelical Christians especially their emphasis on personal salvation.

Over the next few years he traveled throughout the United States, more and more emphasizing meditation as a means of spiritual cleansing. In 1925 he arrived in Los Angeles and soon thereafter made the aptly named “city of angels” his home and headquarters. Neumann does an excellent job describing why the California of the mid-1920s easily assimilated a young Hindu within its religious community. Although xenophobia swept most of the country, the Southern California metropolis became an island of tolerance for those persons and organizations many Americans saw as a threat. The city was home to a growing mix of ethnic, religious and political backgrounds. Los Angeles became not only the center for the movie industry but Pentecostalism, Christian Science, utopian communities, health seekers and Socialism. Neumann suggests that Southern California’s “spiritual frontier” offered a religious space to launch a Hindu evangelical movement.*

For the next twenty-seven years, Yogananda developed a religious entrepreneurialism that matched the most successful Protestant endeavors during the same period. He offered correspondence courses, published a global magazine, *East/West* and created entertaining lectures that involved quoting from the Christian Bible and Jesus, thus always placing his teachings within a Western Christian context including naming his institution, the Self-Realization Fellowship Church so that his organization shared a similar title with other Western denominations. The focus of both his correspondence courses and lectures was a well-defined meditation method designed to achieve God-contact. Neumann, however, also discusses the controversies that at times negatively affected his career as a Hindu evangelist. Yogananda reprinted a 1927 Mussolini speech, that called for a national dietary plan, and proclaimed that a “master brain like that of Mussolini does more good than millions of social organizations of group intelligence.” (172) The month after the Nazi government announced the Nuremberg Laws, Yogananda expressed enthusiasm for “the German awakening—a new
Germany,” (173) He later renounced his admiration for both dictators. The other controversy that often caused conflict was Yogananda’s statement that he was a divine guru who would remain present after his death to guide his devotees toward ultimate bliss.

Neumann concludes his biography by arguing that Yogananda was the first founder of an international Yoga organization, as the Self Realization Fellowship Church lists chapters in 60 countries on six continents, with 170 centers in the U.S. Finding God Through Yogananda, thus, offers an important counterpoint to the dominant historiography of both Yoga and the evangelical missionary work of adherents of Eastern religions.

*For a more detailed examination of Southern California’s influence upon religion see Darren Dochuk, From Bible Belt to Sunbelt: Plain-Folk Religion, Grassroots Politics, and the Rise of Evangelical Conservatism (New York: W.W. Norton, 2011)*

Kris Lane and Arne Bialuschewski, Piracy in the Early Modern Era: An Anthology of Sources. Indianapolis: Hackett Publishing Company, 2019. 200 pp. $18.00 USD/£17.99 (Paper); $54.00 USD/£51.99 (Cloth)

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*Piracy in the Early Modern Era: An Anthology of Sources*, edited and translated by Kris Lane and Arne Bialuschewski, contains an excellent collection of primary sources and a teaching tool on how to use those documents. It covers a period from the fall of Constantinople in 1453 to the end of the Golden Age of Piracy in 1726, with a special emphasis on the sixteenth and seventeenth centuries. *Piracy in the Early Modern Era* covers a wide range of topics, explaining how piracy went from a largely localized phenomenon to one that operated on a global scale, which Lane and Bialuschewski refer to as the “global pirate,” before being driven back into the shadows by a changing world.

One of the greatest strengths of *Piracy in the Early Modern Era* is the selection of primary sources themselves. They cover a broad swath of the history of piracy, and a variety of interesting topics in the field, such as the rise and decline of privateering, the globalization of piracy, and the formalization of a corsair economy in the Mediterranean. The documents themselves come from many sources, ranging from the private journals of individual pirates to court records. Furthermore, Lane and Bialuschewski directly seek to counter the traditional practice of over reliance upon English language sources by incorporating a number of documents from the archives and collections of non-English speaking countries, particularly those that spoke Spanish and Dutch, some of which have been translated into English for the first time. That said, the source selection is still somewhat Eurocentric, as Lane and Bialuschewski admit on page xxviii, and some important non-European pirate individuals and events are only mentioned in the introduction and chronology, such as Zheng Chenggong’s conquest of Taiwan from the Dutch. In addition to the book’s collection of primary sources, it includes a robust bibliography of historical works related to piracy by many key authors in the field, including those who cover topics only touched on within this work. Finally, the work’s collections of maps and images are well chosen and nicely placed to reinforce the historical themes of each chapter. For example, the portrait of Henry Morgan, dressed in fine clothes standing in front of a background of burning ships, captured well the duality of the buccaneers, how they saw themselves versus how others saw them.

*Piracy in the Early Modern Era* is more than just a simple collection of primary documents thanks to the commentary and analysis provided by Lane and Bialuschewski. In particular, the introduction provides a succinct and thoughtful analysis of the state of the field, the key historical questions about the nature and definition of piracy, and why people took such a dangerous life path and became pirates. They also grapple with the challenges of working on the topic of piracy, such as the fact that far more of the available sources come from the victims of piracy than from pirates themselves, as well as the fact that most of the written sources about pirates were European in origin even though pirates recruited and operated internationally. Beyond the book’s overall introduction, each individual document has its own brief introduction, summarizing the contents and contextualizing the works by providing relevant information not directly mentioned by the text.

Furthermore, each chapter ends with a series of questions for the reader to consider regarding the sources they had just finished reading. Sometimes, these questions are relatively straightforward, and the answers can readily be found directly in the text of an individual document. For example, in “Section II: Pirates of the Mediterranean” the reader is asked how North African Princes addressed European monarchs concerning sea raiding and prisoner exchanges, which is the direct subject of the last document in that section. Others require more thoughts about all the documents of a chapter as a whole and lack clear-cut answers. This can be seen in “Section III: Atlantic Expansion and the First Global Pirates,” where the reader is invited to compare and contrast piracy in the South China Sea and the Indian Ocean during the sixteenth century. Both work well together to more fully engage the readers with the material rather than just being passively absorbed.

Another strong point of the work is its well-constructed and easy-to-follow editing and organization. The documents are grouped together thematically, with the themes themselves ranging from the origins and identities of the maritime raiders discussed in the chapter, such as “Section IV: The Age of Dutch Corsairs”, to the location of the events covered, as can be seen in “Section VII: Pirates in the Indian Ocean.” These thematic groupings allow the reader to easily grasp the connections between the documents and topics from many angles, including the viewpoints of pirates, their victims, and the governments that both sponsored and opposed piracy. While the work itself is not organized in a strictly chronological fashion, the chronology in the beginning of the book and the fact that every document

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is clearly dated means that there is little chance for readers to lose track of the overall development of the history of piracy.

*Piracy in the Early Modern Era* is especially useful as an introduction to the topic of piracy for college courses, covering many of the most common topics and historical questions of the subject via the words of those involved, in a format that is both easy to follow and encourages critical thought and further research on the part of the reader. Even the most learned scholars of maritime predation can appreciate having such an informative and well-organized collection of primary sources at their fingertips.


Michael Wang
Arkansas Tech University

Spanning most of Ethiopia’s tumultuous last century, Aida Edemariam’s *The Wife’s Tale* follows Yètèmegnu, the wife of a high-ranking clergyman, through the Italian invasion of 1935, the restoration of the monarchy, and then the Marxist uprising of 1974. The historical landscape is beautifully rendered through the well-researched minutiae, the sprinkling of religious passages, and the overabundance of sensory details. What sets this account apart from others is the point of view. We see the political changes through the eyes of the author’s grandmother, and Edemariam tries hard to portray Yètèmegnu as brave and courageous. Still, the obvious (and understandable) bias does not fully hide the subtext of the narrative. The careful reader sees Edemariam’s account for what it is: the long life (she lives to over one hundred years) of a religious, upper class woman, one who went through her share of strife and sadness, but who, ultimately, is lucky when compared to her fellow Ethiopians, those who fought and died, went hungry, suffered torture, injustice, and famine, and would look upon Yètèmegnu’s life as one of relative luxury.

Certainly, this type of partiality is common in nonfiction, and one cannot fault the author for painting the life of her grandmother as overwhelmingly heroic. The elegant, spare, and lyrical prose does wonders to make Yètèmegnu’s days come to life. Edemariam is observant of the rituals of Ethiopian women, paying close attention to the laborious process of cooking: measuring out barley, mixing basil and coriander and letting it ferment into sauce, the backbreaking amount of required stirring and kneading. These details were refreshing to read and provided a picture of everyday life that is sorely lacking in other African accounts. We see history through the sheen of domesticity and important events light up as if embossed on stained-glass windows.

Yet these passages of carefree home life undercut the suffering that was taking place all around the country. This reader cannot help but wonder how many goats were slaughtered for the countless feasts described in the book while millions of peasants were dying from hunger. When Yètèmegnu’s neighbors gifted her food and she complained that they were too oily for her liking, I cannot help but feel that her protests were petty and naïve, despite the book’s tonal insistence that this was one of many examples of her grandmother’s suffering.

There seems to be a lack of recognition on the author’s part of her grandparents’ place in Ethiopian history. In fact, both Yètèmegnu and her husband, the ambitious clergyman, read more like caricatures than they do people. Edemariam tries so hard to make us feel a certain way about them, imbuing them with a two-dimensional sense of incorruptible heroism, that the reader is left asking the question: Who are they, really, as people, and what was their real effect on those around them? They seem to face no dilemma, and they always make the morally right choice. At the same time, it is difficult to reconcile the clergyman’s uncanny ability for self-preservation during the Italian occupation and his subsequent rise to power after the Emperor’s restoration with the author’s assertion that her grandfather took few to no bribes. And there was surprisingly little discussion of the details of his imprisonment, only that it was under false charges. Those chapters devoted far more space to Yètèmegnu’s struggles on freeing him, yet how could a reader fairly judge her actions without fully understanding the context?

Ultimately, the book is trying to accomplish two things at once—recounting the life of a close and beloved family member and relating a century’s worth of history in a country struggling with regime change and modernity. At times, the transition between the two was sharp and jarring. It is a challenge to present the perspective of an illiterate woman in one paragraph and then discuss the intricacies of dynastic succession in the next. While *The Wife’s Tale* works on a sentence level with its beautiful descriptions of Ethiopian domestic life, it is less successful when read as political history. Both Yètèmegnu and her husband are enigmatic: by the end, I was left wondering how much of what I had read was true, and how much has been withheld.


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In this slim volume, Peter Stearns (with co-authors, Olivia A. O’Neill and Jack Censer) takes an experimental, exploratory approach to considering how and when traditions – specifically cultures - changed in the modern era. How was change initiated? How did differences of power between opposing movements affect strategy? What was the ‘settling’ process? And when did solutions like syncretism and/or compromise evolve from the struggle?

A book very accessible to non-academics, this study assembles an unusual array of cases that look a little like apples and oranges from a strict disciplinary point of view. Some are about private, personal behaviors that became a focus of wider social interest (how to parent, is it okay to be left-handed, what about gay marriage?).
Others are bigger social agendas: political revolutions (Chinese, Russian, French Revolutions); workplace rights and cultures from the labor movement forward (Ch. 5).

Chapters 1 and 2 formulate the approach and methods of evaluation (“common set of analytical essentials...” p. 29). All other chapters focus on case studies. Chapter 4 looks at political revolutions; Chapter 6 at medicine and science; Chapter 8 at interregional contacts and culture change, and so on.

What are the best insights from this study? Great example: resistance to very small things becomes embedded with cultural meaning. Left-handedness is such a case. He notes that Harry S. Truman was the first ‘openly left-handed president in the U.S.’ (p. 201). In Western cultures, an array of beliefs existed for centuries, suggesting lefthanded preferences required ‘correcting’; such children were afflicted with ‘obstinacy’ (even medical practitioners gave this feedback to parents). Parents and teachers were encouraged to oblige lefties to use their other hand. This is a small case, but one with big implications for individuals who experienced acute learning difficulties (something like 15% of all humans are born with left-handed preference). In this case, both the impact of science, psychology, and other studies changed thinking about ‘correcting’ that preference over the course of the twentieth century. Popular culture made it acceptable. He uses the example of baseball lefty Babe Ruth. (p. 201)

It is odd to find ‘small’ scale culture change compared, in the same study, to big movements: women’s rights; labor movements; or large-scale political revolutions. The advantage lies in comparison. We see that an array of strategies was necessary in each case to ‘soften’ the outlines of the movement for change. In the case of political revolutions, for example, he notes that a “cultural map for change” had already been drafted long before they stormed the Bastille (p. 71). Similarly, the Chinese Revolution went through many stages and iterations to establish a common set of understandings to create a modern state (Ch. 4). In the ‘settling’ process, some issues were set aside. However, turning back the clock, so to speak, was not possible. Changes to eighteenth-century French society were permanent – no more ‘social orders.’ (p.88) In China, no more emperors, no more foot binding, etc.

Understanding resistance is a different animal than understanding strategies of successful movements. This study shows that resistance was the most entrenched when a specific tradition had complex layers within a given society. However, a mixture of possibilities generated greater acceptance, as in the example of gay marriage (p. 218-220). Change is seen here as an iterative process, not merely an outcome. Questions raised include which societies have been the most open to change, and which models balance stability and flexibility. (p. 229)

Stearns emphasizes a cultural sorting process: initial collision between opposing viewpoints; vigorous phases of organizing, crafting new visions and cultural transformations; and a final ‘settling’ that blends compromise, accommodation, adaptation, and syncretism. (p. 67-69) These are well-known to scholars in the Social Sciences; references to indigenous adaptation of Spanish Catholicism in Mexico, for example, highlight ‘invented tradition.’ Indigenes created a hybrid blend of religious customs utilizing both Catholic and earlier sacred practices. A new cultural strand emerged, with strong ties to the ‘big’ tradition in post-colonial Mexico. (Ch. 8)

Critiques? I struggled to understand the definitions of “protest”, as well as continuity versus tradition. To me, protest involves a struggle within an established tradition, and it seeks to negotiate for expansions, or redefinitions of elements within that tradition. The author notes that modern protest movements sought “not just action against deterioration”, but new rights and new claims. Continuity is not just continuation of past practice (tradition), but ability to sustain progress over time.

Overall, I wished for more acknowledgement that societies and cultures are continuously in flux – evaluating, re-evaluating, and modifying established traditions. “Outbursts” of frenzied change-agendas happen every couple of decades. Smaller ongoing efforts, as noted, don’t always attract attention. (p. 64). Both are necessary for discrete social movements to succeed.

This small volume could easily be adapted for great classroom debates (it does not have enough detail to be the primary sourcebook on specific events). It is light in tone, but we can use its range of case studies to parse some of our most recent anxieties in the modern world.


Nabanipa Majumder
Texas Tech University

The Shining Path is a combined effort of anthropologist Starn and historian La Serna who look at one of the most violent periods in the history of Peru through an in-depth analysis of the guerilla insurgency of the Shining Path, an ideology that stands for revolution as the only goal to a prosperous future, against the state during the second half of the twentieth century. Methodologically the book is written as a story covered by a reporter, Gustavo Gorriti, of a Peruvian newspaper Caretas where the disdain and horror of the common people are reflected from the voice of Gorriti who described the actions of the Shining Path guerillas as “indiscriminate terrorist aggression.” (20) The leader of this armed rebellion was a professor of philosophy and a lawyer Abimael Guzman who was revered by his followers as “The Fourth sword of Marxism” (20) since he wanted to establish a Communist government in Peru but his commands and actions allowed for targets ranging from peasants to tourists to government officials. The authors discuss at length Guzman’s communist background and the ways he inculcated his ideology through his readings of several Marxist and philosophical writings throughout his childhood, youth into
his professional life. Talking about the social and economic divisions in Peru, the authors note that there was not only a class divide but an ethnic divide as well, where urban Peruvians looked down upon rural indigenous Indians and those inhabiting the highlands as being degenerative and the reason for the backwardness of their country.

The authors present both sides of the story including the actions of the guerillas as well as the oppressions of the state during the 1980s when President Fernando Belaunde established military rule in the regions around the Andes thereby allowing the soldiers to conduct torture, rape and violence against the villages suspected of being involved in the insurgency. The authors draw a parallel between the communist intentions and the Spanish colonial expressions of the changes that would come about. They argue that just as the friars and the conquistadors preached salvation to convert people, the communist ideology of the insurgents propagated huge transformations in the lives of the Peruvians through socialism. The authors provide context to this war by placing it on the broad map of the Cold War of the 1960s and 1970s when they state that the rising differences between China and the Soviet Union after Stalin’s death and Khrushchev’s ascendance was seen by Guzman as the fall of Communism because of the Soviet’s inclination to mitigate differences with the West. This led the insurgents to follow the more radical approach of Mao Zedong when the United States began to send its soldiers to conduct torture, rape and violence against the villages suspected of being involved in the insurgency.

In all, the book provides a fresh perspective of looking at Latin American history as it argues that often the common people suffer from a double-edged sword where revolution and repression went hand in hand in enforcing one another with violent intensity, resulting in the suffering of the population. The book is a fascinating narrative that finely balances the historical context with the accounts of the lives of the Peruvians and its lucid style of writing will allow non-specialists to understand the political context as the authors deftly put it in the very first chapter. This volume is a very important contribution to understanding the divergent perspectives of both left- and right-wing authoritarianism and certainly will help scholars to take multi-disciplinary approaches to investigate Latin American history as well as the creation of cults throughout the world.


Peter Dykema
Arkansas Tech University

Origin Story is a compact, fast-paced history of the universe. Some readers may know its author, David Christian, from his TED talks or for the Big History Project, an online curriculum sponsored by Bill Gates that is taught at almost 2000 schools around the world, or for his earlier contributions to big history, This Fleeting World (2007) and Maps of Time (2004). Origin Story is clearly intended for a popular audience. The book provides a history of the universe, of life, and of humanity that stresses increasing complexity over time, defines the conditions necessary for greater complexity to emerge, and describes the transition points, or thresholds, that mark each jump to a higher level of complexity. At first glance, such a history of increasing complexity might appear to be a dry read, but Christian also seeks to provide modern humanity with a meaningful and universal origin story, one which will promote “a sense of shared purpose” (x) and which could teach us how “to live well and to live sustainably” (ix-x). It is a compelling and clear summary of science and history with a moral message.

Christian is one of the founders of the field of big history. Its goal is to place human history within the larger context of all life and all time: the history of the earth, our solar system, and the universe itself. Big history seeks to provide a unified understanding of physical and material reality from the big bang to today. As such, big history is an interdisciplinary endeavor, drawing heavily from the natural sciences. Even when the narrative reaches human society, the approach is often a form of environmental history: the interplay between humans and the
physical environment, ecosystems, and energy resources.

Part I, “Cosmos,” takes the reader from the big bang to the accretion of the by-products of stellar explosions into planets and moons. In fifty pages, Christian covers over nine billion years, crosses four thresholds (big bang, first stars, heavier elements and molecules, the formation of earth), and draws upon the fields of cosmology, astronomy, particle physics, and chemistry.

Part II introduces the biosphere, the thin layer of atmosphere, ocean, land, and living organisms. This part of the book, 75 pages, only addresses one threshold: the emergence and spread of a new kind of complexity: life. In Part I, the path toward increasing complexity was a sort of domino effect as the energies unleashed in the big bang were channeled into phase shifts, coalescence of energy, fusion of elements, and accretion of matter. The result was, and is, a structured universe but one of basic and limited complexity. According to Christian, life is a different kind of complexity. Life is adaptive and all life forms are “informavores” (79). Life collects information (stimuli) and reacts, it seeks out energy, sustains itself through metabolism, and reproduces. Life began when organic molecules, energized by sunlight, evolved the ability to synthesize carbon and water into the structures of life. Later, other microorganisms found ways to use oxygen to break down the carbon-water based molecules (organic compounds) via respiration, the result of which was an early “energy bonanza.” New energy sources (sunlight and oxygen) led to a higher level of complexity.

The topics addressed in Part III of Origin Story, “Us,” will be most familiar to readers of the World History Bulletin. Humanity, yet another new form of complexity, used information to tap into energy flows at increasing rates. In a process of collective learning (knowledge accumulation) and collective action, humans began to transform the biosphere “until today we have become a planet-changing species” (158). Steps along the way were bipedalism, bigger brains, language, collective learning (the collection and control of information), and global migration. Farming is introduced as threshold seven. Agriculture spread and became efficient enough to support specialists; it also became valuable enough to justify the formation of coercive states.

Chapters 10 and 11 address the last 500 years, in which an exponential growth in information (print culture and the new science), the mobilization of innovation and wealth via merchant capitalism, and the energy of fossil fuels has created a single world system of industrialization, consumption, and transformation. This is especially apparent in the years since 1950, which Christian labels the Great Acceleration, when humans successfully leveraged energy resources to feed, cloth, house, employ, and educate a global population that tripled between 1950 and today (263, 266). The result is the Anthropocene, in which humans, “the equivalent of a new geologic force,” have become the dominant force for change on earth, with the power to transform the planet (259, 274). The means by which humans have achieved this are twofold: evermore complex ways to gather and apply information and the “energy bonanza” of fossil fuels. These provided the positive features of the Good Anthropocene (rising standards of living, health and wealth) but also opened the door to the Bad Anthropocene (fears of nuclear destruction, economic inequality, threats to biodiversity, climate change). If humans are in charge, what are we to do now?

In Part IV, “The Future,” Christian combines his theme of energy flow with a call for change. Humanity’s energy consumption is unsustainable and is damaging the biosphere. Humans must embrace quality of life over quantitative growth in income. We must seek a sustainable world, a well-managed biosphere, a new and stable form of complexity, one that could constitute a new threshold of development.

This is a thoughtful, engaging, and well-written book. The immense chronology of big history demands a mastery of scale (zooming way out and then back in). Christian displays this, as well as the scientific understanding and rhetorical chops to present a coherent, concise, and clear path through nearly 14 billion years of history. I found interesting Christian’s introduction of “emergence as a character in our story” (22). Indeed, the words “emerge,” “emerging,” “emergent,” and their synonyms appear dozens of times in the first 30 pages. And not only to describe the formation of the universe but also to describe the appearance of the big history narrative. “A new framework for understanding is emerging in our globalized world,” “a modern origin story is emerging” (5, 9). The rhetorical parallels between the content of the big history story and the story itself are revealing.

For some readers, Origin Story will serve as an introduction to the basics of big history: a quick whirlwind tour of the formation of the universe, life, and human society, or as a popularized version of environmental history. Origin Story will serve these readers well. But Christian has two deeper and overlapping goals, one for big history and one for his modern origin story.

In this book and more explicitly in his article “What is Big History?,” the first article in the first volume of the Journal of Big History (1/1, 2018), Christian makes the case for a return to universal history as a “unified understanding of reality,” a form of history that stands against the increasing specialization of historical scholarship and its skepticism of grand narratives. In his goal of placing human history in the context of cosmic history, Christian found allies in the natural sciences, especially those fields using paradigms “historical in nature” (astronomy, geology, evolutionary biology). As such, big history has always been interdisciplinary, with a big dose of science. Some historians will balk at Christian’s invitation to slide towards the natural sciences, others will find it unnecessary to place human history within a fourteen-billion year-old context.

Christian’s explicit goal with this book is to provide a confident and meaningful origin story for a modern society sorely lacking one. In the introduction, Christian argues that all human societies have had origin stories or creation myths that
have served as the foundation for education and group identity. But “globalization and the spread of new ideas have corroded faith in traditional knowledge” with the result that a “sense of disorientation, division, and directionlessness ... is palpable everywhere in today’s world” (ix, 8). Christian believes that big history’s origin story can provide a new foundation for education and a “sense of shared purpose.” He admits it is an “optimistic belief” (x, ix). At the end of the book, Christian lays out the clear ramifications of the big history narrative, what he calls “the quest.” In the Anthropocene, humans have the power to transform, and indeed, to destroy the biosphere. We must avoid “the crash,” we must consciously manage the biosphere in a sustainable way (289-90, 300). “Modern humans, like the heroes and heroines of all good myths, have a task” (290), or to paraphrase Peter Parker (actually, Uncle Ben), “with great complexity, comes great responsibility.” We know the origin story, we understand the processes which led to greater levels of complexity, we now control the processes (at least on earth), we must manage them responsibly.

This is an ambitious, even audacious, goal. We can debate whether or not modern society suffers from a sense of disorientation, whether it needs (or wants) a modern origin story, whether the origin story Christian provides is truly universal and relevant for the 21st century, and whether big history with its focus on increasing complexity can really provide the emotional heft and grit necessary to compel humanity to live sustainably. I have my doubts. But then again, I don’t hang out with Bill Gates. David Christian has already achieved a great deal with his various big history “projects,” and this book can be seen as part of that broader educational and public-advocacy program.

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