Early in 2020, COVID-19 was identified as a novel coronavirus; the appendage of that particular descriptor makes it, perhaps, of especial interest to eighteenth-centuryists. New from an epidemiological point of view, the real fears that the novel virus inspired sent many of us seeking comfort in known and knowable territories, namely, to narrative accounts of earlier pandemics. And while the crisis precipitated by the COVID-19 epidemic did not see the invention of now-familiar terms, it certainly did a lot to launch them into current and frequent use. Lily Scherlis has traced the history of “social distance” from its descriptive (and racist, and classist) origins in the social sciences through its twenty-first century migration, as a verb (albeit with a different valence), into epidemiology. In 2020, the term became ubiquitous. Decisions began to be made “out of an abundance of caution.” If we suspected that we might have been exposed to the virus, we were told to “self-quarantine” (the “self” part making a term which had been around since the seventeenth century new again) in order to “flatten the curve.” Quinine is familiar, but the fame of Hydroxychloroquine was new. The pandemic (a term, it seems to me, which had previously been popular in dystopian fiction) was described, over and over, as “unprecedented,” which is what particularly interests me here.

It is not only the content of the pandemic which had a historical precedent: the form of education which seemed to be the only option in the midst of the public health disaster had precedent as well. The scale of the shift to online learning was dramatic, but online learning, and
aspects of it, have been, for many of us, increasingly important parts of our academic jobs for years. I did not experience the Spring semester of 2020 as disruptive to the degree that many of my colleagues in higher ed did. I was already teaching online, in a course that I had designed as an online course. Medical Humanities is an upper-level course, which attracts students in various humanities fields who are interested in this sort of thing and students from the school of nursing and health sciences who need a Humanities course for their general education requirement. It may have made for a better story, but *A Journal of the Plague Year* was not on the reading list. And, at least originally, I hadn’t planned to cover plagues, per se, at all. Plans, as we all discovered, however, change fast.

We had, as originally planned, read Lady Mary Wortley Montague and Cotton Mather’s letters on smallpox inoculation, and about Edward Jenner’s development of vaccinations. The discussion focused, as I had hoped that it would, on whiggish medical histories and the stories that have been left out. The students were (rightly) incensed that the invaluable contributions of women and people of color were silenced in favor of those of white men. Side conversations, inevitably, sprang up around the current vaccination debates. Having read about the controversies surrounding Lady Mary Wortley Montague and Cotton Mather’s proposals, the students were well positioned to see that the current debates are not very different from the earlier ones, despite the intervening years of scientific progress. The context of the pandemic, which was in full swing in New York as we were finishing this module of the course, lent an immediacy to the conversation. Having traced the development of vaccinations, the students were very engaged in the discussions about the timeline of a possible vaccine for COVID-19.
The rapidity of the vicissitudes of the COVID-19 situation in New York—data could be followed in real time, and reports from the Governor’s office were coming in daily—produced a sense of immediacy which fundamentally changed the ways that we were thinking about what we were learning. Knowledge is created and consumed differently under pressure, and the pandemic was (and is) a significant cultural pressure point. I gave up on my original syllabus, which would have had us consider bioethics in addition to the representation of medicine in popular culture. Taking seriously Fredric Jameson’s imperative to historicize and the urgency of the moment, we turned to the pandemic, and how we were experiencing it. This sort of metacognitive activity, and the immediacy with which we were dealing with the material, were fairly new for me. Similarly, my usual (and, from my perspective, fairly elaborate) efforts to articulate the stakes of the reading material were suddenly no longer necessary. But while the pandemic situation was evolving by the moment, very little was, in fact, unprecedented. The pandemic nature of COVID-19 follows the pattern of many plagues, a good number of which (as Lucinda Cole has noted) have been zoonotic.² Similarly, the pattern of our responses—the recommendations for protecting public health and the seriousness with which we treated them, the disproportionate effects of the pandemic experienced by society’s more vulnerable members, and the unorthodox suggestions for treatments suggested by the unscrupulous or misinformed, to name a few—could all find their antecedents in Defoe’s and other plague narratives.

My argument here is that very little about the COVID-19 crisis was, in fact, unprecedented, despite that term’s currency as a descriptor. The epistemological disruption it precipitated was likely experienced as something entirely new, but the eighteenth century—as I often argue—comes to our rescue. The sense of urgency that COVID-19 created was very similar to the sense of urgency which Defoe describes in _A Journal of the Plague Year_, and both
cases stress the need to make plans and choices, a sense of the inevitability of the tragedy, and the entropy of waiting it out. Among the many things for which I was unprepared were the real, material effects that the pandemic would have on my online students. Online teaching, especially asynchronous online teaching, renders the students incorporeal presences, textual subjects. Medical Humanities takes up issues of the body, but I hadn’t been forced to consider my students as embodied people, and as people who were participants in the medical system—as patients and as workers—instead of just readers of it. I was fortunate not to lose any students, though some did become sick and others lost family members. Discussions of the eighteenth-century smallpox epidemic and the history of vaccination which followed did not, of course, mitigate the conditions that any of the students were experiencing. The fact, however, that we, as a class, were having these discussions, and the technologies that enabled them, responded to the urgency of the moment with the fleetingly reassuring sense that we had precidents from which we could learn, and that, as in plagues past, we could hope to persevere through the crisis.

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