



UNIVERSITÀ  
DEGLI STUDI  
DI PADOVA

Università degli Studi di Padova

Dipartimento di Studi Linguistici e Letterari

CORSO DI DOTTORATO DI RICERCA IN SCIENZE LINGUISTICHE, FILOLOGICHE E  
LETTERARIE

CICLO XXXIII

CHOLERA AND THE LITERARY  
IMAGINATION IN EUROPE,  
1830-1930

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## Acknowledgements

I would like to express my wholehearted gratitude to the *CARIPARO Foundation (Fondazione Cassa di Risparmio di Padova e Rovigo)* for generously financing my doctoral research and offering me, besides a three-year scholarship, further incentives destined for accommodation and research expenses. Without their endowment, my pursuit of a doctoral degree would likely be still a dream.

I am also profoundly grateful to the *University of Padua* and the *Department of Literary and Linguistics Studies (DiSL)* for offering me an excellent environment in which to research and study. I am very proud of being part of such a prestigious institution.

I thank dearly my thesis coordinator, Dr Emanuele Zinato, for enabling and assisting me in the pursuit of such eccentric research topic. His erudition, politeness and good-humour have been inspiring throughout this process.

to the staff of the Accounting Office of University of Padua, Nicoletta Bisogno and Lucrezia Tonello, for their assistance with applications of research funds and reimbursements;

to the librarians of the University of Padua, Francesca Scarpati, Filomena Lissandrin, and especially Giorgio Meneghetti, whose assistance was indispensable in locating and acquiring a considerable part of my bibliography;

to the experienced scholars who accepted to evaluate this thesis, Dr Caetano Waldrigues Galindo, Dr Luís Gonçales Bueno de Camargo, Dr Martina King and Dr Martin Willis.

to my PhD colleagues, with whom I shared memorable moments and who have often helped me with advice on research and bureaucracy.

to the organizers of the *ScienceHumanities Summer School 2019 at Cardiff University*, Dr Martin Willis, Dr James Castell and Dr Keir Waddington, as well as to the colleagues, for a week filled with treasured learning and discussions.

to Carla Münzel, for an exciting exchange of ideas around a cup of coffee in Bern and for kindly recommending and helping locate some German primary sources;

to Dr Hans Holenweg, responsible for the *Arnold Böcklin Archives* in the *Kunstmuseum Basel*, for his generous welcoming and advice;

to Luana Becker Peres and Rafael Seemann for their generous hospitality during my sporadic visits to Berlin, be it for leisure, conferences or visits to the *Staatsbibliothek*;

to all those who gave me feedback and advice or suggested primary sources in conferences and public discussions.

to those friends who developed immunity to – and even a surprising interest for – lengthy monologues on literature and epidemics. Many were part of this project even before it started: André Reche Bezerra, Vinicios Daltoé, Felipe Clemente, Ana Todt Bizzi, Chari Sasaki, Victor Boeing Ribeiro, Juliana Takashiba, Jéssica Aramaki, Gustavo Weiss Freccia, Élida Marques Dreer, Elisa Ogliari, Mariana Martins.

I own especial thanks to Paolo Oliva and Ahmed Faramawy, dear friends with whom I shared many cups of coffee and tea and who generously helped me in every possible way to solve practical problems imposed by the Coronavirus Pandemic.

I thank my parents and brother for their unrelenting love; without their interest and support this project would have never been possible. Finally, I offer my profound gratitude to Loren Koçollari and Ana Carolina Torquato for accompanying every single stage of the process. You are two of the best people I know and are – and have always been – an infinite source of inspiration.

## Introduction

### 1. Context and objectives

This research is a study of thematic criticism which is framed within the interdisciplinary field of the Medical Humanities. Its objective is to discuss the appearance and development of epidemic cholera as a literary theme in European Literature between roughly the 1830s and the 1930s.

All too often, society assumes that concepts such as health and illness can be comprehended strictly within the limits of the health sciences. This belief presupposes that diabetes, influenza or chronic pain are purely biomedical problems which should be tackled in an objective, depersonalised and scientific fashion. However, being inescapable and universal human concerns, disease and health patently imply much more than just insulin level, vaccination or pain-relief therapy. Like any other human creation, illnesses are also built upon ideologies which are simultaneously social, cultural, economic, historical, spiritual. These multifaceted ideas vary broadly between individuals or social groups, and may become profoundly different in other times and cultures. To tell the truth, sociological and cultural interpretations of disease are likely to be as old as health and sickness itself.

The Medical Humanities originated as a macro-area of research to ponder on these concepts and others like it. It combines a wide range of expertise drawn from the health sciences, the social sciences and the humanities, intending to reflect on the complexities of this facet of the human condition. What do the concepts of health and illness really mean? How are they linked to politics, culture, art or spirituality? How do they vary between individuals and societies? How do they relate to other inextricable aspects of human life, such as pain, vulnerability, duty, compassion? What do they reveal about suffering, mortality and how to cope with it? These are profound questions which cannot be answered definitively, but are not less valuable or exciting because of that. They can be asked through multiple viewpoints which range from bioethics or medical anthropology to cultural history or art criticism. The different perspectives offer different answers which, when taken together, create a vast and complex array of thoughts and explanations.

This thesis aims to contribute to this ambitious collective enterprise. It is a literary study organised thematically, and nourished by cultural history and the history of medicine. It pays attention to cholera's historical impact, but it is interested above all in how this impact was imagined and represented in literature. In other words, this survey is concerned with what cholera

was, but even more, with what it was thought to be.

My interest in the literary representation of epidemics started in 2014, after an amiable discussion with a friend. We were sharing impressions about our readings at the time when we stumbled upon the universal themes of frailty and convalescence. The romantics immediately came to mind, as well as the plague in medieval narratives, and, of course, Camus, Thomas Mann and so forth. The talk lasted for hours and it did much to arouse my curiosity and expand my future reading list. Later, while searching for academic essays on epidemics, I was surprised by the great distance which separated surveys in History and in the Literary Studies. If historical examinations were numerous and easy to find, literary essays were few and far between. Later on, I would be able to identify and gather a considerable number of literary surveys on the topic, but that was the result of months of painstaking inquiries. At this early stage, the combination of personal interest and an opportunity to contribute to the field convinced me that cholera was an appealing subject for my PhD research, which was formally initiated in 2017 when I joined the University of Padua.

Three years later, the start of the Coronavirus Pandemic would completely re-contextualise my investigation and others like it. If before 2020, such inquiries might have been perceived as intellectual exercises of little practical value, the emergence of COVID-19 has proven beyond any doubt the relentless powers of storytelling in shaping human action. Many of the themes tackled in the following pages – denialism, hysteria, scapegoating, populism, violence and so on – have found their tangible counterparts in the real world since the appearance of SARS-Cov-2. Who would have ever imagined the disorderly, contradictory and often irresponsible reactions of the USA government to the start of the crisis? Or the Brazilian authorities' systematic undermining of disease prevention and science that effectively resulted in hundreds of thousands of avoidable deaths? These two instances alone are proof of the real sway that narratives – be them real or fictional – exert upon human life. I find astounding that these reactions are completely at odds with the vigilant and efficient measures taken by governments in almost every story imagined by Hollywood; and yet, they find remarkable parallels in many of the narratives analysed in the following pages or in the works of other scholars concerned with the cultural imagination of epidemics.

As highlighted by many critics, different tendencies in culture and psychology make us prone to focus on the suffering that humans inflict on humans (violence, crime, war, terrorism), to the detriment of seemingly random phenomena such as epidemics and natural disasters. These types of events arouse much less attention precisely for lacking scope, agentivity and intrinsic meaning.

Their apparent senselessness defies many of our anthropocentric notions regarding human exceptionalism; consequently, they are often acknowledged only with significant reluctance. Proof of that is the fact that the Coronavirus Pandemic feels unquestionably new, even if epidemics and pandemics have kept us almost constant company throughout History. So much so, that we often forget that COVID is not the sole public health crisis raging on right now: it is the third. Standing alongside it are the *HIV/AIDS Pandemic*, which was first identified in the 1980s, and the *Seventh Cholera Pandemic*, which commenced in 1961 and has not yet ran its course – it is, in effect, still considered active by the World Health Organization.

The story of how contagious diseases were transformed from the norm into the exception is fascinating, and cholera features significantly on it. Just like Coronavirus, the repeated emergence of Cholera pandemics in the 19th-century reverberated extraordinarily throughout society, affecting most – if not all – areas of life. While historians have scrutinised its influence over economics, politics, science, diplomacy, and even urban planning, this study ponders about its impact over literature and its interaction with the literary imagination.

## **2. Methodology and chosen texts**

The chronological boundaries of this study can be straightforwardly established: they are delineated by the disease's own history. Cholera was set in motion in 1817 at the start of the First Pandemic (1817-1824), and its pervasive threat lasted at least up to the 1960s when treatments improved considerably.<sup>1</sup> After that, the disease became increasingly easy to contain and manage: its causes are currently well understood, prevention is efficient, treatment is efficacious and relatively inexpensive. Although outbreaks still occur with a certain regularity – Venezuela in 1992, South Africa in 2001, Zimbabwe in 2008, Haiti in 2010, Yemen in 2016 –, they can be controlled without much difficulty if there is the political will to do so; as demonstrated by the well-managed response to cholera in Mozambique after the Cyclone Kenneth in 2019.

In Europe, cholera lasted for less than a century. It appeared for the first time in 1830, during the Second Pandemic (1826-1838), and it overran the whole continent in eight years. After the first contact, major outbreaks reoccurred every decade or so between the 1840s and 1880s, until the 1890s, when their incidence began slowly to decline. Isolated outbreaks took place in 1910 to 1912, and the disease reappeared in military camps during the Balkan Wars (1911-1913) and the

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<sup>1</sup> I am using as reference the dates reported by Hays, J. N. *Epidemics and Pandemics: their Impacts on Human History*. ABC-CLIO, 2005; and Byrne, Joseph P., ed. *Encyclopedia of Pestilence, Pandemics, and Plagues*. Greenwood, 2008.

First World War (1914-1918). Beyond this point, it did not reach epidemic status in Europe again, except for Russia where it remained a problem throughout the Civil War (1917-1922) and the years immediately following it. After 1930, it did not re-emerge in Europe with any significance.

On that account, cholera's existence as a world-wide menace was relatively short: roughly ninety to a hundred years in Europe (1830-1920s), and a little more than a century and a half at the global scale (1816-1975). If we compare these time spans to those of other contagious diseases, and, at the same time, weigh their respective historical impacts, it becomes apparent that cholera's tight chronology makes it an ideal case study for thematic criticism. In this sense, cholera is akin to other epidemics of brief duration, and scholars who consider their literary representations often opt for delimitations similar to my own, as it will be evident in the ensuing synthesis of the state of the art of the field.

The choices concerning the geographical delimitations of the study are, however, more intricate and subtle to define. Within the field, it is not difficult to find surveys which restrict themselves to a national tradition or which use a language as a natural delimitation. The great majority of works analyse English literature, fewer scrutinise the literatures of France, Germany and the United States, with little thought dedicated to the remaining. Sagacious and imaginative as they are, many of these studies accept the restraint of domestic traditions and renounce multinational comparative literature to various degrees. This choice is legitimate when we consider that most of them practice an interdisciplinary approach combining expertise drawn from history, medicine, history of science, anthropology and other fields. Under these conditions, the usage of a wide-ranging comparative perspective when discussing literature might become impracticable, if not unattainable – at least for the solo researcher.

This approach may be advantageous to study under an interdisciplinary perspective how medical, scientific or political discourses interact with literature locally. If, for example, a scholar seeks to determine the degree of veracity of the medical procedures appearing in *The Magic Mountain* (*Der Zauberberg*, 1924) or which medical treatises Thomas Mann used for reference while writing the romance, a close reading analysis is justifiable and a comparative stance is not called for. However, suppose the objective is to establish how the literary representations of tuberculosis differ before and after the rise of the sanatoriums in the early 20th-century. In that case, it could be impoverishing to restrain the analysis solely to Thomas Mann. It would be reasonable to take into account other novels which are also remarkable for their exploration of the issue. The Polish novel *Choucas* (1927) by Zofia Nałkowska, the German *Daphne Herbst* (1928) by Annette Kolb, the Romanian *Scarred Hearts* (*Inimi cicatrizate*, 1939) by Max Blecher, the Brazilian

*Flowering Mountains (Floradas na Serra, 1939)* by Dinah Silveira de Queiroz, or the Spanish *Resting Pavillion (Pabellón de Reposo, 1944)* by Camilo José Cela, would all be good candidates for comparison.

This thesis' objective is akin to the latter example. My scope is to reflect on the literary representations of cholera. Since contagious diseases rarely – if ever – respect boundaries very neatly, it seems to me that there is no immediate reason to limit my analysis to a single national literature. On the contrary, given that pandemics are international events by definition, the study of their artistic representations has in my opinion a special affinity to comparative literature. Therefore, I adopt an international comparative perspective, not limiting my corpus to a single or a few national traditions. As I see it, this is a valid and interesting way to tackle the problem, although certainly not the only one available. As a matter of fact, this decision was reached little by little, and it was suggested by the texts themselves. In the initial stages of the research, when my efforts were concentrated in locating and analysing primary sources, I became increasingly startled to find resemblant patterns of representation appearing in texts from very distant places. I would find common features in literary works produced in Austria, Portugal or Russia, and it was this surprising amount of consistency to suggest the adoption of a comparative stance.

Having said that, this choice creates the fundamental problem of knowing and deciding where to stop. Since cholera was a global phenomenon, it would make sense for the study of its literary and cultural representations to be equally wide-ranging. If the theme was approached through the lens of Global Literature, the results would be fascinating without a doubt. Nevertheless, that road is almost always unavailable to the scholar working alone. Even highly ambitious studies resulting from years of painstaking research do not aim as much. Roslynn D. Haynes, for instance, analyses in *From Madman to Crime Fighter: The Scientist in Western Culture* some two or three hundred texts, and still her work does not adopt such all-encompassing perspective.<sup>2</sup> Evidently, this type of wide-reaching analysis is possible, as proven by studies in cultural history, like *Epidemics and Ideas: Essays on the Historical Perception of Pestilence*,<sup>3</sup> or in literary thematic criticism, like *The Sea in the Literary Imagination: Global Perspectives*.<sup>4</sup> Both works take on a global standpoint throughout over a millennium and are the result of collaborative work conducted by numerous and experienced scholars. If work of this magnitude is devoted to the literary representations of cholera in the future, I have no doubts it would reveal compelling

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<sup>2</sup> Haynes, Roslynn D. *From madman to crime fighter: the scientist in western culture*. Johns Hopkins UP, 2017.

<sup>3</sup> Ranger, Terence, and Paul Slack, eds. *Epidemics and ideas: essays on the historical perception of pestilence*. Cambridge UP, 1992.

<sup>4</sup> Robertson, Ben P. et al., eds. *The Sea in the Literary Imagination: Global Perspectives*. Cambridge Scholars Publishing, 2019.

facts and elucidative interpretations.

For the time being, I have tried to the best of my abilities to work with an ample and fluid notion of European Literature. Within these limits, I tried to conduct as broad a study as possible and to draw from as many literary traditions as I could. Still, I hold no illusions of achieving exhaustiveness; instead, my constant effort has been to search for exemplary texts that do justice to the multifaceted nature of the phenomenon I analyse. Undoubtedly, lacunae exist within my corpus, and, notwithstanding my efforts, relevant information may have passed unnoticed. Nevertheless, I hope to have made a strong enough case for my interpretations to hold even when new sources are brought into consideration, as they certainly – and hopefully – will.

Furthermore, it could be argued that the adoption of a European-wide perspective runs the risk of compromising the understanding of some facets of the texts, especially at the regional level: its relationship to the social and political milieu, its relevance to national culture, the intertextualities it establishes within its tradition, and others. That is a valid critique. Despite being as attentive and cautious as I could, my methodological choice may eventually lead to these flaws. However, at the upside, the broader analysis has the potential to highlight phenomena that are either too minute to raise attention within national literatures, or are related to events happening somewhere else. Often, texts about wide-reaching phenomena such as cholera can become more discernable and mutually intelligible when considered collectively. Therefore, it is true that, on the one hand, subtle textual features and local cultural nuances may get lost; but, on the other, its place may be occupied by the identification of large-scale trends which would not stand out otherwise.

The chronological and geographical boundaries of this study are thus established. This thesis seeks, in sum, to create a panorama of the representations of cholera in European literature – fluidly defined – during the period in which the disease was truly a menace, from roughly 1830 to roughly 1930.

In order to achieve this, I have read widely without preference for any particular genre. As a result, this study appraises for the most part novels, poems, short stories, and theatre plays, but also to a lesser degree memoirs, newspaper's coverages, and travel narratives, especially when produced by authors of considerable standing (Heine, Chateaubriand, Dumas, Twain, and others). Albeit I am primarily concerned with literary representations, other media are also assessed when meaningful comparisons can be drawn – chiefly caricatures and paintings.

Moreover, to create a mosaic of European cholera texts, it is nearly unavoidable to work in various languages. As a result, texts in English, Italian, Portuguese, French, German and Spanish

were read and analysed in the original,<sup>5</sup> while texts written in different languages were dealt with in translations to one of the above. These works were rendered from Russian (Pushkin, Dostoevsky, Gorki), Ukrainian (Taras Shevchenko), Danish (Vilhelm Bergsøe, H. C. Andersen), Norwegian (Ibsen), Greek (Papadiamantis), Czech (Jaroslav Hašek), Swedish (Axel Munthe), Bulgarian (Ljudmil Stojanov), Polish (Bruno Jasiński) and Yiddish (Mendele Mocher Sforim). Still, some works remained outside of my reach, insofar as, to the best of my knowledge, it seems they were not translated to any of the above. That is the case of the theatre play *Den Indiske Cholera* (1835) by the Danish romantic poet Henrik Wergeland, of the popular Greek novel *The Miserables of Athens* (*Οι Άθλιοι των Αθηνών*, 1895) by Ioannis Kondylakis, of the short story *The Choleric* (*Η Χολεριασμένη*, 1901) by the acclaimed Greek author Alexandros Papadiamantis, and of two works by Jewish-Russian writers, the autobiographical novel *Notes of a Jew* (*Zapiski evreia*, 1871-3) by Grigory Bogrov, and the short story *Cholera Wedding* (*Kholernaia svadba*, 1884) by Yakov Rombro. Besides that, I was unable to identify narratives from other European literary traditions – Turkish, Albanian, Dutch, Finnish and others. This is not due to a lack of interest in my part; it is rather a by-product of my expertise and skills, as well as a consequence of constraints of access and time.<sup>6</sup>

The strategies adopted to locate the texts were manifold. First and foremost, there were those that I could recall from my previous experience as a reader. They were, for the most part, canonical works – Hugo, Verga, Maupassant, George Eliot, Thomas Mann – and revisiting them convinced me I was on the right track. Then, there were those I located by analogy: surely the naturalists, in their concern with inheritance and degeneration, would be interested in cholera; the *Decadence*, in its fascination with the disgusting and the displeasing, would probably be attracted to it as well; historical novels covering periods in which there were outbreaks would expectedly allude to it in one way or another; while socially engaged literature, in its constant effort to denounce injustice and neglect, would probably welcome it. These and other hypothesis helped me locate texts by Zola, D'Annunzio, Marcel Schwob, Kingsley, Berta von Suttner and Gorki, among others. Evidently, key-word searches in Google were crucial and indispensable, just as repeated consultations of digitalised archives – Gutenberg, Gallica, Google Books, Internet Archive, and the like – and libraries – particularly those of the University of Padua, those encompassed by the

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<sup>5</sup> All translations which are quoted from these texts are my own, unless when stated otherwise.

<sup>6</sup> The same point can be made about the literatures of Asia, Africa, Oceania and the Americas. It would be fascinating to study the representation of cholera in all of these traditions. However, such a monumental undertaking is undoubtedly beyond my training and resources – and, perhaps, of those of any scholar. Still, I believe it is important to explicitly state that my choice of focusing solely on European literature does not entail any convictions of its precedence over other traditions; neither is due to insufficient curiosity. I tried to circumvent these absences by incorporating in my secondary sources as many inquiries on non-European interpretations of cholera as I know to exist. They can be found in the bibliography and will be discussed when relevant, yet unfortunately, they are not nearly as numerous as I would like.

Italian OPAC (*Catalogo del Servizio Bibliotecario Nazionale*), and the *Staatsbibliothek* in Berlin.<sup>7</sup> I also became aware of many sources by consulting the existing bibliography on the subject, since historians mention literary texts in their analysis with some frequency. To give some examples, I became acquainted with Eugène Roch's *Paris Malade* (1832), G. G. Belli's *Er Còllera Mòribbus* (1835), Detlev von Liliencron's *Leben und Lüge* (1908), and dozens of popular German poems, by consulting the works of, respectively, Catherine Kudlick,<sup>8</sup> Eugenia Tognotti,<sup>9</sup> Richard Evans,<sup>10</sup> and Olaf Briese.<sup>11</sup> All the more important were the studies about cholera produced by other literary critics. In them, I found a treasure of information and many opportunities to engage in discussion, as disclosed in details later on. Apart from that, some texts were brought to my attention by friends and colleagues. Finally, sheer luck also played a role: the subject is widespread enough for me to stumble over it from time to time unexpectedly.

Through this approach, I was able to locate slightly over a hundred and fifty literary works featuring cholera. As previously mentioned, the theme is disseminated throughout the continent, from Ireland to Greece, from Portugal to Denmark. Undoubtedly, not all texts are created equal. There are those which are imaginative and artistically refined, others are swiftly produced for the entertainment industry, others still are intended for personal relief and do not envisage a large circulation. In short, in my corpus are bounded together works of “high” and “low” culture to which are ascribed various degrees of prestige and literary prowess. There are the celebrated and canonical texts: as *Middlemarch* (1872), *Death in Venice* (*Der Tod in Venedig*, 1912), *The Good Soldier Švejk* (*Osudy dobrého vojáka Švejka za světové války*, 1921-3) and so on. Others may be on the whole less well known internationally but are highly regarded within their traditions, like Vilhelm Bergsøe's *Fra Piazza del Popolo* (1866), Ricarda Huch's *Memories of Ludolf Ursleu, the Younger* (*Erinnerungen von Ludolf Ursleu dem Jüngeren*, 1892) or Federico De Roberto's *The Viceré* (*I Viceré*, 1894). Others still are less practised texts by celebrated authors, such as the minor play *A Feast in Time of Plague* (*Pir vo vremya chumy*, 1830) by Alexander Pushkin, the satirical poem *Cholera Cured Before-Hand* (1832) by Samuel Coleridge, the autobiographical work *To Be or Not to Be* (*At Være eller Ikke Være*, 1857) by Hans Christian Andersen, the realist novel *Another Partisan and a Few Friars Less* (*Un Faccioso Más y Algunos Frailes Menos*, 1879) by Benito Pérez Galdós, or the short story *The War of the Bridge* (*La Guerra del Ponte*, 1888) by Gabriele D'Annunzio. Then,

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<sup>7</sup> I used words like *cholera*, *morbus*, *plague*, *epidemic*, *contagion* or *scourge*, variously combined with *in literature*, *in fiction*, *in art*, *in poetry*, *in the novel*, *literary imagination*, *literary representation*, and so on. The survey was also periodically repeated with the equivalent terms in Italian, Portuguese, German, Spanish and French.

<sup>8</sup> Kudlick, Catherine J. *Cholera in post-revolutionary Paris: a cultural history*. University of California Press, 1996.

<sup>9</sup> Tognotti, Eugenia. *Il Mostro Asiatico: storia del colera in Italia*. Laterza, 2000.

<sup>10</sup> Evans, Richard J. *Death in Hamburg: society and politics in the cholera years, 1830-1910*. Oxford UP, 1987.

<sup>11</sup> Briese, Olaf. *Angst in den Zeiten der Cholera: Seuchen-Cordon*. Akademie Verlag, 2003.

there are numerous works of popular fiction, almost always serialised in instalments in the newspapers, which, although generally less regarded by literary critics, often benefited from a large readership. Examples include the novels of the *feuilletonistes* Eugène Sue, *The Wandering Jew* (*Le Juif Errant*, 1844), and Alexandre Dumas père, *The Marriage of Father Olifus* (*Le Mariage du Père Olifus*, 1849), in France; of Francesco Mastriani, *The Mysteries of Naples* (*I Misteri di Napoli*, 1869-70), and Emilio Salgari, *Yanez's Revenge* (*La Rivincita di Yanez*, 1913), in Italy; or of Marie Corelli, *Vendetta or The Story of One Forgotten* (1886), and Somerset Maugham, *The Painted Veil* (1925), in England. Finally, there are texts by forgotten authors, which, despite their lack of artistry or wide public circulation, are useful for contrast and comparison. Some instances are Jean-Louis Boucharlat's *Le Choléra-Morbus* (1833), a half-mythological and half-scientific account of the pandemic in verses; Raffaello Lambruschini's *Il Choléra a Roda* (1835), a self-proclaimed "instructive short story"; and le Vicomte de Melun's *History of a Village, 1830-1836* (*Histoire d'un Village, 1830-1836*, 1860), a programmatic novel aiming to educate the poor.

Aside from these and other literary works, my corpus includes texts whose typology is harder to ascertain. Memoirs, historical chronicles, newspaper's coverages, and travel writings, all make claims of veracity that usually, though not always, presuppose a distinction between such accounts as truthful and literature as fictional. Yet, they all recruit narration and storytelling ceaselessly and make use of nearly all *topoi* reiteratedly found in cholera texts. This practice is so prevalent that it is often challenging to establish to what degree the eye-witness accounts are accurate. Despite claims of exactness, they repeatedly oscillate between exaggeration, understatement, and invention. Even medical reports regularly present narrative passages which should be met with some healthy scepticism.

The large number of primary sources identified may seem overwhelming and encourage doubts about the possibility of them being appropriately handled. However, the majority of these texts are notably brief. Most poems and short stories are a few pages long, while in many novels, the space consigned to the epidemic is quite limited. In *Lélia* (1833), for instance, the heroine contracts the disease and, during her recovery, reveals many of her characteristically strong psychological traits. *Lélia's* illness is relevant for the narrative, but it occupies little space within the novel. Another example is found in *Mastro-don Gesualdo* (1889), in which the disease helps the daughter realise that her mother's family is abased and that her father lacks sophistication. This realisation will eventually lead to the collapse of familial bonds, in such a way that the private sufferings of the household mirror the public sufferings created by cholera outside. Hence, the disease prepares the reader for Gesualdo's final abandonment in the culmination of the novel. Still, the space set aside for cholera in the narrative is relatively short, occupying perhaps one-

tenth of its length. By the same token, not much more than a dozen pages are dedicated to the theme in enormous volumes such as Chateaubrian's *Mémoires d'Outre-Tombe* or Hugo's *Les Misérables* (1862).

As a literary theme, cholera is disseminated throughout numerous texts and, within them, it occupies a broad spectrum of relevance. In some, it is the central column without which the whole edifice would crumble, as in Stojanov's artful novel *Cholera* (Холера, 1935); while in others, it is little more than an excuse to create poignant deathbed scenes, as in Bertha von Suttner's *Die Waffen nieder!* (1889). Hence, cholera's presence fluctuates continuously and, depending on each case, it may be insignificant, marginal, noteworthy, or indispensable. Instead of discussing only works in which it occupies the centre stage, I have decided to also ponder about those in which its importance is somewhat secondary. The various degrees of relevance allow the analysis to adopt faster and slower paces at times and, consequently, the treatment of a large number of sources is not a problem per se. So, even though I admit my reader's hesitation might be justified, I ask him or her to kindly suspend judgement until I have put my argument forward in its entirety.

Nonetheless, the corpus is delimited in one crucial way. It seems reasonable to hypothesise that the representation of a theme in literature varies in relation to the historical distance existing between itself, the author and the public. The representation of an event, especially if traumatic, is likely to be treated differently by the author who has lived through it and the one who only imagined it. Likewise, the reader's interpretations will also vary greatly depending on what is their familiarity with the theme portrayed. For this reason, Boccaccio's first-hand treatment of the plague in the *Decameron* will be inescapably different of Hesse's exploration of the same disease in *Narcissus and Goldmund* (*Narziß und Goldmund*, 1930); just as the descriptions of the Holocaust in autobiographical novels by camp survivors, like Primo Levi's *If This is a Man* (*Se Questo è un Uomo*, 1947) or Imre Kertész's *Fatelessness* (*Sorstalanság*, 1975), have an essentially different hermeneutic value than those works originating from research and imagination, like Jonathan Littell's greatly acclaimed *The Kindly Ones* (*Les Bienveillantes*, 2006). For this reason, this study focuses on literary texts and cultural artefacts produced while the threat of cholera was still real, and, in an effort to delimitate the corpus, it does not take into account texts – almost all historical novels – in which the disease is configured as “memory” or “invention”.

Assuredly, the threat of cholera disappears at different rates in different parts of the world, but, roughly speaking, texts which are published from the 1930s onwards were kept aside. That means that several works in which cholera features pre-eminently will not be taken into consideration here: Joseph Roth's *The False Weight* (*Das falsche Gewicht*, 1937), Louis Bromfield's

*The Rains Came* (1937), Jean Giono's *The Horseman on the Roof* (*Le Hussard sur le Toit*, 1951), Nikos Kazantzakis' *Christ Recrucified* (*Ο Χριστός Ξανασταυρώνεται*, 1954), Andrée Chedid's *The Sixth Day* (*Le Sixième Jour*, 1960), Le Clézio's *The Quarantine* (*La Quarantaine*, 1995), Metin Kaçan's *Cholera Street* (*Ağır Roman*, 1995), Jean-Christophe Rufin's *Adam's perfume* (*Le parfum d'Adam*, 2007), Andrea Camilleri's *The Sect of Angels* (*La Setta degli Angeli*, 2011), and, above all, the cholera novel *par excellence*, García Márquez's *Love in the Time of Cholera* (*El amor en los Tiempos del Cólera*, 1985). Notwithstanding this decision, I consider these works fascinating, and I hope to welcome them in my future research.

### 3. Medicine, disease and literature: the state of the art

Disease and illness are inescapable elements of human life and, as such, are prime sculptors of the human experience. They shape and have shaped so much of what we are as individuals and as societies, that their appearance as a permanent and recurrent theme in world literature is not surprising. We can easily list iconic characters and their afflictions – the madness of Ophelia, Quijote or Kurtz, the cancer of Ivan Ilyich, the consumption of Hans Castorp –, and just as easily name works in which disease occupies centre-stage: from the gangrene of Sophocles' *Philoctetes* (*Φιλοκτήτης*, 409 BCE) to the polio of Philip Roth's *Nemesis* (2010).

When thinking about it, a voracious reader may associate quite promptly certain diseases to certain authors or aesthetics. For a start, the plague and the production of Boccaccio and Chaucer, maybe even Petrarch, with the subsequent addition of Defoe, Manzoni and, inevitably, Camus. Then there is tuberculosis and its proverbial connection with Romanticism. Or syphilis and its appeal to *fin-de-siècle* texts by Huysmans, Schnitzler, and others. More recently, HIV has reignited the dilemmas of convalescence with works like Tony Kushner's *Angels in America* (1991). At the same time, the 20th and 21st-century have repeatedly presented us with imaginary apocalyptic pathogens in Karel Čapek's *The White Disease* (*Bílá Nemoc*, 1937), José Saramago's *Blindness* (*Ensaio sobre a Cegueira*, 1995), or Margaret Atwood's *MaddAddam Trilogy* (2003-2013).

Given the relevance of diseases as literary themes, it is somewhat surprising how little attention has been devoted to the subject by literary scholars before the 1970s. Up to this point, analyses were few and far between with the theme being usually discussed under the auspices of a particular author or text. Discussions of Boccaccio, for instance, would touch on the treatment of

the plague and, from this standing, refer to works by other writers.<sup>12</sup> Commonly such comparisons were made backwards on the lookout for previous sources (Virgil, Thucydides, Homer). On occasion, they include comments about the legacy of these texts and their influence over the development of the canon. On the whole, however, strictly thematic comparative studies were rare; Crawford's *Plague and Pestilence in Literature and Art* being the exception rather than the rule.<sup>13</sup>

Furthermore, before the 1970s, the interest of the critics was disproportionately directed towards two conditions: insanity and plague; which were, nevertheless, often defined in broad terms in such a way as to conjure 'mental disorder' and 'pestilence' in general, instead of any precise and unambiguous medical condition. In this way, many essays on insanity in literature do not try to distinguish anxiety, depression or schizophrenia, just as those about plague may equally be concerned with typhus, diphtheria or "fevers" of various kinds.

The disproportional emphasis on these two disorders is easily explainable. Insanity is a major theme in countless texts, and its presence in literature is ubiquitous. The condition serves a plethora of purposes within texts: it appears as a sign of heavenly punishment; as the outward manifestation of a character's profound suffering; as a means to ridicule social norms and conventions; as a way to denounce institutions and practices; or, quite simply, as a tool to create absurdity and comical effect. The endless possibilities of insanity as a textual device have turned it into a perennial theme within literature, from Euripides to Pirandello, from Machado de Assis to Lu Xun. In consequence, the theme has been widely explored within the literary studies. Monographs on the subject abound, scrutinising the topic under various perspectives.<sup>14</sup>

The plague has also motivated numerous debates within critics, even though its recurrence

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<sup>12</sup> Some examples are Miguel Galindo, *La razón de la sin razón: estudio médico-psicológico de la locura en D. Quijote* (1918); Watson Nicholson, *The Historical Sources of Defoe's Journal of the Plague Year* (1919); Henry Somerville, *Madness in Shakespearian Tragedy* (1929); Fausto Nicolini, *Peste e Untori nei Promessi Sposi e nella Realtà Storica* (1937).

<sup>13</sup> Crawford, Raymond Henry Payne. *Plague and pestilence in literature and art*. Clarendon Press, 1914.

<sup>14</sup> Some older examples are Luigi Lugiato, Pazzi, *Squilibri e Delinquenti nelle Opere dei Letterati* (1926); Alfred Erich Hoche, *Die Geisteskranken in der Dichtung* (1939); Nedd Willard, *La Génie et la Folie au dix-huitième Siècle* (1963); Martine Bigeard, *La Folie et les Fous Littéraires en Espagne, 1500-1650* (1972); Shoshana Felman, *La Folie et la Chose Littéraire* (1978). The recent scholarship about the subject is enormous, a few references are: Louis A. Sass, *Madness and Modernism: Insanity in the Light of Modern Art, Literature, and Thought* (1994); Frederick Burwick, *Poetic Madness and the Romantic Imagination* (1996); Allen Thiher, *Revels in Madness: Insanity in Medicine and Literature* (1999); Juan Rigoli, *Lire le Délire: Aliénisme, Rhétorique et Littérature en France au XIXe siècle* (2001); Luzia de Maria, *Sortilégios do Avesso: Razão e Loucura na Literatura Brasileira* (2005); Nathalie Barberger, *Penser Pour Rien: Littérature et Monomanie* (2007); Patricia Teslenko, *Die Darstellung von Geisteskrankheit in der erzählenden Literatur* (2011); Francesc Calvo Ortega, *La razón nunca duerme: sueño y locura en la literatura del Barroco* (2014); Romain Girard et al., *Les Narrateurs fous / Mad Narrators* (2014); Tess Maginess (ed.), *Dementia and Literature: Interdisciplinary Perspectives* (2018); Guido Paduano, *Follia e Letteratura, Storia di un'Affinità Elettiva: dal Teatro di Dioniso al Novecento* (2018); Martha Elena Munguía Zatarain, *Locura e Imaginación: Grotresco en la Literatura Hispanoamericana* (2019).

as a literary theme is more limited than insanity. The considerable interest is justified, however, by the plague's presence in the seminal texts of Boccaccio, Chaucer, Defoe and Manzoni; texts which are not only highly acclaimed but exerted vast influence within the canon. For these reasons, some essays scrutinise the theme already in the 19th-century and into the 20th-century.<sup>15</sup>

The trend gained strength with the publication and high appraisal of *La Peste* (1947), which reignited interest on the topic as a whole. Camus' iconic novel modernised discussions about the theme and achieved the double merit of linking and reframing the other plague texts while influencing much of the subsequent literature about disease.<sup>16</sup>

Apart from *La Peste*, other factors worked together during the second half of the 20th-century to arouse and renew the interest of literary critics in the representation of diseases. First and foremost is the profound impact caused by the writings of Michel Foucault from the 1960s onwards. Foucault himself was deeply interested in the representation and management of epidemics and mental illness, in such a way as to engage in what was then a still small and loosely defined debate. Besides, the interdisciplinary nature of his studies with its many ramifications into cultural and political history, philosophy, literature, as well as scientific and medical discourses, have inspired new scholarly approaches that have since flourished.

Its legacy can be retrieved, for instance, in Susan Sontag's *Illness as Metaphor* (1978). Although the essay's primary objective – to get away with disease metaphors altogether – has aroused considerable criticism and refutation, it continues to be an insightful assessment of cultural interpretation which was very successful in promoting the discussion.

Alongside these developments, the emergence of the new fields and practices within History has also been significant. Firstly, the academic interest in the history of ideas and culture has grown substantially during the 1970s, especially in France. It was over there that the innovative methodology of the *École des Annales*, created by French historians Marc Bloch and Lucien Febvre, influenced the formation of the new currents of *la Nouvelle Histoire* (New History) and *l'Histoire des Mentalités* (Cultural History).<sup>17</sup> These new currents placed much emphasis on the history of

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<sup>15</sup> In addition to those mentioned previously, some instances are Camillo Antona Traversi, *Raffronto fra la Peste di Tucidide, di Lucrezio e di Giovanni Boccaccio* (1881); Millard Meiss, *Painting in Florence and Siena After the Black Death* (1951); Jürgen Grimm, *Die literarische Darstellung der Pest in der Antike und in der Romania* (1965).

<sup>16</sup> See Lund, Giuliana. *Doctoring the empire: plague in literature since the 1890s*. PhD dissertation, University of Pennsylvania, 1997; Palud, Aurélie. *La Contagion des Imaginaires: Lectures Camusiennes du Récit d'Épidémie Contemporain*. PhD dissertation, University of Rennes 2, 2014.

<sup>17</sup> Some key monographs subscribing to these currents are Marc Bloch, *Les Rois Thaumaturges* (1924); Lucien Febvre, *Le Problème de l'Incroyance au XVI<sup>e</sup> siècle. La religion de Rabelais* (1947); Robert Mandrou, *Introduction à la France Moderne, essai de psychologie historique 1500-1640* (1961); Jacques Le Goff, Pierre Nora (ed.), *Faire de l'Histoire. Nouveaux problèmes, nouvelles approches, nouveaux objets* (1974); Carlo Ginzburg, *Il Formaggio e i Vermi. Il cosmo di un mugnaio del Cinquecento* (1976); Philippe Ariès, *L'Homme Devant la Mort* (1977); Georges Duby, *Les Trois Ordres ou*

the body and in the examination of the cultural perceptions and behaviours related to it. Historians interested on the topic also frequently employ techniques of the adjacent field of Medical Anthropology, so much so, that literary scholar interested in the representation of disease can find amid their studies valuable information on past ideas and interpretations about health, disease, convalescence, disability, scientific medicine, folk healing, the roles of the patient and the physician, and many others.

Another decisive element is the concomitant development of Environmental History, principally in the United States. The innovative and influential works of Alfred Crosby, William McNeill and others revised the importance ascribed to disease and changed its perceived relevance almost wholly.<sup>18</sup> In spite of previously being considered noteworthy, diseases were rarely central to historical interpretations – the Black Death and of the decimation of the Indigenous Peoples of the Americas probably being the sole exceptions. With the rise of Environmental History, historians have increasingly looked beyond the capability of diseases to control populations, to consider their repercussions in several other areas: economics, politics, diplomacy, culture, military engagement and many others. Accordingly, historical models were redrawn, and the perception of the role diseases play was transformed: from marginal bygone phenomena, they became a leading force driving historical change.

The combination of these two perspectives has motivated inquiries into the cultural history of disorders, quite often reflecting on the literary production to some extent. Two early examples of this praxis are the collective volumes *Peurs et Terreurs Face à la Contagion: Choléra, Tuberculose, Syphilis* (1988)<sup>19</sup> and as *Epidemics and Ideas: Essays on the Historical Perception of Pestilence* (1992),<sup>20</sup> which inescapably deliberate about literature's part in the formation and dissemination of cultural sensibilities.

Finally, another strong motivation for the increased concern with diseases in the humanities was the start of the HIV/AIDS Epidemic in the early 1980s. At that point, the new and mysterious illness caused commotion and uproar. Ensuingly, it escalated into a global crisis, which brought

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*L'Imaginaire du Féodalisme* (1978); Robert Darnton, *The Great Cat Massacre and Other Episodes in French Cultural History* (1984).

<sup>18</sup> Some classics within the field: Hubert Lamb, *The Changing Climate* (1966); Roderick Nash, *Wilderness and the American Mind* (1967); Alfred Crosby, *The Columbian Exchange* (1972); William McNeill, *Plagues and Peoples* (1976); Alain Corbin, *Le Miasme et la Jonquille* (1982); Donald Worster, *Nature's Economy: A History of Ecological Ideas* (1985); Alfred Crosby, *Ecological Imperialism* (1986); Richard H. Grove, *Green Imperialism: Colonial Expansion, Tropical Island Edens and the Origins of Environmentalism 1600–1860* (1995); Jared Diamond's *Guns, Germs, and Steel* (1997).

<sup>19</sup> Bardet, Jean-Pierre, et. al., eds. *Peurs et terreurs face à la contagion: choléra, tuberculose, syphilis: XIXe-XXe siècles*. Fayard, 1988.

<sup>20</sup> Ranger, Terence, and Paul Slack, eds. *Epidemics and ideas: essays on the historical perception of pestilence*. Cambridge UP, 1992.

profound changes to various spheres of life. To mention a few, they include: new cultural perceptions about sex and sexual prevention, loss of confidence in inevitable scientific progress, the strengthening of gay-rights activism, religious controversies over the usage of condoms, shattered economies due to the loss of human capital. Foreseeably, HIV/AIDS became almost immediately a theme in world literature, with works being for the most part autobiographical and politically engaged. Examples can be found in literatures from all over the world: *The Dragons Do Not Know Paradise* (*Os Dragões Não Conhecem o Paraíso*, 1988) by Caio Fernando Abreu in Brazil; *À l'Ami qui ne m'a pas Sauvé la Vie* (1990) by Hervé Guibert in France; *Beauty Salon* (*Salón de Belleza*, '994) by Mario Bellatín in Mexico; *L'Homme Dit Fou et la Mauvaise Foi des Hommes* (2003) by Florent Couao-Zotti in Benin; or, more recently, *Dream of Ding Village* (*Ding zhuang meng*, 2011) by Yan Lianke in China. In truth, the number of works exploring the subject became so high so fast, as to justify Elaine Showalter's remark: "And by 1990, it was no longer possible to keep track of the literature of AIDS. Indeed, what one noticed was the now-ironic absence of the disease in pre-AIDS writing".<sup>21</sup>

When taken together, these various factors motivated literary critics to engage more and more with diseases as a theme in literature. Thus, a field was slowly formed during the 1970s and grew somewhat throughout the 1980s, resulting in the appearance of volumes such as Florencio L. Pérez's *El Tema de la Enfermedad en la Novela Realista Española* (1972), Saul Brody's *The Disease of the Soul: Leprosy in Medieval Literature* (1974), Arnaldo Cherubini's *Una Malattia fra Romanticismo e Decadenza* (1975); Patrick Wald's *Syphilis: essai sur la littérature française du XIXe siècle* (1982), other than a second monograph by Susan Sontag, *AIDS and Its Metaphors* (1989). At this moment, the range of inquiry was enlarged to go beyond preoccupations with insanity and plague: other diseases were taken into consideration, as well as medicine, sickness and convalescence in general.<sup>22</sup>

Still, the tendency notwithstanding, analyses of this kind continued to be sufficiently dispersed and unusual. So much so that, after reviewing the few publications available to her in English, Barbara Fass Leavy comments in 1992 in *To Blight with Plague: Studies in a Literary*

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<sup>21</sup> Elaine Showalter, *Sexual Anarchy: Gender and Culture at the Fin de Siècle*. Viking, 1990, p. 201. Quoted by Spoiden, Stéphane. *La littérature et le SIDA: archéologie des représentations d'une maladie*. Presses Universitaires du Midi, 2001, p. 11.

<sup>22</sup> This growing tendency can be illustrated by the following surveys elaborated during the 1970s, 1980s and early 1990s: Gian-Paolo Biasin, *Literary diseases: Theme and Metaphor in the Italian Novel* (1975); Howard Brody, *Stories of Sickness* (1987); Sander L. Gilman, *Disease and Representation: Images of Illness from Madness to AIDS* (1988); Max Milner, *Littérature et Pathologie* (1989); Thomas Anz, *Gesund oder krank?: Medizin, Moral und Ästhetik in der deutschen Gegenwartsliteratur* (1989); Rita Wöbkemeier, *Erzählte Krankheit: medizinische und literarische Phantasien um 1800* (1990); Jean-Louis Cabanès, *Le Corps et la Maladie dans les Récits Réalistes, 1856-1893* (1991); Diane Price Herndl, *Invalid Women: figuring feminine illness in American fiction and culture, 1840-1940* (1993).

*Theme*: “To my knowledge, no similar book exists, and there seemed value in bringing together these works on so significant a subject.”<sup>23</sup>

The observation was made, however, in the precise moment in which things were about to change. Some of the effects of the HIV/AIDS crisis started to reach scholarly research immediately after Sontag's essay of 1989, when many publications came to light. As a matter of fact, it is possible to list books about the theme appearing in different countries year by year: *Fluid Exchanges: Artists and Critics in the AIDS Crisis* (1992); *Writing AIDS: Gay Literature, Language, and Analysis* (1993); *Sida-Fiction: Essai d'Anthropologie Romanesque* (1994); *Eine Krankheit zum Tode: Aids in der deutschsprachigen Literatur* (1995); *AIDS Narratives: Gender and Sexuality, Fiction and Science* (1996); *Histórias Positivas: a Literatura (Des)Construindo a AIDS* (1997) and many others.<sup>24</sup>

The growing academic attention to the AIDS texts in the 1990s fostered interest in similar themes, so throughout the decade publications start to explore new horizons within the literary studies. A good example can be found in *Membranes: Metaphors of Invasion in Nineteenth-Century Literature, Science, and Politics* (1999), in which Laura Otis investigates how of the nascent field of bacteriology influences and intermingles with literary narratives. In an imaginative interdisciplinary investigation, she probes Virchow's and Koch's scientific studies on germs, reviews the cross-fertilisation existing in the scientific and artistic productions of the physicians Weir Mitchell and Santiago Ramón y Cajal, and scrutinise texts from Spanish, English, Austrian and German literatures.

Another valuable example of this new approach is found in *Romanticism and Colonial Disease* (1999). In the book, Alan Bewell evaluates how the idea of disease and contagion was transformed throughout the 18th and 19th centuries. Epidemics had once been the facilitators of European expansion in the Americas, yet now they were increasingly perceived as a hindrance that could bring the colonisation to a halt. The shift in perception was primarily due to the formation of

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<sup>23</sup> Leavy, Barbara Fass. *To Blight with Plague: Studies in a Literary Theme*. New York UP, 1992, p. 1.

<sup>24</sup> This trend has not abated, continuing up to the present. The number of publications about the AIDS literature is, thereupon, truly staggering. Some monographs published in recent years are: Alessandro Badin et al. (eds.), *Littérature et Sida, Alors et Encore* (2016); Francesco Rossin, *AIDS e Letteratura: come è stata raccontata la Peste del XX° secolo nei romanzi e nei film* (2016); Aimee Pozorski, *AIDS-trauma and Politics: American Literature and the Search for a Witness* (2019); Anu Pande, *Die Literarisierung einer neuen Krankheitserfahrung: HIV/AIDS in der deutschen autobiographischen und autofiktionalen Literatur* (2019); Aimee Pozorski et al. (eds.), *Literary and Visual Representations of HIV/AIDS: Forty Years Later* (2020). It is important to note that recent scholarship has enriched the debate by considering lesser studied traditions in Africa and in South America: Steve Chimombo, *AIDS Artists and Authors: Popular Responses to the Epidemic: 1985-2006* (2007); Jodie Parys, *Writing AIDS: (Re)conceptualizing the Individual and Social Body in Spanish American literature* (2012); Lina Meruane, *Viajes virales: la Crisis del Contagio Global en la Escritura del Sida* (2012); Ellen Grünkemeier, *Breaking the silence: South African representations of HIV/AIDS* (2013); Margarita María Sánchez González, *Ser Inmune desde Adentro: SIDA, Escritura y Resistencia en las Américas* (2016); Claudia A. Costagliola, *El sida en la Literatura Cuir/Queer Latinoamericana* (2017).

the new field of Tropical Medicine, which progressively pathologised the loosely defined “Tropics” as a space of enfeeblement and degeneration; the “white man's grave” in the parlance of the time. Bewell insightfully traces how these developments influenced the production of the English Romantics, demonstrating, among other things, how Percy Shelley's *The Triumph of Life* (1822) or Mary Shelley's *The Last Man* (1826) both engage with epidemic cholera, without ever mentioning it. Furthermore, it is worth noting the abundant references this monograph makes to studies of Environmental and Cultural History. The works of Crosby, McNeill or Richard H. Grove are continuously alluded to, while David Arnold's *Colonising the Body: State Medicine and Epidemic Disease in Nineteenth-Century India* (1993) is indispensable to Bewell's argument.<sup>25</sup>

Parallel to these developments in historical and literary scholarship, a renewed emphasis on the importance and value of the human and humane elements of medical care arose within the health sciences. Albeit not necessarily new, the Medical Humanities became progressively seen as an answer to the tensions mounting in healthcare since the end of the 19th-century. From this point onwards, the complex and irresolvable aspects of the human experience were progressively excluded from medical practice, in an effort to concentrate on its presumably “objective” and “scientific” elements: the pathological, the physical, the technological. This led, nonetheless, to the current commodification of healthcare systems and the automatization of the relations of patients and physicians; to such an extent, that medicine can often provide treatment, but not care.

On that account, the Medical Humanities has engaged in dialogue with philosophers, historians, art historians, literary critics, anthropologists, and other professionals of the humanities and social sciences, to rethink healthcare and medical practice. As a result from this collaboration, new strategies and priorities were set: increased patient-participation, higher usage of creativity-based therapies, encouragement of empathy among health professionals, and – more relevant to the Literary Studies – the formation and practice of Narrative Medicine.

Narrative medicine was popularised as a concept during the first decade of the 21st-century, mostly after the publication of Rita Charon's *Narrative Medicine: Honoring the Stories of Illness* (2008), which, although not necessarily the first of its kind,<sup>26</sup> sparked prolific debate and quickly became a progenitor to the field.<sup>27</sup> Charon explores the divide which exists in the way doctors and

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<sup>25</sup> Some surveys will tread a similar path later on. Two cases in point are *Leprosy and Empire: A Medical and Cultural History* (2006) by Rod Edmond and *Rabid: A Cultural History of the World's Most Diabolical Virus* (2012) by Bill Wasik and Monica Murphy, which, in spite of the obvious affiliations professed in their titles, could be equally considered works of thematic literary criticism.

<sup>26</sup> One important precursor is Kathryn Montgomery Hunter, *Doctors' Stories: The Narrative Structure of Medical Knowledge* (1991).

<sup>27</sup> See also Lewis Mehl-Madrona, *Narrative Medicine: The Use of History and Story in the Healing Process* (2007); Giorgio Bert, *Medicina Narrativa: Storie e parole nella relazione di cura* (2007); Viv Martin, *Developing a Narrative*

patients interpret and confront disease. She argues that physicians learn by their training to focus on “the facts” and to ignore the existence of death. In so doing, they are paradoxically led to believe they are immortal. This belief immediately affects the relationship with those needing care: while physicians will tend to consider disease a natural elements of life, interpreting it and its causes in a separate biomedical context, and not necessarily experiencing sweeping emotion as a result; patients will tend to focus on the dreadful possibility of dying, experiencing emotional conflict and interpreting the disease's causes within the frame of their own lives, and not solely on biological terms. Charon advocates that a possible way out of this stalemate is for doctors to engage with the narratives told by patients as essential components of the curative process. To be able to do so, they need to assimilate tools of textual analysis, and along with that, to regard art and literature as a repository of valuable insight on how the experience of illness and healing really is and feels.

Without belittling the brilliancy of Charon's arguments, it must be said that part of the success of the book is also due to the fact that she is a physician and had herself to acquire the literary skills she praises. Her proposition comes from the inside of the medical community, and it was well-received by her peers for that reason too. In a certain sense, this advance towards literature seeks to re-establish habits that were fairly common in medical education and practice in the past. At least until the laboratory revolution of the end of the 19th-century, medical practice and research engaged assiduously with the humanities and the arts. That is particularly evident in the participation of artists in the development of medical research – the anatomical studies of Leonardo, the collaboration between Vesalius and pupils from Titian, and so on – and in the large number of authors which studied and practised medicine: Rabelais, Schiller, Tchékhev, Schnitzler, José Rizal, Céline, Williams Carlos Williams, Guimarães Rosa, to mention just a few.<sup>28</sup> In *Tuberculosis and the Victorian Literary Imagination* (2011), Katherine Byrne comments on a fascinating and revealing passage about the subject. She quotes from *A Lecture on the History of Medicine as Illustrated in English Literature* (1903), in which Dr Norman Moore, a lecturer and practitioner at St Bartholomew's Hospital, asserts that “my object in this address has been to show how we who are acquainted with medicine may use literature as one of the many means of

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*Approach to Healthcare Research* (2010); Maria Giulia Marini, *Narrative Medicine: Bridging the Gap between Evidence-Based Care and Medical Humanities* (2016); Colin Robertson, *Storytelling in Medicine* (2016); Rita Charon, *The Principles and Practice of Narrative Medicine* (2016); Vincenzo Masini, *Medicina Narrativa. Comunicazione empatica ed interazione dinamica nella relazione medico-paziente* (2016); François Goupy, Claire Le Jeune (ed.), *La Médecine Narrative: une Révolution Pédagogique?* (2017).

<sup>28</sup> Arnaldo Cherubini has written extensively on the subject: *I Medici Scrittori dal XV al XX secolo* (1977), *Medici scrittori d'Europa e d'America* (1990); *Discorrendo di Medicina e Letteratura* (1993); *Medici Scrittori di Spagna* (2001).

improving ourselves in our own subject.”<sup>29</sup> According to him, literature can go beyond fomenting empathy and even inform physicians on medical matters.

Be as it may, the new interest of the health sciences in the humanities was well received by literary scholars. As previously mentioned, considerable and consistent interest on medical matters had appeared within the literary studies since the 1990s, due to the emergence of HIV/AIDS, in conjunction with developments in cultural criticism, medical anthropology and environmental and cultural history. This trend only intensified with the popularisation of the Medical Humanities, in general, and Narrative Medicine, in particular. The number of publications adopting this perspective within the literary studies in the past decade has risen considerably, and several Medical Humanities departments were created, especially in the United Kingdom and in the USA. It would not be an exaggeration to say that it has been blossoming since.

Within the field, the inquiries into literature and art have perused the representations of a great variety of relevant issues: health and sickness,<sup>30</sup> medicine,<sup>31</sup> health professionals and patients,<sup>32</sup> curing spaces,<sup>33</sup> drugs and poisons,<sup>34</sup> the body,<sup>35</sup> amongst others. More stringently

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<sup>29</sup> Byrne, Katherine. *Tuberculosis and the Victorian Literary Imagination*. Cambridge UP, 2011, p. 17.

<sup>30</sup> Stephanie Moss, Kaara L. Peterson (ed.), *Disease, diagnosis, and cure on the early modern stage* (2004); Andrea Carlino, Alexandre Wenger (ed.), *Littérature et Médecine: approches et perspectives, XVIe-XIXe siècle* (2007); Mamadou Kandji, *Health and mental issues in the literary imagination* (2011); Ekaterina Neklyudova, *Under doctors' eyes: private life in Russian literature in the first half of the nineteenth century* (2012); Stefano Manferlotti (ed.), *La Malattia come metafora nelle Letterature dell'Occidente* (2014); Rudolf Käser, Beate Schappach (ed.), *Krank geschrieben: Gesundheit und Krankheit im Diskursfeld von Literatur, Geschlecht und Medizin* (2014); Carlo di Lieto, *La scrittura e la malattia: il "male oscuro" della letteratura* (2015); Howard Y. F. Choy, *Discourses of disease: writing illness, the mind and the body in modern China* (2016); Maria de Jesus Cabral, José Domingues de Almeida (ed.), *Santé et bien-être à l'épreuve de la littérature* (2017); Carlos Sánchez Lozano, *El tratamiento de la enfermedad y de la salud como paradigma en la novela española y alemana moderna: Pío Baroja y Thomas Mann* (2019).

<sup>31</sup> Ann G. Carmichael, Richard M. Ratzan (ed.), *Medicine: a treasury of Art and Literature* (1991); Fernando Sánchez Torres, *La medicina en la obra de Gabriel García Márquez* (2007); Todd H. J. Pettigrew, *Shakespeare and the practice of physic: medical narratives on the early modern English stage* (2007); Giorgio Bordin, *Medicine in Art* (2010); Sylvia A. Pamboukian, *Doctoring the novel: medicine and quackery from Shelley to Doyle* (2012); Thierry Appelboom, *Balzac, témoin de la médecine du XIXe siècle* (2013); Andrew Schonebaum, *Novel medicine: healing, literature, and popular knowledge in early modern China* (2016); Rossella Palmieri, *Pirandello e la medicina* (2018); Mireille Naturel (ed.), *Littérature et médecine: le cas de Proust* (2018).

<sup>32</sup> Catherine Judd, *Bedside seductions: nursing and the Victorian imagination, 1830-1880* (1998); Mary Donaldson-Evans, *Medical examinations: dissecting the doctor in French narrative prose, 1857-1894* (2000); Kristine Swenson, *Medical women and Victorian fiction* (2005); Stephanie P. Browner, *Profound science and elegant literature: imagining doctors in nineteenth-century America* (2005); Gema Vallín (ed.), *Enfermedades, médicos y pacientes en la literatura* (2018); Philip Mackowiak, *Patients as Art: Forty Thousand Years of Medical History in Drawings, Paintings, and Sculpture* (2018).

<sup>33</sup> Christophe Lamiot, *Littérature et hôpital en France: Balzac, Sue, Hugo* (1999); Benjamin Reiss, *Theaters of Madness: insane asylums and nineteenth-century American culture* (2008); Ernest B. Gilman, *Yiddish poetry and the tuberculosis sanatorium: 1900-1970* (2015); Eunice Rojas, *Spaces of madness: insane asylums in Argentine narrative* (2015); Fortunade Daviet-Noual, *Les écrivains et le thermalisme: 1800-1914* (2018); Christine de Buzon, Odile Richard-Pauchet (ed.), *Littérature et Voyages de Santé* (2017).

<sup>34</sup> Alberto Castoldi, *Il testo drogato: letteratura e droga tra Ottocento e Novecento* (1994); Max Milner, *L'imaginaire des drogues: de Thomas de Quincey à Henri Michaux* (2000); Susan Marjorie Zieger, *Inventing the addict: drugs, race, and sexuality in nineteenth-century British and American literature* (2008); Konstantina Georganta et al. (ed.), *The apothecary's chest: magic, art and medication* (2009); Miranda Wilson, *Poison's dark works in Renaissance England*

linked to this thesis still are the thematic examinations of pestilence, contagion and various epidemics.

A substantial number of recent studies address the representation of the plague, hence continuing and expanding a research endeavour that dates from the beginning of last century, howbeit still limiting its treatment almost exclusively to the English and Italian traditions. Some fascinating monographs which will be discussed later on are: Christine Boeckl's *Images of Plague and Pestilence: Iconography and Iconology* (2000), Rebecca Totaro's *Suffering in Paradise: The Bubonic Plague in English Literary Studies from More to Milton* (2005) and Jennifer Cooke's *Legacies of Plague in Literature, Theory and Film* (2009).<sup>36</sup>

On top of that, there are several studies which approach the subject alternatively by discussing unspecific ideas of contagion, infection and contamination – eventually employing the word 'plague', but envisaging it as a synonym for 'pestilence' or 'uncertain epidemic'.<sup>37</sup> That is the case, for instance, of *Plague and the Athenian Imagination* (2008), in which Robin Mitchell-Boyask reflects about the cultural impact the still unidentified outbreak of 409-420 BCE exerted on the Greek theatre; or *Pestilence and the Body Politic in Latin Literature* (2019), in which Hunter H. Gardner establishes connections between narratives of contagion and of civil war in Ancient Rome and weighs their endurance up to the 21st-century. The outstanding monograph by Priscilla Wald, *Contagious: cultures, carriers, and the outbreak narrative* (2008), also stirs in this direction, discussing the idea of contagion itself, rather than any specified malady. I will turn reiteratedly to it, as well as to the previously mentioned works by Alan Bewell and Laura Otis.

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(2014); Cheryl Blake Price, *Chemical crimes: science and poison in Victorian crime fiction* (2019).

<sup>35</sup> Gabriel Weisz, *Dioses de la peste: Un estudio sobre literatura y representación* (1998); Thomas Fahy, Kimball King (ed.), *Peering behind the curtain: disability, illness, and the extraordinary body in contemporary theater* (2002); R. de la Fuente Ballesteros, J. Pérez Magallón (ed.), *El cuerpo enfermo: representación e imágenes de la enfermedad* (2006); James Robert Allard, *Romanticism, medicine, and the poet's body* (2007); Abir Hamdar, *The Female Suffering Body: Illness and Disability in Modern Arabic Literature* (2014); Tina Young Choi, *Anonymous Connections: The Body and Narratives of the Social in Victorian Britain* (2016); Debra D. Andrist (ed.), *The body, subject and subjected: the representation of the body itself, illness, injury, treatment and death in Spain and indigenous and Hispanic American art and literature* (2016); Catherine Ramsey-Portolano, *Performing bodies: female illness in Italian literature and cinema, 1860-1920* (2018).

<sup>36</sup> The plague is by far the most studied epidemic in literature. In addition to those already mentioned, some available studies are: G. Alfano, M. Barbato, A. Mazzucchi (ed.), *Tre catastrofi: eruzioni, rivolta e peste nella poesia del Seicento napoletano* (2000); Björn Hoffmann, *Die Pest in der Literatur: Eine Untersuchung von Boccaccio bis Camus* (2007); Randal P. Garza, *Understanding Plague: The Medical and Imaginative Texts of Medieval Spain* (2008); Ernest B. Gilman, *Plague writing in early modern England* (2009); Ernest B. Gilman, Rebecca Totaro (ed.), *Representing the Plague in Early Modern England* (2011); Surrey Farnham, *The plague epic in early modern England: heroic measures, 1603-1721* (2012); Sergio Givone, *Metafisica della Peste* (2012); Kathleen Miller, *The literary culture of plague in early modern England* (2016); Vincenzo Traversa, *The theme of the plague in Italian letters* (2018).

<sup>37</sup> Margaret Healy, *Fictions of disease in early modern England: bodies, plagues and politics* (2001); Bryon Lee Grigsby, *Pestilence in medieval and early modern English literature* (2004); Allan Conrad Christensen, *Nineteenth-Century Narratives of Contagion: 'Our feverish contact'* (2005); Patrick Reilly, *Bills of Mortality: Disease and Destiny in Plague Literature from Early Modern to Postmodern Times* (2015); Norbert Gualde, *Les épidémies racontées par la littérature* (2016).

Beyond the trajectories probing the plague or pestilence in general, many volumes explore precise, well-defined conditions, that had been addressed and scrutinised with some attention before the emergence of the Medical Humanities. That is the case of various studies on tuberculosis,<sup>38</sup> leprosy,<sup>39</sup> and syphilis;<sup>40</sup> two of which are of particular interest for my reasoning: *Tuberculosis and the Victorian Literary Imagination* (2011) by Katherine Byrne and *Syphilis in Victorian Literature and Culture* (2017) by Monika Pietrzak-Franger.

Finally, there are the lines of inquiry into diseases that inspired little or no interest in past scholarship – among which I place cholera. These disorders have been somewhat addressed of late, with a few volumes on polio<sup>41</sup>, influenza<sup>42</sup> and cancer<sup>43</sup> coming to light. Yet, there is still much left unexplored. To the best of my knowledge, some conditions have been analysed only once – smallpox, scurvy, yellow fever and malaria<sup>44</sup> –, while there are no full-length inquests into typhus, typhoid or puerperal fever – despite their historical significance and their sway over cultural perceptions.

As the other maladies belonging to this group, cholera has attracted relatively little attention from literary scholars – in curious contrast to historians, which have been keenly interested in the subject since the 1970s (see *Chapter 1*). As far as I am aware, there are only three full-length studies of literary criticism to be exclusively concerned with it. The first is *Die Cholera in der deutschen Literatur* (1985) by Brigitta Schader, a concise examination of about a hundred pages on cholera as imagined in German literature. Besides literary texts, the volume also takes into consideration medical treatises, travel narratives, diary entries and letters from famous intellectuals. In this way, it investigates the interplay between literature and science, showing how

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<sup>38</sup> Clark Lawlor, *Consumption and Literature: The Making of the Romantic Disease* (2006); George Mamunes, “So has a daisy vanished”: *Emily Dickinson and tuberculosis* (2008); Greta Perletti, *Il Mal Gentile: La malattia polmonare nell'immaginario moderno* (2012); Thomas M. Daniel, *Times and tides of tuberculosis: perceptions revealed in literature, Keats to Sontag* (2013); Katrin Max, *Liegekur und Bakterienrausch: literarische Deutungen der Tuberkulose im Zauberberg und anderswo* (2013); Sunny S. Yudkoff, *Tubercular capital: illness and the conditions of modern Jewish writing* (2019).

<sup>39</sup> Boeckl, Christine. *Images of Leprosy: Disease, Religion, and Politics in European Art*. Truman State UP, 2011.

<sup>40</sup> Anja Schonlau, *Syphilis in der Literatur: Über Ästhetik, Moral, Genie und Medizin, 1880-2000* (2005); Noelle Gallagher, *Itch, Clap, Pox: Venereal Disease in the Eighteenth-Century Imagination* (2018).

<sup>41</sup> Marc Shell, *Polio and Its Aftermath: The Paralysis of Culture* (2005); Jacqueline Foertsch, *Bracing accounts: the literature and culture of polio in postwar America* (2008).

<sup>42</sup> Jane Elizabeth Fisher, *Envisioning disease, gender, and war: women's narratives of the 1918 influenza pandemic* (2012); Charles De Paolo, *Pandemic influenza in fiction: a critical study* (2014); Elizabeth Outka, *Viral Modernism: The Influenza Pandemic and Interwar Literature* (2019).

<sup>43</sup> Mary K. DeShazer, *Fractured borders: reading women's cancer literature* (2005); Alanna Skuse, *Constructions of Cancer in Early Modern England: Ravenous Natures* (2015); Iain Twiddy, *Cancer Poetry* (2015); Oleksandra Rekut-Liberatore, *Metastasi cartacee: intrecci tra neoplasia e letteratura* (2017).

<sup>44</sup> See David Shuttleton, *Smallpox and the Literary Imagination, 1660-1820* (2007); Jonathan Lamb, *Scurvy: The Disease of Discovery* (2016); Ingrid Gessner, *Yellow Fever Years: An Epidemiology of Nineteenth-Century American Literature and Culture* (2016); Jessica Howell, *Malaria and Victorian Fictions of Empire* (2018).

competing scientific explanations of the epidemic find their way into the production of literature. Schader's inquiry is also amply comparative and detects various similarities and divergences between authors, but nearly always respecting the pre-established boundaries of the German tradition. Moreover, no comparisons are drawn into the representation of other diseases – with the exclusion of a few initial remarks on tuberculosis –, and no attempt is made to consider its possible remnants and influences on succeeding literature and culture. All things considered, regardless of its brevity, the monograph offers a vast panorama of the various facets assumed by the epidemic in German texts and it holds the unquestionable merit of inaugurating this line of inquiry.

The next survey is *Cholera and Nation: Doctoring the Social Body in Victorian England* (2008) by Pamela K. Gilbert. It consists of a meticulous analysis of the impact of medicalization and sanitisation on the ideas of nationhood in 19th-century England. Gilbert inspects the cultural and political processes which allowed for the metamorphosis of physicians, from the caretakers of the individual body, into the policymakers and reformers of the social body. She shows how considerations about the population were manipulated to achieve the practical interest of specific groups, and how ideas about the national body, being embedded in discourses of race and gender, were progressively identified with those of healthy northern European men, in detriment and opposition to black and female bodies and their perceived feebleness. In order to do so, Gilbert scrutinises a great variety of sources ranging from medical textbooks and treatises on sanitary reform to sermons, letters and others. Literary texts are also taken into account, spanning from popular poems and novels to canonical texts by George Eliot and Charles Kingsley, yet always confined to the English tradition. Their interpretation is competent and interesting, but it is conducted for reasons that are quite different than Schader's – of whose study Gilbert is unaware. I believe it is fair to say that *Cholera and Nation* is more of a cultural history that includes substantial thoughts on literature as part of its argumentation, rather than a work of literary criticism which uses historical contextualisation to illuminate obscure features of the texts. The author herself declares as much: “this study does attempt a modest reconceptualization of the possibilities for 'doing' medical history, for how it may be approached. First, it places medical history in this period right where it belongs – at the centre of cultural formation and political discourse.”<sup>45</sup>

Finally, there is the recently published PhD thesis *Le Choléra dans la Littérature européenne. Les multiples visages de la Némésis, 1829-1923* (2018) by Roberta Pelagalli. This is a study of

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<sup>45</sup> Gilbert, Pamela K. *Cholera and nation: doctoring the social body in Victorian England*. State University of New York Press, 2008, p. 10-11.

thematic criticism which probes the subject in French, Italian and English literature, amounting in total to slightly more than two dozen texts. Pelagalli's work is, thereby, quite close to my own in both scope and methodology. The book was published at a time when the research for this thesis was already quite advanced and, knowing most of the primary sources intimately, I found myself in a position to establish a constructive dialogue with it. The text strikes me as insightful and convincing one. As Schader, Pelagalli creates an ample panorama of the representations of cholera as vindictive divine punishment, as Asiatic anticolonial retribution, as evil machinations of foreign agents, as half-accidental contagion brought by accursed pilgrims, and others. Several of these *topoi* of representation are also part of my ensuing deliberations. In my opinion, one of the biggest merits of her analysis is to shed light on the correlation existing between the fantastic short-histories of Maupassant and cultural perceptions of cholera and bacteriology.

There are also a few articles and chapters dedicated to how the disease is portrayed by specific authors such as *Rudyard Kipling and Cholera* by Pablo Upamanyu Mukherjee,<sup>46</sup> *Mythologie du choléra* by René Garguilo,<sup>47</sup> *Medicine, mythology and the memory of the Sligo cholera in Bram Stoker's Under the Sunset* by William Hughes,<sup>48</sup> *Tennyson and Cholera* by Roger Platizky,<sup>49</sup> not to mention Pelagalli's own article *Le Choléra dans l'oeuvre de Maupassant (1884-1887): trompe-l'œil, fantastique et microbiologie*.<sup>50</sup> Some of these surveys have identified a tendency for epidemics to be absorbed into literature through the lens of the gothic and the fantastic – what Jason Colavito calls 'the rise of Biological Horror'.<sup>51</sup> That is a valuable contribution to the debate, yet I believe that explorations on the theme still have much to uncover. A paradigmatic study in this direction is Miri Nakamura's *Monstrous bodies: the rise of the uncanny in modern Japan* (2015), which evinces how discourses on epidemiology, sanitation and bacteriology were absorbed into modern Japanese literature and gave rise to a flourishing of monstrous and supernatural elements within narratives.<sup>52</sup>

Besides, there are a few surveys on the representation of cholera in the Visual Arts – mostly caricatures – that are relevant for our purposes. To the best of my knowledge, Patrice Bourdelais

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<sup>46</sup> Mukherjee, Pablo Upamanyu. *Natural Disasters and Victorian Empire: Famines, Fevers and the Literary Cultures of South Asia*. Palgrave Macmillan, 2013, p. 131-166.

<sup>47</sup> Garguilo, René. "Mythologie du choléra". Milner, Max. *Littérature et pathologie*. Presses Universitaires de Vincennes, 1989, pp. 149-165.

<sup>48</sup> Hughes, William. "'Rumours of the Great Plague': medicine, mythology and the memory of the Sligo cholera in Bram Stoker's Under the sunset" in Killeen, Jarlath, ed. *Bram Stoker: Centenary Essays*. Four Courts Press, 2014, p. 114-130.

<sup>49</sup> Platizky, Roger S. "Tennyson and Cholera." *Victorian Poetry* 35.4, 1997, pp. 533-542.

<sup>50</sup> Pelagalli, Roberta. "Le Choléra dans l'oeuvre de Maupassant (1884-1887): trompe-l'œil, fantastique et microbiologie" in *RILUNE — Revue des littératures européennes*, n° 11, Science et fiction, 2017, p. 95-107.

<sup>51</sup> Colavito, Jason. *Knowing Fear: Science, Knowledge and the Development of the Horror Genre*. McFarland, 2008, p. 65-109.

<sup>52</sup> Nakamura, Miri. *Monstrous bodies: the rise of the uncanny in modern Japan*. Harvard University Asia Center, 2015.

and André Dodin are the only ones to have written a monograph about the subject, *Visages du Choléra* (1987).<sup>53</sup> It tracks the many usages of the cholera images – political scorn and condemnation, satirical cultural commentary, devotional items to avoid contagion – and it compellingly reveals how the representation of the microscopic world of bacteria slowly transformed from the monsters medieval lore – demons, witches, venomous reptiles – into the alien-like creatures we habitually find in Hollywood productions.

Aside from that, I found in Athanassoglou-Kallmyer's excellent article *Blemished Physiologies: Delacroix, Paganini, and the Cholera Epidemic of 1832* a precious source of information and a way to double-check some of my interpretations.<sup>54</sup> Also noteworthy are Gabriel P. Weisberg's *Cholera as Plague and Pestilence in Nineteenth-Century Art*,<sup>55</sup> and the surveys into cultural history by William Johnston, *Cholera and Popular Culture in Nineteenth-Century Japan*,<sup>56</sup> and Palmira Brummett, *Gluttony, Cholera and High Fashion: Political and Cultural Imperialism in the Ottoman Cartoon Space*.<sup>57</sup>

#### 4. Outline of the work

This thesis comprises an introduction and five chapters. The introduction contains the objectives of the work, the methodology adopted, the texts analysed, a concise state of the art of the field of research, and presents an overview of the subsequent parts.

In the first chapter, I discuss the scientific and historical information necessary to study cholera as a literary theme. I start by considering the ecological life cycle of the cholera-causing pathogen. I then turn to the medical aspects of the disease: its causes and transmission (*aetiology*), its symptoms and development (*pathology*), its distribution within society (*epidemiology*), how it is prevented (*prophylaxis*), and the treatments available (*therapy*). Afterwards, I delineate the history of cholera, initially pondering on its supposed Indian origins and

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<sup>53</sup> Bourdelais, Patrice, and André Dodin. *Visages du Choléra*. Belin, 1987.

<sup>54</sup> Athanassoglou-Kallmyer, Nina. "Blemished Physiologies: Delacroix, Paganini, and the Cholera Epidemic of 1832" *The Art Bulletin*, vol. 83, issue 4, 2001, p. 686-710.

<sup>55</sup> Weisberg, Gabriel P. "Cholera as Plague and Pestilence in Nineteenth-Century Art" in Dixon, Laurinda S., and Gabriel P. Weisberg, eds. *Sickness and in Health: Disease as Metaphor in Art and Popular Wisdom*. University of Delaware Press, 2004.

<sup>56</sup> Johnston, William. "Cholera and Popular Culture in Nineteenth-Century Japan" *Historia Scientiarum*, 27, 2, p. 174-198.

<sup>57</sup> Brummett, Palmira. "Gluttony, Cholera and High Fashion: Political and Cultural Imperialism in the Ottoman Cartoon Space" *Revue des mondes musulmans et de la Méditerranée*, 77-78, 1995, p. 145-164.

some representative historical sources, and moving next to the history of the seven pandemics (from 1817 to the present). This chapter contains a concise exploration of the effects of the disease in fields as diverse as politics, economics, science and urbanism. Besides, it also reveals the ties existing between the cholera outbreaks and the lives of numerous artists.

The complex and wide-ranging reactions to cholera in art and culture are discussed in the ensuing chapters, which are organised around different cultural and artistic phenomena.

*Chapter 2* is dedicated to one of the first reactions to the new scourge of cholera: alarmism and hysteria. By relying on the works of several historians, I show how medical, political and cultural discourses at the first decades of the 19th-century presented cholera as the New Black Death and promised the effacement of at least a quarter of the European population. As part of this reasoning, I employ memoirs and letters in which writers (Dumas, Charlotte Stoker, Chateaubriand) describe the outbreaks of the early 1830s to indicate how they downplay and ignore some of its characteristics, while, at the same time, exaggerate and even invent others. I analyse next the texts *The Revolt of Islam* (1818) by Percy Shelley and *The Last Man* (1826) by Mary Shelley, drawing, in the last case, comparisons to the celebrated *A Journal of the Plague Year* (1722) by Daniel Defoe.

In *Chapter 3*, I survey the opposite behaviour of belittlement and denial, which formed as a response to the exaggerations promising doom and gloom. I discuss how these texts contain many comical elements and play around with matters of truthfulness and the boundaries between fact and fiction. The chapter dedicates especial attention to G. G. Belli's *Er Còllera Mòribbus* and Heinrich Heine's *The Cholera in Paris*, but it already draws numerous parallels to other texts, as well as caricatures.

In *Chapter 4*, I consider how fear and anxiety are musicalized by 19th-century science. These emotions are thought as predisposing to illness, something which entails consequences for the social role of literature. To deal with this complex issue, I enumerate reasons why cholera is so frightful, before passing to two of its *topoi*: the exaggeration of promptness and speed. I also show how the entertainment offered by literature is not only a valuable asset in times of epidemics, but it is even thought of a kind of medical therapy. To prove this point, I interpret the short-stories *Histoire du Choléra* by Jules Janin. The reflection then turns to some of the most widespread cultural reactions to cholera: silence, denial and taboo. I contemplate why some literary texts adopt a consistent strategy of ignoring the disease (Balzac and *La Comédie Humaine*), and how others, even when discussing it, make an extensive effort not to utter its name (Harriet Martineau's *Deerbrook*, Paul Heyse's *Judith Stern*). Following that, I turn to the 19<sup>th</sup>-century's

condemnation of the portrayal of disgusting themes in literature to show how authors who transgressed cultural taboos ran the risk of being censured and perhaps even arrested. Along with other factors, that pressure acted to limit the literary imagination in ways that conformed to cultural sensitivities – as exemplified by a discussion of *Death in Venice*, in which cholera is utterly sanitized.

After deliberating over these two crucial phenomena conditioning the appearance of cholera in literature – namely, fatalism and derision (*Chapters 2 and 3*) and fear, taboo and avoidance (*Chapter 4*) –, I turn in the next chapter to the study of alterity. Since the spread of epidemics is supposedly traceable, individuals and institutions habitually engage during outbreaks into a search for the origin and the cause of the scourge. Often, this search leads to the condemnation of scapegoats – habitually chosen from suspicious and undesirable groups –, which are then affronted and eventually persecuted as sacrificial victims. That is also the case for cholera, so in the last chapter, I peruse how certain groups were consistently blamed in literature for the eruption and spread of the epidemic.

Thus, chapter five investigates cholera as an internal threat posed by the poor. After reviewing the appearance of the “lower classes” and the “criminal classes” in 19th-century literature, I survey how cholera texts engage with the theme vigorously in a way as to portray the disease as afflicting almost exclusively the destitute. Thus, if at the global level cholera is the disease of “Orientals”, within national boundaries, it becomes the disease of “the Poor”. I suggest that this shift from the outside to the inside menace is observable in literature in three ways: the representation of the poor as foreigners and, more importantly, savages; the growing appearance of anonymous rioting crowds in fiction; and high emphasis on the transgressive parlance of the lower classes.

Finally, in the *Conclusion*, I review and summarise my arguments, and hold that several of the issues discussed previously are still relevant today. I maintain that the study of cholera as a literary theme is relevant because it offers new insights about old and new works of art. Strictly speaking, it has much to contribute for a deeper understanding of literature dealing with disease, disability or other epidemics, especially the recent ones: HIV/AIDS, Ebola, imaginary pathogens, and, obviously, COVID-19. More broadly, however, it resonates into many other cultural, social and political issues of great relevance, such as the pernicious outbreak narratives built around the ongoing Coronavirus pandemic; the widespread circulation of denialism; the growth of sectarianism, racism and xenophobia; the proliferation of fake news and disinformation campaigns; and, above all, the colossal menace of climate change.

## Chapter 1 – The Science and History of Cholera

### 1.1 Cholera Science

#### i. *Vibrio cholerae*: ecology and life cycle

Cholera is a bacterial infection of the small intestines which induces abundant fluid loss, principally through diarrhoea. If untreated, it can reach mortality rates as high as 60% of cases. It is caused by a comma-shaped bacterium called *Vibrio cholerae*, which surprisingly is not a human pathogen, but rather an autochthonous aquatic microorganism.

*Vibrio cholerae*'s natural environment is found in warm waters, where it reproduces in temperatures falling between 15 and 42°C – the optimal range being from 30 to 35°C.<sup>1</sup> In temperatures of 10°C or less, it either hibernates or dies,<sup>2</sup> while it succumbs in ten minutes in temperatures of 50°C and instantaneously at 70°C.<sup>3</sup> That is to say that it is killed by boiling water and that it has difficulty to cope with winter in some parts of the globe.

The vibrio prefers waters that have a certain degree of salinity. The freshwaters of lakes, rivers or aquifers usually have a salinity of under 0.05%, brackish waters of 0.05% to 3%, and seawater of above 3%. The vibrio finds good rates for survival in the range of 0,5 to 3%, the best measurement for proliferation being 2.5%. It means that, although it can survive for some days in rivers, wells or cisterns, its natural habitat is found in the brackish waters of estuaries and some types of swamps where freshwaters and saltwaters meet.<sup>4</sup> Proof of this preference is that its survival rate is up to forty-two days in brackish waters of 2,5% salinity, but only four days in normal freshwater (0,05%).<sup>5</sup> These brackish waters are, however, unlikely to be consumed directly by humans because a salinity of more than 0,1% is typically considered unpalatable.<sup>6</sup>

Water pH is also an important factor. *Vibrio cholerae* can grow within the range of pH 6.0 to

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<sup>1</sup> Rusul, Gulam et al. "Survival and growth of *Vibrio cholerae* O139 in selected Malaysian street foods." *Journal of Food Protection* 60.6, 1997, pp. 644-648.

<sup>2</sup> Singleton, F. L. et al. "Effects of temperature and salinity on *Vibrio cholerae* growth." *Applied and Environmental Microbiology* 44.5, 1982, pp. 1047-1058.

<sup>3</sup> Castro-Rosas, Javier, and E. F. Escartin. "Increased tolerance of *Vibrio cholerae* O1 to temperature, pH, or drying associated with colonization of shrimp carapaces." *International Journal of Food Microbiology* 102.2, 2005, pp. 195-201.

<sup>4</sup> Huq, A. et al. "Influence of water temperature, salinity, and pH on survival and growth of toxigenic *Vibrio cholerae* serovar O1 associated with live copepods in laboratory microcosms." *Applied and environmental microbiology* vol. 48,2, 1984, pp. 420-4.

<sup>5</sup> Ibid.

<sup>6</sup> Grant, Stephen Lawrence et al. "Drinking cholera: salinity levels and palatability of drinking water in coastal Bangladesh." *Tropical Medicine & International Health* 20.4, 2015, pp. 455-461.

9.6, the optimal rate being between pH 7.6 and 8.6.<sup>7</sup> This means it prefers neutral environments, and it does not cope well with the extremities of the spectrum, succumbing in both acidic and basic solutions. As a reference, pure freshwater has a pH of 7 (neutral), water in surface systems varies from 6.5 to 8.5, and seawater falls in the range of 7.5 to 8.5. In a rudimentary scale, the pH of different liquids is: in the acidic range, around pH 1 for stomach acid, 2 for lemon juice, 3 for vinegar, and average values of 4 and 5 for beer and coffee; in the neutral range, circa pH 6 for urine, 6.5 for healthy human faeces and 7 for most other bodily fluids (saliva, blood, tears and milk); and in the basic range, 9 for baking soda, 11 for soap and 12 for household bleach. That being the case, it is evident that the vibrio thrives in highly consumed foodstuffs such as water and milk, while it can be effectively neutralised by stomach acid and a variety of antiseptics.

Another significant aspect of the vibrio's life cycle is the surrounding ecosystem. Albeit capable of surviving by floating on water on its own, it prefers to adhere to the surfaces offered by marine animals, zooplankton, algae, ship hulls and others, for this allows access to accumulated nutrients.<sup>8</sup> Marine arthropods such as crabs, shrimps, shellfish and, above all, copepods, are particularly advantageous to the bacterium since it feeds on a glucose-derived substance named *chitin*, which is the primary component of their exoskeletons.<sup>9</sup> The connection between *Vibrio cholerae* and copepods is singularly relevant, because these microscopic invertebrates are one of the main components of the marine food chain and, consequently, are central to global ecology. They form, along with krill, the largest animal biomass on the planet.<sup>10</sup>

Moreover, numerous other factors besides temperature, salinity, acidity, and the ecosystem, influence the vibrio's life cycle: water currents, solar evaporation rates, volume of rainfall, seasonal floods, fluctuation in bacterioplankton communities, interaction with viruses and bacteria. These elements all affect it to some extent, often in ways that are not well understood.

Eventually, the vibrio finds its way into the human gut, perhaps through poorly cooked shrimps and mussels, or maybe through the waters of a well contaminated by a nearby estuary. Once ingested, the bacterium gets to the stomach where, if the host is healthy and well-nourished, it is likely to die due to the high acidity of the gastric juices. However, if the vibrio manages to survive this first line of defence, it will continue its path through the human gut. Several factors can help the vibrio survive this obstacle. The most important one is low stomach acid

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<sup>7</sup> Rusul et al., "Survival and growth".

<sup>8</sup> Lutz, Carla et al. "Environmental reservoirs and mechanisms of persistence of *Vibrio cholerae*" *Frontiers in Microbiology* 4, 2013, pp. 375.

<sup>9</sup> Shah, Sonia. *Pandemic: Tracking Contagions, from Cholera to Ebola and Beyond*. Sarah Crichton Books, 2016, pp. 18-21.

<sup>10</sup> Bar-On, Yinon M. et al.. "The biomass distribution on Earth" *Proceedings of the National Academy of Sciences* 115.25, 2018, pp. 6506-6511.

(*hypochlorhydria*), which usually results from underlying conditions such as poor nutrition, anaemia, high stress, or other bacterial infections. Another factor is the number of vibrios ingested. Ordinarily, a hundred million to a hundred billion organisms ( $10^8$  to  $10^{11}$ ) are necessary to cause infection in healthy volunteers, while this number drastically falls to a minimum of one thousand vibrios ( $10^3$  to  $10^8$ ) in people with low stomach acidity.<sup>11</sup> Simply put, the higher the number of organisms ingested, the higher the likelihood that some may survive the passage through the stomach. Besides that, the mode of administration is also pertinent, since infection is more likely to occur when the bacterium is consumed with food, rather than with water. The reason for this is that food can act as an acid buffer, neutralising the gastric juices and, therefore, favouring the vibrio's survival.<sup>12</sup>

If the microorganism gets through the stomach alive, it continues to travel down the digestive system, eventually fixing itself to the walls of the small intestines. There, it incubates for a period ranging from twelve hours (5% of cases) to four and a half days (95%).<sup>13</sup> During this period, the vibrio slowly concocts an infection by releasing a toxic protein which interacts with the small intestines. The toxin unleashes a chain reaction that ultimately compromises the mucosa's ability to absorb water, while, simultaneously, obliging it to secrete liquids. In a few words, it forces water to flow out in only one direction.<sup>14</sup> Since the small intestines are unable to reabsorb the lost fluids, they are excreted through diarrhoea. Thus, cholera begins.

## ii. Cholera: symptoms, treatment, transmission

The first signs of the cholera infection appear suddenly and without warning. Usually, it starts with acute stomach pain and vomiting, shortly followed by profuse diarrhoea. The evacuations are uncontrollable, and the fluid loss advances in the staggering rate of one litre per hour,<sup>15</sup> possibly even exceeding this rate in extreme cases.<sup>16</sup> The total elimination may amount to over 15 litres a

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<sup>11</sup> Schmid-Hempel, Paul, and Steven A Frank. "Pathogenesis, virulence, and infective dose." *PLoS Pathogens* vol. 3,10, 2007, pp. 1372-3.

<sup>12</sup> Nelson, Eric J. et al. "Cholera transmission: the host, pathogen and bacteriophage dynamic." *Nature Reviews. Microbiology* vol. 7,10, 2009, pp. 693-702.

<sup>13</sup> Azman, Andrew S. et al. "The incubation period of cholera: a systematic review." *The Journal of Infection* vol. 66,5, 2013, pp. 432-8.

<sup>14</sup> Dongyou Liu, "Toxin-Associated Gastrointestinal Disease: A Clinical Overview" in Yi-Wei Tang et al., *Molecular Medical Microbiology*, Volume 2, 2015, Pages 971-977.

<sup>15</sup> Nelson et al., "Cholera transmission".

<sup>16</sup> Sánchez, Joaquín, and Jan Holmgren. "Cholera toxin – a foe & a friend." *The Indian Journal of Medical Research* 133.2, 2011, pp. 153.

day and over 50 for the duration of the infection.<sup>17</sup> In this manner, an individual may lose a considerable proportion of his or her body weight in a few hours, sometimes as much as twenty per cent, depending on the severity of the attack. The bouts of diarrhoea are also numerous, reoccurring constantly throughout the day. Faeces are only present in the first outset of symptoms, rapidly giving way to a watery whitish fluid, commonly described as “rice-water”. This stool is also slightly viscous, may contain flecks of mucus, and releases an acrid fish-like odour, oftentimes considered non-offensive.

The acute fluid loss unleashes a concatenation of events that may swiftly lead to collapse. For a start, the elimination of vital substances along with the evacuated liquids – sodium (Na<sup>+</sup>), potassium (K<sup>+</sup>), calcium (Ca<sup>2+</sup>), and others – creates an electrolyte imbalance, which may compromise the proper body function. Low sodium, for instance, may affect the central nervous system and cause seizures and coma, while low calcium and potassium generate low blood pressure, muscle cramping, spasms, and cardiac arrhythmias. Overall, the cholera-induced electrolyte imbalance creates weakness and confusion, difficulty to speak, muscular cramps, acute abdominal pain and, in over 10% of cases, it induces a comatose state.<sup>18</sup> Most importantly, it can also cause metabolic acidosis, a serious condition in which the blood becomes too acidic. In this scenario, the patient’s respiration pattern changes, leading him or her to gasp for breath (*Kussmaul breathing*).<sup>19</sup> It frequently results in death.

The fluid depletion also generates severe dehydration. Initially, patients are conscious and exceedingly thirsty but become increasingly unresponsive and lethargic as the condition progresses. The body tries to counteract the loss of liquids by halting the production of tears and urine (*anuria*). Since it is consistently deprived of water, the blood gradually thickens. As a consequence of the augmented viscosity, the blood pressure falls, the pulse becomes undetectable, and the heart works under increasing stress to keep the circulation flowing. These constraints, alongside with the electrolyte imbalance, result in overpowering weakness, somnolence, loss of consciousness and difficulty to reason, troubling the interaction between patient and caregiver. Fever is uncommon and, if present, is normally a sign of a coexisting infection.

As dehydration speedily sets in, the patient’s appearance changes drastically to display cholera’s classic outward signs. Most changes are evident through the skin: it becomes pale, cold

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<sup>17</sup> “How cholera kills”, *Médecins Sans Frontières*, 28 September 2000, <https://www.msf.org/how-cholera-kills>. Accessed 7 March 2020.

<sup>18</sup> Piarroux, R.; and D. Bompangue. “Needs for an Integrative Approach of Epidemics: The Example of Cholera” in Michel Tibayrenc, ed. *Encyclopedia of Infectious Diseases: Modern Methodologies*. John Wiley and Sons, 2007, p. 641.

<sup>19</sup> Sack, David A., et. al. “Cholera” *Lancet* 363, 2004, pp. 223–233.

and shrunken. It loses its elasticity and, when pinched, it goes back to normal only slowly. The general aspect of the skin is oftentimes described as “leathery” or “aged”, and the patient is popularly referred to as “mummified”. The eyes get sunken, with the orbits and bony outline of the skull growing more discernible. In infants, the fontanelles – the soft spots existing between the cranial bones – become depressed as if hollow. The mouth, lips and tongue turn dry. The voice grows hoarse due to lack of lubrication of the vocal cords. Hands and feet become wrinkled as if immersed in water for long. In pregnant women, insufficient oxygenation of the placenta may occasion premature births or miscarriages. Finally, the extremities and face may assume a bluish or purplish colour due to oxygen deficiency linked to compromised blood circulation (*peripheral cyanosis*). This discolouration is responsible for the byname “Blue Cholera”, as the disease was popularly called during the 19th-century.

Furthermore, these radical transformations come about abruptly. The cholera attack sets in without notice, with symptoms unravelling fast. If the dehydration is not addressed, death follows in over 50% of cases, usually in a matter of hours after the onset of symptoms. Most fatalities occur during the first day.<sup>20</sup> Death is ordinarily caused by a collapse of the circulatory system and heart failure (*hypovolemic shock*). Other than that, the combined actions of acute dehydration and metabolic acidosis may cause different organs to disrupt and fail, especially the kidney (*acute renal failure*).

Nonetheless, if treated, cholera mortality can be enormously diminished. In the present, it can customarily dwindle to less than 1% when the condition is appropriately managed. The majority of cases (80 to 90%) can be successfully treated with a simple and inexpensive Oral Rehydration Solution (ORS). Besides purified water, the solution contains modest amounts of sugars and salts in order to address the electrolyte deficiency. ORS therapy is ministered at regular intervals or after each bout of evacuation. It seeks to simply keep the patient alive while his or her immunological system can naturally fight the infection.<sup>21</sup> Antibiotics may be used in tandem with ORS. They help shorten the duration of the diarrhoea and reduce the fluid loss, yet are not indispensable for recovery.<sup>22</sup> Zinc supplements may also be employed with the same purpose, especially in treating children. In critical cases, when patients suffer from severe dehydration, experience coma or are unable to swallow due to uncontrollable vomiting or exceptional

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<sup>20</sup> *Ibid.*, p. 224.

<sup>21</sup> “Haiti Cholera Training Manual: A Full Course for Healthcare Providers. 2.1”, *Ministry of Health and Population in Haiti and United States Centers for Disease Control and Prevention*, pp. 11-13, UNICEF, 24 January 2011, [https://sites.unicef.org/cholera/Chapter 8 case management/07 CDC Haiti Cholera %20training manual.pdf](https://sites.unicef.org/cholera/Chapter%208%20case%20management/07%20CDC%20Haiti%20Cholera%20training%20manual.pdf).

Accessed 25 November 2020.

<sup>22</sup> Nelson, “Cholera transmission”.

weakness, the discharged fluids are restored intravenously. As much as twelve litres may be injected directly in the patient's veins in the first twenty-four hours. As soon as the patient can drink, intravenous therapy is accompanied and later replaced by oral rehydration therapy.<sup>23</sup>

Recovery is rapid once the dehydration and electrolyte imbalance are well-managed. Most individuals regain health in about a week following the initial symptoms. As a consolation, they develop temporary resistance to the vibrio and are unlikely to reacquire the infection during the same outbreak. Nevertheless, this immunological memory is transient, lasting solely for some weeks or months.<sup>24</sup>

Fortunately, not all cholera cases present all the symptoms nor are so graphic and dire. In reality, the severity of the infection is conditioned by a myriad of factors. First and foremost, is the capacity of the patients' immunological system to cope with the vibrio. Individuals with developing or compromised immunology – such as children, elders or people suffering from autoimmune diseases –, are evidently more vulnerable. By the same token, vaccinated or previously exposed individuals are more resilient, often bearing mild or no symptoms. The general state of health is equally important; better nourished, exercised, and rested individuals are more likely to endure the condition. As previously mentioned, the well-being of the stomach is also essential, since the gastric-acid barrier can adequately avoid infection in the first place. Besides that, the patient's blood group is also crucial. For reasons that are not yet fully understood, individuals of blood type O are much more prone to develop into a critical case. Although not under higher risk of contracting the disease, they are eight times more likely to be hospitalised because of it.<sup>25</sup> Curiously, the existence of a concomitant infection may create an unfavourable setting in which the vibrio has to compete for space, thus possibly protecting the individual against cholera.<sup>26</sup> Finally, the size of the inoculum ingested is also central in determining if infection will follow, as well as its intensity if it does, since the more numerous the microorganisms, the more toxin is secreted, and hence, the more intense the symptoms. A large quantity of cells is required for successful cholera contamination to take place, with a minimum dose of  $10^3$  vibrios in susceptible individuals, and  $10^8$  in resistant ones.

Humans are the only hosts in which the vibrio naturally induces cholera.<sup>27</sup> <sup>28</sup> This feature makes

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<sup>23</sup> "Haiti Cholera Training Manual", p. 13.

<sup>24</sup> King, Aaron A. et al. "Inapparent infections and cholera dynamics." *Nature* 454.7206, 2008, pp. 877-880.

<sup>25</sup> Harris, Jason B, and Regina C LaRocque. "Cholera and ABO Blood Group: Understanding an Ancient Association." *The American journal of tropical medicine and hygiene* vol. 95,2, 2016, pp. 263-264.

<sup>26</sup> Piarroux, "Needs for an Integrative Approach", p. 642.

<sup>27</sup> Albeit a disease called 'avian cholera' or 'fowl cholera' exists, it is caused by an unrelated bacterium, *Pasteurella multocida*. This condition affects mostly birds, causing abundant diarrhoea and high mortality. In all probability these characteristics are the reason for the analogous name.

the infection arduous to recreate in the laboratory – especially before the 20th-century –, given that animal models do not apply as promptly as in the case of other pathogens.<sup>29</sup> The bacterium travels from one individual to the next exclusively through contaminated food and water. As discussed previously, the vibrio is naturally found in the brackish waters of low-lying coastal areas. Yet, surprisingly, this natural environmental reservoir is responsible for relatively little infections given that cholera preferably spreads through lines of transmission that go from human-to-human, rather than environment-to-human. In short, vibrios occurring in nature are pivotal for endemicity and are essential in starting an outbreak. However, after a cholera epidemic is ignited, they are not the ones to keep it growing.<sup>30</sup>

The cholera-causing germs multiply in the small intestines of patients and are ejected together with their excreta. A typical rice-water stool harbours between  $10^{10}$  and  $10^{12}$  vibrios per litre.<sup>31</sup> The evacuation of the germs starts with the first symptoms and may continue for up to two weeks after recovery. Even asymptomatic carriers contribute to the contagion, however with the significantly smaller dose of  $10^6$  per litre of stool, and for solely one day.<sup>32</sup> In contrast to typhoid fever, there are no long-term carriers of cholera. That notwithstanding, the briefly contagious asymptomatic carriers may play an even greater role in spreading the disease. Their mobility pre-empts any attempts to halt the dissemination of the germs. At the same time, it helps them to find new ecological niches, sometimes in the interior, quite far away from the coastal areas from where they originate. The asymptomatic carriers' contributions to transmission are hard to estimate. Still, mathematical models predict that for every individual that falls seriously ill with cholera there are, at least, three and, at most, a hundred other mild or invisible infections.<sup>33 34</sup> Once the vibrios are eliminated, they can survive for several days, even weeks if conditions are propitious. If during this period, they get into contact with water-sources or foodstuffs, they are likely to be ingested, thereby re-establishing the contagious cycle all over again. This oral-faecal route of transmission enables – but also conditions – cholera to flourish in densely populated areas, where close contact creates plenty of opportunity for transmission.

Given its method of spreading, the infection can be efficiently prevented through the creation of sanitary infrastructure, food quality control and measures of public and personal

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<sup>28</sup> Finkelstein, Richard A. "Cholera, *Vibrio cholerae* O1 and O139, and Other Pathogenic Vibrios" in Baron S, ed. *Medical Microbiology*, 4th edition. University of Texas Medical Branch, 1996.

<sup>29</sup> Panigrahi, P., and J. G. Morris Jr. "RITARD Rabbit Model for Studying *Vibrio cholerae* and Other Enteric Infections" in Oto Zak, Merle A. Sand, ed. *Handbook of animal models of infection*. Vol. 362. Academic press, 1999, p. 261.

<sup>30</sup> King, "Inapparent infections", p. 878.

<sup>31</sup> Nelson, "Cholera transmission".

<sup>32</sup> Ibid.

<sup>33</sup> King, "Inapparent infections", p. 878.

<sup>34</sup> Sack, "Cholera", p. 224.

hygiene. Once proper sanitation is in place, cholera epidemics are relatively easy to avoid and, in the unlikely event of an outbreak, they can be straightforwardly addressed and obviated: rehydration therapies are effective and inexpensive; treatment centres do not require fancy pieces of equipment nor have to engage in complex procedures and examinations; caregivers can be rapidly trained since profound all-encompassing expertise is not truly indispensable; different vaccines exist that, although offering only partial and passing immunisation, are a viable strategy for prevention and containment.

Despite that, in December 2019, the World Health Organization (WHO) has announced that 499,447 cholera cases were recorded in the previous year, resulting in 2,990 fatalities.<sup>35</sup> These figures, high as they are, are actually encouraging and were received with contentment, for they represent a fall of 60% in comparison to 2017. They auspiciously point in the direction of the *Global Roadmap to 2030*, the strategy with which the WHO seeks to eradicate cholera transmission in up to twenty countries and to reduce overall cholera deaths by 90% by the end of the decade.<sup>36</sup>

Nonetheless, these are the numbers of confirmed cases. Given the profound influence that outbreaks of contagious diseases may exert on economy and politics, governments tend to delay, dismiss or avoid notifications. Cholera deaths can be easily set aside as being the result of ‘watery diarrhoea’ or ‘food poisoning’, for example. As we shall see, there are even instances of calculated and well-organised concealment operations. Even if that is not the case, disease surveillance is a complex, burdensome and potentially costly task, requiring personnel and appliances that the more vulnerable estates are likely to lack or to have already engaged in the fight against the outbreak.<sup>37</sup>

Therefore, it comes as no surprise that the nearly half a million confirmed cases of 2018 undoubtedly reflect only a portion – and perhaps not even a representative one – of the actual figures. The WHO estimates that, presently, the disease afflicts one to four million people worldwide and puts an end to 143,000 lives a year.<sup>38</sup> It has been so in the recent past as well, with

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<sup>35</sup> “Weekly Epidemiological Record”, *World Health Organization*, no. 48, 29 November 2019, 94, p. 561-567, <http://extranet.who.int/iris/restricted/bitstream/handle/10665/330003/WER9448-eng-fre.pdf?ua=1>. Accessed 9 March 2020.

<sup>36</sup> “Drop in cholera cases worldwide, as key endemic countries report gains in cholera control”, *World Health Organization*, 19 December 2019, <https://www.who.int/news/item/19-12-2019-drop-in-cholera-cases-worldwide-as-key-endemic-countries-report-gains-in-cholera-control>. Accessed 9 March 2020.

<sup>37</sup> Kanungo, S. et al. “Cholera in India: an analysis of reports, 1997–2006” in *Bulletin of the World Health Organization*, Volume 88, Number 3, March 2010, p. 161-240.

<sup>38</sup> *Ibid.*

assessments of recorded and unrecorded cases in the 1990s starting at six million.<sup>39 40</sup>

In popular discourses, cholera epidemics are repeatedly imagined as vanquished scourges from the past and are just as often advanced as a glorious example of the triumph of medical science over preventable disease. Albeit not necessarily wrong, these assertions can be undoubtedly enriched by nuance. Be as it may, the statistics are clear: cholera never really went away and, at least for the time being, it is here to stay.

## **1.2 Cholera History**

### **i. How Asian is Asiatic Cholera?**

It is hypothesised that cholera originated in the Bengal Delta, a large area of 10.000 squared kilometres in the Bay of Bengal where the rivers Ganges, Brahmaputra and Meghna, meet the Indian Ocean.<sup>41 42</sup> At present, the region is shared between India and Bangladesh. Yet, throughout the 19th-century, until 1947, it was considered as belonging to a unified Bengal, a former province of British India. The area has been occupied for millennia – for at least sixty thousand years, perhaps longer – and is one of the most densely populated regions of the world.<sup>43 44</sup>

Today, cholera is endemic to the area. Bangladesh continues to suffer from cyclical outbreaks, even twice a year in certain districts. At least 100.000 cases occur annually, resulting in 4.500 losses. Some estimates consider over 66 million people to be at risk.<sup>45</sup> The same can be said about West Bengal and other Indian provinces. According to a report by WHO, nearly two-thirds of the 1.38 billion population of India (representing 17,7% of the world) resides in rural areas, where only slightly more than one in every four households has access to suitable sanitation and piped potable water.

Authors in the 19th-century, medical and otherwise, all trace cholera's ancestry to Bengal specifically, and India more broadly. In *Cholera: the Biography*, Christopher Hamlin shows how some prominent scholars writing in the 1860s and 70s, and continuously drawing from one

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<sup>39</sup> Piarroux, "Needs for an Integrative Approach", p. 640.

<sup>40</sup> Collins, Andrew E. "Vulnerability to coastal cholera ecology." *Social Science & Medicine* 57.8, 2003, pp. 1397-1407.

<sup>41</sup> Akter, Jakia et al. "Evolution of the Bengal Delta and its prevailing processes." *Journal of Coastal Research* 32.5, 2016, pp. 1212-1226.

<sup>42</sup> Brown, S., and R. J. Nicholls. "Subsidence and human influences in mega deltas: the case of the Ganges–Brahmaputra–Meghna." *Science of the Total Environment* 527, 2015, pp. 362-374.

<sup>43</sup> Schendel, Willem Van. *A History of Bangladesh*. Cambridge UP, 2009, p. 11.

<sup>44</sup> Akter, "Evolution of the Bengal".

<sup>45</sup> Islam, Md Taufiqul et al. "Cholera control and prevention in Bangladesh: an evaluation of the situation and solutions." *The Journal of infectious diseases* 218.Suppl 3, 2018, pp. S171.

another, have been instrumental in orientalising the disease. The first is the German August Hirsch, which published between the years 1859 and 1863 the first edition of his *Handbook of Historical-Geographical Pathology (Handbuch der historisch-geographischen Pathologie)*. After it, came to light R. H. Scoutetten's *Chronological, Topographical and Etymological History of Cholera (Histoire chronologique topographique et étymologique du Choléra, 1869)*, which was immediately followed by N. Charles Macnamara's *Treatise on Asiatic Cholera (1870)*. The three essays by Hirsch, Scoutetten and Macnamara, were used by a fourth medical-historian, John Macpherson, in his *The Annals of Cholera from the Earliest Times to 1817 (1872)*. Then, four years later, Macnamara wrote a new volume, *History of Asiatic Cholera (1876)*, which relies on Macpherson's work, which, on its turn, based himself on Macnamara's in the first place. Next, from 1881 to 1883, Hirsch produced the second edition of his book resting largely on Macpherson and Macnamara.<sup>46</sup>

According to Hamlin, the conclusions of these authors are based on "farce and prejudice".<sup>47</sup> Macpherson, for example, did not directly consult old Indian medical texts. Both he and Macnamara admit that ancient Indian, Roman and Greek documents do not mention clearly any epidemic form of dysentery that could be equated with cholera. Nonetheless, this does not hold them back in concluding that there was cholera in India anyway. In Hamlin words', even though their dissertations are built on each other: "They held wholly incompatible concepts of what cholera was, but they seemed to be able to agree that it was eternally Asian, notwithstanding that both admitted that there was no *evidence* of epidemic cholera in ancient India".<sup>48</sup>

These developments may seem trivial or bookish, but they are important for two reasons. Firstly, discourses that squared Asia with disease existed already before the 1860s, but they were mostly cultural perceptions. These authors started a process through which a cultural rivalry slowly shifted into a scientific fact, which, afterwards, was used to legitimise the initial cultural perception. If cholera had no homeland, if it would be a natural event which develops anywhere without any particular reason. In that case, it would have no meaning, nor be European, African or Asian; it would simply be something which happens from time to time. However, epidemics invite cultural interpretation, which then can be used to assign blame. Given this tendency, cholera had to come from somewhere else.

As Hamlin brilliantly shows, in these medical-histories on the origins of the disease "much meagre evidence was stretched and plausible inferences made into certainties".<sup>49</sup> By leaning on

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<sup>46</sup> Hamlin, Christopher. *Cholera: the biography*. Oxford UP, 2009, p. 39-40.

<sup>47</sup> *Ibid.*, p. 40.

<sup>48</sup> *Ibid.* Italics in the original.

<sup>49</sup> *Ibid.*, p. 50.

hasty conclusions, these authors justified, scientifically, an overall change in the perception of ideas about India and Asia. Rather than being a step in the itinerary of a globe-trotting disease, Asia became the very agent causing the disease itself. Simply put: cholera became *Asiatic* cholera.

These scientific developments occurred in the heyday of Orientalism. Both imperialism and xenophobia are evident in the ease with which the authors generalise their inferences: the Bengal Delta is taken for the whole of Bengal, which is taken for the whole of India, which is taken for the whole of Asia – which can be so loosely defined as to include, if need there be, even the Maghreb or the Balkans. What is more, the concept can be expanded as to encompass the entirety of the world: given that cholera is “Asiatic”, it can almost automatically follow “Asians” in any place they might be. Ultimately, by becoming “Asiatic”, cholera gained the power to be defined as almost anything which is “the Other”, which incidentally is “not Us” and is “against Us”. This perspective reverberated deeply into art, to such an extent that the image of a monstrous scourge marching from the recesses of uncivilised “Asia” into the unsuspecting “West” became a rhetorical convention in literary texts.

The second reason for the importance of the cyclical self-reliance of Macpherson, Macnamara and Hirsch, is that their frail evidence was modernised by R. Pollitzer in 1954. Pollitzer’s work was not only written for but also published by the World Health Organization. It is a learned and meticulous essay, summarising everything which was known about the subject at the time. For his historical commentary, however, Pollitzer drew on Hirsch’s second edition, and, thus, relied indirectly on Macnamara, which reached his conclusions out of thin air.<sup>50</sup> In addition to that, parts of Pollitzer’s treatise quickly became obsolete just a few years after publication, due to seminal scientific discoveries made in the 1960s and to the start of the Seventh Pandemic in 1963. Regardless of that, the monograph achieved a high circulation, and it is still largely in use today. Pollitzer’s chronological classification of the succeeding pandemics, for example, is the most commonly adopted by historians. Most importantly, though, is Pollitzer’s passive acceptance of Macnamara’s “irrefutable conclusions”.<sup>51</sup> Since his work is respected and widely consulted, it played a crucial role in preserving and modernising the poorly sustained account of the Indian origins of cholera – as Hamlin conclusively demonstrates.<sup>52</sup> So much so, that treating the subject in a moment when several countries were still colonial possessions, Pollitzer unashamedly employs

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<sup>50</sup> Ibid., pp. 40 and 269.

<sup>51</sup> Pollitzer, Robert. *Cholera*. World Health Organization, 1959, p. 12. World Health Organization, <https://apps.who.int/iris/handle/10665/41711>. Accessed 25 November 2020.

<sup>52</sup> Hamlin, *Cholera: the biography*, p. 47.

the term “Asiatic cholera”.<sup>53</sup>

Aside from that, the monograph is responsible for another misconception. Pollitzer wrote thirty years after the end of the Sixth Pandemic (1899-1923) when cholera was confidently considered vanquished. As a result, he assumes a definitive tone and offers a panorama of the epidemic from start to end. However, less than a decade after his first publication, the Seventh Pandemic (1961-present) started without ever being declared over. According to the WHO, 2018 was its 57th year.<sup>54</sup> In spite of this, Pollitzer’s closed-case summary of the disease is accepted even today. So much so, that the news that we are still living in the times of cholera comes as a surprise to many. All things considered, García Márquez’s novel is not a tale of a remote and foregone past; it is the de facto present in many regions of the planet.

Hamlin argues that there is no definite and clear sign that cholera epidemics ever happened in India before the 1817 – or anywhere else for that matter. And even if its presence could be somehow confirmed before this date, it does not logically follow that India was its birthplace. That is also true for other locations. These considerations are relevant not only for cholera but actually to any epidemiological research concerned with disease origins.

In the present, it is possible to use genetics to trace lineages of different strains of viruses or bacteria. Based on variations in their genes, it is possible to map family trees to establish how the various viral or bacterial strains evolved. On occasion, it is also possible to combine this information with statistics, historical accounts, and other material sources, to make geographical and chronological inferences about their origins. The achieved results can convey a considerable degree of confidence in some cases.

An excellent example of the potential of the method is found in HIV research. The *Acquired Immune Deficiency Syndrome* (AIDS) can be caused by two viruses: HIV-1 and HIV-2. The first is the more virulent of the two and is spread globally, while the second has low infectivity and is mostly confined to West Africa. They are believed to have originated independently from two different strains of the *Simian immunodeficiency virus* (SIV). HIV-1 possibly evolved from a strain prevalent in wild chimpanzees (SIVcpz) in West Tropical Africa, i. e., a collective formed by Cameroon, Republic of Congo, DRC, Gabon, Central African Republic, and Equatorial Guinea.<sup>55 56</sup> On the other hand, HIV-2 has been identified as a zoonotic infection coming from sooty mangabey monkeys

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<sup>53</sup> Ibid., p. 297.

<sup>54</sup> “Weekly Epidemiological Record”, *World Health Organization*, p. 561.

<sup>55</sup> Keele, Brandon F. et al. “Chimpanzee reservoirs of pandemic and nonpandemic HIV-1.” *Science* (New York, N.Y.) vol. 313,5786, 2006, pp. 523-6.

<sup>56</sup> Gao, Feng et al. “Origin of HIV-1 in the chimpanzee *Pan troglodytes troglodytes*.” *Nature* 397.6718, 1999, pp. 436-441.

(SIVsmm) diffused from the south of Senegal to the west of Ivory Coast.<sup>57</sup> Moreover, the prevalent HIV-1 is divided into four subtypes: M, N, O and P. All are believed to have originated through independent zoonotic transmissions of SIVs, with the first three (M, N and O) crossing from chimpanzees to humans, and the last (P) possibly coming from gorillas.<sup>58</sup> The HIV-1 subtype M is responsible for an estimated 98% of HIV/AIDS infections worldwide.<sup>59</sup> Since the progenitors of HIV can be genetically identified in different strains of SIVs, and, on top of that, these simian viruses are naturally hosted in distinct monkey populations living relatively near to one another in West and West-Central Tropical Africa, it is possible to deduct with a relatively high degree of confidence that HIV originated in the region. Thus, in this case, a geographical origin can be established with reasonable exactitude.

What is more, the earliest blood samples contaminated with HIV we know of date from 1959 and 1960. Both were collected in former Leopoldville, now Kinshasa, in the Democratic Republic of the Congo. Their existence proves that HIV was already in circulation in the area in the late 1950s. However, when could the first monkey-human transmission have occurred? Some scholars argue that the zoonotic spillover is unlikely to have happened before the 1860s or even somewhat later. The reason being that if HIV/AIDS infections were already disseminated within the population, they would almost certainly have been brought to the Americas along with the more than 12 million enslaved individuals which were forcefully relocated during the Atlantic Slave Trade.<sup>60</sup> The assumption is particularly plausible because other *Lentiviruses* – the subgroup of *retroviruses* to which HIV belongs – successfully made the passage at the time, while there are no signs of HIV in the Americas before 1962, when it could have been brought by workers returning from Congo.

Hence, it is thought that the virus likely jumped into humans at some point between the 1860s and 1959. The time-frame can be further narrowed down when taking into account its mode of transmission. Most disease-causing agents rely on a fairly sizable population to continue to circulate and to infect new hosts at a constant rate. Otherwise, they run the risk of burning themselves out, perishing alongside their victims. HIV is spread through the exchange of infected bodily fluids, principally through sexual intercourse. That means that HIV spreads at a slow pace as viruses go. It requires a somewhat large population and a large number of sexual encounters to be

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<sup>57</sup> Hirsch, Vanessa M. et al. "An African primate lentivirus (SIV sm closely related to HIV-2." *Nature* 339.6223, 1989, pp. 389-392.

<sup>58</sup> Plantier, Jean-Christophe et al. "A new human immunodeficiency virus derived from gorillas." *Nature medicine* 15.8, 2009, pp. 871-872.

<sup>59</sup> Sharp, Paul M, and Beatrice H Hahn. "The evolution of HIV-1 and the origin of AIDS." *Philosophical transactions of the Royal Society of London. Series B, Biological sciences* vol. 365,1552, 2010, pp. 2487-94.

<sup>60</sup> Segal, Ronald. *The Black Diaspora: Five Centuries of the Black Experience Outside Africa*. Farrar, Straus and Giroux, 1995.

effectively disseminated. Given that large cities of more than ten thousand inhabitants only formed in West-Tropical Africa in the early 20th-century with the intensification of colonialism, some researchers believe that the spillover took place circa 1910. Statistics and historical accounts point to an abrupt growth in prostitution and population density in the period.<sup>61 62</sup> Other scholars favour the early 1950s as the moment for the transformation of SIV into HIV and argue that the virus could have been disseminated through the repetitive use of unsterile syringes in major vaccination efforts from the 1950s to the 1970s.<sup>63</sup>

This complex interaction of plausible inference, genetic evidence, historical archive research and statistics, is able to establish with a surprising degree of confidence the geographical origin of HIV/AIDS, as well as to hint approximately to the period in which it sprang into existence. However, fascinating as this minute detective work might be, it is clearly based on arduous laboratory research that was obviously unavailable to the historians of cholera of the 19th-century.

Still yet, some techniques of paleomicrobiology – a fascinating emerging field which combines insights from microbiology, history, evolution and anthropology – could possibly be used to establish the plausible origins of cholera. There are studies which look at genetic markers to ponder about its interaction with specific populations. Some, for example, look at the lower incidence of the more susceptible O blood type in the populations of India and Bangladesh (respectively 37% and 33%, as opposed to 45% worldwide).<sup>64</sup> Others peer into the distribution of resistance-conferring genes in the Bengal Delta.<sup>65</sup> These investigations seem to indicate that such features are formed by natural selection after a long coexistence with the disease. Nonetheless, even if the inhabitants of the region are more resistant to it today, this does not necessarily entail that the vibrio originated there nor that the selection happened long ago.

These scientific tools of analysis are potent and may be very helpful on occasion. It is clearly advantageous to determine when and where a previously unknown condition like HIV/AIDS appeared for the first time. It can be not only helpful for the collection of samples and data, but all the more essential for containment and control. In all likelihood, this knowledge may impact the

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<sup>61</sup> Worobey, Michael et al. "Direct evidence of extensive diversity of HIV-1 in Kinshasa by 1960." *Nature* vol. 455,7213, 2008, pp. 661-4.

<sup>62</sup> De Sousa, João Dinis et al. "High GUD Incidence in the Early 20th Century Created a Particularly Permissive Time Window for the Origin and Initial Spread of Epidemic HIV Strains." *PloS one* 5.4, 2010, pp. e9936.

<sup>63</sup> Marx, Preston A. et al. "Serial human passage of simian immunodeficiency virus by unsterile injections and the emergence of epidemic human immunodeficiency virus in Africa." *Philosophical Transactions of the Royal Society of London. Series B: Biological Sciences* 356.1410, 2001, pp. 911-920.

<sup>64</sup> Bhandari, Tamara. "Study may explain why people with type O blood more likely to die of cholera." *Washington University School of Medicine in St. Louis*, 29 August 2016, <https://medicine.wustl.edu/news/study-may-explain-people-type-o-blood-likely-die-cholera/>. Accessed 25 November 2020.

<sup>65</sup> Karlsson, Elinor K. et al. "Natural Selection in a Bangladeshi Population from the Cholera-Endemic Ganges River Delta." *Science Translational Medicine* 5.192, 2013, pp. 192ra86-192ra86.

research effort positively, aside from feasibly accelerating the development of prevention and treatment.

Recently, in 2010, such a situation appeared during the cholera outbreak in Haiti. The epidemic started some months after an earthquake had severely damaged urban infrastructure, and was at first considered as a consequence of it. However, local inhabitants complained that untreated sewage was being dumped directly into the Artibonite River by a UN peacekeeping base, and, in doing so, inculpated the organisation for the outbreak. At first, the UN denied the charge; however, a genetic study conducted by a French epidemiologist showed that the strain prevalent in Haiti matched precisely those found at the time in Nepal, the location from where part of the UN forces came.<sup>66</sup> Given these developments, the organisation arranged for an independent investigation to be conducted which, in 2012, confirmed the French findings. The vibrio was genuinely brought by the Nepalese force sent to help with reconstruction.<sup>67 68</sup> In this case, the source of the vibrio is relevant, not necessarily to assign blame, but rather to restrain contagion – which was no longer necessary by the time the data was confirmed – and, above all, to avoid future reoccurrence. At present, mandatory vaccination is required of Peace Corps Soldiers if they move between cholera-stricken regions.<sup>69</sup>

However, when applied to past cholera outbreaks, these laboratory techniques are unlikely to deliver promising results. Thanks to paleomicrobiologists, we have currently a deeper understanding of the exchange of diseases in the past. By using cutting-edge genetic techniques, they were able to establish in 2006 that typhoid fever is the best candidate for causing the Plague of Athens (430-427 BCE) described by Thucydides.<sup>70</sup> The extended discussion among historians if *Yersinia pestis* was really to blame for the Black Death (c. 1330-1360 worldwide, 1346-1353 in Europe) was closed affirmatively in 2010 after genetic evidence was found.<sup>71 72 73</sup> Then, three years later, new studies employing state-of-the-art techniques discovered the bacterium was also

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<sup>66</sup> Piarroux, Renaud et al. "Understanding the cholera epidemic, Haiti." *Emerging infectious diseases* 17.7. 2011, pp. 1161.

<sup>67</sup> Grad, Yonatan H., and Matthew K. Waldor. "Deciphering the origins and tracking the evolution of cholera epidemics with whole-genome-based molecular epidemiology." *MBio* 4.5, 2013.

<sup>68</sup> Frerichs, Ralph R. et al. "Nepalese origin of cholera epidemic in Haiti." *Clinical Microbiology and Infection* 18.6, 2012, pp. E158-E163.

<sup>69</sup> Piarroux, Renaud, and Ralph R. Frerichs. "Cholera and blame in Haiti." *The Lancet Infectious Diseases* 15.12, 2015, pp. 1380-1381.

<sup>70</sup> Papagrigorakis, Manolis J. et al. "DNA examination of ancient dental pulp incriminates typhoid fever as a probable cause of the Plague of Athens." *International Journal of Infectious Diseases* 10.3, 2006, pp. 206-214.

<sup>71</sup> Haensch, Stephanie et al. "Distinct clones of *Yersinia pestis* caused the black death." *PLoS pathogens* vol. 6,10 e1001134.

<sup>72</sup> Schuenemann, Verena J. et al. "Targeted enrichment of ancient pathogens yielding the pPCP1 plasmid of *Yersinia pestis* from victims of the Black Death." *Proceedings of the National Academy of Sciences* 108.38, 2011, pp. E746-E752.

<sup>73</sup> Bos, Kirsten I. et al. "A draft genome of *Yersinia pestis* from victims of the Black Death." *Nature* vol. 478,7370 506-10.

responsible for the Plague of Justinian (541 – 549 CE), nowadays considered a part of the First Plague Pandemic (541-747).<sup>74 75</sup> While the controversy on the New and Old Worlds origins of syphilis rages on still. Nevertheless, in the case of cholera it is necessary to inquire if this knowledge is indispensable. Is it even possible to establish when and where it appeared? If yes, is it required or essential to increase our historical interpretations?

I pose the question to acknowledge two antithetical cultural positions regarding cholera on the 21st and the 19th-century. Although it is conceivable to ascertain its geographical origins at present, this is not truly necessary for disease control. Whereas previously, when this information was crucial and all the more required, it was unattainable by any means. Historians, scientists and artists at the time were in effect obsessed with establishing the locus of infection, as if, in discovering an exact location, the scourge would immediately vanish.

To round up this discussion: 1) Cholera might have originated in India, but there is little evidence in support of it being there before the 1830s, despite what the 19th-century historical accounts say; 2) There are techniques which can trace links among microorganisms to various parts of the world, but it is unclear if they can be applied to the past cholera pandemics; 3) Even if this information was somehow within reach, it is nonessential and bears no practical repercussions.

## ii. The origins of cholera: etymology and possible descriptions before 1817

Irrespective of the lack of clarity and reliability of historical accounts, several authors have tried to conjecture on the occurrence of cholera epidemics before 1817. Some argue, based on reported symptoms and comparative philology, that it is possibly mentioned in ancient texts belonging to the Greek and Indian traditions. The *Sushruta Samhita* (Suśrutasaṃhitā सुश्रुतसंहिता), for example, is a major compendium of Ayurveda medicine whose dates of composition are disputed but orbit around 500 BCE.<sup>76</sup> On it, a diarrhoeal disease is described by the name of *visuchika* which, according to Dhiman Barua, “agrees very closely with a typical case of cholera”.<sup>77</sup> That might even be so, but the same could be said of dysentery, food poisoning or any other

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<sup>74</sup> Harbeck, Michaela et al. "Yersinia pestis DNA from Skeletal Remains from the 6th Century AD Reveals Insights into Justinianic Plague." *PLoS Pathogens* 9.5, 2013, pp. e1003349.

<sup>75</sup> Wagner, David M. et al. "Yersinia pestis and the Plague of Justinian 541–543 AD: a genomic analysis." *The Lancet Infectious Diseases* 14.4, 2014, pp. 319-326.

<sup>76</sup> Tipton, Charles M. "Susruta of India, an unrecognized contributor to the history of exercise physiology." *Journal of applied physiology*, 2008, pp. 1553–1556.

<sup>77</sup> Barua, Dhiman. "History of Cholera" in Barua, Dhiman, and Greenough III, William B., eds. *Cholera*. Springer, 1992, p. 1-36.

condition causing severe dehydration. Many of the reported symptoms do overlap with cholera's, but aside from that, there are still fundamental problems in matching the two diseases. First and foremost, the description is simultaneously both excessive and deficient. It includes some puzzling symptoms which are not readily associated with cholera ("feeling of heat", "extreme agitation", "pain in the head", "faeces [...] shut up in the belly"<sup>78</sup>) and it also emphasises vomiting over defecating, when the opposite is true for cholera. Most importantly, the *Sushruta Samhita* does not mention some of its most remarkable features: no allusion is made to its abruptness, to the speed with which death may follow, to its contagious nature, nor to the existence of cyclic outbreaks.

Yet still, the major obstacle to identify *visuchika* as cholera is that the term does not reoccur in subsequent Indian medical texts. Barua himself asserts that the *Charaka Samhita* (*Carakasamhitā चरकसंहिता*), another authoritative text of the Ayurveda tradition, does not mention *visuchika* even if it contains a whole chapter on epidemics.<sup>79</sup> Still more significantly, this omission is matched by the entirety of the Indian medical corpus: no other source mentions any cholera-like condition in India until the arrival of the Portuguese in the 16th-century. Thus, given that *visuchika* and epidemic cholera are separated by more than two millennia, and that there are no intermediate links between the two, the identification is scarcely more than a weak conjecture. Albeit acknowledging this absence, Barua prefers to follow the 19th-century scholars and to hypothesise that the size of the population and its demographical distribution might not have been adequate for cholera to be perceived as an epidemic. The proposition is hardly convincing given that India has been for centuries – if not millennia – one of the most populated regions of the world.

Cholera has also been related to Hippocrates. The texts belonging to the *Hippocratic Corpus*, written at various points from c. 450 BCE until about 200 CE, do mention an unidentified cholera-like condition by the name of *kholera χολέρα*. The word has been variously interpreted as relating to *kholē χολή* (bile), *cholēra χολέρα* (gutter) or *cholās χολᾶς* (intestine).<sup>80</sup> The first etymological interpretation is the most broadly accepted since it aligns with the Hippocratic Theory, in which the term 'bile' appears twice among the four humours: *black bile*, *yellow bile*, *blood*, and *phlegm*. Thus the word *χολέρα* is interpreted as a combination of the noun *bile* (*kholē χολή*) and the verb *to*

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<sup>78</sup> Barua, *History of Cholera*, p. 3.

<sup>79</sup> *Ibid.*, p. 2.

<sup>80</sup> Kousoulis, Antonis A. "Etymology of Cholera" *Emerging Infectious Diseases* 18, 3, 2012, p. 540; Barua, *History of Cholera*, p. 1.

*flow* (*rein ῥέω*) and meant as 'bilious flux' or 'bilious discharge'.<sup>81</sup> As we shall see further, this etymology is pertinent for the interpretation of key passages in literary texts.

Another influential report is found in the texts of the Greek physician Aretaeus of Cappadocia, who presumably lived in the first century CE. His description is meticulous, touching on all classic symptoms of diarrhoeal afflictions, including some which are not often listed, such as the struggle with breathing or the retention of urine. Nevertheless, it is not perfect, since it mentions "stercoraceous fluid" instead of the typical milky evacuations, and it does not refer to contagiousness, epidemicity or rapid progression.<sup>82</sup>

These are the major sources reporting diarrhoeal illnesses in Antiquity. They indeed offer compelling descriptions of symptoms which are regularly present in cholera cases. They are not, however, exclusive or restricted to cholera in any way, and can occur for a whole set of reasons. Moreover, the infection's typical and idiosyncratic features (sudden onset, rapid progress, milky stools and contagiousness) are nowhere to be found. Hence, in my judgement, to assume that these afflictions are indeed cholera is precipitous and inaccurate.

The *Sushruta Samhita*, especially, is often used to justify the otherwise unsubstantiated claim that cholera has been present in India for millennia. One clear example is provided by Barua who declares, after acknowledging that the question of its origins cannot be resolved by scientific means: "Although there is almost no recorded evidence of the presence of cholera in India (except for the description in *Sushruta Samhita*) [...], there is little doubt that the disease was present there from very early days."<sup>83</sup> Given that there is admittedly neither scientific nor textual evidence underpinning this conclusion, besides a speculative interpretation of a single document, we are left to wonder from where so much certainty and agreement emanate.

In reality, Barua echoes conclusions previously reached by other scholars, all of which can be traced back to the 19th-century. Pollizer, for example, continually emphasises the sources' fragility and scantiness; still, regardless of that, he does not hesitate to find "strong suggestions", "general agreements" or "irrefutable proofs".<sup>84</sup> He announces, for instance, that "[t]here can be little doubt that [...] early importations of cholera took place from India into neighbouring or not far distant countries, particularly into Burma [...]."<sup>85</sup> The proclamation is grandiose, despite admittedly lacking material basis. There are no available sources from the period. The only one which could be

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<sup>81</sup> Barua, *History of Cholera*, p. 1.

<sup>82</sup> *Ibid.*, p. 4.

<sup>83</sup> *Ibid.*, p. 2.

<sup>84</sup> Pollizer, *Cholera*, p. 16.

<sup>85</sup> *Ibid.*, p. 15.

summoned as proof of international spread is inappropriate in both time and location: it describes 17th-century Indonesia, rather than “early India”. Pollizer goes on to conclude this subchapter: “Incomplete or even fragmentary though the evidence brought forward above often is, *it leaves no room for doubt* that cholera, present in India since ancient times, *not only* continued to exist *but* was apt to manifest itself periodically in widespread conflagrations.”<sup>86</sup>

As it happens, the tradition of reaching counterintuitive conclusions is a long one. Macpherson, for instance, after complaining of the lacunar and imprecise evidence, declares somehow that “the existence of a violent form of cholera (...) comes out everywhere very distinctly.”<sup>87</sup> Macnamara, on the other hand, manifests his surprise on the lack of evidence before the 16th-century and declares: “Doubtless, Asiatic cholera has flourished in the Delta of the Ganges, we know not for how long, but its ravages had not been witnessed by those capable of describing the disease.” In other words, no sources exist because the literate casts in Indian societies would neither notice nor care if a cholera epidemic spread. Such reckoning of 'Asians' as negligent and fatalist is hardly objective, and it matches perfectly the Orientalist assumptions of the European culture of the time. A parallel can be drawn by quoting from Mary Shelley's *The Last Man* (1826), which was written as a response to the First Cholera Pandemic. In the novel, a 'new plague' spreads in 'the East', but the local populations are unable to cope with it. Since they are superstitious and otherworldly, their attention is drawn by rumours about the appearance of a Black Sun – which, by the way, may turn out to be false:

Through Asia, from the banks of the Nile to the shores of the Caspian, from the Hellespont even to the sea of Oman, a sudden panic was driven. The men filled the mosques; the women, veiled, hastened to the tombs, and carried offerings to the dead, thus to preserve the living. The plague was forgotten, in this new fear which the black sun had spread; and, though the dead multiplied, and the streets of Ispahan, of Pekin, and of Delhi were strewn with pestilence-struck corpses, men passed on, gazing on the ominous sky, regardless of the death beneath their feet.<sup>88</sup>

Macnamara's conclusions are reached by selling prejudicial cultural beliefs as objective science. His flawed argument claims that the shortage of cholera accounts somehow proves the existence of cholera epidemics. To quote Hamlin's ingenious formulation: “Read properly, absence

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<sup>86</sup> My emphasis. *Ibid.*, p. 16.

<sup>87</sup> Hamlin, Christopher. "The Cholera Stigma and the Challenge of Interdisciplinary Epistemology: From Bengal to Haiti." *Science as Culture* 21.4, 2012, pp. 445-474, p. 454.

<sup>88</sup> Shelley, Mary Wollstonecraft. *The Last Man*. Petersborough, Broadview Literary Texts, 1996, p. 177.

of evidence became evidence of presence.”<sup>89</sup>

Furthermore, suppose we accept, for argument’s sake, that the diarrhoeal conditions outlined by Sushruta, Hippocrates or Arateus are indeed cholera. In that case, it follows that the disease was present in two continents simultaneously. This weak evidence would then lead us to conclude that cholera was a global phenomenon from the start; which, by the way, would be coherent with the current understanding of the interactions of *Vibrio cholerae* with copepods and their presence in all regions of the world. In consequence, it is astonishing that the *Sushruta Samhita* is often claimed as a corroboration that the epidemic has ravaged India since times immemorial when the same argument could apply to Greece just as much. These sources are, thus, often interpreted incongruously: one proves that cholera is Indian, but the others do not prove that cholera is Greek. This tendency to interpret the sources unevenly is also rooted in tradition. Several scholars adopt the ambiguous position of discrediting European reports from before 1817 as vague and trivial, while, at the same time, detecting proves and facts of cholera’s presence in India from sources which are just as incoherent and unreliable. That applies to Hirsch and Macnamara in the 1800s, Pollizer in the 1950s, or Norman Howard-Jones in the 1970s. The double standards in the management of sources are very much in line with the Orientalist ideologies conveyed in the art and science of the 1800s. For this reason, I will align with Hamlin in my subsequent speculations, and discard these identifications of cholera in Antiquity as unreliable, anecdotal and excessively speculative.

There are also descriptions of cholera-like diseases in the Middle Ages. One example can be found in texts by Al-Rāzī (Rhazes, 854-925), which were produced around the year 900 CE in Baghdad and Ray, located respectively in modern-day Iraq and Iran. The Muslim scholar describes a condition of severe dehydration which does not match cholera entirely – allusions to rice-stools or sudden collapse are lacking –, but that is interestingly named *haida* or *heyda*.<sup>90</sup> As highlighted by Barua, this term is remarkably similar to the Urdu word *heidja*, under which cholera is now often referred to in India. He also adds that Ibn Sīnā (Avicenna, c. 980-1037) would have made similar comments and seems to refer to the milky evacuations of cholera patients. Albeit interesting, these descriptions are as imprecise as those from Antiquity, and equally lack references to contagiousness.

The first descriptions which can be convincingly interpreted as cholera appear, in my opinion,

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<sup>89</sup> Hamlin, *The Cholera Stigma*, p. 456.

<sup>90</sup> Barua employs different versions of the word, without clearly stating its original form in Arabic. The quotations from Al-Rāzī are also indirect, apparently made through MacPherson, and the original historical text from which they were extracted is not mentioned. Barua, *History of Cholera*, p. 4.

in the Early Modern Period. One such report is penned by Gaspar Correia (1492-c. 1563), a Portuguese chronicler writing about Goa. In his *Lendas da Índia (Tales of India)*, which probably circulated in manuscript form during the 1550s but was printed for the first time only in 1858, Correia mentions in passing that there was an outbreak among troops in Calicut in 1503 of an affliction which killed in less than eight hours. He also offers a two-page description of an epidemic occurring in Goa in 1543. He refers to the disease as *mordexy*, which, according to him, is a variation on *moryxy*, its name in the non-specified local language. The description reads like a summary of the classic symptoms of severe diarrhoeal illnesses: sharp stomach pains, evacuations, acute thirst, cold and wrinkled limbs, spasms, muscle cramps, sunken eyes and greyish colouration of the extremities.<sup>91</sup> Moreover, unlike the candidates previously considered, Correia's description states quite clearly that *mordexy* is highly virulent, occurs in outbreaks and kills in a matter of hours, all of which are indispensable conditions if we seek to equate the affliction with cholera. The identification is further strengthened by the fact that in modern Kokani and Marathi a possible word for cholera is precisely *mođśi*, *mordeshim* or *mordezim*.<sup>92</sup>

A nearly contemporary Portuguese source also mentions the condition similarly, albeit abbreviating the cognate *mordexy* to *morxi*. The *Conversations on the Simples, Drugs and Materia Medica of India (Colóquio dos Simples e Drogas e Coisas Medicinaias da Índia)* was published in Goa in 1563 by the physician and pharmacist Garcia de Orta (c. 1501-1568). The work is written in dialogue form and is a compendium of Indian medicinal plants and their usage in therapy. At some point, Orta is hurriedly called to assist a patient who started displaying purgative symptoms two hours before.<sup>93</sup> The physician is accompanied by a colleague who recently arrived in India. He explains to his interlocutor that the disease is "Called among us *colerica passio*; and the Indians call it *morxi*; and we corruptly call it *mordexi*; and the Arabs call it *hachaiza*, since *saida* is the way it corruptly reads in Rhazes. In here it is more acute than in our lands because it usually kills within twenty-four hours [...]."<sup>94</sup> The commentary makes clear that Orta considers *morxi* to be a familiar condition and an equivalent of the *colerica passio*, although varying in severity. The *colerica passio* is understood here on its etymological sense of 'bilious suffering'. He identifies Al-Rāzī as a precursor, a source that assuredly describes a diarrhoeal condition but which, as we have seen, cannot be satisfactorily equated with cholera. He also calls attention to the rapidity with which

<sup>91</sup> Correia, Gaspar. *Lendas da Índia*. Vol. 4. Lisbon, Academia Real das Sciencias, 1864, p. 288-89.

<sup>92</sup> Dalgado, Sebastião Rodolfo. *Portuguese Vocables in Asiatic Languages: from the Portuguese original of M. S. R. Dalgado*. Trans. Anthony Xavier Soares. New Delhi, J. Jetley, 1988, pp. 230-232.

<sup>93</sup> The whole episode occupies only six pages within the volume. Orta, Garcia da. *Colóquio dos Simples e Drogas e Coisas Medicinaias da Índia*. Vol. 1. Edited by Conde de Ficalho. Lisboa, Imprensa Nacional, 1891, pp. 261-276.

<sup>94</sup> "Acerqua de nós he *colérica passio*; e os Indianos lhe chamão *morxi*; e nós corruptamente lhe chamamos *mordexi*; e os Arábios lhe chamão *hachaiza*, posto que curruptamente se lea em Rasis *saida*. Cá he mais aguda que em nossas terras, porque comumente mata em vinte e quatro oras; [...]". Orta, *Colóquio dos Simples e Drogas*, p. 261.

death follows, a characteristic feature of cholera, and emphasise its high mortality slightly later in the text.

The newly arrived physician expresses stupefaction for the disease's intensity, and compares it to plague cases he has witnessed in Portugal: "I am astonished by this infirmity; for I have seen many sick of the plague, and neither had they such a decreased virtue nor does it lasts so briefly in most cases."<sup>95</sup>

The comparison is an intriguing one, for plague and cholera are delineated by cultural boundaries which are relatively fluid and opaque. Most physicians who dealt with epidemic cholera in the 19th-century had no previous contact with bubonic plague, nor had the general population. For this reason, the vaguely recalled memories of past plague outbreaks would intermingle with the new threat of cholera. As a result, the diseases were broadly and consistently imagined as one and the same, their names working as synonyms. Nonetheless, the situation is remarkably different in the 16th-century, when physicians had ample opportunity to attend to plague victims. The surprised colleague has first-hand experience with it but is all the same impressed by the disfiguring symptoms he witnesses. His reaction is noteworthy and will be revisited later on.

Besides that, three other elements in the account deserve mention. Firstly, Orta inquires what the patient has recently eaten (assorted fish, cucumbers and rice pudding) and blames *morxi* on excessive appetites of both food and women – cucumbers are deemed particularly deleterious. If that is indeed a cholera case, he is partially correct: cholera spreads through contaminated food and water, with infection being more likely when the bacteria are ingested with foodstuffs due to a decrease in stomach acidity. Interestingly, the opinion that gluttony and lust predispose to cholera will be widely expressed throughout the 1800s, signalling how little has changed in medical praxis in-between. Secondly, in another interesting parallel to future methods, Orta treats the patient with a vomitive designed to purge the "poisonous humour"<sup>96</sup>, a recommendation which will likely aggravate the matter. Finally, both physicians refer to the convalescent's lack of air and swift inhalations, which may be interpreted as *Kussmaul breathing*, the constraint often observed in cholera patients (see previous *section 1.2*).<sup>97</sup>

The Portuguese sources from 16th-century India are the first to chronicle a disease's

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<sup>95</sup> "Espantado estou daquesta enfermidade; porque vi muitos doentes de peste, e nam tem a vertude tam derubada, nem dura tampouquo polla mó parte." Ibid., p. 263.

<sup>96</sup> Ibid., p. 265.

<sup>97</sup> Ruano declares "And I observe this patient has a very frequent breath" ("E vi mais este paciente ter o hanelito muito freqüente"); to which Orta agrees and adds he has witnessed a patient who "had such an exhausted virtue, that he could not lay down his breath" ("estava prostrada a vertude, que nam podia deitar o fôlego."). Ibid., p. 264.

symptoms, incidence and distribution which can be adequately and reasonably identified with cholera. They are among the best candidates if we seek to identify outbreaks happening before the start of the First Cholera Pandemic in 1817. Scholars have debated extensively if cholera outbreaks even did take place before 1817, be it in India or elsewhere. Some favour that cholera had been endemic for centuries to the Bengal Delta, when, for a complex set of reasons, it finally escaped from its confinement in the 1800s. Hirsh, Howard-Jones and others favour this position. Contrariwise, others believe there is enough evidence for cholera outbreaks in different parts of the world, including Europe, before 1817. The great proponent of this point of view is MacPherson with his *Annals of Cholera: From the Earliest Periods to the Year 1817* (1884), who is accompanied by others like Sambhu Nath De or Barua.

We will first consider this second line of interpretation. Authors adhering to this standpoint customarily enumerate, alongside the Portuguese sources, the accounts given by the Dutch chronicler Jacobus Bontius (Jakob de Bondt, 1592-1631) in his *De medicina Indorum* (1642),<sup>98</sup> anonymously translated in English in due course as *An account of the diseases, natural history and medicines of the East Indies* (1769).<sup>99</sup> On it, Bontius asserts that an outbreak of a condition he refers to as “true dysentery”<sup>100</sup> occurred in 1628 in Java, in the Indonesian Archipelago, designated at the time as the Dutch East Indies. The outbreak is blamed for the most part on contamination of water and air, caused by both environmental as well as human action. According to the commentator, it unfolded after the corpses of a defeated enemy army were thrown on the nearby river or abandoned without burial on the surrounding fields. The ensuing putrefaction tainted both air and water, whose foulness was increased by still other factors: the presence of worms feasting on the bodies, an array of serpents deliberately used by the enemies to poison the sources, and the action of the winds which mixed the salt seawaters with those of the river.<sup>101</sup>

Bontius search for the causes of the outbreak is perfectly aligned with the miasmatic theory of disease, which postulated that miasmas and effluvia – unpleasant odours, air pollution, vapours of decomposition, bad smells, venomous smokes and clouds – were the primary causes for health hazards, particularly the contagious ones. The Miasma Theory was an integral part of medical thought and practice throughout history until the second half of the 19th-century when it started losing credibility to the emerging Germ Theory of disease. It only became entirely obsolete,

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<sup>98</sup> For a description of Bontius’ work see Lach, Donald Frederick; and Kley, Edwin J. Van. *Asia in the Making of Europe: Volume 3, a century of advance*. Book 1. University of Chicago Press, 1993, p. 457.

<sup>99</sup> Bondt, James de. *An Account of the Diseases, Natural History and Medicines of the East Indies*. London, T. Noteman, 1769, p. 101.

<sup>100</sup> Bondt, *An Account of the Diseases*, pp. 14-18, 88, and 101-106.

<sup>101</sup> *Ibid.*, pp. 104-105.

however, in the early 20th-century.

Although Bontius blames the contaminated environment for the outbreak, he highlights his belief that the disease is transmissible: “Whatever name others may call them by, I care not: but I am certain that the dysentery I speak of was contagious, and seized many at the same time, and quickly.”<sup>102</sup> This information is vital since one of the problems with the descriptions of Sushruta, Hippocrates, or Razhes is precisely the absence of any commentary on infectivity or contagiousness. Besides that, his remark presupposes that the “true dysentery” is designated differently in other texts, a fact which is relevant if we seek to associate this outbreak with cholera. Bontius may have Orta’s account in mind since the Portuguese chronicler enumerates at least five names for the affliction: *colerica passio*, *morxi*, *mordexi*, *hachaiza*, *saida*. Bontius knew Orta well, citing him on several instances and even emulating his usage of the dialogue genre.

In addition, Bontius also explicitly blames the salty waters of the marshes for their afflictions. That perfectly fits the life cycle of *Vibrio cholerae* which, as we have seen, favours the brackish waters of estuaries. Later on, when asked to comment on the properties of the nearby river, his remarks are even more explicit: “I think the water is of no bad quality, if drawn a little higher up the river: for the mouth of it is tainted with a saltiness by the tide; and this was partly the reason that in 1628, when we were close besieged by the Javans, and durst not venture far from the garrison, many of us fell into the dysentery by drinking salt water.”<sup>103</sup> In this passage, no mention is made to the rotting bodies or effluvia in the air, and the brackish waters are the sole responsible for the outbreak.

Nevertheless, these intriguing similarities aside, there are also some elements which do not fit the cholera model. Firstly, some of the reported symptoms are either unusual (“stool exceeding black blood”, “very offensive smell”, “fetid sweat”) or incompatible with cholera altogether (“livid spots” appearing on the legs and arms, and, on another occasion, on the whole body).<sup>104</sup> Secondly, Bontius declares he recovered from the illness only after four months, while his wife and sons were still debilitated at the time of writing.<sup>105</sup> Such a lengthy convalescence is problematic, for in most cases cholera spontaneously withdraws in three to seven days after the start of symptoms, while the bacteria disappear from the gastrointestinal system within two weeks. Even more significant, however, is the fact that cholera itself appears on the account, clearly differentiated from dysentery.

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<sup>102</sup> Ibid., p. 104.

<sup>103</sup> Ibid., p. 130.

<sup>104</sup> Ibid., p. 101-2.

<sup>105</sup> Ibid, p. 106.

Cholera is the subject of *Chapter VI*, while the first description of dysentery appears in *Chapter III*, and is retrieved later in the segment *Some Select Observations On Epidemic Diseases in the Indies*. All passages have similar spans of five pages or so.<sup>106</sup> On them, the two afflictions are seen as related but, at the same time, as clearly distinct. They are mentioned together on five occasions, always in contexts which imply they belong to the same category, but without inferring they are identical.<sup>107</sup> For this reason, occasionally made assertions that Bontius describes a cholera outbreak are imprecise, if not outright incorrect.

Bontius remarks that cholera is the result of an irritation of the stomach and intestines caused by “hot, bilious matter”. Like Orta, he interprets the Hippocratic term *cholera* etymologically as ‘bile’. The affliction is blamed on the “hot and moist disposition of the air” and an “indulgence of eating fruits”.<sup>108</sup> Pineapples are later deemed particularly damaging, predisposing not only for cholera but also for dysentery.<sup>109</sup>

The classic cholera symptoms are all mentioned: copious and incessant vomiting and diarrhoea, convulsions, “weak pulse, difficult respiration, and coldness of the extreme parts, [...] insatiable thirst”. Stress is placed on cholera’s high mortality and rapidity: “those who are seized with this disorder generally die, and that so quickly as in the space of four and twenty hours at most.”<sup>110</sup> The promptitude and violence of the attack are emphasised even further by the example of Cornelius Van Royen, “who being in perfect health at six in the evening, was suddenly seized with the Cholera, and expired in terrible agony and convulsions, before twelve o’clock at night [...]”.<sup>111</sup> Narratives like this, underscoring the disease’s briskness, unpredictability and staggering speed, will become in due time an omnipresent literary *topos*. As we shall see in *Chapter 2* (section 2.3), some literary strains of cholera might be even faster and deadlier, sometimes killing in under an hour or even instantaneously, while sparing few, if any.

Albeit based in his own experience, Bontius elucidations make clear his reliance on Orta. He refers twice in passing that the term used locally to designate cholera is *mordexi*.<sup>112</sup> However, this assertion must be taken with a grain of salt, given that *mordexi* is precisely the cognate employed

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<sup>106</sup> Chapter III Of fluxes of the Belly; and first of the true Dysentery (Ibid., pp.14-18); Chapter VI Of the Cholera Morbus (p. 26-29); Some Select Observations On Epidemic Diseases in the Indies: Observation I. Of an Epidemic Dysentery (p. 101); II. Of the same Epidemic Dysentery (p. 102); III. Of an ardent Fever, Dysentery, malignant Ulcers, etc (p. 103); and IV. An Inquiry whether Epidemic and Pestilential Diseases rage in the East Indies (p.104-106).

<sup>107</sup> Ibid., p. 151. The two related instances appear on pp. 173 and p. 175, p. 201, p. 202, p. 224.

<sup>108</sup> Ibid., p.26.

<sup>109</sup> “[...] it excoriates the palate and tongue, and causes a horrible cholera, and frequently a mortal dysentery.” Ibid., p. 148.

<sup>110</sup> Ibid., p. 26.

<sup>111</sup> Ibid., p.27.

<sup>112</sup> “cholera, which the natives call mordexi” (Ibid., p. 187) or “cholera, which the Islanders call Mordexi” (p. 219).

in the Portuguese accounts, which, in their turn, declare that it is “a local name” without specifying to which language or population it belongs. In this historical moment, it is somewhat suspicious that regions that are five thousand kilometres apart use precisely the same terms to talk familiarly of a disease. Especially when those same words are taken from texts which designate by ‘India’ two distinct world locations: in Orta’s *Tales of India*, it indicates Goa, and the Indian subcontinent more broadly; while in Bontius’ *On the Medicaments of India*, it means Java, restrictively, and the Indonesian Archipelago, generally. This assuredness in the face of imprecision is a cultural habit which can be observed in numerous other instances. Two revealing examples are the customary usage of the word *Índios* (Indians) in Portuguese and Spanish to refer to the Native-American populations; or the epithet received by the mythical Prester John *of the Indies*, whose reign, in defiance of his title, is imagined to be somewhere in Africa, in all likelihood Ethiopia. As follows, the adjective ‘Indian’ may mean in different contexts ‘Indian’, ‘Javanese’, ‘Asian’, ‘American’ and even ‘African’. In short, the term is variously employed by chroniclers to label almost any non-European culture regardless of its geographical location.

Additionally, the languages used in the designated regions are hardly related. The most widely spoken languages of Java are Javanese and Sundanese, which belong to the Austronesian family. However, the official languages of Goa and its neighbouring provinces of Maharashtra and Karnataka, belong to entirely different groups. Konkani and Marathi, spoken respectively in Goa and Maharashtra, are Indo-European; while Kannada, spoken in Karnataka, is Dravidian. That is to say, the local languages to which Bontius is probably referring are as distant from those likely designated by Orta or Correia as Italian is from Guarani, or Yoruba is from Japanese. Therefore, although not impossible – Indian cultures did in effect exert influence on the Indonesian Archipelago –, the parallel usage of *mordexi* in both Goa and Java is unlikely, in my opinion. I tend to interpret this match as an apocryphal commentary made by Bontius in which he generalises upon the sources depicting Goa and overrides the local Indonesian reality with that of India. In effect, in more than one occasion Bontius refers to the local Javanese population indiscriminately as “Indians”,<sup>113</sup> “Javans and Indians”<sup>114</sup> or “all the Indians”.<sup>115</sup> If this assumption is correct, the passage contains early orientalist features which are destined to grow and multiply in both scientific and literary texts in the 19th-century.

Aside from that, there is still another cognate that requires some discussion, the exegesis now dwelling on the translation. Historically, the scientific term to denominate cholera is *Cholera*

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<sup>113</sup> *Ibid.*, p. 105.

<sup>114</sup> *Ibid.*, p. 140.

<sup>115</sup> *Ibid.*, p. 207.

*morbus*. It appears to have been firstly used by the English physician Thomas Sydenham (1624-1689) as a way to avoid the double meaning of the Latin term *cholera* as 'bilious diarrhoea' and 'anger, fury'.<sup>116</sup> Assuredly, this ambiguity does create problems in languages in which it still exists, such as Portuguese, Spanish and Catalan. The double meaning is precisely the basis for the pun contained in García Márquez's *El Amor en los Tiempos del Cólera*, in which the term fittingly evokes both the connotations of 'disease' and 'rage'; thus alluding to the epidemics and the armed conflicts which occur in the novel's background. Conversely, no double meaning is found in other European languages. In English, *cholera* is used solely as a medical term, with the adjective *choleric* – obviously derived from it – meaning 'irascible' or 'irritable'. In French, the disease is named *le choléra*, while *la colère* is the noun for 'wrath'. The same happens with the Italian *il cholera* and *la collera*, which, although distinct, are etymologically linked. In German, *die Cholera* is the health hazard, while the emotions are usually *der Zorn* or *die Wut*. The noun *der Koller* also exists – as in '*einen Koller kriegen*', 'to fly into a rage' –, but its usage is less frequent and colloquial for the most part.

So the scientific term *Cholera morbus* is created in the second half of the 16th-century to avoid confusion among medical scholars which, at this point, are still frequently writing in Latin. The term will thrive, and eventually become ubiquitous in the 19th-century works of science, literature and popular culture. Nevertheless, it is not yet available for Bontius, which in his publication of 1642 entitles his sixth chapter solely *De Cholera*.<sup>117</sup> Publishing in 1769, however, the translator feels the need to modernise the term, and so renders the chapter in English as *Of the Cholera Morbus*. He comments, besides, in the chapter on Dysentery, that the prescriptions of "the judicious Sydenham"<sup>118</sup> must be used in such cases, thus contributing slightly to the confusion regarding the so-called Cholera Outbreak of 1628, which was, in truth, a dysentery outbreak.

There is still one last feature of the treatise which deserves attention: the plague. Although it appears in only one passage, its presence is relevant because Bontius asserts to have gained experience with it in 1624-5 when "the terrible plague [...] ravaged my native Leyden, and the other cities of Holland [...]."<sup>119</sup> Hence, both he and his contemporaries are familiar with the plague and its effects, and will unavoidably summon this experience when confronted with the new scourge of cholera. Bontius acts precisely in such manner when explaining that the local inhabitants dread "[...] the cholera, which the Islanders call Mordexi, and regard it with as much

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<sup>116</sup> Howard-Jones, Norman. "Cholera nomenclature and nosology: a historical note." *Bulletin of the World Health Organization* 51.3, 1974, pp. 317-324.

<sup>117</sup> Bondt, Jakob de. *De Medicina Indorum*. Vol. 4. Leiden, Hack, 1642, pp. 136-138.

<sup>118</sup> Bondt, *An Account of the Diseases*, p. 18.

<sup>119</sup> *Ibid.*, p. 219.

horror as the Dutch do the plague, on account that it sometimes kills people in a few hours.”<sup>120</sup> The juxtaposition takes place naturally, just as in Orta’s treatise, where the newly arrived physician promptly compares plague and cholera in his astonishment. This pattern of equivalence and interchangeability is destined to endure. In the 19th century, cholera will continue to conjure up visions of plague, with the sole difference that by then plague will have become more of a recollection rather than a reality.

Thus far, all the 16th and 17th-century sources discussed employ the word *mordexy* to some extent. This practice starts with the Portuguese accounts, but it continues to materialise in other sources related to Goa, even before it eventually comes to light in Bontius’ work. One instance is found in the writings of the Florentine merchant Francesco Carletti (1573-1636), which was the first to circumnavigate the world without the aim to discover or conquest and, therefore, without a private fleet. In his *Ragionamenti* (Reflections), whose manuscripts circulated at the beginning of the 17th-century but were only published in 1701, Carletti briefly describes a disease “that in India is appropriately called Mordicin.”<sup>121</sup> The assertion is made in a chapter about Goa; still, he does not claim to have actually seen the affliction, and there is no particular reason to infer he did so – no allusion is made to outbreaks or its contagiousness, for instance. Carletti is plausibly just echoing previous accounts.

A correspondent example is found in the *Voyage de Pyrard de Laval contenant sa navigation aux Indes orientales* (Accounts of the voyage of Pyrard de Laval to the Oriental Indies, 1611). In it, the French explorer describes his wanderings in the Maldives, Bengal and even Brazil. When describing the Portuguese outpost, he mentions in passing that “It reigns among them another disease which comes suddenly, they call it *mordésin*, and it comes with great pains in the head and vomiting, and they cry out loud and it results more often in death.”<sup>122</sup> As in the previous example, it is unlikely that Pyrard has witnessed the disease in action. He is in all likelihood absorbing the discourses of others into his own, but with an interesting twist: there is no trace of diarrhoea. The omission may not be particularly relevant in this case, yet I find it most peculiar given the fact that at a later date, the suppression of cholera’s most characteristic symptom will become commonplace.

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<sup>120</sup> Ibid., p. 219.

<sup>121</sup> “[...] che nell'India propriamente si chiama Mordicin”. Carletti, Francesco. *Ragionamenti di Francesco Carletti fiorentino sopra le cose da lui vedute ne' suoi viaggi si dell'Indie Occidentali, e Orientali come d'altri paesi*. Florence, Giuseppe Manni, 1701, p. 227.

<sup>122</sup> “Il règne entre eux une autre maladie qui vient à l'improviste, ils la nomment *mordésin*, et elle vient avec une grande douleur de tête et vomissement, et ils crient fort et le plus souvent en meurent.” Pyrard, François. *Voyage de Pyrard de Laval aux Indes orientales (1601-1611), Tome II: Goa, l'empire maritime portugais et le séjour au Brésil*. Editor Xavier de Castro. Paris, Chandeigne, 1998, p. 536.

Interestingly, Pyrard may be responsible for the first usage of the word *mordésin* in French, a term that will be eventually replaced by the homophone *mort-de-chien* – meaning to the letter ‘a dog’s death’ –, which is a popular name for cholera in French, along with *trousse-galant* – literally ‘an elegant toilet bag’.

Up to this point, I have perused some of the historical accounts of diarrhoeal afflictions with two objectives in mind: to consider if there is solid evidence for the presence of cholera in India before the start of the First Pandemic in 1817; and to list some curious statements by the chroniclers which will, at a later moment, become frequent and customary in literary texts. In the process, I have cast aside the sources dating from Antiquity and the Middle Ages for being intermittent, imprecise, and ambiguous. To my reasoning, the first texts to delineate a condition which may possibly be paired with cholera appear in the 16th-century, which is not to say that the disease could not be older but simply that the sources which comment on it are not sufficiently reliable. Hitherto, I have solely addressed reports from this period which refer to South and Southeast Asia. Yet, there are some intriguing texts from the early modern period which may account for the presence of cholera in Europe as well.

For this reason, it is worthy to briefly enumerate some authors who sustain that *cholera morbus* may have been already widespread before the 1800s. One such author is the Scottish physician David Craiggie (1793-1866) who wrote a long article entitled *Remarks on the History and Etiology of Cholera*. It was published in 1833, that is, in the immediate aftermath of the Second Cholera Pandemic (1826-1837) which swept the United Kingdom for the first time in 1831 and 1832. Dr Craiggie holds that the infection is not *de facto* new to Europe, but rather “that the European physicians of the sixteenth and seventeenth centuries, were quite familiar with the phenomena characteristic of exquisite or genuine cholera as a disease occurring in European countries, and occasionally, if not seasonably opposed, rapidly proceeding to the fatal termination.”<sup>123</sup> In his reasoning, Dr Craiggie lists some authors who employ the Indian-Portuguese cognate *mordexi* relating it to cholera. The Portuguese-Dutch physician Zacutus Lusitanus (Abraham Zacuth, c. 1575-1642), for example, describes an “excellent syrup again cholera” which “is called in the native language *Mordexi*[...]”, and recounts how he treated similar ailments in Europe in at least two occasions.<sup>124</sup> Jean de Thévenot (1633-1667), a French traveller who meandered about in India and the Middle East, talks about “four types of strong colics” which “the

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<sup>123</sup> Craiggie, David. “Remarks on the History and Etiology of Cholera” *The Edinburgh Medical and Surgical Journal Edinburgh*, Adam and Charles Black, 1833: 332-377, p. 344.

<sup>124</sup> “[...] contra choleram syrupus praestantissimus” and “A Oriente, ubi vocatur patrio sermone Mordexi [...]”. Lusitanus, Zacutus. *Zacuti Lusitani, Medici et Philosophi Praestantissimi, Operum tomus secundus, in quo “Praxis historiarum”* 1643. Lyon, Ioannis Antonii Huguëtan, 1644, p. 623.

Portuguese call *Mordechin*".<sup>125</sup> He lists these bowel disorders by degrees of severity, the fourth being a combination of the previous ones: "that is the vomiting, the bowel flow, and the sharp pains; and I believe that this last one is the Cholera Morbus."<sup>126</sup>

Dr Craiggie also mentions the essay *Discours et Advis sur le Flux de ventre douloureux* (*Discourses and Advices on the Painful Bowel Flow*, 1643) by the Belgian physician Herman Vander Heyden, which he deems "accurate, specific, and satisfactory."<sup>127</sup> In the second chapter of the work, entitled *Trousse-Gallant dict en Latin Cholera Morbus*,<sup>128</sup> Vander Heyden describes the affliction in-depth, citing cholera's severity, swiftness and characteristic rice-water stools. He considers the Hippocratic description inadequate for falling short of depicting the disease accurately, and, for this reason, prefers to name it *trousse-gallant*. Just as in the Portuguese accounts of Correa and Orta, contaminated foodstuffs are considered as a possible cause, while, like in Bontius, dysentery is seen as a separate condition. Interestingly, the chapter on cholera is followed by one on the plague.

In Craiggie's opinion, the descriptions of two of these sources are enough to prove the existence of cholera in Europe before 1817: "The evidence adduced from the writings of Zacutus Lusitanus and Vander Heyden, regarding the serous, watery and milky character of the discharges in cholera, ought to be perfectly sufficient to determine the point as to the identity of the Asiatic and European forms of the disease, and to show, that the difference is one in degree only and not in kind."<sup>129</sup> The same judgement applies to the Portuguese sources – of which he is probably unaware – and to other he inspect next.

Nearly two decades after the publication of Vander Heyden's treatise, a memorable outbreak took place in London from 1669 to 1675 which, according to Knud Faber, cost the lives of two thousand individuals in a population of half a million.<sup>130</sup> The event was described by Thomas Willis and Thomas Sydenham – esteemed by some of his colleagues as to be called the "English Hippocrates" – and their testimonies are detailed enough for even Macpherson to accept this outbreak as one "of true cholera".<sup>131</sup> A few years later, in 1676 and 1690, the acclaimed physician Richard Morton attended to cases in London which Dr Craggie professes to be of a "sickness

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<sup>125</sup> "Les Portugais appellent Mordechin les quatre fortes de coliques qu'on souffre dans les Indes, où elles sont frequentes." Thévenot, Jean. *Voyages contenant la relation de l'Indostan, des nouveaux Mogols et des autres peuples et Pays des Indes*. Paris, Claude Barbin, 1684, p. 319.

<sup>126</sup> "Et ceux qui ont la quatrième, souffrent les trois maux ensemble, à sçavoir le vomissement, le flux de ventre & les extrêmes douleurs; & je croy que cette dernière est le Colera Morbus." Ibid., p. 319.

<sup>127</sup> Craiggie, *Remarks on the History*, p. 347.

<sup>128</sup> Heyden, Herman Vander. *Discours et advis sur le flux de ventre douloureux*. Ghent, Seruaes Manilius, 1645, p. 25.

<sup>129</sup> Craiggie, *Remarks on the History*, p. 351.

<sup>130</sup> Barua, *History of Cholera*, p. 4.

<sup>131</sup> Hamlin, *The Cholera Stigma*, p. 454.

exactly similar to Cholera".<sup>132</sup>

There are also reports for the mid-18th-century from none other than Gerard van Swieten (1700-1772), the personal physician of the last of the Holy Roman Emperors, Maria Theresa of the Habsburgs. Van Swieten is often recollected in cultural history for his essays containing natural explanations for the "epidemics of vampirism". His ideas would eventually find their way into Bram Stoker's *Dracula* (1897) through the character of Van Helsing. The remarks of the Dutch scholar for the years of 1742 to 1747 contain a compelling description of a sudden cholera attack in which it is evident that the condition was not unprecedented nor outlandish but a rather recurrent one: "This I have often observed with great astonishment, and especially in the case of a strong girl, who in the space of three hours had her face so altered and collapsed, that her most intimate acquaintances could not know her, all the humours being dissolved as it were by a poisonous force, and violently expelled by vomiting and purging."<sup>133</sup> It is also noticeable in the comment that the struggle to recognise a familiar countenance after just a few hours generates perplexity and distress. This disfiguring aptitude of cholera is often perceived not only as shocking, but also as degrading and dehumanising, and, as such, it is an aspect of the affliction which literary texts will explore in every respect (see *Chapter 2*, section 2.3).

There is no need to cover each single description which may perchance confirm the presence of cholera in Europe before 1817. It is sufficient to echo Hamlin's point of view that, when considering Europe, even Macpherson "found a substantial record of sixteenth- and seventeenth-century urban epidemics of deadly bowel diseases."<sup>134</sup> Initially, most commentators saw the pandemic version of cholera in relationship to other domestic diarrhoeal afflictions; their difference relying solely on the degree of severity. Nevertheless, as the 19th-century progressed, a prolific scientific debate flourished intending to establish the similarities and dissimilarities of the two perceived forms of the disease. In one side there was '*cholera nostras*', sometimes also called '*cholérine*', '*summer cholera*' or '*bilious diarrhoea*'. In opposition, there was '*cholera asiatica*', less frequently named '*cholera indica*'. If in the first part of the century scholars like dr Craiggie advocated that cholera was found everywhere, as time passed, the disease was increasingly regarded as a foreign invader, and its 'Asiatic' character became more and more pronounced. As ingeniously demonstrated by Hamlin, physicians habitually used double standards to judge cases: recoveries were often assigned to the milder '*cholera nostras*', whereas fatalities were blamed on

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<sup>132</sup> Craiggie, *Remarks on the History*, pp. 351-2.

<sup>133</sup> Barua, *History of Cholera*, p. 5.

<sup>134</sup> Hamlin, *The Cholera Stigma*, p. 454.

the malignancy of 'Asiatic cholera'.<sup>135</sup> As a result of this circular reasoning, cholera turned into a paramount example of Orientalism in science. It met with the same fate of leprosy, plague or malaria, which, regardless of their obvious and consequential roles in European history, were progressively imagined in the 19th-century as diseases of faraway barbarous lands.<sup>136</sup> The orientalist characterisation of cholera was integrally and uncritically absorbed by literary texts.

### 1.3 The Cholera Pandemics

#### i. Environmental and climatic backgrounds

By the last decades of the 18th-century, reports of cholera epidemics by European chroniclers in India started to grow in frequency and size. A description by the naturalist Pierre Sonnerat in his *Voyage aux Indes Orientales et a la Chine (Journey to the East Indies and China, 1782)* counts 60.000 deaths due to an outbreak in the Coromandel Coast, in the southeast of India. Its date is believed to be 1774, although the author vaguely refers to "some years ago" and "two years after". Interestingly, Sonnerat calls the disease 'mort de chien', which is a gallicisation of the 'mordexi' employed by the Portuguese.<sup>137</sup> This genesis is unknown to Charles Curtius, who puzzles over it in his *An Account of the Diseases of India (1807)* and concludes that to die of cholera was vulgarly "to die like a dog!"<sup>138</sup> The stigma of animalization is clear in both occurrences. It refers not only to cholera's disfiguring powers but also at the deindividuation of death, which is transformed by the innumerable simultaneous fatalities into a collective experience.

The possible multiplication of outbreaks, as well as its escalation in severity, could be linked to ecological and environmental changes brought about by colonialism. The official dominion of the British East India Company over parts of the Indian Subcontinent started in 1757, when the Bengal Subah, a subdivision of the Mughal Empire, was occupied. Soniah Shah posits that from 1760 to 1810, nearly 2.000 km<sup>2</sup> of the Sundarbans Forests were deforested.<sup>139</sup> The Sundarbans are

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<sup>135</sup> Ibid., p. 454-55.

<sup>136</sup> Among others, see Edmond, Rod. *Leprosy and empire: a medical and cultural history*. Cambridge UP, 2006; Nükhet, Varlik. "'Oriental plague' or epidemiological orientalism? Revisiting the plague episteme of the early modern Mediterranean" in *Plague and Contagion in the Islamic Mediterranean*. Humanities Press, 2017, pp. 57-88; Arnold, David. *Colonizing the body: State medicine and epidemic disease in nineteenth-century India*. University of California Press, 1993.

<sup>137</sup> Sonnerat, Pierre. *Voyage aux Indes orientales et a la Chine, fait par ordre du Roi, depuis 1774 jusqu'en 1781*. Vol. 2. Paris, Froulé libraire, 1782.

<sup>138</sup> Curtis, Charles J. *An Account of the Diseases of India: As They Appeared in the English Fleet, and in the Naval Hospital at Madras, in 1782 and 1783*. Edinburgh, W. Laing, 1807, p. XXXII.

<sup>139</sup> Shah, *Pandemic: Tracking Contagions*, p. 19.

mangrove areas in the Bengal Delta where brackish waters are plentiful and where, as a result, *Vibrio cholerae* thrives as part of the ecosystem. Throughout the 19th-century, ninety per cent of the area would be occupied by human habitation. As a result, the likelihood of successful infection rises, and the capacity of the microorganism to travel grows proportionally.

Moreover, the turbulent political scenario which resulted from the colonial expansion called for constant military campaigns that would displace thousands of troops at a time, often in unsanitary conditions. The large numbers involved in the manoeuvres amplified the chances for an outbreak to start and to spread. As we have seen, although naturally occurring *Vibrio cholerae* may on occasion ignite epidemics, its maintenance and proliferation is typically a result of human-to-human transmission. Throughout human history, there is a consistent correlation between the proliferation of contagious diseases and the displacement of soldiers or the gathering of large civilian populations. Cholera is no exception.

Furthermore, changes in the economic system would gradually replace substance farming by cash crops – such as indigo, opium, cotton, jute, tea, grains and others –, often grown in monoculture plantations. The alteration produced social and environmental changes which affected society and the ecosystem in a complex fashion. The general health of the population decreased and, as a result, the severity of the epidemic outbreaks grew. The outbreaks of plague or cholera and the catastrophic Indian Famines of 1876-78 and 1897 are illustrative cases.<sup>140</sup>

Beyond these political, environmental and economic changes, another factor may have played a role in the start of the Cholera Pandemics: the volcanic eruption of Tambora in 1815. Mount Tambora is located in the island of Sumbawa in what is nowadays Indonesia, but at the time was ruled by the Dutch East India Company. Its eruption was the most powerful in recorded history. It reached a value of 7 (super-colossal) in the *Volcanic Explosivity Index (VEI)*, which means it ejected a volume of over 100 km<sup>3</sup> in bulk. Only ten eruptions of this magnitude were confirmed for the past 10.000 years.<sup>141</sup> It was heard over a distance of 1.000 kilometres, in Java and the Moluccas, and in its aftermath, Tambora's peak diminished by two-thirds, from about 4300 to 2850 metres.<sup>142</sup> The ash and dust resulting from the explosion were diffused all over the globe, and its presence in the stratosphere constricted the amount of sunlight reaching the Earth – an effect called radiative forcing. That induced a considerable drop in global temperatures, ranging from 0,4

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<sup>140</sup> See Davis, Mike. *Late Victorian holocausts: El Niño famines and the making of the third world*. Verso Books, 2002, pp. 148-174; and Arnold, David. "Social Crisis and Epidemic Disease in the Famines of Nineteenth-Century India," *Social History of Medicine* 6.3, 1993, pp. 385–404.

<sup>141</sup> Wood, Gillen D'Arcy. *Tambora: the eruption that changed the world*. Princeton UP, 2014.

<sup>142</sup> Stothers, Richard B. "The Great Tambora Eruption in 1815 and Its Aftermath". *Science*. 224, 1984, pp. 1191–1198, p. 1192.

to 0,7 °C.<sup>143</sup>

The climate anomaly was evident in the following year of 1816, commonly referred to as “the Year Without Summer”, when several abnormalities took place which led to crop failures and losses in agriculture all over the world.<sup>144</sup> In its aftermath, Europe experienced its worst famine of the 19th-century, which brought along the multiplication of violence indicators.<sup>145</sup> Canada and the United States experienced ample and abrupt changes in temperature, as well as shortages of different products. In Asia, the monsoons were disrupted, reflecting on late torrential rains in India and floods in the Yangtze Valley in China.<sup>146</sup> Famine and shortages were common throughout the period and, in consequence, economic disarray and steep fluctuations in food prices.

Besides all that, abnormal climate changes also interact with epidemics in complex and often unpredictable ways. Some climate historians discuss, for example, to which extent different weather variants could have influenced the emergence of the First and Second Plague Pandemics (541-747 and 1346-1844 respectively).<sup>147</sup> With regard to Tambora's eruption, certain scholars consider it could have plausibly influenced the weather enough to contribute to the most widespread Typhus Epidemics in European history, that of 1816 to 1819.<sup>148</sup> Apart from that, the explosion of Tambora may have also contributed to pave the way for the First Cholera Pandemic (1817-1824), which started less than two years later. Firstly, some scientists hypothesise that the huge amount of chemicals released by the volcanic activity in the atmosphere and, ultimately, the oceans, may have allowed or induced genetic changes in the *Vibrio cholerae* that may have intensified its virulence. That is the position of the environmental historian Gillen D'Arcy Wood, which is built upon the works of ecologist Mercedes Pascual and epidemiologist Rita Colwell.<sup>149</sup> Nevertheless, this direct causal link – fascinating as it might be – is still largely speculative, and, as such, it is still controversial. Having said that, the eruption has assuredly influenced the spread of cholera in other more indirect ways. The climatic abnormalities created by Tambora unleashed a chain reaction which deranged temperatures, winds, currents, and other natural cycles, like rainfall or animal migrations. The unforeseeable weather has induced serious losses in agriculture far and wide. Simultaneously, fishing patterns in the region were compromised by water contamination

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<sup>143</sup> Ibid., p. 1197.

<sup>144</sup> Wood, *Tambora: the eruption*.

<sup>145</sup> Gore, Albert. *Earth in the Balance: Ecology and the human spirit*. Houghton Mifflin Harcourt, 2000, pp. 56-58.

<sup>146</sup> Gao, Chaochao et al. "Climatic aftermath of the 1815 Tambora eruption in China." *Journal of Meteorological Research* 31.1, 2017, pp. 28-38.

<sup>147</sup> Lamb, H.H. *Climate, history and the modern world*. London, Routledge, 1995, pp. 227 and 286.

<sup>148</sup> Wood, *Tambora: the eruption*, p. 9; Oppenheimer, Clive. "Climatic, Environmental and Human Consequences of the Largest Known Historic Eruption: Tambora Volcano (Indonesia) 1815." *Progress in Physical Geography: Earth and Environment*, vol. 27, no. 2, June 2003, pp. 230–259.

<sup>149</sup> Wood, *Tambora*, pp. 88-90.

and changes in animal behaviour. Unsurprisingly, famines ensued. As it is known, famished individuals are pressured to consume less secure water and foodstuff and, thus, are in greater danger of contamination. Besides, given the correlation between malnutrition and susceptibility to cholera, they are predisposed to infection and are generally more likely to die from it.

## ii. The First Pandemic, 1817-1824

That was the state of affairs in September 1817, when an outbreak started in Kolkata, then the capital of the British East India Company possessions in Bengal. From there it spread to other places in the subcontinent and Asia. It reached Mumbai – over two thousand kilometres away in the West Coast of India and about 600km from Goa – by the summer of 1818 (June to August). In the first six months of 1820, it reached present-day Malaysia, Thailand and the Philippines. In the following year, it would reach Java in Indonesia, Anhui in China and Oman in the Arabian Peninsula. Next, in 1822, it would reach Japan, the Qajar Empire (nowadays Iran, Georgia, Azerbaijan and parts of Afghanistan and Pakistan) and the Ottoman Empire (today Turkey, Iraq, Syria, Armenia, among other regions). In 1823 it would also reach Russian port city of Astrakhan, in the Caspian Sea, and also Mauritius and Zanzibar, but by that moment the epidemic was already running its course.<sup>150</sup>

In this way, the First Cholera Pandemic lasted for roughly seven years, from 1817 to 1824. Geographically, it was the most contained of the Cholera Pandemics, restricting itself to Asia and the Indian Ocean. Nevertheless, European powers were also affected by it, especially the English, which saw their campaigns against the Maratha Empire disrupted by the disease in 1817. Anyhow, the Third Anglo-Maratha War was successfully concluded in 1818 with the British establishing their *de facto* control over most of India. The intense military and commercial activities of the Company, which was based in the epicentre of the pandemic, Kolkatta, has certainly played an important role in the dissemination. The disease has likely reached Oman in 1821 with the British troops, for instance.<sup>151</sup> This early contact of the English with the First Cholera Pandemic is vital for it sets a precedent for later cultural and artistic developments.

It is always difficult to establish reliable numbers for the demographic impact of past epidemics. That is true of all the Cholera Pandemics of the 19th-century, and even more so of the First, which is the least documented of all. The number of casualties is assuredly high, standing at

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<sup>150</sup> Hays, J. N. *Epidemics and pandemics: their impacts on human history*. Abc-clio, 2005, p. 193.

<sup>151</sup> *Ibid.*, p. 196.

the hundreds of thousands, perhaps even at a few million. Bangkok, for instance, supposedly lost about 20% of its population (30.000 out of 150.000); a more credible mortality rate of 6,6% was documented in a division of the Company Army in India (764 out of 11.500 men); while an estimated 125.000 may have lost their lives in Java.<sup>152</sup>

The frailty of the collected data did not hinder commentators to conjecture on the total mortality. Writing in the eve of Cholera's arrival in France, Alexandre Moreau de Jonnés extrapolated in his *Rapport au Conseil Supérieur de Santé sur le Choléra-Morbus Pestilentiel* (1831) that India's population during the First Pandemic was of at least 40 million, and that 2.5 million lives were lost per year, resulting in a total of 18 million deaths.<sup>153</sup> Moreau does not assert explicitly that 45% of the Indian population (18 out of 40) perished. Yet, his endless streams of different measurement encourage the reader to reach this alarming conclusion. On the basis of the information provided, the exaggerated assessment is logical. It is also consistent with data presented in the ensuing pages: in the Persian city of Bassorah “out of a population of 60.000, the number of dead was brought beyond the 18.000”, in other words, over 30%; in Bagdad, a third of the population supposedly died as well; and the city of Yerd experienced losses of only 18% (4.500 out of 25.000) because “a part of the population had taken flight.”<sup>154</sup>

Confident and well-informed as Moreau may sound, his statistics are hardly credible. In most outbreaks, cholera infects less than 5% of the population, while the usual rate is around 2%. Perhaps 10% of the population may be afflicted in serious outbreaks, but higher estimates are very rare. Before effective treatment was available in the 20th-century, cholera was lethal in about half the cases. This means that, even in extreme scenarios, the general mortality was unlikely to be higher than 5% of the population. If we use this information to put Moreau's data into perspective, it becomes clear that his conclusions are undoubtedly overstated.

Moreau is not an isolated case, though. His despairing tone was emulated by others to such a degree that the alleged fatalities were inflated up to the 50 million.<sup>155</sup> These enlargements happened especially in the late 1820s, when cholera's arrival in Europe was considered a matter of time, and they were responsible for a great amount of panic and hysteria, which reverberated in all areas of society, including literature (see *Chapter 2*).

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<sup>152</sup> Ibid, p. 193-4.

<sup>153</sup> Moreau de Jonnés, Alexandre. *Rapport au Conseil supérieur de santé sur le choléra-morbus pestilentiel : les caractères pathologiques de cette maladie, les moyens curatifs et hygiéniques qu'on lui oppose, sa mortalité, son mode de propagation et ses irruptions dans l'Indoustan, l'Asie Orientale, l'Archipel Indien, l'Arabie, la Syrie, la Perse, l'empire de Russie et la Pologne*. Paris, Imprimerie de Cosson, 1831, p. 76.

<sup>154</sup> Ibid., p. 78.

<sup>155</sup> Hays, *Epidemics and pandemics*, p. 198.

In *Colonizing the Body*, David Arnold criticises Moreau's conclusions as unfounded and attempts to calculate the death toll more realistically. He declares: "If this figure [of around 11 to 12 per 1,000] were applied to the whole of India, with a population of some 120-150 million, the total number of deaths would have been no more than one or two million."<sup>156</sup> These are still daunting numbers which would unquestionably multiply if the whole affected area was taken into consideration instead of just India. Even so, they are a far cry from Moreau's claims.

### iii. The Second Pandemic, 1827-1837

The Second Cholera Pandemic started in 1827, just three years after the end of the First. It radiated once again from a Bengal governed by the British East India Company. Like in the previous occasion, it travelled to the West Coast of India from where it took the same routes into Iran and Afghanistan. In 1829, it appeared in the Russian city of Orenburg, even though it is not clear if this outbreak was a recrudescence from the First Pandemic or a newly arrived infection.<sup>157</sup> The disease broke out in Astrakhan in the beginning of the next year, from where it travelled up the Volga River and its tributaries, resulting in outbreaks in multiple cities. By September 1830, it reached Moscow and caught Alexandre Pushkin (1799-1837) off guard during a business trip. The poet was visiting his state in Boldino, at about 600km from Moscow in the Russian countryside, and was impeded to go back by quarantine stations erected in between the cities. He would stay isolated against his will for about four months, a period of intense creativity and production to which critics allude to as "the autumn of Boldino".<sup>158</sup> One of the texts produced during the period is intricately connected to cholera, as we shall discuss later on. Pushkin was not the only poet disturbed by the Moscow outbreak, for young Mikhail Lermontov (1814-1841), by then in the first year of medical training, participated actively in the fight against the epidemic.<sup>159</sup>

Two months later, the November Uprising began in Poland, seeking to recreate an independent state which, since 1795, was divided among Prussia and the Russian and Austro-Hungarian Empires. The Imperial Russian Army entered the Polish borders to suppress the revolt in February 1831. Cholera followed on its tracks, with an outbreak commencing in Warsaw in April, and St. Petersburg meeting the same fate in June.

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<sup>156</sup> Arnold, *Colonizing the Body*, pp. 161-163.

<sup>157</sup> Barua, *History of Cholera*, p. 8.

<sup>158</sup> Kahn, Andrew, ed. *The Cambridge Companion to Pushkin*. Cambridge UP, 2006, p. xiii.

<sup>159</sup> Kelly, Laurence. *Lermontov: Tragedy in the Caucasus*. Constable, 1977, p. 44.

In the meanwhile, another route brought cholera from Persia into the Arabian Peninsula in 1831. Next, it moved into what is nowadays Jordan, Israel, Lebanon, Syria and Turkey, but which, at the time, were all parts of the Ottoman Empire. The disease would also reach Egypt in the same year and, later in 1834, it would appear in Eastern Africa (Sudan, Ethiopia, Somalia and Zanzibar).<sup>160</sup> These patterns of dissemination are consistent with routes taken by Muslim pilgrims engaging in the *Hajj* to the holy city of Mecca, where the huge gathering would offer many opportunities for contagion. Pilgrims would presumably carry the pandemic back home on the return.

In Europe, cholera continued spreading in 1831 in present-day Russia, Belarus, Ukraine, Bulgaria, Poland, Finland, and Lithuania.<sup>161</sup> From there it moved West, into Prussia, Denmark, the Austro-Hungarian Empire and the United Kingdom. At the time, Goethe (1749-1832) complained in a letter to composer Carl Friedrich Zelter (1758-1832): "The main theme of all conversations is now: Cholera morbus. The children and the elderly are infected. Yesterday the boys coming from school passed by my window. One asked: "What are we playing?" "Let's play cholera morbus" said another. The interest in the Polish Insurrection has ended."<sup>162</sup>

Major political and economic centres like Vienna and Hamburg were hit that year, as well as Berlin, where the philosopher Friedrich Hegel (1770-1831) has lost his life to cholera. Early in 1832, London and Dublin were infected. The Paris outbreak started by March and it was witnessed by illustrious characters: young Gérard de Nerval (1808-1855), a medical student at the time, took part in the assistance efforts;<sup>163</sup> Niccolò Paganini (1782-1840) performed multiple times between March and June, oblivious to the epidemic;<sup>164</sup> Heinrich Heine (1797-1856) mocked the confusion and chaos in two of the letters written for a German newspaper; whilst Chateaubriand (1768-1848) chronicled the event in his *Mémoires d'outre-tombe*, published years later in 1849. In the ensuing months, the disease would proliferate in several French districts, the reason why painter Eugène Delacroix (1798-1863) on the way back from a trip to Morocco would be quarantined in Toulon before being allowed to return to Paris.<sup>165</sup> This was the seventh time that he and his companions were forced to wait: in a voyage counting 168 days they were held back for 83 of them, in other

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<sup>160</sup> Hays, *Epidemics and pandemics*, p. 211-12.

<sup>161</sup> Barua, *History of Cholera*, p. 9.

<sup>162</sup> "Das Hauptthema aller Unterhaltung ist jetzt: Cholera morbus. Kinder und Alten sind angesteckt. Gestern kamen die Knaben aus der Schule an meinem Fenster vorbei. Einer fragte: "Was spielen wir denn?" "Laß uns Cholera morbus spielen", sagte ein anderer. Das Interesse an der polnischen Insurrektion ist darüber sogar ins Stocken geraten. Sie möchten nur nicht krank sein, um sich einander totschiagen zu können." Hey'l, Bettina. *Der Briefwechsel zwischen Goethe und Zelter Lebenskunst und literarisches Projekt*. Tübingen, Max Niemeyer Verlag, 1996, p. 59.

<sup>163</sup> Bourdelais, Patrice, and Jean-Yves Raulot. *Histoire du choléra en France: une peur bleue, 1832 et 1854*. Payot, 1987, p. 245.

<sup>164</sup> Athanassoglou-Kallmyer, "Blemished physiologies", p. 686-710.

<sup>165</sup> Athanassoglou-Kallmyer, "Blemished physiologies", p. 709.

words, for half of the time.<sup>166</sup>

From this point onwards, the pandemic would follow multiple itineraries. One of them advanced from central Europe into the Scandinavian Peninsula in 1832, into what was at the time the United Kingdoms of Sweden and Norway, where it lasted until 1834.<sup>167</sup> Another brought it simultaneously to the Iberian Peninsula, where it afflicted Spain and Portugal in 1833 and 1834. A third route followed commercial lines from Britain, crossing the Atlantic for the first time into Canada and the United States. A year later, it would progress south to Cuba and different locations in Mexico. In 1837 it would prevail in Guatemala and Nicaragua.<sup>168</sup>

Briefly after, in 1834, the pandemic moved in a new direction in Asia, proceeding to the islands of Sumatra and Java, now a part of Indonesia, but at the time almost completely ruled by the Dutch East Indies. Interestingly, other parts of Asia previously hit during the First Pandemic, such as China and Japan, were mostly spared on this occasion. The exception being an outbreak in Guangzhou (Canton) in 1835.<sup>169</sup>

Italy and Algeria were touched by the epidemic in 1835, probably infected by routes starting in France.<sup>170</sup> Cholera troubled Italy for two years and, among its many victims, it counted in all probability the outstanding poet Giacomo Leopardi (1798-1837), who died of digestive complications during the Naples outbreak of 1837. The location and symptoms are compromising enough to suggest a connection between Leopardi's passing and cholera. Precisely because of that, some effort was made by friends and family to deny this possible cause of death. The repudiation was likely motivated by cultural sensibilities which considered cholera shameful and debasing (see *Chapter 2*).

By 1837 the Second Pandemic achieved its maximal growth and weaned, but not before afflicting Malta, Algeria and Ethiopia.<sup>171</sup> The pandemic has made transparent the existence of close ties between human movement and the proliferation of disease. The pattern was already noticeable during the First Pandemic, and it would repeat itself consistently in all subsequent eruptions. Cholera clearly travelled along the trade routes both by sea and by land. The routes going from India to Iran or from the United Kingdom to North America are good examples of this tendency.

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<sup>166</sup> Arama, Maurice. *Delacroix, un voyage initiatique: Maroc, Andalousie, Algérie*. Eddif, 2006, p. 286.

<sup>167</sup> Barua, *History of Cholera*, p. 9.

<sup>168</sup> *Ibid.*, p. 10.

<sup>169</sup> *Ibid.*

<sup>170</sup> Hays, *Epidemics and pandemics*, p. 211-12.

<sup>171</sup> Barua, *History of Cholera*, p. 10.

Military actions and displacement of troops also correlate perfectly with the spread of the pandemic. The reason being that large gatherings multiply the chances of contagion significantly, especially when soldiers are poorly nourished, manoeuvre in insalubrious environments and are accommodated in unsanitary conditions. Some scholars have even classified cholera as a “war pestilence”, side by side with plague, typhoid, dysentery, smallpox and typhus.<sup>172</sup>

Accordingly, a conflict between the Persian and Ottoman Empires played a role in spreading the disease during the First Pandemic.<sup>173</sup> In the Second, the conflict between Russia and Poland was important, just as the French invasion of Algeria from the 1830s onwards, which was possibly connected to the arrival of cholera in the Maghreb. Ironically, the presence of the infection would be used by France at the time to justify the occupation ideologically.<sup>174</sup>

Besides that, religious pilgrimages were an important factor in disseminating the disease. Most notably in Muslim countries, even if this is certainly a phenomenon that applies to all religions to some extent. Historically, European powers tended to overemphasise the role of Muslim and Hindu pilgrims in spreading the disease, while, at the same time, downplaying or even disregarding the possible contributions of the Christian pilgrimages routes.

#### iv. The Third Pandemic, 1839-1860

Only two years after the withdraw of the Second, the Third Pandemic started its expansion by repeating previous patterns and advancing along the similar routes. It commenced in 1839, once again in Bengal, and it proceeded in the same year to the India West coast. In the next year, it reached the Malay Peninsula, which was also controlled by the British. From there, helped by the First Opium War (1839-1842), it spread at first to south-eastern China and later to mainland China, between 1840 and 1844. Through this route the disease appeared in Myanmar in 1842 and, in the next three years, it mirrored the previous pandemic progressing to Afghanistan, Persia and Central Asia.<sup>175</sup>

A little later, in 1846, it travelled along two different paths and appeared simultaneously in Iraq and in Yemen, the latter ruled by the British and the former by the Ottomans. Mecca

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<sup>172</sup> Smallman-Raynor, Matthew R., and Andrew D. Cliff. "Impact of infectious diseases on war" *Infectious Disease Clinics of North America* 18, 2004, pp. 341–368, p. 346.

<sup>173</sup> Barua, *History of Cholera*, p. 9.

<sup>174</sup> Gallagher, Nancy Elizabeth. *Medicine and power in Tunisia, 1780-1900*. Vol. 2. Cambridge UP, 2002.

<sup>175</sup> Hays, *Epidemics and pandemics*, p. 227-8.

experienced an outbreak in the same year, with others ensuing along the pilgrimage routes in North Africa: Egypt in 1848, Libya in 1849, Tunisia in 1850.<sup>176</sup> In Algeria, the city of Oran was seriously affected in 1849.<sup>177</sup> Nearly a century later, the city would be notoriously chosen by Camus as the setting for his fictional plague outbreak. The alternative route arrived in the Caucasus in 1847, from where it spread along the shores of the Black and Caspian seas. The Russian port of Astrakhan was visited by the epidemic in April, with Moscow following suit in September.<sup>178</sup>

This time, cholera would spread throughout Europe in a single year, spanning from the Balkans to Scandinavia in one direction, and from Russia to Portugal on the other. Once again it would cross the Atlantic Ocean into the United States, brought by French ships to New York and by German ones to New Orleans. In 1849, the disease sailed up the Mississippi and its tributaries and moved west into the mainland with the Californian Gold Rush (1848-1855).<sup>179</sup> Analogously, from New York, the epidemic spread to Boston, Baltimore and Philadelphia, where Edgar Allan Poe (1809-1849) was among the numerous afflicted. In a letter to his aunt, which Poe considered his mother, dated July 7<sup>th</sup> 1849, he declares: "My dear, dear Mother, I have been so ill — have had the cholera, or spasms quite as bad, and can now hardly hold the pen [...]".<sup>180</sup> Even though Poe survived, his convalescence was a considerable one. Some twelve days later, on July 19<sup>th</sup>, he wrote to the journalist Edwin H. N. Patterson on business matters: "My Dear Sir, I left New-York six weeks ago on my way to this place [Richmond], but was arrested in Philadelphia by the Cholera, from which I barely escaped with life. [...] In a few days — as soon as I gather a little strength — you shall hear from me in full."<sup>181</sup>

Some months later, in 1850 it moved from the United States to Cuba and Jamaica and, in the next three years, it emerged in other Caribbean Islands, like Barbados, Puerto Rico and Bermuda. A different path had also brought the epidemic from North America into Panama in 1849, from where it irradiated to Colombia and maybe Ecuador. Coincidentally, on the other side of the Atlantic, the Canary Islands were also infected in 1851, possibly from Cuba — both places being under Spanish rule since the 15<sup>th</sup> century —, while nearby Morocco also suffered serious outbreaks in the same year.

Cholera engendered numerous world problems: recession of the global economy, disruptions in trade and human traffic, political turbulence, not to mention the formidable loss of life. These

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<sup>176</sup> Ibid., p. 228.

<sup>177</sup> Tinthoin, Robert. "Oran, ville moderne." *L'information Géographique* 20.5, 1956, pp. 176-186, p. 179

<sup>178</sup> Hays, *Epidemics and pandemics*, p. 228; Barua, *History of Cholera*, p. 10.

<sup>179</sup> Hays, *Epidemics and pandemics*, p. 228.

<sup>180</sup> Poe, Edgar Allan. *The Letters of Edgar Allan Poe: with new foreword and supplementary chapter: I-II*. Ed. John Ward Ostrom. Gordian Press, 1966, p. 452.

<sup>181</sup> Ibid., p. 456.

critical factors obliged the international community to dialogue to some measure. Pandemics are planetary events by definition; hence, they compel world powers to cooperate if disease is to be better managed and controlled. A global problem should ideally be tackled on a global scale. Thus, in 1851, the need for combined action summoned together some of the world powers to extrapolate on how to cope with the challenge. High in the agenda was the acceptance or rebuttal of quarantines as methods to control the spread of the disease. However, epidemiology or health procedures hardly oriented the discussions, as it could be expected when matters so consequential to the economy and geopolitics were at stake. As a result, little was accomplished. Irresolutions aside, the episode is a crucial one, for it laid the foundations for the fourteen International Sanitary Conferences that eventually took place between 1851 and 1938. Different agreements were attained through them, such as the implementation of the International Sanitary Convention of 1903, under which signatories agreed to exchange information on outbreaks; or the creation of the first international health organization, the *Office International d'Hygiene*, in 1907. This organization was the basis for the formation of the Health Organization of the League of Nations in 1920, which, after the United Nations (UN) came into existence in 1945, it would set the way for the establishment of the World Health Organization (WHO) three years later.

Multiple historians have highlighted the significance of this particular development, and of the cholera pandemics more generally, in the formation of state policies. Hamlin calls it the “first instance of biomedical diplomacy”,<sup>182</sup> Enemark sees it as vital for the development of the concepts of 'global health' and 'tropical medicine'<sup>183</sup>, while Huber ponders about “the unification of the world by disease”.<sup>184</sup> More broadly, cholera and other epidemics are interpreted by Foucault as indispensable for the formation of the Biopolitics,<sup>185</sup> or for the implementation of border controls by Baldwin.<sup>186</sup> These developments intermingle with the blossoming of bureaucracy, the instauration of totalitarian governments and, surprisingly, literature and art.

A new wave started in 1852 and, advancing by its customary tracks, reached out in the next six years to East Asia (China and Japan in 1854, Korea in 1857), Southeast Asia (Indonesia in 1852, Philippines in 1857), West Asia (the Qajar and Ottoman Empires in 1853), the whole of Europe (occurring from 1853 to 1860), North Africa and East Africa (Ethiopia 1853, Mauritius 1854, La Réunion 1859), and North and Central America. At this point in the 1850s, cholera achieved its

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<sup>182</sup> Hamlin, *Cholera: the biography*, p. 17.

<sup>183</sup> Enemark, Christian. *Biosecurity dilemmas: Dreaded diseases, ethical responses, and the health of nations*. Georgetown UP, 2017, p. 141-143.

<sup>184</sup> Huber, Valeska. "The unification of the globe by disease? The international sanitary conferences on cholera, 1851–1894." *The Historical Journal* 49.2, 2006, pp. 453-476.

<sup>185</sup> Foucault, Michel. *Naissance de la biopolitique: cours au Collège de France (1978-1979)*. Gallimard, 2004.

<sup>186</sup> Baldwin, Peter. *Contagion and the State in Europe, 1830-1930*. Cambridge UP, 1999.

largest historical extension. Many places were troubled for the first time as Cape Verde, Venezuela, Madagascar, Mozambique, and even Uganda, which has no direct access to the sea.<sup>187</sup>

Brazil also experienced its first cholera epidemic during the period. In 1855, an outbreak started in the northern city of Belém, near the Amazon Delta, possibly brought by a Portuguese vessel. It advanced shortly to most parts of the country. In some areas, the spread was likely facilitated by droughts which had taken place in the preceding years and resulted in shortages and fluctuations in food prices.<sup>188</sup> In other areas, the vibrio might even have achieved a certain level of endemicity, since epidemics still occurred in 1862.<sup>189</sup> At the time, Brazil had an enormous enslaved population, a great part of which was forced to live under abhorrent conditions. Due to the systematic persecution and marginalization of the Brazilian society, black people were, in most cases, less well-nourished and more likely to live in unsanitary conditions. That was true of free and enslaved blacks alike. Hence, people of colour were, on average, more vulnerable to cholera and suffered disproportionately from it. In some instances, they represented up to 80% of deaths.<sup>190</sup> This fact can be addressed by historical statistical studies,<sup>191</sup> but also by qualitative approaches.

The memoirs of the celebrated Brazilian author José Lins do Rego are a case in point. In *Meus Verdes Anos (My First Years, 1956)*, he mentions cholera twice, on both occasions in connection to the death of enslaved individuals: “My grandfather did not like to talk about the horror of cholera. He had lost five slaves, but other landlords were ruined even more.”<sup>192</sup> and, later in the narrative, referring to a different outbreak, “Mr Marinho would recount episodes from the cholera epidemic which killed all the slaves of my father.”<sup>193</sup> Cholera is portrayed here more as an economic hazard and a threat to property, rather than an actual health issue. In *Chapter 5*, we will consider how a similar pattern of representation is applied to the poor in the industrialized urban centres of Europe.

Armed conflict has also played an important role in spreading the disease during the Third Pandemic. The timeframe of the epidemic in Europe largely overlaps with the Crimean War, which

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<sup>187</sup> Barua, *History of Cholera*, p. 12.

<sup>188</sup> Onildo Reis David, for example, registers an increase of 235% in the price of flour during a drought in Bahia in 1852. David, Onildo Reis. *O Inimigo Invisível. Epidemia de cólera na Bahia em 1855-56*. Master thesis. Federal University of Bahia, 1993, p. 26-28.

<sup>189</sup> Lemos, Mayara de Almeida. *O terror se apoderou de todos: epidemia de cólera-morbo em Quixeramobim, 1862-1863*. Master thesis, Federal University of Ceará, 2012, p. 16 e 17.

<sup>190</sup> Beltrão, Jane Felipe. *Cólera, o flagelo da Belém do Grão-Pará*. Master thesis, University of Campinas, 1999, p. 30-31.

<sup>191</sup> See Kodama, Kaori et al. "Mortalidade escrava durante a epidemia de cólera no Rio de Janeiro (1855-1856): uma análise preliminar." *História, Ciências, Saúde-Manguinhos* 19 (2012), pp. 59-79.

<sup>192</sup> “Não gostava o meu avô de falar das desgraças da cólera. Perdera cinco escravos, mas outros senhores de engenho se arrasaram mais ainda.”. Rego, José Lins. *Meus verdes anos: memórias*. Rio de Janeiro, José Olympo Editora, 2011, p. 85.

<sup>193</sup> “Sinhô Marinho contava episódios da epidemia da cólera que matara todos os escravos de seu pai.” *Ibid.*, p. 202.

was fought from 1853 to 1856 between the Russian Empire and a coalition formed by the Ottoman Empire, the United Kingdom, France and Sardinia. The succession of outbreaks is consistent with the displacement of troops. Turkey and Greece, for instance, were likely infected by French troops sailing into the Baltic Sea for combat. A renowned victim of this eruption was the distinguished Polish poet Adam Mickiewicz (1798-1855), the author of epic poem *Pan Tadeusz* (1834). Mickiewicz was in Istanbul at the time organizing a Polish Regiment to fight alongside with the Ottomans. His mission was interrupted in 1855, though, when he unexpectedly died of cholera.<sup>194</sup>

During the conflict, Florence Nightingale (1820-1910) coordinated a group of nurses in a relief mission to assist wounded and cholera-stricken soldiers in Crimea. Her actions were idealised and closely followed by the press in England, something which was instrumental in changing cultural perceptions about hospital care and the need for sanitation in England. Nightingale raised public awareness by writing to newspapers and by pioneering in the usage of statistics and infographics. After the war, she would exert much influence on the nascent sanitary movement. In 1855, a fund was established in her honour. It received at once numerous and generous donations which allowed for the inauguration of the *Nightingale Home and Training School for Nurses* in 1860. She is frequently hailed as the founder of modern nursing. The institution she established is the oldest non-religious nursing school still in operation.

Meanwhile, two important scientific discoveries came to light almost simultaneously in 1854 and 1855. The first occurred in Florence, where the Italian anatomist Filippo Pacini (1812-1883) inspected under the microscope the bodily fluids of four cholera victims. He noticed “an enormous quantity of vibrios” in their intestinal mucosa and, after disqualifying other causes, concluded these were possibly the cause of the epithelial damage observed in the intestinal tract.<sup>195</sup> He even refers to the bacterium in passing as possibly “the *vibrio cholera*” (sic) and concludes that, if that is truly the cause, the identification is promising for developments in prevention and treatment.<sup>196</sup> Pacini published his considerations in Italian in 1854 under the title *Microscopical observations and pathological deductions on Asiatic cholera (Osservazioni microscopiche e deduzioni patologiche sul cholera asiatico, 1854)*, yet, in spite of continuing to publish on the subject and even being reviewed internationally, he did not catch the attention of his peers.<sup>197</sup> Pacini's discovery would be

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<sup>194</sup> Stolberg, Eva-Maria. “Mickiewicz, Adam Bernard (1798-1855)”, p. 474, in Hodge, Carl Cavanagh, ed. *Encyclopedia of the Age of Imperialism, 1800-1914*. Greenwood Publishing Group, 2008.

<sup>195</sup> Pacini, Filippo. *Osservazioni microscopiche e deduzioni patologiche sul cholera asiatico*. Firenze, Tip. Federigo Bencini, 1854, pp. 12 and 25-26.

<sup>196</sup> *Ibid.*, p. 26.

<sup>197</sup> A review commending his work was available in English in 1866: “A Treatise on the specific Cause of Cholera, its Pathology and Cure. By Dr. Filippo Pacini” *British and Foreign Medico-chirurgical Review*, Volume 38, July, London, John Churchill and Sons, 1866, p. 167.

reassessed only three decades later by Robert Koch.

At about the same time in London, the physician and pioneer of anaesthesiology, John Snow (1813-1858) set out to conduct one of the founding studies of epidemiology. Five years previously, Snow had published the first draft of his *On the Mode of Communication of Cholera* (1849), in which he argued that the infection was waterborne rather than airborne. His reasoning was that the impairment of the digestive system caused by cholera might indicate that the infective agent entered the body via eating and drinking rather than breathing. The hypothesis was unconventional and put forward in a context in which a majority of the scientific community considered cholera to be caused by the inherently aerial *miasmas*. Therefore, when a cholera outbreak started in 1854 in the neighbourhood of Soho, Snow took the opportunity to test his thesis. He was assisted in doing so by Henry Whitehead (1825-1896), an Anglican preacher who knew the area and many of the victims intimately. Whitehead conducted most of the fieldwork and gathered information about the date, incidence or location of the cases. Snow crisscrossed the data, charted its geographical distribution, and produced a map of the outbreak, on the basis of which he was able to establish that cholera was transmitted by water and was even able to track the origin of the infection to the water pump on Broad Street. As a result of the identification, the handle of the pump would be removed, however by the time the conclusion was reached, the vibrio had lost its virulence and the outbreak was practically over anyway. Nevertheless, Snow's methods were ingenious and resourceful. The combination of statistics, demographics, scientific observation and map-making would prove instrumental for the development of epidemiology.

Snow republished the updated version of his essay in 1855. In it, he was able to show that there was a correlation between water and the spread of cholera, but could not establish the exact mechanism of infection. If considered together, the discoveries of Pacini and Snow were complementary and might have appealed to the scientific community. Yet, taken separately, they were both incomplete and did not manage to convince their peers. These were promising scientific breakthroughs to be sure but were not recognized as such at the time because they could not be understood within a larger theoretical framework. At this point, evidence for the Germ Theory of Disease was still fragmentary and disorganized. The idea that disease was caused by microscopic invasive agents would start to press forward only during the 1860s and 1870s, while many of its revolutionary conquests would only happen after the 1880s. Thus, for the lack of an underlying theory which could appropriately explain the phenomena, the observations of Pacini and Snow failed to have any lasting impact. They would be eventually vindicated and explained by the flourishing field of Bacteriology, alongside many others, such as Agostino Bassi (1773-1856), Ignaz Semmelweis (1818-1865) or William Budd (1811-1880). We will discuss the legacy and cultural

influence of the Germ Theory of Disease in greater detail in *Chapter 4*.

The Third Pandemic confirmed cholera's ties to imperialism. The relationship was already observable in the previous two pandemics, but the spread from Bengal to Malaysia and Yemen, all three ruled by the British, made it all the more transparent. Once again cholera would explore commercial and religious networks, from India into Persia and then Russia, or from the Arabian Peninsula into the North of Africa and Anatolia. The path into Russia was until this moment always the same: in all three cases, the affliction reached Astrakhan in the Caspian Sea from where, in the Second and Third Pandemics, it continued up the Volga into the mainland and the European peninsula. This route was destined to be reused at least twice more in 1892 during the Fifth Pandemic (1881-1896) and 1904 to 1910 during the Sixth (1899-1923).

Besides the cyclical patterns in geographical distribution, the Third Pandemic also made clear that cholera was travelling faster and more broadly than ever before. The acceleration was related to an on-going revolution in transportation, the multiplication of densely populated urban centres, and the steady growth of global interconnectivity.

#### v. The Fourth Pandemic, 1863-1875

The Fourth Pandemic started in Bengal in 1863 and moved along its traditional itinerary with some variations. In a year, cholera reached Batavia (Indonesia) and Bombay in the Indian West coast, from where it continued to Aden, a port city in Yemen, on the entrance of the Red Sea. In 1865, outbreaks occurred in Somalia, Ethiopia, and the Arabian Peninsula. In Mecca, a reported 17% of the pilgrims lost their lives (15.000 out of 90.000).<sup>198</sup> A few months later, the disease appeared in Egypt and, afterwards, in European ports on the Mediterranean. The south of Italy was severely affected for a number of years: Naples, Cuneo, Ancona, Bari, all experienced serious outbreaks in 1865 and 1866. When the epidemic finally abated in 1868, over a 160.000 individuals has lost their lives in Italy.<sup>199</sup>

In the interim, Luigi Pirandello (1867-1936) was born in the Sicilian countryside. His family had fled the city of Agrigento, where the epidemic was raging on and took refuge in a property in the nearby woods. Almost three decades later, in a letter to a friend, Pirandello would draw meaning from this event and interpret his identity in relationship to the locale and circumstances

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<sup>198</sup> Hays, *Epidemics and pandemics*, p. 267.

<sup>199</sup> Tognotti, *Il Mostro Asiatico*, p. 222.

of his birth:

[...] I am therefore the son of Chaos; and not allegorically, but in actual reality, because I was born in our countryside, which lies near a tangled forest, called in dialect *Càvusù* by the inhabitants of Girgenti. My family had taken refuge over there from the terrible cholera of 1867, which raged vigorously in Sicily. [...] and that place continues, for most people, to be called *Càvusù*, a dialectical corruption of the genuine and ancient Greek vocable *Xáos*...<sup>200</sup>

In 1865, Cholera also continued its path into Central and Eastern Europe. It arrived in the United Kingdom in the same year from where it moved to the United States. In parallel, a vessel carried the disease from Marseilles to the French possession of Guadeloupe. Other localities in the Caribbean and Central America (Hispaniola, Cuba, Nicaragua) were visited in the following year. In the meantime, the pandemic proliferated in West Africa, a region that had been previously spared, and the East African coast (Madagascar, Mozambique, Zanzibar).<sup>201</sup>

In Europe, cholera was once again aided by conflict. In this case, it erupted among Prussian troops during the Austro-Prussian War (1866). The famous realist writer Theodor Fontane (1819-1898) was a war correspondent during the campaign and reported that 6.427 lives were lost to cholera, while 4.450 were lost in battle.<sup>202</sup> Albeit some may be surprised that more deaths resulted from disease than combat, that has been a constant and cyclical experience throughout history. In actual fact, the first large conflict in which more loss of life resulted from combat rather than epidemics was World War One. At this moment, a better understanding of prevention and sanitary measures allowed for disease fatalities to fall, while casualties in battle multiplied with the advent of industrial warfare and its unprecedented destructive powers.

The statistics presented by Fontane might, in any event, accurately portray fatalities in the Prussian armies, but they are certainly not representative of overall mortality. The ratio between

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<sup>200</sup> "... Io dunque son figlio del Caos; e non allegoricamente, ma in giusta realtà, perché son nato in una nostra campagna, che trovasi presso ad un intricato bosco, denominato, in forma dialettale, Càvusù dagli abitanti di Girgenti. Colà la mia famiglia si era rifugiata dal terribile colera del 1867, che infierì fortemente nella Sicilia. Quella campagna, però, porta scritto l'appellativo di Lina, messo da mio padre in ricordo della prima figlia appena nata e che è maggiore di me di un anno; ma nessuno si è adattato al nuovo nome, e quella campagna continua, per i più, a chiamarsi Càvusù, corruzione dialettale del genuino e antico vocabolo greco *Xáos*..." Camilleri, Andrea. *Biografia del figlio cambiato*. Milan, Rizzoli, 2000, p. 19.

<sup>201</sup> Hays, *Epidemics and pandemics*, p. 268.

<sup>202</sup> Fontane mentions cholera in brief passages from p. 307-310 and 320-323. Fontane, Theodor. *Der deutsche Krieg von 1866: bd. Der feldzug in West- und Mitteldeutschland*. Berlin, R. V. Decker, 1871, p. 309.

the deaths caused by battle wounds and disease is much higher in the Austrian army: about 8.900 in one case against 19.000 in the other.<sup>203</sup> To tell the truth, even these numbers underrepresent the magnitude of the disease's impact, since, in the Austro-Hungarian Empire alone, the estimated number of cholera-related fatalities is around 165.000.<sup>204</sup> Thus, it is no coincidence that in the novel *Lay Down Your Arms! (Die Waffen nieder!, 1889)*, by peace activist and Nobel prize-winner Bertha von Suttner, it is precisely during the Austro-Prussian War that the protagonist loses almost her entire family to cholera.

As in all previous pandemics, cholera created havoc in the transit of people and merchandise. Evidence for the many obstacles travellers faced at the period can be found in Mark Twain's *The Innocents Abroad* (1869). On it, Twain chronicles his voyage to Europe and modern-day Turkey, Syria, Israel, and Egypt, which took place in 1867, right in the middle of the Fourth Pandemic. In consequence, Twain and his companions were quarantined on multiple occasions and, in two of them – in Naples and Athens –, contrived plans to evade controls. On the way back after their visit, the travellers were denied landing with some regularity. Twain registers at least three rebuttals in less than a page: “Somewhere in the neighbourhood of the island of Malta. Can not stop there. Cholera.”; a few days later, “Not permitted to land [in Algiers], though we showed a clean bill of health. They were afraid of Egyptian plague and cholera.”; and finally with resentment, “Anchored off the picturesque city of Cagliari, Sardinia. Staid till midnight, but not permitted to land by these infamous foreigners. They smell inodorously – they do not wash – they dare not risk cholera.”<sup>205</sup>

Besides the multiple impediments, Twain also caught cholera himself and describes the experience in his traditional humorous style:

The last twenty-four hours we stayed in Damascus I lay prostrate with a violent attack of cholera, or cholera morbus, and therefore had a good chance and a good excuse to lie there on that wide divan and take an honest rest. I had nothing to do but listen to the pattering of the fountains and take medicine and throw it up again. It was dangerous recreation, but it was pleasanter than traveling in Syria.<sup>206</sup>

At the time Mark Twain made his pilgrimage, in 1867, the Suez Canal was already navigable,

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<sup>203</sup> Smallman-Raynor, *Impact*, p. 348.

<sup>204</sup> *Ibid.*, p. 344.

<sup>205</sup> Twain, Mark. *The complete works of Mark Twain: The Innocents Abroad*. Vol. 2. New York, Harper and Brothers, 1909, p. 390.

<sup>206</sup> *Ibid.*, p. 189.

even if its official inauguration would take place only two years later, in 1869. The artificial link between the Red and Mediterranean Seas was destined to alter profoundly trade and human traffic between Asia and Europe. The voyage from India to Britain, for instance, was shortened from two years to two months.<sup>207</sup> The human cost of construction, however, was immense: out of the circa 1,5 million Egyptian workers who participated in the project obliged by the *corvée system*,<sup>208</sup> the staggering number of 120.000 died (or 8% of the total workers).<sup>209</sup> A great many of those casualties were due to cholera. In effect, the prominent Portuguese writer Eça de Queiroz (1845-1900), who was present at the inauguration of the Suez Canal, alluded – in typical orientalist fashion – to the ravages of cholera in a series of four newspaper articles describing the festivities: “Suez is a dark, miserable, decrepit city; it is the start of new regions; and it is almost Asia and India. It has a mortuary aspect: cholera and plague do indeed appear there often.”<sup>210</sup> Beyond that, the Suez Canal, along with trains and steamboats, would contribute significantly to the revolution in transportation which facilitated the spread of disease. Proof of that is that just a few years later, in 1883, the canal would be instrumental for the dissemination of cholera during the Fifth Pandemic.

Nevertheless, important advancements in the combat of cholera were also made at the time. One of them took place in 1861 when the French chemist Pierre Bobœuf (1807-1874) developed an efficient and economical method to produce a powerful antiseptic called phenol. This substance was originally isolated in the 1830s, but its production costs were too high for it to be successfully explored. Yet, the large pressure cholera exerted on the economy, as well the promising discoveries of the emerging science of bacteriology, led to a search for antimicrobial substances which allowed for decontamination. Bobœuf's method made it possible for the product to be readily available. So much so, that, according to Bourdelais and Dodin, phenol was one of the first instances of productive cooperation between the industry and science.<sup>211</sup> This early success became a *de facto* triumph when Joseph Lister (1827-1912), intrigued by the articles of Louis Pasteur, started experimenting with phenol during surgery. Lister hypothesised that, if an infection was caused by

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<sup>207</sup> Boyle, Stephanie Anne. "Cholera, Colonialism, and Pilgrimage: Exploring Global/Local Exchange in the Central Egyptian Delta, 1848-1907." *Journal of World History* (2015), pp. 581-604, p. 584

<sup>208</sup> Hendrick, Daniel R. *Technology and European Imperialism in the Nineteenth Century*. Oxford UP, 1981, p. 153-4.

<sup>209</sup> “The human cost of construction: An inside look at the world’s most notable and deadliest construction projects”, *Building Safety Journal*, 1 May 2021, <https://www.iccsafe.org/building-safety-journal/bsj-dives/the-human-cost-of-construction-an-inside-look-at-the-worlds-most-notable-and-deadliest-construction-projects/>. Accessed 23 June 2021.

<sup>210</sup> “Suez é uma cidade escura, miserável, decrépita; é o começo de novas regiões; e já quase a Ásia e a Índia. Tem um aspecto mortuário: a cólera e a peste aparecem, com efeito, ali frequentes vezes.” The four short articles were published from the 18th to 21st January 1870. Available in “Eça de Queiroz. De Port Said a Suez” *Diário de Notícias*, 16 August 2020, <https://www.dn.pt/cultura/eca-de-queiroz-de-port-said-a-suez-11520956.html>. Accessed 25 November 2020.

<sup>211</sup> Bourdelais, Patrice, and André Dodin. *Visages du Choléra*. Belin, 1987, p. 155.

microbial agents, it might be avoided by sterilizing the wound prior to and during operation. In order to do so, he used phenol – which he called 'carbolic acid' – to disinfect the surgical instruments, the patient and himself. The experiments were very successful and, throughout the years, Lister's survival rates after surgery improved constantly. His results were published in 1867, under the title *On the Antiseptic Principle in the Practice of Surgery* (1867). In due time, Lister's discovery would transform not only surgery but medicine as a whole.<sup>212</sup>

Another vital development was a cultural shift on how important concerns about Public Health were judged to be from the 1850s onwards. The new modes of production tied to the Industrial Revolution altered nearly every facet of life in the 19th-century. One of its important consequences was the massive growth of urban centres, which happened swiftly and was mostly unplanned. As a result, cities became overcrowded, dirty and polluted. Inhabitants would often live in minuscule dark and unventilated spaces. Streets were damped with garbage, human waste, and would receive no sunlight. Few places counted with sewage or water treatment systems, even if rudimentary. Access to restrooms and lavatory was at times difficult, and the facilities were frequently shared by a whole community, especially in poorer areas. Few would have access to either water or bathrooms at home. Non-human animals were also plentiful in urban areas and coexisted with humans not only as pets but more importantly as sources of food – pigs, chickens, cows – and means of transportation – horses and bulls. The collection of garbage and waste was rudimentary and insufficient and, in some cases, non-existing. In an age before refrigeration, fruits, vegetables, and fresh foods were hard to come by; consequently, the general nutrition of the urban populations tended to be deficient. All those factors, and others still, turned cities into unsanitary and insalubrious spaces of dirt and pollution. Inevitably, countless diseases thrived in such circumstances, and epidemics were recurrent and rampant. That was clearly the case of cholera, but also of tuberculosis, typhus, typhoid, yellow fever and numerous others.

In England, attempts of sanitary reforms were taken already in the 1840s, with efforts intensifying in the ensuing years. The cholera wave of 1848 was instrumental in pressing for urban improvements. The sewage system of Paris was expanded from 1855 onwards, a process which was hailed by Vitor Hugo in *Les Misérables* (1862): “The sewers of Paris in 1832 were far from what they are today. Bruneseau had given the spark, but the cholera was required to determine the vast reconstruction that has taken place since.”<sup>213</sup> As accurately noted by Hugo, not only the sewage

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<sup>212</sup> Fitzharris, Lindsey. *The butchering art: Joseph Lister's quest to transform the grisly world of Victorian medicine*. Scientific American/Farrar, Straus and Giroux, 2017.

<sup>213</sup> “Les égouts de Paris, en 1832, étaient loin d’être ce qu’ils sont aujourd’hui. Bruneseau avait donné le branle, mais il fallait le choléra pour déterminer la vaste reconstruction qui a eu lieu depuis.” Hugo, Victor. *Les Misérables*. Vol. 5. Paris, Émile Testard, 1890, p. 182. *Wikisource*, [https://fr.wikisource.org/wiki/Les\\_Mis%C3%A9rables](https://fr.wikisource.org/wiki/Les_Mis%C3%A9rables). Accessed 25

system, but the entire city of Paris was being rebuilt at the time by the ambitious reurbanization project directed by Baron Haussmann (1809-1891). The reconstruction officially lasted from 1854 to 1870, but the works continued well into the 20th-century.<sup>214</sup>

Sanitarians assumed that disease was caused by miasmas, by filth and by a general lack of hygiene. Haussmann endorsed this reasoning and, therefore, envisaged a clean sanitized city with cutting edge sewage and water systems, large open areas for ventilation, great arteries to aid traffic and welcome sun-light, parks and trees which could purify the air, limits on the density of people housed together and on the size and number of buildings on given areas, among many other measures. The legacy of this project was immense and immediate. The expansion of Barcelona, for instance, would start just a few years later, in 1860, following the ideas of influential urbanist Ildefons Cerdà (1815-1876). This reurbanization effort would set the basis for the outburst in creativity and innovation of the *Modernisme Català*. The outstanding works of architects Lluís Domènech i Montaner (1850-1923) or Antoni Gaudí (1852-1926), to mention only two luminaries, are profoundly interwoven with it. Cities all over Europe would follow suit: Brussels, Rome, Stockholm, Budapest, and, slightly later, even Buenos Aires and Rio de Janeiro.<sup>215</sup>

The image of the modern city itself was transformed by the sanitary venture at this point and later on. Public health is a major preoccupation for theories of modern architecture. Le Corbusier, for example, values many of the structures favoured by sanitarians: ample spaces, green areas, elevated plans, sunlit environments, and so on.<sup>216</sup> And just as cholera was instrumental in underscoring the need for reform, other diseases would continue to influence architecture and urbanism. Tuberculosis is also profoundly linked to the modernist architecture aesthetics, as Beatriz Colomina demonstrates in *X-Ray Architecture*; while in recent years, outstanding contemporary architects such as Frank Gehry, Zaha Hadid, Snøhetta and others, have collaborated to design the innovative and experimental spaces of the Maggie Centres for Cancer Patients.<sup>217 218</sup>

These reconstruction efforts of the 19th and early 20th-centuries were vast and ambitious to be sure. Even so, they were but a part of a broader social, scientific, and cultural phenomenon: the medicalization of society. By this process of medicalization, Medicine and Public Health became

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November 2020.

<sup>214</sup> Abellán, Javier. "Water supply and sanitation services in modern Europe: developments in 19th-20th centuries." *12th International Congress of the Spanish Association of Economic History*: University of Salamanca, Spain. 2017.

<sup>215</sup> See Evans, Richard J. *The Pursuit of Power: Europe 1815-1914*. Penguin, 2016, chapter 4, 'Building the New Jerusalem'; Armus, Diego. *The Ailing City: Health, Tuberculosis, and Culture in Buenos Aires, 1870-1950*. Duke UP, 2011; Sevcenko, Nicolau. *A revolta da vacina: mentes insanas em corpos rebeldes*. SciELO-Editora UNESP, 2018.

<sup>216</sup> Weitzel, Thibault. *Le fléau invisible: la dernière épidémie de choléra en France*. Vendémiaire, 2011, p. 52.

<sup>217</sup> Colomina, Beatriz. *X-Ray Architecture*. Lars Müller, 2019.

<sup>218</sup> Jencks, Charles. *The architecture of hope: Maggie's cancer caring centres*. Frances Lincoln, 2015.

highly influential and obtained power to determine, to a great extent, the expectations and behaviours of individuals and institutions. The physician became, thereby, a major figure in the organization of society, exerting influence and authority over numerous aspects of life.

Although this gradual transformation pre-dates cholera by at least half a century, the repeated waves of epidemics were key for the commencement of its hygienist phase.<sup>219</sup> The disease is profoundly linked, for instance, to the creation of corps of sanitary police, as well as bureaucracy and statistical tools designed to control public health. Medicalization has also conditioned various aspects of the colonial expansion which took place in the 19th-century, both in ideology and in practical matters.

In a similar fashion, the legacy of urbanization and sanitisation was also felt in literature, especially theatre. Discussions associating public works – or their nonexistence – to epidemics appear prominently in works such as Ibsen's *An Enemy of the People* (*En Folkefiende*, 1882), Gorki's *Children of the Sun* (*Deti solntsa*, 1905) or Jasiński's *I Burn Paris* (*Palę Paryż*, 1928). In the satirical play *The Epidemic* (*L'Épidémie*, 1898), Octave Mirbeau encapsulates the hygienist enterprise successfully by placing the call for a complete renew of infrastructure not in the mouth of a city planner nor an architect, but of a physician. Dr Triceps proclaims, with the sympathy and applause of the city council, that:

It will be necessary to demolish the old quarters of the city, these hotbeds of infection! [...] And to rebuild them!... To pierce vast boulevards. [...] To air the courtyards... to immunize the sewers... [...] It will be necessary to make spring from all over sources of pure water... broad and deep sources like the sea. [...] We will need powerful stoves... sterilization appliances always in operation... [...] Deposits of Phenic acid... Laboratories of anti-sep-tic chemistry!... [...] Some Pasteurs Institutes!...<sup>220</sup>

The typhus epidemic which threatens the city is capable of uniting all politicians. Even the member of the opposition complements Dr Triceps' exclamations with his own: "Avenues!... [...]"

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<sup>219</sup> Goubert, Jean-Pierre, ed. *La médicalisation de la société française, 1770-1830*. Historical Reflections Press, 1982, p. 12.

<sup>220</sup> "Il faudra démolir les vieux quartiers de la ville, ces foyers d'infection! [...] Et les reconstruire!... Percer de vastes boulevards. [...] Aérer les cours... immuniser les égouts... [...] Il faudra faire jaillir de partout des sources d'eau pure... des sources larges et profondes comme la mer. [...] Il faudra des étuves puissantes... des appareils stérilisateurs toujours en marche... [...] Des entrepôts d'acide phénique... des laboratoires de chimie an-ti-sep-tique!... [...] Des instituts Pastoriens!..." Mirbeau, Octave. *L'épidémie; pièce en un acte*. Paris, Charpentier et Fasquelle, 1898, pp. 35-38.

Committees of sanitation... Prophylaxis unions! [...] Lazarettos around the city!”<sup>221</sup> Not to mention the representative of the party in office: “Plant public gardens. [...] Increase the number of squares... [...] Monumental filters!... [...] Medical congresses...”<sup>222</sup> And after summoning so many measures, Dr Triceps concludes: “War on microbes!... War on death!... Long live science!...”<sup>223</sup> The whole scene is quite comical for the council had unanimously rejected a petition for reform after more than a dozen individuals had died and over a hundred had fallen sick. Yet opinions changed outright when news arrived that a bourgeois, a respectable member of society, had also perished. The interaction between epidemics, literature, and the rich and poor will be discussed in detail in *Chapter 5*.

In conclusion, even though the process of medicalization commenced nearly a century before the start of the Fourth Cholera Pandemic, it is from the 1860s that the sanitation movements will become mainstream and their efforts will achieve major transformations in society and exert much influence in culture.

#### vi. The Fifth Pandemic, 1881-1896

The Fifth Cholera Pandemic started in 1881 in Bengal from where it advanced in three directions adhering to the customary patterns. One route moved into South-eastern Asia, reaching Java, Borneo and the Philippine Archipelago in 1882. In Manila, the death toll was exceptionally high, killing perhaps 10% of the city's inhabitants and setting the stage for the latter and more serious developments of the Sixth Pandemic.<sup>224</sup> Another route brought the infection to Bombay and the Indian West coast, from where it reached the Arabian Peninsula via de Red Sea. Egypt was harshly affected in 1883; and, with the facilitated passage of the Suez Canal, the Mediterranean ports of Naples, Toulon, Marseilles and Valencia were visited in the next two years. From these port cities, it moved to Paris, which experienced a moderate epidemic that resulted in circa a thousand deaths, and, in 1886, it crossed the Atlantic once again, this time into Argentina and, a year later, Chile.

Some years later, from 1890, Russia experienced multiple outbreaks after cholera moved

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<sup>221</sup> “Des avenues!... [...] Des commissions de salubrité... des syndicats de prophylaxie! [...] Des lazarets autour de la ville!” Ibid., pp. 36-38.

<sup>222</sup> “Planter des jardins publics. [...] Multiplier les squares... [...] Des filtres monumentaux !... [...] Des congrès médicaux...”

<sup>223</sup> “Guerre aux microbes !... Guerre à la mort !... Vive la science !...” Ibid.

<sup>224</sup> Hays, *Epidemics and pandemics*, p. 303.

along another of its habitual paths: from India into Persia, to the Caspian Sea and up the Volga River. These were serious eruptions – as many as 215.000 people may have died in 1892 and 39.000 in 1893 – and were accompanied by riots and pogroms.<sup>225 226</sup>

In this occasion, Anton Chekhov (1860-1904) experienced cholera at first hand. In 1890 the author spent three months in the Prison Island of Sakhalin, in the Russian Pacific coast, voluntarily conducting a census of the inhabitants and studying their lives and health hazards. The resulting anthropological observations would be published under the title *Sakhalin Island (Ostrov Sakhalin, 1895)*, initially in instalments in 1892-93 and finally two years later in book form.<sup>227</sup> In order to go back home in 1890, Chekhov decided to take a boat from Sakhalin to Moscow via the Suez Canal. Nevertheless, the presence of cholera in the vicinities influenced his plans for the voyage. In a letter to his friend and publisher Aleksey S. Suvorin, written from the steamer on September 11<sup>th</sup> 1890, Chekhov described the tension and fear created by the epidemic:

Greetings! I am sailing on the Gulf of Tartary from the north of Sahalin to the south. [...] I am well, though I see on all sides glaring at me the green eyes of cholera which has laid a trap for me. In Vladivostok, in Japan, in Shanghai, Tchifu, Suez, and even in the moon, I fancy — everywhere there is cholera, everywhere quarantine and terror... They expect the cholera in Sahalin and keep all vessels in quarantine. In short, it is a bad lookout. Europeans are dying at Vladivostok, among others the wife of a general has died.<sup>228</sup>

Chekhov would be held back for a month in Sakhalin before leaving, on the 13<sup>th</sup> of October. He would reach Moscow in seven or eight weeks. Once at home, he writes again to Suvorin on the 9<sup>th</sup> of December and summarizes his voyage: cholera prevented him from fulfilling his expectations of seeing Japan, but he was able to gather impressions from Hong Kong, Singapore, Sri Lanka, and the Red Sea.<sup>229</sup>

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<sup>225</sup> Ibid., pp. 304-5.

<sup>226</sup> Sahadeo, Jeff. "Epidemic and empire: Ethnicity, class, and "civilization" in the 1892 Tashkent cholera riot." *Slavic Review*, 2005, pp. 117-139.

<sup>227</sup> Marques, Lia Nogueira. *A Ilha de Sacalina de Tchekhov: a construção do olhar científico e literário no relato de viagem*. PhD dissertation, University of São Paulo, 2009. *Biblioteca Digital USP*, [https://teses.usp.br/teses/disponiveis/8/8155/tde-09102018113900/publico/2018\\_LiaNogueiraMarques\\_VCorr.pdf](https://teses.usp.br/teses/disponiveis/8/8155/tde-09102018113900/publico/2018_LiaNogueiraMarques_VCorr.pdf).

Accessed 25 November 2020.

<sup>228</sup> Chekov, Anton. *Letters Of Anton Chekhov To His Family And Friends With Biographical Sketch*. Translation into English by Constance Garnett. New York, Macmillan Company, 1920, p. 213.

<sup>229</sup> Ibid., pp. 217-220.

When the pandemic reached Russia in 1892, Chekhov was appointed a cholera doctor in a sanitary board to control the disease. For about a year, he was responsible “for twenty-five villages, four factories, and one monastery” at Melikhovo, at about 80km from Moscow.<sup>230</sup> Albeit complaining in his letters about loneliness and boredom, Chekhov was highly engaged in the fight against the infection and found much satisfaction in the precautionary work. He brags to Suvorin that some of his colleagues were “doing marvels which might force even Tolstoy to take a respectful attitude to medicine.”<sup>231</sup> Two weeks later, the same zeal can be found in a different letter:

I was overwhelmed with enthusiasm when I read about the cholera. In the good old times, when people were infected and died by thousands, the amazing conquests that are being made before our eyes could not even be dreamed of. It's a pity you are not a doctor and cannot share my delight—that is, fully feel and recognize and appreciate all that is being done.<sup>232</sup>

By December 1893, when Chekhov had already finished his work as a cholera doctor, it was Tchaikovsky's turn to face the condition. The composer contracted cholera after drinking non-boiled water at a restaurant in Saint Petersburg, a careless act which is somewhat surprising given that the epidemic raged in the city at the time. On the occasion, different people remarked on the composer's recklessness. When he died three days later, some were startled by the news, but his death by cholera was accepted by the public without protests. It was notified as such in the newspapers, and some polemic was directed against the physicians who attended him.<sup>233</sup>

As previously mentioned, cholera is a profoundly humiliating condition which was closely associated with poverty, barbarity and lack of hygiene. That is the reason why Leopardi's probable death by cholera – which had taken place over half a century before – was concealed and blamed generically on his proverbial frail health.<sup>234</sup> Dr Niccolò Mannella, the physician who attended the poet in his final moments, refused to write a cause in his death certificate, so the document was produced by a second physician, Dr Stefano Mollica, who determined he died of pulmonary oedema. Incredibly, in one version on the story the condition was allegedly caused by Leopardi's

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<sup>230</sup> Ibid., p. 308

<sup>231</sup> Ibid., p. 309.

<sup>232</sup> Ibid., p. 312.

<sup>233</sup> Brown, Malcolm H.; and Alexander Poznansky, eds. *Tchaikovsky through others' eyes*. Indiana UP, 1999.p. 241.

<sup>234</sup> Grima, Piero. *Colera. Scienza, storia, costume, letteratura*. Salento Books, 2018, pp. 214-218.

choice of supper: the drastic change of temperature caused by eating cold sorbet immediately after a hot broth supposedly cost his life.<sup>235</sup>

A similar situation might apply to Tchaikovsky's death as well. Although our understanding of the disease has progressed very much in the past century, the stigma seems to be presently still strong enough to motivate scholars to dispute the composer's causes of death over a century after the fact. Some argue that Tchaikovsky may have been ordered to commit suicide by a 'court of honour' or by the Tzar himself as a punishment for his homosexuality.<sup>236</sup> Even though I do not possess the expertise to engage in the debate nor to weight its merits, I do find staggering that it exists in the first place. The fact that such exuberant speculations are put forward, instead of accepting the more likely possibility that Tchaikovsky was simply reckless on occasion – as anyone is from time to time –, is related to the cholera stigma in my interpretation.

Beyond that, the historical context in which the composer died is profoundly different from the preceding ones. Unlike Hegel or Leopardi, who experienced cholera as a new frightful infection which could not be genuinely avoided, Tchaikovsky's passing came at a time in which the microbe and its life cycle were reasonably understood and, on that account, prevention could be achieved efficiently.

As it happens, a decade before, a decisive and influential event took place which would become a watershed in the fight against the epidemic: Robert Koch's rediscovery of the cholera pathogen, *Vibrio cholerae*. Koch had already grasped the attention of the scientific community in the late 1870s, when he conducted rigorous and original research on anthrax and, next, invented and refined major laboratory techniques. In 1882, he became a world celebrity when he identified *Mycobacterium tuberculosis*, the microbe responsible for tuberculosis. In 1883, Koch was chosen by the Prussian government to go to Egypt in a mission to study cholera. This assignment was as much a strategy of prevention – the epidemic would soon reach the European shores –, as a colonial enterprise deliberately aimed to orientalise the disease and set claims for dominance. Proof of that is that the mission was hastily organised to rival a French delegation sent by the Pasteur Institute, which was led by Pasteur's right-arm, Émile Roux (1853-1933).

In Egypt, Koch was able to isolate and identify the choleric vibrio. His research was not finished when the epidemic started to dwindle. So, in order to continue, he and his assistants went to India to study cholera "in loco". This choice reveals in itself that the mission's imperialistic aspirations were as important as its scientific ones, since, at this point in time, cholera could be

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<sup>235</sup> Ibid., p. 216.

<sup>236</sup> Ibid, pp. 221-231.

comfortably – albeit less glamorously – studied in Europe. In any case, in 1884, Koch managed to isolate the *Vibrio cholerae* from a pond in India and, thus, confirmed its spread via contaminated food and water. In other words, he was able to throw light on both the cause of infection and its route of transmission, thereby confirming the largely ignored discoveries that Filippo Pacini and John Snow made thirty years before. This double confirmation gave new life to the fight against the disease since now it was possible to take precise and efficient measures. The amount of guesswork involved in prevention diminished, while sanitation efforts became proportionally easier to plan and perform.

That can be validated by the fact that many places which previously had experienced serious outbreaks managed to avoid the Fifth Pandemic altogether. That is the case of both the United Kingdom and the United States, as well as many other European centres. This success in prevention was reached by a combination of the new understanding of the aetiology of cholera and the reurbanization efforts that materialized from the 1860s onwards. Together, these two trends influenced to a great extent, both urban infrastructure and cultural expectations. As a part of culture, literary texts were also influenced by the consecutive advancements in bacteriology. The advent of germs in literature will take place from the 1880s onwards in writers such as Maupassant, Capuana, H. G. Wells and others.

All things considered, Koch's rediscovery of the *Vibrio cholerae* was one of the many groundbreaking findings and innovations of the golden era of bacteriology. It stands alongside with his work on anthrax and tuberculosis, as well as other major achievements such as Pasteur's works on fermentation and, later, on vaccine development; Lister's application of antiseptic principles to surgery; Hansen's identification of the pathogen of leprosy in 1873; the isolation of the diphtheria antitoxins by Shibasaburo, von Behring and Émile Roux; the identification of *Yersinia pestis* by Shibasaburo and Yersin in 1894; Paul Ehrlich's creation of a treatment for syphilis in 1908; Charles Nicolle's uncovering of the transmission of typhus by lice; and still many others. Understanding the significance and repercussions of Koch's findings, the Prussian government embraced it as a symbol of the triumph of civilization and science. Koch was hailed – as Pasteur had been beforehand – as a modern incarnation of Columbus, a *conquistador* of the microscopic world.<sup>237</sup> It was as such that he eventually received Prussia's highest distinction for military bravery, the medal

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<sup>237</sup> See Gradmann, Christoph. "Exoticism Bacteriology and the Staging of the Dangerous" in Rütten, Thomas, and Martina King, eds. *Contagionism and contagious diseases: medicine and literature 1880-1933*. Vol. 38. Walter de Gruyter, 2013; Otis, Laura. *Membranes: Metaphors of invasion in nineteenth-century literature, science, and politics*. Johns Hopkins UP, 2000; Latour, Bruno. *The pasteurization of France*. Harvard UP, 1993.

In this context, the advent of a serious cholera outbreak in Hamburg in 1892 came as a shock to many. Being rich and prestigious, the city was expected to successfully avoid the infection since it had the knowledge and resources required for prevention. Nevertheless, the city's elites were reluctant to spend in non-urgent matters, and therefore postponed time and again the construction of a modernised system for water filtration and sewage collection. Even after the epidemic broke out, the government indulged in denial for a while and reacted with bleakness and hesitancy. The negligence would be later denounced by none other than Robert Koch, who was sent from Berlin to survey the fight against the epidemic. His scornful commentary was repeated far and wide: "Gentlemen, I forget that I am in Europe."<sup>239</sup> These words are clear evidence of the wide-ranging associations of cholera to barbarity, obscurantism, debauchery. In a sanitized society, where, as the saying goes, "cleanliness is next to godliness", cholera was seen as an affliction of the colonized and of the destitute (see *Chapter 5*).

Besides Koch, the unorganized response was also denounced by Mark Twain, who was in the vicinities at the time and, on this occasion, encountered cholera for the third or fourth time in his life. Working as a newspaper correspondent, Twain penned a text entitled *The Cholera Epidemic of Hamburg* (1892) in which he repeatedly complained of the silence of the press and government: "[...] people in Hamburg [are] dying like flies of something resembling cholera! A normal death rate of forty a day suddenly transformed into a terrific daily slaughter without notice to anybody to prepare for such a surprise!"<sup>240</sup> The serious state of affairs is evident in the alarming assertions contained in the passage. At the same time, the fact that Twain is not even sure if the epidemic is effectively due to cholera, reveals the magnitude of the reigning disinformation. That will lead him to remark with cynicism and some rancour:

Naturally one flies to the newspapers when a pestilence breaks out in his neighbourhood. He feels sure of one thing, at any rate: that the paper will cast all other interests into the background and devote itself to the one supreme interest of the day; [...] I sought the newspapers, and was disappointed. I know now that nothing that can happen in this world can stir the German daily journal out of its denial lethargy. When the Last Day comes it will note the destruction of the world

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<sup>238</sup> Lagerkvist, Ulf. *Pioneers of Microbiology and the Nobel Prize*. World Scientific, 2003, p. 80.

<sup>239</sup> Evans, *Death in Hamburg*, pp. 312-13.

<sup>240</sup> Twain, Mark. "The Cholera Epidemic in Hamburg in *The complete works of Mark Twain: Europe and Elsewhere*. Vol. 20. New York, Harper and Brothers, 1909, pp. 186-87.

in a three-line paragraph and turn over and go to sleep again.<sup>241</sup>

Twain was not the only celebrated author to observe the Hamburg outbreak from a distance. In Lübeck, some seventy kilometres away from Hamburg, a seventeen-year-old Thomas Mann had plenty of opportunity to observe the situation. Although not experiencing the outbreak personally, he would revisit his impressions two decades later when confronting the subject in *Death in Venice* (*Der Tod in Venedig*, 1912). Nearly all elements described in the novella find counterparts in the Hamburg outbreak: oversight, negligence, denial, censorship, and, of course, the equation of cholera with immorality and the Orient.

Aside from these artistic echoes, the Fifth Pandemic is important for being the last major cholera experience in Europe. Some outbreaks would still occur, but they were often isolated and more manageable. As previously mentioned, the disease did not disappear; it still causes havoc in the present. Nonetheless, the Fifth Pandemic marks the moment in which cholera lost its status of an uncontrollable scourge. It was then that the sanitary construction and education projects of the 1860s and 1870s displayed their astonishing results. Concurrently, the re-identification of the *Vibrio cholerae* and the scientific breakthroughs of the Germ Theory of Disease have offered indispensable tools to avoid, locate and destroy the infectious agents. After 1884, cholera prevention could be established confidently. It would not be infallible, but it would undoubtedly put the disease in check. From this point onwards, cholera pandemics would no longer be related to a limited understanding or to a lack in tools of prevention; they would rather be a matter of wealth inequality, political negligence, and selective indignation. A case in point is that of the United Kingdom: Britain escaped the Fifth Pandemic unscathed; however, the British-ruled Pakistan and India experienced 429.000 cholera deaths per year from 1887 to 1896.<sup>242</sup> To put it differently, in spite of effective prevention being available, over four million individuals have perished in a single decade.

Like other factors in public health, cautionary measures do not benefit all individuals and societies equally. Even though the main instruments required for mitigation were already in place by the end of the 19th-century, cholera would still circle the globe twice in the 1900s.

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<sup>241</sup> Ibid.

<sup>242</sup> Hamlin, *Cholera: the biography*, p. 2.

## vii. The Sixth Pandemic, 1899-1923

The Sixth Pandemic started in 1899 in Bengal and followed, once more, its preferred routes in three different directions: the Indian West coast, Southeast Asia (Burma and Indonesia in 1901 and the Philippines in 1902) and Central Asia (Persia in 1903, the Caspian Sea and Russia in 1904). In 1910, outbreaks reappeared in Russia and moved West into the Balkans, via Bulgaria. The South of Italy, especially Naples, has also experienced serious eruptions in the same year.<sup>243</sup> In 1911, outbreaks occurred in Libya, probably as a consequence of the arrival of Italian invasion forces during the Italo-Turkish War (1911-1912). Little before, outbreaks had re-emerged in Indonesia in 1909 and would reoccur again in 1919.

The Sixth Pandemic has not proceeded further, though. Most of Europe and Africa, as well as the entirety of the Americas and Australia, managed to elude it. Yet, even if its geographical spread was not as broad as hitherto, cholera mortality ran rampant, regardless of the new scientific understanding of precautionary measures. The total loss of life in India for the period of 1896 to 1925 was a staggering 10.7 million.<sup>244</sup> In 1900 alone, the infection was responsible for 10% of all deaths in the subcontinent.<sup>245</sup> In 1904, the Iranian capital, Teheran, may have lost 20.000 of its inhabitants,<sup>246</sup> or, in other words, over 5% of its population.<sup>247</sup> In 1910, the demise in Java and Russia may have reached 60.000 and 100.000, respectively.<sup>248</sup>

As in the past, cholera followed the tracks laid down by war. One example is the Philippine–American War (1899-1902), which turned the Philippines into a colony of the United States until 1946. The conflict created such a propitious environment for the spread of disease that, in 1902, at least 150.000 civilians died of it in a single year.<sup>249</sup>

The same mixture of violent colonial annexation and cholera dispersal can be observed in the arrival of Italian troops in the Libyan city of Tripoli. About three weeks after the start of the Italo-Turkish War (1911-1912), circa 280 *bersaglieri* were captured by Turkish troops during the Battle of Shar al-Shatt, just to be executed a few hours later, before their retreat. In retaliation, the Italian

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<sup>243</sup> See Snowden, Frank M. *Naples in the Time of Cholera, 1884-1911*. Cambridge UP, 1995.

<sup>244</sup> Davis, John P. *Russia in the time of cholera: disease under Romanovs and Soviets*. Bloomsbury Publishing, 2018, p. 10.

<sup>245</sup> Hays, *Epidemics and pandemics*, p. 345

<sup>246</sup> Azizi, Mh, and F Azizi. "History of Cholera Outbreaks in Iran during the 19(th) and 20(th) Centuries." *Middle East journal of digestive diseases* vol. 2,1, 2010, pp. 51-5.

<sup>247</sup> Hays, *Epidemics and pandemics*, p. 351.

<sup>248</sup> *Ibid.*, p. 346.

<sup>249</sup> Silbey, David. *A War of Frontier and Empire: The Philippine–American War, 1899–1902*. Farrar, Straus and Giroux, 2008, p. 197-201.

forces stormed the houses in the vicinities and arrested those civilians judged to be a menace. A significant proportion of them was executed on the spot. The precise number of victims is difficult to establish; however, estimates range from one thousand to four thousand victims.<sup>250</sup> Besides that, up to another four thousand individuals may have been deported to Italian prisons, from which only about a quarter was still alive to be repatriated four years later, in 1915.<sup>251</sup> Not long after the massacre, a cholera outbreak flared up, further intensifying the burden of the local population.

The atrocity aroused criticism from other colonial powers and was immediately denounced by the European press. The satirical German magazine *Simplicissimus* promptly ridiculed the Italian self-proclaimed civilizing mission on December 11<sup>th</sup> 1911 with a caricature drawn by Theodor Heine (1867-1948) (see Figure 1).<sup>252</sup> The image depicts a multitude of slain bodies – mostly of women and infants – that are drenched in blood and being eaten by rats. Among them, a woman dressed in elegant European fashion calmly leads a skeleton horse by the halter. She is unperturbed, covers her nose to avoid the stench and walks over the dead as if on a carpet. Two naked figures ride the horse, the one in front is a red and muscular creature with a Greek helmet for a head; the other is a mummified skeleton of an old lady, with white hair, sagging breasts and an enlarged stomach which could be the result of pregnancy or, more likely, schistosomiasis.

They are the personifications of war and pestilence and are clearly identified as such by their attributes. War is big and menacing, holds a blood-red flag with one hand, and clenches a fist with the other. His bellicose posture and malignant glance reveal delight at the sight of the massacre. Pestilence holds a smoking incensory in one of her hands – a clear reference to the miasmas –, and in the other a black flag that designates not only death in general but also the *Black Death* in particular. These elements are reinforced by the woman's precaution not to breathe the foul air exhaling from the bodies, and also by the presence of rats, another unmistakable reference to the plague. Pestilence also wears funny furry slippers that look very much like bacteria and are an allusion to bacteriology and the choleric vibrio. Indeed, the caricature is entitled “War and Cholera” and is accompanied by an ironic explanatory note: “Civilization makes its entrance in Tripoli.”

The image is rich and multifaceted and presents many of the cholera motifs we find in

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<sup>250</sup> Del Boca, Angelo. *Italiani, brava gente?*. Neri Pozza Editore, 2011.

<sup>251</sup> Ibid.

<sup>252</sup> Heine, Theodor. "War and Cholera" *Simplicissimus*, 11 December 1911, Jg. 16, H. 37, p. 664.

[http://www.simplicissimus.info/index.php?id=6&tx\\_lombkswjournaldb\\_pi1%5Bvolume%5D=16&tx\\_lombkswjournaldb\\_pi1%5Baction%5D=showVolume&tx\\_lombkswjournaldb\\_pi1%5Bcontroller%5D=YearRegister&cHash=7010bd4857e6abd75c85f48b8a225db6](http://www.simplicissimus.info/index.php?id=6&tx_lombkswjournaldb_pi1%5Bvolume%5D=16&tx_lombkswjournaldb_pi1%5Baction%5D=showVolume&tx_lombkswjournaldb_pi1%5Bcontroller%5D=YearRegister&cHash=7010bd4857e6abd75c85f48b8a225db6). Accessed 22 November 2020.

ensuing texts: cholera as a modernized version of the plague, distinct in some details, but its overall equivalent; cholera as the symbol of the savagery and barbarism of the intrinsically sick 'Orient'; and, finally, cholera as a tool to sanction civilizing undertakings which occasionally break down into bloodbaths. Apart from that, Heine's caricature perfectly grasps the symbiotic relationship which exists between war and cholera. It is a keen analysis of the discourses that surround the disease and a very valid critique of the dynamics of his time. Moreover, its vehicle of publication is not less remarkable, for *Simplicissimus* commissioned works from an impressive array of collaborators. The magazine published illustrations by brilliant painters and printmakers like Theodor Kittelsen (1857-1914), Alfred Kubin (1877-1959), or George Grosz (1893-1959), and texts by Thomas Mann, Rainer Maria Rilke (1875-1926), or Hermann Hesse (1877-1962), among many others.

A similar assessment can be found in the novel *Les Civilisés* (1905), which won for Claude Farrère (1876-1957) the Prix Goncourt in the year of its release. The plot is set on the French colony of Conchinchina and portrays the vicious behaviour of some of the French administrators. In spite of being itself problematic, the novel expresses disapproval over the ties of Colonialism to natural disasters and ruthless behaviour. While watching “the flag of France rise slowly at the stern, proud as on the evening of Austerlitz”, with the accompaniment of music and a gun salute, one of the characters murmurs to himself: “Bleu for cholera, white for famine, red for fresh blood.”<sup>253</sup> The fact that a colonial power is held responsible for bringing cholera to Asia – of all places – is truly exceptional. Although that is a faithful rendering of reality – as we have seen, the epidemic was often inadvertently carried during colonial endeavours –, this relationship between cholera and colonization is rarely, if ever, registered as such in European literature. In that respect, this remark is nearly unique.<sup>254</sup>

Anyway, beyond its pertinence for the successful colonization of the Philippines and Libya, cholera has also thrived during the First (1912-1913) and Second Balkan Wars (1913), conflicts which were a prelude to the First World War. The Bulgarian author Lyudmil Stoyanov (1886-1973), for example, has fought in the conflict against Serbia in 1913. His reminiscences have found their

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<sup>253</sup> “Le pavillon de France montait lentement à la poupe, fier comme au soir d'Austerlitz. Et Fierce le regarda, et sourit en haussant imperceptiblement les épaules, et murmura sept mots retenus d'un livre qui lui plaisait, par des apparences de sincérité: – Bleu de choléra, blanc de famine, rouge de sang frais.” Farrère, Claude. *Les Civilisés*. Paris, Paul Ollendorff, 1905, p. 59. See also Garguilo, René. “Mythologie du choléra”. Milner, Max. *Littérature et pathologie*. Presses Universitaires de Vincennes, 1989, pp. 149-165.

<sup>254</sup> In other cultural spheres cholera is squared with Europe more often. See Brummett, Palmira. “Gluttony, cholera and high fashion: Political and cultural imperialism in the Ottoman cartoon space.” *Revue des mondes musulmans et de la Méditerranée* 77.1, 1995, pp. 145-164; Brummett, Palmira. “Dogs, women, cholera, and other menaces in the streets: cartoon satire in the Ottoman revolutionary press, 1908–11.” *International Journal of Middle East Studies* 27.4, 1995, pp. 433-460.

way into the autobiographical novel *Cholera* (*Cholera*, 1935), in which disease and warfare are combined to create a powerful denunciation of belligerency and oppression.

The epidemic has also played a noteworthy role in World War I (1914-1918), even if its extent is hard to measure. An example can be drawn from a battle between Austria and Italy taking place in 1915 on Mount San Michele. After the skirmish, cholera and typhus have infected over 21.000 Italian soldiers, adding a further 4.300 casualties to the 42.000 already loss on the field.<sup>255</sup> After the war, the epidemic would find its way into texts about the conflict. In *The Good Soldier Švejk* (*Osudy Dobrého vojáka Švejka za první světové války*, 1921-23), the Czech writer Jaroslav Hašek (1883-1923) employs a misdiagnosed cholera-case to ridicule – with the aid of a substantial dose of scatological humour – the inefficiency of the Austro-Hungarian forces. This representation is likely the forebear of the 'diarrhoea epidemic' which impedes the action of the forces of the United States in Joseph Heller's equally hilarious *Catch-22* (1961). It is important to say, however, that the disease most readily associated in cultural memory to the conflict is, to all intents and purposes, the Influenza Pandemic of 1918 – even if it appeared only in the last stages of the war.<sup>256</sup>

Cholera was also one of the many calamities which ravaged Russia during its Civil War (1917-1922). The conflict has resulted in an estimated seven to twelve million casualties, which resulted from a complex mixture of war atrocities, famine, and repeated epidemic waves.<sup>257</sup> Of these, the most important were cholera and other diarrhoeal afflictions, influenza and, above all, typhus. In 1920, nearly a third of the forces of the Red Army fell ill with it, what accounts for over a million soldiers.<sup>258</sup> In the meantime, official statistics for 1919 and 1920 alone report almost two million deaths due to typhus and typhoid.<sup>259</sup> This constitutes the background for Lenin's famous declaration: “Either socialism will defeat the louse, or the louse will defeat socialism” – the louse being the vector for the spread of typhus.<sup>260</sup>

The collapse of the state has produced a staggering growth in disease incidence. In 1913, the number of cases per thousand in all of Russia was: cholera 0,02‰, typhus 7,6‰ and malaria 231,3‰. During the Civil War, these diseases reached their maximal growth at different moments: cholera cases peaked at 13,97‰ in 1921; typhus grew to a shocking 321,6‰ in 1919; and malaria

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<sup>255</sup> Gooch, John. *The Italian Army and the First World War*. Cambridge UP, 2014, p. 112.

<sup>256</sup> Barry, John M. *The Great Influenza: The Epic Story of the Deadliest Plague in History*. Viking Press, 2004.

<sup>257</sup> Mawdsley, Evan. *The Russian Civil War*. Pegasus Books, 2007, p. 287.

<sup>258</sup> Orlando, Figes. *A People's Tragedy: The Russian Revolution 1891-1924*. Viking Penguin, 1996.

<sup>259</sup> Mawdsley, *The Russian Civil War*, p. 287.

<sup>260</sup> Talty, Stephan. *The illustrious dead: the terrifying story of how typhus killed Napoleon's greatest army*. Broadway Books, 2010, p. 273.

increased to 424,3‰ in 1923.<sup>261</sup>

These traumatic experiences were encapsulated by Russian experimental poet Marina Tsvetaeva (1892-1941) in a collection of poems written between 1918 and 1920 and published in English under the title *Moscow in the Plague Year*. Tsvetaeva suffered greatly during the period, even losing one of her daughters to starvation in 1919. In the volume, the calamities of war, hunger and pestilence are encapsulated by a plague metaphor. Interestingly, bubonic plague was one of the few scourges not present in Russia at the time; yet, its cultural weight is so broad, and it resonates so profoundly in the literary tradition, that the plague metaphor is almost unavoidable in such a situation. That would also be the case for Camus and Lagerkvist two decades later.

By 1923 the number of cholera cases fell globally, and the Sixth Pandemic was declared over. This pandemic was more restricted geographically than the previous ones and was made possible by the chaos and destruction caused by quite a few wars. Advancements in cholera prevention and treatment would restrict the spread of the disease in such a way that the Sixth was thought to be the last of the cholera pandemics. This is why Politzer's classical 1959 study reads as if the final outcome had been reached. That was the theory. The reality, however, unfolded differently.

#### viii. The Seventh Pandemic, 1961-Present

The Seventh Pandemic started in 1961 not in the Indian province of Bengal, but in the Indonesian island of Java. From there it travelled to other parts of Southeast Asia. In a few years, cholera appeared in the Philippines, Hong Kong, Borneo, Korea, Burma, Bangladesh, and others. In 1965, Iran and Iraq were visited via India, which experienced outbreaks in the previous year. A new wave started in the early 1970s, when cholera followed its old routes in Central Asia – to reach the Soviet Union via Astrakhan – and the Arabic Peninsula, from where it moved into West Asia and North Africa.<sup>262</sup> Nevertheless, a new path suddenly appeared in the same year when cholera was carried by flight to Guinea, in West Africa. Eleven neighbouring countries were infected in the same year: Sierra Leone, Liberia, Ivory Coast, Ghana, Mali, Nigeria and others. In the following year, it progressed to Kenya, Uganda, Angola and it reached Spain and Portugal. In 1973 it appeared in the South of Italy, rekindling cultural sensibilities which associate Naples and cholera. In the next years, until 1984, cases would be reported all around the globe in ninety-three

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<sup>261</sup> Wheatcroft, Stephen G. "Famine and epidemic crises in Russia, 1918-1922: the case of Saratov." *Annales de démographie historique*. Société de Démographie Historique, 1983. P. 349.

<sup>262</sup> Barua, *History of Cholera*, p. 18.

countries, though rarely with morbidity rates as high as those of previous pandemics.<sup>263</sup>

Then, in 1991, cholera suddenly appeared in Peru, from where it spread all over the Americas in less than two years: Ecuador, Venezuela, Mexico and other fourteen countries were visited by the disease. Congo experienced a serious outbreak in 1994.<sup>264</sup> By the year 2000, the WHO reported 87% of cholera cases in Africa.<sup>265</sup> In 2008, Zimbabwe suffered from nearly 100.000 cholera cases. Just two year later, the disease appeared in Haiti after the devastating earthquake. In 2016, the Yemen Outbreak started and, by August 2017, over 500.000 cases had been registered.<sup>266</sup> Once again, cholera explored the mayhem created by civil war. Somalia was visited in the same year, with the total amount of cases rising over the 52.000.<sup>267</sup>

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<sup>263</sup> Hays, *Epidemics and pandemics*, p. 422.

<sup>264</sup> Echenberg, Myron. *Africa in the Time of Cholera: A History of Pandemics from 1817 to the Present*. Cambridge UP, 2011.

<sup>265</sup> "Disease fact sheet: Cholera" *World Health Organization*, September 2001. *Internet Archive*, <https://web.archive.org/web/20110716181215/http://www.worldwaterday.org/wwday/2001/disease/cholera.html>. Accessed 25 November 2020.

<sup>266</sup> "Cholera count reaches 500 000 in Yemen", *World Health Organization – News Release*, 14 August 2017, <https://www.who.int/en/news-room/detail/14-08-2017-cholera-count-reaches-500-000-in-yemen>. Accessed 25 November 2020.

<sup>267</sup> "Cholera Situation in Somalia", *World Health Organization*, May 2017, [https://applications.emro.who.int/docs/EMROPub\\_2017\\_EN\\_19873.pdf?ua=1](https://applications.emro.who.int/docs/EMROPub_2017_EN_19873.pdf?ua=1). Accessed 25 November 2020.

## Chapter 2 – Fatalism and Hysteria

### 2.1 *Fatalism and hysteria in culture and art*

As we have seen in the previous chapter, the First Cholera Pandemic (1817-1824) ravaged localities in all parts of Asia. It travelled for thousands and thousands of kilometres and sprawled from Mauritius in the South to Russia in the North, and from the Ottoman Empire in the West to Japan in the East. Europe escaped unscathed on this occasion, probably thanks to the severe Russian winter of 1824 which blocked the diffusion of the disease. That is not to say, however, that the European countries were unaware of the events unfurling. Although the pinnacle of Western imperialism in Asia was still to come, several European powers already had significant settlements in the region. In fact, their presence was instrumental for the spread of the disease. The English suffered especially during the Third Anglo-Maratha War, at some point losing to cholera 764 soldiers out of a contingent of 11.500 in a single week. For these reasons, reports on the spread of the disease would reach Europe over the years through diplomatic assessments, travel narratives and medical treatises.

One of them was the *Rapport au Conseil Supérieur de Santé sur le Choléra-Morbus Pestilentiel* (1831), presented by Alexandre Moreau de Jonnés to the French government months before the arrival of the Second Pandemic. Jonnés was a military man and had served in various sensible missions in the Caribbean and South America.<sup>1</sup> Besides cholera, he studied throughout his career other health-related hazards such as yellow fever, hygiene, poisons and snakes. In 1833, he would be appointed for the *Statistique générale de la France*, the bureau responsible for collecting and interpreting data for the French government. He would stay in charge of it for almost twenty years. As reviewed in the previous chapter, Jonnés' treatise adopts an alarmist tone. Page after page, it provides enormous quantities of data and measurements but without uniformity. That makes it hard to interpret the facts and, at the same time, it creates a fallacious impression of exactness and scientificity. That happens even though much of the information is based on personal impressions of witnesses, not on actual fieldwork. There is a fair amount of guesswork and speculation involved, usually reaching fatalistic conclusions. Raw numbers of deaths are continuously provided; however, the total population is often not, so the reader is not truly

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<sup>1</sup> Moreau de Jonnés, Alexandre. *Rapport au Conseil supérieur de santé sur le choléra-morbus pestilentiel : les caractères pathologiques de cette maladie, les moyens curatifs et hygiéniques qu'on lui oppose, sa mortalité, son mode de propagation et ses irruptions dans l'Indoustan, l'Asie Orientale, l'Archipel Indien, l'Arabie, la Syrie, la Perse, l'empire de Russie et la Pologne*. Paris, Imprimerie de Cosson, 1831.

capable of interpreting how bad the situation is. As a result, he or she is overwhelmed by data and can become easily distressed over the doom and gloom it suggests.

As previously mentioned, Jonnès grossly overestimated cholera's incidence and mortality in Asia. He speaks of 18 million deaths in India alone and provides examples in which a third or even half the population of some cities disappeared. What is more, this habit of exaggeration was not his alone. It could be found in a great many cultural products ranging from the newspapers and personal accounts to medical treatises and literary texts.

The historian R. J. Morris demonstrates how, to attract the public's attention, hyperboles such as Jonnès' would find their way into the English newspapers. As a result, they would encourage fear and anxiety both before and during the cholera epidemic of 1831:

The nature of the newspaper and periodical Press as a media is, and was, to select striking details to gain and retain the interests of readers. This, as always, increased the apparent tension, violence and pace of an incident. The very language of the articles was calculated to increase alarm – scourge, plague, pestilence, Asiatic violence, devastation, rampage, desperate, formidable, capricious, mysterious, intractable and so on. It was a diet which promised social and economic confusion to a waiting country.<sup>2</sup>

One example of this fatalistic perspective can be found in the French magazine *Revue de Paris*. In the very same year of 1831, it published a fifteen-page long essay by the influential author Charles Nodier (1780-1844) entitled *On the Approaching End of Humankind (De la Fin prochaine du genre humain)*.<sup>3</sup> The text does not discuss cholera directly, but its reflections and its dramatic title represent quite well the concerns of the time. Nodier references some “*crises locales*” as harbingers of destruction, thinking on both natural catastrophes – earthquakes, volcanic eruptions, famines and pandemics – and political turbulence as preludes to the end.<sup>4</sup>

The overstatements were such that the alarmists would not stick with the already extravagant figure of 18 million, but would continue to inflate numbers.<sup>5</sup> That is precisely what we find in the interesting *Le Choléra-Morbus* (1833) by the little known poet Jean Louis Boucharlat

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<sup>2</sup> Morris, R. J. *Cholera 1832: The Social Response to an Epidemic*. Croom Helm, 1976, p. 27-28.

<sup>3</sup> Nodier, Charles. “De la fin prochaine du genre humain” *La Revue de Paris* 26, 1831, pp. 224-240. See also Athanassoglou-Kallmyer, “Blemished physiologies”, p. 694.

<sup>4</sup> Sukiennicka, Marta. “Charles Nodier et la fin du genre humain.” *Arts et Savoirs* 7, 2016.

<sup>5</sup> Hays, *Epidemics and pandemics*, p. 198.

(1775-1848).<sup>6</sup> Boucharlat was the author of numerous books on mathematics, an annotated edition of the works of French poet Jean Baptiste Rousseau, a French adaptation of an episode of the Portuguese epic *Os Lusíadas* (1572) by Luis de Camões (1524-1580), and numerous poems on scientific and historical subjects. *Le Choléra-Morbus* is a narrative poem which describes the mythological origins of the disease, along with the devastation it creates. It consists of some 320 lines of alexandrine verses, rhymed in couplets which alternate masculine and feminine rhymes, as required by the convention of the French epic and tragedy. The choice of form reveals by itself the seriousness of the composition. The poem is preceded by a long *Précit Historique sur le Choléra-Morbus* which runs for forty-eight pages. Besides, the author annotates both the historical introduction and the poem itself. The notes elucidate facts about geography, history, science and other fields.

The poem was published in the year following the Paris outbreak. Its historical introduction is dense with statistics and, it not only quotes from Jonnès, as it also emulates his style. When talking about Baghdad, for example, Jonnès' *Rapport* affirms: "according to the testimony of Dr Meunier, [...] it eliminated a third of the population".<sup>7</sup> Boucharlat provides the same information by borrowing it almost word for word: "it eliminated in this city a third of the population."<sup>8</sup> Even if the numbers provided by Jonnès are hardly credible, Boucharlat follows him closely. Nevertheless, the authors disagree in their measurements a few sentences later, when the discussion reaches the Persian city of Shiraz. Jonnès asserts that "out of 45.000 inhabitants, 7.000 were swept away in a matter of 16 to 18 days."<sup>9</sup> These statistics are already quite doubtful because cholera rarely infects more than 5% of the population, of which it kills about half. So, to seven thousand victims to die, fourteen thousand must be infected. That means that 31% of the population of Shiraz would have to contract the disease. That is possible, though highly unlikely. In any case, Boucharlat aggrandised these numbers even further in the introduction to his poem. According to him, "[the scourge] harvested more than half of the population, estimated at forty thousand inhabitants."<sup>10</sup> Given the disease's mortality rate, for half the people to die, the entirety of the population of Shiraz would have to be infected. What is to say that Boucharlat inflates Jonnès' implausible infection rate of 31% – which is already six times more than the rare 5% – to an absurd 100%. The

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<sup>6</sup> Boucharlat, Jean-Louis. *Le Choléra-Morbus, les Monati de Milan, et la Mort noire, poèmes, précédés d'un précis historique sur le choléra, et suivis de l'histoire de la peste de Marseille*. Paris, Béchét aîné, 1834.

<sup>7</sup> "[...] et d'après le témoignage du docteur Meunier, quoique sa durée ne fût que d'un mois en cette ville, il [le choléra] enleva le tiers de la population." Moreau de Jonnès, *Rapport au Conseil*, p. 78.

<sup>8</sup> "[...] il enleva à cette ville le tiers de sa population". Boucharlat, *Le Choléra-Morbus*, p. 3.

<sup>9</sup> "[...] sur 45,000 personnes, 7,000 furent emportées en l'espace de 16 à 18 jours." Moreau de Jonnès, *Rapport au Conseil*, p. 78.

<sup>10</sup> "De là il s'étendit, d'un côté jusqu'à Chiras, dont il [le fléau] moissonna plus de la moitié de la population, évaluée à quarante mille habitants; [...]" Boucharlat, *Le Choléra-Morbus*, p. 2.

statement is not only far-fetched: it is biologically impossible, because, as explained in *Chapter 1*, a considerable amount of individuals do not contract cholera, while others may do so but remain asymptomatic.

However, that is not the only embellished statistic presented by Boucharlat. Jonnès' hyperbolic figure of 18 million deaths is more than doubled by him, reaching the mark of 40 million:

Finally, in less than fifteen years, cholera morbus spread over an area of 2200 leagues from North to South, and 3,500 leagues from the Orient to the West; it desolated a thousand and four hundred cities, and harvested in its course 40 million people, stopping for about 3 months (on average) in each city, and going at first with growing intensity, to then gradually decrease.<sup>11</sup>

The very same number of 40 million victims would later appear in the monumental *Mémoires d'outre-tombe* (1849-50) by François-René de Chateaubriand (1768-1848). It is a twelve-volume autobiography written from 1809 to 1841 and published within two years after the author's death. It became an immediate success after publication, drawing attention from many renowned writers, like Victor Hugo or Baudelaire. The work contains much social and historical commentary, and it includes a description of the Cholera Outbreak of Paris in 1832, which took place a year or so after Jonnès published his report. Chateaubriand describes the event in about twenty pages and supplements the account with letters exchanged with the authorities and notes referencing to other texts.<sup>12</sup> His point of view is similar to Jonnès' both on its fatalism and on its fondness for data. That is already manifest in the first paragraph regarding the epidemic in which, surprisingly enough, Chateaubriand plagiarises Boucharlat:

Having left the Ganges Delta in 1817, the cholera spread over an area of two thousand two hundred leagues from North to South, and three thousand five hundred from the Orient to the West; it desolated a thousand and four hundred cities, and harvested forty million people. We have a map of the march of this

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<sup>11</sup> "Enfin, en moins de quinze ans, le choléra-morbus se propagea dans un espace de 2,200 lieues du Nord au Sud, et de 3,500 lieues de l'Orient à l'Occident; désola mille quatre cents villes, et moissonna dans sa course 40 millions d'individus, s'arrêtant environ 3 mois (terme moyen) dans chaque cité, et allant d'abord en croissant d'intensité, pour diminuer ensuite progressivement." Ibid., p. 3-4.

<sup>12</sup> Chateaubriand, François-René de. *Mémoires d'outre-tombe*. Vol. 5. Edited by Edmond Biré. Paris, Garnier Frères, 1900, p. 480-501.

conqueror. It took fifteen years to come from India to Paris: it is going as fast as Bonaparte, which spent approximately the same number of years to pass from Cadiz to Moscow, and he did not make perish more than two or three million men.<sup>13</sup>

The first sentence of this quotation is extracted from Boucharlat's text almost entirely. Yet the alarmist tone is more pronounced since now the data is accompanied by a military metaphor. Cholera is described as a conquering army set forth from India to ransack Europe. Its destructive powers are so great that, in effect, they surpass even those of Napoleon, which has put an end to some fifteen or twenty times fewer lives than the disease. Given the general's tremendous impact in European history, what havoc will this new and much more powerful enemy wreak?

Another example of this tendency to exaggerate matters is provided by the historian R. J. Morris, who shows the great anxiety caused by the approach of cholera on the "normally calm" *Quarterly Review*.<sup>14</sup> The newspaper considers it "one of the most terrible pestilences which have ever desolated the earth" and, in case it would arrive in the United Kingdom, "it is impossible to calculate the horror even of its probable financial results alone."<sup>15</sup> Not only that, but it also raises the already highly overstated 40 million casualties to a mind-blowing 50 million. Others followed suit, like the *Fraser's Magazine*, which reported that "[cholera had] already carried off in its destructive career upwards of fifty millions of living souls".<sup>16</sup>

To put these figures in perspective, we can use the studies of historical demography by Maddison and colleagues.<sup>17</sup> According to their calculations, the population of the entire planet in 1820 was of about 1.042 billion people, of which 224 (21%) were living in Europe. France had slightly over 31 million inhabitants, Germany almost 25, the United Kingdom 21, Italy 20, Spain 12. If cholera had decimated 40 or 50 million people in Asia alone; in Europe, that would assuredly turn out to be a true hecatomb. Maintained the same lethality, the epidemic would exterminate nearly a fourth or a fifth of the population: 50 million deaths would equal 22,3% and 40 about

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<sup>13</sup> "Le choléra, sorti du Delta du Gange en 1817, s'est propagé dans un espace de deux mille deux cents lieues, du nord au sud, et de trois mille cinq cents de l'orient à l'occident; il a désolé quatorze cents villes, moissonné quarante millions d'individus. On a une carte de la marche de ce conquérant. Il a mis quinze années à venir de l'Inde à Paris: c'est aller aussi vite que Bonaparte: celui-ci employa à peu près le même nombre d'années à passer de Cadix à Moscou, et il n'a fait périr que deux ou trois millions d'hommes." Ibid., p. 484.

<sup>14</sup> Morris, *Cholera 1832*, p. 14.

<sup>15</sup> Ibid.

<sup>16</sup> Rousseau, George S., and David Boyd Haycock. "Coleridge's choleras: Cholera morbus, asiatic cholera, and dysentery in early nineteenth-century England." *Bulletin of the History of Medicine*, 2003, pp. 298-331, p. 313.

<sup>17</sup> Maddison Project Database, version 2018. J. Bolt, R. Inklaar, H. de Jong and J.L. van Zanden (2018), "Rebasing 'Maddison': new income comparisons and the shape of long-run economic development" *Maddison Project Working Paper*, nr. 10, available at [www.gdc.net/maddison](http://www.gdc.net/maddison). Accessed in 25/7/2018.

17,85% of people. These numbers are worthy of the bubonic plague, so it is no wonder they raised so much concern and apprehension. As accurately posited by the historian J. N. Hays: "No evidence supports such beliefs, but their currency at the time when the second cholera pandemic was reaching Europe and North America helps explain the near-hysteria that it generated as it approached."<sup>18</sup>

The widespread panic and hysteria are fascinating aspects of this early experience with cholera. They were deeply felt and had many repercussions on how society and culture reacted to the issues at hand. They also have striking parallels in other historical moments, be it pandemics or local outbreaks. However, what is particularly astonishing about the hysteria is that their impressions at the time could not be farther from the truth. To be sure, the mortality rate of cholera is of about 50% – fearsome without a doubt. It stands in between the 80% rate of bubonic plague and the circa 30% of smallpox and typhus. So, on these grounds, the anxiety is well justified. Yet, when we consider the morbidity rate – the assessment of how many within the population become ill –, cholera does not behave as the plague at all.

The Second Plague Pandemic of the 14th-century, often referred to as 'the Black Death', is considered by historians to have wiped out a third or even half of the population of Europe, depending on the location.<sup>19</sup> If we average these estimates and assume for argument's sake that 40% of the population died, it is possible to calculate how many were infected in the first place. Since for every four individuals killed by the plague, one survives, we can conclude that 50% would have to be infected for 40% of the population to perish. Therefore, in the 14th-century, the plague possibly achieved an enormous morbidity rate of 50%.<sup>20</sup> Cholera, on the other hand, would rarely rise above 3%. So, although its mortality rate is a high one, its morbidity rate is nowhere near that of the plague. Simply put, cholera kills many but infects few.

R. J. Morris attests as much by juxtaposing the mortality rates of cholera with that of the plagues of London. According to him, the Bills of Mortality indicate that maybe 15 to 25% of the population may have perished at the city because of plague during the 16<sup>th</sup> and 17<sup>th</sup> centuries. Cholera, on the other hand, downsized it by a mere 0,62% in 1849 and 0,43% in 1854 – a difference of some thirty to fifty-fold in comparison.<sup>21</sup> Even in extreme cases that attracted

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<sup>18</sup> Hays, *Epidemics and pandemics*, p. 198.

<sup>19</sup> Byrne, *Encyclopedia of Pestilence*, p. xxxiii. See also Benedictow, Ole J. *The Black Death, 1346–1353: the complete history*. Boydell Press, 2004, p. 300; Biraben, Jean Noël. "An essay concerning mankind's demographic evolution." *Journal of Human Evolution* 9.8, 1980, pp. 655-663.

<sup>20</sup> I am very conscious that assessments such as these are, in reality, much harder to calculate and involve many other assumptions and unknown variables. My aim is just to illustrate didactically how disparate the mortality and morbidity rates of plague and cholera are when compared.

<sup>21</sup> Morris, *Cholera 1832*, p. 12.

enormous attention, the numbers are simply not on the same level. In Newburn, a tenth of the 350 population was lost, while in Bilston 693 people died out of 14,492 (4,8%). Albeit these figures stunned the country, they are a far cry from the staggering 74% (259 out of 350) that passed away at Eyam during the plague of 1665.<sup>22</sup>

In conclusion, the fear of cholera resulted above all from its mortality rate, rather than its morbidity rate. Or at least it should have been so if the statistics were not implausibly aggrandised. Nonetheless, given that the data which circulated before the epidemic arrived in Europe was widely off the mark and promised the liquidation of one in every five individuals, the widespread panic comes as no surprise. Furthermore, we should also consider that uncertainty and unfamiliarity play a vital role in the overall anxiety of the population. Cholera was a new and mysterious disease whose mode of transmission was unknown. Hence, no prevention was possible, and no treatments were available. That created a feeling of helplessness and impotence, which undoubtedly conditioned much of cholera's cultural impact. So, even though much of the social and personal reactions may seem to us unreasoned and disproportionate, we have to remember that they made sense from their perspective at the time.

Sandra Müller has noticed, as several other historians, how cholera's newness and exoticism was already enough to make it terrifying:

The perception of the epidemic also differed in several ways in regard to diseases known up to that date. While the previous experience with the plague, leprosy or smallpox had taught us that diseases could be pushed back and overcome, cholera now emerged as a new, much more terrible disease.<sup>23</sup>

In the same vein, J. N. Hays declares that its symptoms were so frightful that “Egyptians who made light of bubonic plague found cholera frightening.”<sup>24</sup> In effect, there are many examples of fusion and confusion between cholera and the plague. Other observers also noticed the correlation between panic and unfamiliarity at the time. Morris shows how the *Edinburgh Courant* complains in 1849 that “[t]he smallpox is still raging amongst us, numbering even more victims

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<sup>22</sup> Ibid., p. 12-14.

<sup>23</sup> “Auch die Wahrnehmung der Seuche unterschied sich in verschiedener Hinsicht von bis dato bekannten Krankheiten. Während die vorangegangene Erfahrung mit der Pest, Lepra oder Pocken gelehrt hatte, dass man Krankheiten zurückdrängen und besiegen konnte, trat die Cholera nun als neue, viel schrecklichere Krankheit auf.” Müller, Sandra. *Die Cholera in Deutschland 1831/1832: Auswirkungen auf Militär, Mentalität, Politik, Forschung, Industrie und Literatur*. Bonn, Minifanal, 2013, p. 63.

<sup>24</sup> Hays, *Epidemics and pandemics*, p. 232.

than the cholera; being as it were indigenous to the country, the dread of it is absorbed in the all-pervading thought of cholera.”<sup>25</sup>

Another objection is found in the first chronicle to describe the epidemic in Italy, the *Quadri Storici del Cholera di Napoli* (*Historical Scenes of the Cholera in Naples*, 1837). In the very first paragraph of the treatise, the author declares that, before the arrival of cholera, “[i]ts desolations were told and they seemed invented by those who take pleasure in frightening us.”<sup>26</sup> Nonetheless, once the disease was experienced first-hand not much later, it was already possible to complain of the extravagance of such commentaries: “What is certain is that its desolations are less frightening than we were lead to believe. This is an epidemic like any other: and the number of victims who we are told was immolated in other countries is as exaggerated as that which many foreign papers would report about ours.”<sup>27</sup>

Regardless of that, it is very curious how some individuals who lived through the epidemic would not think that the information they had access to was overblown. Quite often, they not only accepted it but even reinforced it by further exaggerations. That is the case of Charlotte Stoker (1818–1901), the mother of the novelist Bram Stoker (1847-1912). She was fourteen years old when, in 1832, cholera arrived in her native town Sligo, Ireland. Her family left the city to escape the infection. Still, the panic created by the pestilence was such that they experienced many unforeseen problems, including blockades and almost being attacked by a mob. Despite their misadventures, they all survived the epidemic. Nearly forty years after the facts, Charlotte wrote a letter to her son relating her memories of the event. He would later use it as a source for one of his short-stories in *Under the Sunset* (1881).

In the letter, Charlotte described the epidemic by stressing its novelty:

In the days of my early youth the world was shaken with the dread of a new and terrible plague which was desolating all lands as it passed through them, and so regular was its march that men could tell where next it would appear and almost the day when it might be expected. It was the cholera, which for the first time appeared in Western Europe.<sup>28</sup>

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<sup>25</sup> Morris, *Cholera 1832*, p. 14

<sup>26</sup> “Si contavano le sue stragi e pareano inventate da coloro che si piacciono di spaventarci.” Sterlich, C. de. *Quadri Storici del Cholera di Napoli*. Naples, Tipografia Flautina, 1837, p. 11.

<sup>27</sup> “Certo è che le sue stragi sono meno spaventevoli di quelle ci si voleano far credere. Esso è una epidemia come le altre: e il numero delle vittime che ci dicono aver immolate negli altri paesi, è esagerato come quello che molti fogli stranieri dicevano del nostro.” *Ibid.*, p. 16.

<sup>28</sup> Stoker, Charlotte. *Account of 'The Cholera Horror'* in Stoker, Bram. *Dracula*. London, Penguin Books, 2003, p. 412.

Several of the commonplace ideas related to cholera are present in this passage: its newness is stated twice (*new, first time*) in connection to words which stir great emotion (*dread, terrible*), a military metaphor is evoked by the relentless of its spread and by the figurative use of *march*, and cholera's Eastern origins are implicit in the reference made to the West.

Charlotte describes next the first cases, as well as the flight of the population and that of her family. She also tells an episode in which some individuals were either buried alive or came close to being so. That information is remarkable for, further in time, premature burials will become one of the *topoi* of the cholera imagination. The passage is considered by some a possible inspiration for Bram Stoker's depiction of the undead in *Dracula* (1897).<sup>29</sup>

At this point, the important element for my argumentation is found in the letter's conclusion. Charlotte ends her short narration by providing dramatic estimates of the number of victims: "At the end of that time we were able to live in peace till the plague had abated and we could return to Sligo. There we found the streets grass-grown and five-eighths of the population dead."<sup>30</sup> Her assessment of the lethality is genuinely remarkable. At the time, the total population of Sligo was of about 15.000,<sup>31</sup> so a mortality rate of five-eighths would imply that circa 9.375 individuals have lost their lives. Nonetheless, the official number of deaths registered for the whole of Ireland is 20.070 out of a population of 7.784.539.<sup>32</sup> Of course, not all regions of the country are affected equally, yet nearly half of the deaths of Ireland would have had to take place in Sligo for Charlotte's measurement to be accurate. That is not necessarily impossible, yet it is very improbable.

Not only that but contrasting the total number of deaths with the total population of Ireland, we can calculate an actual nationwide mortality rate of about 0,26%, which is a bare minimum value. The real mortality rate is undoubtedly above 0,26% because, at any epidemic, large numbers of cases are not reported to the authorities. However, even if we multiply the rate manifold, Charlotte's claims continue to be wildly off the mark.

More importantly, if we transform her five-eighths assessment into a percentage, we reach the formidable mortality rate of 62,5%. Now, considering that the proportion of cholera cases in relationship to deaths is of about two to one – for every casualty that is a recovery –, it follows that

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<sup>29</sup> In the opinion of Carol Senf: "Certainly it is difficult to document the exact nature of Charlotte's influence on Bram. It is clear, however, that Charlotte Stoker was one of the first people to recognize the Gothic power of *Dracula*." Senf, Carol A. *Science and Social Science in Bram Stoker's Fiction*. Greenwood Press, 2002, p. 50.

<sup>30</sup> Stoker, *Account of 'The Cholera Horror'*, p. 418.

<sup>31</sup> Cohn Jr., Samuel K. *Epidemics: Hate and Compassion from the Plague of Athens to AIDS*. Oxford UP, 2018, p. 167.

<sup>32</sup> Creighton, Charles. *A History of Epidemics in Britain: Volume 2, From the Extinction of Plague to the Present Time*. Cambridge UP, 2014, p. 816.

for 62,5% of the population to die, some 125% would have to be infected. To put it another way: even if every one of the 15.000 citizens of Sligo without exception contracted cholera, still another 5.000 infections would be required for Charlotte's numbers to hold. It might be difficult to achieve that without pleading to the supernatural.

It is clear, therefore, that her numbers are immensely exaggerated and should not be interpreted literally. Charlotte's estimative of 'five-eighths' should be read in between the lines to mean in reality 'a very large number'. The hyperbole is a consequence of the traumatic event she has endured. It is completely wrong in factual terms, yet still, it is faithful to her psychology and personal impressions. She is probably sincere – what reason would she have to lie to her son in a private letter intentionally? – and did feel like as if that many people had succumbed.

We can confirm that by looking into the official cholera statistics. In the city of Sligo, 1.230 cases were registered, and they resulted in 641 fatalities – which implies a lethality of 52%, precisely within the foreseeable boundaries.<sup>33</sup> Confronting the number of cases to the city's population, we reach a morbidity rate of 8,2% and a mortality rate of 4,3%; which means that for every one hundred individuals, eight fell sick with cholera and four passed away as a result. As I have mentioned before, morbidity rates of more than 5% are rare, so in that sense, the value of 8,2% reached in Sligo is exceptional. Furthermore, the local mortality rate of 4,3% is more than sixteen times higher than the national average of 0,26%. Thus, Charlotte's shock is justified.

Besides, an interesting pattern emerges if we weight the case of Sligo against those of Bilston, the worst stricken city in England. The population of Bilston was of circa 14.500, out of which 2.250 fell sick (15,5% morbidity), and 693 died (4,7% mortality).<sup>34</sup> Even though the number of residents of Bilston was slightly smaller than Sligo, the city experienced almost twice the number of cases (2250 against 1230), but about the same number of deaths (693 against 641). Consequently, the chances a patient would die after contracting cholera were 30,8% in Bilston and 52% in Sligo. As it happens, once again, the situation experienced in Sligo appears to have been out of the ordinary.

To conclude, the statistics provided by Charlotte are absurd to be sure: they are unreal and overstated at least fourteen-fold; however, that does not mean that the subjective impressions behind it are not sincere. Within the possibilities of cholera, the Sligo Outbreak was indeed a very serious one. But there is still another factor at play here. Since the culture at the time customarily saw plague and cholera as near-equivalents, the arrival of the latter often resulted in reaction

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<sup>33</sup> Cohn Jr., *Epidemics: Hate and Compassion*, p. 167.

<sup>34</sup> *Ibid.*

patterns which are reminiscent of the former.

There are still other examples of the general tendency to exaggerate the spread and lethality of cholera. One of them can be found in the popular novel *The True Mysteries of Paris* (*Les Vrais Mystères de Paris*, 1844), one of the legions of imitations which sprung from the tremendous commercial success of Eugène Sue's *The Mysteries of Paris* (*Les Mystères de Paris*, 1842). The novel was published under a pseudonym, which laconically alludes to "Vidocq". Readers of the time would immediately identify Eugène-François Vidocq (1775-1857), the renowned criminal converted into criminalist, as the supposed author. Vidocq worked in the Parisian police force for a number of years, before founding his own agency of private detectives. He has been appointed as an inspiration for Balzac, Hugo, Poe and even Conan Doyle. His name works as a seal of approval for a novel that explores the Parisian underworld of crime and sin. The theme had been inaugurated by Sue with *Les Mystères de Paris* (1842) and became the rage ever since. Its cultural impact was such that Théophile Gautier (1811-1872) called the work "the greatest success in living memory",<sup>35</sup> and famously adding elsewhere:

Everyone devoured the *Mysteries of Paris*, even those who cannot read: they heard it recited by some learned and willing porter; [...] The whole of France was occupied for more than a year with the adventures of Prince Rodolphe, before taking care of its own affairs. Patients waited until the end of the *Mysteries of Paris* to die [...].<sup>36</sup>

In literature, it is quite common for cholera to appear in relation to the poor and, especially, the criminal poor. In *The True Mysteries of Paris*, the demographic impact of the disease helps one of the characters who wishes to go unrecognised. For this reason, "he learned with pleasure that cholera had caused in this part of Provence so much desolation, that at least half the population had descended to their graves."<sup>37</sup> As discussed, it is simply not feasible for so many people to die of the epidemic, whose mortality rate, by the way, seldomly rises above 2%.

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<sup>35</sup> "Les Mystères de Paris, par M. Eugène Sue, le plus grand succès dont on ait mémoire." Gautier, Théophile. *Histoire de l'art dramatique en France depuis Vingt-cinq Ans*. Leipzig, Hetzel, 1859, p. 158.

<sup>36</sup> "Tout le monde a dévoré les *Mystères de Paris*, même les gens qui ne savent pas lire : ceux-là se les font réciter par quelque portier érudit et de bonne volonté; [...] Toute la France s'est occupée pendant plus d'un an, des aventures du prince Rodolphe, avant de s'occuper de ses propres affaires. Des malades ont attendu pour mourir la fin des *Mystères de Paris*;" Ibid., p.161-162.

<sup>37</sup> "[...]il apprit avec plaisir que le choléra avait fait dans cette partie de la Provence de tels ravages, que la moitié au moins de la population était descendue dans la tombe." Vidocq. *Les Vrais Mystères de Paris*. Bruxelles, Alph. Lebègue et Sacré Fils, 1844.

Another author which grossly overestimates the epidemic's killing power is Alexandre Dumas, who described his experience of the Paris outbreak in his *Mes Mémoires* (1863). As in the case of Chateaubriand or Charlotte Stocker, the arrival is recounted in terms of an inescapable military invasion coming from the Orient:

[...] people shouted: 'The cholera! The cholera!' As, seventeen years before, it had shouted, 'The Cossacks!' But, even if we closed doors and windows, the terrible demon from Asia slipped through the cracks of the window-shutters, or the locks of the doors.<sup>38</sup>

The message is clear: no one was safe, and there was nowhere to hide. Like the Cossacks, “the terrible demon” comes from the East, but its menace is even more pernicious for it cannot be fought in an ordinary way. Dumas continues by describing the symptoms and the many difficulties experienced by those trying to control the affliction. Physicians are called ‘heroes’ and ‘generals on a bloody battlefield’.<sup>39</sup> He then concludes unfavourably: “However, we did not save one in ten! It was the complete opposite of the tithe.”<sup>40</sup> In the same fashion as before, cholera's mortality rate is magnified in here to a prodigious 90%, a lethal capacity that is above even that of the bubonic plague.

To sum up, the spread of cholera was closely followed in Europe. During the First Pandemic, the disease's allure was mostly related to economic and geopolitical interests, but, as it approached the continent more and more, culture at large was increasingly absorbed by it. For this reason, we can find references to cholera in all kinds of texts: statistical reports, newspapers, letters, memoirs, chronicles and fiction. Many of these were written before its arrival and, hence, are not based on actual facts, but on sensationalistic presuppositions. The ghastly popular memories left by the numerous plague outbreaks which lasted from the 14th to the 18th-century played a major role in shaping the growing hysteria. Yet, much of it is also related to the exaggerations of official reports and informal anecdotes alike. These rumours circulated far and wide before the epidemic materialised and, in some cases, they have even outlived familiarisation. The inaccurate accounts provided by Charlotte Stoker and Alexandre Duma are proof of that. Both

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<sup>38</sup> “[...] on criait: « Le choléra! Le choléra! » comme, dix-sept ans auparavant, on criait: « Les Cosaques! » Mais, si bien qu'on fermait portes e fenêtres, le terrible démon de l'Asie se glissait par les gerçures des contrevents, par les serrures des portes.” Dumas, Alexandre. *Mes Mémoires*, vol. IV. Paris: Michel Lévy Frères, 1870, p. 151.

<sup>39</sup> Ibid., p. 152.

<sup>40</sup> “Toutefois, on n'en sauvais un sur dix! C'était tout le contraire de la dîme.” Ibid.

have been eye-witnesses and therefore, can talk about the subject with authority. What is more, the texts they produced are autobiographical – one private, the other public –, something which entails a link to truthfulness. Nevertheless, the rates of morbidity and mortality they advance are absurd. The fact that in these instances the preconceptions about the disease have survived the actual experience of it is astonishing. This tendency for hyperbole was prevalent in the culture of the 1820s and 1830s, and would subsequently diminish, without ever disappearing completely, though. In literature particularly, cholera will continue to be more terrible than in real life, time and again.

## **2.2 *The Revolt of Islam (1818) by Percy Shelley***

So far, I have considered the role that exaggeration and panic played in the cultural landscape which pre-dates the epidemic. Those are not the only responses, though. On the other side of the spectrum, there are opposite cultural attitudes like denial, ridicule, escapism or silence, which are also ubiquitous. I will tackle these contrasting views on the next chapter. Before that, I would like to ponder on what are, perhaps, cholera's two first appearances in literature: Percy Shelley's *The Revolt of Islam* (1818) and Mary Shelley's *The Last Man* (1826), both of which are related to the fear and anxiety provoked by the new disease.

*The Revolt of Islam* is a long narrative poem by Percy Shelley, written in Spenserian stanzas and divided into twelve cantos. It is the same verse structure used in *Childe Harold's Pilgrimage* (1812-1818), which was published by Byron little before. The form is relevant because it engages with the tradition of allegorical epic poetry inaugurated by Edmund Spenser (c. 1552-1599) in *The Faerie Queene* (1590-6). The Spenserian stanza consists of eight iambic pentameters and a closing verse in iambic hexameter; to approach it differently, there are eight decasyllables followed by an alexandrine verse. The rhyming pattern is *ababbcbcc*. The form is probably influenced by the Italian tradition of the *ottava rima*, employed in so much of epic poetry, most notably in the works of Ariosto (1474-1533) and Tasso (1544-1595).

Originally, the poem was called *Laon and Cythna; or, The Revolution of the Golden City: A Vision of the Nineteenth Century*, but editorial pressure lead Shelley to opt for a change.<sup>41</sup> With its three distinctive segments, the original title indicated to the reader that the text is programmatic and must be interpreted allegorically – the same suggestion which is made by the Spenserian

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<sup>41</sup> Shelley, Percy B. *Laon and Cythna; or The Revolution of the Golden City: a Vision of the Nineteenth Century*. London, Neelt and Jones, 1818.

structural elements. The allegorical content is hinted at, first and foremost, by the two unusual names – Laon and Cythna – which sound Greek or, at least, Hellenized. The peculiar choice alludes to some possible hidden meaning. Then, the reader is met with a vague reference to a 'Golden City', something which invokes mythical reminiscences of El Dorado or the Kingdom of Prester John. Moreover, the addition of an elucidatory subtitle which employs the word 'a vision' makes the reader wonder if she will hear a narration of past events – hence an 'episode', an 'image' –, or if she will find future incidents – and therefore a 'prediction', a 'prophecy'. Finally, the mention of the 'Nineteenth Century' points at once to the immediate present of 1818, and – since most of the century is still to come – to the near future.

The preface of the work confirms the reader's intuitions. Shelley says he has conducted “an experiment” trying to discover if “[the] thirst for a happier condition of moral and political society survives [...] the tempest which have shaken the age in which we live”.<sup>42</sup> The overt objective of the poem is “of kindling within the bosom of my readers, a virtuous enthusiasm for those doctrines of liberty and justice, that faith and hope in something good, which neither violence, nor misrepresentation, nor prejudice, can ever totally extinguish among mankind”. Indeed, literary criticism usually interprets the work as an idealist manifesto and a metaphor of the disillusion resulting from the breakdown of the French Revolution.<sup>43</sup>

The poem tells the story of the incestuous love affair of Laon and Cythna and the revolt they lead to free the city of Argolis from the despotic Othman. After many years of privations, the lovers get close to achieving victory but fail at last. In consequence, they are captured and burned alive in front of the tyrant's throne. The work was composed as a plea for the independence of Greece, an ideal which was precious to Shelley and his entourage. So much so that Byron's philhellenism would lead him to engage in the Greek War of Independence (1821-1830), where he would eventually die in 1824. Greece's struggle for independence from the Ottoman Empire would start just three years after the publication. That shows how the apology of *The Revolt of Islam* was part of a broader political and cultural agenda which had practical aims in mind. Perhaps for that reason, the poem is built around dichotomies which are, at once, typically romantic and typically orientalist: liberty against tyranny, civilisation against barbarism, reason against obscurantism, and so on.

The names of the characters reflect these idealistic contrasts. 'Laon' is the accusative of *λαός*, *laós*, ancient Greek for 'people', 'multitude' and also 'soldiers'. It is equally relevant that the word

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<sup>42</sup> Shelley, Percy B. *The Revolt of Islam; a poem, in twelve cantos*. London, C. and J. Ollier, 1818, p. V.

<sup>43</sup> See Valentini, Maria. "The Revolt of Islam: Texts, Subtexts, Contexts." *The Keats-Shelley Review* 32.2, 2018, pp. 96-101.

is the basis for *λαϊκός*, *laikós*, which means both 'popular' and 'laic', 'non-religious'. On the other hand, 'Othman' is the archaic transliteration of the name of the founder of the Ottoman Empire, which is designated in Turkish by *Osman*, however in Arabic by عُثْمَانُ, 'Uthman'. 'Cythna' seems to have been a name forged by Shelley. Its root is less apparent, perhaps deriving from the island of Cythera (*Κύθηρα*, *Kýthira*), the birthplace of Aphrodite – who, by the way, can be called *Cytherea*.

The Golden City, where the action takes place, is a mirror image of Constantinople. Its actual name is Argolis, which resounds with rich symbolism. 'Argolis' is a term which designates a region of the Peloponnese, one of the cradles of the Greek culture and civilisation. Nowadays, it is called Argolida (*Αργολίδα*, *Argolída*); however, its ancient Greek name was precisely the one used by Shelley: *Ἀργολίς*, *Argolís*. The city of Mycenae, a major centre of culture from which one of the periods of Greek history borrows its name, is found within the region. The island of Cythera is not a part of the region today, but it had been in the 19th-century. It is placed not far from it, facing the Peloponnese to the South of modern-day Argolida. It is also the region where the city of Argos, *Ἄργος*, is found, one of the world's oldest continuously inhabited human settlements. The patronymic applied to the citizens of Argos is *Ἀργεῖος*, *Argeios*. In the *Iliad*, that is precisely the term used in the plural to designate the Greeks in general, the Achaeans (*Ἀργεῖοι*, *Argeioi*). In this way, the name chosen for the Golden City is loaded with meanings that touch on the Greek language, history and culture, and which, consequently, emphasise the usurpation and illegitimacy of the tyrant Othman.<sup>44</sup>

In 1818, Percy changed the poem's title to *The Revolt of Islam*. The choice is a curious one since the text does not discuss Islam *per se*, but condemns religions in general and criticises Christianity above all. That being so, Islam is used solely as an orientalist element and, more importantly, as a synecdoche to designate the Ottoman Empire. That is particularly clear if we consider that the figures of the sultan (a ruler) and the caliph (a religious leader) have coincided for most of the history of the Ottoman Empire. In that context, politics and religion are so densely interlaced that they are not neatly separable.

In the plot of the poem 'pestilences' and 'plagues' appear twice. The first occurrence is in *Canto VI* when the army led by Laon and Cythna is defeated in battle. After tenacious resistance, the lovers escape together and come across a desolate city. Laon enters it alone, searching for food. There he finds the city's fountain surrounded by the corpses of women, children and the

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<sup>44</sup> Shelley employs even the paratext to stress the lack of authenticity. *Laon and Cythna; or The Revolution of the Golden City: a Vision of the Nineteenth Century* opens with an untranslated quote from Archimedes: ΔΟΣ ΠΛΟΥ ΣΤΩ ΚΑΙ ΚΟΣΜΟΝ ΚΙΝΗΣΩ. That is a slightly modified version of his proverbial phrase, "give me a lever and I will raise the world". In the vast array of allusions of the poem, this opening line is charged with political and cultural meaning. The quote does was taken out of the final version renamed as *The Revolt of Islam*. Percy Shelley, *Laon and Cythna*, p. 1.

elderly. All the inhabitants have been massacred. So much blood has been spilt that the waters are tainted, and Laon is unable to drink.

The only person who survived the slaughter is a frail woman (*withered*) who looks not as a human being, but as a monster (*fiend*).<sup>45</sup> She became mad after witnessing the assassination of her two infants. Before Laon notices her presence, she suddenly jumps on him, kisses him on the mouth and, laughing wildly, shouts: “Now Mortal, thou hast deeply quaffed / The Plague's blue kisses – soon millions shall pledge the draught!”<sup>46</sup> Thus, the old woman proclaims she is the personification of Pestilence itself, an association which has a long-codified tradition in both in poetry and painting. One of the most widely practised iconographies of the plague consists, precisely, in a fierce and malevolous old lady, with sagging breasts and often dressed in rags. Pestilences are represented in this way in myriad images from the Middle Ages to the present.<sup>47</sup> The caricature *War and Cholera*, which was addressed in the previous chapter, is a case in point. Besides, it is exactly as a vicious old woman that Petrarch imagines bubonic plague in the *Triumphus Mortis (The Triumph of Death)*. Among the six *Triumphs (Trionfi, 1374)*, it is this one which inspired Shelley's last major work, *The Triumph of Life (1824)*, left unfinished at his death.<sup>48</sup>

The old woman still claims to be the plague twice more: “My Name is Pestilence [...]”.<sup>49</sup> Her kisses are 'blue' and soon 'millions' shall perish by them. She describes her ceaseless rambles aiming to kill, “hither and thither / I flit about, that I may slay and smother”.<sup>50</sup> She mentions her “bosom dry”, and declares her touch to be contagious, “All lips which I have kissed must surely wither”.<sup>51</sup>

It is tempting to interpret the disease imagined in this passage as cholera, even if it explicitly called plague. Several elements may justify it. First and foremost, the insistence on the adjectives *withered* and *dry* – the woman's shrivelled aspect, her dry breasts, the withered victims –, suggests the serious dehydration of cholera patients and their characteristically wrinkled skin. Then, the movements of the character echo the action of the disease: she constantly moves with the sole objective of killing, and her attack is sudden, unanticipated and deceitful; just like cholera's. Next, her kiss is described as blue, which is the colour of sadness and tragedy to be sure, but is also the

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<sup>45</sup> Percy Shelley, *The Revolt of Islam*, p. 152.

<sup>46</sup> Ibid.

<sup>47</sup> See Boeckl's comments on the *Iconologia (1603)* by Cesare Ripa in Boeckl, Christine M. *Images of Plague and Pestilence: iconography and iconology*. Truman State UP, 2000, p. 36-37.

<sup>48</sup> See “Percy Bysshe Shelley and Revolutionary Climatology” in Bewell, Alan. *Romanticism and Colonial Disease*. John Hopkins UP, 2003, p. 205-241.

<sup>49</sup> Percy Shelley, *The Revolt of Islam*, p. 152.

<sup>50</sup> Ibid.

<sup>51</sup> Ibid.

stereotypical colour of *blue cholera*, as the disease is routinely called. Furthermore, the prediction that millions of individuals will be affected by pestilence in the near future is not only correct, but the forecast is made in a place that is at once imagined as 'the East' – the generic geographical origin of the disease – and as the Ottoman Empire, which would experience cholera within a few years.

Laon requests the lady's help to find food. Soon after finding bread, he leaves the city to return to Cythna. Contrary to what has been stated, the "blue kiss" brings forth no harm in the subsequent episodes. Hence, the reader can confirm one of his or her suspicions: the character is not a supernatural personification of the plague; she is simply an older person who, upon witnessing the mass slaughter, was driven insane by trauma.

In any case, her prediction will be confirmed later in the storyline. In *Canto X*, Othman orders the massacre of the population. After the deed is accomplished, the bodies are left on the fields to rot. After seven days, the "burning Sun", "stagnate with heat" and "thirsting air" transform the corpse's exhalations into miasmas, "[...] a rotting vapour past / From the unburied dead, invisible and fast".<sup>52</sup> The foul odours trigger "a plague", a "strange disease" among the animals, that perish after "hideous spasm, or pains severe and slow".<sup>53</sup> The epidemic puts an end to fish, birds, mammals, and even insects; all die in "helpless agony".<sup>54</sup> The death of the animals, in turn, causes a famine that further weakens the survivors of the massacre. It prepares the ground for the arrival of the new pestilence: "Then fell blue Plague upon the race of man".<sup>55</sup>

As described earlier, in 1816, losses in agriculture linked to the volcanic eruption of Tambora have paved the way for the start of the First Cholera Pandemic. In this fashion, the "blue Plague" mentioned in the text shares with cholera its context of arrival. Not to mention its colour which is highlighted once again. Plus, it is generated by miasmas and harmful vapours of organic origin, an exact exposition of the scientific theories that justified the spread of cholera and other epidemic diseases at the time. The name 'malaria', for instance, is linked to the miasma theory. Its origins lie in *male aria*, the Italian for 'bad air'. Furthermore, the symptoms displayed by the animals could work as a quite vague description of cholera: there are spasms and sharp pain, the birds simply perish, the fish are poisoned, and insects whiter. As we shall soon consider, there is a strong tendency to talk about symptoms in fiction precisely in terms of dehydration, poisoning and instantaneous deaths.

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<sup>52</sup> *Ibid.*, p. 218.

<sup>53</sup> *Ibid.*

<sup>54</sup> *Ibid.*, p. 219.

<sup>55</sup> *Ibid.*, p. 222.

The “blue Plague” decimates the population of the city. Large numbers (*thousands, myriads, a multitude*) perish in the street, while they “howl and rave” under “fiery torture”.<sup>56</sup> It causes “tortures” and “savage pains”. Victims become thirsty, and many die around the wells where they tried to quench their thirst in vain. The bodies rot in mounds, generating even more miasmas.<sup>57</sup> The ill become emaciated, their “lean image” and “ghastlier self” are now a “dread sight” even for themselves.<sup>58</sup> Their skin is “Spotted with nameless scars and lurid blains” – the reason why many are naked “without shame”.<sup>59</sup>

Once again, there are curious similarities between cholera and the “blue Plague”: they are generated by miasmas, cause acute pain, are repulsive. In both cases, their victims suffer from acute thirst and get horribly thin and withered. Both attack young and old alike. Both prefer urban environments, and their dissemination is understood to be somehow related to the wells. Despite that, not all symptoms fit cholera properly: the pustules in the skin suggest the buboes of bubonic plague or, even better, the sores and rashes caused by smallpox – which was often befittingly referred to as “the speckled monster”. One could argue that their livid colour is reminiscent of the pale and bluish extremities of the cyanosis, but that might be to go too far. What is important to stress in the choice of symptoms is, firstly, that the “blue Plague” is not regular bubonic plague, it is instead a strange new scourge; and secondly, that its features are hybrid, mixing those of various afflictions to create some sort of 'perfect storm'. The urge to shock with gruesome details is typical of the frightening exaggerations we have just looked over. In this way, Shelley adopts here a fictional strategy which would become commonplace about a decade after publication, both in literature and in everyday life.

That is also evident in the social ills the “blue Plague” creates. People and animals are not the only ones to die; rather it is society at large that gets sick and crumbles: funeral rites are disrupted with no respect being paid to the dead; some individuals are driven to suicide, others abandon the sufferers to their doom, others still deliberately “sought, with a horrid sympathy, to shed / Contagion” and look forward to infecting others before they die themselves.<sup>60</sup> Sometimes the living end up mixed with the dead and run the risk of being buried alive.<sup>61</sup> Cannibalism becomes commonplace enough for “all loathliest things, even human flesh” to be sold in the market.<sup>62</sup> Religious extremism will grow and, a little later in the story, human sacrifices will be required to

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<sup>56</sup> *Ibid.*, p. 222.

<sup>57</sup> *Ibid.*

<sup>58</sup> *Ibid.*, p. 223.

<sup>59</sup> *Ibid.*, p. 222.

<sup>60</sup> *Ibid.*, p. 223.

<sup>61</sup> *Ibid.*

<sup>62</sup> *Ibid.*, p. 221.

placate the wrath of the supernatural. In the meantime, the ruler, whose guidance would be so valuable at this hour, keeps isolated in his palace “amid the gorgeous feast[s]”, “resplendent arms” and “luxury”.<sup>63</sup>

The combined effects of famine and pestilence on society are so extreme, even grotesque, that the reader is left wondering if the poem will end in some sort of Last Judgment. This catastrophic perspective is in perfect harmony with the discourses that will appear in the coming years as cholera approaches Europe little by little. Much of the havoc created by the “blue Plague” in *The Revolt of Islam* will spontaneously reappear in the literary texts featuring cholera. The letter of Charlotte Stoker, for example, also mentions premature burials of patients still alive. While in the *Mask of the Red Death* (1842) by Edgar Allan Poe, gruesome symptoms and opulent celebrations are also crucial for a narrative in which, to all intents and purposes, the “blue Plague” is transformed in the “scarlet horror”. The same holds true for the voluntary infection of others, the kindling of religious fervour, the search for sacrificial victims, the collapse of funerary ceremonies, the festivities during the times of turbulence. These are true *topoi* of the plague accounts that will be broadly recycled in the cholera texts.

For now, I would like to accentuate that the two appearances of the “blue Plague” are crucial for *The Revolt of Islam*. Outbreaks in literature are regularly interpreted as minor plot devices used to create ambience or to advance the story but are seldomly seen as carrying a deeper overall meaning. That might be true for some texts, but the opposite happens regularly too. Although epidemics may look unassuming and only rarely grasp the attention of literary critics, I argue that in some instances, they are significant and, actually, indispensable elements of the narration. In my opinion, that is the case more often than some would expect, and it goes well beyond the writings of Boccaccio, Camus or Saramago.

In Shelley's case, the plague episodes are vital to the narrative for two reasons. The first is to attribute blame for the spread of the disease. Since Othman's bloodthirsty orders triggered the series of events that led to the epidemic, he is responsible not only for the carnage but also for the famine and pestilence. These are not considered authentic natural disasters in this respect. Therefore, the plot creates a direct link between epidemics and barbarism; a strategy that will be explored over and over again in the cholera texts. On top of that, it is needless to say that the concepts of 'barbarism', along with many others like 'cruelty', 'backwardness', 'inferiority' and overall 'inhumanity', are generally equated through Orientalism with 'Islam', 'the East' and 'the Orient'.

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<sup>63</sup> *ibid.*, p. 224.

In the second place, the pestilence is crucial to justify the end of the poem. Since a human sacrifice is considered necessary to appease the gods, Laon and Cythna are immolated in Othman's presence – in this case, the obscurantism is ascribed to the narrow-mindedness of religion in general, even if initially it was planned as an attack on Christianity.<sup>64</sup> Their deaths confirm the prophecy of the insane lady of *Canto VI*. She had asserted that, since Laon received “the Plague's blue kisses”, he would soon perish, presumably from plague. That is indeed what happens, though not in the way the reader would have guessed. The outbreak of the “blue Plague” seals the fate of Laon and Cythna; even if they do not die from the disease, they do so thanks to it. The oracle, it turns out, was right all along.

In *Romanticism and Colonial Disease*, Alan Bewell scrutinises texts by Shelley drawing attention on their correlations to medical discourses and literary works featuring epidemics.<sup>65</sup> Bewell shows how *The Triumph of Life* is largely informed by the cholera spread in India. The poem was left unfinished due to Shelley's death, and it does not portray an outbreak of any kind directly. Nonetheless, there are parallels among it and *The Revolt of Islam*; for a start, both are allegorical with prophecies and visions as key elements. In this fashion, he demonstrates that Shelley was absorbed and well informed about such themes.

There is a catch, though. *The Triumph of Life* was composed in 1822, almost five years after *The Revolt of Islam*, was written and published. The delay was due to the publisher's request for Shelley to tone down the attacks on Christianity and to veil, at least in part, the incestual relationship of the main characters. He agreed unwillingly. These dates of composition suggest that Shelley is unlikely to refer directly and conscientiously to the start of the First Cholera Pandemic by means of the “blue Plague”. It is true that cholera was a medically known condition and that, being generally interested in the sciences, he might have come across descriptions of it. It is also true that, as shown by Bewell, Shelley would have access to eye-witness accounts on its ravages in India. Yet, these particulars most likely reached him after he had penned the *Revolt of Islam*. Unfortunately, I was not able to establish how well informed Shelley was about life in the British-ruled Bengal. He could possibly know that something anomalous was going on, but that is unlikely. Lacking this confirmation, I do not hold that Shelley employs the “blue Plague” as a cryptic replacement for cholera. He is not discussing the First Cholera Pandemic *avant la lettre* – as Mary Shelley most definitely will just a few years later. The custom of hiding a disease under another is very prevalent in Art – as we will have ample opportunity to see. So the problem here is not the masking strategy *per se*. In reality, it would make sense to refer to a disease indirectly in an

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<sup>64</sup> Valentini, *The Revolt*.

<sup>65</sup> See Bewell, *Romanticism and Colonial Disease*, pp. 205-241.

allegorical poem that is so highly symbolic. The problem here is rather that, since we know how history would turn out to be, we run the risk of being anachronistic and seeing a causal relationship where there might be none. Even if Shelley was aware of cholera and its desolations, he could not possibly foresee in 1817 how wide-ranging it would eventually become. At any rate, the premature appearance of a cholera-like illness at such a pivotal historical moment – be it a coincidence or not – is certainly intriguing.

### **2.3 *The Last Man (1826) by Mary Shelley***

*The Last Man* is an apocalyptic novel by Mary Shelley started in 1824 and published in 1826. It tells the story of the near-end of humankind after a new plague arises in 'the East' and spread throughout the world. The novel starts with an introduction which is, in fact, already a part of the narrative. It challenges the expectations of the reader and the nature of the fictional pact by playing the card of the found manuscript. The introduction tells the story of how the said manuscript came to light, and it establishes that the ensuing chapters are, in reality, nothing more than an edited translation of it. It is not clear who makes the discovery; the narrator is not identified, and the introduction goes unsigned. However, Mary Shelley makes an effort to confuse her own identity with that of the mysterious discoverer and translator.

The very first sentence of the novel reveals that the manuscript was uncovered in 1818 in Naples. Date and location are essential since they indicate the near start of the First Cholera Pandemic and a place which in the future would become deeply associated with the disease. At this point, Naples was already renowned for its encounters with contagious diseases. It was there that a new venereal disorder was noticed for the first time in 1494, in what some consider the first recorded outbreak of syphilis.<sup>66</sup> The cultural identities of the city and the infection intermixed to such a degree that syphilis would go for centuries by the name of *le mal de Naples* – the malady of Naples.<sup>67</sup> Later, the city would lose as much as 50% of its population – circa 150.000 people – in the severe Plague of Naples of 1656.<sup>68</sup> This visitation was considerably worse than the Great Plague of London of 1665 or the Great Plague of Vienna of 1679, in which an estimated 75.000

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<sup>66</sup> Hernández, Justo. "Syphilis in Sixteenth-century Europe" in Byrne, *Encyclopedia of Pestilence*, pp. 691-694.

<sup>67</sup> *Ibid.*, p. 693.

<sup>68</sup> Alfani, Guido. "Plague in seventeenth-century Europe and the decline of Italy: an epidemiological hypothesis." *European Review of Economic History* 17.4, 2013, pp. 408-430, p. 417.

perished – about 12% of London’s population.<sup>69 70</sup>

Moreover, the area attracted much public attention due to the nearby archaeological site of Pompeii, which was excavated since the middle of the 18th-century. In culture, natural disasters such as disease outbreaks, massive storms, or volcanic eruptions, tend to be interpreted in very similar ways. So much so, that they are all customarily described in literature through quite similar narrative patterns and *topoi*.<sup>71</sup> They are often portrayed as supernatural punishment for collective or individual transgressions which have to be mitigated, usually by the heroic intervention of a few individuals. Thus, natural disasters are imagined as linked to human action, from start to end, and provide plenty of opportunity for the narrative’s heroes to prove their worth. Perhaps because of that, there is a certain tendency to combine epidemics with other types of disasters: plague and fire in *Old Saint Paul’s* (1841) by William H. Ainsworth; cholera and drought in *The Famine (A Fome*, 1890) by Brazilian writer Rodolfo Teófilo; rabies and a hurricane in *Their Eyes Were Watching God* (1937) by Zora Neale Hurston.

Along these lines, besides syphilis and plague, Naples was associated as well to the Vesuvius Eruption of 79 which buried the surrounding settlements of Pompeii and Herculaneum. By the time *The Last Man* was published, interest in the volcanic explosion was rife. From 1830 to 1833, the Russian painter Karl Bryullov worked on the gigantic canvas of *The Last Day of Pompeii*, which would become highly acclaimed and influential. It was the stimulus for Edward Bulwer-Lytton to write *The Last Days of Pompeii* (1834) just a year later. The novel attained enormous readership and, on its turn, motivated the sculptor Randolph Rogers to carve *Nydia, the Blind Flower Girl of Pompeii* in 1859. According to the Metropolitan Museum of Art, which houses it, the piece is “the most popular American sculpture of the nineteenth century”; it was replicated no fewer than 167 times.<sup>72</sup>

Thus, the location where the original manuscripts were found by the anonymous translator of *The Last Man* is very relevant. As we shall see, in a few decades Naples would become synonymous with cholera, both in Italy and abroad. The two appear connected in a myriad of literary and journalistic texts. Examples can be found in the serialised novels of Francesco

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<sup>69</sup> Hays, *Epidemics and pandemics*, pp. 119 and 123.

<sup>70</sup> Alfani, “Plague in seventeenth-century Europe”, p. 412.

<sup>71</sup> A simple pattern can describe a great number of disaster narratives in literature and especially film: there is initial calm, though with a few signs of forecoming turbulence; rumours appear of a serious problem on the making, but characters do not address it, often due to a combination of disbelief and miscommunication; the problem erupts in full force, causing chaos, panic and loss of life; a group of heroic individuals discover the root of the problem; the issue is addressed with much difficulty; the problem subsides, even if only temporarily; the narrative ends pointing to hope and rebirth.

<sup>72</sup> “Nydia, the Blind Flower Girl of Pompeii 1853–54; carved 1859. Randolph Rogers.” *Metropolitan Museum of Art*, The Met, <https://www.metmuseum.org/art/collection/search/11951>

Mastriani, a good many of which are set in Naples and feature cholera outbreaks;<sup>73</sup> or in *Il Ventre di Napoli* (*The Belly of Naples*, 1884) where the infection provides the background for the social criticism of Matilde Serao (1856-1927); or still in *La Miseria di Napoli* (*The Misery of Naples*, 1877), in which Jessie White Mario studies the city's compelling poverty. She goes as far as to say that “[o]nce Naples was considered one of the most salubrious localities of Europe. Today, foreigners avoid it as an infected place [...]”. And a little further: “[...] no one can visit the populous neighbourhoods of the city of Naples without wondering, not that many fall ill, but that not all do die – that cholera and typhus do not make a *tabula rasa* in [the houses of the poor].”<sup>74</sup>

Not only that, but it is also in Naples where Axel Munthe (1857-1949) composed his autobiographical account of the fight against cholera, *Från Napoli: resebref* (1885) – literally, *From Naples: travel letters*. Munthe was a Swedish physician and bacteriologist who worked in Pasteur's laboratory and started with this short book a successful career as a writer. The work was translated into Italian as *Lettere di una Città Dolente* (*Letters From A Mourning City*), being published only in 1910 – curiously on the eve of the last major cholera visitations in Europe, the Naples Outbreak of 1910-1911. In addition, only one year after Munthe had published his account in Sweden, Marie Corelli launched the popular English novel *Vendetta, a Story of One Forgotten* (1886), set in Naples during a noteworthy outbreak.<sup>75</sup> To cut a long story short: Naples would become to cholera, what Marseille had been to the plague.

So, in the very first sentence of the introduction, the nameless translator provides information on time and space that will prove fundamental in the context of the ensuing narrative. It serves to connect the present of the reading act, understood as the early 19th-century, to the soon-to-be-told future events of the 21st-century. The nature and relevance of this association will become clearer in a minute. But before, it is important to notice that the second sentence of the work aims at creating an aura of mythical exoticism, exploration and orientalism. The narrator and his or her companion go, apparently alone, from Naples to the nearby site of Baiae, where the remains of many Roman villas are preserved above and underwater. When they look down from their boat, they notice that “[t]he translucent and shining waters of the calm sea covered

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<sup>73</sup> They are: *I Vermi* (1864), *I Misteri di Napoli* (1869-70), *La Signora della Morte* (1880) and *L'Orfana del Colèra* (1884).

<sup>74</sup> “Una volta Napoli fu tenuta uno dei più salubri soggiorni di Europa. Oggi gli stranieri la evitano come luogo infetto, [...]”. Then “[...] nessuno può visitare i quartieri popolosi della città di Napoli senza maravigliarsi, non già che molti si ammalino, ma che tutti non muoiano – che il colèra e il tifo non facciano tavola rasa nei *fondacchi*, nei *bassi*, nei *sotterranei* e specialmente nelle locande; [...]” Mario, Jessie White. *La Miseria in Napoli*. Firenze, Le Monnier, 1877, p. 152.

<sup>75</sup> I will tackle some of these in greater detail later. An analysis can also be found in the work of Pelagalli, Roberta. *Le Choléra dans la Littérature européenne: les multiples visages de la Némésis (1829-1923)*. PhD dissertation, Alma Mater Studiorum - University of Bologna, 2016.

fragments of old Roman villas [...]”.<sup>76</sup> Local inhabitants have continuously known the ruins since their construction in antiquity; nevertheless, they are somehow being discovered by the two English explorers. The narrator wants to describe how lovely and beautiful “the blue and pellucid element” is – in other words, water.<sup>77</sup> In order to do so, he or she is compelled to evoke two figures from the past, for the sea “was such as Galatea might have skimmed in her car of mother of pearl; or Cleopatra, more fitly than the Nile, have chosen as the path of her magic ship.” The narrator makes an effort to describe the water in such a peculiar way to summon mythical registers of great civilisations of old (Greece and Egypt), of female beauty and seduction (Galatea and Cleopatra), and of outlandish orientalism (magic ships in the Nile). They even seem to be in the tropics somehow, since “[t]hough it was winter, the atmosphere seemed more appropriate to early spring”, and there was “genial warmth”.<sup>78</sup>

They tour several locations, including the Elysian Fields and the Avernus, before starting to explore the cavern of the Cumaean Sibyl – what noticeably recalls Virgil and the *Book VI* of the *Aeneid*. The geological formations inside the cave are challenging to examine. The narrator refers to the humidity of the ground by adapting from the Bible: “We found, on each side of the humid pathway, 'dry land for the sole of the foot.'”<sup>79</sup> I presume the passage was extracted from *Isaiah* (37:25): “Yes, I have dug and drunk / of foreign waters; / under the soles of my feet / I have dried up all of Egypt’s rivers.”<sup>80</sup> As before, the intertextualities are used to create a mythical aura pointing to immemorial times and to 'the East'.

At this point, it turns out that they were not alone as it first seemed, because “[o]ur Lazzeroni bore flaring torches”<sup>81</sup> to help illuminate the adventure. It becomes clear that some people are accompanying them, though it is uncertain how many. The *lazzari* or *lazzaroni* were young male beggars in Naples. It is not clear from which of the biblical characters the name derives: if from Lazarus, the pauper, in Jesus' parable reported by *Luke* (16:19-31); or if from Lazarus of Bethany, also called Saint Lazarus, who was resurrected as described by *John* (11:1-44). In either way, both of them are linked to serious and contagious diseases, chiefly leprosy.<sup>82</sup> The choice of words is all but naive in a novel which will foretell the collapse of civilisation brought about by pestilence. In this wise, by using the word *Lazzeroni* instead of 'guides', 'escorts' or of using their names, the narrator chooses to conjure up disease indirectly. This allusion is reinforced by the biblical intertext

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<sup>76</sup> Shelley, Mary Wollstonecraft. *The Last Man*. Petersborough, Broadview Literary Texts, 1996, p. 1.

<sup>77</sup> *Ibid.*

<sup>78</sup> *Ibid.*

<sup>79</sup> *Ibid.*, p. 2.

<sup>80</sup> Wansbrough, Henry, ed. *The New Jerusalem Bible: reader's edition*. Doubleday, 1990, p. 912.

<sup>81</sup> Mary Shelley, *The Last Man*, p. 1.

<sup>82</sup> For the problematic identification of leprosy in the Bible see Boeckl, *Images of Leprosy*.

of the previous paragraph.

Immediately afterwards, the explorers notice a passage: “Whither does this lead? we asked: can we enter here? — ‘*Questo poi, no,*’ — said the wild looking savage, who held the torch; ‘you can advance but a short distance, and nobody visits it.’”<sup>83</sup> The endeavour to alienate and dehumanise could not be more obvious: the ‘savage’ is ‘wild’ and sheepishly accepts that ‘nobody visits it’ while uttering foreign words – apparently at the early 19th-century Italian has ceased to be a language of culture. The group of *lazzeroni* then speak vivaciously “in their native Neapolitan dialect” against proceeding because they fear ghosts, the water and the collapse of the roof.<sup>84</sup> All the unidentified guides act as if they were one; they all have the same opinions, and, in truth, it is not possible to distinguish them. This kind of simplification in which a heterogeneous group of individuals becomes a single collective character – ‘a multitude’, ‘a crowd’, ‘a mob’ – is very typical of the 19th-century narratives of exploration and ethnography. Many of the cholera texts I will analyse appertain to this category. They are virtually always associated with discourses of patronising superiority which emphasise the ignorance, ineptitude, and strangeness of these collective characters. In a word, they are inferior; and that is proven precisely by their lack of individuality. That is a relevant early sign of a tendency to which we will return later (see *Chapter 5*).

Be it as it may, their reluctance offers the brave explorers an opportunity to prove their worth: “My friend shortened the harangue, by taking the man's torch from him; and we proceeded alone.”<sup>85</sup> The French term *harangue*, meaning a solemn and pompous sermon, is used here to highlight and mock their cowardice. Soon after, they will get lost in the dark, eventually reaching “a wide cavern with an arched dome-like roof” which would not be out of place in a novel by Jules Verne. On it, they find “a raised seat of stone, about the size of a Grecian couch” and “piles of leaves, fragments of bark,” and a substance which, in the narrator's opinion is similar to another extracted from “unripe Indian corn”.<sup>86</sup> Once again there are combined references to Greece and ‘the East’ – Egypt before, now India. Noticeably, the term ‘Indian corn’ is a misnomer since corn is one of the products which came from the New to the Old World via the Columbian Exchange. Therefore, the ‘India’ in question does not mean India proper, but the West Indies instead; what is to say somewhere in the Americas, likely the Caribbean since this is an English novel. The fact that the word ‘India’ can be applied to such plethora of geographical locations is in itself a key sign of Orientalism.

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<sup>83</sup> Mary Shelley, *The Last Man*, p. 2.

<sup>84</sup> *Ibid.*

<sup>85</sup> *Ibid.*

<sup>86</sup> *Ibid.*, p. 3.

The multiple allusions to 'the Orient' become explicit references when they realise that the leaves and other fragments scattered around contain “writings expressed in various languages: some unknown to my companion, ancient Chaldean, and Egyptian hieroglyphics, old as the Pyramids. Stranger still, some were in modern dialects, English and Italian.”<sup>87</sup> The astonishing realisation that dead languages were recorded side-by-side with others not yet born proved, beyond doubt, that “[t]his was certainly the Sibyl's Cave; not indeed exactly as Virgil describes it [...]”.<sup>88</sup> Perhaps thrilled of knowing better than Virgil, the two companions set out to organise and translate their incoherent sources. Nonetheless, one of them would eventually abandon the scholarly project. The reason for the withdrawal is not given, though the text hints at tragedy – the narrator even compares his or her sufferings to Petrarch's. The introduction tries, in this way, to induce the reader to identify the collaborator as Percy Shelley, who died in 1822.<sup>89</sup> In that case, the enigmatic editor and translator who finished the project would be no other than Mary Shelley. However, she does not identify as such, so the vagueness is sustained. Regardless of the dubious identity of the editor, the complex and learned project of collecting, organising and translating from multiple languages was brought to a close after eight arduous years. Now, in 1826, at the present of publication, the public can finally have access to the material discovered in 1818 but which, in reality, form a single and consistent prophecy set nearly two centuries and a half in the future.

The objectives of the introduction are two-fold. One of them is to create the type of slumbering vision so typical of allegorical texts. The strategy has a long and bountiful trajectory in literary history – it is enough to think in on the *Divina Commedia*, the *Hypnerotomachia Poliphili* or *The Pilgrim's Progress*. Percy Shelley's very own *The Revolt of Islam* and *The Triumph of Life* dialogue with this tradition in a variety of ways. The allegorical approach of *The Last Man* allows the reader to accept the overall truthfulness of the prophecy, while, at the same time, to correct deviances and inconsistencies. The future is seen as analogous to the prediction, though not necessarily identical. After all, Sybil's proclamations are notable for their opaque intricacies.

The second – and the most important – objective of the introduction is to sustain the fiction that the fiction is not a fiction.<sup>90</sup> In other words, *The Last Man* pretends to be the actual true future of humanity. The divination emanates from such a prestigious source, and the

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<sup>87</sup> Ibid.

<sup>88</sup> Ibid.

<sup>89</sup> Percy does something similar in *The Revolt of Islam*. The work contains a poem of dedication addressed to “Mary \_\_\_\_\_”. The first blank line is longer than the second. The ellipsis prompts the reader to think in “Mary (Wollstonecraft) (Shelley)”. Percy Shelley, *The Revolt of Islam*, p. xxv.

<sup>90</sup> To use the famous formulation by the Dante scholar Charles Singleton. See Singleton, Charles. *Dante's Commedia: Elements of Structure*. Johns Hopkins UP, 1977, p. 62.

circumstances of its findings are so extraordinary, that one presumes its narrative is set in stone: it is definitive, inescapable, immutable. Otherwise, what would be the worth of perfectly figuring out the grammar of still-to-be languages just to fabricate incorrect predictions? If the Cumaean Sybil can master Italian and English millennia ahead of time, she can most definitely foresee how humankind will perish. Maybe the end will not come exactly as described in the prophecy, since some passages may contain hidden meanings whose proper interpretation is unattainable in the present. Nonetheless, if centuries of reading Oedipus have taught us one thing, it is that even if divinations unfold in unhurried and unpredicted ways, they do not fail. At the end of the day, Sybil's mill grinds slow but sure.

Once the plurilingual sources are translated, a single and consistent prophecy is revealed. Uncommonly for Sybil, it is a lengthy one, reaching in the original publication three volumes of over three hundred pages each. Even stranger, it is a first-person narration in which an impoverished noble called Lionel Verney retells the story of his life. His autobiography starts at birth, a few years before 2073, and lasts up to the present of the narration, in 2100. During the period, a deadly and highly contagious disease starts spreading. In due time, it will exterminate the whole of humanity with one exception only: the narrator himself. Unsurprisingly, the eradication of humankind occupies most of the narrative, and it is what motivates Verney to write in the first place.

Although the novel is set over two centuries in the future, the issues faced by the characters could very much be those of Mary Shelley's time. For a start, they spent a considerable part of the narrative fighting the Ottoman Empire at the side of the Greeks. Apparently, the Greek War of Independence is as vigorous in 21<sup>st</sup> century as it had been in the early 19<sup>th</sup>, just as the philhellenic sentiments of European intellectuals continue to be unflinching. Lord Raymond, for instance, participates enthusiastically in the conflict – just like his counterpart Lord Byron did in 1824. To be precise, Raymond's dreams of conquest are not restricted to the Ottoman Empire; they extend much further: “my first act when I become King of England, will be to unite with the Greeks, take Constantinople, and subdue all Asia.”<sup>91</sup> He encapsulates in one sentence all the aspirations of Western imperialism in Asia in the 1800s.

It becomes evident that, albeit happening in a distant future, the narrative is, in reality, about the immediate present of publication. Proof of that is the many similarities it shares with *The Revolt of Islam*, a work that is explicitly engaged to political issues of its time – even it deeply idealised. It is worth to remember that the poem originally included the subtitles *The Revolution of*

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<sup>91</sup> Mary Shelley, *The Last Man*, p. 50.

*the Golden City: a Vision of the Nineteenth Century*. The second of these is a clear sign of its commitment to current events of the 1800s. A variety of elements establishes the dialogue between the two texts: the similar narrative structures built upon visions and divinations, the biographical allusions to the authors made in the introduction, the plot organised around the central themes of war and pestilence. Even minor details serve to establish this connection. Constantinople, for instance, is identified on some occasions in *The Last Man* as “the Golden City”,<sup>92</sup> precisely as it had been on the original name of *The Revolt of Islam*.

Beyond that, the use of a future prophecy to think about the early 19th-century is also noticeable by the lack of technological development. Almost three hundred years in the future, the world seems very much the same. That happens not only because the political struggles are identical, but also because they are dealt with in the same fashion. War is still fought on horseback, for example. There are no telecommunication technologies of any kind, nor innovative means of transportation like trains or cars – except for a single and vague mention of a flying vehicle that gives the impression of being a hot-air balloon or a zeppelin of sorts. To tell the truth, the narrative asserts that “machines existed to supply with facility every want of the population.”<sup>93</sup> Despite that, they do not take part in the story nor have any effect on the characters actions.

A similar point can be made in what regards to science and medicine. Both are incapable of coping with the epidemic in any meaningful way, and that occurs despite a brief remark on the “extinct small-pox”.<sup>94</sup> In the passage, Mary Shelley is unmistakably thinking on vaccination, described by Edward Jenner (1749-1823) about three decades earlier in *An Inquiry into the Causes and Effects of the Variolæ Vaccinæ* (1798). The technique aroused immediate attention, and it was taken for what it truly is: a watershed moment in the history of medicine. Vaccination would spread very quickly to different regions of the world. By way of illustration, it is enough to remember of the *Real Expedición Filantrópica de la Vacuna* (Royal Philanthropic Vaccine Expedition), a public health campaign that, in 1803 – only five years after Jenner's publication –, aimed to bring the vaccine to the Spanish Colonies of Central and South America, the Philippines and, ultimately, parts of China.<sup>95</sup> Since the smallpox vaccine provided immunisation for life after a single dose, it had the potential to eradicate the disease if a substantial portion of humanity – about 70% – got immunised. This tremendous task was successfully brought to completion by the World Health Organization in 1977 when the last case of naturally occurring smallpox was

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<sup>92</sup> *Ibid.*, pp. 143, 146, 151 and 159.

<sup>93</sup> *Ibid.*, p. 82.

<sup>94</sup> *Ibid.*, p. 182.

<sup>95</sup> See Perigüell, Emilio Balaguer; Añón, Rosa Ballester. *En el nombre de los niños: La Real Expedición Filantrópica de la Vacuna (1803-1806)*. Asociación Española de Pediatría, 2003.

registered. In this regards, Mary Shelley's vision of the future proved to be right: smallpox was genuinely defeated by human effort.

Nevertheless, it is important to notice that the techniques required for eradication already existed at the time of publication, so it was more of a logistical challenge, rather than a scientific one. To put it another way, even this correct assumption about the future is firmly rooted in the knowledge and technical development available at the time of publication. It looks futuristic, but it is a foreseeable guess for someone well-informed on medical matters of the period. These reasons justify the conclusion that the few speculations present in *The Last Man* are a far cry from those found in texts by H. G. Wells (1866-1946), Karel Čapek (1890-1938), Stanisław Lem (1921-2006), Margaret Atwood (1939-) or others renowned authors of science fiction.

A similar pattern comes to light when we weight the role and characteristics of the epidemic in the novel. As in *The Revolt of Islam*, the disease is generically called "plague", even if its victims do not display symptoms of the bubonic plague caused by *Yersinia pestis*. There are no references to the buboes nor the gangrene of the extremities so characteristic of this condition. The narrative does mention the Black Death and previous bubonic plague epidemics, but in generic terms and without drawing any explicit connection between the two experiences. In my judgement, considering how it is portrayed, it is clear that the disease is *a* plague and not *the* plague.

Besides, there is no forthright and extensive discussion of symptoms, only fragmentary references to pain, fever, weakness, disorientation or delirium. These can be combined with descriptions of fatal cases. In this fashion, we learn that "the sight [of the plague] was horrible" and that the infection was extremely rapid.<sup>96</sup> One lady did "not survive many hours" after infection,<sup>97</sup> while one man is fulminated instantly:

One man in particular stood in front, his eyes fixt on the prophet, his mouth open, his limbs rigid, while his face changed to various colours, yellow, blue, and green, through intense fear. [...] [The prophet] looked on the peasant, who began to tremble, while he still gazed; his knees knocked together; his teeth chattered. He at last fell down in convulsions. «That man has the plague," said the maniac calmly. A shriek burst from the lips of the poor wretch; and then sudden motionlessness came over him; it was manifest to all that he was dead.<sup>98</sup>

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<sup>96</sup> Mary Shelley, *The Last Man*, p. 123.

<sup>97</sup> *Ibid.*

<sup>98</sup> *Ibid.*, p. 106.

In this case, barely a minute passes from the onset of symptoms to death. Real bubonic plague does not kill that fast. Its incubation period usually lasts from three to six days, and fatal cases last for another two to five days before resulting in death. Cholera, on the other hand, is sudden and it may cause death swiftly, even in a matter of hours. This rapidity is unusual and, for that very reason, is the most important characteristic used to identify the infection in the 16<sup>th</sup> and 17<sup>th</sup>-century sources, as we have seen in the previous chapter. Cholera's swiftness has always been considered frightful and shocking by the culture at large, and, consequently, it has always drawn much attention. In literature, it is common for this feature to be exaggerated. Scenes such as this, in which a character dies in a matter of minutes, are somewhat recurrent – as we will have the opportunity to witness in texts by Sue, Poe and others.

Therefore, this is a strategy of *reductio ad absurdum*. It is an appeal to the extreme which amplify exponentially symptoms which are already quite startling, to begin with. The hyperbole is very much in line with the tendency to exaggerate the mortality rate and the number of deaths that we discussed just a while ago. Besides, the fact that the first symptom mentioned in the passage is precisely a change of colours in the face – yet another choleric *topos* – reinforces this connection not to plague, but to cholera. Thereupon, this brief description summons cholera in three different ways: by portraying the rapidity of its evolution, by emphasising the change in colours, and by aggrandizing both of these.

Furthermore, the symptoms are not the only elements impeding the correlation of the pandemic in *The Last Man* to that of the Middle Ages. Another problem is found in its rates of morbidity and mortality. In the novel, the “plague” infects 100% of humanity from which it also kills 100% – the only exception being the narrator, as far as we know.<sup>99</sup> Yet, in spite of all its ravages throughout history, the bubonic plague rarely reached estimates higher than 60% of overall mortality within any population. Most regularly the numbers were of about 30%; still formidable no doubt, but out of keeping with absolute annihilation. Additionally, this accurate historical measurement is endorsed by the narrator: “[...] it was calculated that a third of mankind had been destroyed [by the plague of 1348]”.<sup>100</sup> It is the novel itself to point to the dissimilar mortality rates, so it expects readers to acknowledge the fact that the plague of the past and the plague of the

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<sup>99</sup> As de novel puts it: “For a long time, no one believed that I should indeed continue to live; during the reign of the plague upon earth, not one person, attacked by the grim disease, had recovered.” *Ibid.*, p. 271. The assertion suffers from a major epistemological fallout: how could Verney know for a fact he is the last human? That is the case as far as he is concerned, yet just because he cannot locate other humans, it does not automatically follow that they are no longer alive. Life could be still business as usual in Zimbabwe, Australia or Uruguay, without Verney ever suspecting. The same could be said for many areas of England or Italy for that matter. The egocentric assumption that he is the only survivor should perhaps be complemented as the only survivor *who matters*. That hierarchy is very much in line with the imperial formulas imbued in his discourse.

<sup>100</sup> Mary Shelley, *The Last Man*, p. 78.

present are not one and the same. Once again, as I see it, the word 'plague' is used in *The Last Man* as a synonym for 'epidemic' or 'contagious and deadly disease' and not as an equivalent of 'bubonic plague'. This exercise of re-signification is relatively common for the plague metaphors, as we will soon see. For all these reasons, I reject the notion that the novel is simply a rewriting of previous plague experiences.

Furthermore, I see no grounds to think that this plague is an invented disease either. When imaginary infections appear in literature, they serve precise functions. For the most part, they have to be described with exactitude; otherwise, their originality is lost to the reader and, with it, the text's intentions and the author's machinations. Such is the case of the "white leprosy" in Karel Čapek's *The White Disease* (*Bílá nemoc*, 1937), the "rhinocerotitis" in Eugène Ionesco's *Rhinoceros* (*Rhinocéros*, 1959), or the "white blindness" in José Saramago's *Blindness* (*Ensaio sobre a Cegueira*, 1995). In all these instances, the new imaginary diseases are more than superficial plot devices to advance the narrative; they are tools for the denunciation of society. By exploring their ramifications on the individual and social bodies, these texts divulge ideologies of contestation and channel acid criticisms on politics, economics and culture. I am not claiming that this is their sole function; evidently, there are many others.<sup>101</sup> My point is that invented epidemics are used with a clear purpose in sight, something that seems to be lacking in *The Last Man*. The novel is surprisingly vague about the plague, even though it occupies over two-thirds of the narrative. Amazingly, it even refuses to tackle certain issues, telling the interested reader to look for details somewhere else:

It would be needless to narrate those disastrous occurrences, for which a parallel might be found in any slighter visitation of our gigantic calamity. Does the reader wish to hear of the pest-houses, where death is the comforter — of the mournful passage of the death-cart — of the insensibility of the worthless, and the anguish of the loving heart — of harrowing shrieks and silence dire — of the variety of disease, desertion, famine, despair, and death? There are many books which can feed the appetite craving for these things; let them turn to the accounts of Boccaccio, De Foe, and Browne.<sup>102</sup>

Now that the bubonic plague and invented diseases have been put aside, I can advocate my

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<sup>101</sup> See Gomel, Elana. "The plague of utopias: Pestilence and the apocalyptic body." *Twentieth-Century Literature* 46.4, 2000, pp. 405-433.

<sup>102</sup> Mary Shelley, *The Last Man*, p. 209.

interpretation that *The Last Man* is, in effect, a reflection on the ravages of the First Cholera Pandemic and, most importantly, a thought experiment on what could happen if cholera reached Europe. I argue that Mary Shelley uses the word 'plague' as a concealment strategy to mean 'cholera' since she is perfectly aware that her well-informed reader in the 1820s will easily recognise the camouflage and take the 'plague' for what it really is.

There are many arguments which can be used to lay the foundations for this indirect relationship. The first is that the practice of referring to cholera and other contagious diseases by the name 'plague' is quite common at the time, even in medical texts. I will explore the issue in greater detail in the chapter after next. For now, a letter sent by Mary Shelley in 1822 serves as a case in point. The period in which it was written is relevant, for it predates the composition *The Last Man* in about two years. On it, she asserts that Allegra Byron “died of a typhus fever” at the age of five in the Italian convent where her father left her.<sup>103</sup> Mary blames the tragedy on the carelessness of ‘the natives’: “[...] but you know Italians. If half of the Convent had died of the plague, they would never have written to have had her removed, and so the poor child fell a sacrifice.”<sup>104</sup> The ambivalent meaning of the word 'plague' is apparent in this instance where it used as a synecdoche for typhus. In addition, the habit of condemning others for being inherently lacking in moral capacity is also ubiquitous in the novel. If in the letter, Italians are sketched as naturally inclined to laziness and neglect and are, thereby, to blame for the child's death; in *The Last Man*, the accusations will fall mostly over “Turks”, “Indians”, “Arabs”, “Asiatics” and “a Negro”; but also on “Greeks”, “Italians” and “Spaniards”.

Next, there is the fact that the 'plague' displays many characteristics which are more readily associated with cholera, namely: the promptness of the attack, the variations in colour, the speediness with which symptoms evolve, the advent of death in hours or even minutes, the exaggerated perception of mortality and morbidity rates. These factors are not literary extrapolations exclusively; on the contrary, they are solidly grounded on the medical knowledge professed at the time. A treatise published in 1824 by Dr Joseph Mather Smith, a fellow of the College of Physicians and Surgeons of the University of the State of New York, serves as evidence. It proclaims that: “The Cholera Morbus of India is one of the most fatal diseases in the catalogue of epidemics.”<sup>105</sup> Seven years later, the same scholar would proclaim a more radical opinion in his *A discourse on the epidemic cholera morbus of Europe and Asia* (1831). The objective of this essay is

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<sup>103</sup> Marshall, Florence A. T. *The Life and Letters of Mary Wollstonecraft Shelley*. Vol. 2. Richard Bentley and Son, 1889, p. 357-58.

<sup>104</sup> Ibid.

<sup>105</sup> Smith, Joseph Mather. *Elements of the Etiology and Philosophy of Epidemics: in two parts*. New York, J. and J. Harper, 1824, p. 119.

to consider if cholera could reach the United States – it would arrive in 1832 – and, in this case, to ponder on what it should be done. In the treatise, he weights the threat posed by cholera in this fashion:

But it is only within a few years that Cholera has attracted particular and universal attention. Assuming a form, for the most part, unknown in former times, it has opened a broader outlet of human life than any other epidemic disease. With energies more terrific than plague or yellow fever, it admits of no equal in the celerity and fatality of its attacks. In its devastations too, it has no competitor but reigns supreme over every other destroyer of the human race.<sup>106</sup>

Dr Smith claims that cholera is the worse scourge of all times, surpassing, believe it or not, the bubonic plague. This assertion is as exaggerated as the extrapolations of *The Last Man*, and its words are carefully chosen to alarm. Yet, if we accept for argument's sake that cholera is as terrible as Dr Smith's proclaims it to be, it is of little surprise that the infection becomes the "[supreme] destroyer of the human race". That is the very assumption upon which the novel is built.

Besides, it is noteworthy that one of the treatises was published in 1824, the year in which Mary Shelley started the novel; while the other came to light in 1831 after *The Last Man* was issued, but before cholera crossed the Atlantic. That means that Dr Smith occupies the same position in regards to the United States, which Mary Shelley occupied in regards to the United Kingdom. Both intellectuals are accompanying the wanderings of the Cholera Pandemic and asking themselves when their turn will come. To be clear, I see no causal relationship between the two. I do not claim that Mary Shelley consulted the *Elements of the Etiology and Philosophy of Epidemics*, nor that Dr Smith drew from *The Last Man* when spelling out doom in *A discourse on the epidemic cholera morbus of Europe and Asia*. Instead, I believe they are motivated by the same reason and share a common mind-set. They are part of a *zeitgeist* which frames these discourses differently – one as artistic fantasy, the other as scientific inquiry – but which also transpire personal and societal anxieties of contagion. As we have seen, traces of the anguish of invasion and destruction are also discernible in other textual typologies such as newspapers, memoirs, statistical studies, personal accounts, and so on.

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<sup>106</sup> Smith, Joseph Mather. *A discourse on the epidemic cholera morbus of Europe and Asia: delivered as an introductory lecture, at the College of Physicians and Surgeons in the City of New-York, November 9, 1831*. New York, J. Seymour, 1831, p. 9.

The similar viewpoints of Dr Smith and Mary Shelley are also manifest in the way symptoms are described. We have seen how one of the novel's characters dies in instants, and I have emphasised how this description is magnified almost to the point of caricature. Nonetheless, it turns out that this type of claim is not exclusively found in fiction. Dr Smith rings the same bell of alarm in his essay on how the USA should avoid infection. When describing the undoings of cholera in the Arabian Peninsula, he declares that "[t]he number that sunk under the disease in this new theatre of its action [Muscat] was not less than 60.000."<sup>107</sup> The textual strategy is the same we have observed in Jonnès' report: it accentuates numbers which are at once vague (*no less than*) and precise (60.000) without putting them into perspective. As a result, the reader is not capable of interpreting the data otherwise, and has no choice but to accept the fatalistic tone. Especially when he or she comes across the next sentence: "Death frequently followed in a few minutes after the attack."<sup>108</sup> As it turns out, Dr Smith's very real cholera is no less fictional than Mary Shelley's fictional plague.

Beyond that, the plague in *The Last Man* shares with cholera the same origins in 'the East'. Yet, this time 'the Orient' is imagined not as India, but as the Ottoman Empire. When the plague first appears, the main characters are at the walls of Constantinople fighting for the independence of Greece. Incidentally, the narrator refuses to utter the city's modern name of Istanbul. He calls it nearly always by its past Greek name as a way to stress the lack of legitimacy of the Ottoman occupation. The strategy is on a par with that adopted in *The Revolt of Islam*, and it was widespread at the time. In the few instances in which the name 'Stamboul' appears, it does so in specific contexts which are associated with the plague. In line with that, the new disease was born not in the Ganges, but the Nile:

That word [...] was PLAGUE. This enemy to the human race had begun early in June to raise its serpent-head on the shores of the Nile; parts of Asia, not usually subject to this evil, were infected. It was in Constantinople; but as each year that city experienced a like visitation, small attention was paid to those accounts which declared more people to have died there already, than usually made up the accustomed prey of the whole of the hotter months.<sup>109</sup>

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<sup>107</sup> Smith, *A discourse on the epidemic*, p. 13.

<sup>108</sup> Ibid.

<sup>109</sup> Ibid., p. 137. I take the opportunity to stress one more the remarkable similarities of the formulations of Dr Smith and Mary Shelley. In the passage, plague surfaces for the first time as the "enemy to the human race"; while in the medical treatise, cholera "reigns supreme over every other destroyer of the human race." Smith, *A discourse on the epidemic*, p. 9. The shared rhetoric is unequivocal.

Egypt became an Ottoman province in 1517, and it continued to be so until 1867. The emergence of the plague over there serves the double aim of blaming the Ottomans for its emergence, and of evoking biblical undertones which are perfectly aligned with the novel's apocalyptic formula. That does not mean, however, that Asia or Africa are excused: Verney will be infected – seemingly on purpose – by “a negro”,<sup>110</sup> while Asia and 'the Orient' is consistently depicted as diseased.<sup>111</sup> The orientalist stance is obvious when 'the Turks' evacuate Istanbul because of the plague. The “superstitious Greeks” are reluctant to enter the now empty city. Lord Raymond, who dreams to become king of England, explodes on hearing this:

What is there inexplicable, pray, tell me, in so very natural an occurrence? Does not the plague rage each year in Stamboul? What wonder, that this year, when as we are told, its virulence is unexampled in Asia, that it should have occasioned double havoc in that city? What wonder then, in time of siege, want, extreme heat, and drought, that it should make unaccustomed ravages?<sup>112</sup>

It is evident in the passage that 'Stamboul' and 'Asia' are superposed without any regard for proportionally; what is true of one is also true of the other. They are both intrinsically sick and dirty, besides being barbarous, cruel, uncivilized, as the novel repeatedly surmises. Aside from that, the Ottoman authorities are also clearly negligent for not noticing that the number of deaths was too high, even for 'Asiatic' standards. However, their oversight pales in comparison to what shortly follows, when, according to rumours, a Black Sun came forth in 'the East':

Through Asia, from the banks of the Nile to the shores of the Caspian, from the Hellespont even to the sea of Oman, a sudden panic was driven. [...] The plague was forgotten, in this new fear which the black sun had spread; and, though the dead multiplied, and the streets of Ispahan, of Pekin, and of Delhi were strewed with pestilence-struck corpses, men passed on, gazing on the ominous sky, regardless of the death beneath their feet. [...]

In the sunny clime of Persia, in the crowded cities of China, amidst the aromatic

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<sup>110</sup> Ibid., p. 265.

<sup>111</sup> On the issue of blackness see An, Young-Ok. "Read Your Fall": The Signs of Plague in "The Last Man." *Studies in Romanticism* 44.4, 2005, pp. 581-604.

<sup>112</sup> Mary Shelley, *The Last Man*, p. 152.

groves of Cashmere, and along the southern shores of the Mediterranean, such scenes had place. Even in Greece the tale of the sun of darkness increased the fears and despair of the dying multitude.<sup>113</sup>

The astronomical phenomenon reveals the carelessness of a whole continent. Turkey, Persia, China, India and even Greece, are one and the same. Their superstition is such that they no longer notice the plague, even after trampling on the dead bodies. Needless to say that it may be all for nothing, since the reported incident is based on rumours and, hence, might not be real in the first place – Verney indeed calls it “a tale” at some point. Views such as these were – and by many regards still are – so widespread that they have infiltrated scholarly debate. Surprisingly, even recent historical studies on the effects of the bubonic plague in the Islamic World do engage in this type of biased oversimplification.<sup>114</sup>

In the 19th-century cholera fiction, the stratagem of combining a natural phenomenon alongside a supernatural one is relatively recurrent. That is the case of *Le Juif Errant* (1844) by Eugène Sue in which the legend of the immortal Wandering Jew is transformed in such a way that he is responsible for fetching cholera from India to Europe. The same applies to several of the texts analysed by Roberta Pelagalli in *Le Choléra dans la Littérature Européenne*: the popular novel *Les Mariages du père Olifus* (1849) by Alexandre Dumas Père, in which cholera shares space with mermaids and miraculous poisons; the short story *Le Cabaliste Hans Weinland* (1860) by Erckmann-Chatrian, in which a professor of metaphysics conjures up the epidemic from India to commit a bioterrorist attack in Paris; or the serialised novel *La Signora della Morte* (1880) by Francesco Mastriani, in which a mysterious woman, believed to be the personification of Death, disseminates the disease in a revised version of the myth of the Wandering Jew.<sup>115</sup>

Beyond its place of origin, the plague also shares with cholera two features of its pattern of propagation. The first is the overlap between military conflict and the propagation of disease. The plague enters Greece – and then to Europe and Britain – after the armies guided by the English conquer Istanbul. The city had been abandoned by the defendants precisely because it was infected, and their departure was staged as a tactic of bioterror. As we have seen, this interweaving

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<sup>113</sup> Ibid., p. 177.

<sup>114</sup> For an overview of the Eurocentric assumption in Plague Studies, especially in regard to Islam, see Bulmuş, Birsen. *Plague, quarantines and geopolitics in the Ottoman Empire*. Edinburgh UP, 2005, pp. 1-14; Varlık, Nükhet. ““Oriental Plague” or epidemiological orientalism? Revisiting the plague episteme of the early modern Mediterranean.” *Plague and contagion in the Islamic Mediterranean*. ARC, Amsterdam UP, 2017, p. 57-88; and Varlık, Nükhet. “Review Essay: Beyond Eurocentric Histories of Plague.” *Early Science and Medicine* 22.4, 2017, pp. 361-373.

<sup>115</sup> See Pelagalli, *Le Choléra dans la Littérature*, pp. 52-55, 61-65 and 152-56.

of colonial warfare and disease proliferation is a constant in history. Just eight years before publication, in 1818, the armies of the British East India Company suffered in India considerable losses due to cholera. Further than that, these same troops probably carried the disease out of India and, in consequence, escalating a local crisis into an international one. With that in mind, the centrality of war for the dissemination of the plague in *The Last Man* can be seen under a new light. It can be interpreted as echoing contemporary issues.

The second feature shared by the two afflictions is their correlation with warm climates. The passages just reproduced ratify it with numerous references to the *hotter months*, the *extreme heat*, or the *sunny clime of Persia*.<sup>116</sup> The interrelation between climate and health is a key element of medical and scientific discussions of the 19th-century. It was an accepted fact at the time that European constitutions were weaker in the 'Tropics', and, consequently, were more susceptible to 'Tropical Diseases'.<sup>117</sup> As we have mentioned in the previous chapter, the field of Imperial or Colonial Medicine was born at the period precisely to study 'Tropical' ailments such as malaria or yellow fever. Of course, it was not considered pertinent that the latter had been strongly present in the United States since the 1690s, while the former burdened South Europe for centuries on end. In Italy alone, malaria was as much a problem for the Roman armies in the early centuries of the common era, as it was to the Fascists in the 1930s, when the infested Pontine Marshes around Rome were finally drained.<sup>118</sup> In this sense, it is revealing that, in the year of 2100, Verney reproaches himself as follows: "I had been a fool to remain in Rome all this time: Rome noted for Malaria, the famous caterer for death".<sup>119</sup> Briefly, in real life, tropical diseases are not as tropical as one would presume.

Nonetheless, in culture, the opposite is true: warm climates are seen as hotbeds of infection and even diseases with a longstanding presence in Europe – like leprosy or bubonic plague – become, little by little, 'tropical' or 'oriental' or both.<sup>120</sup> Having said that, it is true that cholera copes better with warmer temperatures. As we have seen in *Chapter 1*, the *Vibrio cholerae* stops reproducing in temperatures of less than 10°C, so harsh winters can effectively help to control outbreaks.

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<sup>116</sup> "These contests were aggravated by the season: they took place during summer, when the southern Asiatic wind came laden with intolerable heat, when the streams were dried up in their shallow beds, and the vast basin of the sea appeared to glow under the unmitigated rays of the solstitial sun." Mary Shelley, *The Last Man*, p. 149.

<sup>117</sup> Arnold, David. *Warm climates and western medicine: the emergence of tropical medicine, 1500-1900*. Leiden, BRILL, 2020; "Romantic Medical Geography: Empire, Disease, and the Construction of Pathogenic Environments" in Bewell, *Romanticism and Colonial Disease*, pp. 27-65.

<sup>118</sup> Winegard, Timothy C. *The Mosquito: a human history of our deadliest predator*. Dutton, 2019, pp. 81-104.

<sup>119</sup> Mary Shelley, *The Last Man*, p. 366.

<sup>120</sup> See Varlik, "'Oriental Plague' or epidemiological orientalism?"; Edmond, *Leprosy and empire*, pp. 143-177; Wald, Priscilla. *Contagious: cultures, carriers, and the outbreak narrative*. Durham, Duke UP, 2008, pp. 44-82.

What is more, the existing relationship between temperature and epidemics invites further questioning into the very nature of contagion: is cholera – or the plague for that matter – contagious? If yes, what is its mechanism of infection? If not, is it caused solely by miasmas in the atmosphere? The answers to these questions are fundamental to organize prevention efforts which is the all-important unavoidable priority. Since effective treatments against cholera were developed only in the 20th-century, prevention was the only possible way to handle the epidemic. That applies to governments and apocalyptic novels alike. However, for most of the 19<sup>th</sup> century, these and many other scientific questions remained unresolved. Thus, a vast – and occasionally exuberant – range of assumptions was used to organize prevention efforts; sometimes with much cleverness and common sense, others with vacuous beliefs produced – quite literally – out of thin air.

In the novel, the nature of contagion and the likelihood of contracting the disease are both unclear. The characters debate these issues, and the positions they take are vital to establishing prevention. Verney is categorical in many of his conclusions, even though they are often based in little or no evidence. Besides, his actions and speech do not always match. The overall state of uncertainty, hesitation and confusion is visible, even when declarations of absolute conviction are made:

That the plague was not what is commonly called contagious, like the scarlet fever, or extinct small-pox, was proved. It was called an epidemic. But the grand question was still unsettled of how this epidemic was generated and increased. If infection depended upon the air, the air was subject to infection. [...] But how are we to judge of airs, and pronounce—in such a city plague will die unproductive; in such another, nature has provided for it a plentiful harvest? In the same way, [...] bodies are sometimes in a state to reject the infection of malady, and at others, thirsty to imbibe it.<sup>121</sup>

Verney is certain that the plague is not transmissible from person to person. The confidence is undermined, though, by his repeated usage of the word 'contagion' as a synonym for 'plague' throughout the narrative. The initial assuredness is also put in check by ensuing vacillations. The terminology used is confusing, as well. The word 'epidemic' means on occasion 'plague', 'transmissible disease', and 'exponential disease growth'. Furthermore, Verney is proven entirely

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<sup>121</sup> Mary Shelley, *The Last Man*, p. 183.

wrong later on when he is infected by the only black person mentioned in the text. He subsequently communicates the disease to his wife during the recovery.

More importantly, Verney's assertion that some cities and individuals escape infection is completely at odds with the outline of the novel. Given that the entire humankind vanishes with just one exception, then only two possibilities may be at play: either the plague is contagious – which the narrator denies – or the poisonous agent causing it affects the globe homogeneously – which he also refutes. To state it differently, if some individuals are not naturally infected through the environment nor contract the disease from other people, then how could the whole of humankind perish? In that case, very many people would have survived, and Verney would still have a long way to go before he could claim the grandiose title of 'the last man'.

Inherent contradictions notwithstanding, the narrator's declarations are harmonious with many discourses on cholera which would proliferate in just a few years. A similar paradoxical position can be observed in the stance taken by a Dr Holland, who, after being sent to investigate the outbreak of Sunderland in 1831, reaches the following ambivalent conclusion:

I have no doubt that the disease is both contagious and non-contagious. To explain myself fully respecting the latter opinion would compel me to write more than you would like to read, and therefore we will pass it over. In support of the former, it is easy to produce evidence which is everything but demonstrative; and of this kind of proof the subject does not admit. It is not at all uncommon in our daily visits to find that two or three of a family have been swept away in rapid succession, the disease apparently passing from one to the other; such evidence, however, is quite insufficient to satisfy the non-contagionist. He demands something like ocular demonstration, which is rather difficult to adduce.<sup>122</sup>

The similarities between the two texts are striking, for they both deal with the early experience of an unfamiliar condition, they both draw contradictory conclusions from this experience, and they both avow non-contagiousness but recoil from providing reasons.

Beyond that, the novel interacts with yet another recurrent scientific discourse: denial. Until this point, we have perused the crucial roles played by exaggeration and hysteria. Nevertheless, as we shall examine in the next chapter, that is not the whole picture. Antithetical discourses of

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<sup>122</sup> Stokes, J. *The History of the Cholera Epidemic of 1832 in Sheffield*. Sheffield, J. W. Northkind, 1921.

dismissal and minimization do exist, especially in official declarations of governments or in the conspiracy theories put forward by marginalized groups. For now, what is relevant for the argument is that some denialism does appear in scientific texts.

In her history of cholera in Italy, Eugenia Tognotti evaluates the creation of a Health Commission in the Kingdom of Sardinia in 1831, after cholera arrived in Poland and Germany. It was formed to judge which precautions should be taken to block it from reaching Italy. After dwelling upon the matter, the commission concluded that “for now there is no reason to fear that the disease will come close enough as to compromise the public health in Our Royal Domains.”<sup>123</sup> Tognotti lists many other examples of the scepticism of physicians who downplay or even deride the possibility that cholera might ever get to Italy. Leopardi has noticed one such episode in a letter to his sister: “The other evening I spoke with the medical commission sent from Rome to greet the Cholera in Paris, which promises us the coming of the disease in Italy: a prediction that the physicians laugh at in here because they don't believe it.”<sup>124</sup> The same is true for other European countries. Dr Joseph Mather Smith asserts in his *A discourse on the epidemic cholera morbus of Europe and Asia* (1831) that “[d]uring the time in which the disease was confined to the countries which have been mentioned [all in Asia], it was generally known by the name of Indian Cholera. Hitherto there had been no serious apprehensions in Europe that the disease would ever appear in that quarter of the globe.”<sup>125</sup> The historian R. J. Morris indicates how, also in 1831, the English newspapers admit that the epidemic could reach Britain, albeit in a milder form:

Another group, amongst them many medical men, assured the public that when cholera came it would not be as bad in Britain as elsewhere. The varied climate, prosperity, 'our insular position', 'the modern habits of our people', 'superior clothing, comfort and diet', and 'the easier condition of the lower orders', were all suggested as factors which would protect Britain from the full force of the epidemic.<sup>126</sup>

The novel contains passages which are notably similar to these reflections. That is to be

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<sup>123</sup> “non v'ha per ora alcuna ragione di temere che sia il morbo per avvicinarsi siffattamente da compromettere la salute pubblica nei Reali Nostri Dominii.” Tognotti, *Il Mostro Asiatico*, p. 28.

<sup>124</sup> “L'altra sera parlai colla commissione medica mandata da Roma a complimentare il Cholera a Parigi, la quale ci promette la venuta del morbo in Italia: predizione di cui ridono i medici di qui, perché non ci credono.” F. Foschi, *Epidemie nella terra di Leopardi*. Roma, 1983, p. 161. Quoted Tognotti, *Il Mostro Asiatico*, p. 28.

<sup>125</sup> Smith, *A discourse on the epidemic*, p. 13.

<sup>126</sup> Morris, *Cholera 1832*, p. 28.

expected perhaps, since, when it was published in 1826, the First Cholera Pandemic had forayed Asia for almost a decade – as Mary Shelley well knew.<sup>127</sup> All of these pronouncements came to light five years after the publication of *The Last Man*. Regarding the issue, the sole difference between the speculations of literature and science are at what point their authors – or the social groups they represent – start to feel threatened enough actually to give the matter some thought. To all appearances, governments require more vicinity than artists to begin to be concerned: the report presented by Jonnès to the French government, the advice of physicians in the English newspapers, or the inferences of the Health Commission of the Kingdom of Sardinia, all sprang into existence only in 1831 after cholera reached Poland. The same applies to Dr Smith's dissertation, written in the United States in 1831 as well, after outbreaks multiplied in Europe; or to Leopardi's allusion to a commission which was put together when Paris was hit in 1832. On average, these considerations were made a year or less before the arrival of the disease.

The question if the plague could ever reach Britain appears on several occasions in *The Last Man*, nearly always with negative answers. In the first of these, Verney sees no risk for his homeland, even if the contamination of Greece is taken almost for granted: “[...] though it seemed absurd to calculate upon the arrival of the plague in London, I could not reflect without extreme pain on the desolation this evil would cause in Greece.”<sup>128</sup> Later on, when he is already back home, he admits that “[w]e feared the coming summer” and reports that many countries started to take preventive actions. Yet “[t]hese were questions of prudence; there was no immediate necessity for an earnest caution. England was still secure. France, Germany, Italy and Spain, were interposed, walls yet without a breach, between us and the plague.”<sup>129</sup> Even if he feels secure, Verney is distressed with the loss of life in “[t]he vast cities of America, the fertile plains of Hindostan, the crowded abodes of the Chinese”.<sup>130</sup> That leads him to ponder once again on the subject comparing it with the Black Death:

We called to mind the plague of 1348, when it was calculated that a third of mankind had been destroyed. As yet western Europe was uninfected; would it always be so?

O, yes, it would — Countrymen, fear not! In the still uncultivated wilds of America, what wonder that among its other giant destroyers, plague should be numbered! It is of old a native of the East, sister of the tornado, the earthquake, and the

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<sup>127</sup> For the connections of Percy and Mary Shelley to cholera see Bewell, *Romanticism and Colonial Disease*, p. 205-241 and 296-314.

<sup>128</sup> Mary Shelley, *The Last Man*, p. 173.

<sup>129</sup> *Ibid*, p. 183.

<sup>130</sup> *Ibid*, p. 184.

simoon. Child of the sun, and nursling of the tropics, it would expire in these climes. It drinks the dark blood of the inhabitant of the south, but it never feasts on the pale-faced Celt. If perchance some stricken Asiatic come among us, plague dies with him, uncommunicated and innocuous. Let us weep for our brethren, though we can never experience their reverse. Let us lament over and assist the children of the garden of the earth.<sup>131</sup>

Verney is categorical: there is no risk; the disease will never reach Britain, whose safety is assured by arguments rooted on geographical, climatic and racial grounds. Firstly, the other regions of the world are naturally prone to natural disasters (tornados, earthquakes, dust storms), with the plague merely being part of the package. Secondly, the infection is tropical and, on that account, it is doomed to expire in the colder weather of Britain. Thirdly, the 'pale-faced Celt' is somehow immune and biologically more resistant than the 'dark inhabitants of the south', so it is not possible for a 'stricken Asiatic' to infect Verney's 'countrymen'. In addition to those, a political argument was previously put forward by Ryland who considered ridiculous to hypothesise that a "well-governed metropolis" could possibly be infected.<sup>132</sup>

In the coming years, variations on these arguments would be repeated over and over again in speculations uttered by health commissions, scientific academies, governments, and others. These claims would be proven wrong one by one: cholera is not taken aback by 'civilization'; it does reach 'the West' and Europeans have no particular resistance to it. Still, for many and complex reasons, cholera will continue to be imagined as 'tropical', 'Asiatic', 'uncivilized'. That is also true about the novel: Verney does not recant from his anti-contagionist stance after witnessing many cases which could be interpreted otherwise; nor does he abandon the belief that the plague withers in cold climates, after Britain had been reached, he and other survivors left for the "icy vallies of Switzerland" where they vainly hoped to find solace.<sup>133</sup>

The parallels between the positions discussed in the novel and those hold by scientists at the time are, in my view, remarkable. They show how, in this case, the artistic discourse is immersed in debates and anxieties of its time. The likeness becomes even more pronounced when we consider the approximate durations of the fictional pandemic and its counterpoint in reality. The text marks the start of the plague pandemic in 2092, while the extinction of the world – at least according to Verney – is proclaimed in 2100. Hence, it took roughly eight years for the plague to cover the entire planet and annihilate humanity. Similarly, the First Cholera Pandemic started in 1817, and it

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<sup>131</sup> Ibid.

<sup>132</sup> Ibid, p. 173.

<sup>133</sup> Ibid, p. 37.

lasted until 1824, i. e., roughly eight years. Moreover, if we consider that the novel was published in 1826 and that the British were most severely affected by cholera in 1818 – and, as a result, started paying attention –, we notice once again a period of more or less eight years. Obviously, cholera did not exterminate humankind in the meantime, but the similar approximate durations once again point to a hidden equivalence. As it happens, 1818 is also when the unidentified narrator of the introduction allegedly found Sybil's records.

As I see it, the plague serves a function within the text, but it also has coded referential value for the real-world of the reader. I will shortly argue that, under this perspective, *The Last Man* is akin to Daniel Defoe's *A Journal of the Plague Year* (1722). Before moving into it, though, I would like to point out to some structural parallels between the introduction by the unknown narrator and the final adventure of the prophecy, for they serve to create a certain 'reality effect'. There are elements which suggest a structural association between two coupled pairs: the prophecy and the introduction, in one end, and the introduction and the real-world, on the other.

After declaring the end of humanity, Verney decides to travel the world in search of survivors, accompanied only by his dog. He plans to sail from Rome by the Tiber river and “coast the beauteous shores and sunny promontories of the blue Mediterranean, pass Naples, along Calabria, and would dare the twin perils of Scylla and Charybdis; then, [...] skim ocean's surface towards Malta and the further Cyclades.”<sup>134</sup> Then, following the coast of the Mediterranean, he would proceed to “Asia Minor, and Syria, and, passing the seven-mouthed Nile, steer northward again”; after passing “pillars of Hercules”, he would leave “behind the verdant land of native Europe, adown the tawny shore of Africa” to finally reach “the odorous islands of the far Indian ocean.”<sup>135</sup> His planned navigation mimics those of Ulysses and Aeneas – as described by Homer, Virgil, and even Dante –, but also summons those of Vasco Da Gama. Interestingly, he plans to reverse the itinerary of the plague and to move from Europe into India, passing through Turkey and Egypt along the way.

Verney's conjectures are presented in the last paragraphs of the book. His impending journey is parallel to the one at the very start of the narrative. Over there, the unidentified narrator was in Naples, crossing by boat the “translucid waters” among “fragments of old Roman villas”.<sup>136</sup> So, from the beginning, we find two sailors, one amid his or her exploration, the other on the verge of pursuing it. Both are accompanied: Verney by his dog and the author of the introduction by “my companion” – not for long, though, since he or she would soon share Verney's fate and remain in

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<sup>134</sup> Ibid, p. 366.

<sup>135</sup> Ibid, p. 367.

<sup>136</sup> Ibid, p. 1.

solitude.<sup>137</sup> Both voyages of exploration aim at discoveries, one produces Sybil's lost divinations, the other searches for surviving humans. Both start in similar but reversed locations: Verney leaves from Rome and names Naples as the first step in his journey; while the translator is in Naples and invokes "Roman villas". Both also elicit mythical imagery, in one case Scylla and Charybdis, on the other, Galatea. Both recall iconic seductive women with the allusions to Eve and Cleopatra. Both are also linked by a reference to the Nile, which is mentioned only four times in the novel, always in iconic moments: the imminent discovery of Sybil's cave, the plague's first appearance, the emergence of the black sun, the plans for the final expedition. Both also point out to different locations in the 'Orient': Egypt and Mesopotamia by way of hieroglyphics and ancient Chaldean in the introduction, or Asia Minor and the islands of the Indian ocean in the conclusion. Both dialogue with the Epic tradition: the translator conjures up Virgil twice, while Verney declares his Homer is by his side and explicitly mentions Homeric geography. Both mention the St. Peter's Basilica in the Vatican, from where, as it happens, Verney proclaims the end of humanity. Both also contain references to the Bible: the introduction refers likely to Isaiah and the New Testament, via the *Lazzaroni*; while Verney pictures himself simultaneously as equal to Adam and his opposite. If 'the last man' is a metonym to mean 'the last human', then Verney is at the antipode of Adam: one marks the start of humanity, while the other its end. However, if 'the last man' is interpreted to the letter as 'the last human of the masculine sex', then he is some sort of ultramodern Adam – or Noah for that matter – destined to repopulate the Earth if he finds an Eve in the vastness of his planetary Eden.

Finally, even the use of capital letters at the start of each section serves to connect the two narrative voices. The first sentences of the introduction ("I VISITED Naples in the year 1818")<sup>138</sup> and the prophecy ("I AM the native of [Britain]")<sup>139</sup> create emphasis by using upper-case letters and are somewhat similar in describing the interactions of the first-person narrator with the environment. The typographical strategy reappears in the very last sentence of the novel as well, again suggesting a circular association to the introduction: "Thus around the shores of deserted earth, [...] will behold the tiny bark, freighted with Verney—the LAST MAN."<sup>140</sup> The fact that the unacknowledged narrator is in a boat of his or her own reinforces this link.

When taken together, these structural similarities may be regarded as valuable for interpretation. If we suspend disbelief and accept the veracity claims made in the introduction – as the novel certainly wants us to –, the prophecy is suddenly charged with authority. Not exactly

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<sup>137</sup> Ibid, p. 4.

<sup>138</sup> Ibid, p. 1.

<sup>139</sup> Ibid, p. 7.

<sup>140</sup> Mary Shelley, *The Last Man*, p. 367.

because it emanates from Sybil – although the mystique certainly helps –, instead by reason of being mysteriously recorded in languages which were either extinct or did not even exist at the time of writing. If we trust the discovery of the manuscript as authentic, then these supernatural elements are proof of a miraculous origin which lends truthfulness to the prophecy itself. In that case, the fact that the end of Verney's story has so many textual parallels with the introduction points to a circularity which brings us back to the present reality. In that case, the reader may encounter an eerie feeling of familiarity. The prophecy is indeed set over two hundred and fifty years in the future; yet this is a future remarkably similar to the reader's very present: the political scenario has undoubtedly changed little, new technologies seem to exist but are not genuinely discernable, and, above all, a plague runs amok for eight years just like cholera in his or her own time.

In addition to that, the two afflictions share similar symptoms, have the same Asian origins, are dealt with by science in the same fashion, are not treatable in any way, and, in both cases, prevention efforts fail miserably. To be sure, the likeness of plague and cholera would be evident to the reader even without the introduction. The point is that the opaque boundaries it established between fact and fiction intensify this recognition pattern. In that manner, the text encourages the reader's natural propensity to correlate matters to his or her own period; thereby seeing the epidemic not in black, but in blue; not as plague, but as cholera.

#### ***2.4 A Journal of the Plague Year (1722) by Daniel Defoe***

Having reached that conclusion, we can turn once again to Defoe's *A Journal of the Plague Year*, a text which was certainly an inspiration to Mary Shelley and with which *The Last Man* dialogues explicitly. The *Journal* is a description of the Great Plague of London of 1665, as witnessed by a man who survived the experience. The work is mostly chronological and contains a large number of anecdotes depicting the different ways people reacted to the tragedy. It is also imbued with facts – statistics, tables of mortality, government pronouncements, and even spells –, which are arranged meticulously to create more than a description of what happened, but also a well-founded investigation. The first-person narrator is identified solely by his initials, H. F., which appear only at the end of the book. Very little information is provided about him: he is an unmarried man, a successful manufacturer of saddlers, who lives in Whitechapel in London. His character is not delineated precisely, and the resulting vagueness allows for the creation of a metonymy in which the experience of one individual may represent those of the entire city. For

that reason, H. F. engages in the action only sporadically. As Barbara Fass Leavy points out in *To Blight With Plague*, he is a “relatively passive observer, who more out of curiosity than anything else roams the city”.<sup>141</sup>

In fact, these characteristics are already summarized in the text's subtitle: *being Observations or Memorials of the most remarkable occurrences, as well public as private, which happened in London during the last great visitation in 1665. Written by a CITIZEN who continued all the while in London. Never made public before.* The long subtitle reveals three consistent features of the narrative: (i) the precise identity of who reports the events is not vital, generic denominations (*a citizen, H. F.*) are enough; (ii) the true focus of the narrative is to describe the collective experience of London (named twice) from the private and public perspectives; (iii) this is a truthful and authoritative account (called in succession a *journal, an observation, a memoir*) written by an eyewitness. Aside from that, it also acknowledges the time gap existing between the production of the text during the outbreak and its publication six decades later.

These properties work together to create a 'reality effect' that seeks to grant a status of truthfulness to the text. In other words, the *Journal* does not wish to be simply considered a fiction. Rather, it expects to be ranked alongside other real documents on the subject, such as Samuel Pepys' diaries, which were kept from 1660 to 1669 and contain a description of the plague. These comparisons are often made and, perhaps ironically, the fictional diary by Defoe is often praised as more meticulous and complete than the genuine diary by Pepys. In actual fact, the *Journal* has been very successful in achieving the goal of posing as real rather than fictional. It was accepted as such at the time of publication, and a considerable debate exists on whether and to which degrees it should be considered a factual, historical, or fictional text.<sup>142</sup> This favourable outcome is a result of the many strategies of verisimilitude adopted in the work. The narrator goes into great pains to identify minor, though real details: streets and neighbourhoods, people's names, numbers of deaths. He reports many anecdotes which are possibly accurate or, even if invented, could pose as real in the scenario of despair and bewilderment caused by the plague. This search for veracity also includes the narrator's suggestive initials: H. F. could stand for Henry Foe, the author's uncle who indeed outlived the plague and had the same profession and lived in the same neighbourhood of the narrator. The narrator is notoriously vague about himself, something which paradoxically adds to the narrative on many levels. Not only omissions are more difficult to spot than lies – and therefore are easier to sustain in a text which pretends to be authentic –, but they make sense in this scenario, for to keep private matters aside a real person would be justifiably reticent. Plus, the few particulars provided urge the reader to identify who the

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<sup>141</sup> Leavy, *To Blight*, p. 23-24.

<sup>142</sup> See Cooke, Jennifer. *Legacies of Plague in Literature, Theory and Film*. Palgrave Macmillan, 2009, p. 30.

narrator truly is in the real world. As a result, the public is impelled to accept the text as legitimate.

During the Great Plague of London, Defoe was about five years old. As such, he was largely incapable of understanding the complexity of the events unfolding, let alone of reporting them in a diary. That being so, the doors opened to Dante or Kafka were closed to him: Defoe could not conceivably hope to be taken seriously if the *Journal* bore his name or his initials. Without a doubt, it would not be accepted as a diary produced contemporaneously to the outbreak. At the same time, even if it was taken as a memoir composed sixty years after the facts, its accuracy could be challenged given the author's immaturity at the time. Therefore, once that D. D. was not an option, H. F. became a workable alternative. It allowed the narrator to be confused with another member of the Defoe family, which serves just as well to assert the text's forged value as a historical chronicle.

In *Legacies of Plague in Literature, Theory and Film*, Jennifer Cooke stresses the fact that Defoe had already procured the same type blend of fact and fiction in *Robinson Crusoe* (1719), just three years before.<sup>143</sup> The book was notably published as if effectively written by Crusoe, what spawned confusion regarding its authorship and fictional status. According to the scholar, Defoe himself sustained for twenty years that the text was a real document.<sup>144</sup> This opaqueness is precisely what *A Journal of the Plague Year* expected to explore once again. The aim is a successful one, as proven not only by the existence of a prolific debate on how the text should be categorised but also by the way other writers engage with it. Camus refers to Defoe in the epigraph of *La Peste* (1947), not to Boccaccio or Thucydides. In *The Last Man*, Verney accepts the verisimilitude of the text by remitting the reader to it alongside two eyewitnesses: "let them [the readers who wish to learn about the sufferings caused by the plague] turn to the accounts of Boccaccio, De Foe, and Browne."<sup>145</sup>

But why does *A Journal of the Plague Year* goes into great pains to pretend it is an authentic historical document? The answer lies in the uneasiness caused by a menacing outbreak happening somewhere else at the time of writing: the Great Plague of Marseilles of 1720. That is a very significant event which figures in many historical texts as a water-shedding moment which is often credited to be the last plague outbreak in the World or Europe. It is not. Far from it, plague outbreaks would reoccur periodically in different locations in Europe: 1738 in Central and Eastern Europe, 1743 in Sicily, 1770 in Russia, 1801 in the Ottoman Empire, 1813 in Malta, and so on. Not to mention the start of the Third Plague Pandemic in the midst of the 19th-century, which would cost the lives of millions.

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<sup>143</sup> Cooke, *Legacies*, p. 27.

<sup>144</sup> Ibid.

<sup>145</sup> Mary Shelley, *The Last Man*, p. 209.

Despite being imagined as a vanquished scourge, the plague has not disappeared completely – even in the developed world – as it is often assumed. Cases in point are the outbreaks in Glasgow in 1900 and San Francisco in 1900-1904, which happened in Northern countries and in the 20th-century. As recently as 2017, the WHO announced that, in Madagascar, 1800 suspected, probable and confirmed cases were reported, resulting in 127 deaths.<sup>146</sup> Even in the United States, the Centres for Disease Control registered an average of seven cases of bubonic plague annually between 1970 and 2018 – with peaks of seventeen cases in 2006 and sixteen in 2015.<sup>147</sup> Of course, these numbers are insignificant in comparison to the devastations caused by bubonic plague in the past; however, they evince this evil has not disappeared and is still a problem to be reckoned with – and not only in the 'developing world'.

These are essential nuances to hold in mind, for the history of the plague as a scholarly field of research is still excessively Eurocentric. Pandemics are by definition large scale events which may encompass the entire globe. The Plague Pandemics are no exception. Besides Europe, they have also affected Asia and Africa profoundly, even if a great majority of inquiries does not pay attention to this fact. Looking into the history of 'Black Death' one has the impression, more often than not, that it was almost exclusively a Western European tragedy. As noted by the historian Monica H. Green, it is past time to rethink our approach to the subject in order to rescue the prefix 'pan' in the word 'pandemic'.<sup>148</sup>

Holding these nuances in mind, the Great Plague of Marseilles was in effect the last major occurrence both in France and Western Europe. Again, outbreaks did happen afterwards – for example, in Italy (Bari, 1815) or Portugal (Porto, 1899) –, but their impact was by no means comparable. This event started in 1720 at the port city of Marseilles and it quickly spread until the end of 1722. A total of 242 communities were stricken in Provence. The resulting death toll was of 119.811 within a population of 394.369 before the epidemic, what is to say, roughly 30%.<sup>149</sup> Some localities were even more severely hit: the village of La Valette has lost a disconcerting 66,75% of its inhabitants (1.068 out of 1600 people).<sup>150</sup>

Given the extent of the problem, it is unsurprising that the populations of Spain, Italy or the United Kingdom watched the unfolding event with concern. That includes Daniel Defoe, who, while

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<sup>146</sup> "Madagascar plague: mitigating the risk of regional spread" *World Health Organization*, 14 November 2017, <https://www.who.int/en/news-room/feature-stories/detail/madagascar-plague-mitigating-the-risk-of-regional-spread>

<sup>147</sup> "Plague in the United States" *Centers for Disease Control and Prevention*, 25 November 2019, <https://www.cdc.gov/plague/maps/index.html>

<sup>148</sup> Green, Monica H. "Taking "Pandemic" Seriously: making the Black Death global" in Green, Monica H., and Carol Symes. *Pandemic disease in the medieval world: rethinking the black death*. Arc Humanities Press, 2015, pp. 27-61.

<sup>149</sup> Signoli, Michel, et al. "Paléodémographie et démographie historique en contexte épidémique." *Population* 57.6, 2002, pp. 821-847.

<sup>150</sup> *Ibid.*

the outbreak still unfolded in 1722, besides *A Journal of the Plague Year*, has also published a pamphlet on the matter. The apprehension is transparent in its title: *Due Preparations for the Plague, as well as for Soul as Body: Being some seasonal THOUGHTS upon the Visible Approach of the present dreadful CONTAGION in France; the properest Measures to prevent it, and the great Work of submitting to it*. Apart from being dreadful, the plague is considered inevitable and already closing in, thereby it is necessary to take physical and spiritual precautions.<sup>151</sup>

As any other pamphlet, *Due Preparations* seeks to change individual behaviour and to influence society as a whole. In that sense, the work shares many objectives with *A Journal*, which is also a sort of call to action, as H. F. makes clear more than once that he aims to offer knowledgeable advice. Sometimes information is extracted from cautionary anecdotes: "I mention this story also as the best method I can advise any person to take in such a case".<sup>152</sup> Other times instructions are given directly: "[...] I must say that though Providence seemed to direct my conduct to be otherwise, yet it is my opinion, and I must leave it as a prescription, viz., that the best physic against the plague is to run away from it."<sup>153</sup> In other passages, the goal of instructing is quite patent:

My consideration [if staying or fleeing] may be of moment to those who come after me, if they come to be brought to the same distress, and to the same manner of making their choice; and therefore *I desire this account may pass with them rather for a direction to themselves to act by than a history of my actings*, seeing it may not be of one farthing value to them to note what became of me.<sup>154</sup>

As well summarized by Fass Leavy: "Defoe's concern is – again – with how society can act to protect itself in times of plague and also with the choices individuals must make".<sup>155</sup>

It is noticeable, therefore, that both the pamphlet and the novel have the same scope, even if they adopt different strategies to achieve it. One text is argumentative, the other narrative. One tries to convince by addressing the immediate situation in France; the other looks back to the scourges of the past to persuade of the urgency of the present situation. Alongside that, for its recommendations to be taken seriously, *A Journal of the Plague Year* invests itself with authority. It does so by pretending it is an authentic eyewitness account that was kept private for sixty years, and also by elaborating a 'reality effect' through statistics, tables of mortality and other less

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<sup>151</sup> On the pamphlet see Leavy, *To Blight*, p. 38; and Cooke, *Legacies*, p. 25.

<sup>152</sup> Defoe, Daniel. *A Journal of the Plague Year*. London, Everyman, 1994, p. 10.

<sup>153</sup> *Ibid.*, p. 169.

<sup>154</sup> *Ibid.*, p. 9. My emphasis.

<sup>155</sup> Leavy, *To Blight*, p. 25.

relevant yet precise and factual details. At any event, both texts want, in essence, to raise awareness on the threat posed by the Great Plague of Marseilles.

At this point, it is possible to spot many similarities between *A Journal of the Plague Year* and *The Last Man*. Just like Defoe, Mary Shelley was aware at the time of writing of the wreck caused by cholera during the First Pandemic. The same can be said about the merchants, physicians and government officials who accompanied the developments from 1817 to 1824 with concern and mounting anxiety. As we have already seen, exaggerated reports circulated widely and whispers were promising near-total liquidation. A considerable amount of fear existed already, even if it had not yet touched on all layers of society. Nevertheless, unlike the bubonic plague, there was no *Great Cholera of London* to which Mary Shelley could turn. As a result, her preoccupations would have to take a slightly different form from Defoe's. For a start, the new scourge would be invested with the insignia of the old one. As it would often happen from this time onwards, since cholera still lacked a set of metaphors and *topoi* of its own, it would be masked as and confused with the plague. In due time, cholera would gain some independence and develop its own set of tropes, while still keeping an overt dialogue with the images of plague. An excellent example of the symbiotic relationship which will develop between the two afflictions is found in Jean Giono's *The Horseman on the Roof* (*Le Hussard sur les tois*, 1951) which is set in Marseilles, the iconic city of the plague, but deals with the cholera outbreak of 1832. As it happens, this narrative can be used as a counterexample to *The Last Man*, for if Mary Shelley speaks of a plague which is remarkably similar to cholera, Jean Giono speaks of a cholera which largely overlaps with the plague.

Secondly, since hitherto cholera was mostly unknown outside of medical texts, Defoe's tactics of remembering the past to warn about the present was not viable. For that reason, Mary Shelley did the opposite and placed most of her narrative in the distant future. The stratagem of the newly unearthed manuscript was then required for the text to claim authenticity. If *A Journal of the Plague Year* is genuine because it supposedly really happened; *The Last Man* is genuine because it will eventually really happen.

These differences aside, Mary Shelley does not abandon the 'reality effect'. She tries to blend her own identity with that of the translator, just as Defoe tries to associate himself with H. F.. Both works are suggestive enough for the identification to be made, yet vague enough as to allow for uncertainty. The introduction of *The Last Man* is not signed, just as *A Journal* does not directly claim to belong to Henry Foe. Evidently, Defoe's assertion is much more credible than Mary Shelley's, but in any case, the fact that she decided to replicate his formula reveals their shared goals.

Not only that, but *The Last Man* highlights the pedagogical value of literature in times of

crisis. After witnessing a plague death for the first time, Verney and his companions turn, not to medical texts, but precisely to *A Journal of the Plague Year* for information: “I had never before beheld one killed by pestilence. While every mind was full of dismay at its effects, a craving for excitement had led us to peruse De Foe's account, and the masterly delineations of the author of Arthur Mervyn.”<sup>156</sup> The later novel is described as 'masterly', while the former is called an 'account' not a 'narrative'; words which are chosen to enhance the authority of the texts. The *Arthur Mervyn* was published by Charles Brockden Brown in 1799, and it relates the yellow fever outbreak of Philadelphia in 1793. It is also a diary of a survivor – Brown contracts the disease himself in 1798 –<sup>157</sup> as transparent on its subtitle, *Arthur Mervyn; or, Memoirs of the Year 1793*. Moreover, its preface claims the text is pedagogical. Albeit it does not wish to teach about the epidemic itself, it presents “examples of disinterestedness” which “rouses in the spectators the spirit of salutary emulation.”<sup>158</sup> In other words, just like *A Journal*, it instructs by example – even if here, these teachings are thought as strictly moral rather than medical and practical. The fact that Verney turns to these works of literature in such a pivotal moment serves to illustrate the novel's programmatic value. Readers should recognizably learn from *The Last Man*, just as Verney learns from *A Journal* and *Arthur Mervyn*.

Given their comparable scopes, the texts of Defoe and Mary Shelley have many characteristics in common. The most blatant is the survivor's diary form. In the case of *The Last Man*, this narrative decision is quite peculiar, since it is unconvincing that a prophecy by Sybil would take this form and length. Nonetheless, the typology is necessary to establish the intertextual parallel with *A Journal*. Once both texts have comparable structures and deal with related themes, they will unavoidably engage in dialogue, be it by analogy or by contrast. The surfacing of the plague, for instance, is analogous in both. Verney is explicit about the plague's commencement in the 'Orient', while H. F. mentions in the very first paragraph of the diary how the plague reached Holland perhaps coming from somewhere East (Italy, the Levant, Crete, or Cyprus). The Turkish fleet is named as a possible carrier of the contagion. Likewise, both texts are overwhelmingly concerned with the arrival of the epidemic in London. They try to sound the alarm for their fellow citizens to take preventive measures and avoid the looming catastrophe. Verney teaches by example when he emphasizes the consequences of their self-assuredness:

The plague was in London! Fools that we were not long ago to have foreseen this.  
We wept over the ruin of the boundless continents of the east, and the desolation

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<sup>156</sup> Mary Shelley, *The Last Man*, p. 203.

<sup>157</sup> Fadely, Patrick. “Some Fatal Influence: Narrative and Etiology in Charles Brockden Brown's *Arthur Mervyn*” *New Directions in Ecocriticism* Fall, 2010.

<sup>158</sup> Brown, Charles Brockden. *Arthur Mervyn; or, Memoirs of the Year 1793*. Philadelphia, David McKay, 1889, p. 4.

of the western world; while we fancied that the little channel between our island and the rest of the earth was to preserve us alive among the dead.<sup>159</sup>

The message is clear: if preparations are not made, England is bound to repeat the mistakes of the future – strangely as that may sound.

Many other prominent thoughts and discussions in *The Last Man* are also present in *A Journal*: H. F. wonders if the plague is solely miasmatic or is also contagious; he flirts with anxieties of complete extinction; he ponders about the reports of individuals intentionally infecting others; he avows that “the Turks and Mahometans in Asia ” yield passively to the plague and, hence, died in great numbers, “whereas the Europeans or Christian merchants [...] generally escaped the contagion.”<sup>160</sup> In conjunction with that, H. F. relates numerous anecdotes which create a sort of mosaic cataloguing reactions to the epidemic, and that is also true of Verney's narrative to a certain degree. Jennifer Cooke argues that these digressions can be considered 'flash fictions'. In her opinion, many plague narratives adopt this structure of integrating tangent stories into the main text, citing as examples *The Last Man* and *La Peste*.<sup>161</sup>

There are still two other notable parallels between the works. The first is their motivation to write their accounts. At some point, H. F.'s conviction that it was better not to flee vacillates as he notices death and despair all around him. The thought that all Londoners might perish makes him begin “to faint in my resolutions; my heart failed me very much, and sorely I repented of my rashness [in venturing to abide in town].”<sup>162</sup> As a way to handle the situation, he would keep home for a few days praying, reading and “in writing down my memorandums of what occurred to me every day, and out of which afterwards I took most of this work, as it relates to my observations without doors.”<sup>163</sup> He then concludes by decreeing: “What I wrote of my private meditations I reserve for private use, and desire it may not be made public on any account whatever.”<sup>164</sup> The activity is intended, therefore, exclusively as a therapy, a tool to maintain his psychological well-being. He does not wish for anyone but himself to ever read them, something which asserts the therapeutic value of writing. On top of that, the insubordination to his straightforward instructions also increases the authoritativeness of the text, since it is not hard to imagine a family member – perhaps a nephew – disobeying them.

In *The Last Man*, Verney also feels the urge to tell his story even if he knows no one will ever

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<sup>159</sup> Mary Shelley, *The Last Man*, p. 195.

<sup>160</sup> Defoe, *A Journal*, p. 12.

<sup>161</sup> Regarding the flash-narratives see Cooke, *Legacies*, pp. 22-26.

<sup>162</sup> Defoe, *A Journal*, p. 66.

<sup>163</sup> *Ibid.*, p. 67.

<sup>164</sup> *Ibid.*

read it. Upon entering an abandoned house in Rome, he finds that “[p]arts of a manuscript lay scattered about.” This discovery mimics that of the “Sibylline pages” which were also dubbed “[s]cattered and unconnected” in the introduction.<sup>165</sup> That is other of the many elements connecting the end of the narrative with its original frame. Just like in *A Journal of the Plague Year*, the circumstances related to the writing process serve to increase the text's prerogatives of legitimacy. Since he has found writing material, Verney decides to “write and leave [...] a record of these things.” He is aware that his text will never be read. Still, he aims to “leave a monument of the existence of Verney, the Last Man.”<sup>166</sup> In other words, he writes solely for himself. He also wonders if he should only “speak of plague, of death, and last, of desertion” – as H. F. certainly does –, but ultimately decides to linger “fondly on my early years” and to “recorded with sacred zeal the virtues of my companions.”<sup>167</sup> These friends “have been with me during the fulfilment of my task”; yet, once the autobiography is finished, “again they are lost to me. Again I feel that I am alone.”<sup>168</sup> The action of inscribing his story has kept Verney in contact with his friends for a year and helping him to put things into perspective and to value his achievements. Now that this exercise is over, he can still not escape loneliness, but is better suited to cope with it: “A year has passed; and I no longer guess at my state or my prospects — loneliness is my familiar, sorrow my inseparable companion.”<sup>169</sup> The process of writing was therapeutic. Verney has relieved his mind, what is corroborated by the decision of sailing the world in search of survivors that immediately succeeds the completion of the task. Finally, it is this effort that gives origin to the book we read, and that was previously transcribed by Sybil in multiple languages.

The last analogy between the two works is found in their symmetrical endings. H. F. closes his diary with a stanza of his own: “A dreadful plague in London was / In the year sixty-five, / Which swept an hundred thousand souls / Away; yet I alive!”<sup>170</sup> The verses celebrate his survival in contrast to the great mortality which took place around him. Of those remembered, H. F. is the only one still living, even if he does not claim to be the sole survivor. That is very close to how Verney ends his narrative as well: “Thus around the shores of deserted earth, while the sun is high, and the moon waxes or wanes, angels, the spirits of the dead, and the ever-open eye of the Supreme, will behold the tiny bark, freighted with Verney— the LAST MAN.”<sup>171</sup> In here, heavenly beings and the souls of nearly all humanity watch his journey. As in *A Journal of the Plague Year*, his statement of survival is withheld until the end of the last sentence to enhance the dramatic

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<sup>165</sup> Mary Shelley, *The Last Man*, p. 4.

<sup>166</sup> *Ibid.*, p. 364.

<sup>167</sup> *Ibid.*

<sup>168</sup> *Ibid.*

<sup>169</sup> *Ibid.*, p. 364-65.

<sup>170</sup> Defoe, *A Journal*, p. 211.

<sup>171</sup> *Ibid.*, p. 367.

effect. On that note, “yet I alive” and “Verney – the LAST MAN” are practically identical. The fact that the resolutions of both novels align so well is proof of their shared goals. They purposely seek ambiguity to point, at the same time, to the threat of extinction and the hope of rebirth.

To summarise, I believe there are a great many elements in *The Last Man* which allow us to conclude that, in defiance of its name, the plague is a label used actually to designate cholera. Its symptoms and pattern of transmission, the resonance with contemporaneous discourses, the privileged information its author had access to; all these elements match cholera and the First Cholera Pandemic. Besides, I have also shown how the novel emulates the strategies and objectives of *A Journal of the Plague Year*; however, with one chief difference: Defoe was wrong about his predictions, and the Plague of London of 1722 never materialised. Mary Shelley, on the other hand, was as inspired as Sybil herself: less than four years after publication the whole of Europe – and Britain with it – would be stricken for the first of five times. If Defoe's alarm was gratuitous, Mary Shelley's was inescapable. Cholera did not bring the end of civilization as promised; however the prescience of the novel is no less remarkable because of it.

Beyond that, I sustain that *The Last Man* and *The Revolt of Islam* are critical texts for the study of cholera as a literary theme, not only because they are possibly the first two appearances of the disease in European literature – at least as far as I have been able to identify –, but especially because they present many of the *topoi* that choleric writing will constantly adopt later. As we shall see from now onwards, many of these elements will reoccur as *leitmotifs*: the personification of cholera – either real or imagined; the fatalistic predictions of large numbers of dead; the questions of either fleeing or remaining; the intimate relationship between war and epidemic; the 'oriental', 'Asian' and 'tropical' origins of the disease; the active efforts of some individuals to infect others; the inability of governments to control the contagion, sometimes even causing it unintentionally; the timeliness with which cholera hits; as well as the bluish, withered, corpse-like appearance of its victims.

On final analysis, *The Last Man* and, to a lesser degree, *The Revolt of Islam*, both agree wholeheartedly with the sentence Camus extracted from *Robinson Crusoe* for the epigraph of *La Peste*: “It is as reasonable to represent one kind of imprisonment by another, as it is to represent anything that really exists by that which exists not.”<sup>172</sup>

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<sup>172</sup> Camus, Albert. *La Peste*. Paris, Gallimard, 1947, p. 9.

## Chapter 3 – Laughter and Denial

### 3.1 *Laughing at cholera*

Until now, I have focused on one cultural response to the imminent arrival of cholera, namely: exaggeration and hysteria. I have demonstrated how before the arrival of the Second Cholera Pandemic in Europe, in 1830, various specialists – statisticians, physicians, journalists, and the like – magnified the threat posed by the disease. On many instances, they promised doom and gloom, anticipating the death of millions. The extravagant claims were accepted by many before cholera arrived, and they persisted to some degree even after it was experienced first-hand. Some eyewitnesses' accounts would continue to report such exaggerations long after familiarity with the disease was formed. I have examined, then, how two works by Percy and Mary Shelley dialogue with these ideas in a variety of ways; sometimes by inflating them further, others by omitting details, others still by manipulating them to fit the narrative's aims. In *The Last Man* particularly, these hyperboles are brought to a logical termination, with the novel prospecting the future extinction of humanity brought by a 'plague' suspiciously akin to cholera. Finally, I have contended that its objectives are remarkably similar to those of *A Journal of the Plague Year*: to urge the public to prepare practically and spiritually. Nonetheless, there is one crucial difference. [Contrary to Defoe, Mary Shelley was right: cholera did arrive in the ensuing years. Of course, its intensity and effects were nowhere near the promised catastrophe, yet still, the core idea of a world forcibly unified by disease was nevertheless accurate.

However, cultural discourses are never homogeneous, and the response to cholera is no exception. Although hysteria was crucial and widespread, it was not the only card on the table. In reality, since apocalyptic predictions invite – and perhaps even induce – counter interpretations, the opposite behaviours of mitigation, belittlement and outright denial were equally prevalent in society. Popular discourses, in particular, tended to go against catastrophism, sometimes just by echoing it in mocking tones. That is the case of the cheerful and invigorating song *V'là l'choléra qu'arrive!* by Aristide Bruant (1851-1925), published in definitive book form in 1889 (*Dans la Rue*). In the volume, the song is accompanied by musical scores and three illustrations. One of them depicts cholera as a skeleton, following one of the traditional iconographies of Death (see Figure 2). Generally, in cases such as these, the skeleton carries a scythe or a violin, dresses in rags, and likely displays orientalist insignia such as a turban, a Chinese queue or long nails. In here, though, none of these protocols is employed. Instead, cholera is not menacing but pleasant and polite. He

dresses elegantly and salutes the reader with enthusiasm by raising his top hat – a symbol of refinement and wealth. In the place of the customary scythe, he carries a small bag and an umbrella, as if returning from a short business trip. The image is a comical reversion of cholera’s usual representation: where the apocalyptic discourses taught us to expect a poor, dirty, barbarous woman arriving on horseback from Asia; what we actually find here is a rich, clean, civilised man who travels in Europe, probably by train or coach. The resulting mismatch engenders a well-humoured contestation of the alarmist views. That is in perfect harmony with the lyrics, which joyfully announce that “everyone will die” soon:

Paraît qu'on attend l'choléra,	It seems we wait the cholera,
La chose est positive.	the fact is positive.
On n'sait pas quand il arriv'ra,	We don't know when it will arrive,
Mais on sait qu'il arrive.	But we know it will.
V'là l'choléra ! V'là l'choléra !	Voilà the cholera! Voilà the cholera!
V'là l'choléra qu'arrive !	Voilà the cholera that arrives!
De l'une à l'autre rive	On both sides of the river,
Tout le monde en crèv'ra ! [...] <sup>1</sup>	everyone will die! [...]

During the first contact with cholera, in the 1830s, this type of comical ridicule was somewhat common. A number of satirical texts were written at this period, just as most of the caricatures inspected in *Chapter 2*. The tendency did not last for long, though. It soon became evident that, although the epidemic would not bring the end of civilisation, it was no laughing matter either. Cholera was dangerous and terrifying and, once this fact was confirmed by everyday experience, the jocose exploration of the theme in literature was withheld for the most part. To the best of my knowledge, few comic explorations of cholera were produced between the end of the Second Pandemic in the 1830s and the identification of the disease-causing pathogen in the early 1880s. After this date, however, the approach was reinvigorated by the public excitement with microbes and the blossoming field of bacteriology. Since Bruant’s song was published in 1889, it is an excellent example of this refreshed approach. The less frequent and powerful cholera

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<sup>1</sup> Bruant, Aristide. *Dans la Rue : chansons et monologues*. Vol. 1. Paris, Aristide Bruant, 1889-1895, p. 71-78.

became in Europe, the more comfortable people felt to laugh at its expense.

In the 1830s, however, humorous literature was not yet a celebration of an imminent victory over disease. It was instead a manifestation of incredulity and doubt. Many of the discourses built around cholera were so excessive that they nearly called for ridicule and mockery. So there are many examples of images and poems which announce the danger of the disease in an irreverent tone designed to undermine the serious message. That is the case of the caricature *A Gentleman in Easy Circumstances After a Fit of the Cholera* (see Figure 3) published in England.<sup>2</sup> It depicts a man who has lost a considerable part of his body weight through evacuations. He shrank to half his size, so his attire is now too big for him. The joke is based on the paradox created by the wordplay: his clothes are indeed easy, yet his situation is a hard one.

That is also the case of a drawing from J. J. Gérard from 1833 in which a Voivoide, an animal equalled to cholera, is depicted as a dreadful microscopic monster with characteristics of octopus and snake (see Figure 4).<sup>3</sup> It harasses all the other microbes who run away from its tentacles and voracious mouth. Yet, many of these creatures are so outlandish that they do not come across as repulsive nor intimidating; they are rather captivating. Many look like sea creatures or humans, and one seems a carriage being pulled by microbial horses. Once again, the dissonance between the content and its mode of presentation invite for a laugh. As we will soon see, that is the case of journalistic coverage of Heinrich Heine. His text intercalates fearsome and violent episodes with witty, ironical remarks; thus engaging the reader in a very different way in comparison to Mary Shelley or Charlotte Stoker.

### **3.2 Cholera Cured Beforehand (1832) by Samuel Taylor Coleridge**

Still another example, is the humorous poem *Cholera Cured Before Hand* composed by Samuel Taylor Coleridge (1772-1834) in 1832. On it, the disease is represented as “a Devil” who is “black as a porpus / The diabolus ipse, / Call’d Cholery Morpus; / Who with horns, hoofs, and tail, croaks for carrion to feed him [...]”.<sup>4</sup> In this type of sarcastic rendering, cholera's name is habitually manipulated and presented with errors or by nicknames. That is done for a myriad of reasons: it

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<sup>2</sup> *A Gentleman in Easy Circumstances*. Undated. Wellcome Library, <https://wellcomecollection.org/works/ewvn6mzd> Coloured lithograph.

<sup>3</sup> Stahl, M. P. -J., ed. *Vie Privée et Publique des Animaux : Vignettes par Grandville*. Vol. 2. 1844. Paris, Hetzel, 1867, p. 248, <https://archive.org/details/AE121/page/n391/mode/2up?q=cholera>.

<sup>4</sup> Coleridge, Samuel Taylor. *The Complete Works of Samuel Taylor Coleridge*. Edited by Prof. Shedd. New York, Harper and Brothers, 1868, p. 830.

may be a sign of the novelty of the condition, or of underrating and belittling, or of familiarity and intimacy, or a way to represent the ignorance of the 'lower classes' through their 'incorrect' vernacular. In this case, the 'official' medical jargon *cholera morbus* becomes "Cholery Morpus". What is more, the poem also promises dreadful symptoms with glee:

Ah! then my dear honies,  
There's no cure for you  
For loves nor for monies:—  
You'll find it too true.  
Och! the hallabaloo!  
Och! och! how you'll wail,  
When the offal-fed vagrant  
Shall turn you as blue  
As the gas-light unfragrant,  
That gushes in jets from beneath his own tail;—  
'Till swift as the mail,  
He at last brings the cramps on,  
That will twist you like Samson.

The disease is described with enthusiasm in spite of admittedly causing acute pains and cramps (*the cramps [...] twist you like Samson*), changes in colour (*turn you as blue*) and diarrhoea (*gushes in jets*). Even worse, it lacks a cure (*There's no cure for you*), so it is likely to result in death. The mocking spirit is evident in the onomatopoeias, everyday vocabulary, humorous comparisons (*the mail, Samson*), and a brash and slightly scatological content. The mention of bodily discharges is very rare in cholera texts and images, so its occurrence in here is noteworthy. Curiously, Coleridge had himself reported bowel disorders some months before composing this piece. In the words of his nephew, in October 1831, he "has had two very severe attacks of the prevailing cholera, & suffered dreadfully under them."<sup>5</sup> The official date for the arrival of the cholera pandemic in London was February of 1832. Therefore there are doubts on the correctness of the diagnostic. Bewell encapsulates the question well: "[Coleridge] probably did not contract epidemic

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<sup>5</sup> Henry Nelson Coleridge to Thomas Poole, 7 October 1831, CL 6: 874n, cited in Rousseau, George S., and David Boyd Haycock. "Coleridge's choleras: Cholera morbus, Asiatic cholera, and dysentery in early nineteenth-century England." *Bulletin of the History of Medicine*, 2003, pp. 298-331, p. 301.

cholera (though this possibility cannot be dismissed)".<sup>6</sup> Regardless of that, Coleridge has suffered from bowel disorders recurrently and took considerable interest in the subject.<sup>7</sup>

### **3.3 Er Còllera Mòribbus (1835) by G. G. Belli**

Another example can be found in the production of the Italian poet Giuseppe Gioachino Belli (1791-1863), who composed throughout his life over two thousand sonnets in the Roman dialect. The *Sonetti Romaneschi* (1864) constitute a mosaic of many facets of Roman daily life. In the words of the author, they are "a monument left for the present-day populace of Rome" which seeks to preserve "its language, its ideas, nature, customs, habits, practices, sagacity, beliefs, prejudices, superstitions".<sup>8</sup> In a certain sense, this is an ethnographical survey; a text which embodies the 'scientific' efforts to map society habitually undertaken by writers of the period, from Balzac to Zola and beyond.

Among these numerous compositions, Belli penned a cycle of thirty-four sonnets about cholera, that were written from August 1835 to December 1836, when the epidemic raged in Rome. They are grouped under the lengthy title *Er còllera mòribbus, Converzazione a l'osteria de la ggènzola indisposta e ariccontata co ttrentaquattro sonetti, e tutti de grinza*. It can be approximately translated as 'The Cholera Morbus, dialogues in a tavern by the indisposed people and told in thirty-four sonnets, all of merit'.<sup>9</sup> The title is notoriously difficult to render in English due to its divergence from the standard Italian. The poems are written in the Roman dialect, in other words, in a disreputable everyday vernacular. In this regard, they are quite similar to the exuberant locution of *Cholera Cured Beforehand* and, among other reasons, are amusing precisely for their unschooled vocabulary, idiosyncratic orthography and uncommon syntax. Interestingly, Belli's countless compositions are all sonnets. That means that his peculiar vernacular, which is intended to sound as uneven and coarse, is presented in an archetypical lyrical form – resulting, once again, in a discrepancy of form and content.

As in Coleridge's poem, the name of the disease is transformed for comic effect into 'còllera mòribbus'. The change deserves some thought, for it is a sagacious one. First, the medical meaning

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<sup>6</sup> Rousseau, "Coleridge's choleras", p. 317.

<sup>7</sup> Ibid.

<sup>8</sup> "Io ho deliberato di lasciare un monumento di quello che oggi è la plebe di Roma. In lei sta certo un tipo di originalità: e la sua lingua, i suoi concetti, l'indole, il costume, gli usi, le pratiche, i lumi, la credenza, i pregiudizi, le superstizioni, tuttociò insomma che la riguarda, ritiene un'impronta che assai per avventura si distingue da qualunque altro carattere di popolo." Belli, Giuseppe Gioachino. *Tutti i Sonetti Romaneschi*. Edited by Marcello Teodonio. Newton, 1998, p. 3.

<sup>9</sup> Belli, *Tutti i Sonetti*, p. 841.

of cholera as 'bilious' is transformed into the related word for 'anger'. As we have seen, these meanings overlap in many languages, though not in Italian, where *colera* is the disease and *collera* the emotion. The transformation is justified, however, by the tendency of the Roman dialect to pronounce single consonants as double. That smoothly converts one word into the other by elongating the *L* into *LL*, so *colera* (disease) becomes *collera* (anger). The second change is also curious. It is the result of a confusion between the word *morbus* (Latin for 'illness') and one of the forms of the word *mōs* (Latin for 'manner', 'habit', 'custom'). When inflected in the plural dative or ablative, *mōs* becomes *mōribus*, and assumes the meaning of 'morals', 'principles'. The expression is relatively common in ecclesiastical parlance, the treatise *De Moribus Ecclesiae Catholicae et de Moribus Manichaeorum* (*On the Morals of the Catholic Church and On the Morals of the Manichæans*, 388 ce) by Augustine of Hippo serving as an illustration. The inhabitants of Rome are naturally more accustomed to ecclesiastical rather than medical terms, so the misattribution is comprehensible. Then, *moribus* becomes *moribbus* by reason of the same principle of duplicating consonants. The captivating feature of this wordplay is that, besides being entertaining, it is logical to a certain degree and perhaps it could be plausibly observed in everyday talk.

The sonnets are loosely connected, with some of the interlocutors being identified by name. Taken together, they offer a panorama of how the epidemic was received and interpreted by the popular culture in manifold ways. The choice of a prestigious and lyrical form to discuss such a mundane subject is in itself amusing, and the language intensifies the effect. At the time, dialects were used very widely in ordinary day-to-day life in Italy but were not esteemed highly for artistic creation. They were in general considered inherently less aesthetic, so they habitually appear in literature in connection to popular culture and are generally used to attest the simplicity and ignorance of the character speaking it. Later on, in *Chapter 5*, we will peruse the representation of the poor in relation to the cholera texts, and these issues of linguistic prestige will become relevant once again.

The first poem in the cycle already displays the denialist discourse, which circulated in opposition to the apocalyptic ones. On its first sentence, *mastro* Olivo – the title *mastro* indicates he is a craftsman or skilled worker – expresses the opinion that cholera not only is not prevalent in Rome, but probably it does not exist in the first place:

Bbasta, o sse chiami còllera o ccollèra,

io sce ggiuco la testa s'un baiocco

Enough if it is called cholera or choleric,

I bet my head against a coin

che sta pidemia sarvo me tocco,  
cqua da noi nun ce viè, sippuro è vvera.<sup>10</sup>

that this epidemic in my view,  
is not among us, if it exists for a start.

Mastro Olivo expresses further his indignation by cursing (*sciocco* [stupid], *cqueli matti maledetti* [these damn lunatics], *se sfrustassino er culo* [whip their own ass]) and desiring to see isolation facilities (*cordoni e llazzaretti*) burnt down. His utterance is immediately rebuffed in the second poem by *sor* Marchionne, who argues that cholera is a very great scourge sent by God as a punishment for collective sins. For that reason, plague comes their way to kill all secular population, including *mastro* Olivo; while the Pope will intercede to save only two individuals:

Roma ha pprecarivato: ecco er motivo  
che la peste viè avanti pe le poste  
pe nnun lassàcce un zecolaro vivo.  
Tu aspètetela puro pe le coste,  
e vvederai ch'er Papa, mastr'Olivo,  
sarverà appena Ghitanino e ll'oste.<sup>11</sup>

Rome has sinned: that is the reason  
why plague comes our way  
not to leave any secular alive.  
You can wait it at your back,  
and you'll see how the Pope, mastr'Olivo,  
will only save Ghitanino and the innkeeper.

This debate demonstrates the antagonistic interpretations of hysteria and denial, fatalism and ridicule. If one voice declares cholera might not exist, another contends very few will survive. Other voices will add on to the discussion, taking different positions within the two extremes of the spectrum. The sonnet seventeen, for example, is not troubled by the menace: all die sooner or later, so “to be the first, by God, is always an honour”.<sup>12</sup> In the twenty-second, a priest is said to promulgate during a sermon: “Cholera is coming, my dear brothers / prepare to die, my brethren.”<sup>13</sup> In poem thirty-two someone praises the miraculous intercession of Saint Cyriacus for saving the city of Ancona. Another person questions what the miracle would be since so many people have died. To which the first person answers in surprise: “In such terrible cases, is there bigger miracle that this? [...] That not everyone died.” The belief in total extermination is so

<sup>10</sup> 1749. [Er còllera mòribbus] 1°. Ibid., p. 841.

<sup>11</sup> 1750. [Er còllera mòribbus] 2°. Ibid., p. 842.

<sup>12</sup> “Mica è una cosa nova che sse more; / e ttocassi a mmé ppropio a uprí la porta, / l'esse er primo, per dio, sempre è un onore.” 1765. [Er còllera mòribbus] 17° Ibid., p. 849.

<sup>13</sup> “È vvero, è vvero: l'ho ssentito io / predicallo da un prete all'Orfanelli. / Disce: «Er collèra viè, ccari fratelli: / preparète a mmorí, ppopolo mio.” 1770. [Er còllera mòribbus] 22° Ibid., p. 851.

pronounced in here that the fact that some people survived is considered supernatural. These instances show how the sonnets take turns to argue in one direction or another. However, they do not focus exclusively on mortality, but also debate the merits of preventive actions, the governmental response, the worth of available medicines, the behaviour of particular individuals, and so forth.

In the third poem, Sciriàco reproaches his two companions, telling them to keep quiet. According to him, cholera is a calamity which spares neither secular nor clerical folk. They should all be concerned. An exception is made, though, for the women of Rome which are “nearly all friends to Saint Roch”.<sup>14</sup> This declaration can be interpreted in two ways. In a word for word reading, women are considered naturally more pious and are saved by their devotion to Saint Roch, the protector against bubonic plague since the 15th-century. However, the comment can be viewed as a joke as well. Belli annotates his poems; on most occasions to elucidate vocabulary and syntax, but sometimes to clarify cultural nuances which may be needed for interpretation. In this case, he affirms that the Obstetrics Hospital of Rome was called Saint Roch, and that “many women went there to unburden themselves [of illegitimate children] in secret”.<sup>15</sup> He complements the idea by stating that rumours circulated that pregnant women were immune to cholera; the rationale behind it being that God would not harm an innocent unborn child and, for this purpose, would protect their mothers. Another poem will playfully declare that women are now “enraged to get [pregnancy] into the belly” and “husbands, lovers and confessors / barely have time to handle / so many requests for hard work”.<sup>16</sup> In conclusion, ‘to be a friend of Saint Roch’ means simultaneously ‘to be pious’ and ‘to have sex’.

This half-calamitous half-jocose consideration is countered again in the fourth poem, in which Tribbuzio replies that Sciriàco is wrong. Nothing can happen in Rome since it is protected by the Virgin Mary and the Guarding Angel. Besides, even if that was not the case, he adds – to put an end to these “bullshit ideas” (*sciarle del cazzo*) – that the government would undoubtedly take “great preventions”.<sup>17</sup> Thus, once more an alternation of arguments for and against fear is established.

In the next poem, Sirvestro disagrees with Tribbuzio and aligns with Marchionne (2<sup>nd</sup>

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<sup>14</sup> “sò amiche de San Rocco guasi tutte.” 1751. [Er còllera mòribbus] 3° Ibid., p. 842.

<sup>15</sup> Ibid., p. 843.

<sup>16</sup> “Sta vertú cche ppò avé la gravidanza / mó ha ccressciuta la rabbia in ne le donne / de fasselo infilà ddrent’a la panza. / Per cui mariti, amichi e confessori / nun arriveno a ttempo a ccorrisponne / a ttante ordinazione de lavori.” 1770. [Er còllera mòribbus] 22° Ibid., p. 851.

<sup>17</sup> The term is heavier in Italian. It could be translated as “talking shit” or “freaking nonsense”: “Eppoì te vojjo fà ccapasce, senza / tante sciarle der cazzo. [...] / E, a la peggio, te credi ch’er governo / nun pijji quarche ggran precavuzione?” 1752. [Er còllera mòribbus] 4° Ibid., p. 843.

sonnet) and Cciriàco (3<sup>rd</sup>), accepting that cholera is a serious threat. He mentions that he heard from a religious official that *mmòribbus* – in here the *M* is also elongated – means 'to die' (*se more*). The exegesis is appealing because, in Italian, the gerund form of 'to die' is *morire*, while the undetermined subject form is *si muore* (*se more*, in the Roman accent). Nevertheless, the Latin *moribus* and the Italian *morire* are not related despite appearances. The explanation is flawed, which creates hilarity again.

Nonetheless, Sirvestro declares not to be concerned about employing an amusing expression: “De resto der collèra io me ne caco”; literally, “Also, I don't give a shit about cholera”. His choice of words is charismatic, for it manifestly corresponds to the infection's main symptom, diarrhoea. He is not preoccupied because physicians told him that worrying predisposes to the disease – a doctrine that was effectively professed at the time, as we shall soon consider. For this reason, he enjoys life without much ado:

De resto der collèra io me ne caco;	Also, I don't give a shit about cholera;
e avenno inteso a ddí ppiú d'un dottore	and having heard from more than one physician
ch'er rimedio è lo stà de bbon umore,	that the remedy is found in good-humour,
maggno, ingrufò, spasseggio e mm'imbrìaco. <sup>18</sup>	I eat, fornicate, stroll and get drunk.

Sirvestro also asserts he is a good Christian that “only does what he sees his sovereign practising”; playfully implicating that the Pope is as much a hedonist as himself.

The next poem repudiates the idea that the government will somehow prevent disease. Quite the contrary, it contends that the deputies “agreed already that poor folk will be taken / to the lazaret; from where will depart dead / all who entered alive.” The rich, on the other hand, will be “taken care in their houses, healed and helped / by a physician and a guardian from the government”.<sup>19</sup> The consternation expressed in this sonnet was vivid and widespread at the time.

Since almost nothing was known about cholera in the first half of the 19th-century, governments regularly took contradictory actions which ranged from non-intervention, neglect and denial to strict measures of control, isolation and forced hospitalisations. The harsher

<sup>18</sup> 1753. [Er còllera mòribbus] 5° Ibid., p. 843.

<sup>19</sup> “Questi tra lloro se sò ggìa accordati / che la povera ggente se straporti / ar lazzaretto, indov'escheno morti / tutti quelli che cc'entreno ammalati. / E li ricchi staranno in ne l'interno / de casa lòro, curati e assistiti / da un medico e un piantone der governo.” 1754. [Er còllera mòribbus] 6° Ibid., p. 844.

measures were vastly unpopular due to their clear impact in the economy and to their violation of societal, religious and cultural expectations and taboos. Invasive actions, like impeding the movement of people, erecting quarantines and *cordons sanitaires*, sanitising private property or secluding the ill by force, were profoundly resented by the population. Not to mention that these measures were often implemented in selective and asymmetrical ways. The privileged in society were customarily able to avoid or at least mitigate many of these through influence, intimidation and corruption. Nonetheless, marginalised groups – by definition, the most severely affected by the epidemic and by its economic disruption – were frequently alienated and disregarded. These groups were hit the most by the invasive actions which, more often than not, were implemented with brutality and nepotism by police officers and government officials.

All that created a feeling of mistrust and resentment in the population, especially among the poor, who deemed preventive efforts arbitrary and unjust. The indignation instigated social turmoil, particularly when combined with the panic created by a new and mysterious disease and with the feeling of impotence caused by the inexistence of either prevention or treatment. On that regard, conspiracy theories started to circulate as soon as cholera arrived in Europe. Some asserted that the water sources were intentionally poisoned by governments, who wished to eliminate the lower classes to control population growth. Others declared that the disease was a hoax perpetrated by physicians with the twin objectives of extorting money from the sick and of collecting cadavers for dissection. In cases such as these, according to the historian Samuel Cohn, the crowd would see itself as “patient’s liberators against diabolic poisoning by the state and physicians”.<sup>20</sup> Nearly all rumours conveyed similar preoccupations with population control and extermination. Moreover, they combined perfectly with other prevalent discourses which promised the apocalypse or, on the contrary, denied that the disease would ever reach ‘civilisation’.

It did not take long for turmoil and riots to break out. In Petersburg in 1830 crowds invaded hospitals, attacked ambulances and killed physicians. In Liverpool in 1832, mobs also turned against doctors, accusing them of procuring bodies to study anatomy.<sup>21</sup> In Paris in 1832, Heine avows he beheld the lynching of a suspected poisoner. On that note, it may be worth remembering that Zola’s hero in *The Doctor Pascal (Le Docteur Pascal, 1893)* was able to study gestation and the so-called laws of heredity only thanks to “[choleric epidemics] which provided him with a whole

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<sup>20</sup> Cohn Jr., Samuel K. *Epidemics: Hate and Compassion from the Plague of Athens to AIDS*. Oxford UP, 2018, p. 181.

<sup>21</sup> Burrell, Sean; Gill, Geoffrey. "The Liverpool cholera epidemic of 1832 and anatomical dissection—medical mistrust and civil unrest." *Journal of the History of Medicine and Allied Sciences* 60.4, 2005, pp. 478-498.

series of corpses of pregnant women”.<sup>22</sup>

The persecutions of poisoners were numerous in Italy too, where they left a notable cultural imprint which, as we will see in *Chapter 5*, was continuously addressed in literature. From the start, the crowds and riots attracted more attention than the disease itself, in such a way that the ills of the social body took preference over those of the individual body. An illustration of that is found in the autobiography of Luigi Settembrini (1813-1877), the Italian politician and man of letters honoured by Thomas Mann in *The Magic Mountain*. When the *Ricordanze della mia Vita* (*Recollection of my Life*, 1879) were written between 1849 and 1851, cholera had already visited Europe in two waves, with some locales having suffered more two outbreaks due to reinfection from other areas. Settembrini addresses these experiences, but from the start, all his attention is directed to the uproar and violence – no description is made of the disease, no mention of any symptoms:

Always and anywhere it has been a plague not previously known, the people who see death suddenly and do not know how and why, always believe that it is poison, and accuse its enemies, if any exists, or those whom they hate. Our people believed that it was poison and that the government had it spread, sending it in boxes to the administrators, and they would divide it among their thugs who threw it into the waters.<sup>23</sup>

Settembrini then lists many attacks, persecutions and confrontations with the authorities. A great number of examples can also be found in the research of Eugenia Tognotti, *Il Mostro Asiatico, Storia del Colèra in Italia*, which suggest that riots, often with fatal results, were particularly prevalent in Italy, especially in the South. The phenomenon is remarkable and stirs interest in historians, for it reveals a variety of social tensions. Although resulting in part from hysteria and unfamiliarity, riots were certainly fuelled by general feelings of helplessness, exclusion and abandonment. Of course, many factors which contributed to the kindling of violence were rather specific of cholera: the lack of infrastructure to adequately manage the sick, the little interest the

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<sup>22</sup> “Ce qui avait amené le docteur Pascal à s'occuper spécialement des lois de l'hérédité, c'était, au début, des travaux sur la gestation. Comme toujours, le hasard avait eu sa part, en lui fournissant toute une série de cadavres de femmes enceintes, mortes pendant une épidémie cholérique.” Zola, Émile. *Le docteur Pascal*. Paris, G. Charpentier, 1893, p. 36.

<sup>23</sup> “Sempre e dovunque è stata una peste non conosciuta prima, il popolo che vede un subito morire e non sa come e perché, crede sempre che sia veleno, e ne accagiona i nemici, se ne ha, o quelli che egli odia. Il nostro popolo credette che fosse veleno e che il governo lo facesse spargere, mandandone le casse agl'intendenti, e questi lo dividessero tra i loro cagnotti i quali lo gittavano nella acque.” Settembrini, Luigi. *Ricordanze della Mia Vita*. Vol 1. Milan, Rizzoli, 1964, p. 38.

medical establishment devoted to the general population in an age when no health system existed, the reluctance of governments to admit urgent action was required, the efforts to censor the circulation of information, the brutality with which the situation was often handled, the disruption in religious and funerary rites, among others. However, these elements are underlined by other more complex social, cultural and economic phenomena which may allow for cholera to be seen merely as a tipping point, a stage the ventilate frustrations originating somewhere else.

These underlying feelings of alienation set the foundations for the ideas presented in this sonnet by Belli. It was composed very early on in the Second Cholera Pandemic when the disturbances in Naples and Sicily had not yet taken place. The poem points out to the quite distinct ways rich and poor experienced the infection – it will be said in another of the sonnets that, given the situation, “[a] cardinal may possibly be happy / but not a poor father of a family”.<sup>24</sup> In the end, its bitter complaint is enclosed in an ironical inversion of the message from the *Sermon on the Mount*: “blessed are the rich”.<sup>25</sup>

The ninth sonnet addresses precisely the conspiracy theories of extermination by poison:

Pe l'appunto, a pproposito de frati,	Now that you mentioned the priests,
curre la sciarla mó ggnente de meno	a rumour spreads that cholera is no less
ch'er collèra è l'affetto d'un veleno	than the effects of a poison
bbono da fà mmorì ttutti li Stati.	great to make all the Estates perish.
Ir quale er monno s'è scuperto pieno	So the world got all discovered
de funtane e de pozzi avvelenati	with poisoned fountains and wells
da sti servi de Ddio nostr'avocati	by these servants of God who advocate
pe bbuggiaracce a tutti a ccel zereno. <sup>26</sup>	of ruining us all under the clear sky.

Despite the dramatic situation, the speaker is unconcerned. Just like Sirvestro before, he declares to imitate the Pope and live like a *bon vivant*. Amusingly, the declaration is made with the neologism “io papeggio”; in other words, “I pope around” or “I do as the Pope”. He is sure he will not be poisoned because he does not drink water, to begin with: “to water, they can make

<sup>24</sup> “Ce poterà stà alegro un cardinale, / ma nnò un povero padre de famijja.” 1757. [Er còllera mòribbus] 9° Belli, *Tutti i Sonetti*, p. 845.

<sup>25</sup> “Vè vòbbisis, ciovè bbeati voi!” 1754. [Er còllera mòribbus] 6° Ibid., p. 844.

<sup>26</sup> 1756. [Er còllera mòribbus] 8° Ibid., p. 845.

whatever they please / on condition that they don't poison my wine.”<sup>27</sup>

This type of humour based on alcohol consumption was often explored on social discourses at this early stage. Caricatures, mainly, feature with some regularity comments which comically portray alcohol as medicine. For example, in an image published in England in 1831 under the title *Fortifying Against the Cholera* (see Figure 5), we observe a woman pouring alcohol to a little boy, while behind him, a girl of about the same age has already fallen to the ground. On the table stands an enormous bottle of brandy and all on the scene are already intoxicated.<sup>28</sup> Likewise, two French caricatures by Charles Joseph Traviés endorse the idea that spirits were popularly used as prevention. Both are identified as part of a cycle the *Caricatures anti-cholériques* and are not dated, although they were likely published in the early 1830s. In one, a man declares to another while chatting in the streets (see Figure 6): “General rule of thumb! The spirits is [sic] a good thing for all disorders. I know only that.”<sup>29</sup> As in the poems, the words are contracted to imitate accents and colloquial speech, while a mistake in verbal agreement is used to portray the lack of formal education. The other image depicts a man and two women having a meal, all finely dressed and in elegant surroundings (see Figure 7). Their glasses are full, a woman is toasting, and there are opened bottles on the table, while others lay empty in the ground. The seemingly drunk man – his hair is tousled, his eyes drowsy, and face twisted – declares: “I treat the cholera myself by champagne, it is the Mayeux system, by God!”<sup>30</sup> Instead of 'the best system' (*le meilleur système*), the sentence reports 'the Mayeux system', making a pun with the name of a comical character of the period. Mayeux was invented precisely by Traviés just little before the arrival of cholera as an icon of the vulgarity of the bourgeoisie. In the words of Chateaubriand: “The cartoonists and the small newspapers, in the year of grace 1831, had made the hunchback Mayeux the grotesque type of our political fickleness, and they deposited on his back all the blunders, all the absurdities of the bourgeois of Paris, at least those that they liked to see.”<sup>31</sup> Still another caricature, this time published in Germany in 1853, pictures two elegant men talking in a *Café* (see Figure 8). One asks the other, “Can't you give me a preservative against *cholera*, Doctor?”, and receives for a reply, “Oh

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<sup>27</sup> 1756. [Er còllera mòribbus] 8° Ibid.

<sup>28</sup> Seymour, Robert. *Fortifying Against the Cholera*. 1831. U.S. National Library of Medicine, <http://resource.nlm.nih.gov/101393384> Lithograph, colour, 10 x 10 cm.

<sup>29</sup> Traviés, Charles Joseph. *Règle générale! Les spériteux c'est bon pour tous le maladies, je n'connais que ça*. U.S. National Library of Medicine, <http://resource.nlm.nih.gov/101393423> Lithograph, 33 x 26 cm.

<sup>30</sup> Traviés, Charles Joseph. *Moi je traite le cholérapar le champagne, c'est le système Mayueux, nom de D..!* U.S. National Library of Medicine, <http://resource.nlm.nih.gov/101393426> Lithograph, colour, 26 x 34 cm.

<sup>31</sup> “Les caricaturistes et les petits journaux, en l’an de grâce 1831, avaient fait du bossu Mayeux le type grotesque de notre versatilité politique, et ils avaient mis sur son dos toutes les bévues, tous les ridicules du bourgeois de Paris, tel du moins qu’il leur plaisait de le voir.” Chateaubriand, François-René de. *Mémoires d'outre-tombe*. Vol. 5. Edited by Edmond Biré. Paris, Garnier Frères, 1900, p. 421.

yes, go to the buffet, get yourself a *cognac*, and... take a bath in it.”<sup>32</sup> The words 'cholera' and 'cognac' are marked in bold letters to establish a parallel.

Commentaries on alcohol as a remedy for cholera symptoms also appear in the 23rd sonnet of Belli's cycle *Er Còllera Mòribbus*. On it, someone who was only listening until this point decides to speak to describe the disease's main symptom and, once again, to joke around its name:

Volenno arraggionà, st'ammalata,	One can reason, that this disease,
ciovè sta <i>colla-morbida</i> , a un dipresso	that is this <i>soft-glue</i> , roughly speaking,
pe cquer che ssento dí pare che ssia	according to what I've heard, it seems to be
un'usscita che vvadi pe ssuccesso.	an evacuation which goes by the toilet.
Bbè, la diarella, ossii la cacarella,	Now, anyone knows that the diarrhoea,
tutti sanno che vviè da debbolezza	or the runs, exists either by weakness
d'intestibili oppure de bbudella.	of the intestines or the guts.

*Cholera morbus* is transformed here in *colla-morbida*, literally, 'soft-glue'. However, the noun *colla* could also be linked to the verb *colare*, which means 'to filter a liquid to take away impurities' or, still, 'to pour a liquid drop by drop'.<sup>33</sup> The diarrhoea is explicitly named, as well as 'the runs' or 'the trots' (*cacarella*), which are further called a weakness “of the intestines or the guts”. As previously noted, these are very sporadic occurrences which are, nonetheless, justified here due to the satirical ethos and by what is seen as a crude, unrefined and even low culture. That perceived 'vulgarity' is in stark contrast to the silence and euphemisms that prevalent in 'serious' and 'proper' literature – which will tackle soon. Beyond revealing his straightforwardness, the speaker also emphasises the evacuations as a way to justify his drinking: “who has well understood this truth / either does not catch the scourge or remedies oneself / with a good half-litre of brandy”.<sup>34</sup> So, just like the ninth sonnet, this poem contends the seriousness of the disease only to ascertain he is out of danger thanks to his drinking.

That is interesting for it counters the medical advice given at the time. Many saw alcohol as a

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<sup>32</sup> Ritter, Henry. *Wissen Sie mir kein Präservativ gegen die Cholera anzugeben Herr Doctor?* 1853. AbeBooks, <https://www.abebooks.co.uk/Pr%C3%A4servativ-Mittel-gegen-Cholera-originale-KreideLithographie/22379457500/bd> Lithograph, 20 x 17cm.

<sup>33</sup> “Colare” in Vocabolario Treccani, digital version, <https://www.treccani.it/vocabolario/colare1/>

<sup>34</sup> 1771. [Er còllera mòribbus] 23° Belli, *Tutti i Sonetti*, p. 852.

predisposing factor. Mortality among alcoholics was also perceived as greater.<sup>35</sup> Yet in comical literature, just as in caricature, this recommendation was often turned around. The first image in the cycle *Cholera Anecdotes* is a good example. It is called *The Cholera Philosopher in Kraehwinkel* (see Figure 9) and was published in Germany by P. C. Geissler at *circa* 1830. On it we see a man holding a glass and thoughtfully gazing into a poster announcing liquor in the entrance of a tavern. His reflections are transcribed under the image. He is aware that physicians generally believed alcohol and stress could increase one's odds of developing cholera: "I shouldn't drink spirits, I shouldn't get angry; otherwise I'll get cholera...". Nevertheless, the character sophisticatedly reasons that "if I don't drink spirits I'll get angry", and provided that stress induces infection anyway, "spirits and cholera are better than anger and cholera."<sup>36</sup> Since cholera is inescapable, he will just keep drinking. Interestingly, the German poet Heinrich Heine (1797-1856) makes a similar joke about these instructions in his account of the Paris Outbreak of 1832. He says that "doctors told us to have no fear and avoid irritation; but they feared lest they might be unguardedly irritated, and then were irritated at themselves for being afraid."<sup>37</sup>

The character of the drunkard is found with a certain regularity in the cholera and plague texts. Sometimes he barely realises the chaos around him; in others, he accepts the outbreak stoically without even trying to adapt; in others still, he puts himself and those around him in danger on purpose or by imprudence. In the chronicle *Quadri Storici del Cholera di Napoli*, an intoxicated man is said to be nearly buried alive after being taken for dead. Similarly, a German caricature (see Figure 12) depicts a man being carried to the hospital in a litter while screaming, "What do you want; I don't have cholera, I'm just drunk!". At the same time one of the carriers says to the other, "Brother, don't fall for it, he's just pretending!"<sup>38</sup> In the popular novel *Old Saint Paul's* (1841) by William Ainsworth, which describe the events of the Great Plague of London, a drunk man roams the city infecting others deliberately. This motif will continue to appear well into the

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<sup>35</sup> The effects of strong alcohol and cholera in the social body are quite similar. The overlap is clear if one compares the caricatures *Gin Lane* (1751) (see Figure 10) by William Hogarth and *A court for King Cholera* (1852) (see 11) by John Leech. Although published a century apart, they portray dirty, chaotic, crowded streets. They also intend to be a moral commentary over the debauchery of those portrayed. Hogarth, William. *Gin Lane*. 1751. *Wikicommons*, [https://commons.wikimedia.org/wiki/File:William\\_Hogarth\\_-\\_Gin\\_Lane.jpg](https://commons.wikimedia.org/wiki/File:William_Hogarth_-_Gin_Lane.jpg) ; Leech, John. *A court for King Cholera*. 1852. *Wikicommons*, [https://commons.wikimedia.org/wiki/File:Punch-A\\_Court\\_for\\_King\\_Cholera.png](https://commons.wikimedia.org/wiki/File:Punch-A_Court_for_King_Cholera.png)

<sup>36</sup> "Schnaps soll ich nicht trinken, ärgern soll ich mich nicht, sonst krieg ich die cholera... trinke ich aber keinen Schnaps, so aergere ich mich, drum lieber Schnaps und Cholera als Aerger und Cholera." Geißler, Christian G. H. *Anecdotes No. 1: Der Cholera Philosoph in Kraehwinkel*. c. 1830. Stadtgeschichtliches Museum Leipzig, <https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010708.jpg> Etching, coloured, 9,4 x 16,4 cm.

<sup>37</sup> Heine, Heinrich. *The Works of Heinrich Heine*. Vol. 7. Trans. By Charles Godfrey Leland. London, William Heinemann, 1893, p. 181.

<sup>38</sup> "Was wollt Ihr denn, ich habe ja die Cholera nicht, ich bin ja nur betrunken!" "Bruder, glaubs nicht, der stellt sich nur so!". Geißler, Christian G. H. *Cholera Anecdotes No. 4: Cholera pfiff in Krachwinkel*. c. 1830. Stadtgeschichtliches Museum Leipzig, <https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010711.jpg> Etching, coloured, 9,7 x 16,7 cm.

20th-century.

The same kind of terrorism is portrayed in the futurist novel *I Burn Paris* (*Palę Paryż*, 1928) by Bruno Jasiński, in which the bubonic plague is intentionally propagated in the water supply by an alcoholic. In the same vein, in Camus' *The State of Siege* (*L'État de Siège*, 1948), it is the nihilist city's drunk – who answers by the allegorical name of Nada, 'nothing' in Spanish – who helps a personified Plague to take control of the town of Cádiz in Spain. In Sartre's *Typhus* (*Typhus*), a screenplay written in 1943 and rediscovered and published in 2007, the main character is an alcoholic who is forced to regain sobriety by the epidemic surrounding him.

The sonnets by Belli display a great variety of religious reactions to the epidemic. On one side, they present a great amount of anticlericalism and even blasphemy, yet on the other, they portray piousness, superstition and popular devotion. The poem number thirteen is an excellent example of the first group. The speaker bluntly condemns the lack of engagement of the Pope in fighting the epidemic or, at least, providing moral support:

E de sti Papi ce se disce intanto	And of these Popes who we are told
che sse fanno e sse metteno in palazzo	make and place themselves in the palace
pe spirazzion de lo Spirito ssanto?	by inspiration of the Holy Spirit?
De che? Spirito ssanto a sti Neroni?	Of whom? Holy Spirit to these Neroes?
A sti ggiudii? Spirito ssanto un cazzo:	To these jews? Holy Spirit my ass:
Spirito ssanto un paro de cojjoni.	Holy Spirit my balls.

The disapprobation is crystal clear, being delivered with a variety of vulgar expressions and comparisons to Paganism and Judaism. It shows how the church officials are not considered beyond criticism, especially when they act as rulers; as is the case in Rome, then part of the Papal States. While on the subject, religious criticism is not particularly common in the cholera texts. When it appears, it is usually combined with some governmental action, as on this occasion. Given that epidemics are nearly always interpreted as supernatural punishment to some degree, during turbulent times, religion is rendered with higher regularity as a unifying and redeeming factor in society. That seems to be the case in here too, for the objection is directed to the Pope as a ruler, rather than as a spiritual guide. That is so because the discussions in the three poems preceding this one are strictly political and focus on the different strategies adopted by France, the Kingdom

of the Two Sicilies, and the Papal States. In like manner, the following sonnet reproaches the acid words, yet on political, not necessarily religious grounds: "Shut up right there, foul-mouthed: are these word / to be delivered safely like that? / Don't you know that the walls here speak? / Do you *truly* want to risk the sun?"<sup>39</sup> This speaker is afraid of reprisal and warns the companion it is incautious to express himself so openly and in such a place.

Many of the poems scoff at the bad example generally provided by the clergy. The pope and cardinals are taken as singularly mundane. Nonetheless, many also express trust in the protection of the saints or distress over the disruption of religious rites. The sonnet thirty-four, for example, laments that "who is worse of all is Jesus Christ / who has lost his Christmas prayers."<sup>40</sup> It refers to the prohibition that citizens from Naples to enter the Papal States – they are those conducting these especial Christmas rites. Upon which, the ceremonies were not performed that year. Another poem complains of the sanitary interdiction to bury the dead inside churches: "to see our poor Christians, our fathers, our creatures / thrown in the swamp, by God, like dogs!"<sup>41</sup> In contrast, there is much confidence in the healing power of religious artefacts. The poem thirty-one repudiates the many remedies previous listed in poems nineteen, twenty and twenty-one. In its view, "the only medicine that makes prodigies / is our Lady, our true Lady".<sup>42</sup> Intriguingly, one of the miracle cures discussed during the conversation is that of a nun who, it turns out, is G. G. Belli's sister. The autobiographic element inserted by the author – accompanied by a metatextual digression on his own poetics – grants veracity and prestige to the dialogue. Strategies which we have already minutely observed in the texts of Defoe and Mary Shelley.

To summarise, the cycle of thirty-four sonnets by G. G. Belli is a panorama of popular opinions on the many preoccupations created by cholera: how likely are we to die, what are the preventive measures adopted, which remedies are available, how efficacious is medicine when compared to religion, how physicians, clerics and other authorities behave. This chorus of voices reveals the plural perspectives which exist in dealing with the matter, while, coincidentally, it also outlines a certain harmony. Overall, there is a general feeling of scepticism about cholera's existence, resentment against the adopted measures, and confusion regarding possible treatments.

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<sup>39</sup> "Zittete llí, sboccato: sò pparole / da dísse queste ccusi a la sicura? / Nu lo sai che qui pparleno le mura? / Ma cche davvero vòì ggiucatte er zole?" 1762. [Er còllera mòribbus] 14° Belli, *Tutti i Sonetti*, p. 847-8.

<sup>40</sup> "chi sta ppeggio de tutti è Ggesucristo / c'ha pperzo la novena de Natale." 1782. [Er còllera mòribbus] 34° Ibid., p. 857.

<sup>41</sup> "Vedé bbuttà li poveri cristiani, / li nostri padri, le nostre crature / ner campaccio, per dio, come li cani!" 1763. [Er còllera mòribbus] 15° Ibid., p. 848.

<sup>42</sup> "La mediscina che ppò ffà pprodiggi / è la Madonna, e la Madonna vera" 1779. [Er còllera mòribbus] 31° Ibid., p. 855.

Furthermore, the voices are not genuinely distinguishable. Although some of the sonnets name their interlocutors, it is not possible to identify individuals nor to reconstruct a consistent world view. In reality, it is difficult even to know how many people engage in the conversation. It is unclear whether the sonnets are part of a single discussion – as the title suggests – or if some are isolated statements recorded anonymously in a type ethnographical patchwork. This difficulty in specifying identity in matters related to cholera is another of its *topoi* of representation. We will peruse in *Chapter 5* how the idea of anonymity continually emerges in the texts, and also how literature tends to feature unidentified characters in groups. There is a strong tendency to ignore the individual to focus on the crowd, where there are no distinguishable individual traits, and every person is identical to every other.

Moreover, this idea of anonymity is habitually coupled with that of violence. The texts often portray the memories and anxieties of riots that really took place. Many short stories and novels feature events in which uncivilised mobs get out of control and tear down whatever is found in front of them. That is not the case of *Er Còllera Mòribbus*, where the commoners are seen with a certain paternalist sympathy, yet are also derided to some extent. Belli invites the reader to partially laugh *with* and partially laugh *at* his characters. That is evident on the cycle's subtitle in which the sonnets are called '*tutti de grinza*'. The word *grinza* ('wrinkle') occurs in popular expressions like *c'è una grinza* ('there is a problem') or *non fa una grinza* ('it is perfect', 'impeccable'). In similar fashion, an argument which *non fa una grinza* is an airtight and compelling argument. Since many of the conveyed reasonings are not particularly coherent – far from it –, the subtitle is obviously ironic. It aims precisely at highlighting the broken logic and humble expression of the poems. The whole cycle is pervaded with comic nuances created by a myriad of mechanisms: the variety of sardonic comments, the defective grammar and vocabulary, the evident absurdity of some of the ideas discussed, as well as the naivety of specific arguments and their illogical conclusions. Paradoxically, even while expressing plural opinions, these voices collectively reconstruct 'the voice and mentality of the people'. Some individuals have names, but without there being any real personal distinctions. They may disagree on some matters, yet still, by and large, they think alike and speak alike.

### ***3.4 The Cholera in Paris (1832) by Heinrich Heine***

Similar characteristics can also be found in the very influential description of the Paris Outbreak of 1832 written by the German poet Heinrich Heine. Heine was exiled in the city since

1831 and earned his living working as a journalist. He produced for the German newspaper *Augsburger Allgemeine Zeitung*, a series of nine essays with commentaries on politics, society and culture called *The French Affairs (Französische Zustände, 1832)*. Initially, the texts were published anonymously in the press, but they bore the poet's name when they appeared in book form by the end of the year.<sup>43</sup> In 1833, it was published in French as *De La France*, and it became a success, despite lacking several passages due to censorship. Prussian authorities went further and outlawed the book.<sup>44</sup> As remarked by Gerhard Höhn and Bodo Morawe, the work was hailed in France as the achievement of a “*grand historien*” and a “*grand poète*”.<sup>45</sup> Among its admirers, we could count Sainte-Beuve.

Heine's journalistic writings are part of a genre in formation at the time; that of the “letter to the public”, which combined elements of autobiography, travel narrative, cultural criticism and epistolary novels.<sup>46</sup> According to Hooock-Demarle, the objective of the genre was to act as a mediator between two cultures. The French Revolution was a chief instigator of this type of cultural criticism; to such an extent that the genre became particularly fruitful in matters connected with France and Germany. Paris, above all, attracted enormous attention, with representative cases being found in the *Letters from Paris written during the French Revolution (Briefe aus Paris zur Zeit der Französischen Revolution geschrieben, 1790)* by Joachim Heinrich Campe; *Parisian Sketches (Parisische Umriss, 1794)* by Georg Forster; or the *Letters from Paris (Briefe aus Paris, 1832-34)* by Ludwig Börne. Hooock-Demarle argues that Heine's production was instrumental in forming the genre, which, in the 1830s, became “a German speciality”.<sup>47</sup> In effect, other cholera texts will follow his lead, such as the *First Impressions from Europe (1832)* by Nathaniel Willis, or the already mentioned *Letters From A Mourning City (1885)* by Axel Munthe and *The Cholera Epidemic of Hamburg (1892)* by Mark Twain.

Cholera appears in two of the texts of *The French Affairs*: letters VI (dated from April 19<sup>th</sup> 1832) and VII (from May 12<sup>th</sup>). The seventh letter contains some passing commentaries on the outbreak, but it is the sixth letter which is veritably absorbed by the subject. On these grounds, it is on occasion apocryphally referred to as *The Cholera in Paris*. On it, the description of the epidemic is inserted in a larger panorama of political commentary of the present and recent past, which is on itself a curious choice. Letter VI starts with a promise of neutrality. Heine asserts his aims is to interpret the “enigma of the day” with impartiality and drawing from history. He implies that it is

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<sup>43</sup> Hooock-Demarle, Marie-Claire. “La médiation selon Heine.” *Romantisme* 28.101, 1998, pp. 17-27, p. 25.

<sup>44</sup> Heine, Heinrich. *De la France*. Trans. by Gerhard Höhn and Bodo Morawe. Paris, Gallimard, 1994, p. 8-9.

<sup>45</sup> *Ibid.*, p. 10.

<sup>46</sup> Called *Zeitgattung* or *Zeitform* in German criticism according to Hooock-Demarle, *La médiation*, p. 18.

<sup>47</sup> “une spécialité allemande”, *Ibid.*, p. 19.

impossible to do otherwise: a historical perspective is mandatory because the present cannot be interpreted solely on its own lights. In Heine's formulation: "Saloons lie, graves speak the truth".<sup>48</sup> For that reason, in order of being able to comment and understand current events, he is obliged to turn, first, to the French Revolution. Heine then announces that his next article will survey its historical roots. He suggests, incidentally, that the Revolution is still unfolding and, to tell the truth, could reach its culmination sometime soon. As a result, the forthcoming letter will be written to understand "whether France is now at rest, or whether we are to anticipate new political changes". The text is still a work in progress, but, given that its initial sketches were ready by then, Heine decided to annexe them in an appendix to the current text. He would wish to conduct the analysis straight away but is prevented from doing so, because "the present is at this moment the most important." Only then, after six pages of preamble, he unexpectedly turns to the description of cholera. From this point onwards, the outbreak is delineated for over twenty pages, from the moment when it officially started to a mid-way point into the epidemic, circa three weeks later, when no resolution is yet in sight. To all intents and purposes, the article serves solely to describe the epidemic; so why does Heine makes such a lengthy preparatory statement? And why this long introduction does not provide any clue to the theme that the article will address? These questions should be kept in the background; we will come back to them shortly.

Heine starts his chronicle by asserting he could not complete his article on the Revolution due to the tormented screams of his neighbour agonising with cholera. That happens not due to fear but to annoyance. He would have left Paris had he not been held back by companionship:

I am not indeed conscious that I was in the least troubled, but it is very disgusting when the whetting of the scythe of Death rings distinctly in our ears. A disorder or discomfort which was more physical than mental, for which nothing could be done, would have driven me from Paris, but then my best friend would have been left alone, and seriously ill.<sup>49</sup>

Thus, unlike the other foreigners, Heine stays in town, not out of temerity, but with the noble intent of nursing a friend – who is not identified and is never mentioned again. He does not explain

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<sup>48</sup> Heine, *The Works*, p. 155.

<sup>49</sup> It is unclear if the neighbour and the friend are different people or one and the same. In the original German there is "das grauenhafte Schreien meines Nachbars, welcher an der Cholera starb" and "aber mein bester Freund lag hier krank darnieder." Heine, Heinrich. *Französische Zustände*. Hamburg, Hoffmann und Campe, 1833, p. 147-148. The English translation interprets the passage as referring to distinct individuals (*a neighbour, my best friend*), while the French apparently to the same (*mon voisin, mon meilleur ami*). Heine, *The Works*, p. 162.

what cholera is or where it comes from; these facts are given for granted. Who would not be aware of them, after almost two years of outbreaks flaring up in Eastern, Northern and Central Europe? The text immediately turns to the pervading mortality. The funerary system collapsed, coffins are no longer available, and people have to be buried in sacks by the hundreds. The poet's servant fatalistic pronounces each morning that they will all die, every single soul.

Regardless of the declaration that “only a fool would have found pleasure in braving the cholera”, the impression conveyed by Heine's meanderings are of effrontery and audacity. He is quite unlike a modern journalist, who presumably would try to arrange a full picture by talking to authorities, providing data, confirming findings, mentioning sources of information, and trying to separate his personal experience from the press coverage. In that sense, albeit the text was published in a newspaper, it is a sort of fusion of the typical reportage of the present and the personal testimonies of *The Last Man* or *A Journal of the Plague Year* that – it is important to remember – were not meant for publication. Just like H. F., who could not restrain himself for long, Heine wanders about Paris, seemingly out of curiosity. He does not fear contagion in the least. He does not hesitate from following rioting crowds, for example; nor abstains from a pressing urge to visit a friend's grave at the height of the crisis, when cemeteries would be beaming with corpses. He witnesses much chaos, suffering and violence, but at no point wonders if these chagrins could turn his way. His routine does not seem to have been seriously affected either: he continues to look after his image – some of the rumours originate from “my barber” – and does not shy away from the saloons, where people are surprised he stayed behind.

Heine's role as a spectator and survivor is emphatically underlined. He wishes the text to be interpreted as “a bulletin written on the field of battle during the fight, and thus bears the impress and colour of the moment”.<sup>50</sup> Very much like Defoe and Mary Shelley, his personal identity organically interacts with the text to obfuscate the limits between fact and fiction. Concomitantly, very much like H. F. and Verney, Heine feels the urge to compare his eyewitness account to those of his inescapable precursors: Thucydides and Boccaccio. Apart from the solid authority of these authors, the comparison is particularly relevant due to the hybrid standing of their texts, at once historical and literary. It is not without reason that epithets accompany their evocation: “Thucydides the historian and Boccaccio the novelist”.<sup>51</sup> Besides, in his typical humorous flare, Heine even doubts his forerunners would have been as calm as himself when writing for “the Universal Newspaper of Corinth or Pisa” (*die Allgemeine Zeitung von Korinth oder Pisa*).<sup>52</sup> The

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<sup>50</sup> Heine, *The Works*, p. 164.

<sup>51</sup> *Ibid.*, p. 164.

<sup>52</sup> My translation. The English translation of Charles Godfrey Leland mistakenly exchanges Corinth for Florence,

allusion to himself is more pronounced in the German, given that the poet's letters were published in the 'Universal Newspaper of Augsburg' (*Augsburger Allgemeine Zeitung*). Not only that, but the next paragraph is unequivocal in maintaining that his text is genuine and reliable:

I shall, in the following pages, remain true to a principle which I have followed from the beginning of the book, which is to change nothing and to let it be printed as it was originally written, excepting, perhaps, putting in or taking out a word here and there when it, so far as I can remember, corresponds with the original manuscript. I cannot reject such small reminiscences, but they are very few, very trifling, and never involve actual errors, false prophecies, and oblique perceptions, which cannot, of course, be wanting, since they belong to the history of the time. The events themselves afford their own and the best corroboration.<sup>53</sup>

Heine swears he is telling the truth and assumes the self-invested role of 'historian of the present' which is transparent since the beginning of the *French Affairs*. In the preface, he asserts that "my life has been consecrated to this active duty" of bringing "the great mass of the people [to] really understand the present"; this is Heine's self-imposed "function" (*mein Amt*).<sup>54</sup> Not only that, but the newspaper in which he publishes is the "best adapted for information referring to a comprehension of the present time". It follows that he is a mediator, at once a historian and a source of history, a commentator of the present but also its chronicler. Nowhere else is this so pronounced as in the letter of dedication of the book, where the work is considered to be a 'daguerreotype', that is to say, a 'photography':

An honest *daguerreotype* must truly repeat a fly as accurately as the proudest horse, and my reports are a daguerreotyped book of history, in which every day depicts itself, and, by giving such pictures collectively, the co-ordinating spirit of the artist has contributed a work in which that which is represented authenticates itself. My book is therefore at once a product of Nature and of Art, and while it now, perhaps, satisfies the popular wants of the reading world, it can assuredly be of use to later writers as a source of history, which, as I have said, bears inner

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mentioning "the *Universal Daily Gazette* of Florence or Pisa". Ibid., p. 164. The German original mentions "für die *Allgemeine Zeitung von Korinth oder Pisa*". Heine, *Französische Zustände*, p. 150.

<sup>53</sup> Ibid., p. 165.

<sup>54</sup> Heine, Heinrich. *The Works of Heinrich Heine*. Vol. 7. Trans. By Charles Godfrey Leland. London, William Heinemann, 1893, p. 10.

witness of its daily truth. In this respect the highest recognition has already been awarded to my *French Affairs*, which bear the same character, and the French version of it was extensively used by French historiographers.<sup>55</sup>

It is clear that Heine wishes his letters to be taken as photographs, and, hence, as 'truthful', 'genuine' and 'reality itself'. They are all-encompassing and include all required details, no matter how minute. They are also dexterous combinations of *belles lettres* and factual insight, as proven by their immediate success. Above all, they are chronicles, records, sources, which will serve as raw material for future historians; and, if truth be told, are already being used as such at present. Compellingly, these grandiose claims were absent in the first French edition of *De La France*. They were considered threatening enough by the authorities to be censored and erased. They would only be rendered into French almost two centuries later, when, in 1994, the first integral edition of the book was completed and retranslated by Gerhard Höhn et Bodo Morawe.<sup>56</sup> Nonetheless, censorship has not hindered the French public to praise Heine exactly on his terms, at once as artist and historian.

The relationship between the writing of history and that of literature is knowingly complex and fluid, especially in the 19th-century. Historical narratives and narrative histories indisputably share many characteristics, as proven by the keen attention literary criticism allots to the matter. These are somewhat malleable categories which authors often use to their advantage. In the cholera and plague texts, the boundaries between factual chronicle, exaggerated testimony and believable fiction are opaque grey areas. Assertions with very different credentials of truthfulness – ranging anywhere from absolute falsehood to absolute truth – are customarily interwoven and mingled together. What happens to such an extent that it is often difficult, or even impossible, to separate the veridical and the verosimile, the implausible incident and the convincing fabrication. That is why so many of the memoirs, travel narratives, journalistic coverages and even medical texts concerning epidemics are, as often as not, indistinguishable from their fictional counterparts. The storytelling constructed around outbreaks of contagious diseases or other natural disasters is, almost by definition, a collective endeavour. As such, it relies up to a certain degree on personal observation, but it is overwhelmingly based on the amassed testimonies of the group. In other words, narratives of epidemics heavily depend on rumours; and rumour, we all know, are peculiarly prone to embellishment and invention.

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<sup>55</sup> Heine, Heinrich. *The Works of Heinrich Heine*. Vol. 8. Trans. By Charles Godfrey Leland. London, William Heinemann, 1893, p. 26-27.

<sup>56</sup> Heine, De la France.

In short, the cholera narratives tend to present the reader with an amalgamation of history and fiction. That is particularly noticeable if we confront Heine's description of the eruption of cholera with the first historical chronicle of the kind produced in Italy; namely, the *Quadri Storici del Cholera di Napoli* (*Historical Depictions of the Cholera in Naples*, 1837). The work is penned by the Count of Sterlich, who avows in the preface that he decided to note down the "observed facts" in "the form of a chronicle" early on in the Naples Outbreak of 1836. He is explicit about the status of his text: "I wrote a history" and "I hope to have fulfilled all the duties of the historian".<sup>57</sup> In this respect, the title of the work was aptly chosen. The preface is accompanied by an anonymous epigraph which manifests this aim too: "From these pages it will be revealed how difficult it really is to write the history of the contemporaries".<sup>58</sup> Sterlich excuses himself for the eventual "coldness" or "laxity" of his style, professing that "I have not written for the linguists, but for everyone: I wrote a work that is simple, paced, popular".<sup>59</sup> Therefore, in spite of professing no artistic pretensions, Sterlich's objectives are remarkably similar to Heine's. And so are his results; the two texts look very much alike in the way they handle information. Sterlich is not particularly thorough with his sources, which, most often, are not identified. Some of the facts were presumably testified by himself, but a great many are admittedly based on rumours or are provided without any contextual origin.

The work is divided into short chapters organised by theme. Some address foreseeable and straightforward issues like *The Cholera*, *The First Case* or *The Lazaret*. A few tackle sociological and scientific data such as *General Statistics*, *Hospital Statistics*, or *The Periodicity of Cholera*. Some serve as a homage to those who assisted the sick and the city (*The Doctor Rivaz*, *Misstress De Mazure*) or as a eulogy of those who died from the disease (*Tarquinio Vulpes*, *Gaetano Costa*, etc.). Some chapters also turn to a sort of ethnography, reflecting on *The Vows*, *The Food* or *The Religious Places*. The strategy is altogether not very different from the one Matilde Serao will adopt in *The Belly of Naples* (*Il Ventre di Napoli*, 1884) nearly fifty years later. Motivated by the cholera epidemic of 1884, Serao writes a text which is, on the whole, a sociological inquest focused on the anonymous inhabitants of Naples. Even if it is not strictly narrative, the work is primarily influenced by the 'scientificity' of the Naturalist school.

In the *Quadri Storici*, however, the great majority of chapters are narratives. They are delivered in third-person narration and surprisingly include abundant dialogue. For all practical purposes, these are short stories, which may presumably be non-fictional, but are short stories all

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<sup>57</sup> "Spero d' aver riempite tutte le parti di storico" Sterlich, *Quadri Storici del Cholera di Napoli*, p. 7-10.

<sup>58</sup> "Da queste pagine si rileverà quanta difficile cosa è lo scrivere la storia dei contemporanei. ANONIMO" Ibid., p. 7.

<sup>59</sup> "Nè i severi linguisti mi accagionino di trascuratezza pel modo con cui li è esposti: io non è scritto per essi, ma per tutti: è scritta un' opera semplice, andante, popolare [...]" Ibid., p. 9.

the same. They have allusive titles like *The Lost Little Girl*, *A Coffee House*, *The Letter of the Benefactor*, *The Fatal Joke*, and so forth. All of the one hundred fourteen chapters are accompanied by epigraphs, which feature nearly the entire Italian literature, with Boccaccio and Manzoni being distinctly prevalent. There are also quotes from ancient authors, the Bible, and, just once, Shakespeare. The narrative flavour of the majority of the *Quadri Storici* is so pronounced that it is possible to demonstrate with a single example. The first sentences of the chapter *The Waiter of the Innkeeper* are thus:

Giuseppe, who for his experience in serving inns could be called the dean of the waiters, and for his visibility, a well-known young man, has had the cholera. Even if he kept for himself the best morsels and the least indigestible foods of the *villa di Milano*, the poor devil was equally struck by the dominant disease. And he died confessed and anointed, and was put inside the cart, and was brought to the cemetery. His wife, who in the few days of his illness had consumed the little money available, found herself deprived of every small coin, and knew not how to buy four little candles to light in front of him. Dishevelled and weeping, she searched the innkeeper.<sup>60</sup>

Besides, like the sonnets of *Er Còllera Mòribbus*, the anecdotal narratives are fragmentary, but when taken collectively offer a vast mosaic of behaviours. Many of the themes and opinions explored by Belli are also registered here. They are often presented with similar humorous tones and just as briefly, many of the narratives having the length of a page or so. Strikingly, there are some which also compile fragments of unidentified discourses without any interruptions by a narrator. This technique is effectively illustrated by the first paragraph of *The Widow of the Painter*, which sets the tone for the rest of the short story:

How pale she is! – How worn out! – Don't go near – Your breath could throw her to the ground – What does she do? – She cries – She wipes her tears – and goes

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<sup>60</sup> "CIII IL GARZONE DELL'OSTE. Giuseppe che per la sua esperienza nel servir le osterie potrebbe dirsi il decano dei garzoni e per la sua pubblicità un giovine conosciuto, ebbe il cholera. Il povero diavolo benchè conservasse per sè i migliori bocconi e i cibi meno indigesti della *villa di Milano*, fu anch'esso colpito dalla malattia dominante. E morì confessato e comunicato, e fu messo dentro al carrettone, e fu menato al camposanto. La moglie che nei pochi giorni della malattia di lui avea consumato il poco di danaio accumulato, si trovò priva d' ogni più picciola moneta nè sapea come fare per comperargli quattro torchi di cera ed accenderglieli dinanzi. Scarmigliata e piangente si trasse dal padrone dell'osteria" Ibid., p. 274-75.

back to work – She will work to find some bread.

Poor thing!<sup>61</sup>

These brief anecdotes fit Jennifer Cooke's commentaries on the 'flash narratives' of *A Journal of the Plague Year* quite well. This type of fragmented, swift and sketched narration is very typical of the narratives of epidemics. That applies to all texts I have perused thus far and will still be valid for many forthcoming others.

What is more, Sterlich also makes much use of another recurring stratagem: the 'reality effect'. Besides the already mentioned chapters on statistics, the *Quadri Storici* features other elements designed to augment the textual trustworthiness such as epitaphs, tables of mortality, popular songs, prayers, notes to precise newspapers' editions, commentary on scholarly works, bibliographical entries and even a ten-pages-long onomastic index. When taken together, these elements spell out how serious and scientific this text desires to be judged. As we have seen, Defoe has employed this tactic with such mastery that his fictional diary was accepted as a genuine document for some decades. In that sense, his work is so complete and thorough, that it may come across as more authentic than the genuine historical account found in Samuel Pepys' diaries, which were truly put together during the plague. If we read Defoe and Sterlich side by side, it is rather difficult to spot who is the artist and who the historian – if any. No literary scholar would challenge the ontological status of *The Last Man*, since it is quite obvious that the narrative is a fictional account posing as truth. Yet, it is harder to apply the same reasoning to *A Journal of the Plague Year*, as attested by the prolific existing debate. However, since Defoe is a celebrated author and has used the same strategy elsewhere, we do apply the fictional label in this instance as well. Further than that, how should we interpret the *Quadri Storici del Cholera di Napoli*? Should we accept Sterlich's adamant claim of being a historian? Or should we take the opposite path and consider that his narrative approach undermines his role as a chronicler?

These questions may seem overworked, yet they are crucial in establishing the limits of interpretation. Literary criticism has been, on many occasions, rather credulous when discussing texts on epidemics. Boccaccio's account, more than any other, is often accepted with credulity, notwithstanding the fact that it contains quite a few problematic elements. He claims, for instance, to have personally seen pigs die after sniffing the clothes of plague victims.<sup>62</sup> That is possible since

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<sup>61</sup> "XXV. LA VEDOVA DEL PITTORE Com'è pallida! – Com'è consumata! – Non avvicinati – Il tuo fiato potrebbe gittarla in terra – Che fa? – Piange – Si asciuga le lagrime – e torna al lavoro – Lavorerà per procacciarsi un pane. Poveretta!" Ibid., p. 82-83.

<sup>62</sup> "et avvenendosi ad essi due porci, e quegli, "etondo il lor costume, prima molto col grifo e poi co' denti, presigli e

non-human animals can effectively contract bubonic plague and die from it. However, that does not happen on-the-spot. In humans, the bubonic form of the plague rests in incubation for two to six days before the onset of symptoms; while the more aggressive pulmonary form may require one to three days. In pigs, the bacterium will likely act differently, but it is hardly credible that they would cause instantaneous death, as Boccaccio wants us to believe. Instead, they would agonise for hours, if not days.

Beyond that, Boccaccio's claims are suspiciously similar to the remarks of an authority he would most likely emulate if given a chance: Thucydides. On the description of the Plague of Athens, which appears in the *History of the Peloponnesian War* (Book II, Chapters 47-54), the Greek scholar reports that birds of prey perished after feasting on the dead bodies.<sup>63</sup> <sup>64</sup> This is also somewhat problematic occurrence, since the Plague of Athens was likely caused by *Salmonella typhi*, a bacteria which may be carried by animals but it is not generally lethal to them in great numbers.<sup>65</sup> In my opinion, it is plausible that anecdotes about animals sharing the fate of humans would circulate broadly. One reason for it was the very close interaction between human and non-human animals at the time; another was the Homeric resonance such an episode entailed. In the *Book I* (v. 69-72) of the *Iliad*, Chryses's prayers of revenge are welcomed by Apollo, who punishes the Greeks by diffusing pestilence among the troops:

On mules and dogs the infection first began;  
And last, the vengeful arrows fix'd in man.  
For nine long nights, through all the dusky air,  
The pyres, thick-flaming, shot a dismal glare.<sup>66</sup>

Homer is clear: mules and dogs die first as a forewarning of things to come, then humans fall in great numbers, so much so that funeral pyres burn for nine consecutive days. Given the centrality of the *Iliad* to Greek culture, it is not inconceivable that Thucydides would feel inclined to over-elaborate his report to include this unlikely multispecies burden. Then, Boccaccio would

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scossigli alle guance, in piccola ora appresso, dopo alcuno avvolgimento, come se veleno avesser preso, amenduni sopra gli mal tirati stracci morti caddero in terra." Boccaccio, Giovanni. *Il Decameron*. Leipzig, Brockhaus, 1877, p. 6.

<sup>63</sup> Thucydides. *The Peloponnesian War*. Oxford Classics, 2009.

<sup>64</sup> For a detailed discussion of the text see Longrigg, James. "Epidemic, ideas and classical Athenian society" in Ranger, Terence, and Paul Slack, eds. *Epidemics and ideas: essays on the historical perception of pestilence*. Cambridge UP, 1992, pp. 21-44.

<sup>65</sup> Papagrigorakis et al., "DNA Examination of Ancient Dental Pulp Incriminates Typhoid Fever as a Probable Cause of the Plague of Athens" *International Journal of Infectious Diseases*, 10.3, 2006, pp. 206-214.

<sup>66</sup> Homer. *The Iliad*. Trans. Alexander Pope. London, Cassel and Co., 1909, p. 35.

imitate Thucydides, and others would imitate Boccaccio. We have already met one of these, for in *The Revolt of Islam* pestilence spares no living creature: it attacks first mammals, birds, fishes and even insects, then it turns to humans, who, by then, suffer from starvation too. Another example can be found in the autobiography of Luigi Settembrini, equally mentioned earlier. In *Ricordanze della Mia Vita*, he describes his efforts to dissuade a group of scaremongers from the belief that cholera was the result of a governmental poisoning campaign. He conjures up both the accounts of Thucydides and Manzoni to discourage the conspiratorial reasoning. It is all in vain; Settembrini is rebuffed, and the excitement resumes when a woman declares: “I saw with my own eyes a dog die in ten minutes after that a woman gave him a piece of bread.’ ‘And the woman?’ ‘She had already disappeared.’”<sup>67</sup> Her claim is dubious, not only because it fits the conventions of this type of storytelling – Thucydides had been remembered in the previous sentences –, but also because cholera is challenging to reproduce in animals; even in a laboratory that is hard to achieve. Dogs are unlikely to naturally develop the infection, much less to die from it.

The same logic also applies to other cholera texts where obvious inconsistencies are found. If truth be told, these inconsistencies are often so easy to spot, that they were likely chosen, at the outset, for precisely this reason. The travel narrative *Meine Reise nach dem Harz* (1834) by Adolf Glassbrenner is a case in point. On it, the author – who is supposedly telling the real events of his voyages – wakes up at his lodge one night to witness an unanticipated meeting of demons, witches and venomous creatures. The demonic gathering is presided by Satan himself, who pays his honours to Madame Cholera and her friends.<sup>68</sup> The unexpected manifestation of the supernatural in a travel narrative is resolved at the highest moment of suspense when the narrator awakes from a dream. The text recovers its verisimilitude in consequence.

Another example is found in *Letters From a Mourning City*, in which Axel Munthe describes his – presumably real – experiences as a medical doctor working during the Naples Outbreak of 1884. The book presents itself as non-fiction. However, the narrator holds several conversations with his donkey, who, it turns out, it is a rather gifted interlocutor. Unlike Glassbrenner's travel narrative, the fantastic element is not justified nor redeemed. The text does not recover its sovereignty over 'the truth' or 'the facts', and the author himself is the first to deride the weak spot. Munthe wilfully creates this 'flaw' to drive the reader into doubt. If that element is

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<sup>67</sup> “Ho visto io morire un cane dieci minuti dopo che una donna gli ha gittato un pezzo di pane.” “E la donna?” “Era già scomparsa.” Settembrini, *Ricordanze della Mia Vita*, p. 39.

<sup>68</sup> Glassbrenner immediately evokes the French Revolution once the epidemic is mentioned. Madame Cholera is accompanied by the personifications of Cruelty, Revolution – who brings along the guillotine – and Liberty. The intent is to mock the revolutionary motto *liberté, égalité, fraternité*, as well as to ascribe political meaning to the natural disaster – just like Chateaubriand or Heine. Glassbrenner, Adolph. *Aus den Papieren eines Hingerichteten*. Leipzig, Vetter und Nostosky, 1834, pp. 45-47.

fabricated, what else could also be untrue? Analogously, some of Dumas' remarks in *Mes Mémoires* or Mark Twain's in *The Innocents Abroad* are hardly plausible and were likely invented – or at least enlarged – for humorous effect.

Heine's description of the Paris Outbreak also contains such far-fetched elements. Before all else, the reader is unable to verify the poet's claim of having stayed in town. It is a well-known fact that Heine lived in Paris before the epidemic, but it does not follow he continued to do so during the outbreak. The reader has no other option but to accept the author's words for it. Plus, Heine is not concerned with clarifying its sources of information; in some instances, he says he was present, in others he refers to rumours, in others still he says nothing at all. More than once the reader has to take his presence for granted, while in a few occasions one is left wondering how Heine could possibly know the things he tells.

After the preliminary considerations and the definition of the theme of the next article, Heine turns to the great anxiety generated by cholera. The fear is so great that its “reign of terror [was] far more dreadful than the first, because the executions took place rapidly and mysteriously.”<sup>69</sup> The disease is portrayed as “a masked executioner who passed through Paris with an invisible *guillotine ambulante*.”<sup>70</sup> The parallel between the ravages of cholera and those of the Revolution is a common one. Chateaubriand, for instance, draws the same comparison: “like the terror of 1793, it [cholera] strolled around with a mocking expression, in the clarity of the day, at a completely new world”.<sup>71</sup> Heine immediately outlines the collapse of the funerary system and, in doing so, a dichotomy quickly surfaces in the text: the “merry people” and the “laughing and joking” from just the week before, had now given way to “grim indifference”, “most terrible voices”, and “sorrowful faces”.<sup>72</sup>

At this moment, Heine promulgates the historicity of his text and draws comparisons between himself, Thucydides and Boccaccio. He turns next to the arrival of the disease. Initially, the apprehension of the population was not exceptional; firstly, because the London outbreak was said to have been a mild one. Secondly, because the spring weather in March was sunny and pleasant, so the threat of miasmas – by definition noxious fumes prevalent in damp, unlit and unventilated environments – was not considered significant by most. Thus, the imminent advent of cholera did not hinder people from celebrating the *Mi-Carême*, a traditional carnival-like festivity popular in France and even more in Paris. According to Heine, “Parisians hustled and fluttered the

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<sup>69</sup> Heine, *The Works*, p. 162.

<sup>70</sup> *Ibid.*

<sup>71</sup> “comme la terreur en 1793, il s’est promené d’un air moqueur, à la clarté du jour, dans un monde tout neuf [...]” Chateaubriand, *Mémoires d’outre-tombe*, p. 486.

<sup>72</sup> Heine, *The Works*, p. 163.

more merrily on the Boulevards, where one could even see maskers, who in caricatures of livid colour and sickly mien, mocked the fear of the cholera and the disease itself.”<sup>73</sup>

Heine's comment makes two different claims: first, the fear of cholera did not dissuade a considerable part of the population from enjoying the festivities; and second, some individuals went as far as to ridicule the discourses which promised disaster. Suddenly, the joyful celebrations were interrupted by an unexpected event:

That night the balls were more crowded than usual ; excessive laughter almost drowned the roar of music ; people grew hot in the *chahut* ; a dance of anything but equivocal character ; all kinds of ices and cold beverages were in great demand – when all at once the merriest of the harlequins felt that his legs were becoming much too cold, and took off his mask, when, to the amazement of all, a violet-blue face became visible.<sup>74</sup>

A certain sense of transgression is conveyed in these passages: the revellers mock danger, the party is cramped with people, the drinks and dances are too exuberant, and the overall laughter is excessive and overconfident – the original German, *übermütiges Gelächter*, could mean 'cocky', 'smug' or 'wanton' laughter. Yet, it is not evident on what grounds the enjoyment constitutes an infringement. Hitherto no cases of the disease had been reported, and neither the government nor the religious authorities prohibited or repudiated the festivities. Thus, to whom or what could they constitute an offence? Presumably, to Cholera Itself, who, like an enraged Greek God, immediately punishes the misdeed.

In an instant, one of the disguised merrymakers feels the first symptoms of the infection. He is not just any masker but is the merriest of all for that matter (*der lustigste der Arlequine*). In a dramatic gesture, he unmask himself to reveal a countenance already tainted by the typical choleric hues. As we have seen in *Chapter 1*, one of cholera's most characteristic signs is cyanosis, or, in other words, the bluish discolouration of the face and extremities. The symptom is so characteristic that the infection also answered by the name of *Blue Cholera* at the time. Cyanosis is caused by the profuse loss of fluids, which augments the viscosity of the blood, which, on its turn, compromises the efficiency of the circulation. Consequently, the limbs and face do not receive enough oxygen, resulting in the bluish colour. It is true that cholera acts swiftly and abruptly; yet,

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<sup>73</sup> *Ibid.*, p. 167.

<sup>74</sup> *Ibid.*, pp. 166-167.

even in severe cases, the patient would need to evacuate continuously for quite some time before cyanosis would set in. It certainly does not develop instantaneously, as Heine asserts here. In fact, the immediate change in colour, especially in the face, is one of the *topoi* of the literary representation of cholera, as we will see shortly. To be fair, Heine does indicate that the reveller felt 'refreshed' (*the harlequins felt that his legs were becoming much too cold*), what is an unmistakable and sarcastic allusion to diarrhoea. It is needless to say that one single discharge does not induce cyanosis, nor put anyone's life in danger.

Once the signs of the disease are evident to all, panic sets in:

It was at once seen that there was no jest in this ; the laughter died away, and at once several carriages conveyed men and women from the ball to the *Hôtel Dieu*, the Central Hospital, where they, still arrayed in mask attire, soon died. [...] it is said that these dead were buried so promptly that even their fantastic fools' garments were left on them so that as they lived they now lie merrily in the grave.<sup>75</sup>

Amazingly, cases multiply exponentially – and inexplicably – in seconds. After making its dramatic debut, cholera attacks many others: the blue-faced harlequin suddenly (*at once*) gives way to a large and unspecified mass of people (*several men and women*), who had to be hurried into the hospital. The text finds it necessary to reassert their place of departure (*from the ball into the hospital*) to, again, highlight the transgression. Shortly after, these victims all die; what contradicts expectations, given that, statistically, about half of the victims should survive. Not only that, but they all expire “still arrayed in mask attire” and are hastily buried in “their fantastic fools' garments”. If that was not enough, the retribution is further emphasised by an ironic last note: since they were funny at the party, they continue to be funny in their graves.<sup>76</sup>

By this point, it is already evident that Heine's description of the first cholera case is problematic on many grounds. Even before judging the anecdote on its own merits, we would need to inquire how could he possibly know all that. Heine does not assert to have witnessed the event, nor to have heard it from someone who has, nor does he declare it is based on rumours. With the sole exception of the burial in costume, which is admittedly based on the word on the

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<sup>75</sup> Ibid.

<sup>76</sup> The German original is a little more emphatic, with the word *lustig* ('funny' or 'merrily') appearing twice in the passage: “daß man ihnen nicht einmal die buntscheckigen Narrenkleider auszog, und *lustig*, wie sie gelebt haben, liegen sie auch *lustig* im Grabe.” My emphasis. Heine, *Französische Zustände*, p. 152-153.

streets, Heine does not provide context of any kind. The narrative is simply given as a fact from a bird's-eye view as if third-person narrators could possibly exist outside of literature and human speech. This kind of inconsistencies appears from time to time in descriptions of the sort, especially when authors get carried over by storytelling. That is the case in *Quadri Storici del Cholèra di Napoli*, where, now and then, Sterlich is somehow able to appreciate what people think and wish in their minds.

In addition to that, the dialectic of 'crime and punishment' is, by itself, enough to raise scepticism. Examples of *hubris* avenged by pestilence abound in both the classical and Christian traditions. In the *Second Book of Samuel* and *First Chronicles*, for instance, God exhorts David to choose the ways of his own demise: three years of famine, three months of enemy pursue, or three days of plague. David chooses the latter. In the *Iliad*, Apollo punishes the Greeks with pestilence due to Agamemnon's rebuttal of the rescue offer made by Chryses. In *Oedipus the King*, Oedipus' inadvertent misdeeds are responsible for unleashing the Plague of Thebes.

These transgressions are committed unknowingly, and in all cases, punishment is disproportional and unreasonable. The same can be said of Heine's description. It is not clear where exactly the revellers' guilt lie. It is the text itself to elucidate that they had no reason to be concerned: the weather was beautiful, and the cholera of London was not deemed worrying. Yet, punishment materialises all the same, and it does so in theatrical fashion, hinting at both Greek tragedy and *Commedia dell'arte* through exuberant masks and Harlequins. What is more, punishment unfolds – quite literally – out of the blue, and it is unforgiving, and so rigorous, that the signs of the crime follow the victims even to the grave, in a sort of dantesque *contrapasso*.

Moreover, the text is permeated with ironic remarks, and it conveys many of the *topoi* of the representation of epidemics. It agrees with Boccaccio's inaccurate description of pigs abruptly passing away. It sets the tone for popular novelists like Eugène Sue, Alexandre Dumas or Cesare Monteverde, for whom cholera consists in swift variations of colour followed by a fulminating attack. The action of unmasking oneself to reveal the shocking insignia of death is also observable elsewhere, for example, in Poe's *The Mask of the Red Death* (1842) or in numerous images about syphilis in which a skeleton commonly poses as a seductive young woman (see Figure 13).<sup>77</sup> Even further, the very desire to feast during the times of plague is a recurrent narrative thread which links the plague and cholera texts from the Middle Ages up to the present. That is already evident in *The Decameron* in which the ten young nobles enjoy their stories and banquets while a third of humanity perish all around them. Or in the ambiguous status of dance as a sign of joy, but also, in

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<sup>77</sup> Barthelémy. *Syphilis : poème en quatre chants*. Paris, Martinon, 1851.

the *danses macabres*, as a sign of the equality of all in the face of death. Or in the paintings of Pieter Bruegel the Elder, which is equally inclined to paint the follies of carnival and the triumphs of death, and does so in a similar fashion. Or in the very fact the mask of the Plague Doctor, developed to avoid contagion, was welcomed into the jocose displays of the *Commedia dell'arte* and the Venetian Carnival as a symbol of the plague itself. There are myriad ways in which communal celebrations overlap with contagious diseases in literature and art.

Beyond these issues of verisimilitude, we may also verify Heine's claims against the descriptions of three other chroniclers of the event. The first is Anaïs Bazin (1797-1850), a French historian who published biographies and studies on the History of France. His writings received much praise for its artistic qualities, with none other than Chateaubriand calling one of his essays "a real jewel".<sup>78</sup> In 1833, Bazin published *L'Époque sans nom, esquisses de Paris, 1830-1833* (*The Nameless Epoch: sketches from Paris, 1830-1833*) a series of essays on culture and society with a mordant tone not very different from Heine's. One of the pieces contained in the book is, precisely, a description of the Paris outbreak. On it, Bazin adopts a similar progression. He starts by mentioning the promise which passed from mouth to mouth that cholera would soon reach the French capital. Then, he touches on the "beautiful but treacherous days of spring",<sup>79</sup> before immediately turning to the commemorating crowds:

The whole population eagerly poured out on the boulevards, yearning to see, or rather to have seen one of those centuries-old disguises whose appearance children greet with the old cry of the carnival. There was gaiety everywhere, crowding, dust, and the municipal guard was nowhere to be seen, because the police did not recognize the *Mi-Carême*, so this time each could have fun at his own risk. In the midst of this joyful crowd, thirty or forty masks went back and forth, happy to be observed, to be pointed out, and sowing in their path vulgarities that had been sold to them ready-made. [...]. It was then, amid the flourishing multitude, amid the laughter, the jolly discourses and the clamorous follies, that terrible news circulates among the groups! Fortunately, the news came from the *Moniteur*; it came with an official character, and one had some time before oneself to doubt it.<sup>80</sup>

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<sup>78</sup> "un vrai bijou". Chateaubriand, *Mémoires d'outre-tombe*, p. 422.

<sup>79</sup> "C'était par une de ces belles mais perfides journées du printemps, où les rayons précoces d'un ardent soleil font bouillonner trop tôt notre sang, [...]" Bazin, Anaïs. *L'Époque sans nom: esquisses de Paris, 1830-1833*, vol. 2. Paris, Alexandre Mesnier, 1833, p. 253.

<sup>80</sup> "Toute la population se répandait avec empressement sur les boulevards, avide de voir, ou plutôt d'avoir vu un de

Bazin corroborates many elements mentioned by Heine. The celebrations of the *Mi-Carême* really took place, and there were in fact a few people in costume. The crowd was likely agitated, and Bazin even hints at the possibility of public disturbance given that 'vulgaritys were sown' and there were no policemen present. There is also an unanticipated interruption to the party: rumours circulate, telling of the first cholera cases registered in that very same day. At this point, the differences are also self-evident. The maskers wore "centuries-old disguises", there is no inkling of people dressing anything else but traditional costumes. There are not spectacular cholera attacks, and no one ends up in the hospital. What happens, according to Bazin, is that the news of the first official cases in Paris, which had been reported earlier that day in the prestigious newspaper *Le Moniteur*, started to circulate in the party. Nothing else happened, though. What is more, since it would still take days for the outbreak to get out of hand, the text explicitly declares that "one had some time before oneself to doubt it."

The second chronicler in question is Chateaubriand, who briefly alludes to festivities in his memoirs, although quite distinct ones. In his rendering, the *Mi-Carême* is not mentioned; instead, the debauchery takes place at the taverns:

And everyone kept going about with their lives, and the theatre rooms were full. I saw drunkards at the Barrière street, sitting in front of the a tavern's door, drinking on a small wooden table and saying as they raised their glasses, « To your health, *Morbus!* » *Morbus*, out of gratitude, rushed up, and they fell dead under the table. The children played cholera, which they called the *Nicolas Morbus* and the *scoundrel Morbus*. Cholera had, therefore, its terror: a brilliant sun, the indifference of the crowd, the ordinary course of life, which continued all around, gave these days of plague a new character and a different kind of horror.<sup>81</sup>

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ces travestissements séculaires dont les enfants saluent l'apparition par le vieux cri du carnaval. Il y avait partout de la gaîté, de l'encombrement, de la poussière, et nulle part de la garde municipale, parce que la police ne reconnaît pas la mi-carême, et que, pour cette fois-là, chacun peut se divertir à ses risques et périls. Au milieu de cette foule joyeuse, allaient et revenaient sans cesse trente ou quarante masques heureux d'être regardés, de se voir montrer au doigt, et semant sur leur passage des propos orduriers qu'on leur avait vendus tout faits. [...]. C'est alors, c'est au milieu d'une multitude épanouie, c'est parmi les rires, les gais discours et les folies bruyantes, qu'une affreuse nouvelle circule parmi les groupes ! Heureusement elle venait du Moniteur ; elle arrivait avec un caractère officiel, et l'on avait devant soi quelque temps pour en douter." Bazin, *L'Époque*, p. 253.

<sup>81</sup> "Et chacun continuait de vaquer à ses affaires, et les salles de spectacle étaient pleines. J'ai vu des ivrognes à la barrière, assis devant la porte du cabaret, buvant sur une petite table de bois et disant en élevant leur verre : « À ta santé, *Morbus!* » *Morbus*, par reconnaissance, accourait, et ils tombaient morts sous la table. Les enfants jouaient au choléra, qu'ils appelaient le *Nicolas Morbus* et le *scélérat Morbus*. Le choléra avait pourtant sa terreur : un brillant soleil, l'indifférence de la foule, le train ordinaire de la vie, qui se continuait partout, donnaient à ces jours de peste un

On its essence, the commentary is not very different from Heine's. It decries the audacity and short-sightedness of the population, the search for entertainment, the alcohol consumption. Chateaubriand claims to have witnessed deaths which are no less absurd and which fit perfectly the same model of transgression and punishment. Besides, it is just as anecdotal and engages irony in the same way. As all previous accounts, it outlines the collective actions of unidentified individuals as if they were one and the same (*everyone, drunkards, the children, the crowd*). Despite all that, the only elements truly shared by the two accounts is the sunny weather; they do not agree on anything else. In other words, they have very similar structures and tones of presentation, yet divergent content. That does not necessarily invalidate them completely, but certainly raises scepticism.

Similar issues of verisimilitude apply to other parts of the *Cholera in Paris* as well. After describing the eruption of the disease, Heine turns to the riots and lynchings. These were moderate at first but got out of control after the rumours of poisoning started to circulate. Interestingly, Bazin embraces a similar progression, and blames the tumults on the unwillingness of the people to accept reality; or, to put it differently, on denialism.<sup>82</sup> Heine briefly sketches the content of these which run among the faceless crowd:

“We never heard the like!” said the oldest people, who, even in the most dreadful times of the Revolution, had never experienced such fearful crime. “Frenchmen! We are dishonoured!” cried the men, striking their foreheads. The women, pressing their little children in agony to their hearts, wept bitterly and lamented that the innocent babes were dying in their arms. The poor people dared neither eat nor drink, and wrung their hands in dire need and distress. It seemed as if the end of the world had come.<sup>83</sup>

The 'poor people' are divided here into four neat categories: indignant 'old people', desperate 'men', anguished 'women', and innocent 'children'. They not only act alike and agree on everything, but they even scream aloud the same words in unison, as if they were indeed one. That is obviously not possible outside of fiction, but still, this textual strategy finds its way into

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caractère nouveau et une autre sorte d'épouvante.” Chateaubriand, *Mémoires d'outre-tombe*, p. 486.

<sup>82</sup> “Ce qu’il y a de certain, c’est que le peuple ne voulait pas croire à l’épidémie ; cela était plus aisé en effet que de s’en préserver et de s’en guérir.” Bazin, *L’Époque*, p. 261.

<sup>83</sup> Heine, *The Works*, p. 170-171.

chronicles, official reports and the like. That is perhaps unsurprising, given its abundant usage in the Bible, where scenes of multitudes speaking all together are routine. In literature, it is even possible to find extensive dialogues between one individual – who usually tries to pacify the mob – and the crowd who answers in chorus. The subject will be further examined in *Chapter 5*.

The mob is also brutal and unforgiving: it “threw [itself] like wild beasts or lunatics on their victims”; it “rages for blood and strangles its defenceless prey”; it becomes “a dark flood of human beings, [...] and all were howling and roaring – all merciless, heathenish, devilish.”<sup>84</sup> Once again, they are all alike in their bloodthirstiness. That includes “[a] very beautiful woman”, who smiles at Heine during one of the tumults and begs for money for her mother's funeral. She had just taken part in the ruthless assassination of a man unjustly accused of spreading cholera. Besides being attractive, she was “pale with rage, with bare breasts and bloody hands” and “as the corpse passed her, she kicked it.”<sup>85</sup> The passage wishes to oppose her beauty and joy with her cruelty and aggression. This contrast is further emphasised by her nakedness, which, although mentioned in passing as if natural, it is meant as a symbol of lack of manners, barbarism, and even manliness.

However, the description is suspiciously similar to Delacroix's iconic painting *The Liberty Leading the People* (*La Liberté Guidant le Peuple*, 1830), in which Liberty, with her breasts uncovered, leads the crowd into a conflict portrayed as noble and just. Liberty is rendered as Marianne, the personification of the ideals of the Revolution and the French Republic. The painting was exhibited publicly for the first time during the *Salon de Paris* of 1831, which Heine not only visited but also addressed in the essay *The Exhibition of Pictures of 1831* (*Gemäldeausstellung in Paris*), for a German cultural magazine. On it, he commends the painting, and describes its central figure thus:

She strides over corpses calling men to fight naked to the hips, a beautiful impetuous body, the face a bold profile, an air of insolent suffering in the features altogether a strange blending of Phryne, *poissarde*, and goddess of liberty. It is not distinctly shown that the artist meant to set forth the latter ; it rather represents the savage power of the people which casts off an intolerable burden.<sup>86</sup>

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<sup>84</sup> *Ibid.*, p. 171.

<sup>85</sup> *Ibid.*, p. 172.

<sup>86</sup> Heine, Heinrich. *The Works of Heinrich Heine*. Vol. 4. Trans. By Charles Godfrey Leland. London, William Heinemann, 1893, p. 25. The German original states: “Sie schreitet dahin über Leichen, zum Kampfe auffordernd, entblößt bis zur Hüfte, ein schöner, ungestümer Leib, das Gesicht ein kühnes Profil, frecher Schmerz in den Zügen, eine seltsame Mischung von Phryne, Poissarde und Freiheitsgöttin. Daß sie eigentlich letztere bedeuten solle, ist nicht ganz bestimmt ausgedrückt, diese Figur scheint vielmehr die wilde Volkskraft, die eine fatale Bürde abwirft, darzustellen.” Heine,

Heine's comments on this occasion are almost perfectly aligned with his representation of the woman in the cholera account. Marianne (or Liberty) strikes the poet at once for her beauty and nakedness, but equally for her impetuosity and boldness. He is puzzled by a somewhat contradictory mixture of divinity and vulgarity. Aside from the Goddess of Liberty, the figure makes him think on Phryne, a Greek courtesan who was set free at the trial after exposing her breasts to the judges; as well as a *poissarde*, which is 'a market woman who sells fish' (a 'fishwife'), and, by extension, a coarse-mannered and vulgar person who is inclined to shout. That is how the Parisian women who partake in the disturbances of the French Revolution used to be called.

On that note, it is easy to imagine how Heine, once faced with the task of describing a brutal riot, felt tempted to use Delacroix's imagery, either by exaggerating something he actually saw or by simply inventing an apocryphal story. In either case, the result is this beautiful but merciless character. However, it is important to note that the rioting woman does not evoke Marianne as an ideal of Liberty – that allegory had not convinced Heine in the first place. Instead, she represents, in the poet's interpretation, “the savage power of the people.”<sup>87</sup> In the painting, this savagery is seen positively, since it arises out of political indignation. Yet, in the *Cholera in Paris*, violence erupts out of fear and disenfranchisement, and, in that sense, it is unfounded. Still, even if he decries the injustices vehemently, Heine posits to some extent a parallel between the cholera riots and the insurrections of 1789 and 1830. His account starts with considerations on the Revolution, and it promises a full historical study about it for the near future; then it compares the disease with Robespierre, the terror, and the *guillotine*; later on, it condemns and mocks the police, the Carlists, the aristocracy, the bourgeoisie, the religious authorities. Prior to the woman's appearance, the crowd had been mentioned the Revolution and engaged its typical rhetoric too (*Frenchmen!*). In this context, it is easy to understand how this likely invented anecdote came to be.

Finally, there is one last point which deserves our attention. Heine reports that, when arriving at a friend's house for a visit one day, he found him dead and his funeral was about to depart to the cemetery. This type of incident repeats itself in literature as a way to indicate cholera's alarming rapidity. Heine decides to follow the funeral procession but is prevented from reaching the Père la Chaise due to traffic jam. The coaches carrying coffins are so numerous that they end up blocking one another. Heine “could not escape” the “several hundred vehicles bearing

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Heinrich. *Französische Maler Gemäldeausstellung in Paris 1831*. Hamburg, Hoffman und Campe, 1834, p. 29.

<sup>87</sup> Heine, *Französische Maler*, p. 29.

the dead” and “was obliged to pass several hours among these gloomy surroundings”.<sup>88</sup> At this point, he “could see nothing but literally sky and coffins”, and he has the impression that “the dead themselves are growing impatient”. At the narrow entrance of the cemetery, there was some confusion between coachmen and gendarmes which ends up overthrowing coffins and bodies. The poet has then the impression of seeing “that most horrible of all *émeutes* – a riot of the dead”. All that sets a prelude of sufferings which so horrifies the author that he decides not to “further describe what I saw at Père la Chaise” in order to “spare the feelings of my readers”. He describes how he climbed to the most elevated hill of the cemetery to gaze at the beauty of Paris:

The sun was setting ; its lasts rays seemed to bid me a sad good-bye ; twilight vapours covered sick Paris as with a light-white shroud, and I wept bitterly over the unhappy city, the city of freedom, of inspiration and of martyrdom, the saviour-city which has already suffered so much for the temporal deliverance of humanity.<sup>89</sup>

As before, some of the details of the story are so picturesque that they entreat doubt. For example, most authorities had serious difficulties recruiting a task force to bury the dead. Burial rites were indeed disrupted due to the great numbers of victims; however, the lack of personal to carry out the task was no less significant. That is precisely the basis for the short story *L'Esercito Italiano Durante il Colèra del 1867* (*The Italian Army During the Cholera of 1867*, 1869) by Edmondo De Amicis, in which the army compels the local population to bury the dead. They carry out the task against their will and despair over becoming infected. Sources customarily denounce the neglect of interment practices, however, to the best of my knowledge, no other text mentions a similar 'traffic-jam' problem, let alone an incongruous 'riot of the dead'. The very irony which Heine employs to talk of the subject does not encourage trust – he speaks at some point of the “*omnibus mortuis*”. Instead, these events seem expressly made up to create ambience. They serve to evoke the Last Judgement to the imagination indirectly – we have already discussed the centrality of apocalyptic scenarios in the discourses about cholera. Moreover, they set a gloomy introduction to the exclamations of horror that come next.

These are only the first in a series of biblical reminiscences. Heine's ascent to the hill of the cemetery to weep over Paris is, in effect, an echo to Christ's descent from the Mount of Olives. As

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<sup>88</sup> Heine, *The Works*, p. 183.

<sup>89</sup> *Ibid.*, p. 185.

told in *Luke 19*, on that occasion, as Jesus approached Jerusalem, he wept over its future destruction. However, if Heine is the one to shed tears, it is Paris which actually takes Christ's place as a redeemer: a "light-white shroud" covers Paris, which is described as "the city of martyrdom", the "saviour-city" that, through its many sufferings, has attained "the temporal deliverance of humanity".<sup>90</sup> The biblical intertext is unmistakable. In my view, it is there to convey a suggestion of hope of redemption to this closing scene. That allows the structure of the narrative to turn full circle, from the initial transgression to a potential absolution.

Outbreaks of contagious diseases have been interpreted as divine punishment since the dawn of time. Innumerable scholars have confirmed this strong human tendency, which manifests itself in various moments of History, and even seems to be cross-cultural. In 1348, the declaration of the University of Paris on the causes of the plague boldly asserted: "We must not overlook the fact that any pestilence proceeds from the divine will, and our advice can therefore only be to return humbly to God."<sup>91</sup> In 1849, when cholera reached the United States for the second time, President Zachary Taylor announced a day of "national prayer, fasting, and humiliation" to appease the disease.<sup>92</sup> One year later, Ahmad Bey, the ruler of Tunis, ordered that forty descendants of the Prophet recite a Quranic Sutra forty times a day begging for God's mercy.<sup>93</sup> More recently, in April 2020, the Brazilian right-wing President Jair Bolsonaro urged "the army of Christ" to join "the biggest campaign of fasting and prayer ever seen in our country".<sup>94</sup> The population should "fast for Brazil" with the aim of "freeing it from this scourge [of Coronavirus]".<sup>95</sup> That interpretation repeatedly emerges in an effort to find existential meaning and to extirpate guilt. Otherwise, epidemics become senseless, arbitrary and gratuitous events; and that may be perhaps more difficult to handle psychologically.

Punishment and retribution – be it human or divine – are the basis for many of the cholera narratives. In Eugène Sue's best-selling novel *Le Juif Errant* (1844), the Wandering Jew and his sister roam the Earth ceaselessly and spread cholera in their wake, after being condemned for laughing at Christ. In the short story *The Sabbath-Breaker* (1893) by Israel Zangwill, an older

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<sup>90</sup> Ibid.

<sup>91</sup> "The Report of the Paris Medical Faculty, October 1348", Martha Carlin, *Department of History, University of Wisconsin–Milwaukee*, <https://sites.uwm.edu/carlin/the-report-of-the-paris-medical-faculty-october-1348/>, accessed 24 Jun 2021.

<sup>92</sup> Rosenberg, *The Cholera Years*, p. 121.

<sup>93</sup> Gallagher, *Medicine and power in Tunisia*, p. 55.

<sup>94</sup> "Bolsonaro faz chamado para jejum religioso neste domingo contra coronavírus", Matheus Teixeira, *Folha de São Paulo*, 4th April 2020, <https://www1.folha.uol.com.br/poder/2020/04/bolsonaro-faz-chamado-para-jejum-religioso-neste-domingo-contr-coronavirus.shtml>, accessed 24 November 2020.

<sup>95</sup> "Bolsonaro pede jejum para 'livrar o Brasil do coronavírus'", *Valor Econômico*, 2nd April 2020, <https://valor.globo.com/politica/noticia/2020/04/02/bolsonaro-pede-jejum-para-livrar-o-brasil-do-coronavirus.ghtml>, accessed 24 November 2020.

woman is forced to profane the Sabbath to nurse her cholera-afflicted son – neither of them survives.<sup>96</sup> In the poem, *Il Colera in Piemonte (The Cholera in Piemonte, 1837)* by the minor Italian poet Silvo Pellico the epidemic is understood as punishment, though not as abandonment: “We are struck, yet not forsaken, / a fatherly hand is the hand of the Lord.”<sup>97</sup>

Similarly, there are many instances of secular revengefulness. The previously mentioned bioterror attack of Paris in *Le Cabaliste Hans Weinland* (1860) is orchestrated because Parisians decided to disregard metaphysics on purpose. In the popular novel *Vendetta: A Story of One Forgotten* (1886), a betrayed husband recovers from a cholera-induced coma just to learn that he was replaced after only a day. He immediately starts planning his vengeance, which is facilitated by the fact that cholera conveniently altered his features to such a degree that he is unrecognisable even to his former wife and best friend. Still, despite his machinations, his wife meets her fate all of a sudden when a building magically collapses above her.

Therefore, it is common for cholera to be represented as a penalty, especially if divine. Yet, Heine does not accept the Christian dogma, which would legitimate this strategy. So why does he report questionable elements to embrace this alien dialect of punishment and redemption? In my interpretation, he is interested in conjuring the metaphors of pestilence as heavenly punishment to deflect it into the political arena. Regardless of being based in Pagan (*hubris* and *nemesis*) or Christian (*sin* and *punishment*) spiritual ideologies, the dialectic of transgression and redemption is used by Heine in a secular way to advocate for revolution. In his essay on Delacroix, he calls the July Revolution of 1830 sacred twice, and he does invest it with a sanctified aura: “Holy days of July ! How beautiful was the sun and how great the people of Paris ! The gods in heaven, who gazed on the great battle, shouted for joy ; gladly would they have left their golden chairs and gone to earth to become citizens of Paris.” It is precisely this holiness which turns Paris into the “saviour-city” it becomes in the last paragraph of the *Cholera in Paris*.

Cholera interacts with the revolution in various ways. As we have seen, the anxiety it creates is compared to the Terror of 1793, and the mob puts its rhetoric to use. However, most of the metaphors of disease in the text are targeted against the prevalent political system and their supporters. Christianity, for example, is mocked and called an “epidemic faith” (*Krankheitsreligion*).<sup>98</sup> The banker and politician Casimir Perier, on his turn, contracts cholera after visiting the victims at the hospital, though “he did not [...] succumb to it, being in himself a much

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<sup>96</sup> See Pelagalli, *Le Choléra dans la Littérature*, pp. 65-71.

<sup>97</sup> “Siam colpiti, ma non maladetti, / Man paterna è la man del Signor.” Pellico, Silvio. *Poesie inedite di Silvio Pellico*. Vol. I. Torino, Chirio e Mina, 1837, p. 218.

<sup>98</sup> Heine, *The Works*, p. 179.

worse pestilence”.<sup>99</sup>

At this point, we can turn back to our own unanswered question, why does Heine promise an analysis of the historical roots of the Revolution for five pages before unexpectedly turning to cholera? In my opinion, he does so to suggest that the disturbances created by cholera might stir French society enough to kindle once again the flame of revolution. I base this interpretation on Heine's usage of disease metaphors. After the start of the outbreak, the supporters of the July Monarchy are equated to pestilence; as a logical conclusion, they should be suppressed along with the infection. Even before the eruption of the epidemic, Heine had already pronounced that society was sick and it could only be remedied by revolution:

Until this revolution is complete, until that reformation of institutions does not perfectly agree with the intellectual development and the habits and wants of the people, just so long the national malady is not perfectly cured, and the sickly and excited people will often relapse into the weakness of exhaustion, yet ever and anon be subject to attacks of burning fever, when they tear away the tightest bandages and the most soothing lint from the old wounds, throw the most benevolent, noblest nurses out of the window, and roll about in agony until they finally find themselves to institutions, which suit them better.<sup>100</sup>

This very elaborated disease metaphor is even more emphatic in the original, for the “national malady” is called a *Staatssiechtum*, with *Siechtum* being a 'lingering illness' or a 'long period of serious illness'. These analogies make very clear that the present-day institutions of France are the very equivalent of *Vibrio cholera*: they are the pathogen inducing infection, so once they are cast aside the social body will be able to heal naturally. However, Heine has not mentioned cholera hitherto in the essay. Before doing so, he pronounces that the objective of the next chapter is precisely to inquire “whether France is now at rest, or whether we are to anticipate new political changes”;<sup>101</sup> in other words: will France continue convalescing or will it regain health? Heine is precluded from responding because cholera appears unexpectedly precisely at this point in the text. The change in subject is thought-provoking since now the rhetoric question remains unanswered. It is altogether not clear if the epidemic will champion revolution or the *status quo*.

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<sup>99</sup> Ibid., p. 176. Perier did recover at first, as reported by Heine on the April 19th. However he later had a relapse and end up dying on May 16th 1832.

<sup>100</sup> Ibid., p. 159.

<sup>101</sup> Ibid., p. 160.

On the one hand, cholera does make countless individuals sick and, on that account, sides with the monarchist government. On the other hand, it incites tumults and riots which may well turn into revolutionary uprisings – the surreptitious reference to Delacroix's becomes particularly meaningful in this case. Heine does not take side unequivocally, but, even if the issue remains unresolved throughout the text, little doubt remains on what are his expectations.

The situation will be resolved in the following *Letter VII*, where the subsiding of the “great universal affliction” gives the impression that “[a] sickly sorrow seems to prevail among the people, as if they had all passed through a serious illness”. Politics is influenced as well: “something like a sentimental awareness oppresses not only the Government, but also the Opposition.”<sup>102</sup> Above all, a disillusioned Heine laments that “[p]eople once believed that wonders would come to pass and sudden changes take place should Casimir Perier no longer take the lead ; but it would seem as if meantime the evil had become incurable, and even the death of Perier cannot cure the state”.<sup>103</sup> The question has been answered: not only did cholera's revolutionary potential not materialise, but all hope might be lost in the process. Not even pestilence could cure France's political ills.

That same link between cholera and the igniting of revolution is established in other narratives as well. In *Les Misérables* (1862), the funeral of General Lamarque, who succumbed to cholera in 1832, turns into an insurrection. It is during the confrontation that Gavroche – who is reputedly based on the child carrying guns on the right side of *The Liberty Leading the People* –<sup>104</sup> is shot while collecting cartridges for the revolutionaries. The connection was encouraged by the events themselves since the year of 1848 marked both a crucial point at the start of the Third Cholera Pandemic and the most remarkable moment in 'the Age of Revolutions', when innumerable political upheavals arose – and failed – all over Europe.

Additionally, it is not without reason that the epidemic was explored more than once by Maxim Gorky (1868-1936) in pre-revolutionary Russia. His theatre play *Children of the Sun* (*Deti solntsa*, 1905), for example, explores the alienation of a scientifically-minded aristocrat who is unable and unwilling to help the local population during an outbreak. Eventually, violence breaks out, with nobleman being nearly killed in a riot. The play was written while Gorky was imprisoned. Its action takes place in 1862, yet it was aligned with contemporary concerns to the point that, on the premier, the audience panicked when the mob enters the stage. The historian Paul du Quenoy

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<sup>102</sup> *Ibid.*, p. 206.

<sup>103</sup> *Ibid.*, p. 207.

<sup>104</sup> Berg, William. *Imagery and Ideology: Fiction and Painting in Nineteenth-Century France*. Associated UP, 2007, p. 106.

reports that “the actor playing the hapless gentleman scientist Protasov had to stand up to reassure hysterical spectators that the final act’s angry mob was not a real street mob invading the theatre to beat him up.”<sup>105</sup> The scholar lists other incidents of the kind in later performances too.

To conclude, Heine's account of the Paris Outbreak of 1832 has to be taken with a grain of salt. There are several elements which are too picturesque and reverberate too profoundly in the literary and mythological traditions to be taken to the letter. The account displays many narrative strategies that will reappear in subsequent texts: the hedonistic carnival celebration, the dialectic of transgression and punishment, the disrupted funerary system, the demonization of social groups by disease metaphors, the emphasis on the barbarous riots and the faceless crowd. To be clear, I am not claiming that Heine invented that tradition; many of these *topoi* can be found in previous plague texts. The best example of this re-enactment of a tradition is the similar manipulation of the fictional pact made by Defoe, Mary Shelley and Heine. One of the merits of the *Cholera in Paris* is, then, to group these previous representations of pestilence all in one place.

Beyond that, this half-journalistic and half-fictional account has circulated widely and, thus, helped strengthen these strategies. On that account, Heine's impact was much different than those of Coleridge or G. G. Belli, for their texts on cholera circulated only to a local audience. Heine's influence can be considered more relevant even than that of Chateaubriand. Albeit being considered a masterpiece, the *Mémoires d'Outre-tombe* were published more than fifteen years after the outbreak and, when the monumental breath of the work is taken into account, the few pages dedicated to the epidemic are barely noticeable. Conversely, Heine wrote and published in two languages while the events still unfolded. At that point, information was seized by many who still lacked first-hand experience. The fact that the *Letter VI* talked about Paris, the city of light, it was available in French – the *lingua franca* of the time – and was penned by a significant author, all contributed for it to become a work of reference.

However, at the same time, the *Cholera in Paris* is remarkable for at least two idiosyncrasies. First, the explicit combination of the description of the outbreak with the author's political opinions and hopes is relatively uncommon. One of the few examples which come to mind is the historical essay *Storia della Colonna Infame (History of the Infamous Column, 1840)* by the celebrated Italian novelist Alessandro Manzoni. One of the principal objectives of this text is to denounce unfair juridical practices, especially the use of torture. Manzoni pursues his aim by analysing the investigation conducted against alleged plague-spreaders (*untori*) during the Plague

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<sup>105</sup> Du Quenoy, Paul. *Stage fright: politics and the performing arts in late Imperial Russia*. Penn State Press, 2010, pp. 198-200.

Outbreak of Milan in 1630. In that sense, the essay is very much aligned with some of the political and philosophical criticism produced during the Italian Enlightenment, such as *On Crimes and Punishments (Dei Delitti e Delle Pene, 1764)* by Cesare Beccaria or *Observations on Torture (Osservazioni sulla Tortura, 1777)* by Pietro Verri. At the same time, the *Storia della Colonna Infame* is tied in different ways with the description of the plague outbreak in *The Betrothed (I Promessi Sposi, 1842)*. Evidence for this intertwining of historical and cultural criticism with fiction is found in the alternating dates of publication. Initially, the essay was written as part of the first version of *The Betrothed*, but before the novel was published on its first version in 1827, Manzoni decided to suppress the digression. It was published on its own merit in 1840, just two years before the revised and final version of *The Betrothed* came to light in 1842.

Secondly, Heine's fair amount of comical irony does not find imitators. The experience of cholera was terrifying enough for most to shy away from laughter after familiarity with the disease arose after the early 1830s. For at least five decades, literary texts on cholera became overwhelmingly serious and even solemn. One of the characters of Salgari's *La Rivincita di Yanez* (1913) encapsulates the tendency well: "I play around with fire and with bullets, but not with cholera".<sup>106</sup> Only after the 1880s, humorous explorations come to light again, thanks to developments in science and medicine. Nevertheless, these texts tend to laugh at the socially anomalous (the clumsy scientist, the bacteriophobe, the anarchist) and, predominantly, at the poor, whose 'crudeness' and 'ignorance' is portrayed as ludicrous. Heine, on the contrary, tends to be cynic and vigorously derides the aristocracy, the bourgeoisie and the *status quo*.

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<sup>106</sup> "Col fuoco e colle palle scherzo, ma col colera, no." Salgari, Emilio. *La Rivincita di Yanez*. Milano, Mursia, 1973, p. 411.

## Chapter 4 - Cholera and taboo: fear, silence and disgust

### 4.1 *The medicalization of fear*

#### i. Why cholera is dreadful: flight, therapy, deformity, sudden attack

After cholera was experienced at first-hand and for an extended amount of time, familiarity with the disease naturally took place. Familiarity is a key factor in cultural reactions to contagious diseases because it conditions human behaviour on many levels. That is due to an inherently flawed risk perception which is the result of a range of cognitive biases. A large corpus of psychological studies demonstrates how individuals tend to maximise the risk of dying from uncommon hazards, such as terrorism, shark attacks or earthquakes, in detriment of ordinary ones, such as a fall, a stroke or a seasonal flu.<sup>1</sup> Statistics prove beyond any doubt that travelling by aeroplane is overwhelmingly safer than doing so by car; yet, the anxiety – and, consequently, the risk assessment – experienced by many is not in accordance with this fact.

Therefore, as familiarity with cholera progressively grew, the antagonist behaviours of hysteria and joyful derision that we have addressed so far tended to subside. The promises of mayhem and apocalypse became scarce after the Second Pandemic declined in 1837. Until that moment, neither the public nor the specialists had a precise idea of what cholera was like and how it behaved. After acquiring these particulars, the population could verify that cholera was serious and horrifying, but not to the point of ushering the collapse of civilisation. Expectedly, fear continued to be a typical and routine experience, since no efficient therapy was available during the 1800s and the pathogen and its route of transmission were only identified with certainty in 1883 and 1884, respectively. However, hysteria became rarer and, although it did not disappear completely, the widespread panic of the 1830s did not reoccur to the same extent and degree. Proof of that is that the Third Cholera Pandemic spread further and likely wiped out more lives than any other of the six pandemics; still, the overall commotion of the population was minimal in comparison to that of the 1830s.<sup>2</sup>

In a similar vein, discourses dismissing, minimising, or deriding cholera largely disappeared from literature once the viciousness of the infection became obvious to all. This psychological and cultural progression from indifference, on one end, to apprehension, on the other, is manifest in

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<sup>1</sup> Kahneman, Daniel. *Thinking, fast and slow*. Macmillan, 2011.

<sup>2</sup> See Byrne, *Encyclopedia of Pestilence*, p. 101; Hays, *Epidemics and pandemics*, p. 231.

the letters that Nathaniel Parker Willis wrote to the newspaper *New-York Mirror*. After having described in the *Letter XVI* the “cholera gaieties”, Willis later comments on the *Letter XVIII*:

Cholera! Cholera! It is now the only topic. There is no other interest—no other dread—no other occupation, for Paris. The invitations for parties are at last recalled—the theatres are at last shut or languishing—the fearless are beginning to be afraid—people walk the streets with camphor bags and vinaigrettes at their nostrils—there is a universal terror in all classes, and a general flight of all who can afford to get away. I never saw a people so engrossed with one single and constant thought.<sup>3</sup>

The same applies to denialism, conspiracy theories, and the tumults which accompanied these. In general, these social phenomena tended to lose momentum and receded after the initial shock – with the notable exception of Italy and Russia. Beyond the historical record, the pattern is observable in literary production too. Cholera texts that feature riots were produced prominently in the 1830s. That is the case of works like the theatre play *Paris Malade* (1832) by Eugène Roch; the short story *Il Choléra a Roda, racconto istruttivo* (1835) by Raffaello Lambruschini; or the novel *Deerbrook* (1839) by Harriet Martineau. Texts produced outside this timeframe may also describe riots, but they are usually historical novels set at the time of cholera's arrival. For example, the action of *Un faccioso más y algunos frailes menos* (*Another Partisan and a Few Friars Less*, 1879) by the Spanish realist writer Benito Pérez Galdós takes place in Madrid in 1834; while the novel *Le Hussard sur le Toit* (1951) by Jean Giono, composed well into the 20th-century, is set in Provence, in the South of France, in 1832.

The pattern presents only one anomaly: namely, the riots which surfaced in Russian and Italian works at the end of the century. However, given that these are exactly the places where violence continued to erupt, such texts turn out to be the exceptions which prove the rule. Typical cases are Gorky's *The Children of the Sun*, Giovanni Verga's *Quelli del Colera* (1887), or Gabriele D'Annunzio's *La Guerra del Ponte* (1888), among others.

To recapitulate, the early cholera experience of the 1830s was marked by two extreme opposites: one side of the debate promised devastation, while the other dismissed the disease with a laugh. These positions progressively migrated towards a middle point to reach a certain

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<sup>3</sup> Willis, Nathaniel Parker. *Pencilings by the Way: written during some years of residence and travel in Europe*. New York, Charles Scribner, 1860, p. 146.

degree of equilibrium; as a result, the former mitigated its fatalism, while the latter intensified its nervousness. The first texts on cholera by Heine, Willis and Belli are good examples of the full range of these perspectives. Other texts, especially at this early stage, may take firm root on only one of the poles. In Poe's *The Mask of the Red Death* all are exterminated by pestilence, while in George Sand's *Lélia* (1833) the heroine bears her choleric infection with nonchalance and indifference.

Regardless of their inclination towards the centre or the extremes, nearly all the texts taken into account in this survey confer a crucial role to the experience of fear. Cholera was the ultimate dreadful disease for a plethora of reasons. Firstly, it was not preventable given that its causal agent was unknown. For most of the century, the only possible way to avoid cholera after it broke out was to flee somewhere else. That was sound medical advice, put forward by unquestionable authorities, like Hippocrates or Galen. The Latin axiom "*cito, longe, tarde*" – which translates as "leave quickly, go far, return late" – was as valid for cholera in the 19th century, as it had been for the plague in the Middle Ages and Early Modern Period. A comment made by one of Lamartine's companions in *Voyage to the Orient (Voyage en Orient, 1835)* is proof of that: "In times of plague, he said, I am no longer a doctor; I know only one remedy: to depart quickly enough, to go far enough and to remain long enough so that the evil does not reach you."<sup>4</sup>

For this reason, flight scenes abound in literature. Usually, the rich were those to escape since they are the ones who have a place to go to in the first place. The vast majority of the population, in reverse, lacked means to run away and was obliged to stay behind under the influence of the noxious fumes. Since miasmas were considered by most the cause of infection, those who fled normally did so in search of higher grounds, and sunnier and better-ventilated areas. Miasmas were supposed to be the cause of a great number of diseases, so the rationale applied to a host of other ailments, from yellow fever and typhus to malaria and even tuberculosis. To escape was a sensible and somewhat efficient strategy, provided that one had a place to flee into, and that cholera did not reach the new location. Yet, since this measure was out of reach for most, once an outbreak erupted, the average citizen simply had to cope with the anxiety; there was nothing else he or she could possibly do. The resulting feeling of impotence would inevitably stimulate alarm.

The second reason for fear was the lack of treatment. The humoral theory still practised at the 19th-century believed that illness was the result of imbalances in the body's humours.

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<sup>4</sup> "En temps de peste, me dit-il, je ne suis plus médecin; je n'y connais qu'un remède : partir assez vite, aller assez loin et demeurer assez longtemps pour que le mal ne puisse vous atteindre." Lamartine, *Voyage en Orient*, p. 323.

Consequently, most treatments for cholera hoped to re-establish the equilibrium and 'purge the poison' usually by bleeding or inducing vomit. That was the case since at least the 16th-century. As we have seen in *Chapter 1*, one of the first reliable descriptions of cholera made in India by Garcia de Orta already recommended purgative substances. Since cholera kills by abruptly depleting the blood of its fluids, these therapies were more than pointless and unreasonable: they were actually harming the patients. When considering the efficiency of bloodletting in cholera cases, the historian Norman Howard-Jones declares that "[n]o more harmful medical intervention could be conceived than the deliberate removal of already depleted blood."<sup>5</sup> Along with that, the usage of emetic substances to favour vomiting – and sometimes even laxatives – aggravated an already serious situation. Even further, many physicians believed drinking to be deleterious, so cholera patients were denied fluids, regardless of their thirst.<sup>6</sup> In a nutshell, unsuspecting physicians would more often help the *Vibrio cholerae* rather than their patients. As famously put forward by Howard-Jones: "In the whole of the history of therapeutics before the twentieth century there is no more grotesque chapter than that on the treatment of cholera, which was largely a form of benevolent homicide."<sup>7</sup>

Under those considerations, it is possible to revisit the upheavals experienced at the time. Many conspiracy theories accused medical doctors of murdering the victims of cholera. Unexpectedly, it turns out they were not that far from the truth. Even though it was not done deliberately, physicians indeed killed their patients, not by poison, but by therapy. The difference was subtle in final analysis. Generally speaking, an infected individual was better off left alone than seeking potentially lethal medical assistance.

That is precisely one of the reasons which justifies the enormous growth of homoeopathy in the 1800s. The homoeopathic doctrine was conceived in 1796 by the physician and pharmacist Samuel Hahnemann (1755-1843). Displeased with the unsuccessful practices of the day, he advocated for less intrusive methods throughout the first four decades of the 19th-century, strongly condemning bloodletting, purging and other techniques. In 1831, Hahnemann produced three essays on cholera, once again criticizing the customary practices – such as prohibiting cholera patients from drinking.<sup>8</sup> Instead, he advocated for dilutions of various substances, mainly camphor, to be diluted in warm water and ministered to patients numerous times during the day.<sup>9</sup>

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<sup>5</sup> Howard-Jones, Norman. "Cholera therapy in the nineteenth century." *Journal of the history of medicine and allied sciences* 27.4, 1972, pp. 373-395, p. 373.

<sup>6</sup> *Ibid.*, p. 385.

<sup>7</sup> *Ibid.*, p. 373.

<sup>8</sup> Hahnemann, Samuel. *The Lesser Writings of Samuel Hahnemann*. Trans. by R. E. Dudgeon. William Rade, 1852.

<sup>9</sup> Jütte, Robert. *Samuel Hahnemann: the founder of homeopathy*. Trans. by Margot Saar. Institut für Geschichte der Medizin der Robert Bosch Stiftung, 2012, p. 22. (Orig. ed. *Samuel Hahnemann: Begründer der Homöopathie*. Dtv,

In this way, homoeopathic doctors allowed for the disease to run its course, while keeping their patients hydrated. That ensured far better survival rates which impressed governments and citizens alike. As one of Hahnemann's pupils avowed in a letter in 1831, "[c]holera does much to increase the love of homeopathy."<sup>10</sup> Indeed, according with Robert Jütte, at this point, "homeopathy expericed its breakthrough in the combat agains cholera and emerged as an established medical discipline."<sup>11</sup> The success materialized in the founding of a homeopathic hospital in Leipzig in 1832, which would register above-average success rates in the next few years.<sup>12</sup>

In addition to that, the isolation of infected individuals was compulsory in many places, thereby forced hospitalisations were not uncommon, especially if the victims were poor. Indeed, that was the spark which ignited violence on more than one occasion. These points of view are evident in a story told by Axel Munthe in his *Letters from a Mourning City*:

A fisherman [...] had been struck down with cholera the day before, and had been removed by one of the ambulance societies, almost by force, to the hospital, where I accidentally came across him. He was still conscious, but utterly exhausted; he cried continually for his wife and child, and as it was out of my power to do anything for the man himself, I promised him that I would at least go and look after them. He died shortly afterwards. By the time I reached his home, both wife and child had been attacked, and the wife died towards evening. [...] I heard a low murmur of 'avvelenatore,' 'assassino' [poisoner, murderer], etc., run through the crowd below. [...] – her husband's death they had expected from the moment he had been taken to the hospital, from whence, according to the popular belief, no one ever returns.<sup>13</sup>

To be fair, there were also some achievements in therapy during the 19th-century. In 1830, the Germans Dr Herman, a chemist, and Jaenichen, a physician, developed a rehydration therapy while working together in Russia. Their objective was to replace the lost fluids, so they injected patients with a solution enriched with salts that, according to Myron Echenberg, "was quite similar

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2005, pp. 178-184.). Available at <https://www.igm-bosch.de/files/img/pdf-mitarbeiter/jue/J%C3%BCtte%20Links/SamuelHahnemannTheFounderofHomeopathy.pdf> Accessed at 1 July 2021.

<sup>10</sup> Ibid., p. 24.

<sup>11</sup> Ibid.

<sup>12</sup> Ibid, p. 25.

<sup>13</sup> Munthe, Axel. *Letters from a Mourning City: Naples, Autumn, 1884*. London, John Murray, 1887, pp. 16-17.

to the one recommended by the WHO almost 150 years later".<sup>14</sup> In 1832, the Irish physician William O'Shaughnessy became interested in their findings.<sup>15</sup> He treated various patients in Britain with three to five litres of an enriched solution administered intravenously – and sometimes reaching as much as twenty litres.<sup>16</sup> His results were published in the *Lancet* on more than one occasion and were confirmed and extended by the Scottish physician Thomas Latta. However, the medical establishment largely disregarded these advances, partially due to possible collateral effects such as embolism, which were not then well understood at the time. Intravenous rehydration would be reclaimed in Germany almost five decades later.<sup>17</sup> Subsequently, in the 1890s, the English physician Leonard Rogers reassessed the technique while working in Kolkata and demonstrated its efficacy, thereupon reducing the mortality rate to around 30% by 1910.<sup>18</sup> Finally, in the 1950s, new saline solutions in combination with antibiotics diminished this number down to 1% or less.<sup>19</sup> On that note, the early favourable outcomes in cholera therapy met the same fate of the identification of the bacteria by Pacini or the discovery of the route of transmission by Snow. These promising discoveries fell into oblivion, only to be re-examined by the end of the century.

A third reason for fearing cholera was its incredible capacity to deform the victim's body very swiftly. As we have seen in *Chapter 1*, that fact shocked even experienced physicians like Van Swieten. Appalled descriptions are no less prevalent in literature or historical chronicles. As an illustration, Nathaniel Parker Willis describes a hospitalised patient along these lines:

A young woman, of apparently twenty-five, was beneath, absolutely convulsed with agony. Her eyes were started from their sockets, her mouth foamed, and her face was of a frightful, livid purple. I never saw so horrible a sight. She had been taken in perfect health only three hours before, but her features looked to me marked with a year of pain.<sup>20</sup>

Perhaps the most dreaded of cholera's characteristics was the way it emerged: without any

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<sup>14</sup> Echenberg, *Africa in the Time of Cholera*, p. 100.

<sup>15</sup> MacGillivray, Neil. "Dr Thomas Latta: the father of intravenous infusion therapy." *Journal of infection prevention* 10.1, 2009, pp. S3-S6, p. s4.

<sup>16</sup> Gill, Geoff. "William O'Shaughnessy and the forgotten cure for cholera in the 1832 British Epidemic." *Medical Historian* 25, 2015, pp.19-30, p. 27.

<sup>17</sup> *Ibid.*, pp. 28-29.

<sup>18</sup> Barua, *History of Cholera*, p. 9.

<sup>19</sup> *Ibid.*

<sup>20</sup> Willis, *Pencilings*, p. 126.

forewarn and in astonishing speed, killing in a day or even hours. That is a rather peculiar feature, which may be shared perhaps with strokes or heart attacks but has no counterpart within the contagious diseases. When unmedicated, many of these afflictions can result in death after a few days (plague, typhus, yellow fever, smallpox, typhoid, dengue), others may last for months and years (tuberculosis, AIDS), and some may even span decades (syphilis, Hansen's disease). Patently, abnormally fast cases do exist, yet that does not change the fact that cholera's swiftness is singular among transmissible diseases. Beyond that, the infection is also atypical when compared to other health hazards which may result in rapid death, like meningitis or thrombosis, for they do not coalesce with gruesome symptoms involving bodily fluids or disfiguration.

Thereupon the lack of forewarning, the swift development and the nauseating symptoms are three extremely important factors that allow for the identification of cholera within literary texts. Besides, these three characteristics are the elements which authors manipulate the most. As we shall see henceforth, cholera often surfaces in literature without its name, so an instant collapse, a swiftly progressing infection or the disgust felt by the characters may be essential clues for identification. On other instances, the condition may be correctly identified by its name; however, the disgusting symptoms may be either absent or attenuated to avoid transgressing cultural taboos.

In 1832 and 1833, the French romantic poet Alphonse de Lamartine (1790-1869) travelled through the domains of the Ottoman Empire, mostly in the biblical landscapes of present-day Israel, Palestine, and Syria. His account of the experience was published a few years later as *Voyage to the Orient (Voyage en Orient, 1835)*. Lamartine's wandering overlap with the Second Cholera Pandemic and, although the word 'cholera' is never used, his meanderings are continuously disrupted by 'the plague'. At some point, an Italian traveller tells him to have witnessed a pilgrim and seven monks being locked inside a convent a few days before; and in twenty-four hours they were all dead.<sup>21</sup> Once again, both the exaggerated mortality and the swiftness with which the disease ran its course point to cholera. Whereas the rare pneumonic form of the plague could indeed kill all eight individuals in such a short time, it is an unlikely candidate in this case given the time and space. That serves as a further example of how these three aspects may help identify which 'plague' authors accurately have in mind.

From now on, I will explore four general tendencies of the literary imagination of cholera. I

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<sup>21</sup> "Il y a quelques jours, me dit-il, que je me trouvais à Acre ; un voyageur revenant de Bethléhem frappa à la porte du couvent des Pères de Saint-François : ils ouvrirent; ils étaient sept. Le surlendemain les portes du couvent étaient murées par l'ordre du gouverneur. Le pèlerin et les sept religieux étaient morts en vingt-quatre heures." Lamartine, *Voyage en Orient*, p. 323.

start by enumerating cholera attacks in literature and analysing their peculiarities. Next, I ponder how fear was considered a predisposing factor for infection both in daily life and in fiction – something which has profound consequences for literary representation. Then, I study different strategies with which texts attempt to cope with fear, namely: superficial entertainment, silence, and the sanitisation of symptoms. Finally, I discuss how these processes allow for cholera to be used as a narrative background that accompanies a character's decay and foreshadows his or her downfall.

## ii. Augmented abruptness and speed

Hitherto, I have considered several tendencies for exaggeration when cholera is concerned. Different discourses either maximised or minimised the mortality rate, and early reports mention hedonistic festivities and ferocious riots which have patently been embellished. However, these do not constitute the whole picture, because symptoms – already quite extreme from the start – were themselves further exaggerated: the abruptness of the attack as well as its speed last in most cases for only a few hours or even minutes. While in real life, cholera can kill within a day in *some* cases, it nearly always does so in literature.

In the novel *La Scapigliatura e il 6 Febbraio* (1862), Cristina Firmiani is a frivolous woman who stimulates a pious friend to consummate an adulterous affair. For doing so, she is eventually punished by fate, contracting cholera in the morning, and expiring in the same evening about twelve hours later. In *Travel Impressions in Switzerland (Impressions de Voyage en Suisse, 1833)*, Alexandre Dumas tries to help an infected patient, who asks for four hours “to treat himself in his own way; after this time, he would agree, if he was not completely cured, to surrender himself body and soul into the hands of science.”<sup>22</sup> Dumas asserts, however, he was expected to die in just four hours.

On another occasion, while revisiting his experiences during the Paris Outbreak of 1832 in *Mes Mémoires* (1863), Dumas comments: “People died sometimes in three hours, other times it took even less time.”<sup>23</sup> Shortly afterwards, he goes even further and declares that the disease

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<sup>22</sup> “Le pauvre maître de forges fit un dernier effort, et demanda qu'on lui laissât quatre heures pour se traiter à sa manière; passé ce temps, il consentait, s'il n'était pas guéri radicalement, à se livrer corps et âme entre les mains de la science. A ceci la science répondit que le choléra asiatique, celui-là même dont le malade était attaqué faisait de tels progrès, qu'en quatre heures il serait mort”. Dumas, Alexandre. *Impression de Voyage en Suisse*. Paris, Calmann-Lévy, undated, p. 198.

<sup>23</sup> “On mourrait parfois en trois heures, d'autre fois, il fallait moins de temps encore”. Dumas, Alexandre. *Mes*

could draw to a close in minutes: “a scream resounded in the midst of this crowd: a man, one hand on his chest, the other on his bowels, twisted himself like an epileptic, fell to the ground, rolled on the pavement, turned blue, and expired.”<sup>24</sup>

Similar scenes are abundant in literature. In Sue's *Le Juif Errant* (1844) the evil Jesuit priest Rodin is seized by cholera during a meeting in which he was orchestrating a scam – another example of the infection as retribution. His transformation is astonishing because the symptoms are entirely manipulated: Rodin feels increasingly feverish and weak, his eyes become brighter, his face turns green and then blue, yet there is not the least sign of vomit or diarrhoea. The repulsing symptoms have been so utterly disregarded by the text, that Rodin continues the secret meeting despite his cyanosis and without realising what is happening to him. The situation is interrupted, however, when he falls to the ground in atrocious pain and expires moments later. The episode is brief, perhaps lasting around thirty minutes or so. His death marks the arrival of cholera in Paris.

Similarly, in *The Demagogues or the Mysteries of Livorno (I Demagoghi o i Misteri di Livorno, 1862)* by Cesare Monteverde, another evil character falls prey to the infection. This time the victim is *il signor* Basilio, a ruthless landlord who tries to rape his tenant in front of her son when she is unable to pay the rent. He is prevented from doing so by the opportune arrival of a physician, who is unaware of the fact. Attempting to conceal the situation, Basilio tries to start a conversation, just to be prevented from a sudden attack:

Signor Basilio wanted to respond to this sad prelude, as if to comfort the doctor and himself; but just as he was able to utter the monosyllable no... his face turned from scarlet red into black lead; his eyes were injected with blood, his tongue swelled in his mouth, he felt his face burn. In the terrible position of being unable to speak, he tried to move away to escape from the doctor's hands; but as soon as he moved from the wall where he was leaning, his legs refused to serve his body; he was seized with hideous vomit, one of the symptoms of the ferocious cholera, and fell to the ground unconscious.<sup>25</sup>

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*Mémoires, vol. IV.* Paris: Michel Lévy Frères, 1870, p. 151.

<sup>24</sup> “Un cercle de visages épouvantés se formait autour du mort ; un cri retentissait au milieu de cette foule: un homme, une de ses mains à sa poitrine, l'autre à ses entrailles, se tordait -comme un épileptique, tombait à terre, se roulait sur le pavé, devenait bleu, et expirait.” *Ibid.*, p. 152.

<sup>25</sup> “Il signor Basilio volea rispondere a questo tristo preludio, come per confortare il dottore e confortarsi egli stesso; ma appena potè proferire il monosillabo no.... che il suo volto, di rosso scarlatto, divenne nero piombo; i suoi occhi s'iniettarono di sangue, la sua lingua s'ingrossò nella bocca, senti ardersi la faccia. In sì terribile posizione, esso provò, non potendo parlare, di allontanarsi per sfuggire dalle mani del dottore; ma non sì tosto muovevasi dal muro ove era appoggiato che le gambe ricusarono di servire il suo corpo; ei fu preso dall'orrendo vomito, uno dei sintomi del fiero

Once again, the cyanosis emerges before the fluid loss, of which, only vomiting is present. Basilio will eventually recover, but, again, only minutes separate the prompt attack and complete collapse.

Similar scenes are found in Boucharlat's poem *Le Choléra-Morbus*, in whose preface the author avows that, in Europe, "[i]f the illness lasts for longer than a day, it is rare for its ordinary course to continue beyond 26 hours".<sup>26</sup> Nonetheless, things are much more dramatic in 'the East':

But it is especially in the Orient that death arrives with astonishing rapidity. In Muscat, a city of Arabia, located in the tropic of cancer, in the Persian Gulf, the violence of the epidemic was so great in 1821, that ten minutes were enough for someone to die. In Bacou, a city in Persia, some people talking in the streets abruptly dropped backwards; and 15 of these unfortunate were gathered in a public square. But what will seem more astonishing still, is that it is said that 60 people who, in Collapore, on the coast of Malabar, were suddenly attacked by cholera when crossing a river in a boat; all expired in the crossing, with the exception of three, who landed on the shore.<sup>27</sup>

The propensity for hyperbole is self-evident: things are bad in here but are worse over there; cholera kills in up to twenty-six hours here, it does so in ten minutes or less over there. The last example fits perfectly in the apocalyptic predictions previously discussed. The fulminating cases represent a mortality rate of 95% (57 out of 60), while we know not if the 5% which survived the onset of symptoms will eventually recover. The context does not seem very optimistic.

The same holds true for the Italian adventure novella *Rivincita di Yanez* (1913) by Emilio Salgari. The story is set in the Indian province of Assam, where the Portuguese Yanez de Gomera

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chôlera e cadde al suolo privo di sensi." Monteverde, Cesare. *I Demagoghi o i Misteri di Livorno*, Milan, Luigi Cioffi, 1862, p. 110.

<sup>26</sup> "Si la maladie dure plus d'une journée, il est rare que dans son cours ordinaire elle se prolonge au delà de 26 heures." Boucharlat, *Le Choléra-Morbus*, p. 6.

<sup>27</sup> "Mais c'est surtout dans l'Orient que la mort arrive avec une étonnante rapidité. A Mascate, ville d'Arabie, située au tropique du cancer, dans le golfe Persique, la violence de l'épidémie était si grande en 1821, que dix minutes suffisaient pour qu'on reçût la mort. A Bacou, ville de Perse, des personnes qui causaient dans les rues tombaient à la renverse subitement; et l'on ramassa 15 de ces malheureux dans une place publique. Mais ce qui paraîtra plus étonnant encore, c'est ce qu'on rapporte de ces 60 personnes qui, à Collapore, sur la côte du Malabar, traversant une rivière dans un bateau, furent atteintes subitement du choléra, et expirèrent toutes dans la traversée, à l'exception de trois, qui abordèrent au rivage." *Ibid.*, pp. 6-7.

battles a reckless and alcoholic Rajah Sindhia for power. The text presents a plethora of orientalist stereotypes, with 'Orientals' being portrayed as degenerate, undeveloped, intrinsically diseased, and generally inferior. Yanez plans to win by engaging a Dutch bacteriologist, Wan Horn, who can use cholera as a biological weapon to ruin the opposing army. The two men elaborate a stratagem that will allow Wan Horn to invade the enemy camp and contaminate it. Yanez is concerned that, if any of the bottles containing the bacillus get broken before the right moment, Wan Horn would “have very little time to lament, doctor. The cholera overtakes you and wipes you out in a few hours...” But the bacteriologist corrects him: “Even less, Your Highness. I have samples that contain *comma bacilli* that fulminate a man as soon as he is attacked”.<sup>28</sup> Effectively, after the epidemic is unleashed, the enemy soldiers simply drop dead unexpectedly.

Another example is found in Galdós's *Un faccioso más y algunos frailes menos*. At some point, a character instructs others who are unaware cholera's features. Once again, emphasis is given to its fulminating powers: “That disease – he added – has appeared in Andalusia. People are calmly walking down the street, and suddenly, bam!, they fall to the ground and die.” On another occasion, a different character declares that “as they say, [cholera] kills people in the blink of an eye.”<sup>29</sup>

These examples illustrate a propensity in literature to increase the speed of cholera steadily. Days of infirmity are shortened into hours, and hours into minutes, until there is practically no difference between the onset of symptoms and inexorable death: cholera becomes in many instances a sort of lightning that kills victims instantaneously. What is more, that imagined trait is not exclusive to literature. It is also portrayed in paintings like Pavel Fedotov's *It is Cholera to Blame* (1848) (see Figure 14).<sup>30</sup> On its centre, a man lies prostrated in the ground, unconscious and bluish – even if there is not the slightest hint of vomiting or diarrhoea. The other figures have barely had time to stand up from the table where they were gathering, and two or three people are in motion to assist the victim. It is clear from their bodily postures that, despite his liquidated appearance, the man has fallen just instants before.

Analogously, the French caricature *The Ministry Attacked by Cholera Morbus (Le Ministère attaqué du Choléra morbus*, c. 1831-36) by Jean-Jacques Grandville (1803-1847) depicts

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<sup>28</sup> “— Che avreste ben poco tempo per rimpiangere, dottore. Il colera vi prende e vi spazza via in poche ore... — Anche meno, Altezza. Ho un vivaio che contiene dei bacilli virgola che fulminano l'uomo appena attaccato.” Salgari, Emilio. *La Rivincita di Yanez*. Milano, Mursia, 1973, p. 32.

<sup>29</sup> “Esa enfermedad – añadió –, ha aparecido em Andalucía. Las personas van muy tranquilas por la calle, y de repente ¡plaf! se caen al suelo y se mueren.” “según dicen, mata a la gente en un abrir y cerrar de ojos.” Galdós, Benito Pérez. *Un faccioso más y algunos frailes menos*. Madrid, Los Sucesores de Hernando, 1908, pp. 180-81.

<sup>30</sup> Fedotov, Pavel. *It is Cholera to Blame*. 1848. Wikicommons, [https://commons.wikimedia.org/wiki/File:Fedotov\\_cholera.jpg](https://commons.wikimedia.org/wiki/File:Fedotov_cholera.jpg) Watercolour, paper, 32.8 x 38.2 cm.

government officials desperately escaping from a room where four patients have just collapsed (see Figure 15).<sup>31</sup> One of the victims is already withered and grey and looks to the viewer in anguish. Another is by his side, has a red face, bulging eyes and vomits coins – the penance for usurers in Medieval iconography. The third is dragging on the ground and the fourth is about to fall from his chair. The event unfolds in a matter of seconds since those fleeing have barely reached the door a meter or two away.

Furthermore, even narratives which do not explicitly declare that cholera is fulminating, imply that through elusive descriptions such as this one, found in *Vendetta, a Story of One Forgotten*: “The cholera walked abroad like a destroying demon; under its withering touch scores of people, young and old, dropped down in the streets to die.”<sup>32</sup>

### iii. Fear as a predisposing factor

In his influential study on the cholera epidemics of the United States, Charles Rosenberg offers a comprehensive evaluation of behaviours which physicians agreed that 'predisposed' to infection. As we have considered before, epidemics are customarily interpreted as supernatural punishment for transgressive human actions, even more so if outbreaks are uncontrollable and their causes are baffling. Given that the Christian God is considered just and merciful, from a religious standpoint, not all individuals can suffer equally because that would contradict the Providence's fairness. In consequence, God would weigh the varying degrees of merit and fault within the population and would punish exclusively – or at least predominantly – those who are deemed weak, sinful and morally corrupt. Rosenberg shows, for that matter, how a newspaper guarantees that out of the one thousand four hundred prostitutes of Paris, a thousand three hundred (93%) died during the outbreak of 1832.<sup>33</sup> The editor of another newspaper clarifies that “[d]runkards and filthy, wicked people of all descriptions, are swept away in heaps, as if the Holy God could no longer bear their wickedness [...]”<sup>34</sup>

Religious reasoning may intermingle with scientific beliefs from time to time, so it is

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<sup>31</sup> Grandville, J. J. *Le Ministère Attaqué du Choléra morbus*. c. 1830s. Bibliothèque Nationale de France Gallica, <https://gallica.bnf.fr/ark:/12148/btv1b53013685c> Lithograph, colour, 18,4 x 27 cm.

<sup>32</sup> Corelli, Marie. *Vendetta ! or, the Story of one Forgotten*. New York, William L. Allison, 1886, p. 13.

<sup>33</sup> Rosenberg, *The Cholera Years*, p. 41.

<sup>34</sup> *Ibid.*, p. 44.

unsurprising that the medical establishment and society at large allowed it to run its course. These ideas are precisely the underlining principles of the commentaries by Coleridge, Heine, or Chateaubriand. They are also the main motivator for the nearly universal acceptance of carnival scenes in the literary texts about cholera and plague. Such views have, besides, long-standing in the Western tradition, as attested by the 16th-century Portuguese sources about cholera in India. As mentioned in *Chapter 1*, one of the earliest accounts by Garcia de Orta blames the infection on excessive love of food and women; what is to say, on gluttony and lust.

Despite the Scientific Revolution, the medical practice did not change significantly between the 16th and 19th-centuries. The all-encompassing views on disease continued roughly the same (humoral theory, miasmatic theory), and the same holds for medical practice and therapies (bloodletting, purging, and the use of mercury). By the same token, beliefs related to sinful predisposition to illness also survived unchallenged. They were not seen as violations of the laws of nature. The vicious were imagined as having willingly chosen to dwell in squalor, to adopt harmful behaviours like alcoholism or licentiousness, and even to live in poverty. Since there were obvious correlations between filth, poverty and cholera, these natural and supernatural beliefs reinforced rather than contradicted one another.

However, respectable members of society would also perish every so often. Hence alternative explanations were required to illuminate such incidents. Religious ideologies naturally appealed to firmly rooted perceptions of martyrdom and self-sacrifice. Medicine, on the other hand, searched for a psychological feature which would render an honest individual susceptible to the miasmas: these were, chiefly, excessive concern, stress and, most of all, fear.

The medical dogma was widely accepted between intellectuals and in society at large. Mark Twain, for example, when recollecting in his autobiography one of his many experiences with cholera, asserts that three times more people died as a consequence of fear, rather than disease: “Those were the cholera days of '49. The people along the Mississippi were paralysed with fright. Those who could run away did it. And many died of fright in the flight. Fright killed three persons where the cholera killed one.”<sup>35</sup> Similarly, in *Il Cholera a Napoli*, Sterlich outlines the death of a former teacher of his, “a learned man”, author of “exquisite Latin verses”, a “friend of the good” who was “lamented by all”. This man went through a great shock after his brother was incorrectly reported as dead. The information was rectified, yet still “[t]he strong impression that he experienced at the false news of his brother's passing, was perhaps the reason for his own

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<sup>35</sup> Twain, Mark. *Mark Twain's Own Autobiography: the chapters from the North American Review*. University of Wisconsin Press, 1990, p. 53.

death”.<sup>36</sup>

A letter sent by Balzac to his beloved Madame Hańska in 1846 also offers insight into the matter. On hearing she was sick, the concerned author has a “bilious attack, caused by the emotion of knowing you were ill [...]”. He also provides details on the symptoms: “Yesterday, after sealing your letter, I vomited... then, at the same time, I had the runs, exactly as Chouette [Balzac’s governess] had it during her cholera. Judge the power of my love for you...”<sup>37</sup> Strong emotions are immediately somatised as cholera-like symptoms (*vomit, the runs*) and are strikingly compared to *cholera*, the less threatening home version of *Asiatic cholera* sometimes also called *Cholera nostras*.

Another Neapolitan account contemporaneous to Sterlich's also provides insights into the matter. It bears the long title of *An Account of the Plague of Florence of 1348 by G. Boccaccio, of That of Milan of 1630 by A. Manzoni, of that Other of Naples of 1656, and of the Cholera of that same City in 1836 by Raffaele Mastriani*.<sup>38</sup> By putting together plague texts and cholera texts, this essay demonstrates how the two diseases had a tendency to blend in the popular imagination. A comment made by the author at the start of the cholera outbreak serves to illustrate the present argument. When two early victims are brought to the hospital, a terrified physician, instead of assisting the victims, “managed to escape from the hands of the public authority, and experienced great fear, of which we will see the consequences.”<sup>39</sup> In effect, two paragraphs later “[t]hat doctor, Giacomo Catalano, struck by fright, had fallen ill, had taken what seemed to him the most appropriate medicines [...]. One night he got worse and thought he was dying of cholera.”<sup>40</sup> He expired shortly after. His death is meant as a warning “to demonstrate how much mind and what firmness is required in such situations, where it is convenient to save individuals and not frighten

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<sup>36</sup> “La forte impressione che egli provò alla falsa nuova della morte di suo fratello, fu forse cagione della sua morte.” Sterlich, *Quadri Storici del Cholera di Napoli*, p. 121.

<sup>37</sup> “Hier, après avoir cacheté ta lettre, les vomissements m'ont pris, et j'ai rendu mon dîner avec des douleurs atroces. Puis, en même temps, j'ai eu la débâcle inférieure, absolument comme la Chouette l'avait eue lors de sa cholérine. Juge quelle puissance avait mon amour pour toi de me faire contenir ces douleurs pour t'écrire. [...] C'est une crise de Bile, causée par mon émotion de te savoir malade, retenue à Dresde, et par mon excessif travail.” Balzac, Honoré de. *Lettres à l'Étrangère*. Vol. 4. Paris, Calmann-Lévy, 1950, p. 103.

<sup>38</sup> Mastriani, Raffaele. *Relazione della Peste di Firenze del 1348 di G. Boccaccio, di Quella di Milano del 1630 di A. Manzoni, dell'Altra di Napoli del 1656 di C. Botta, e del Colera di Quest'Ultima Città nel 1836 di Raffaele Mastriani*. Naples, Rafaele de Stefano e Socii, 1836.

<sup>39</sup> “Un medico riuscì a scappare dalle mani degli agenti dell'autorità pubbliche, ed ebbe grande paura, della quale vedremo l'effetto.” Rafaele Mastriani, *Relazione della Peste*, p. 59.

<sup>40</sup> “Quel medico, Giacomo Catalano, colpito da spavento, si era ammalato, aveva preso quali gli parvero più opportune medicine e non furono: non si consigliava, per non render pubblica quella sventura. Una notte si aggravò e credette morir di cholera: un dì lui fratello chiamò al soccorso, e tosto la casa fu circondata, tutte le autorità in moto, la folla indicibile su la via. [...] Catalano morì” Ibid., p. 60.

the multitude.”<sup>41</sup>

Equivalent stories are also found in other sources. In Boucharlat's *Le Choléra-Morbus*, for example:

It was in a more or less similar fashion that this Polish lady died who, on hearing about the ravages of cholera, first paid tribute to fear by a ruined stomach and violent diarrhoea; finally, shivering with horror, she saw herself attacked by cholera. I am dead, she cried. In vain, her children sought to reassure her in tears, while pressing her in their arms; she looks at them with a stupid gaze, stretched out on a sofa. Four hours had already passed in this cruel anxiety: M. Lemaire arrives, finds her countenance decomposed, the skin cold, the pulse motionless, the body bluish, and all the limbs horribly contracted; two hours later she breathed her last.<sup>42</sup>

Heine also tells of a lady who, planning to discover what was the real number of deaths in her neighbourhood, kept all night long counting how many corpses would pass by her window. There were three hundred in total. In the next morning, impressed by it and “chilled with frost”, she “felt the cramp of the cholera, and soon died herself.”<sup>43</sup> Concerning Heine's translator to English, Charles Godfrey Leland, has a say on the matter. In a note to the translation published in 1893, he articulates that, albeit “[w]e are not as yet so far advanced in physiology as to understand the causes, [...] it is quite certain that those who have no fear of a disease or who boldly affront it often escape contagion.”<sup>44</sup> Interestingly, that is partially at odds with Heine's account, since, over there, those who 'boldly affront' cholera are not spared; quite the contrary. Anyway, after the comment, the translator enumerates a few protective charms which could work as a placebo and save people, not by any healing properties, but by force of their psychological effects. This belief on partial immunisation was shared by many, what entails consequences for the social role of

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<sup>41</sup> “e ciò si dice non perchè si avrebbe voluto un più lento o men cauto procedere del Governo e delle autorità , ma per dimostrare quanta mente e qual fermezza occorra in simili frangenti , ove convenga salvare gl'individui e non spaventare la moltitudine.” Ibid., p. 59.

<sup>42</sup> “C'est d'une manière à peu près semblable que périt cette dame polonaise qui, au récit des ravages du choléra, paya d'abord le tribut à la peur par un délabrement d'estomac et par une violente diarrhée ; enfin, en frissonnant d'horreur, elle se vit atteinte du choléra : Je suis morte, s'écria-t-elle. Vainement ses enfans eu larmes , la pressant dans leurs bras, cherchent à la rassurer ; elle les regarde d'un oeil stupide, étendue sur un canapé. Déjà quatre heures se sont écoulées dans cette cruelle anxiété : M. Lemaire arrive, lui trouve les traits décomposés, la peau froide, le pouls sans mouvement, le corps bleuâtre, et tous les membres horriblement contractés ; deux heures après, elle rendit le dernier soupir.” Boucharlat, *Le Choléra-Morbus*, p. 23.

<sup>43</sup> Heine, *The Works*, p. 182.

<sup>44</sup> Ibid., p. 179.

literature that we will shortly explore.

Goethe makes a revealing observation on that regard in a letter to his friend Carl Friedrich Zelter. In 1831, while cholera devastated Prussia, he was reading a book of poems by Gustav Pfizer who “seems to me to have real talent, and to be a good man besides.” However, the experience was not a pleasant one, so Goethe had to abandon the enterprise: “But while I was reading, it made me so wretched, that I quickly threw the book aside; when cholera is imminent, one ought to be most strictly on one's guard against all depressing and enervating influences.”<sup>45</sup> In other words, certain readings might kill you during times of pestilence.

That excerpt may seem far-fetched, but it is in perfect harmony with another pronouncement made by the poet during his conversations with Eckermann. While discussing Napoleon's courage when facing the plague, Goethe implies that “the man who could vanquish fear could vanquish the plague also.” He defends the idea with the personal testimony of an occasion in which he avoided illness solely through courage and willpower:

I can instance a fact from my own life, when I was inevitably exposed to infection from a putrid fever, and warded off the disease merely by force of will. It is incredible what power the moral will has in such cases. It penetrates, as it were, the body, and puts it into a state of activity which repels all hurtful influences. Fear, on the other hand, is a state of indolent weakness and susceptibility, which makes it easy for every foe to take possession of us.<sup>46</sup>

Another revealing example of the suggestive powers of fear is found in the autobiography of Richard Wagner (1813-1883). In 1832, while travelling to Vienna, the composer gets so frightened on hearing about cholera, that he is surprised to awake in perfect health on the next morning:

During the afternoon and night, which I was obliged to spend in Brunn by myself, I went through terrible agonies from fear of the cholera which, as I unexpectedly heard, had broken out in this place. There I was all alone in a strange place, my faithful friend just departed, and on hearing of the epidemic I felt as if a malicious demon had caught me in his snare in order to annihilate me. I did not betray my

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<sup>45</sup> Goethe, Johann W. von. *Goethe's Letters to Zelter: With Extracts from Those of Zelter to Goethe*. Trans. by Arthur Duke Coleridge. London: George Bell and Sons, 1892, p. 467.

<sup>46</sup> Eckermann, Johann P. *Conversations of Goethe with Eckermann and Soret, vol. 2*. Trans. by John Oxenford, London: Smith, Elder and Co., 1850, pp. 166-167.

terror to the people in the hotel, but when I was shown into a very lonely wing of the house and left by myself in this wilderness, I hid myself in bed with my clothes on, and lived once again through all the horrors of ghost stories as I had done in my boyhood. The cholera stood before me like a living thing; I could see and touch it; it lay in my bed and embraced me. My limbs turned to ice, I felt frozen to the very marrow. Whether I was awake or asleep I never knew; I only remember how astonished I was when, on awakening, I felt thoroughly well and healthy.<sup>47</sup>

Beyond these individual cases, fear may also make entire groups prone to disease. Boucharlat denounces the “deplorable” and “demented” habit of the “stupid persons” who took an interest in knowing the daily numbers of dead. His vehemence arises from the fact that “we saw individuals find themselves ill and expire of terror at the sound of the fatal bell which announced the passage of the funeral carts, or that which sounded the hour of prayer.”<sup>48</sup> This type of reasoning was even the basis for public policy during times of crisis. The historian Sidney Chalhoub demonstrates, for example, how the government of Rio de Janeiro prohibited the bells from tolling during an outbreak of yellow fever precisely to keep away from scaring – and, consequently, killing – the population.<sup>49</sup> If unrestrained, such sounds could create a public health calamity. On that note, Boucharlat reports how, in an unnamed location, an army made loud noises with fifes, drums and cries “to warn the citizens that the enemy was at the gates.” However, they “spread such terror in the city, that a great number of people paid to disease the tribute from which they had been freed until then.” As a result, forty out of sixty individuals “were struck by the plague in twenty-four hours.”<sup>50</sup>

These beliefs find their way into literary texts. One of Belli's sonnets (n. 30), for example, talks about a physician, “zor dottor Cappello” (Mr Dr Hat), who visits patients dressed in a costume to avoid contagion. Its description is not very detailed, but the author certainly expects the reader to think on the traditional attire and bird-like mask of the plague doctors. The unsuspecting

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<sup>47</sup> Wagner, Richard. *My Life*. New York, Dodd, Meand and Company, 1911, p. 75.

<sup>48</sup> “[...] et ce qu'il y a de déplorable , c'est qu'au milieu de cette éminente calamité, on voyait un peuple stupide et curieux s'attrouper , suivre les charrettes fatales , compter les morts en vociférant, et même faire le recensement des maisons désignées pour appartenir aux pestiférés. Cette démence n'étouffait pas toutefois le sentiment de la crainte : on vit des individus se trouver mal et expirer de frayeur au son de la cloche fatale qui annonçait le passage des chars funèbres, ou de celle, qui sonnait l'heure de la prière.” Boucharlat, *Le Choléra-Morbus*, pp. 34-35.

<sup>49</sup> Chalhoub, Sidney. *Cidade febril: cortiços e epidemias na corte imperial*. Companhia das Letras, 2018.

<sup>50</sup> “La peur même d'objets étrangers à l'épidémie moissonnait des victimes: la générale ayant battu pour avertir les bourgeois que l'ennemi était aux portes, de la ville, le bruit des fifres et des tambours, le mouvement des armes, le cri répété des sentinelles, répandirent une telle épouvante dans la ville, qu'un grand nombre de personnes payèrent à la maladie le tribut dont elles avaient été affranchies jusqu'alors, et que sur soixante bourgeois qui montaient la garde, quarante furent atteints de la peste en vingt-quatre heures.” Boucharlat, *Le Choléra-Morbus*, pp. 34-35.

patients, however, are terrified by the sight and inevitably die in heaps:

Bbasta, lui co sta bbella accimatura	That's all, with that lovely cap, he
se presenta a l'infermi accap'a lletto	appears to grasp the sick at their beds
pe sballalli ppiú ppresto de pavura.	to dispense them sooner by fear.
Defatti appress'a llui passa er carretto,	In fact, after him, passes the cart,
e straporta ppiú mmorti in zepportura	and brings more dead into the grave
che nun tiè er Papa cardinali in petto. <sup>51</sup>	than there are cardinals by the Pope's side.

Cholera cases caused by fear also appear in the novel *Two Years Ago* (1857) by Charles Kingsley (1819-1875). The narrative tells the story of a young but experienced surgeon named Tom Thurnall, who graduated in Paris and Glasgow and afterwards gained experience in the fight against various epidemics during his travels around the globe. The boat where he serves as a surgeon sinks near the village of Aberalva, where he subsequently recovers as the only shipwreck survivor. The poor sanitary conditions of the city convince Tom that a harsh cholera outbreak is imminent. So, he tries in vain to educate the sceptical local population on the need for sanitary reform. Once he is proven right, panic unfolds in the city. One of the victims is a girl who was “talking to Miss Heale safe and sound” when, in half an hour, she started “fainting, shrieking”. The interlocutor, Miss Heale, runs screaming for help and gets so excited that she soon collapses as well. Tom is concerned because “[t]hose cases of panic seldom recover. [...] She has shrieked and sobbed herself into it [cholera], poor fool!”<sup>52</sup>

Cholera is manifestly understood here as a type of psychosomatic disorder. As such, it might be reversed if the psychological issues are addressed. Just as Goethe avowed, he cured himself by sheer force of will, Tom urges the nurse to give the patient moral support: “Grace must go to her at once; she may bring her to common sense and courage, and that is the only chance.” Shortly after, three other women are “all frightened into cholera”.<sup>53</sup>

Furthermore, the novel reaches its resolution precisely by a case of fear-induced disease. Grace Harvey, the schoolteacher who heroically nurses the stricken, notices how her mother is constantly concerned:

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<sup>51</sup> 1778. [Er còllera mòribbus] 30° Belli, *Tutti i Sonetti*, p. 855.

<sup>52</sup> Kingsley, Charles. *Two Years Ago*. London, Macmillan and Co., 1900, p. 289.

<sup>53</sup> *Ibid.*, pp. 289-90.

But Grace could see that her dread of the cholera was intense. She even tried at first to prevent Grace from entering an infected house; but that proposal was answered by a look of horror which shamed her into silence, and she contented herself with all but tabooing Grace; making her change her clothes whenever she came in; refusing to sit with her, almost to eat with her. But, over and above all this, she had grown moody, peevish, subject to violent bursts of crying, fits of superstitious depression; [...] All this betokened some malady of the mind, rather than of the body; but what that malady was, Grace dare not even try to guess. Perhaps it was one of the fits of religious melancholy so common in the West country— like her own, in fact: perhaps it was all 'nerves.'<sup>54</sup>

Regardless of her fear, the mother escapes the outbreak unscathed. She continues to be stressed after it is over, though. Because of that, Grace suspects that she stole Tom Thurnall's money that disappeared at the start of the narrative. One night she decides to follow her mother in secret and witnesses her retrieving the money in a cave. At this point, Grace is unable to hamper herself from screaming in disillusionment. As soon as she hears it, the mother's "first impulse was wild terror". Believing her daughter was an angel of vengeance, she tries to run away but falls and beats her head. She is brought home and recovers her senses, however the frightful experience caused irreparable damage to her psyche:

And now, by one of those strange vagaries, in which epidemics so often indulge, appeared other symptoms; and by day-dawn cholera itself. [...] The sudden shock to body and mind, the sudden prostration of strength, had brought out the disease which she had dreaded so intensely, and against which she had taken so many precautions, and which yet lay, all the while, lurking unfelt in her system.<sup>55</sup>

She dies soon after and is yet another example of cholera as a reward for wicked characters.

Similarly, in Galdós' *Un faccioso más y algunos frailes menos* a character counsel the others that "the best antidote against the scourge was, in his opinion, the firm will and the scorn of the

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<sup>54</sup> Ibid., p. 428.

<sup>55</sup> Ibid., pp. 439-40.

disease itself”.<sup>56</sup> Nevertheless, on hearing this, another character predicts her own death – which will indeed take place at the end of the narrative for that very reason:

'– In that case' – said Nazaria tremor and discouragement, – 'that damned wrath of God (*cólera de Dios*) will not forgive me, because I am more afraid of it than of a lightning bolt, and if I look at the door I have the impression it enters in the figure of a person, if I look at the window it seems to me that it enters with the air, with the sun and with the dust of the street. I do not eat, for fear that it will enter my body with food, nor do I sleep dreading that it will catch me in my dreams and take me before I wake up.'<sup>57</sup>

Another example is found in the popular novel *Rienzi, The Last of the Roman Tribunes* (1835) by Edward Bulwer Lytton, which is set in 14th-century Italy and features the Black Death in Florence. The novel was published in the year Italy faced its first cholera outbreak, and just a few years after Britain had experienced its own in 1831 and 1832. Interestingly, the novel was dedicated to Alessandro Manzoni – who is himself an iconic plague writer – and was later turned into an opera by Wagner. The “calamity of the Great Plague” occupies the entirety of *Book VI*, which corresponds to one-tenth of the text. During the episode, Adrian heads for Florence searching for his beloved Irene. As soon as he arrives, “fever began rapidly to burn through his veins” due to a combination of natural factors (“the heat of the day, the lurid atmosphere”) with physical and psychological fatigue: “alternate exhaustion and excitement, combining with the sickness of disappointment, the fretting consciousness of precious moments irretrievably lost, and his utter despair of forming any systematic mode of search.” Symptoms start immediately and are consistent with cholera, even if the disease in question is notably bubonic plague. Adrien feels “intolerable thirst”, “his strength seemed *suddenly* to desert him” (my emphasis), he becomes weak and mutters “broken and incoherent words”. Later, some bodies are described as having a “pale blue tint”, and there are no mentions of bulbous whatsoever. Just as in *The Last Man*, it seems that the novel is more inclined to represent the symptoms of cholera than those of bubonic plague, notwithstanding the name of the disease and its historical context.

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<sup>56</sup> “El mejor antídoto contra el mal era, a su juicio, el valor y el desprecio del mal mismo.” Galdós, *Un faccioso más*, p. 269.

<sup>57</sup> “– Entonces -dijo Nazaria con temblor y abatimiento-, esa maldita cólera de Dios no me perdonará a mí, porque le tengo más miedo que a una centella, y si miro a la puerta me parece que entra en figura de gente, si miro a la ventana me parece que entra con el aire, con el sol y con el polvo de la calle. No como, por miedo a que entre en mi cuerpo con la comida, ni duermo temiendo que me coja en sueños y me lleve antes de despertar.” *Ibid.*, p. 270.

## 4.2 Entertainment as a coping strategy

If fear, anxiety, and stress predispose individuals to illness, then it logically follows that people could fend off cholera by avoiding these emotions. Hence, coping well with fear and stress becomes a fundamental prerequisite for maintaining health, both at the personal and the public level. Physicians would recommend to their patients to live with moderation, rest and sleep abundantly, avoid excessive passions (eating, drinking, sex), and, above all, seek distractions and not worry about cholera. That is grounded in Hippocratic doctrine which holds that if you desire well-balanced humours, you should live a well-balanced life. People are even advised to set the issue aside and forget the epidemic once they reach safe surroundings. Nathaniel Parker Willis declares as much in his letter about the outbreak of Paris – not without a smug smile, though:

'Live well,' say the doctors, 'and bathe often. Abstain from excesses, keep a clear head and good spirits, and amuse yourself as much and as rationally as possible.' It is a very excellent recipe for happiness, let alone the cholera.<sup>58</sup>

Advice of this kind can be found in medical treatises and official announcements by governments. They were regularly printed in newspapers and circulated endlessly in conversations. Roberta Pelagalli has revealed through extensive archival research a poem by Francesco Mastriani which lists all precautions to be taken. It is called *New and Unique Anti-choleric Prescription (Nuova ed unica ricetta anticolerica)* and it was published in the Neapolitan press in 1867, during the Fourth Cholera Pandemic. Unlike Coleridge in *Cholera Cured Before-hand*, Mastriani offers instructions which are pedagogical before all else, and which he hopes will be taken seriously. However, fear is not just a part of the equation; instead, it is taken to be “the main cause of the disease”:

Se vuoi non esser preso dal colera,  
Sii parco a soddisfare madre natura;

If you don't want to be stricken by cholera,  
be frugal when satisfying mother nature;

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<sup>58</sup> Willis, *Pencilings*, p. 149.

Alzati presto, e non uscir di sera;	get up early, and don't go out in the evening;
Sia sano il cibo, e non mangiar verdura.	seek healthy food, and don't eat vegetables.
Su le passioni sregolate impera;	Rule over the disobedient passions;
Abbi nella tua stanza l'aria pura;	keep pure air in your room;
Fuggi il timore, e in Dio riposa e spera;	escape from fear, and rest and hope in God;
Ché del mal prima causa è la paura.	for fear is the main cause of the disease.
Non indagar se Tizio o Caio è morto,	Do not ask if so-and-so is dead,
Né in quant'ore spirava quel mortale;	nor how many hours it took for them to die;
Ché ciò non ti può dar nessun conforto,	because this cannot bring you any comfort,
Lungi il dottor, quando ti senti bene;	be away from doctors when you feel good;
Tienti ben caldo, se ti senti male.	keep warm if you feel bad.
Questa è ricetta che adottar conviene. <sup>59</sup>	This is the recipe that you should adopt.

In conclusion, to avoid fear is the first medical commandment of anyone wishing to escape cholera. To survive, it was vital for individuals not to be concerned by the chaos happening around them. They should not only ignore it but, on top of that, should manage to occupy their minds with joyful thoughts and memories. That must have been an exceptionally difficult thing to do. There was very little agreement on almost anything related to cholera; even immediate matters – if the infection was contagious, for instance – could not be resolved. The sole relatively efficacious survival strategy was to flee and, as we have seen, that option was not viable for most people. In this way, many found themselves in a scenario where they were obliged to stay put and confront cholera face-to-face, and, at the same time, should somehow be merry, unconcerned and think positively. What is more, no solace could be found in hedonism, partying, and drinking, since, as shown by Heine and others, these skewed pleasures increased one's chances to die. The challenge was, then, to occupy one's mind and to think about something else as much as possible in an orderly and balanced matter.

Assuredly, some individuals coped better than others with the situation. Many of the characters in Belli's sonnets are not concerned in the least and simply keep business as usual, either because they deny cholera exists or because they are allegedly not afraid of dying. In

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<sup>59</sup> According to the scholar, the poem was originally published in *La Domenica*, n. 41, 18th August 1867. Pelagalli, *Le Choléra dans la Littérature*, p. 105.

*Vendetta, a Story of One Forgotten*, the narrator praises his wife's frivolity as a safeguard from disease: "My wife, besides, was not nervous—I think very beautiful women seldom are. Their superb vanity is an excellent shield to repel pestilence; it does away with the principal element of danger—fear."<sup>60</sup> Another occurrence surfaces in *Lélia* (1833) by George Sand, in which the heroine contracts cholera, yet does suffer significantly from it. Lélia's physician reassures her that it is nothing to be concerned with as long as she keeps her spirits and laughs about it:

"It's nothing," he said with a friendly smile, "nothing at all. It's cholera, the cholera morbus, the most common thing in the world these days, and the best known disease. Rest assured my beautiful angel! You have cholera, a disease which kills in two hours those who have the weakness to be afraid of it, but which is not dangerous for firm spirits like ours. So don't be frightened, lovely foreigner! There are two of us who dread not the cholera, you and I challenge cholera! Let's scare this villain spectre, this hideous monster that makes humankind's hair stand on end. Make fun of cholera! this is the only way to deal with it."<sup>61</sup>

Characters often hide news from sensible individuals hoping to spare them; and so, do governments. If general panic and fear induce infection, censoring information about the epidemic seems a reasonable public health strategy. That is precisely what happens in *The Last Man*. Since "fear and melancholy forebodings were powerful assistants to disease" and "rendered the physical nature of man peculiarly susceptible of infection", the authorities "disguise the symptoms and progress of the plague from the inhabitants of London".<sup>62</sup> Likewise, in *A Journal of the Plague Year*, H. F. notices that "some endeavours were used to suppress the printing of such books as terrified the people".<sup>63</sup> In this fashion, governments wished to help the population to keep its peace of mind, and consequently, its health.

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<sup>60</sup> Corelli, Marie. *Vendetta! or, the Story of one Forgotten*. New York, William L. Allison, 1886, p. 14.

<sup>61</sup> "Ce n'est rien, disait-il avec un aimable sourire, rien du tout. C'est le choléra, le choléra-morbus, la chose la plus commune du monde dans ce temps-ci, et la maladie la mieux connue. Rassurez-vous, mon bel ange! vous avez le choléra, une maladie qui tue en deux heures ceux qui ont la faiblesse de s'en effrayer, mais qui n'est point dangereuse pour les esprits fermes comme les nôtres. Ne vous effrayez donc pas, aimable étrangère! Nous sommes ici deux qui ne craignons pas le choléra, vous et moi défions le choléra! Faisons peur à ce vilain spectre, à ce hideux monstre qui fait dresser les cheveux au genre humain. Raillons le choléra! c'est la seule manière de le traiter." Sand, George. *Lélia*. Vol. 1. Bruxelles, Societè Belge de Librairie, 1841, p. 118.

<sup>62</sup> Mary Shelley, *The Last Man*, p. 197.

<sup>63</sup> Defoe, *A Journal*, p. 23.

### 4.3 Literature as a medical therapy

That peculiar situation was created by a combination of a scientific knowledge which linked body and mind, and the lack of efficient prevention strategies. That had a profound impact on the social function of literature. Now that the ability to think about something else turned into a matter of life or death, literature suddenly became keenly cherished as a source of escapism, entertainment, and even guidance. The long debate on its pedagogical and exemplary nature – which spans from Antiquity to the Enlightenment and beyond – was enriched in an instant by a biomedical appeal. Literature became a medicine of sorts, a medical prescription which, by sustaining psychological well-being, could counterbalance the noxious effects of miasmas.

If used wisely, literature could help individuals to keep sane and healthy. For example, superficial love stories could stimulate daydreaming; comic texts could make people laugh and keep in good-spirits; while historical novels could deviate attention to other times and places. The entertainment offered by literature would help readers to release psychological stress, prevent anxiety from accumulating, and forget the preoccupations of the present. By doing so, it might save their lives.

Nonetheless, if used poorly, literature could cause the opposite effect. Horror stories and gothic fiction might usher dismal consequences if they destabilise the reader's emotions. These texts might be dangerous, especially if the stories involved epidemics. On that account, cautious readers should refrain from narratives such as Poe's *The Mask of the Red Death* (1842) or Maupassant's *The Horla* (*Le Horla*, 1887), at least during outbreaks.<sup>64</sup> Otherwise, they would place themselves under serious risks. That is precisely what the physician John Chapman maintains to have happened to one of his patients. As shown by Pamela K. Gilbert, Chapman claims in a chapter called “Diarrhoea Originated by the Mind” that “One of my patients, who was reading George Eliot's noble work 'Romola,' assured me that the emotions it excited in her brought on diarrhoea! In fact, owing to the remarkable transformation of emotions into 'motions,' she was obliged for a time to abstain from reading the book”.<sup>65</sup> It is worthy of notice that *Romola* (1862-63) is set in the 15th-century, and it features bubonic plague; Romola even works as a voluntary plague nurse for a time. In more than one occasion, she claims immunity based on not dreading the disease.<sup>66</sup>

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<sup>64</sup> On the connections between the cholera and *Le Horla* see Pelagalli, “Le Choléra dans l'oeuvre de Maupassant”, p. 95-107; and “Guy de Maupassant et la problématique du ‘Je’ Malade” in Spoiden, Stéphane. *La Littérature et le sida: archéologie des représentations d'une maladie*. Presses Universitaires du Mirail, 2001, pp. 181-208.

<sup>65</sup> Gilbert, *Cholera and nation*, pp. 129-130.

<sup>66</sup> “Romola had often witnessed the overpowering force of dread in cases of pestilence, and she was cautious” (p. 541); or “I am used to the pestilence; I am not afraid” (p. 540); or still “I have walked about for months where the

Nonetheless, the theme is suggestive enough to supposedly induce diarrhoea in the patient. The anecdote is akin to the one described by Goethe in his letter to Zelter. Both rely on the powers of somatisation, which 19th-century culture instilled into literature.

There are numerous instances of the capacity of literature to reverberate in the body to either instigate or avert symptoms. The best examples, however, are probably not linked to cholera, but to its antithesis: tuberculosis. As famously remarked by Susan Sontag, the two ailments are opposed: if cholera is the affliction of the body, of fluids, poverty, and ugliness; tuberculosis is the malady of the spirit, of air, aristocracy and beauty.<sup>67</sup> Tuberculosis was perceived culturally as a type of philosophical disease, one predisposing to art and refinement. Yet, the opposite was also true, so excessive artistic prowess was deemed to cause tuberculosis, and perhaps even lead to death. That is evident in tuberculosis' popular name in the 1800s: consumption. Artists were often seen as too intense and otherworldly; they could not shun from literally *consuming* their own vital force for art's sake. In that sense, Keats was perceived as having laid down his life poem by poem, just as Chopin played himself to death one sonata at a time. Several scholars have explored the curious relationship of disease which becomes art and art which presumably becomes disease, tuberculosis and insanity being chief among these. The same reasoning applies to cholera as well, though in a more restricted way. Cholera texts are thought as capable of causing very real effects in the body, just as Quixote's books made him lose his mind, or Keats' poetry presumably made him hectic.

It is essential to notice that this phenomenon is rendered possible by the unified underlying principle of humoral medicine. Since all disease was understood as the result of unbalanced humours, every health hazard ultimately had the same cause – that is, disequilibrium – with differences leaning on degree and outward manifestations. The humoral doctrine would fall out of favour as the Germ Theory progressively asserted itself. This radically new medical model allows no space for a direct relationship between inner conscience and health. Consequently, this type of interpretation may seem far-fetched and overdone nowadays. Precisely for that reason, it is pivotal to keep in mind that the medical model practised throughout most of the 19th-century was not only fundamentally different, but it also allowed for a much broader spectrum of psychosomatic disorders. The idea that the root cause of bacterial infections like cholera or tuberculosis might lay on someone's inner thoughts and emotions may seem ludicrous in the present. Even so, it was considered perfectly sound in a historical moment in which medicine was still on the verge of becoming *scientific* medicine.

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pestilence was, and see, I am strong" (p. 543). Eliot, George. *Romola*. London, Aldine Press, 1907.

<sup>67</sup> See Sontag, Susan. *Illness as metaphor and AIDS and its metaphors*. Anchor Books, 1990, pp. 37-38.

In sum, the aptitude of literature to offer distraction and emotional management turned it into a valuable tool for maintaining health during the times of cholera. That engenders repercussions for both individual well-being and public health. Individuals were encouraged to seek moderate – and preferentially superficial – entertainment which could offer distraction and relief, though without stirring violent emotions. Readers should avoid fear and anxiety as much as possible, which meant for most people to keep away from cholera-related subjects. That included for the most part factual and fictional discourses alike, for anxiety does not necessarily depend on truthfulness. Besides, even if it did, most cholera accounts are based on rumours and tend to blend reality and fantasy. Regardless of if that is made voluntarily or inadvertently, the end result is the same when fear and panic are concerned.

#### **4.4 Histoire du Choléra (1832) by Jules Janin**

These dynamics are apparent in a series of three short stories published by Jules Janin (1804-1874) in the Parisian newspaper *Journal des Débats* right during the cholera outbreak. In 1833, they were included in the book *New Short Stories (Contes Nouveaux, 1833)*, under the title *Histoire du Choléra*.<sup>68</sup> Janin clarifies in the preface that the three narratives were “written under a truthful and well-felt inspiration” and were read “in the midst of the plague, when we believed there was nothing else to do but to prepare to die well.”<sup>69</sup> These are important statements because they frame the subsequent remarks on fear in a prescriptive model in the guise of Mastriani's poem advising on prevention. Janin goes even further and explicitly admits that these stories are “*un simple feuilleton*”, which implies that they have a lesser aesthetical value. That is not a problem, however, because they have the merit of being written “smiling amidst fear”. If they are not supreme art, they perfectly fulfil their aim of being “as much as a personal distraction from one's own terrors, as a distraction for the use of all”.<sup>70</sup> His message is clear: during a cholera outbreak, pastime and recreation takes precedence over cultivated artistry.

The first narrative, called *La Rue Neuve des Poirées*, tells the story of a man who strolls

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<sup>68</sup> These texts are also discussed by Pelagalli, *Le Choléra dans la Littérature*, pp. 121-128.

<sup>69</sup> “ [...] c'est qu'ils ont été écrits sous une inspiration vraie et bien sentie” ; “Les deux chapitres de cette histoire , que vous ne lirez peut-être pas jusqu'à la fin par un temps sec et beau et par une mortalité ordinaire, Paris les a dévorés au milieu de la peste, quand on croyait qu'il n'avait plus qu'à se préparer à bien mourir.” Janin, Jules. *Contes Nouveaux*. Paris, Fonderie de A. Pinand, 1833, p. 1-3.

<sup>70</sup> “Je les réimprime les uns et les autres, parce que j'ai pensé qu'il est des faits d'une telle importance qu'ils donnent une consécration véritable à tout ce qui les regarde, même ne s'agirait-il que d'un simple feuilleton écrit en souriant au milieu de la peur, et tout autant comme une distraction personnelle à ses propres terreurs, que comme une distraction à l'usage de tous.” Janin, *Contes Nouveaux*, p. 4.

around the city to relinquish his thoughts after spending the night attending a cholera patient. The weather is enjoyable and helps him to ease his mind. However, at some point, he sees a number of hearses being loaded with coffins. This unforeseen encounter with death subverts his emotions so entirely that he suspects he might have reached the end. The men transporting the coffins are taken for ghosts, and the nearby church bell seems to ring midnight. The narrator dialogues with the reader to justify himself: "I was so afraid that the error was very natural, wasn't it?"<sup>71</sup> He then meets an acquaintance to whom he confesses his distress. Unexpectedly, it all turns out to be well, when he learns that that is, in reality, a deposit for empty coffins. The false alarm, then, teaches him a valuable lesson which is shared with the readers for their own sake.

As in other cholera texts I have inspected so far, in *La Rue Neuve des Poirées*, the author tries to superpose his own identity with that of the first-person narrator. That is achieved by the modality of communication – a sort of newspaper column –, the confessional tone, the cultural commentary, and the many remarks to theatrical criticism, one of Janin's specialities. Furthermore, the narrative is pedagogic to some degree, seeking to teach the reader a lesson on the importance of the placidity. One of the opening sentences states as much: "[y]ou will see in this simple story what the fear of the disease is, and how horribly it distorts things". However, the reader need not worry because "I will take care to be as little dreadful as possible; I will spare your nerves more than I did my own".<sup>72</sup> Still, the narrative is very clear in demonstrating how a profound psychological impression can unfold in severe physical outcomes. The character's fear is intense: "shudder took possession of me: I relapsed into all my past terrors. – It's death! It's the plague of old! [...] My hair stood on end with horror."<sup>73</sup> In fact, the feeling is so intense that "[f]rom head to toe, [...] I felt the horrible signs of cholera all at once", and he has the impression that "the last moment of my life had come".<sup>74</sup>

The narrator agrees he might be overstressing things. He is perfectly aware that a cart transporting coffins is a rather ordinary sight. However, "the present times in Paris" are especial: "by these rumours about the dead, by these medical announcements, by these funeral statistics, by these hospital stories, by this general sadness – my God! a hearse is an event; – it's a threat; –

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<sup>71</sup> "tant j'a vais déjà peuri l'erreur était bien naturelle, n'est-ce pas ?" Ibid., p. 11.

<sup>72</sup> "Vous verrez dans ce simple récit ce que c'est que la peur du mal, et combien elle dénature horriblement les objets. Donc, je commence : j'aurai soin d'être aussi peu terrible que possible ; je ménagerai vos nerfs plus que je n'aiménagé les miens." Ibid., p. 5-6.

<sup>73</sup> "le frisson me gagna : je retombai dans toutes mes terreurs passées". — C'est la mort ! C'est la peste d'autrefois ! [...] Les cheveux me dressèrent d'horreur." Ibid., p. 14.

<sup>74</sup> "De la tête aux pieds, [...] je sentis tout à la fois les horribles indices du choléra. [...] Il me sembla que le dernier moment de ma vie était venu" Ibid., p. 17-19.

that's a horrible thing."<sup>75</sup> Revealingly, it is not cholera per se which scares him so much, but rather the storytelling constructed around it (*rumours, announcements, statistics, stories*). Now, if the main problem lies in disturbing narratives, it makes sense for the ill feelings to transform into amiable ones thought light-hearted stories. On that note, the narrator wishes he was at the theatre to adequately distract himself: "What I would not give at this moment to be seated even at the Gymnase Dramatique in the premiere performance!"<sup>76</sup> The disdainful concession (*even at the Gymnase Dramatique*) proves that any pastime would help, even if lacking in artistic quality.

What is more, the idea reappears again in the moment of resolution. Once the narrator meets his acquaintance, Mr Rombeaux, he feels immediate relief. The sight of that "venerable character" causes on him an effect "as suitable as that of a doctor who saves you". Therefore, he "forgets all the moments of bad-humour", and immediately remembers cherished past experiences in the *Opéra-Comique* and the *Théâtre-Français*.<sup>77</sup> In practical terms, the presence of Mr Rombeau and the memories of theatre work as medicines. Moreover, after patiently listening to the narrator's unrestrained confession, Mr Rombeaux replies as an "eternal Greek model":

He did not speak to me about the yellow fever, nor of the plague of Florence, to which we own the rough and charming tales of Boccaccio, nor of Marseilles, devoured by contagion, nor of Belzunce, the holy prelate; He hardly spoke to me about Indian cholera and, did that with a little smile of incredulity, a quite classic one, as if talking about Sainte Beuve or Victor Hugo.<sup>78</sup>

In other words, Mr Rombeaux mentions epidemics as little as possible. When he is obliged to refer to cholera, he does so in such a prosaic and assured fashion that the allusion is barely noticeable. He explains that the house in question is used as a deposit and that the number of

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<sup>75</sup> "Mais par le temps qu'il a fait à Paris, par ces bruits de morts, par ces annonces médicales, par ces statistiques funèbres, par ces histoires d'Hôtel-Dieu, par cette tristesse générale, — mon Dieu ! un corbillard est un événement ; — c'est une menace ; — c'est une chose horrible." Ibid., p. 12.

<sup>76</sup> "Que n'aurais-je pas donné en ce moment pour être assis même au Gymnase Dramatique un jour de première représentation !" Ibid., p. 19.

<sup>77</sup> "La vue du digne concierge me fit autant de bien que celle du médecin qui vous sauve. En le voyant à cette heure, j'oubliai tous ses momens de mauvaise humeur, tous ses rapports officiels quand je rentrais après l'heure voulue, retenu que j'avais été pannes plaisirs de l'Opéra-Comique ; car alors, jeune et innocent que j'étais, j'avais foi au Théâtre-Français et à l'Opéra-Comique, je jurais par la Pandore, et je faisais de longues dissertations sur le génie de M. Baour !" Ibid., pp. 21-22.

<sup>78</sup> "Cependant, en homme habitué à entendre lire des amplifications de rhétorique, Rombeaux m'écouta patiemment. Il eut pitié de mes terreurs, il me laissa les lui raconter telles quel les. Quand j'eus tout dit, il prit la parole à son tour. Il me parla aussi bien que l'eût pu faire un des sages de la Grèce, ses modèles éternels. Il ne me parla ni de la fièvre jaune, ni de la peste de Florence, à laquelle nous de vons les contes graveleux et charmans de Boccace, ni de Marseille, dévorée par la contagion, ni de Belzunce, le saint prélat ; à peine me parlat-il du choléra indien et, avec un petit sourire d'incredulité tout à fait classique, comme s'il se fût agi de Sainte Beuve ou Victor Hugo." Ibid., pp. 23-24.

coffins being currently used is the same as always. They are moved at such a late hour precisely “not to scare anyone”.<sup>79</sup> On hearing that, the narrator declares he “had never been happier”.<sup>80</sup> Now that he learned his lesson, he is able to advise the reader:

Since that night so fruitful in sensations, I have promised myself not to be afraid any longer, to face danger, and to examine even the coffin. Do as myself; do not be scared. Go beyond your fear; the times are fertile in terrors of all kinds; we must study ourselves not to retreat when they come; this is the only way not to be defeated.<sup>81</sup>

The examples presented thus far make clear that storytelling and literature – in any form, prose, poetry or theatre – have the capacity for arousing emotions in the reader. These emotions may have a negative or a positive effect, depending on what they are and how they are used. Goethe and the patient reading *Romola* had to stop their books there and then, while Janin's narrator misconstrued a story in his mind that had to be counteracted by memories of the theatre and by avoiding speaking about Boccaccio and the like. As I have accentuated before, it is very natural for authors and intellectuals to interpret the present scourge of cholera by recollecting renowned plague texts. The vast majority of cholera texts will at some point mention at least one or two canonical authors who have explored the theme. Nonetheless, since these stories may influence readers for the worse, the cholera texts may encourage the public to avoid these readings and even recommend others instead.

The sidestepping of plague writers can be found in a revealing scene of the novel *To Be or Not to Be? (At være eller ikke være, 1857)* by Hans Christian Andersen. Niels Bryde, a young physician, working in the on-going cholera crisis, visits the family of his beloved, Esther, who took refuge in the countryside. Upon his arrival, his host “gave [him] the bulletin of the day; and then he entreated that, for the rest of the evening, nothing more should be said about sickness or death; 'Herr Bryde ought to have a little respite from these subjects.'” Esther adds that they will follow the example of “Boccaccio's 'Decamerone'” and “suppose ourselves far distant from the infected

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<sup>79</sup> “et la nuit, et à cette heure, pour n'effrayer personne, l'administration des pompes funèbres envoie à la provision.” Ibid., p. 24.

<sup>80</sup> “Jamais je n'ai été plus heureux”. Ibid., p. 26.

<sup>81</sup> “Depuis cette nuit si féconde en sensations, je me suis bien promis de ne plus avoir peur, d'aller au devant du danger, et de sonder jusqu'au cercueil. Faites comme moi; ne craignez pas. Allez au devant de votre peur; les temps sont fertiles en terreurs de tout genre; nous devons nous étudier à ne pas reculer quand elles viennent; c'est le seul moyen de ne pas être vaincus.” Ibid., p. 28.

Florence, and live only to speak of the beautiful.” Nevertheless, Niels pessimistically declares that “I have not Boccaccio’s genius [...]; to me it almost seems as if the arts and the beautiful were wiped out of the world and my own thoughts.” Concluding that his reality seems too much like the frame narrative of the Decameron, Niel announces he does not “wish to contemplate that [reality] either in him [Boccaccio], or Thucydides, Manzoni, or Bulwer.” His beloved agrees to bypass the subject: “Well, we shall throw all this to one side”.<sup>82</sup>

In the second of Janin's stories, the interaction of literature and cholera is brought even further. The text has no title, it is designated solely by its date of composition during the outbreak, April 23<sup>rd</sup>, 1832. Janin starts by commenting on two public lectures offered by François Broussais (1772-1838), just a few days before. Broussais was a celebrated physician and a prolific researcher, who advanced a unified vision of health akin to humoral theory. He saw all diseases as outward manifestations of irritation in the tissues, which was caused by excitation or stimulation. Tuberculosis, syphilis, or cancer might look different at first glance; yet, according to Broussais, they all originated by the same underlying principle. For this reason, fear, and indigestion play an important role in his system: they irritate tissues through stimulation, and, thereby, cause disease. In his talks, he lists terror as “one of the most powerful” predisposing factors to cholera, alongside sex, drinking, and chronic digestive problems.<sup>83</sup>

The two lectures contain many frightful instances of the infection in action. Broussais even conjectures that the Black Death, “which extinguished almost a third of men existing at that time”, was probably caused by cholera.<sup>84</sup> In doing so, he echoes the apocalyptic discourses prevalent at the time. It is no wonder then that Janin mocks “the beautiful lesson of doctor Broussais”, which, albeit advising people to keep calm, scared them so much that, by the end, “the audience was pale and wan; more than one countenance was marked by a lethal sign.”<sup>85</sup> That being so, Janin incites the public to obey “our master Broussais, let us be reassured, and, for a start, let us not watch his terrifying lectures”.<sup>86</sup> He decides next to talk “about consolations” by telling the story of “the healing of a beautiful lady, a very nervous and very fearful one”.<sup>87</sup> In other words, he seeks to

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<sup>82</sup> Andersen, Hans Christian. *To Be, or Not to Be?: a novel*. London, R. Bentley, 1857, p. 332-333.

<sup>83</sup> “Les personnes qui sont frappées de terreur à la vue des cholériques sont assurément et éminemment prédisposées au mal.”; “Une autre prédisposition c'est la terreur. Elle constitue évidemment une prédisposition des plus puissantes, j'en ai cité un exemple. Il y en a une foule d'autres.” Broussais, François J. V. *Du Choléra-morbus, leçons faites au Val-de-Grâce par le Dr Broussais*. Nantes, Imprimerie de Fores, 1832, p. 5-7.

<sup>84</sup> “[...] enleva presque un tiers des hommes existant à cette époque-là”. Broussais, *Du Choléra-morbus*, p. 2.

<sup>85</sup> “Si vous aviez assisté à la belle leçon qu'a faite le docteur Broussais sur le choléra, vous auriez appris qu'il regarde la peur comme aussi meurtrière que le mal. [...] Quand il a eu fini sa leçon, l'auditoire était pâle et blême ; plus d'une joue était marquée au signe fatal.” Janin, *Contes Nouveaux*, p. 31-32

<sup>86</sup> “Obéissons donc à notre maître Broussais, rassurons-nous, et, pour commencer, n'assistons pas à ses terribles leçons ; [...]” Ibid., p. 32.

<sup>87</sup> “Or, à propos de consolations, je connais un homme qui a entrepris la guérison d'une belle dame très nerveuse et

counterbalance fear by telling a story, which is by itself a statement of literature's curative value.

The lady dreads cholera so much that she could not be distracted by a long list of activities: promenades, fashion, songs, painting expositions, dance spectacles, and so forth. Even Paganini, by whom she was previously enraptured, was now distasteful. The text concludes: "she was deteriorating, she was dying, she was dead".<sup>88</sup> The change in opinion about Paganini is interesting, for the text clearly professes he is "a genius", though a somewhat problematic one for being too closely associated with the epidemic. Paganini took pride in staying in Paris during the outbreak. He even claimed in letters he had rambled about in the cemetery, playing for the dead.<sup>89</sup> In doing so, he encouraged a sort of Faustian myth, which associated his personality with pestilence, death and even Satan. In her fascinating article on the topic, Athanassoglou-Kallmyer provides numerous examples of this connection.<sup>90</sup>

In Janin's short story, Paganini is understood as a symbol of high artistic achievement; however, one which is inappropriate during times of crisis. As the text makes clear, he is too passionate, causes too much emotion, and his image is too closely associated with cholera to offer

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très craintive, et voilà comment cet homme s'y prenait". Ibid., p. 33.

<sup>88</sup> "elle languissait, elle était mourante, elle était morte." Ibid., p. 35.

<sup>89</sup> See Athanassoglou-Kallmyer, Nina. "Blemished physiologies: Delacroix, Paganini, and the cholera epidemic of 1832." *The Art Bulletin* 83.4, 2001, pp. 686-710.

<sup>90</sup> I would like to add to Athanassoglou-Kallmyer's thorough analysis a comment made by Maupassant in the brief travel narrative *Sur L'Eau* (1888). He wrote it after taking part on a cruise in the South of France. In the text, he incorrectly asserts that Paganini died of cholera and that his body was abandoned for five years in a group of rocks which stand at open sea, near the island of Saint-Honorat. Therefore, Maupassant accepts the cultural ties between Paganini and cholera, even asserting that burial was denied in Genoa because his body "could aggravate the plague":

"C'est sur cet écueil bizarre, en pleine mer, que fut enseveli et caché pendant cinq ans le corps de Paganini. L'aventure est digne de la vie de cet artiste génial et macabre, qu'on disait possédé du diable, si étrange d'allures, de corps, de visage, dont le talent surhumain et la maigreur prodigieuse firent un être de légende, une espèce de personnage d'Hoffmann.

Comme il retournait à Gênes, sa patrie, accompagné de son fils, qui, seul maintenant, pouvait l'entendre tant sa voix était devenue faible, il mourut à Nice, du choléra, le 27 mai 1840.

Donc, son fils embarqua sur un navire le cadavre de son père et se dirigea vers l'Italie. Mais le clergé génois refusa de donner la sépulture à ce démoniaque. La cour de Rome, consultée, n'osa point accorder son autorisation. On allait cependant débarquer le corps, lorsque la municipalité s'y opposa sous prétexte que l'artiste était mort du choléra. Gênes était alors ravagée par une épidémie de ce mal, mais on argua que la présence de ce nouveau cadavre pouvait aggraver le fléau.

Le fils de Paganini revint alors à Marseille, où l'entrée du port lui fut interdite pour les mêmes raisons. Puis, il se dirigea vers Cannes où il ne put pénétrer non plus.

Il restait donc en mer, berçant sur la vague le cadavre du grand artiste bizarre que les hommes repoussaient de partout. Il ne savait plus que faire, où aller, où porter ce mort sacré pour lui, quand il vit cette roche nue de Saint-Ferréol au milieu des flots. Il y fit débarquer le cercueil qui fut enfoui au milieu de l'îlot.

C'est seulement en 1845 qu'il revint avec deux amis chercher les restes de son père pour les transporter à Gênes, dans la villa Gajona.

N'aimerait-on pas mieux que l'extraordinaire violoniste fût demeuré sur l'écueil hérissé où chante la vague dans les étranges découpures du roc ?

Maupassant, Guy de. *Sur L'eau*. Paris, Paul Ollendorff, 1888.

any relief:

Paganini [...] reappears in those days of plague, this black man. [...] he returns, holding his violin with that cold rage which belongs to him alone; there he is throwing into the air his bow and his soul, there he is, he who is passionate, who sighs, who laughs, who weeps! [...] It is certainly the most bizarre and the most sublime creature of modern times, and all that on a day of plague [...] – Well! Paganini himself, emerging from the earth by call of the ill, Paganini and his singing, and his charges, and his irritations, Paganini, in the presence of the soul of a woman so easily impressionable in ordinary times – this great genius has failed.<sup>91</sup>

In sum, Paganini stirs excessive excitement and should be avoided in times of pestilence just like Thucydides, Manzoni and the others mentioned in *To Be or Not To Be?*. The fact is later confirmed at the end of the story by a medical recommendation to avoid Boccaccio.

Two physicians attend the woman. The first is amiable and friendly but is unsuccessful in convincing her to keep spirits. The second is brusque and direct and treats her with a sort of 'shock therapy'. He affirms at his arrival that she “does not have the cholera yet; but if you obey to your nerves, if your chest remains so swollen, your mind tense like that, I won't answer for anything.”<sup>92</sup> He immediately starts an extended lesson on the history of epidemics from the Plague of Athens to the Second Cholera Pandemic, passing by the Plague of Justinian and the Black Death. Numerous authors are mentioned in the discourse: Thucydides, Petrarch, Boccaccio, “the beautiful pages” of Montaigne and “the beautiful complaints” of Machiavelli.<sup>93</sup> Every time an argument is added to the discourse, the physician repeats the catchphrase: “therefore, madam, console yourself”.

Like Paganini, Boccaccio is a refined artist who wrote “a horrible preface which is a masterpiece”. The lady is encouraged to imitate his characters partially: “Do like the Florentines, madam; if I don't counsel you to drink nor sing, then at least read some short stories.” She should

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<sup>91</sup> “Paganini [...] il réparait dans ces jours de peste, cet homme noir. [...] il revient, tenant son violon avec cette rage froide qui n'est qu'à lui ; le voilà qui rejette en l'air son archet et son ame, le voilà qui se passionne, qui soupire, qui rit, qui pleure ! [...] C'est certainement la plus bizarre et la plus sublime créature des temps modernes, et tout cela un jour de peste [...] — Eh bien ! Paganini lui-même, sortant de terre à la voix des malades, Paganini et son chant, et ses charges, et ses bouderies, Paganini, en présence de cette ame de femme si facile à impressionner dans des temps ordinaires, — ce grand génie a échoué.” Janin, *Contes Nouveaux*, p. 36-37.

<sup>92</sup> “— Madame, lui dit il, vous n'avez pas encore le choléra ; mais si vous obéissez à vos nerfs, si votre poitrine reste ainsi gonflée, votre esprit aussi tendu, je ne répons de rien.” Ibid., p. 40.

<sup>93</sup> Ibid., pp. 49-50.

read “tales of gallantry and love” like Boccaccio's, yet without being reminded of the plague. His prescription is, then:

Incidentally, M. de Balzac has just made new ones, even more obscene than those of Boccaccio: so hurry, take advantage of the cholera to read them; cholera offers an excuse. When the cholera is gone, you will be obliged to read these stories in secret, if you read them: then read M. De Balzac's *Contes drolatiques*, madam, and console yourself.<sup>94</sup>

In effect, the *Contes Drolatiques* were published in April of 1832, at the height of the cholera outbreak. The project is admittedly based on a combination of the form developed by Boccaccio and the locution and style of Rabelais. As in the *Decameron*, the short stories are organised in groups of ten (*dixaines*). They should have reached a total of one hundred if the project had not been abandoned after the third *dixaine*. The work is preceded by a “Warning” and a “Prologue” which explore the opaque boundaries existing between History and fiction and claims a special status of truthfulness.<sup>95</sup> However, there is no reference to the plague – or cholera, for that matter. They are wholly absent from the book. Moreover, the text experiments abundantly with language, employing Latinism, archaisms, technical jargon, dialects, puns, and neologisms. That is in line with the comical aspects explored in the stories – *drôle* means 'funny' in French –, many of which involve sex and 'obscenities', as they were labelled at the time.

These characteristics sanction the *Contes Drolatiques* as appropriate reading for the times of cholera: they do not touch on epidemics, they release tension by being funny, and they attract attention by being indecorous. As a matter of fact, the physician advises the patient to take the opportunity to read them now, lest she lacks appropriate and respectful justification afterwards. Therefore, the entertainment offered by Balzac's work has therapeutic potential and is accordingly put forward as a medical prescription.

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<sup>94</sup> “Cependant, à cette même époque, l'Italie, jonchée de morts, fut témoin d'une immense association pour le plaisir. On s'enivrait de compagnie, on se couronnait de fleurs, on chantait tout le jour, et le soir on faisait des contes ; contes de galanterie et d'amour, recueillis par Boccace, et précédés d'une horrible préface qui est un chef d'œuvre. Faites comme les Florentins, madame ; si je ne vous conseille ni de boire, ni de chanter, donc au moins lisez des contes. Justement M. de Balzac vient d'en faire de nouveaux, encore plus graveleux que ceux de Boccace : hâtez vous donc, profitez du choléra pour les lire ; le choléra porte avec lui son excuse. Quand le choléra sera parti, vous serez obligée de lire ces contes en cachette, si vous les lisez : donc lisez les Contes drolatiques de M. De Balzac, madame , et consolez-vous.” Ibid., pp. 47-48.

<sup>95</sup> See Bordas, Éric. "Quand L'écriture D'une Préface Se Dédoublé. L'“Avertissement” et Le “Prologue” des Contes Drolatiques de Balzac." *Neophilologus* 82.3, 1998, pp. 369-383; and Nesci, Catherine. "Balzac et l'Incontinence de l'Histoire : a propos des Contes Drolatiques" *French Forum*. Vol. 13. No. 3. University of Nebraska Press, 1988.

Janin's own text works along these lines. Shortly after the shock therapy is finished, the text resumes its initial argumentative position, with Janin addressing once again Broussais' lecture with his own voice. At this point, the reader discovers that the two physicians should be interpreted allegorically – something which was foreseeable in the fabulist structure of the story. In this fashion, the brusque physician “is useful to the masses” and is squared with Broussais; whereas the friendly physician “is essential for individuals” and is equated with Janin and his text.<sup>96</sup> Janin explicitly insists he has higher curative skills: “M. Broussais' choleric lesson may be excellent for physicians, [but] it is not worth reading by the common folk. To each his own pharmacy. Leeches and purgatives for the seriously ill, consolation for the little ones; to some the lessons of Broussais, my texts for the sickest.” On top of that, he effectively takes Broussais' place at the end of the text: “– And that is why the *Journal des Débats* will not give you the lesson of Broussais today.”<sup>97</sup> The implications of the omission are manifest: Janin's short story is indeed a medical equivalent of Broussais' lecture.

All examples presented hitherto demonstrate how storytelling could impact the health of patients for the better or the worse. Since what is true of individuals is likely also true of the collective, literature and art could offer entertainment and relief to groups as well. The memoirs of Dumas contain a remarkable passage on this regard. He describes the evening meetings of his renowned group of friends who enjoyed art as a way to forget cholera:

As a result, every evening I received a few friends: Fourcade, Cellin, Boulanger, Liszt, Châtillon, Hugo sometimes, Belanoue almost every night. – We chatted, and talked about art; sometimes Hugo was convinced to recite verses; Liszt, who was always willing, banged with all his might on a bad piano, which he insulted while turning it into dust, and the evening passed without anyone thinking more on cholera than if it would have been in Petersburg, Benares or Peking.<sup>98</sup>

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<sup>96</sup>“Un docteur noir est utile aux masses ; un docteur blond est indispensable aux individus.” Janin, *Contes Nouveaux*, p. 56.

<sup>97</sup>“La leçon cholérique de M. Broussais est excellente à faire à des médecins, elle ne vaut rien à lire aux gens du monde. A chacun sa pharmacie. La sangsue et les purgatifs aux grands malades, la consolation aux petits ; aux uns les leçons de Broussais, mon feuilleton aux plus malades. — Et voilà pourquoi le *Journal des Débats* ne vous donnera pas la leçon de Broussais aujourd'hui.” *Ibid.*, p. 56.

<sup>98</sup>“Il en résultait que, chaque soir, j'avais quelques amis : Fourcade, Cellin, Boulanger, Liszt, Châtillon, Hugo parfois, Belanoue presque toujours. – On causait, on parlait art ; parfois on décidait Hugo à dire des vers; Liszt, qui jamais ne se faisait prier un seul instant, frappait de toutes ses forces sur un mauvais piano qu'il injurait tout en le mettant en cannelle, et la soirée s'écoulait sans qu'on pensât plus au choléra que s'il eut été à Petersburg, à Bénarès ou à Pékin.” Dumas, *Mes Mémoires*, p. 163.

Many adopted the same strategy of Dumas, opting for collective entertainment, above all theatre. As we have already seen, Chateaubriand asserts that the “theatre rooms were full”<sup>99</sup> during the outbreak. Bazin agrees with him, and applauds the actors for fulfilling their civic duty by continuing to work instead of escaping:

All that, so that it was not said that terror was in the city, to provide distractions to people who were not searching for it, so that the illumination of the shows, shining at night in the deserted streets, came to turn the eyes away from the red lanterns which the wind moved at the door of the ambulances. The directors were given money as compensation; it was well done. But I would like civic crowns for the actors, and I say this seriously; they should be awarded for remaining firm at their posts by those who have abandoned their positions in disorder.<sup>100</sup>

The passage makes clear that, according to Bazin, theatres served to diverge the public's attention from disease. Janin, in his turn, goes even further and declares spectacles to be a healthy recreation which, unfortunately, are not as attended as they should: “In vain did I recommend theatre to you [my readers] as a salutary distraction, and appeal to you with all my strength on its regard, my appeal was followed with little success: I saw few people at the theatre.”<sup>101</sup> Dumas concurs that auditoriums were not crowded, and quotes at this point a curious comment published by a Parisian newspaper: “It was observed with astonishment that theatres were the only public places where, regardless of the number of spectators, no case of cholera had yet occurred. We bring this UNDISPUTED fact to the investigation of science.”<sup>102</sup> In other words, besides helping to forget disease (Bazin) or to keep overall health (Janin), performances also offer cholera-proof environments, somehow. According to this newspaper at least, theatres should be regarded as invulnerable spaces, as the only places where people should feel utterly secure against cholera. In a gesture of good faith, the journalist agrees that the professed fact is so startling, that he hopes it

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<sup>99</sup> Chateaubriand, *Mémoires d'outre-tombe*, p. 486.

<sup>100</sup> “Tout cela, pour qu’il ne fût pas dit que l’épouvante était dans la cité, pour fournir des distractions à des gens qui n’en cherchaient pas, pour que l’éclairage des spectacles, brillant la nuit dans les rues désertes, vint détourner les yeux de ces lanternes rouges que le vent balançait à la porte des ambulances. On a donné de l’argent aux directeurs pour les dédommager ; c’est fort bien. Mais il me faut, et je le dis sérieusement, des couronnes civiques pour les acteurs ; dussent-elles être décernées par les hommes qui ont quitté leurs bancs en désordre, à ceux qui sont restés fermés sur leurs planches.” Bazin, *L’Époque*, p. 272.

<sup>101</sup> “J’ai eu beau vous conseiller le théâtre comme une distraction salutaire, et vous y appeler de toutes mes forces, mon appel a été suivi de peu de succès : j’ai vu peu de monde au théâtre.” Janin, *Contes Nouveaux*, p. 28.

<sup>102</sup> “On a remarqué avec étonnement que les salles de spectacles étaient les seuls endroits publics où, quel que fût le nombre des spectateurs, aucun cas de choléra ne s’était encore manifesté. Nous livrons ce fait INCONTESTABLE à l’investigation de la science.” Capital letter in the original. Dumas, *Mes Mémoires*, p. 155.

will be scrutinised by scientists.

Accordingly, examples are also found in literature. Theatres become full in *The Last Man* after the plague reaches England: “During the colder months there was a general rush to London in search of amusement [...]. The theatres were open and thronged; dance and midnight festival were frequented”.<sup>103</sup> Likewise, one of Belli's characters is outraged to hear that the authorities are considering to close spectacle halls; with so much anxiety growing, they should be allowed to amuse themselves:

Inibbí le commedie?! E in che maggnera	To forbid comedies?! And in which way
v'immagginate sta lèggiaccia infame?	one imagines this infamous law?
[...]	[...]
Perché, famo er collèra che vvienisse,	Because, let's pretend cholera did come,
co ttutta la pavura in ne le chiappe	with all this fear in our buttocks
chi rresta vivo vorà ddivertisse. <sup>104</sup>	who stays alive would like to have fun.

In her study about the cholera in German literature, Brigitta Schader provides a fascinating example of how theatrical performances may be re-signified during times of crisis.<sup>105</sup> The famous German director Franz von Dingelstedt (1814-1881) had to abandon plans of staging *Oedipus the King* after, at the first rehearsal, “all actors were too deeply shaken by the terrible comparisons with reality”.<sup>106</sup> Just like Goethe abandoned his reading after feeling uneasy, by the same token, the actors felt they should not recite this particular piece.

The incident complies with others noticed by critics who study the literary imagination of the plague. Rebecca Totaro maintains that, for all its momentous repercussions in the 16th and 17th-centuries, the plague features surprisingly little in English Renaissance theatre.<sup>107</sup> It appears only briefly in *Romeo and Juliet* or *Timon of Athens*, and a little more significantly in *The Alchemist*. Jennifer Cooke argues in the same direction, underscoring that none of Shakespeare's characters

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<sup>103</sup> Mary Shelley, *The Last Man*, p. 214.

<sup>104</sup> 1774. [Er còllera mòribbus] 26° Belli, *Tutti i Sonetti*, p. 853.

<sup>105</sup> Schader, Brigitta. *Die Cholera in der deutschen Literatur*. Demeter Verlag, 1985, p. 84.

<sup>106</sup> “[...] alle Beschäftigten durch die furchtbaren Vergleiche mit der Wirklichkeit zu tief erschütterte.” Dingelstedt, Franz. *Münchener Bilderbogen*. Berlin, Gebrüder Paetel, 1879, p. 107.

<sup>107</sup> Totaro, Rebecca, *Suffering in Paradise: The Bubonic Plague in English Literary Studies from More to Milton*. Duquesne UP, 2005, p. 9.

ever contracts the disease.<sup>108</sup>

Moreover, Totaro makes very important remarks on the idea that fear is a predisposing factor to disease. She quotes passages from an early modern medical treatise about the plague, to conclude that “[c]are, anger, wrath' and fear [...] when introduced in the body, can [...] make one more susceptible to plague.”<sup>109</sup> That reveals how the ideas which surround the susceptibility to cholera are not new; rather, they are firmly rooted in the medical practices of the Middle Ages and the Early Modern period. Since the underlying principle of humoral medicine has changed little between the 16th and the 19th century, the same reasoning used to deal with one epidemic could easily be also used to deal with another. On that note, plague prevention and cholera prevention are one and the same: in both cases, individuals should shy away from strong emotion, fear and stress, and search for balanced and pleasurable recreations, among which storytelling and theatre occupy a central role. In English, the positive outcomes of pleasure, recreation, and relief, were designated medically as 'mirth', and the treatise highlights its role in fostering humoral balance: “mirth must be used especially in this case [of plague].”<sup>110</sup> Totaro uses this insight to interpret Ben Jonson's *The Alchemist* (1610), which is set in contemporary England during an outbreak of plague. Importantly, the play is a comedy and is distinctly satirical. That is pivotal since, according to her, “in *The Alchemist*, Johnson delivers laughter along the way to a quintessentially comic ending. He delivers mirth, and by doing so, he provides his audience with a method of plague prevention recommended by Galenic physicians, housewives, and the writers of regiments alike.”<sup>111</sup>

The same idea also applies to many of the cholera texts. Dumas announces that it was during the outbreak, when “I saw pass by my window each day fifty or sixty convoys [with dead bodies]”, that he wrote “one of my most cheerful comedies: *The Husband of the Widow*”.<sup>112</sup> In effect, a review considered that the play was “very amusing” and “makes one laugh very much”.<sup>113</sup>

#### **4.5 Avoiding cholera in literature**

##### **i. Silence**

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<sup>108</sup> Cooke, *Legacies*, p. 46-48.

<sup>109</sup> Totaro, *Suffering in Paradise*, p. 52.

<sup>110</sup> Ibid.

<sup>111</sup> Ibid., p. 121.

<sup>112</sup> “je voyais, de ma fenêtre, passer chaque jour cinquante ou soixante convois se rendant les yeux que je fis une des mès comédies les plus gaies : le Mari de la Veuve.” Dumas, *Mes Mémoires*, p. 156.

<sup>113</sup> “cette pièce est si agréablement jouée [...] qu'elle devient fort amusante, et fait beaucoup rire ceux qui ont l'esprit de se moquer des quolibets.” Dumas, *Mes Mémoires*, p. 162.

Beside the readers, still another group had a keen interest in avoiding cholera as a subject: the authors themselves. If the readers' concerns during outbreaks were to guarantee their peace of mind by choosing light entertainment – regardless of whether that meant to read alone at home or to attend theatre in a group –, the interests of many authors almost automatically became to provide for their readership's needs. Since the commonplace recommendations were to keep away from the subject, if authors wished to be read at all, they had not much of a choice but to comply. In an age in which writers commonly maintained themselves through serialized fiction published first in newspapers and only after in book form, many would not have the luxury to ignore the public's demands and expectations.

Thus, it is quite habitual for writers to ignore the issues at hand and keep altogether silent about them. Ludwig Börne (1786-1837), for example, was living in Paris at the same time as Heine and has witnessed first-hand the cholera of 1832. Interestingly, Börne wrote his own satirical *Letters from Paris (Briefe aus Paris, 1830–1833, 1834)*, also commenting on cultural and political matters. Yet, unlike Heine, he does not discuss cholera, nor acknowledge its presence at all. As noted by Hooek-Demarle, he stops writing on the 7<sup>th</sup> of March to start again only on the 10<sup>th</sup> of November. The hiatus corresponds perfectly with the crisis, since the first cases were reported in mid-March, the numbers started to fall in September, and the eruption was considered over by October. Börne resumes his writing immediately after, without even a hint to what happened in-between. According to the scholar, “there is only a deadly silence.”<sup>114</sup>

A similar point can be made about Balzac and *La Comédie Humaine*. The enormous project was written for over two decades and published between 1830 and 1856. Although the panorama it was not completed as planned, it consists of almost a hundred works which amount to a library of its own with thousands upon thousands of pages. In the *Avant-propos à la Comédie Humaine* (1842), Balzac explains the structure and objectives of the project, unapologetically comparing himself with the naturalist Georges-Louis Leclerc, the count of Buffon (1707-1788). Buffon was one of the most influential scientists of the Enlightenment. He conceived the *Natural History (Histoire Naturelle, 1749-1804)*, a huge encyclopaedic project that sought to contain all the knowledge of the natural sciences available at the time – now biology, physics, chemistry, geology, technology, and related fields. It took Buffon over three decades to elaborate all the thirty-six volumes of the *Natural History*, which his disciples supplemented by another eight volumes after his death.

Balzac is inspired by the all-encompassing breath of this work and imagines a similar compendium dedicated to the social sciences. Under the lights of Positivism, he sets out to create

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<sup>114</sup> “[S]eulement, c'est un silence... de mort.” Hooek-Demarle, *La médiation*, p. 24.

an ambitious mosaic of literary narratives in which he would study the “social species”, just as Buffon had studied the “zoological species”.<sup>115</sup> In this way, the *Comédie Humaine* with its complex structure – subdivided into various *scènes de la vie privée*, *scènes de la vie de province*, *scènes de la vie parisienne*, and so forth – seeks to create a vast mirror image of the French society; its realist textual equivalent so to speak.

The French cholera outbreaks of 1832 and 1848-1849 fall within the time frame of the project, marking its beginnings and near conclusion. Yet, in practice, the disease does not appear in any of the texts comprised in the *Comédie Humaine*. The word cholera surfaces at it only a dozen times or so, without ever bearing much relevance. Sometimes it is used to establish a chronological checkpoint, others to allude to a loss experienced by one of the characters in the past.

Balzac’s own life was affected by cholera on occasion. In 1832, he took refuge on the countryside during the worse months of the Paris Outbreak; in 1838, he was quarantined for five days before his ship was permitted to come ashore in Sardinia;<sup>116</sup> in 1847, a serious outbreak erupted during his visit to Poland and Ukraine.<sup>117</sup> Thus, it is not lack of awareness or personal experience which keeps the theme away from the author’s literary production. The absence is even more striking when we consider the great interest Balzac had for medical matters. His works include many extended bedside scenes – for instance in *Le Père Goriot* (1835) – and often feature physicians prominently – as in *Le Médecin de campagne* (1833) or *La Messe de l’Athée* (1836). Perhaps he considered cholera a minor and trivial event, not very consequential to society at large; perhaps he perceived it as random and anomalous and, therefore, not deserving of attention within his great unified panorama; or the confusion and unpredictability it created were not suitable for his profound psychological explorations. The possible reasons are numerous and could conceivably be as simple as lack of personal interest. Yet, certainly the public’s reluctance in consuming cholera texts during and right after outbreaks has played a role on its systematic avoidance as a theme. After all, what could Balzac possibly gain by contradicting the expectations of his readership?

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<sup>115</sup> “Il a donc existé, il existera donc de tout temps des Espèces Sociales comme il y a des Espèces Zoologiques. Si Buffon a fait un magnifique ouvrage en essayant de représenter dans un livre l’ensemble de la zoologie, n’y avait-il pas une œuvre de ce genre à faire pour la société ?” ‘Avant-propos à la Comédie Humaine’ in *Œuvres complètes de H. de Balzac*. Vol. 1. Paris, A. Houssiaux, 1855, p. 19.

<sup>116</sup> Letter CLXXXV to Madame Hanska, 8th April 1838. *Correspondance de H. de Balzac, 1819-1850*. Vol. 1, part 2. Paris, Calmann Lévy, 1876, p. 404.

<sup>117</sup> “Le choléra sévit d une façon cruelle autour de nous. A Savataf, il a enlevé neuf mille personnes et à Kiev, où je suis allé, il enlevait de quarante à cinquante personnes par jour ; [...] Le choléra a également passé à Vierzschoynia ; dans ce moment, il est à Vienne, dit-on ; mais nous sommes tous bien portants. Il a emporté un fils de la riche madame Branička, à cinquante verstes d’ici.” Letter CCCXXXII to Balzac’s sister, November 1847. *Correspondance de H. de Balzac, 1819-1850*. Vol. 2. Paris, Calmann Lévy, 1877, pp. 325-26.

Later, some of the writers influenced by him would go on to tackle the issue. Cholera features prominently in *The Worms: historical studies on the dangerous classes of Naples (I Vermi: studi storici sulle classi pericolose in Napoli, 1864)*; *The Mysteries of Marseille (Les Mystères de Marseille, 1867)* by Émile Zola; or *Middlemarch: A Study of Provincial Life (1872)* by George Eliot. These novels are put forward as studies of social phenomena, a clear balzacian heritage. Nevertheless, they all appear in moments in which a greater familiarity with the disease had already developed. That usually meant that fear and instability were more manageable and, consequently, the reluctance to read about it less pronounced. Moreover, the works by Zola and Mastriani do not seek to build highly elaborate and artistic texts; they aim instead at the fast-developing plots and little psychological explorations typical of the *romans-feuilleton*. Effectively, in general terms, popular novels tended to embrace cholera more frequently and with greater interest than canonical literature – as we shall soon discuss.

Balzac is not the only author to adopt such silencing strategy. Charles Dickens (1812-1870) has also witnessed cholera occasionally through his life in 1832, 1848 and 1855. On the eve of the 1855 London Outbreak, his own daughter has fallen sick while the family was out of town. Her case was worrisome, even if she fell to an allegedly milder form of the disease. In a letter, Dickens asserted that “Mary was taken with English Cholera very severely at midnight between Sunday and Monday. Thank God she is quite herself now – though in bed, of course – and recovering most happily and admirably. [...] It was a very alarming time”.<sup>118</sup> The author is notorious for his denunciations of the plight of the poor and keen endorsement of sanitary reform. Regardless of that, he does not address cholera specifically in his fiction, even if it would not be out of place in many of his discussions about pollution, poor-housing, or abandonment.

Since Balzac and Dickens were prolific authors who wrote continuously for a large and admiring public, they are very illustrative of the significant tendency for reticence. However, there are others who do not mention cholera in their fiction, especially within the domain of canonical literature. Heine, Fontane and Chateaubriand all tackle the issue as journalists, but do not address it in their artistic production. As we have seen, both Chekov and Poe had direct personal experience with cholera; still, they engage with the theme only indirectly. Even if illness and health are fundamental and universal constituents of the human experience, authors like Thomas Mann or Marcel Proust – who were fascinated and almost obsessed by it – seem to be the anomaly rather than the rule. If we consider the space which similar comprehensive subjects such as “love” or “revenge” occupy in literature, the number of works dedicated to diseases seems, in effect,

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<sup>118</sup> Dickens, Charles. *The Letters of Charles Dickens*. Edited by House, Madeline, et al. Clarendon, 1965-2002. Vol 7, p. 415.

minute.

Virginia Woolf declares as much in her essay *On Being Ill* (1926) published in T. S. Eliot's journal *The New Criterion*: "C[onsidering] how common illness is, [...] it becomes strange indeed that illness has not taken its place with love, battle, and jealousy among the prime themes of literature. Novels, one would have thought, would have been devoted to influenza; epic poems to typhoid; odes to pneumonia, lyrics to toothache. But no; with a few exceptions [...] literature does its best to maintain that its concern is with the mind [...]".<sup>119</sup> In effect, once we consider the enormous impact caused by the Black Death (1346-1353) in everyday life, it becomes notable how little, and not how much it appears. Few things come to mind beyond the prologue of the *Decameron* – which lasts for a dozen pages or so – and a few oblique references in Petrarch's *Triumph of Death* (*Triumphus Mortis*, 1351-1374), in Chaucer's *Pardoner Tale* (c. 1400), or the general setting for *Piers Plowman* (c. 1370–90).

That has been observed as well by numerous critics studying epidemics and other disastrous events. In a study on the plague's presence in the European stage, Enrica Zanin notices that "[i]t is strange to consider how the plague, which is one of the most dramatic events in the history of the 16<sup>th</sup> and 17<sup>th</sup>-centuries, appears only marginally in the dramatic productions of the time".<sup>120</sup> While, in *Tsunamis and Earthquakes in Japanese Literature*, Yukiko Dejima notices the remarkable silence surrounding the subject in art: even if natural disasters have a long historical record in Japan, they do not find their way into literature and theatre.<sup>121</sup> Dejima also notices a preference of the popular culture for the theme, since, between the 16<sup>th</sup> and 19<sup>th</sup>-centuries, poems were used as amulets and attached to buildings at public view to protect them against earthquakes.<sup>122</sup> One of the few exceptions within the Japanese canon is *An Account of My Hut* (*Hōjōki*, 1212) by Kamo no Chōmei, which describes various earthquakes, storms and famines that took place in Kyoto. Interestingly, the public's attention to the work was renewed in the period following the Fukushima nuclear disaster in March 2011: a modern translation which was published in November the same year, was reprinted three times in less than six months.<sup>123</sup> That stands out as a striking parallel to the revived interest in Camus' *The Plague* or Saramago's *Blindness* during the Coronavirus Pandemic,

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<sup>119</sup> Woolf, Virginia. "On Being Ill" in Eliot, T. S. *The New Criterion*. London, Faber & Gwyer, 1926, pp. 32-45, p. 32.

<sup>120</sup> "È strano considerare come la peste, che costituisce uno degli eventi più drammatici della storia del Cinquecento e del Seicento, non appaia che marginalmente nelle produzioni drammatiche dell'epoca". Zanin, Enrica. "La peste in scena: rappresentazioni tragiche della peste in Europa (1560-1670)" in Miotti, Mariangela, ed. *Rappresentare la storia: Letteratura e attualità nella Francia e nell'Europa del XVI secolo*. Aguaplano, 2017, pp. 275-288, p. 275.

<sup>121</sup> Dejima, Yukiko. "Tsunamis and Earthquakes in Japanese Literature" in Karan, Pradyumna and Unryu Suganuma. *Japan after 3/11: Global Perspectives on the Earthquake, Tsunami, and Fukushima Meltdown*. The UP of Kentucky, 2016, pp. 81-103.

<sup>122</sup> Ibid., p. 88-89.

<sup>123</sup> Ibid., p. 85-86.

both of which became best-sellers once again. According to the scholar, the silence around natural disaster would diminish only at the eve of the 20th-century, with “tsunami literature” coming together after 1896 and “earthquake literature” after 1923.<sup>124</sup>

In his masterful *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910* (1987), Richard Evans evokes some of the fundamental differences existing between the cultural perceptions of cholera and that of less repugnant diseases. He asserts that “while quiet diseases such as cancer and tuberculosis were widely used as literary metaphors, cholera's appearance in the literature of the nineteenth century is rare”.<sup>125</sup> Evans is right to a degree: cholera is less prevalent when compared to other far-reaching illnesses like tuberculosis or madness. In that sense, cholera is part of the category of phenomena that, in spite of momentous historical importance, were slow to be directly incorporated as themes into literature, alongside with colonialism, industrialization and, perhaps nowadays, climate change. Since it inspires much less interest and attention, we are left with the impression that cholera is infrequent and uncommon. Nevertheless, to a large extent, we do not see it, because we are not looking for it.

Cholera does appear in several canonical texts, even if rarely at central stage, especially in the 1800s. The epidemic materialises, for instance, during General Lamarque's funeral in *Les Misérables* (1862), but it features as an episode that bears no real importance to the novel as a whole, besides offering Hugo an opportunity to chronicle the ensuing riots and, later, the creation of the sewers of Paris. The same could be said about Zola's early serial novel *Les Mystères de Marseille*, in which the epidemic is portrayed as equally episodic and tumultuous, and it serves the sole purpose of creating the chaotic background required for the final confrontation to take place. In this manner the novel's sworn enemies can conveniently duel, get injured and die at the hospital; one of them after being luckily reunited with his long-lost love. Even De Roberto's *I Viceré* (1884) could be arguably used to sustain Evans' assertion. Outbreaks appear twice in the novel, occupying considerable space, and are responsible for the flight of the family to the countryside and the death of princess Margherita. Still, these changes are not consequential, do not motivate pressing actions, nor reveal any trait that would not be apparent otherwise.

For these reasons, cholera could arguably represent not much more than a plot device, a *deus ex machina* summoned by authors to justify large scale turbulence, dispose of characters, or enhance suspense. If employed solely in this way, cholera would barely constitute a literary theme – if at all – and would be rather undeserving of scrutiny. However, in general terms, its literary

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<sup>124</sup> Ibid., p. 91.

<sup>125</sup> Evans, *Death in Hamburg*, p. 229-230.

presence is vast and complex. As state in the *Introduction*, I was able to locate over a hundred and fifty literary texts belonging to various genres and extractions – ranging from high, to middle and lowbrow – that depict cholera to a significant extent. My research is proof that such texts do exist and are not as rare as Evans has suggested – even if I am perfectly aware that, by simply conducting this survey, I may be actually confirming his impressions. After all, at the start of my inquiry, its presence was not conspicuous. Furthermore, the existence of these numerous texts *per se* does not contradict his point. If anything, they partially justify his impression, because literary cholera is often utterly transformed by omissions, coded language, and indirect references.

In part, Evans's commentary draws attention to the notable silence of canonical authors that we have considered so far. It is important to highlight, nonetheless, that the reluctance to revisit traumatic events permeates human culture and psychology. In *Don't Even Think about It*, the environmentalist George Marshall analyses the astounding fact that victims of natural disasters induced by Climate Change are significantly less likely to accept that Global Warming is caused by human carbon emission.<sup>126</sup> In his view, several psychological factors – which include silence, denial, and the urge to bond with the community and to restart one's life – are at play to justify this tendency which may look counter-intuitive at first. Yet, the suppression of painful memories and the desire to move on are very well documented and probed within the field of Trauma Studies.

Being a type of natural disaster, cholera is no exception to that tendency. Schader outlines a revealing incident which took place in Dingelstedt's theatre: "There [in the theatre-manager's office], Inspector Schmitt had drawn a strict cordon around us, in the form of a signboard attached to all doors, in which it was written in large letters: 'Cholera is not mentioned here!'"<sup>127</sup> If such prohibitions took place in everyday social interaction, they would assuredly find their way into literature, all the more because one of its social roles is precisely providing leisure and entertainment, which, under the circumstances, also meant escapism. Plus, we must keep in mind that from time to time many newspapers and government agencies behaved in the same way, keeping silence or making vague statements to cut down anxieties and unrest.

Interestingly, the propensity for silence is both exposed and enrolled by the French writer Eugène Roch. He produced in 1832 a theatre play called *Sick Paris: contemporary sketches (Paris Malade: esquisses du jour)*, which circulated solely in print. In the preface, Roch calls attention to the omission of other artists and, hence, to his own originality: "[...] nowhere has it been imagined

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<sup>126</sup> Marshall, George. *Don't even think about it: Why our brains are wired to ignore climate change*. Bloomsbury, 2015, pp. 5-10.

<sup>127</sup> "Dort [in die Intendantur] hatte Inspector Schmitt einen strengen Cordon um uns gezogen, in Gestalt eines Placats an allen Thüren, auf welchem mit grossen Buchstaben geschrieben stand: 'Hier wird nicht von der Cholera gesprochen!'" Dingelstedt, *Münchener Bilderbogen*, p. 98; see also Schader, *Die Cholera*, p. 84.

to reproduce a lively depiction of the popular movements brought about by the Cholera; [...] These appreciations show the plan and purpose of my book”.<sup>128</sup> The author was satisfied with the reception of the work and decided to write a second volume to the work, published in 1833 – which serves as a stimulating example of the taboos’ paradoxical powers to repulse and attract at the same time. At some point during this sequel, two characters arrive at a *soirée* where they are confronted by an imposition of silence:

THE BARON

Do not enter without reading the announcement.

M. DE SAINT-FIRMIN

The announcement!... Ah! Indeed, I see an inscription on the door...

FERDINAND reads.

"Here we do not speak of cholera"

M. DE SAINT-FIRMIN, *laughing*

Perfectly! Here is a prohibition that should be written on the door of all salons: everyone would be better off. This idea is worthy of the baroness' original turn of mind; I will pay tribute to her.<sup>129</sup>

## ii. Naming taboo

Although some authors avoid cholera as a subject almost completely, others shy away from it only partially. A very interesting example is found in the production of Harriet Martineau, who was a productive intellectual who earned her living by writing. Besides being an important sociologist, Martineau also translated the works of Auguste Comte into English, and penned several travel narratives and novels. Her multiple interests in sociology, cultural criticism, and literature are strikingly similar to Balzac’s very own. Yet, on matters related to cholera, she adopts a different approach of that of the French author.

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<sup>128</sup> “[...] nulle part on n'a imaginé de reproduire un tableau animé des mouvements populaires auxquels il [the Cholera] a donné lieu ; [...] Ces aperçus montrent le but et le dessein de mon livre.” Roch, Eugène. *Paris Malade : esquisses du jour*. Vol. I. Paris, Moutardier, 1832, p. 9.

<sup>129</sup> “LE BARON / N'entrez pas sans lire l'affiche. / M. DE SAINT-FIRMIN / L'affiche !... Ah ! je vois en effet une inscription sur la porte... / FERDINAND lit. / « Ici l'on ne parle point de choléra » / M. DE SAINT-FIRMIN, riant. / A merveille ! Voilà une défense qui devrait être écrite sur la porte de tous les salons : chacun s'en porterait mieux. Cette idée est digne du tour d'esprit original de la baronne ; je vais lui faire mon compliment. ” Roch, Eugène. *Paris Malade*, vol. II, Paris, Moutardier, 1833, p. 182.

Martineau's novel *Deerbrook* (1839) portrays the persecution carried out against the physician of a small fictional town. At the start of the narrative, Mr Hope is a respected medical practitioner who is referred to as "the greatest acquisition our society ever had".<sup>130</sup> However, after he decides to vote according to his own conscience against the interests of the local aristocratic family, he becomes the target of an unfair defamation campaign which cost him his clients and the tranquillity of his family. Although many characters stand by Mr Hope and admire his stoic handling of the situation, he eventually becomes a public enemy. His house is attacked by rioters and is partially destroyed. All changes, however, when a cholera outbreak flares up unexpectedly in the region. Mr Hope immediately stands out as the natural leader in the management of the disaster. Alongside family members and friends, he works diligently to save many of those who previously persecuted him. In this fashion, he reveals his true self to his fellow citizens and re-conquers his initial respectful position.

Unlike most cholera narratives, where the epidemic offers the turbulent background for a character to fall in disgrace, it serves here the opposite aim of bringing his or her heroic nature into full view. The outbreak is, then, the narrative's key event, a moment in which the selflessness of the persecuted family is made manifest, something which consequently vindicates the doctor and puts an end to all harassments. Nonetheless, despite its centrality, the true nature of the affliction is never detailed: its symptoms are solely outlined as "oppressive" and patients become bedridden, feverish, and lethargic. The exact name of the pathology is never mentioned, with other nonspecific terms being used instead: "the disease", "the fever", "the epidemic" and "the plague".

Despite that, readers have several clues at their disposal to equate the unidentified disease to cholera. The first relevant information is the context of publication: the novel was written but a few years after Britain experienced its first outbreaks which caused outright fear and anxiety within the population and the press. Martineau herself declares as much in her autobiography: "[...] and every body [back then] was watching the progress of the Cholera, — then regarded with as much horror as a plague of the Middle Ages."<sup>131</sup> It is noteworthy that the comparison to the plague made by the author is one of equivalence, a strategy also employed in *Deerbrook*. Secondly, the fictional affliction shares many of cholera's contextual characteristics: it is new and frightful, it spreads swiftly to the entire country, it provokes large numbers of deaths, and it lays hold of a significant percentage of the population. All of these are characteristics customarily found in medical and social discourses on cholera.

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<sup>130</sup> Martineau, Harriet. *Deerbrook: a novel*, London, Smith, Elder & Co., 1878, p. 9.

<sup>131</sup> Martineau, Harriet. *Autobiography*. Boston, J.R. Osgood, 1877, p. 123.

In this period, cholera's hold on the public imagination was so vivid that the epidemic could be identified effortlessly without an exhaustive description. Since the menace was still imminent, a circuitous allusion is all that was required. To do otherwise would be to place readers under perceived danger, which, on its turn, could lead to the public's withdrawal from the book – as we have seen, they are advised to shy away from the topic. Martineau solved the problem by adopting the etiquette of many newspapers: cholera can be discussed, but its symptoms and even its name should remain concealed to avoid unnecessary harm. Besides, for the objectives of the novel, these are minor details. Given that the outbreak serves solely as an opportunity for Mr Hope to prove his valour, it could be even partially replaced by some other type of natural disaster, such as an earthquake or a hurricane. These would offer the physician the opportunity of attending the wounded, but neither of putting himself constantly into danger nor of addressing the root causes of the problem. In that sense, epidemics are special within natural disasters, since they can be noticed in advance, are preventable and extended in time, and their root-causes are often seen as manageable by human intervention. Be as it may, a scientifically accurate depiction of cholera is not desirable for the novel: it would have no particular function and its presence might be seen in this context as a gratuitous provocation of the public.

A parallel example is found in a eulogy by Italian poet Giuseppe Borghi: *On the Death of Maddalena Caracciolo, princess of Scalea (In Morte di Maddalena Caracciolo, principessa di Scalea 1838)*. This is a grandiloquent poem in dantesque style – it refers to itself as a *cantica*, is divided in three cantos and rhymed in *terzine* –, which was written while Martineau was likely still working on *Deerbook*.<sup>132</sup> The poem celebrates an important local aristocrat who died the previous year during the Outbreak of Naples. It is preceded by a short biography of the deceased written by her son-in-law, in which the word cholera appears seven times in less than four pages. Plus, the preface explicitly declares that “the poet wished here to describe the hecatomb of the cholera of Palermo”.<sup>133</sup> Be as it may, the poem does not record the disease's name at all, referring instead to the “wound” (*piaga*), “poison” (*veleno*) and “morbus” (*morbo*). Albeit the latter word may, via Latin, designate any disease, it is particularly linked to cholera, and it is used in the preface as a synonym for it. Therefore, it is evident that the poem does not shy away from the disease itself, but rather from its name and symptoms.

There are other authors who opt for similar – if less obvious – tactics. The Nobel Prize winner Paul Heyse (1830 - 1914) is an interesting case in point. According to Brigitta Schader, who studied the author's diaries, Heyse has witnessed cholera's tribulations firsthand, even fleeing from it on

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<sup>132</sup> Borghi, Giuseppe. *Poesie*. Firenze, Magheri, 1841, pp. 79-110.

<sup>133</sup> “L'autore ha voluto quivi descrivere lo strazio del cholera di Palermo.” *Ibid.*, p. 87.

occasion. She also draws attention that, despite the familiarity, cholera barely appears in his writing, unlike other ailments such as leprosy and tuberculosis.<sup>134</sup> The only partial exception to that is the small novella *Judith Stern* (1875), which tells the story of the veneration and repressed desire that an apprentice directs towards his master's wife. Miss Stern is a gentle and decorous woman who is proper and respected. While her husband is out during a business trip, her son "falls very sick" and his condition progresses swiftly and becomes severe.<sup>135</sup> The family's physician is incapable of attending to him properly, so she pleads for the assistance of another doctor, a Portuguese physician who acquired his expertise in India. He is able to save the child, but, later, uses his prominence in the family to make amorous advances towards the protagonist. As duly noticed by Schader, the allusions to cholera are implicit and include: the date of publication of the text during the Third Pandemic, the disease's fast development, and the veiled references to India – its perceived birthplace – and Portugal – the first European country to come in contact with it. Once again, the identity of disease is solely hinted at, and its name remains unuttered.

A similar case is found in *The Premature Burial* (1844) by Edgar Allan Poe. In the short story, the narrator describes his own struggle with a catatonic condition which makes him look like a corpse. His fear of being mistakenly buried alive during one of the crises leads him to collect stories of real premature burials. He mentions in passing a case that "may be fresh in the memory of some of my readers, [since it] occurred, not very long ago in the neighboring city of Baltimore".<sup>136</sup> Back then, the wife of an illustrious gentleman "was seized with a sudden and unaccountable illness, which completely baffled the skill of her physicians."<sup>137</sup> She eventually dies – or so it is thought at the time – and she is appropriately buried. Even if concise and vague, many elements of this description summon cholera indirectly. Firstly, the city of Baltimore has actually experienced a serious outbreak in 1832, and being the first, this event became ingrained in the public memory. Then, a comatose state is a possible outcome of the infection, even if somewhat rare. The coma is mentioned in chronicles which occasionally report on people being nearly buried alive in the confusion of an outbreak.<sup>138</sup> Moreover, some of the textual elements used to describe the lady's case are typical of cholera's literary representation: the emphasis on the suddenness of the infection; the perplexity of the physicians, which, as we have seen, is common in the medical literature, and hints at the same time at the condition's novelty; and, finally, the prominence given

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<sup>134</sup> Schader, *Die Cholera*, p. 103.

<sup>135</sup> Heyse, Paul, *Tales from the German*, New York, D. Appleton & Company, 1879.

<sup>136</sup> Poe, Edgar Allan. *The Works of the Late Edgar Allan Poe*. Vol. 1. New York, J. S. Redfield, 1850, p. 326.

<sup>137</sup> *Ibid.*

<sup>138</sup> The prevalence of premature burials in cholera texts is still another fascinating aspect of the representation of the disease. Unfortunately, I lack the means to study that subject in this thesis, but I aim to do it shortly elsewhere.

to the face's "pinched and sunken outline".<sup>139</sup> Once again, the text is interested in evoking cholera only circumstantially and certainly not by name.

There is still one last detail which helps in the identification of the disease in Poe's and Heyse's texts. As noted by Pamela Gilbert in *Cholera and Nation*, part of the medical establishment considered that certain groups were prone to infection due to their naturally 'weaker' constitution.<sup>140</sup> That was the case of non-European bodies in Asia, but also of women, children, and the poor at the metropolis. The rationale behind it is not very different from the idea that tuberculosis preferred the sensible and refined, i. e., aristocrats, artists, women, and children.<sup>141</sup> In fact, several of the examples previously discussed involve women who were too excitable and sensible: the patient who fell sick while reading *Romola*, the ladies who died out of fear in Heine's journalistic account or Boucharlat's medical synthesis, or the woman who was terrorized by her physician in Janin's short story. So, the fact that in *Judith Stern* and *The Premature Burial* we are confronted with the abrupt illness of a child and a woman, respectively, is significant and in conformity with the medical dogma of the time.

The reluctance of using the word in literary texts was in fact widespread enough for it to be ridiculed by the German physicist and author Gustav Flechner (1801 – 1887). Under the pseudonym of Dr. Mises, he published several mocking scientific and philosophical essays, among which is the *Protection Against Cholera (Schutzmittel für die Cholera, 1832)*. Albeit comical, the project is taken very seriously by Flechner, who writes an extensive treatise of 164 pages, including academic notes and bibliographic entries. In a passage deriding the language adopted in print, Dr. Mises asserts that "the same facts are commonly found in a book as in another" and, rather than pronouncing the word cholera, these texts prefer some variation of "the devastating, terrible disease that is presently going on etc.", or: 'the strangulating Angel' etc. [...].<sup>142</sup>

The tendency is sufficiently strong as to affect even novels which do not follow it completely. In her analysis of *Middlemarch*, Gilbert underscores how most scientific matters are treated by Eliot in a systematic and meticulous fashion.<sup>143</sup> Cholera, conversely, is sketched with deliberated vagueness and ambiguity: not a single case is described, the symptoms are surrounded by silence, and patients are nursed in a "Fever Hospital". Not only that, but in *Felix Holt, the Radical* (1866) –

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<sup>139</sup> Ibid.

<sup>140</sup> Gilbert, *Cholera and Nation*, pp. 108-134.

<sup>141</sup> Byrne, *Tuberculosis and the Victorian Literary Imagination*, pp. 30-38.

<sup>142</sup> "[...] es ist richtig, von Thatsachen steht in einem Buche gewöhnlich dasselbe als im andern, jedes fängt ungefähr an: die verheerende schreckliche Krankheit, welche nun seit etc., oder: der Würgengel etc. - dann führt man uns etwas in Indiens Sümpfen herum u. s. f." Dr. Mises. *Schutzmittel für die Cholera*. Leipzig, Leopold Bok, 1832, p. 138. See also Schader, *Die Cholera*, p. 86.

<sup>143</sup> Gilbert, *Cholera and Nation*, p. 148.

equally set in 1832, the year of cholera and of political reform –, Eliot bypasses cholera altogether without ever mentioning it.<sup>144</sup> In this way, the author adopts in different works the two strategies I have analysed so far: in one instance silence is kept about the disease's very existence; on the other, that fact is acknowledged but with sufficient intentional blurriness as to allow cholera to occupy an important narratological function (the downfall of the hero) without offending the public's sensibilities.

Cholera is scandalous by its very nature. Since its main symptoms are linked to defecation and vomiting, the infection graphically places bodily fluids – whose existence we are frequently inclined to deny – at centre stage. The accompanying loss of control over the body is also problematic for it contradicts anthropocentric ideologies of human exceptionalism and reminds us of our animality. In conjunction with that, the swift deformation of the body and especially the face – perceived as the most important and individualised element of our constitution – is often understood as an assault on the sanctity of the human body. When put together, these trends all contradict deeply cherished religious and existential ideologies when they forcefully confront us to our lack of control, our materiality and, above all, our finitude.

Cholera, thereby, transgresses innumerable taboos and, therefore, becomes itself a taboo. In the 19<sup>th</sup>-century, just to remind someone of its existence might be considered psychologically harmful and, therefore, socially unacceptable. The underlying idea is the same which discourages in social interaction detailed descriptions of faeces, wounds, menstruation, and so on. When taboos develop around a disease, they tend to grow in proportion to the lack of information and treatment: the less we know the more we fear. That was true about cholera in the 19<sup>th</sup>-century, and it remains true in the 21<sup>st</sup> about cancer, its contemporary equivalent. Especially during or immediately after outbreaks, when the possibility of contagion was tangible, a direct mention to cholera was perceived as particularly disagreeable, in the same way that, today, blunt references to cancer might hurt people who were somehow touched by it. Thus, the word cholera itself became a symbol for all the misfortunes the infection could cause, a sort of spell that, if vocalised, could somehow attract the infection it designates.

In fact, naming-taboo is very widespread in human societies and has been registered by anthropologists in countless cultures. The rationale behind them is familiar to us all. Such prohibitions serve, among others, the aim of preserving social norms in the name of cultural stability and convivial harmony with the supernatural. So, words perceived as either too sacred or too blasphemous should not be used regularly, if at all. The first restriction seeks to safeguard the

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<sup>144</sup> *Ibid.*, p. 144.

sanctity of a given entity and to make sure it is not offended by an inappropriate utterance of its name; the second, aims to keep away malicious forces which might understand the voicing of their names as an invitation to approach. Although not all naming-tabooos are related to religious or spiritual ideologies, the phenomenon itself encapsulates a wish to avoid desecration in general, and that include political, cultural, and artistic discourses as well. Not only that, but naming-tabooos may be part of a broader phenomenon in which a whole subject becomes taboo, and its discussion is either forbidden or severely restricted to ritually suitable circumstances. In final analysis, naming-tabooos are an attempt to keep or regain control over a given situation by striking a bargain with implicit magical forces.<sup>145</sup>

By and large, health hazards are prone to develop naming-tabooos, especially if life-threatening and mysterious. These often draw on different strategies – periphrasis, euphemisms, acronyms, omissions, and the like – to attenuate the psychological impact of mentioning disease. Thus, epilepsy might be called *the falling evil* and scrofula *the King's evil*; diarrhoea and dysentery become *the runs* or *the trots*; while tuberculosis may be abbreviated into *TB* and cancer into the *Big C* or *the C-word*.<sup>146</sup> Other strategies to shy away from the word “cancer” include “a serious illness” or “a long disease”. This naming-taboo is so powerful that physicians are advised that “pre-malignant conditions [...] should not be labelled as cancers or neoplasia, nor should the word ‘cancer’ be in the name”.<sup>147</sup> That is to say, while a cancer diagnosis is still unattainable, the word cancer should not be used to preserve the patient’s peace of mind.

Beyond disease and vulnerability, death itself is the greatest taboo of all. The way we speak about it is suffused with metaphors of loss (*losing, missing, leaving someone behind*), sleep (*in eternal sleep, lay down to rest, R.I.P.*) or travelling (*to depart, pass away, s/he has left us*), not to mention its negation using antonyms: *life risk* and *life insurance* are, ultimately, about death not life. These metaphors apply even to common-place vocabulary on the subject: the word “cemetery” derives from the Greek *koimētērion* κοιμητήριον which means “dormitory”, while “obituary” derives from the Latin verb *obire* (to go to or to come to) via the adverb *obiter*, which translates as “in passing” or “on the journey”.<sup>148</sup>

The reluctance to utter the name of a menacing entity is preserved in proverbs as well. Allan and Burrige list a number of examples which include the Ukrainian saying, “One speaks of the

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<sup>145</sup> Allan, Keith; Burrige, Kate. *Forbidden words: Taboo and the censoring of language*. Cambridge UP, 2006.

<sup>146</sup> Benczes, Réka, and Kate Burrige. "Speaking of disease and death." In Allan, Keith, ed. *The Oxford handbook of taboo words and language*, 2018, pp. 61-76.

<sup>147</sup> Esserman, Laura J., Ian M. Thompson, and Brian Reid. "Overdiagnosis and overtreatment in cancer: an opportunity for improvement." *Jama* 310.8, 2013, pp. 797-798, p. 798.

<sup>148</sup> Allan, *Forbidden words*, p. 225.

wolf and it runs into the house”<sup>149</sup>; the Korean “Speak of the tiger and it comes”<sup>150</sup>; the English “Speak of the devil and he comes running”; and I would add the Portuguese proverb “Speak of the devil and you see his tale”.<sup>151</sup>

All these fear-based taboos tend to lose strength and eventually disappear once the threat they denote is attenuated. In the case of cholera, the reluctance to pronounce its name diminishes in between outbreaks to resurface when they flare up again. It is also attenuated as familiarity with the affliction increases, yet the most significant element for its curtail is the explanation of causes and effects. That explains why comical texts on the subject were produced in the antipodes of the pandemics: they either appear in the very beginning, in the 1830s, when the potential for devastation was not yet fully grasped; or after the aetiology and spread mechanism were established, in the 1880s, which mitigated fear by increasing the efficacy of prevention strategies. Finally, once inexpensive and efficient therapies are available in the 20th-century, the taboo withdraws completely, and its prior existence is forgotten.

The prevalence of a naming-taboo during cholera times is well attested in newspapers, personal letters, and fiction alike. An illustrative case is found in a letter by Rahel Varnhagen quoted by Schader. In it, the German author avows “I will name it not, the infamous disease»” and “I hate to write its name”.<sup>152</sup> In Galdós’ novel *Un faccioso más y algunos frailes menos*, two characters shudder after hearing the disease’s name blatantly articulated: “—Yes, — said D. Benigno, in shadowy sadness, — it is the *Asiatic cholera morbus*. On hearing this repulsive and dreadful name, Sola felt an unpleasant coldness run through her body. Cordero felt the same.”<sup>153</sup>

Another example is found in the superb novel *Cholera* (Холера, 1935) by Bulgarian author Ludmil Stojanov. It depicts, in first-person narration, the trials experienced by a Bulgarian soldier during the Second Balkan War of 1913. At the start of the novel, the Scientist – as the narrator is called due to his erudition – is in the front-line, starving, and undernourished, waiting alongside his companions for an attack of the Serbian Army. They are menaced, however, by a second force since cholera is decimating their ranks from within. At one point, a soldier complains about the threat posed by the disease:

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<sup>149</sup> “*Pro vovka pomovka a vovk u khatu* [lit. ‘about wolf talk and wolf into house’]”. Ibid., p. 39.

<sup>150</sup> “*holangito ceymal hamyen ontayteni*”. Ibid., p. 228.

<sup>151</sup> “Fala-se no diabo e aparace-lhe o rabo.”

<sup>152</sup> “... ich nenn sie nicht, die infamierende Krankheit” and “... ich hasse ihren Namen zu schreiben.” Schader, *Die Cholera*, p. 83.

<sup>153</sup> “—Sí—dijo D. Benigno, cayendo en sombría tristeza, —es el cólera morbo asiático. Al oír este nombre repulsivo y espantoso, Sola sintió correr por su cuerpo un frío displicente. Cordero sintió lo mismo.” Galdós, *Un faccioso más*, p. 180.

— Thin as we are — added baï Marino — not only cholera, but even the plague could exterminate us.

The word "cholera" whistled in our ears like a bullet. The tent of the choleric is found at the edge of the camp. They carry them over there and no one cares about them anymore. Among the soldiers there are the most imaginative rumours about the character of the disease. Its name is terrible, and everyone shudders with horror, secretly hoping to be spared from this evil.<sup>154</sup>

The cultural sensitivity to the utterance of the diseases' name is clear in all the above-mentioned passages. The phenomenon is very significant, since it partially justifies the seeming absence of cholera in literary texts. Skipping clear designations in favour of euphemisms and oblique references is so common, in fact, that modern readers may bypass the disease's presence altogether, or simply register a certain epidemic occurred without feeling the need to identify which disease caused it. On some occasions that is suitable, since in many texts the true nature of the disease is irrelevant for the narrative as a whole; yet, on others, it may impede the reader of reaching important conclusions. The identification of "plague" as a cognate to evasively designate "cholera" is vital for the interpretation of *The Last Man*, for example. So much so, that when Verney experiences abrupt dizziness and weakness, he is reluctant to voice the disease's name: "[...] I sank to the ground. My beloved friends were alarmed—nay, they expressed their alarm so anxiously, that I dared not pronounce the word plague, that hovered on my lips, lest they should construe my perturbed looks into a symptom, and see infection in my languor."<sup>155</sup> The presence of this naming-taboo, in line with so many other cholera narratives, is yet another factor which I advance for the coding of one affliction into another in *The Last Man*.

Even so, the phenomenon is not restricted to it: almost any affliction may present a naming-taboo in some form or another. As Susan Sontag notes: "The very names of such diseases are felt to have a magic power. In Stendhal's *Armance* (1827), the hero's mother refuses to say 'tuberculosis', for fear that pronouncing the word will hasten the course of her son's malady."<sup>156</sup> Accordingly, the Brazilian novel *Mountains Flowerbeds* (*Floradas na Serra*, 1939) by Dinah Silveira de Queiroz is set in a sanatorium and portrays the lives of many consumptive patients; that being

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<sup>154</sup> "— Magri come siamo — aggiunse baï Marino — non solo il colera, ma persino la peste potrebbe sterminarci. La parola « colera » fischò ai nostri orecchi come una palla. Al margine del campo si trova la tenda dei colerosi. Li trasportano laggiù e più nessuno si interessa di loro. Fra i soldati corrono le voci più fantasiose sul carattere della malattia. Il suo nome è terribile, e ognuno freme d'orrore, sperando segretamente di essere risparmiato dal male." Stojanov, Ludmil. *Colera*. Translated from Bulgarian into Italian by Laura Rocca. Bari, Edizioni Paoline, 1962, p. 21.

<sup>155</sup> Mary Shelley, *The Last Man*, p. 190.

<sup>156</sup> Sontag, Susan. *Illness as Metaphor*. Farrar, Straus, and Giroux, 1978, p. 6.

said, the word tuberculosis is systematically avoided and, albeit always present, it never materialises in the text. The novel became an immediate best-seller, and it could be argued that the regard for the taboo may have played a role on its success.

The behaviour is also prevalent and widespread in texts dealing with AIDS, especially those written during the 1980s and 90s. One of the first extensive narratives on the subject was Randy Shilts' *And the Band Played On* (1987), a journalistic coverage of the AIDS crisis in the United States which reads as a novel due to its narrative structure. On it, Shilts complains of what he dubs "AIDSpeak", that is to say, the avoidance of terms such as "semen", "blood" or "gay" in medical guidelines and political discourses.<sup>157</sup> In his opinion, the safeguarding of sensibilities compromised the adequate elucidation of preventive strategies, thus placing social taboos above the preservation of human life.

However, numerous authors welcome oblique references to the disease. *The Virtues of the Solitary Bird* (*Las Virtudes del Pájaro Solitario*, 1988) is an exceptional experimental novel by Juan Goytisolo, which superimposes the AIDS pandemic with the Chernobyl Nuclear Accident and presents them through the lyricism and symbolism of mystical poetry traditions of Christianity and Islam. The word "AIDS" never surfaces in the novel, even if there are numerous references to "the monster of the two-syllables" (*monstruo de las dos sílabas*) or to "the Lady of the two-syllable" (*la Doña de las dos sílabas*). Both designations manifestly refer to the acronym for AIDS in Spanish: *SIDA* (*síndrome de inmunodeficiencia adquirida*). Moreover, one of the narrative's main characters is the Islamic scholar "Ben Sida", whose name is a pun on the name of the disease. In addition, the title itself contains a hermetic allusion to homosexuality, since *pájaro* (bird) is slang for "gay" in Caribbean Spanish – and the story is set in an opaque dream-like location which on one occasion is designated as Cuba. The very same thing applies to Thom Gunn's collection of poetry *The Man with Night Sweats* (1993), which, according to one critic, "explores meanings of AIDS, though the signifier 'AIDS' is conspicuously absent from his collection";<sup>158</sup> or still, to *Monopolies of Loss* (1992), in which Adam Mars-Jones chooses to designate it by its popular African name "slim" after "[he] realised that the text's refusal to utter the word 'AIDS' potentially enlarged its audience [...]".<sup>159</sup>

The pattern of restraining from articulating a disease's name in literature has been observed by a number of scholars working with thematic criticism. David Shuttleton has described it in his

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<sup>157</sup> Shilts, Randy. *And the band played on: Politics, people, and the AIDS epidemic*. London, Souvenir Press, 2011, chapter 31, 'AIDSpeak spoken here'.

<sup>158</sup> Piggford, George. "'In Time of Plague': AIDS and Its Significations in Hervé Guibert, Tony Kushner, and Thom Gunn." *Cultural Critique*, 2000, pp. 169-196, p. 187.

<sup>159</sup> Lawrence Howe, « Critical Anthologies of the Plague Years: Responding to AIDS Literature », *Contemporary Literature*, vol. 35, no. 2, 1994, pp. 395–416, p. 404.

work on the literary imagination of smallpox.<sup>160</sup> Lasowski and Pietrzak-Franger depict similar tendencies in their respective studies on syphilis, which is regarded as “condemned to cynical anonymity” by the first,<sup>161</sup> and as “a spectacle of invisibility” by the second.<sup>162</sup> Finally, when investigating the parsimonious usage of the Greek word for “plague” (*loimos* λοιμός) in Ancient Theatre, Mitchell-Boyask came to the astounding realization that it appears just twice in the tragedies of Aeschylus, never in the eighteen extant plays by Euripides, and only once in the paradigmatic Greek text on the subject, *Oedipus the King*.<sup>163</sup> The naming-taboo is clear, besides, as its violation happens in a ritualistic setting and is perpetrated by a Priest, who is authorised to articulate the forbidden word. In his own words:

That this is the one tragedy [*Oedipus the King*] where one would expect to find the word recurring frequently and the careful climax of the speech’s rhetoric around *loimos* [plague], combined with this word’s disappearance from Athenian literature, suggests that Sophocles is signalling that *loimos* is an “inauspicious word”, one generally regarded as taboo and unspeakable.<sup>164</sup>

To conclude, the naming-taboos interact with the medicalization of fear in shaping the literary imagination of cholera. Nonetheless, these are not the only forces at play, for they interact with still another factor: disgust.

### iii. Disgust and the sanitising the symptoms

As noted by many historians, during the 19th-century a cultural phenomenon of high sensitivity and prudery unfolded to embrace many areas of society. A profound cultural shift reshaped conceptions about the body, its parts, its fluids and even its smells.<sup>165</sup> Norbert Elias notably studied how ideas built around the body started to change in throughout the 18<sup>th</sup>-century

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<sup>160</sup> Shuttleton, David. “A culture of disfigurement: imagining smallpox in the long eighteenth century.” In Rousseau, George S., et al., eds. *Framing and Imagining Disease in Cultural History*. Palgrave Macmillan, 2003, pp. 68-91, p. 80.

<sup>161</sup> “[...] elle [la syphilis] est condamnée de fait par l’anonymat cynique [...]”. Lasowski, Patrick Wald. *Syphilis : essai sur la littérature française du XIXe siècle*. Gallimard, 1982, p. 49.

<sup>162</sup> Pietrzak-Franger, Monika. *Syphilis in Victorian Literature and Culture: Medicine, Knowledge and the Spectacle of Victorian Invisibility*. Springer, 2017.

<sup>163</sup> Mitchell-Boyask, Robin. “Plague and theatre in ancient Athens.” *The Lancet* 373.9661, 2009, pp. 374-375, p. 375.

<sup>164</sup> *Ibid.*

<sup>165</sup> Corbin, Alain. *Le miasme et la Jonquille, l’odorat et l’imaginaire social, XVIIIe-XIXe siècles*. Aubier, 1982.

and reached new standards by the 1800s. If Erasmus of Rotterdam could speak about defecating in public without impediments in the 16th-century, three hundred years later, the mere mention of such needs would be already considered inappropriate and offensive, not to mention to relieve oneself publically.<sup>166</sup> Alain Corbin demonstrates how the bourgeoisie took to heart to deny the existence of bodily excretions (faeces, vomit, mucus, spit, sperm) and engaged in an effort to eliminate smells envisaging a sort of ‘odoriferous silence’ which was encapsulated in the axiom “no beautiful odour exists because beauty has no odour”.<sup>167</sup> According to him, the dominant classes were obsessed and haunted by excreta: “An irrefutable physiological product which the bourgeois strives to deny, the shit haunts the imaginary, for it contradicts the efforts of disembodiment.”<sup>168</sup> One of its curious developments was the hesitancy of middle-class women to leave home immediately after meals for fear of accidentally farting in public.<sup>169</sup>

The repudiation of body products was at the root of changes to the urban environment, to private and public communication, to social behaviour, and even to scientific and artistic discourses. Sanitarians crusaded against filth and ‘foul odours’ in an effort which redrew the map of many cities and reshaped the very ideas of cleanliness, urbanism and healthy living. Salons and newspapers were highly sensible to a vast array of subjects and taboo words, often practicing voluntary censorship. In an age obsessed by death and all things gothic, funerary practices welcomed embalmers and their art to ensure that the dead body looked as if alive. If in previous centuries, embalmed bodies tended to be those of very prestigious individuals – kings, popes, etc. –, in the 1800s, the practice became much more popular and widespread among a bourgeoisie that strived to domesticate death. By the same token, in paintings, battle scenes would often lack dirt, wounds and even blood.

The pursuit of respectability included the control of emotions as well – ideas on an *éducation sentimentale* were not restricted to Flaubert alone. It was during this period, for example, that men were increasingly encouraged to handle suffering stoically and suppress tears. Moreover, the existence and expression of sexual impulses was denied and vilified through countless strategies: the demonization of masturbation, the outlawing of homosexuality, the persecution of prostitutes, the negation of sexual desire in women, to mention only a few. The psychiatrist Krafft-Ebing, for instance, avowed that if a woman was “normally developed mentally and well brought up, her

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<sup>166</sup> Elias, Norbert. *The Civilizing Process: Sociogenic and Psychogenic Investigations*. Blackwell, 2000, p. 115.

<sup>167</sup> Laporte, Dominique. *Storia della Merda*. Italian translation by Stefano Rosso and Roberto Cagliero. Tozzuolo, 2017, p. 84 (Orig. ed. *Histoire de la merde*. Bourgois, 1978).

<sup>168</sup> “Produit irréfutable de la physiologie que le bourgeois s’efforce de nier, la merde [...] hante l’imaginaire, elle contredit les efforts de décorporéisation” Corbin, *Le miasme et la Jonquille*, p. 210.

<sup>169</sup> Sennett, Richard. *O Declínio do Homem Público: As Tiránias da Intimidade*. Portuguese translation by Lygia Araujo Watanabe. Record, 2015, p. 262 (Orig. ed. *The Fall of Public Man*. Knopf, 1976).

sensual desire is small.”<sup>170</sup>

The strive for prudery and propriety also included literature, so even the classics had to be cleansed from any perceived immorality. At the height of what George Bernard Shaw has dubbed ‘bardolatry’, Shakespeare, of all writers, was rectified through the collection *The Family Shakespeare*. This was an extremely successful publication which, between 1807 and 1896, added up to fifty published editions. As Richard Evans indicates, all anticlerical remarks were suppressed, alongside mentions of body parts – the word “body” itself was changed to “person” –, and a prostitute in *Henry IV, part 2* was altogether eliminated.<sup>171</sup> He also shows how the project was applauded in the newspapers: “it is better every way that what cannot be spoken, and *ought not to have been written*, should now cease to be printed”.<sup>172</sup> That was not an isolated case, since several countries had established and operating censorship laws and similar movements of literature rectification spanned across Europe. In Germany, it was the police to assemble lists of titles considered indecent.<sup>173</sup>

Intellectuals were indeed very conscious of the potential risks of speaking about the unspeakable. They often warned readers if sensitive matters were to follow and commonly apologised for its presence. That is the case of the philosopher Karl Rosenkranz (1805 - 1879), who inaugurated the theoretical investigations on the representation of ugliness in art with the essay *The Aesthetics of Ugliness (Ästhetik des Häßlichen, 1853)*. Umberto Eco calls this treatise “the first and most accomplished” of its kind.<sup>174</sup> Being conscious of the risks, Rosenkranz alerts the audience about the contents of his book at the very beginning and, interestingly, does so by invoking a comparison to medicine and disease: “[we] deal with concepts whose discussion or even mention might well otherwise be regarded as an offence to good manners. If someone picks up a book on the pathology and therapy of disease, then they must anticipate the disgusting. And that is also the case here.”<sup>175</sup> The amazing extent of the denial of death and sickness is revealed by this passage: even in a book on this very subject, Rosenkranz has to excuse himself for providing repulsive examples.

Similarly, the narrator of Poe’s *The Premature Burial* (1844), starts the story by promptly recognising that “[there] are certain themes of which the interest is all-absorbing, but which are too entirely horrible for the purposes of legitimate fiction. These the mere romanticist must

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<sup>170</sup> Evans, Richard J. *The Pursuit of Power: Europe 1815-1914*. Penguin, 2017, chapter 5, Controlling the Primal Urge.

<sup>171</sup> Ibid.

<sup>172</sup> Ibid. My emphasis.

<sup>173</sup> Ibid.

<sup>174</sup> Eco, Umberto, ed. *Storia della Bruttezza*. Bompiani, 2007, p. 16.

<sup>175</sup> Rosenkranz, Karl. *Aesthetics of Ugliness: a critical edition*. English translation by Andrei Pop and Mechtild Widrich, Bloomsbury, 2015, p. 33 (Orig. ed. *Ästhetik des Häßlichen*, Gebrüder Bornträger, Stuttgart 1853).

eschew, if he do not wish to offend or to disgust.”<sup>176</sup> According to him, authors should discuss repulsive subjects only if they are based in true events and are somehow edifying. However, if mere fictional tales, they should be regarded “with simple abhorrence”.<sup>177</sup> The strategy has the dual role of excusing the narrator for the unconventional subject beforehand, but also of claiming that all the grotesque stories that follow – among which there is a likely cholera-case – really happened.

Eugène Sue uses a corresponding argument to safeguard himself from criticism. Since one of the scenes of *The Mysteries of Paris* takes place inside a hospital, the narrative describes its inner workings and some of the convalescing patients. Sue is conscious that the passage may be frowned upon, so he voluntarily admits “without difficulty” that his text “is a bad book from the perspective of art”, yet it is not “a bad book from the perspective of morality”.<sup>178</sup> In his view, the exemplary nature of the text excuses and counterbalances the presence of the passage that some may find distasteful. Nevertheless, the argument does not convince Rosenkranz, who complains about the scene’s existence in strong terms: “Disgusting illnesses with immoral causes must be rejected by art. Poetry prostitutes itself when it represents such things, as Sue in his Parisian Mysteries gives a medically precise description of [the hospital of] *St. Lazare*.”<sup>179</sup>

In this context of cultural hypersensitivity, cholera’s serious symptoms were perceived as even more appalling and dreadful. If its speed and high mortality rate would be likely to cause terror in any human society, in this place and time, cultural factors heightened anxieties with new social and psychological nuances. As well summarized by Richard Evans:

Cholera broke through the precarious barriers erected against physicality in the name of civilization. The mere sight of symptoms was distressing: the thought that one might oneself suddenly be seized with an uncontrollable, massive attack of diarrhoea in a tram, in a restaurant, or on the street, in the presence of scores or hundreds of respectable people, must have been almost as terrifying as the thought of death itself.<sup>180</sup>

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<sup>176</sup> Poe, *The Works*, p. 325.

<sup>177</sup> Ibid.

<sup>178</sup> “Cet ouvrage, que nous reconnaissons sans difficulté pour un livre mauvais au point de vue de l’art, mais que nous maintenons n’être pas un mauvais livre au point de vue moral” Sue, Eugène. *Les Mystères de Paris*, J. Rouff, Paris, 1880, p. 677.

<sup>179</sup> Rosenkranz, *Aesthetics of Ugliness*, p. 193.

<sup>180</sup> Evans, *Death in Hamburg*, p. 229.

Cholera's graphic symptoms were severe, unrestrainable and worse, manifestly visible. Since patients lost control over their bodies, they had to be attended by friends and relatives who were very aware of their discharges and, by extension, their anuses. Given that the anus is "indelibly the lowest-status place on the body" – as Willian Miller contends –, to address it "signifies the removal of all barriers of otherness".<sup>181</sup> In that way, cholera did not only take lives and break innumerable taboos, but it was an utterly humiliating and dishonouring experience in an age which cherished the values of honour and respectability above all others. Cholera constituted a frontal attack on the 19<sup>th</sup>-century's prudery. It proved the frailty of the neat divisions which supposedly separated the refined and the crude or the civilized and the barbarous. That was a dangerous message in a world filled with anxieties of the threat posed by the poor masses within and the colonized masses without. It is no wonder, then, that cholera was imagined, at home, as the disease of filthy urban proletarians, and, abroad, as that of filthy Oriental savages.

Consequently, literature engaged with many other cultural discourses to try to mitigate the dissonance and potential danger of the infection's transgressiveness. As the century went on, the many transformations brought about by industrialization and the new political order in France created and increased tensions. The dominant classes lived under constant fear of insurgence and overthrow during the period that Eric Hobsbawm famously called 'the Age of Revolutions'. Cholera was yet another disruptive element in this already tense and volatile scenario. A proof of that was that the very ideas of cholera and revolution were closely intertwined at the time: Heine, Hugo, Zola, all use it in that way. Likewise, contemporary accounts focused much more on the social and political repercussions rather than on the disease itself. The overlapping is visible even when authors deal with unrelated themes: while speaking about allegory in painting and sculpture, Rosenkranz reports the inherent difficulty in "represent[ing] such abstractions as *la patrie*, *la France*, *le choléra morbus*, *Paris* and the like". He visibly understands the epidemic to be within the semantic field of 'Revolution'.

Thereby, cholera had to be reshaped and reimagined in the name of public tranquillity. It was not enough to simply assign it to certain classes and cultures; it had to be stripped of its subversive elements in such a way that the repulsive symptoms were tamed and brought under control. That meant that a number of social inclinations worked together to influence cholera's literary representation: medical discourse was concerned with the incitement of fear; psychological factors made readers and authors alike deflect from the subject; economic interests pressed writers to keep silent or to deal with it delicately; cultural sensitivities made many in society

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<sup>181</sup> Miller, Willian. *The Anatomy of Disgust*. Harvard UP, 1997, p. 101.

shudder for its repulsiveness; and, finally, a veneer of political ideology turned the epidemic into an invitation for insurgency at home and abroad.

All these various perspectives came together to claim for a simple solution: cholera had to be sanitized. Most of its depictions take an active effort not to be realistic as a way to conceal the disease's repulsiveness. To all intents and purposes, its two main symptoms are erased, with vomit happening in a small number of cases and diarrhoea disappearing almost entirely – in all my corpus I could find but two or three explicit references to it. Most descriptions do not mention symptoms altogether and presuppose the reader is already familiarised with them. Heine, Chateaubriand, Sterlich, Dumas, all take that for granted. To counterbalance this omission, most texts will exaggerate other features like the changes in colour, the speed of the development, the extent of disfigurement, and the sweeping mortality.

That is observable in the images we have discussed so far. The great majority of *Figures 1 to 15* do not address cholera directly, but focus on its social effects (chaos, drunkenness, violence). Three of them depict individual cases: in *Figure 3*, a man shrinks in size abruptly; in *Figure 14*, a man has fallen to the ground already tinged in ghastly blue; in *Figure 15*, a couple of French politicians were struck as if by lightning and convulse in the ground. In none of the images the profuse diarrhoea – the actual cause of the body weight loss and the changes in skin colour – is present in any form. In *Figure 15* alone, one of the ministers holds a sort of mug which could be interpreted as a chamber-pot and, consequently, as an indirect reference to defecation. Vomit is also completely absent in two of them; the partial exception is, again, *Figure 15*, where one of the ministers throws up gold coins and another a silver stick with a hand on top, objects which point to their usury and greed. The grotesque depiction is justified by the image's very nature: since it is a political cartoon aiming at denigrating the government, it welcomes shame and ridicule with open arms. However, in general terms, this is as bad as it gets. The figure is uncommonly straightforward and only rarely artistic representations are this explicit. Therefore, this drawing can be interpreted as the anomaly which confirms the rule; yes, it is a bizarre representation, yet one which is sufficiently indirect and exaggerated as to be arguably considered on the edge of acceptability.

Most images are not like that, usually relying heavily on context and the public's familiarity with the symptoms. In *Je sens des gargouillemens* (c. 1832) (see *Figure 16*), for example, an older lady tells her daughter: "I feel the rumblings [in my stomach]". The scene probably takes place in public since both ladies are very well dressed and one of them carries a purse. In the background we see trees and a fence, suggesting they were walking at the park. The mother is sitting down, and her face is thin and withered, which could be simply the signs of aging, but also possible

evidence of dehydration. The lady has her two hands interlaced as if in prayer, a gesture which reveals measured anxiety. The daughter gazes at her mother with compassion and gracefully wipes a tear with a handkerchief. Both are contemplating death, but still they react in a proper and contained manner as required of women of their rank. There is not the least mention of fluids, collapse, or despair.

Another equally interesting scene is *An attack of the cholera at the Horticultural Gardens* (1831) (see Figure 17). On it we see a large group of fashionable and respectful individuals strolling at a park. One of them is a distinct gentleman attired in a frock coat and a top hat who has been seized by cholera. He runs away, very embarrassed, with a hand in his stomach and another in his bottom. During the escape, he loses his top hat and accidentally knocks off one of the ladies down to the ground. All in the group are shocked by the incident, especially the humiliated gentleman at centre stage. All bodily fluids are absent, and they are simply not required, since the positioning of the hands is already a clear indication of vomit and diarrhoea. Furthermore, the rope of the gentleman's coat drags behind him, possibly as an allusion to excrement.

The image is a humorous comment on a disconcerting situation. It clearly alludes to defecation, but without the eschatological posture of some of Belli's poems, for example. Cholera often treads this thin line between acceptable insinuation and unacceptable bluntness. If the subject is appropriately handled, the text or image may become a source of relief, amusement, and identification to an anxious public. However, if taboos are infringed that could result in fear or disgust and, alongside it, a rejection of the work and its author.

That ambiguous nature is manifest in some observations by the German writer and theatre director Heinrich Laube (1806 – 1884). In the first volume of his collection of *Travel Narratives* (*Reisenovellen*, 1834), Laube gets to a city which the epidemic is raging. He had already witnessed the action of this “most indecent disease” and confides that “my disgust for it was greater than my fear.”<sup>182</sup> In his view, cholera is “a perfectly modern plague” since it kills “with things we have agreed to call indecent and ridiculous”. Its weapons are “horrifically strange [or comic]” – the word *komischen* may mean both *odd* and *funny* –, and until that moment they had “served us for mockery and laugh”. That creates a paradox: cholera is “a counterpart to humour, a death humour”, which is, at once, “death-serious and death-playful”.

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<sup>182</sup> “Wie mancher arme Teufel mochte eben da drüben an der unanständigsten Krankheit seinen Todesschweiß schwitzen. Ich hatte das Ungethüm in Schlesien gesehn: mein Ekel davor war größer als meine Furcht. Und doch ist sie mit ihren schauerhaft komischen Waffen eine vollkommen moderne Pest, ein Pendant des Humors, ein Todeshumor. [...] [Sie] tödtet die Menschen mit Dingen, die wir unanständig und lächerlich zu nennen übereingekommen sind. Sie ist todtesernsthaft und todtespashaft, wie man es nennen will, mit Waffen, die uns bisher zum Spott und zum Gelächter dienten, sie ist der populärste und wirksamste humoristische Schriftsteller, den wir je in Teutschland gehabt.” Laube, Heinrich. *Reisenovellen*. Vol. 1. Leipzig, Otto Wigand, 1834, p. 66-67.

As we have seen, humorous explorations of the theme are common at the moment of first contact in the early 1830s but disappears shortly to resurface only after the discovery of the pathogen. Most of the fiction about cholera is serious and evasive, without any detailed descriptions, bodily fluids and, sometimes, the disease's name. However, from time to time, even these circuitous strategies are enough to enrage the more sensitive part of the public. *The Last Man*, for instance, is notably the least successful of Mary Shelley's novel. It was received with almost unanimous harsh criticism, and it was left out of print for decades on end:

Most of the magazines which took notice of it at all wasted little time and even less thought in summarily denouncing the work: *Blackwood's* bristled over its alleged "stupid cruelties"; the *London Magazine* slighted it as "an elaborate piece of gloomy folly"; and the *Monthly Review* damned it as "the offspring of a diseased imagination, and of a most polluted taste."<sup>183</sup>

The words chosen in the complaints (*cruelties, gloomy folly, diseased imagination, polluted taste*) evince that the problem lies more on the subject than on its treatment. One gets the strong impression that any text affronting the subject so directly would meet such fate – and that happens in spite of cholera being hidden under the smoke screen of the plague. Simply put, these taboo topics should not be discussed in any form.

Other authors are equally criticised on similar grounds. In 1868, the writer and critic Ferragus – the pen name of Louis Ulbach (1822 - 1889) – published in *Le Figaro* the stern article *La littérature putride (Rotten Literature)*.<sup>184</sup> It is a passionate censure of the representation of repulsive themes in literature which, interestingly enough, is conveyed through a pathologised language:

For a few years now, a monstrous school of novelists has been established, which aims to substitute the eloquence of the charnel house for the eloquence of the flesh, which appeals to the most surgical curiosities, which groups the plague victims to make us admire their marbling, which is directly inspired by cholera, its

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<sup>183</sup> Snyder, Robert L. "Apocalypse and Indeterminacy in Mary Shelley's 'The Last Man'" *Studies in Romanticism*, Vol. 17, No. 4, 1978, pp. 435-452.

<sup>184</sup> Ulbach, Louis. *Lettres de Ferragus*. Paris, L. Poupart-Daryl, 1869, pp. 18-28.

master, and which spouts the pus of conscience.<sup>185</sup>

The condemnation is chiefly directed at Zola, who published in the previous year two novels in serialised form: *Thérèse Raquin* – which Ferragus reprobates in the strongest terms – and *Les Mystère de Marseille*, which contains a cholera outbreak, yet without any symptoms or realistic depictions. Regardless, it is probably this text that Ferragus is thinking about when he complains of charnel houses (*charnier*), plague victims (*pestiférés*) and the “master Cholera” (*choléra, son maître*). A little further, he asserts that the “pleasure of repulsiveness” constitutes a universal human instinct, however one which is “low” and “bestial”.<sup>186</sup> On that basis, he ponders if authors should incentivise vicious behaviours in the masses: “The crowds that run to the guillotine, or that gather at the morgue, are they the public that should be seduced, encouraged, and maintained in the cult of horrors and purulence?”<sup>187</sup> The comment implicitly asserts the existence of two groups within the population. The first one is the largest and consists of a swarm of common people who are driven by the pervading attraction of all things violent and disgusting. The second group is much smaller and is composed by the cultivated few who resist their animal instincts and behave in an appropriate manner. Predictably, Ferragus identifies with the second and advocate that art should be directed only at these refined individuals. As he sees it, literature has the pivotal role of educating the public, so literary prudery becomes an opportunity for those in the first group to learn good manners and come nearer to the ranks of the second. His opinions are well aligned with the anxieties of revolution within and without European societies – and both are well encapsulated by the threat of cholera. The bourgeois fear of the so called ‘great unwashed’ is such that Zola’s depiction of the disease is considered indecent even if it was utterly sanitised and stripped away of any explicit contents. In Ferragus’ view, the abhorrent has no place in ‘true’ art, and authors who insist to represent it in any form whatsoever are irresponsibly feeding the ‘low’ and ‘bestial’ tendencies of ‘the masses’.

Beyond that, the virulent criticism may also be related to the inappropriate usage of the repulsive, since a significant part of ‘respectable individuals’ at the time – especially men – would be confronted with exaggerated representations of syphilis as part of their ‘moral education’.

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<sup>185</sup> “ Il s’est établi depuis quelques années une école monstrueuse de romanciers, qui prétend substituer l’éloquence du charnier à l’éloquence de la chair, qui fait appel aux curiosités les plus chirurgicales, qui groupe les pestiférés pour nous en faire admirer les marbrures, qui s’inspire directement du choléra, son maître, et qui fait jaillir le pus de la conscience. ” Ibid., p. 19.

<sup>186</sup> “Attacher par le dégoût, plaire par l’horrible, c’est un procédé qui malheureusement répond à un instinct humain, mais à l’instinct le plus bas, le moins avouable, le plus universel, le plus bestial. ” Ibid., p. 22.

<sup>187</sup> “Les foules qui courent à la guillotine, ou qui se pressent à la morgue, sont-elles le public qu’il faille séduire, encourager, maintenir dans le culte des épouvantes et des purulences ?” Ibid., p. 28.

Medical treatises and anatomical cabinets would often portray life-like images and sculptures of disfigured syphilitic patients as an admonition to young adults. The idea was to use aversion as a pedagogical tool to shock and dismay and, thus, reinforce sexual mores. Balzac expounds the intentions of this method when he asserts, in *Splendeurs et Misères des Courtisanes* (1838-1847), that the sight of “infamous diseases represented in wax in anatomical museums, makes the young men who are brought there chaste and inspired for nobler and purer love”.<sup>188</sup> That shows that disgust played a role in respectable society as well, but that was largely a negative one which was limited to specific circumstances.

Such paradoxical handling of medical matters is quite evident in Eugène Brieux’s play *Damaged Goods* (*Les Avariés*, 1901), which addresses the tragic effects of syphilis in a newly married couple. The drama faces the dilemma of discussing the subject without causing scandal. It tries to minimise criticism by starting with an announcement by the director, who walks to the stage and professes the purely educational aim of the play and reassures the public that no further taboos will be violated:

Ladies and Gentlemen,

The author and the director have the honour to inform you that the theme of this play is a study of syphilis in its relationship to marriage. It does not contain any scandalous matters, nor any repugnant spectacle, no obscene word, and it can be watched by anyone, if we accept that women are absolutely not required to be foolish or ignorant to be virtuous.<sup>189</sup>

The strategy did not ensure universal acceptance, but it was, nonetheless, very successful. Even if the play was censored in many countries and periodically caused public outcries, the text’s educational scope, along with its respect for taboos to the greatest possible extent, acquired a very large audience. Popularity reached such a degree, that it was transformed into a novel by Upton Sinclair (*Damaged Goods*, 1913), and it was adapted to cinema on numerous occasions, starting

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<sup>188</sup> “De même que la vue d’un cabinet d’anatomie, où les maladies infâmes sont figurées en cire, rend chaste et inspire de saintes et nobles amours au jeune homme qu’on y mène” Balzac, Honoré de. “Splendeurs et misères des courtisanes” in *Œuvres complètes*. Vol. 18. Paris, éd. Houssiaux, 1855, p. 26.

<sup>189</sup> “Mesdames et Messieurs, L’auteur et le directeur ont l’honneur de vous prévenir que cette pièce a pour sujet l’étude de la syphilis dans ses rapports avec le mariage. Elle ne contient aucun sujet de scandale, aucun spectacle répugnant, aucun mot obscène, et elle peut être entendue par tout le monde, si l’on croit que les femmes n’ont pas absolument besoin d’être sottes ou ignorantes pour être vertueuses.” Brieux, Eugène. *Les Avariés : pièce en trois actes*. Paris, P.-V. Stock, 1902, p. 4-5.

with silent movie versions in 1914 in the United States (*Damaged Goods* by Tom Ricketts), 1918 in Austria (*Die Geißel der Menschheit* by Jacob and Luise Fleck), or 1919 in Britain (*Damaged Goods* by Alexander Butler); and continuing later with sound in 1933 (*Damaged Lives* by Edgar G. Ulmer), again in 1937 (*Damaged Goods* by Phil Goldstone) and still many others in subsequent years.

In that way, authors are pressured to comply with taboos not only as a protection against scandal, but also as a marketing strategy to advance their texts. That is evident in Sarah Grand's *The Heavenly Twins* (1893), a narrative in which syphilis occupies a prominent role, yet in a silenced and sanitised form. The aim of conforming to social expectation meant that, as Pietrzak-Franger puts it, "syphilitic bodies in Britain were intricately purged of their disgusting qualities".<sup>190</sup> The respect for the public's sensibilities bore fruits: *The Heavenly Twins* was a huge success in the very same moment in which Ibsen's *Ghosts* (1881) was banished as outrageous for acknowledging syphilis too directly.<sup>191</sup>

Indeed, there are many instances of artists who paid a high personal price for being too intrepid and dismissive of 'public morality'. Flaubert was notoriously brought to court in 1857 on charges of offending good manners with the serialization of *Madame Bovary* in 1856. He was eventually acquitted; but Baudelaire was not so fortunate. The poet was prosecuted for similar reasons later that year and was declared guilty. He was fined in 300 francs and six of his poems were censured from *Les Fleurs du Mal* (1857). Later, in 1895, the German experimental writer Oskar Panizza (1853 - 1921) was condemned to a year imprisonment on charges of 'blasphemy' due to the publication of his satiric play *The Love Council* (*Das Liebeskonzil*, 1894), a work in which syphilis is created and first spreads in the papal court as a punishment summoned by Christ, Mary, and God the father, all of whom are portrayed unceremoniously. About the same time in England, Oscar Wilde (1854 - 1900) was convicted for 'sodomy' and 'gross indecency' in a trial in which passages of *The Picture of Dorian Gray* (1890) were used as proof of 'indecorous' behaviour. In the following year, the Norwegian painter and author Christian Krohg (1852 - 1925) – who taught Edward Munch for a time – published the novel *Albertine* (1886). It tells the story of a young countryside girl who is coerced into prostitution after being raped by a policeman. The violation happens during a mandatory syphilis examination enforced in the name of safeguarding public health. The novel was immediately apprehended by the authorities and charges were filed against Krohg, who was later fined.

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<sup>190</sup> Pietrzak-Franger, Monika. *Syphilis in Victorian Literature and Culture: Medicine, Knowledge and the Spectacle of Victorian Invisibility*. Springer, 2017, p. 153.

<sup>191</sup> Ibid., p. 117. Kennedy, Meegan. "Syphilis and the hysterical female: the limits of realism in Sarah Grand's the heavenly twins." *Women's Writing* 11.2, 2004, pp. 259-280, p. 274.

The 19<sup>th</sup>-century may have been particularly sensitive to the breaking of taboos, yet the exertion of social pressures upon writers and texts is not restricted to the period. James Joyce's *Ulysses* (1922) was banished from the United States until 1933 and from England until 1936 for its 'immoral' representations of masturbation and adultery. In 1960, Penguin Books was prosecuted for publishing for the first time the original unabridged and uncensored version of *Lady Chatterley's Lover* (1928). While, as recently as 1985, a cinematic adaptation of Panizza's *Liebeskonzil*, filmed by Werner Schroeter, was banned from Austria for being disrespectful to religion.

In reality, artists may have been castigated for infringing cultural prohibitions since Antiquity, as possibly exemplified by Sophocles. When discussing the plague in *Oedipus King*, Mitchell-Boyask conjectures that the author may have paid a price for tackling such a delicate and emotional theme:

It is possible that the depiction of a fictional plague to an audience that was still suffering from a real one, and in language regarded as dangerous in itself, was responsible for Sophocles' unusual second-place finish in the competition among tragedians at the festival of Dionysus that year. A city that believed its gods had abandoned it could not be too careful.<sup>192</sup>

That type of social pressure helps explain why the overwhelming majority of authors either kept silent about cholera or created strategies to mitigate its representation. Perhaps unexpectedly, that includes even an overtly transgressive novel as *Death in Venice* (1912). The novel is a refined satire of bourgeois puritanism and is not afraid of tackling themes such as homoeroticism, homosexuality and even paedophilia. It does not recoil from the word cholera either, or many of the *topoi* typical of the theme are extensively explored. The epidemic is portrayed in typical orientalist fashion, with Venice being imagined as a far-away mythical landscape that somehow belongs in Bengal – at some point, Aschenbach even has the impression of seeing a tiger roaming the streets. The uncertainties created by it awaken dangerous tendencies among the lower classes and crime proliferates. As in other texts produced after Koch's discovery, the new science of bacteriology lives alongside the old beliefs on miasmas and the two outlooks are not antithetical, but rather complementary. Additionally, the symptoms are equally revised:

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<sup>192</sup> Mitchell-Boyask, Robin. "Plague and theatre in ancient Athens." *The Lancet* 373.9661, 2009, pp. 374-375.

Recovery was rare: eighty out of a hundred of those infected died, and died a horrible death, because the disease (*das Übel*) would strike with the utmost ferocity, often taking its most dangerous form, the “dry” form, as it was called. In such cases the body was unable to expel the massive amounts of water secreted by the blood vessels, and within a few hours the patient would shrivel up and choke — convulsed and groaning hoarsely — on his own blood, now thick as pitch. He was fortunate if, as occasionally happened, after a slight indisposition he fell into a deep coma, from which he seldom if ever awoke.<sup>193</sup>

In the guise of passages discussed in *Chapter 2*, the mortality rate is generously magnified here and brought to plague levels at 80%. Likewise, overwrought apocalyptic images are constructed by cholera’s ‘utmost ferocity’ and ‘most dangerous form’, as well as the ‘rare recoveries’ of patients who should consider themselves ‘fortunate if dying in a coma’. Moreover, the disease’s sudden appearance and swift development are the same as usual. The word used to designate the epidemic in this, and other instances is *ein Übel*, meaning both “illness” and “evil”, something that is perfect harmony with previous treatments of the infection as punishment. Just like *Middlemarch*, the narrative employs cholera as a symbol for dissolution and imminent downfall; to such a degree, that it starts immediately after Aschenbach’s secretly declares his love — a move that the narrator dubs “absurd”, “perverse” and “ridiculous”.<sup>194</sup>

However, there is one key difference to all other texts. Mann is not satisfied by simply pretending that vomit and diarrhoea do not exist. Instead, he prefers to work with a new concept to justify his change in scientific terms: that of the *cholera sicca*. That is supposed to be a rare form of cholera in which fluids accumulate in the intestines allegedly causing death before the onset of diarrhoea. The variant was often mentioned in medical treatises of the 19<sup>th</sup>-century and is still found in some textbooks nowadays. Nonetheless, this “dry form” is likely to be a fictional creation motivated by simple confusion or by the voluntary desire to preserve the victims’ honour. The very idea of ‘a dry cholera’ is a contradiction in terms and it is one which suspiciously conforms to the cultural and literary discourses analysed so far. The *cholera sicca* is not only faster and deadlier, but it is also more gracious than its wetter counterpart. It provides a thin veil of respectability by concealing the bodily fluids within the body. Furthermore, the domesticated version conveniently

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<sup>193</sup> Mann, Thomas. *Death in Venice: a new translation by Michael Henry Heim*. London, Perfect Bound, 2004, p. 121-122.

<sup>194</sup> *Ibid.*, p. 96.

matches the tradition of denying the death of illustrious individuals by cholera, as reviewed in *Chapter 1*.

In *Membranes: Metaphors of Invasion in Nineteenth-century Literature, Science, and Politics*, Laura Otis studies the notes taken by Thomas Mann in preparation for writing the novel.<sup>195</sup> She demonstrates how he was conscious of the problematic status of *cholera sicca* yet opted for it all the same as a way to justify the omission of symptoms. In fact, the death of Aschenbach is so lacunar and swiftly sketched as to bypass the infection altogether. The writer is sitting at the beach and watching Tazio walk in the seawater towards the horizon. He has the impression of being invited to follow and seeks to comply but is unable to do so. The cadence of the narrative then changes abruptly. The last paragraph skips a few minutes into the future to a moment in which Aschenbach has already collapsed and – in two very brief sentences which contrast sharply with the lyricism of the preceding ones – he is brought to his room and dies. The death scene is so meagrely sketched that an inattentive reader might not even notice that cholera was a part of it. As one critic puts it, Aschenbach “appears to die of apoplexy, not cholera.”<sup>196</sup> That is precisely the point: the text expects the reader to understand that the downfall is caused by cholera, as proven by the previous minute description of what “dry cholera” is and how it operates. Yet, at the same time, it seeks to maintain the aura of propriety that has pervaded the entire text. Despite the title, the novel is not interested in the final moments for themselves – as heroic or adventurous narratives could be –, but rather in the thoughts, desires and choices which lead to that event in the first place. The final scene is a synthesis of the conflicting scopes pursued by Aschenbach: reputation on the one hand, his innermost desires on the other. He is transformed by his love; if at the start of the narrative he was outraged upon seeing an old man pretending to be young, by its end he is enthralled by how the barber could make him look ready for “falling in love”.<sup>197</sup> The sanitised and symptomless rendition of cholera encapsulates these tendencies perfectly. To such an extent that in the last sentence of the book “a *respectfully* stunned world (*eine respektvoll erschuetterte Welt*) received word of his death”.<sup>198</sup> Aschenbach’s demise is not humiliating, it is rather decorous, and it was accepted as such by those who admired him.

That also holds true for the movie version directed by Luchino Visconti (*Morte a Venezia*, 1971). In it, a pale and perspiring Aschenbach tries to stand up after seeing Tazio’s silhouette assume the shape of a statue of Apollo. He is weak and trembling and a thin line of dark liquid runs down his face – the paint used by the barber to dye his hair. The mixture of pigment and sweat

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<sup>195</sup> Otis, *Membranes*, pp. 148-167.

<sup>196</sup> Shookman, Ellis. *Thomas Mann’s Death in Venice: a Novella and Its Critics*. Boydell & Brewer, 2003, p. 148.

<sup>197</sup> Mann, *Death in Venice*, p. 132.

<sup>198</sup> *Ibid.*, p. 142.

alludes to the suppressed excreta. Its presence is symbolic, since it can be taken for blood and, consequently, as a symptom of trauma or of a stroke of some kind. That is a creative liberty which is not present in Mann's text, but which is perfectly aligned with it. The paint running down his face is a sign of decadence, but one which is still trying to keep up appearances. By introducing this detail, the movie reveals an effort to conceal cholera's uninviting symptoms and, hence, accurately interprets the text and reproduces its impetus of sanitisation.

To conclude, the adoption of cholera as a literary theme is a hesitating one. The authors and the public oscillate between the urge to suppress the traces of its existence by keeping silent, and, at the same time, the obvious necessity to talk about the issue and comment on its abnormal repercussions. A clear pattern of cyclical attraction-repulsion permeates all cholera texts and those conditions the will to talk about it in a number of ways. Firstly, the medicalization of fear and anxiety is a key element constraining discourses on the subject. Since fearing cholera might mean developing it, there is cultural pressure to eschew from the theme. The tendency interacts with beliefs on sympathetic magic and superstition to create a naming-taboo. Inasmuch as to name a scourge is to invoke it, cholera often enters the stage surrounded by a shroud of omissions, euphemisms, and implicit remarks. In this way, the affliction might occupy a pivotal role within the texts and, still, its precise nature may evade our attention somehow. Finally, cholera's graphic and repulsive manifestations are diametrically opposed to the sensitivities of the 19th-century. The cultural effort to censor the existence of bodily functions gets in the way of its representation in such a tenacious way that authors nearly always sanitize its symptoms. In this way, cholera is often deprived of both its name and its characteristic features. When all is said and done, the disease is manipulated to such an extent that it is no wonder that its literary existence is overlooked and downplayed. Cholera gives the false impression of being absent, when, in reality, it has simply been recoded.

## Chapter 5 – Cholera and the poor

### ***5.1 Predisposition for the poor, immunity for the rich***

As most transmissible diseases, cholera is a disease of poverty. Since its transmission relies on contaminated food and water and defective sanitary infrastructure to continue (the faecal-oral route), it tends to disproportionately affect more vulnerable populations living at the margins of society. That was particularly the case during the 1800s, when sanitary standards in overcrowded cities were notoriously low, with the urban poor having inadequate access to good quality nourishment and profiting from little or no sanitation. As a result, they were at a much greater risk of contracting cholera, besides being also more likely to die from it. As previously discussed, their deficient nutrition would help the pathogen to survive the stomach's gastric barrier and, after the start of the infection, they would have fewer resources available within their bodies to buy time for recovery. That created a scenario in which both the morbidity and the mortality rate would unevenly target the poor.

Some statistics presented by Richard Evans depict a grim image of how wealth distribution conditioned overall health. In England in 1900, only 4% of middle classes babies did not survive their first year of life; yet, in the slums of London that number was 33%.<sup>1</sup> In Paris in the middle of the 19<sup>th</sup>-century, the gap in average mortality between those living in rich and poor districts was of 27 points.<sup>2</sup> In Hamburg by the 1890s, a child born to a wealthy family was more than twice as likely to survive (11.4 per thousand) as one born to a poor household (25.1).<sup>3</sup> Foreseeably, these discrepancies became even more pronounced during the times of cholera. If in the 1892 Hamburg Outbreak, manual laborers earning 800 to 1000 marks died at a rate of 62‰, the number among those making 2000 to 3500 was of 37‰, while among those earning 50.000 or more was as low as 5‰. That translates to a difference of more than twelve fold.<sup>4</sup> The situation had been just as bad in 1832 in the United States. According to Rosenberg, “almost all who died” in New York were poor. Up to 95% of registered burials in a certain day took place in a cemetery for the impoverished, while, in Virginia, that rate was of 90%.<sup>5</sup> These rates are consistent with those of Naples in 1836, when ‘Affluent and property owners’ accounted for 9,5% of casualties, ‘Military personnel’ 2,5%,

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<sup>1</sup> Evans, *The Pursuit of Power*, chapter 4, ‘Nothing to lose but their chains’.

<sup>2</sup> Ibid.

<sup>3</sup> Ibid.

<sup>4</sup> Ibid.

<sup>5</sup> Rosenberg, *The Cholera Years*, p. 57.

and 'Artisans, traders and others' to 87,8%.<sup>6</sup> As Dumas put it when talking about the 1832 Outbreak in Paris, if the scourge "did not spare the rich", it certainly had "a preference for the poorer classes".<sup>7</sup>

To tell the truth, the inclination of transmissible diseases for the poor is much more pervasive than it was culturally appreciated. Tuberculosis was at the time the stereotypical disease of the aristocratic and the rich; yet its distribution was significantly more pronounced among the needy. In Hamburg, Evans mentions rates that are almost three times higher among the poor (3.3‰) than among the rich (1.3‰).<sup>8</sup> Similar figures can be found in England in 1830 – just a little before cholera's first visit –, where 'consumptive cases' were listed as the cause of death of 16% of gentlemen, but of 28% of tradesmen and 30% of labourers.<sup>9</sup>

That is also the case for the ravages of the bubonic plague, which was traditionally imagined as "the great equalizer" that made manifest how all individuals – emperors and peasants, popes and laymen, men and women – were equal in the face of death. That was the idea behind the celebratory depiction of the *dances macabres* and the *triumphs of death*. Yet, the complex epidemiology of the plague defies these cultural assumptions. Like most diseases, bubonic plague was likely to be more serious for people who were already debilitated in one way or another: the elderly, the very young, the undernourished, or the infirm.<sup>10</sup> Historians have often assumed that it killed the population indiscriminately, in part due to the cultural interpretations at the time, and in part due to the lack of techniques to tackle the problem appropriately – documents and written records tend to underrepresent women, children and the poor, for instance. On that regard, there have been some recent attempts to resolve the conundrum. Bioarchaeological analyses do suggest that plague mortality was not as uniformly distributed as we once thought;<sup>11</sup> while new statistical re-examinations call for a more nuanced understanding of its distribution within the population. In fact, Guido Alfani even alerts that we "should be wary of considering plague a 'great equalizer.'"<sup>12</sup>

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<sup>6</sup> Tognotti, *Il Mostro Asiatico*, p. 151.

<sup>7</sup> "Le fléau frappait de préférence sur les classes pauvres, mais n'épargnait pas les riches." Dumas, *Més Memoirs*, p. 155.

<sup>8</sup> Evans, *Pursuit of Power*, chapter 4, 'Nothing to lose but their chains'.

<sup>9</sup> Farmer, Paul E. "The consumption of the poor: Tuberculosis in the 21st century." *Ethnography* 1.2, 2000, pp. 183-216, p. 184.

<sup>10</sup> DeWitte, Sharon N., and James W. Wood. "Selectivity of Black Death mortality with respect to preexisting health." *Proceedings of the National Academy of Sciences* 105.5, 2008, pp. 1436-1441.

<sup>11</sup> See DeWitte, Sharon N. "The Anthropology of Plague: Insights from Bioarchaeological Analyses of Epidemic Cemeteries" in Green, Monica H., and Carol Symes. *Pandemic disease in the medieval world: rethinking the black death*. Arc Humanities Press, 2015, p. 97-123; DeWitte, Sharon N. "Mortality risk and survival in the aftermath of the medieval Black Death." *PLoS one* 9.5, 2014, pp. e96513.

<sup>12</sup> Alfani, Guido. "Plague in seventeenth-century Europe and the decline of Italy: an epidemiological hypothesis." *European Review of Economic History* 17.4, 2013, pp. 408-430.

Evidence increasingly indicates that the poor were particularly targeted by the plague. Lizzie Wade avows that “[p]erhaps 27% of wealthy English landowners appear to have succumbed to plague, whereas counts of rural tenant farmers in 1348 and 1349 show mortality rates mostly from 40% to 70%.”<sup>13</sup> Scott Oldenburg propounds that, during the early 17<sup>th</sup>-century, “[w]hereas the wealthier parishes [in London] experience a three- to four-fold increase in burials, [the poorer parish of] St. Giles witnessed a twenty-three fold increase in deaths”.<sup>14</sup> The plague may have even disputed its ecological niche among the poor with other diseases of poverty. As Alfani suggests, Tuscany may have been partially shielded from the plague in 1630 by a typhus epidemic which had already decimated the more susceptible impoverished population in 1629.<sup>15</sup>

Albeit cholera and the plague were seen as equivalent in many aspects, their grasp on the population was interpreted in completely different ways. If plague was seen as the annihilator of rank and privilege, cholera was decidedly seen as a disease of the poor throughout the whole society.<sup>16</sup> That is clear in Catherine Kudlick’s analysis of the journalistic coverages of the Paris Outbreak of 1832. She shows how the newspapers accepted and endorsed the widespread belief on the susceptibility of the lower classes. Publications written for middle-class readers declared that “Cholera-morbus is doctrinaire [...] it strikes and overcomes the poor classes in particular”; or even more emphatically that “*all the men stricken with this epidemic ... come from the class of the people*. They are the shoemakers, the workers who labor in textile factories. They live on the dirty and narrow streets of the Cité.”<sup>17</sup> Not only that, but the lower classes were also responsible for their own plight, since they were morally deficient and had somehow chosen to dwell in physical and spiritual squalor. One of the newspapers quoted by Kudlick asserts that “[cholera] finds bodies *and souls* marvelously predisposed to receiving its deadly influences”, while a physician explained the vulnerability as resulting from “[...] poor nutrition, fear, misery and everything that

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<sup>13</sup> Wade, Lizzie. “From Black Death to fatal flu, past pandemics show why people on the margins suffer most”, *Science Mag*, American Association for the Advancement of Science (AAAS), 14<sup>th</sup> May 2020, accessed 11<sup>th</sup> April 2021, <https://www.sciencemag.org/news/2020/05/black-death-fatal-flu-past-pandemics-show-why-people-margins-suffer-most>.

<sup>14</sup> Oldenburg, Scott. *A Weaver-Poet and the Plague: Labor, Poverty, and the Household in Shakespeare’s London*. Penn State UP, 2020.

<sup>15</sup> *Ibid.*, p. 419.

<sup>16</sup> Upon considering the interpretative challenges imposed by available data, Eugenia Tognotti asserts that “one conclusion seems inescapable: death from cholera is not even, it is not egalitarian anywhere, neither where victims number in the thousands, as in Naples, nor where they do not reach the count of twenty, as in Pisa.” “Ma anche se la scarsità, la disomogeneità dei dati e la loro discontinuità rendono praticamente impossibile un’indagine quantitativa attendibile, una conclusione sembra imporsi: la morte per colera non è livellatrice, non è ugualitaria da nessuna parte, né dove le vittime si contano a migliaia come a Napoli né dove non arrivano a due decine com a Pisa.” <sup>16</sup> Tognotti, // *Mostro Asiatico*, p. 150.

<sup>17</sup> Kudlick, Catherine. *Cholera in post-revolutionary Paris: a cultural history*. Berkeley, University of California Press, 1996, p. 55. My emphasis.

accompanies *the morals of poor*, malnourished people, *for often vice accompanies misery.*<sup>18</sup> At the end of the day, poverty and wealth were not distributed by chance, since the Divine Providence would certainly reward the just and punish the wicked.

These newspaper coverages serve to illustrate a process of cultural misconstruction which exaggerated the susceptibility of the poor and proportionally minimised the risk for the bourgeoisie. Through this process, the wealthy started to progressively see themselves as immune – both physically and morally. The poor would naturally succumb to their material and spiritual neglect, while the rich would do so out of too much anxiety and stress. The first were active participants in their demise – and therefore guilty for it –, while the latter were simply not able to control their fear instincts – in other words, innocent victims.

Once this belief was established, it was not contradicted by statistics proving that the rich were at risk too, even if to a lesser degree. Such cases could be easily dismissed in a number of ways: they could be unacknowledged through silence, or actively censored to preserve the deceased's honour – what likely happened to Count Giacomo Leopardi –, or dismissed as exceptional, or, still, justified through the medicalization of fear.

That is exactly what happens in Roch's *Paris Malade*, in which the prosperous Madame de Saint-Firmin and her husband are sceptical that cholera will ever reach France. Even if it does so, they feel protected by their standing – as demonstrated by different declarations throughout the play. During a casual conversation with Ferdinand, a young medical student, she even makes fun of one of their acquaintances precisely for fearing the disease:

About this fear, hear a rather pleasant discovery. Mr Deron has marked of late the progress of cholera in Europe, day by day, with a small sign accompanied by dates. What if I have discovered precisely there the secret of his face's stages after a year? By calculating the time, I have realized that when the cholera morbus arrived in Warsaw, M. Deron began to be preoccupied; in Vienna, he turned pale; in Berlin, he lost weight; in London, he turned yellow. What would become of him if the disease crossed the Channel?<sup>19</sup>

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<sup>18</sup> Ibid., p. 56-57. My emphasis.

<sup>19</sup> "A propos de cette crainte, apprenez une découverte assez plaisante. M. Deron a dernièrement laissé tomber une petite pancarte sur laquelle, jour par jour, la marche du choléra en Europe est indiquée avec des dates. N'ai-je point découvert là précisément le secret des phases de son visage depuis un an ? J'ai vu , en me rendant compte des époques, que, le choléra-morbus arrivé à Varsovie, M. Deron a commencé à être préoccupé ; à Vienne , il a pâli ; à

Her reproof of Mr Dernin's concern over the approach of the pandemic is also evident in the voice of the author, since in the *dramatis personae*, the character is presented as follows: "Dernon. Weak temperament and weak character; one of these passive beings who are waiting for a place, and that's all."<sup>20</sup> His personality is constructed in such a way that, even if he had succumbed to the infection, that would not challenge Mme de Saint-Firmin's confidence in her own immunity.

Another example of the kind is found in Federico De Roberto's novel *The Viceré (I Viceré, 1894)*, which portrays the saga of a noble family during and after the *Risorgimento*. In 1865 an outbreak flares up and, even if the Viceré had "the usual confidence in immunity", they are taken by that "terror, infinitely more contagious than the plague, [which] overcame the bravest at the announcement of the speedy progress of the evil".<sup>21</sup> As in previous occasions, they leave town and take refuge in the countryside, but the already frail health of Princess Margherita soon declines, maybe "due to the fear of cholera or the discomfort of the improvised flight".<sup>22</sup> The medicalization of fear – to which women are particularly prone – is at work here. Sometime after, "the consternation grew out of measure" when the infection arrives in the area and even the otherwise intrepid Duke feels "more dead than alive".<sup>23</sup> The princess continues to feel uneasy for days; she can barely digest food and spends her time either sitting or in bed.

The family decides to move to another location, and in so doing, bends rules created to curtail the spread of the disease. Even if their privilege secures safe passage, as soon as they enter the city "the Prince, the Duke, and don Blasco began to shout that no one else should be allowed in".<sup>24</sup> Their anxiety was in large part motivated by the realisation that "not only the poor devils

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Berlin, il a maigri; à Londres, il a jauni. Que deviendrait-il donc si la maladie franchissait la Manche?" Roch, Eugène. *Paris Malade*. Vol. 1. Paris, Moutardier, 1832, p. 23-24.

<sup>20</sup> "Dernon. Tempérament faible et faible caractère; un de ces êtres passifs qui attendent une place, et voilà tout." Roch, *Paris Malade*, vol. 1, p. 14..

<sup>21</sup> "E che spavento per le vie di campagna, nuovamente percorse, giorno e notte, da torme di fuggiaschi; e che terrore, infinitamente più contagioso della peste, vinceva i più coraggiosi all'annuncio del rapido progredire del male, e li cacciava su, verso la montagna, nei paesi del Bosco, dove, con la consueta fiducia nell'immunità, l'affitto d'una casupola costava un occhio del capo!" De Roberto, Federico. *I Viceré: romanzo*. Vol. 2. Milan, Fratelli Treves, 1920, p. 43.

<sup>22</sup> "[...] la povera principessa andava peggio, e, o fosse la paura del colera o il disagio della fuga improvvisa, appena arrivata alla villa si mise a letto". Ibid.

<sup>23</sup> "Ma improvvisamente un brutto giorno la costernazione crebbe fuor di misura: la pestilenza era scoppiata al Belvedere la serva di certa gente venuta tre giorni prima dalla città agonizzava; [...] Il duca, più morto che vivo, avrebbe voluto andarsene sul pizzo d'Etna, per mettersi bene al sicuro [...]". Ibid., p. 44.

<sup>24</sup> "L'entrata in paese fu loro consentita, quantunque venissero da un luogo infetto; ma, una volta dentro, il principe, il duca, don Blasco cominciarono a gridare che non bisognava lasciar passare nessun altro". Ibid., p. 45.

died but wealthy people as well”.<sup>25</sup> All family members are very impressed, and even the Prince experiences some psychosomatic symptoms: “[he] had the runs out of fear”.<sup>26</sup> They are particularly concerned with the frail condition of the Princess, who, at this stage, “seemed to have turned into a well, since she drank so much water, [...] due to the thirst that devoured her. The intestinal pains would not go away; at moments it seemed she already had the cramps of cholera”.<sup>27</sup> She experiences, besides, intestinal pains and vomit. Even so, regardless of all the signs which have been dragging on for days on end, the prince does not consider she might suffer from cholera; instead, he ventures a diagnosis of stomach cancer.

The family feels the urge to escape for a third time, so the Prince goes out to search for an accommodation. The Princess decides to accompany him, even if “she had passed a terrible night, without sleep, tormented by nausea and vomiting, and rose up with difficulty, pale and undone.”<sup>28</sup> Those who are left behind feel unsettled and, as the hours passed, “the panic was growing contagiously”.<sup>29</sup> Finally, in the early hours of the next day, news arrive that the princess succumbed to cholera in just three hours during the previous night.

The episode points repeatedly to the medicalization of fear analysed in *Chapter 4*. The text explicitly declares that the Uzedas felt protected from the disease at least to a degree. That is justified partially on natural grounds – the news that the well-to-do could also succumb comes as a shocking novelty –, and partially on the many advantages and provisions their money and rank can buy. That notwithstanding, reiterated references to ‘fear’, ‘concern’ or ‘panic’ within the family lead the reader to suspect that it is anxiety rather than cholera itself which is taking their toll on the characters. That seems particularly true about the Princess, since some of her symptoms already existed before, albeit in milder form. Plus, her health worsens almost immediately when she hears about the disease, once more suggesting a psychosomatic disorder, not an infection. She suffers from all the classic symptoms of cholera; there is even a rare acknowledgement of vomiting. The only absence – aside from diarrhoea – is cyanosis, which, given her uncommonly slow decline, serves again to underscore excessive worry as the root-cause. One thing is clear, if the poor die within hours or even minutes, the rich languish slowly because their major problem is fear and stress.

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<sup>25</sup> “non soltanto i poveri diavoli morivano, ma le persone facoltose, i signori che s'avevano ogni sorta di riguardi”. Ibid.

<sup>26</sup> “[...] egli aveva la cacaiola, dalla paura.” Ibid., p. 46.

<sup>27</sup> “la principessa pareva diventata un pozzo, tanta [acqua] ne sciupava, [...] per la sete che la divorava. I dolori intestinali non la lasciavano più; a momenti pareva che avesse già i crampi del colera;” Ibid., p. 45.

<sup>28</sup> “Ella aveva passato una notte orribile, senza sonno, tormentata dalla nausea e dal vomito; s'era levata a stento, pallida e disfatta”. Ibid.

<sup>29</sup> “il panico cresceva contagiosamente”. Ibid., p. 47.

If those feelings are absent, the condition becomes less daunting all of a sudden, as distinctly observable in George Sand's *Lélia* (1833). The novel's heroine – the beautiful, intelligent, and independent Lélia – is briefly stricken by cholera and, unlike princess Margherita, she is not concerned in the least. Her voice continues “full and confidence” and the habitual “smile of disdain wandered, as always, over her moving lips.”<sup>30</sup> That is perfectly in line with her general self-assured and self-sufficient personality. She is treated by her doctor at home – a sign of high rank on itself, since the poor would be attended in hospitals –, who declares that “it is nothing, [...] nothing at all”; everything would be fine as long as she does not fear the disease, for “[cholera] is not dangerous to firm spirits like ours.”<sup>31</sup> The choice for a plural ‘ours’, rather than a singular ‘yours’, evidently denotes a shared identity based on class. Standing in opposition to the strong-minded are “those who have the weakness to be afraid”, and these ill-fated individuals die “within two hours”.<sup>32</sup> By calling her “*bel ange*” and “*aimable étrangère*”, he needlessly urges Lélia to defy the disease: “Let us laugh at cholera! That's the only way to treat it.”<sup>33</sup> She is the one who should “frighten this ugly spectre” and not the contrary.<sup>34</sup> In the meantime, Lélia's appearance changes drastically: she becomes blue, her eyes get sunk and wrinkles appear in her face – all other inconvenient symptoms are naturally forgotten. The transformation notwithstanding, she keeps enjoying herself in good company and naturally recovers, almost without realising the negligible inconvenience.

These three texts illustrate quite well the progressive immunization of the bourgeoisie in literature. In *Paris Malade*, the rich Madame and Monsieur de Saint-Firmin feel out of harm's way and, as such, dismiss and mock cholera. Lélia, in turn, contracts it but only to learn it is little more than a trifle that does not last for long. Finally, Princess Margherita succumbs to it, however she falls victim more appropriately to fear than to the disease itself. This growing reliance on immunity is part of a number of changes in cultural perceptions. Umberto Eco shows how, as the century progresses, the miserable and marginalised – the poor, the insane, the prostitute, and so on – turned increasingly wicked, corrupt, and ugly.<sup>35</sup> Along similar lines, Corbin argues that class

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<sup>30</sup> “Sa voix était pleine et assurée, et le sourire du dédain errait, comme de coutume, sur ses lèvres mobiles”. Sand, George. *Lélia*. Paris, Henry Dupuy, 1833, p. 141.

<sup>31</sup> “Ce n'est rien, disait-il avec un aimable sourire, rien du tout. C'est le choléra, le choléra-morbus, la chose la plus commune du monde dans ce temps-ci, et la maladie la mieux connue. Rassurez-vous, mon bel ange! vous avez le choléra, une maladie qui tue en deux heures ceux qui ont la faiblesse de s'en effrayer, mais qui n'est point dangereuse pour les esprits fermes comme les nôtres.” Ibid., p. 142.

<sup>32</sup> Ibid.

<sup>33</sup> “Raillons le choléra! c'est la seule manière de le traiter.” Ibid.

<sup>34</sup> “Nous sommes ici deux qui ne craignons pas le choléra, vous et moi défions le choléra! Faisons peur à ce vilain spectre, à ce hideux monstre qui fait dresser les cheveux au genre humain.” Ibid.

<sup>35</sup> “[...] diventano brutti e cattivi, anche nella letteratura popolare, tutti i reietti che la società non riesce a integrare e

distinctions became olfactive at the period, with the now odourless middle class looking and smelling very differently from its stinky counterpart – the so-called ‘great unwashed’.<sup>36</sup> Evans, perfectly summarizes the transformation:

The bourgeoisie and petty-bourgeoisie began to set themselves apart from the working class [in the period 1850-1880]. [...] Dirt was disorder, and the bourgeois perception of dirt was in part a symbolic identification of an opposite against which they could measure the extent of their own social achievement. The distance which they sought to put between themselves and the working class was expressed in a growing bourgeois perception of the common people as dirty, smelly, and unhygienic; and this perception reinforced itself through the rapidly-spreading use of perfumes and deodorants to which it gave rise. The middle classes began to distance themselves from their own bodily functions; modesty, shame and ultimately prudery, became the bourgeois equivalent of the aristocratic code of honour.<sup>37</sup>

That process culminates perhaps in the biologization of poverty as explored by the naturalists, in which those who try to move up in the social ladder are frequently detained by some inescapable affliction – alcoholism, madness, cancer, etc. Nana is a case in point; after a life of financial success as a *femme fatale*, she is ultimately obliterated by smallpox which – as the text implies – brings her true self into full view. As noted by many critics, her final downfall is yet another example of a ciphered message motivated by a naming taboo: Nana’s *petite vérole* (small pox) seeks to invoke through language and context the spectre of *la grande vérole* (great pox), namely, syphilis. That taboo might have been too sanctified even for an author who did not shy away from scandal like Zola. Incidentally, the theatre manager who employs Nana avows she has “something else, [...] something that replaces everything”, and that exceptionality is measurable by scent: “I have smelled her, it is remarkably strong in her, otherwise I have the nose of a fool...”<sup>38</sup> In the narrative, factors such as odour, filth, immorality and biological susceptibility combine

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domare o non intende redimere [...]. Tali saranno i poveri, [...], gli omosessuali, i dementi e, segnate inesorabilmente dal loro vizio, le prostitute.” Eco, *Storia della Bruttezza*, p. 261.

<sup>36</sup> Corbin, *Le miasme et la Jonquille*, p. 85.

<sup>37</sup> Evans, *Death in Hamburg*, p. 178.

<sup>38</sup> “Nana a autre chose, parbleu! et quelque chose qui remplace tout. Je l'ai flairée, c'est joliment fort chez elle, ou je n'ai plus que le nez d'un imbécile... Tu verras, tu verras, elle n'a qu'à paraître, toute la salle tirera la langue.” Zola, Émile. *Nana*. Paris, G. Charpentier, 1880, pp. 5-6.

symbolically in ways which are related to cholera by analogy and tuberculosis by contrast.

The determinism was also adopted on occasion by physicians who established simple cause and effect relationships linking poverty and disease in inextricable ways. Such is the case of *Hygeia, a City of Health* (1876) by Benjamin W. Richardson, an essay which pleads for sanitary reform by designing a utopian hygienic city. Many of the propounded ideas are based on cholera prevention and on the elimination of filth and noxious smells. Upon presenting the objectives of his treatise, Richardson rhetorically wonders: “What are the most ready and convincing methods of making known to the uninformed the facts: [...] that poverty is the shadow of disease, and wealth the shadow of health?” His economic tautology is unmistakable: misery equals sickness and affluence equals health.<sup>39</sup>

That belief was not restricted to the middle classes, but it embraced the whole of society. Kudlick mentions a popular tabloid that would circulate among the lower classes, which sarcastically inquires: “1. What is cholera? For the rich it is nothing, for the poor it is the plague, it is death... 2. Why does it spare the rich? Because they are rich. 3. Why does it attack the poor? To instruct and punish them.”<sup>40</sup> The infection is interpreted as a tool which reveals class and moral distinctions that are neatly separated. The comment is ironic to be sure, but still, it reinforces a dichotomy in which the middle and upper classes are considered immune for no evident reason, while the lower classes are penalised by their inherent moral laxity. This iteration (*poverty equals disease, property equals health*) appears repeatedly in literature, and is at the core of the shared characteristics between the literary representations of cholera and the poor.

In some cases, texts only acknowledge the existence and wide circulation of such ideas, while in others they actively endorse it as a fact. The chronicler Raffaello Mastriani, for instance, describes the panic of the population of Naples upon hearing stories of the ravages of cholera in France. According to him, “they had reasons to fear, for the evil infuriated *exclusively* among the miserable, which were necessarily devoid of means, lacking in every ease of everyday living, feeding themselves of unhealthy foodstuffs out of necessity”.<sup>41</sup> His reasoning is sound, yet the claim of exclusivity is askew. This type of generalization was common enough for the German

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<sup>39</sup> Richardson, Benjamin W. *Hygeia: a city of health*. London, Macmillan and Co., 1876, p. 12.

<sup>40</sup> Ibid.

<sup>41</sup> “[...] ben n’avevan d’onde, inferocendo il male esclusivamente fra la misera gente, più necessariamente priva di mezzi, mancante di ogni agio del comun vivere, pascentesi per necessità di malsani cibi.” My emphasis. Mastriani, Raffaele. *Relazione della Peste di Firenze del 1348 di G. Boccaccio, di Quella di Milano del 1630 di A. Manzoni, dell’Altra di Napoli del 1656 di C. Botta, e del Colera di Quest’Ultima Città nel 1836 di Raffaele Mastriani*. Naples, Rafaele de Stefano e Socii, 1836, p. 63.

satirical writer Moritz Gottlieb Saphir to target it in his short story *The Autocrat, the Jews of Kurland and the Cholera* (*Der Autokrat, die Kurländer Juden und die Cholera*, 1832). On it, God sends pestilence as a punishment for the vicious mistreatment of the Polish Jews in the hand of the Russians. However, even if the infection lay waste to the Russian Empire, “the language of eternal vengeance” is not properly understood by the population because “it was believed that cholera had a sacrosanct aversion to rank and stand.”<sup>42</sup> In the author’s opinion, the economic interpretation should yield into a religious one.

The same protestation is found in an anonymous poem published in *The New Monthly Magazine and Literary Journal* in England in 1831. Its tackles the question directly on its title: *The Cholera Morbus; On hearing it is said that this disease only attacked the poor*. The poem urges for social reform by challenging the link between cholera and immorality as convenient and sanctimonious. It denounces the wealthy who “presumptuously cry” that “the hand of death [...] will not reach the lordly and the high, / But only strike the lowly and the wretched.”<sup>43</sup> The assertion is ridiculed as naïve (“They do belie thee, honest Pestilence! / Thou’rt brave, magnanimous, not mean and dastard”) and, even worse, hypocritical. The rich – which are called “[u]surpers of the people’s rights” – interpret cholera in that way to conscientiously “fold [their] arms, and trust to luxury and to gold”, while they watch cholera master “those already overmaster’d” and, concomitantly, “spare the unsparing and preserve the proud.”<sup>44</sup> Moreover, any concern they might have in the plight of the poor is not based in true compassion, but rather in egoistic self-interest:

The wretch who might have died in squalid want,  
Unseen, unmourn'd by our hard-hearted blindness,  
Wringing from fear what pity would not grant,  
Becomes the sudden object of our kindness,  
Now that his betters he may implicate,  
And spread infection to the rich and great.<sup>45</sup>

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<sup>42</sup> “Allein noch war diese Sprache der ewigen Rache nicht deutlich genug; man glaubte die Cholera habe eine heilige Scheu vor Rang und Stand” Saphir, Moritz Gottlieb. *Neueste Schriften*. Vol. 3. Munich, Michael Lindauer, 1832, p. 77.

<sup>43</sup> “The Cholera Morbus; On hearing it is said that this disease only attacked the poor” in *The New Monthly Magazine and Literary Journal*, London, Bentley, 1831, p. 528.

<sup>44</sup> Ibid.

<sup>45</sup> Ibid.

The exact same critique is presented in *Paris Malade* by Ferdinand, the student who is about to become a medical doctor. He is “a republican” and “hostile in opposition”, yet “an excellent young man”.<sup>46</sup> Upon entering an improvised room for the sick, Ferdinand strongly disagrees from a comment saying that care was offered to them as “philanthropy and beneficence in misfortune”:

Why are these rich men so afraid of allowing of dying of disease the same people that they not prevent from dying of hunger on other occasions? It is because indigence cannot be caught by infection or by disturbing the nervous system, while the appearance of a cholera patient revolts the delicate senses, disturbs the apprehensive spirits, and seems to upset the air around them. Cholera is, just as the sword of Damocles, suspended above their heads by an even looser thread [...] [I]t is because the fear of being close to a cholera patient disturbs opulence and corrupts its pleasures [...] [You rich people may] kill time in amusements! But know that cholera is in your attics; and it can suddenly come down, and cross the three floors that separate it from your bedrooms...<sup>47</sup>

These two critiques are fair ones, since interest in the life of the lower classes would indeed flourish during and especially after the epidemic, as already evident in some of the early accounts discussed in *Chapter 3*. Ethnographies studying the life and habits of the poor would multiply in succeeding years, fuelling the rise of Sanitary Movements from the 1840s onwards and forming what Louis Chevalier has called “the surveilling elites”.<sup>48</sup> However, before looking more attentively into the matter, it is worthy to analyse other examples still.

The same type of insincere commitment to public health from those in charge is satirised in the short comedy *The Epidemic (L'Épidémie, 1898)* by Octave Mirbeau. Albeit the disease mentioned in the text is typhus, its depiction is informed by cholera in all but name. At the start of

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<sup>46</sup> “Ferdinand, interne qui touche au doctorat. Bouillant, généreux, d'une opposition hostile, d'ailleurs excellent jeune homme, et républicain.” Roch, *Paris Malade*, vol. 1, p. 14.

<sup>47</sup> “FERDINAND: [...] Pourquoi craignent-ils tant, ces hommes riches, de laisser périr de maladie les mêmes êtres qu'en d'autres jours ils n'empêchent pas de mourir de faim? C'est que l'indigence ne se gagne pas par infection ou par ébranlement du système nerveux, tandis que l'aspect d'un malade épidémique révolte des sens délicats, trouble un esprit craintif, et semble impressionner l'air autour d'eux; c'est que le choléra est, comme l'épée de Damoclès, suspendu au-dessus de leur tête par un fil encore plus délié, à toutes les minutes de leur existence, pendant le sommeil et l'action, le mouvement et le repos, et qu'ils n'en peuvent détourner leur vue; c'est que l'effroi du voisinage d'un cholérique inquiète l'opulence et corrompt ses plaisirs; qu'il pénètre dans le boudoir et l'alcôve dorée, dans la salle des festins, dans le cabinet des méditations, dans le salon de l'oisive causerie... Faites l'amour, versez des vins frais, discutez sur les tabourets de la cour, sur la coupe et la couleur des nouveaux habits du château, tuez le temps dans les délices! mais sachez que le choléra est dans vos mansardes; qu'il peut tout à coup descendre, et franchir les trois étages qui le séparent de vos chambres à coucher...” Roch, *Paris Malade*, vol. 1, p. 391-393.

<sup>48</sup> Chevalier, Louis. *Classes laborieuses et classes dangereuses*. Perrin, 2007.

the play, the mayor debates with local politicians how to manage an outbreak at the city's military barracks. A hundred thirty-five soldiers have fallen sick and twelve have died. These are "not officers, fortunately", because "the evil stops at the adjutants... It attacks only the simple soldiers and the sub-officers, as always!" The city's physician immediately adds: "That is normal!"<sup>49</sup> The matter is considered so trivial, that a member of the opposition complains about being summoned on a matter undeserving of their scrutiny. They unanimously decide to leave the disease run its course, while repeating that soldiers should show some patriotism and die for the homeland as per their duty. Nonetheless, when the meeting is about to end, the mayor is notified about the death of a middle-class citizen and, then, the situation changes completely. He becomes pale and nervous and is unable to break the news to his colleagues for some minutes. He finally calms himself and declares dramatically: "Gentlemen... an unbelievable novelty... frightful ... overwhelming! [...] A bourgeois has died!"<sup>50</sup> The assembly exclaims repeatedly that that is impossible and, after the confusion is brought under control, the physician calls for the implementation of drastic measures. They should not be intimidated by this "unexpected and irregular" and "even anti-scientific" death; instead they should design a radical and costly plan of reurbanization which would not only decontaminate the city, but tackle the problem at its root.<sup>51</sup>

The scene's volatility pokes fun at the hypocritical projects of sanitization, which were implemented for the sake of public health and yet appropriately conferred many advantages to the rich and powerful. The reconstruction of Paris under Baron Haussmann is a good example, for it was brought forward to prevent epidemics, just as much as to hinder future barricades and curb possible popular revolts. The crisis becomes, thus, the excuse to implement and bolster biopolitical control. That is exactly the criticism repeatedly enunciated by Matilde Serao in *Il Ventre di Napoli*. Despite being taken in the name of the poor, the Neapolitan measures of sanitation worked in the best interest of the rich who reworked the city to their liking and made fortunes with real estate speculation.

Only two decades later, in Brazil, the reurbanization of Rio de Janeiro – the Pereira Passos Urban Reform of 1904 – resulted in a similar state of affairs.<sup>52</sup> On this occasion, the recent recrudescence of cholera, yellow fever and plague, served as an excuse to dislodge the poor from

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<sup>49</sup> "LE MAIRE: Non!... pas d'officiers, heureusement!... Le mal s'arrête aux adjudants... 11 ne s'attaque qu'aux simples soldats et aux sous-officiers, comme toujours ! LE DOCTEUR TRICEPS : C'est normal !" Mirbeau, *L'épidémie*, p. 17.

<sup>50</sup> "LE MAIRE, avec effort: Messieurs... Une nouvelle incroyable... affreuse... foudroyante ! [...] Messieurs ! (Il laisse retomber la lettre sur la table.) Un bourgeois est mort !" Mirbeau, *L'épidémie*, p. 27.

<sup>51</sup> "LE DOCTEUR TRICEPS: Maintenant, Messieurs, il ne faut pas nous laisser abattre par cette mort imprévue et irrégulière!... anti- scientifique même... comprenez-vous?... Nous devons lutter" Mirbeau, *L'épidémie*, p. 34.

<sup>52</sup> See Sevcenko, *A revolta da vacina*; Benchimol, Jaime Larry. *Pereira Passos, um Haussmann tropical: a renovação urbana da cidade do Rio de Janeiro no início do século XX*. Biblioteca Carioca, 1992; Bueno, Eduardo. *À sua saúde: a vigilância sanitária na História do Brasil*. Editora Anvisa, 2005.

the city centre without reparations. Slavery had been haphazardly abolished in Brazil just sixteen years before, so the endeavour also served the goal of expulsing the black population to the periphery, where they remained out of sight. If, in Naples, segregation was conceived along socioeconomic lines, in Rio de Janeiro, ethnicity was also a part of the package. A large avenue was constructed cutting the city centre, which was aptly named *Avenida Rio Branco* (*White River Avenue*) – although named after an important figure in Brazilian history, the Baron of Rio Branco, the emphasis on whiteness (*branco*) is inescapable and betrays one of the project's objective. If that was not enough, formal attire was required in order to access the avenue, yet another element demonstrating how it contemplated only the affluent to the exclusion of all others. Men and women who did not wear morning dress or evening gowns were not allowed to stroll on the avenue and would be escorted out by the police.<sup>53</sup>

Despite the existence of these dissonant voices, the belief in cholera's especial ties to the poor was so great in 1832 that the French government even issued a public report about it in *Le Moniteur*. The announcement denies the alleged exclusiveness in strong terms: just those “who have only a vague idea of cholera's history act as if it were a disease only of the people, a disease that does not strike either the rich or powerful”; the correspondence is “not only erroneous but also a crazy temerity that merely provokes the indignation of the inferior classes”.<sup>54</sup> As noted by Kudlick in her analysis, the government even listed names of privileged individuals who died of cholera in an effort to appease the turmoil among the masses.<sup>55</sup>

Even so, the proclamation had little impact in the cultural interpretations as a whole. Almost all cholera texts at this point and afterwards incorporate the poor in some way or other, often accepting ideas of deterministic predisposition and faulty morality. More than three decades later, Baudelaire would use it as the basis for *About an Inconvenient Person who thought to be a Friend* (*À propos d' un importun qui se disait son ami*, 1865), a satirical poem about an inopportune *nouveau riche*, Bastogne, with whom the lyrical-self shares a cabin in a train. The bourgeois speaks for three hours and a half without any request, always talking about himself and bragging about his fortune. The narrator despairs over the nuisance and unsought intimacy, but still prefers to conceal his irritation out of politeness. In his mind, however, he curses Bastogne, secretly wishes him dead, and considers if the problem could be solved by suicide. The trifling scene is connected to cholera in two ways. Firstly, the poem starts by establishing a stark opposition between

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<sup>53</sup> Bueno, Eduardo. *Avenida Rio Branco: um século em movimento*. Buenas Ideas, 2005, pp. 132-134.

<sup>54</sup> Kudlick, *Cholera in post-revolutionary Paris*, p. 60. Her Translation.

<sup>55</sup> *Ibid.*

affluence and anxiety: “He told me that he was very rich / *but* that he feared cholera”.<sup>56</sup> The dichotomy serves to cast doubt on Bastogne’s claims of opulence, after all, if he is telling the truth, why would he worry about the epidemic? In that sense, his alarm may contradict his self-proclaimed status as a property owner. The poetical voice insinuates that possibility, even if there is no way – nor interest – to verify its veracity. Bastogne could be speaking the truth, yet still the opposition would serve to highlight how unconventional it is for a wealthy person to dread cholera. In whatever case, the idea that the privileged are inherently healthy and beyond the disease’s grasp is reinforced.

Furthermore, the poem stresses the relationship by using it on the reverse too, since Bastogne is himself ironically paired with cholera. The lyrical-self calls him ‘a scourge’ (*fléau*) and ‘a monster’, words which are habitually used in regard to the disease.<sup>57</sup> Not only that, but ‘scourge’ is used first to designate cholera (*he escaped from the scourge*) and, immediately after, to designate Bastogne (*this scourge, born in Tournai!*).<sup>58</sup> To be sure, the narrator avows to flee far away rather than meeting him again. Moreover, a passing comment by the lyrical-self leads us to believe that they are in the midst of an outbreak, since he hopes to elude Bastogne “when everyone returns [to Paris]”.<sup>59</sup> The poem is also dated and allocated to “Brussels 1865”; hence it was effectively composed outside of the capital and in a period in which cholera indeed raged in the city.<sup>60</sup> The event was even etched by François-Nicolas Chiffart (1825-1901) under the title *Cholera in Paris, 1865* (see Figure 18).<sup>61</sup> The image portrays the Parisian skyline above which the winds blow a gigantic and menacing cloud that carries along hoards of people in torment. The depiction is reminiscent of those by Gustave Doré which illustrated the *Divine Comedy’s* Fifth Canto. Doré’s drawings had been published to great public acclaim just four years before, in 1861. In two of them, Dante contemplates the hellish hurricane that throws the lustful around and inside which he meets Paolo and Francesca. The intertext would be easy to spot for the public at the time, and that is exactly why Chiffart used it. In this wise, he conjures up images of infernal torment and heavenly punishment – cholera was indeed blamed on lust and debauchery –, while combining them with the Miasma Theory. As such, it may be fair to say that the image accepts the victims’ condemnation as morally deficient. In anyway, it serves here only to show that the flight described

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<sup>56</sup> “Il me dit qu’il était très riche, / Mais qu’il craignait le cholera”. My emphasis. Baudelaire, Charles. *Œuvres posthumes*. Paris, Société du Mercure de France, 1908, pp. 37-39.

<sup>57</sup> Ibid.

<sup>58</sup> “Ce monstre se nomme Bastogne ; / Il fuyait devant le fléau. / Moi, je fuirai jusqu’en Gascogne, / Ou j’irai me jeter à l’eau, / Si, dans ce Paris, qu’il redoute, / Quand chacun sera retourné, / Je trouve encore sur ma route / Ce fléau, natif de Tournai !” Ibid.

<sup>59</sup> Ibid.

<sup>60</sup> Ibid.

<sup>61</sup> Chiffart, François-Nicolas. *Cholera in Paris, 1865*. 1865. USA National Gallery of Art, <https://www.nga.gov/collection/art-object-page.126574.html> Etching with drypoint on laid paper, 22.7 x 31.3 cm.

by Baudelaire is rooted in historical fact. His public would have easily read between the lines.

## **5.2 The Criminal Poor**

In *Fortune du Pauvre*, an extensive study of the literary representation of poverty, Yves Lochard recollects that the Goncourt brothers claimed in the preface of *Germinie Lacerteux* (1864) to be the first to abolish the “literary interdiction” of discussing the miserable in literature.<sup>62</sup> The statement is correct in the sense that the poor truly emerge as a literary theme during the 1800s; yet, it hardly does justice to other works which had already tackled the subject – however idealistically –, such as *Oliver Twist* (1838), *Les Mystères de Paris* (1842) or *Les Misérables* (1862).

The theme’s emergence and huge popularity was related to tensions in the social fabric that increasingly demanded the attention of elites throughout Europe. The reiterated – if failed – insurgencies of the ‘Age of Revolutions’ made increasingly clear that these tensions would not evaporate on their own and had to be addressed at least to some degree.

Cholera only made things worse by heightening even more the strain posed by the fast deterioration of life conditions in urban industrialised centres. Rich and poor quickly understood that cholera preferred those socially vulnerable but they drew radically different conclusions from their observations. If the bourgeoisie saw their resistance as a biological counterpart to their economic privilege and as proof of their moral superiority, the poor saw on it nothing less than a campaign of extermination.

Ideas about plagues and famines as means of population control were in circulation since at least 1798, when Malthus published *An Essay on the Principle of Population*. The catastrophic predictions of the essay were not lost on society and, albeit the average labourer was unlikely to engage in the debate directly, he or she would certainly have some awareness of its existence. The circulation of Malthusian ideas, the economic pressures, the arbitrary preventive strategies, the forced hospitalizations, the huge health inequalities within society, and myriad other factors, all worked together to convince the poor they were victims of a genocidal campaign of poisoning. Governments were allegedly curtailing the lives of lower-class citizens as a preventive measure of social control. Rather than relinquishing some of their privileges, the elites supposedly preferred to deal with the ever-growing population by means of partial eradication.

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<sup>62</sup> Lochard, Yves. *Fortune du pauvre : Parcours et discours romanesques, 1848-1914*. Presses Universitaires Vincennes, 1998, p. 5.

These conspiracy theories were generally well received within the populace because they were built upon deeply-rooted beliefs in secret groups willingly trying to damage society: plague-spreaders, witches, heretics, or Jews. More importantly, governments' actions during outbreaks were rarely transparent and trustworthy. Every so often top-to-bottom decisions would be imposed by force without taking cultural sensitivities into consideration – as evident in the Moscow Plague Riot of 1771 which commenced after the populace was denied access to the icon of the Virgin Mary of Bogolyubovo. Not only that, but measures would often apply differently to different social groups with many instances of abuse and corruption taking place.

Two features of the conspiracy theories are worthy of highlight. Firstly, they sprang autonomously all over the world – from Russia to Canada, from England to Brazil and beyond – and shared remarkable similarities in their composition and scope, even if they were not connected in any way. Secondly, it is remarkable that they were directed against the government and the elites, since the rumours of poisoning of previous centuries would target almost exclusively marginalised individuals or groups.<sup>63</sup> That change in direction was, among other factors, related to the ideals of the French Revolution, what helps to explain the profound fear of the mob that is easy to spot in the cholera texts.

Beyond that, before the second half of the 19<sup>th</sup>-century, physicians seldomly received the respect and appreciation which they normally enjoy today. Quite the contrary, medical doctors were regularly seen as little more than quacks who took advantage of vulnerable individuals on their time of need. Proof of that are the numerous unflattering portrayals of physicians in art between the 16th and the early 20th centuries. These include *Le Malade Imaginaire* (1673) or *Le Médecin Malgré Lui* (1666) by Molière, numerous caricatures by George Cruikshank, the novella *The Alienist (O Alienista, 1882)* by Machado de Assis or *The Doctor's Dilemma* (1906) by George Bernard Shaw – all of which ridicule the profession as pompous, arbitrary and deceitful. It is only in the last decades of the 1800s, when the Bacteriological Revolution is underway, that heroic and skilful physicians take the lead: be it the unfortunate Dr Lydgate in *Middlemarch* (1871-72), the vilified Dr Stockmann in *An Enemy of the People* (1882), the empathic physician in Luke Fildes' painting *The Doctor* (1891), or the enthusiastic Dr Arrowsmith in Sinclair Lewis' *Arrowsmith* (1925).

When health was a concern, the majority of the population was left on its own for most of the time. Folk and popular medicines were widely practiced and, when needed, hospitalization and other forms of social assistance would normally come from the church rather than the state. Apart from that, it was not uncommon for private physicians to flee once an epidemic was

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<sup>63</sup> Cohn Jr, Samuel K. "Cholera revolts: a class struggle we may not like." *Social History* 42.2, 2017, pp. 162-180.

underway or even to deny assistance for fear of contagion.<sup>64</sup> Moreover, with the legitimization of anatomy as an acceptable part of the medical curriculum after the 16<sup>th</sup>-century, physicians were increasingly seen as body-snatchers which had neither esteem nor respect for the sanctity of the human body. A glimpse of that can be found in the Portuguese novel *Cousin Basilio* (*O Primo Basilio*, 1878) by Eça de Queiroz, in which, during a conversation in a middle-class home, a character avows he was told that medical students often enjoyed themselves after dissections by throwing organs at each other. In lieu of denying the story, the family physician defends the practice by asserting that it is natural, after all, “[the organs are] just inert matter!”<sup>65</sup> Additionally, public scandals such as the one caused by the murders by Burke and Hare – who, in 1828, killed sixteen people to sell their bodies to an anatomist – fuelled anxieties at all levels of society about the safety of the loved ones’ remains after death. In parallel, vaccination was quickly adopted throughout Europe after Jenner’s description in 1798, and yet, the technique was regarded with suspicion by many. That was based on several factors such as the general negative impression of medicine; the distrust on the sudden, anomalous and unprecedented interest of governments in public health; the vaccine’s counterintuitive principle – to protect from one disease by using another – which sounded illogical to some; but, above all, its reliance on animal fluids invoked images of bestiality which clashed with cultural and religious sensibilities and seemed to many both repulsive and blasphemous.

Once all of these cultural and scientific tensions are aligned with the social and economic stress of industrialization, as well as the inescapable chaos created by cholera, it is not surprising that matters reached their boiling point. Since the very beginning, violence and riots followed on the footsteps of cholera. The first riots in Europe took place in the Russian countryside already in 1830 and 1831. The authorities handled them with particular harshness by opening fire against the protesters and executing some of their leaders. From this point onwards, riots would continue to flare up in many different European countries. The historian Samuel Cohn calculates that, in a timespan of only fourteen months, at least seventy-two cholera riots took place in the United Kingdom alone.<sup>66</sup> In France, the tumult of Paris drew the attention of many international observers, in part due to the vivid journalistic coverages discussed in *Chapter 3*. Some of the riots which took place in Italy and Spain will be tackled shortly. In Canada, in 1832, the police had to seek the help of the military to handle a crowd that had dismantled Quebec City’s cholera

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<sup>64</sup> Sorcinelli, Paolo. *Nuove Epidemie, Antiche Paure: uomini e colera nell’Ottocento*. Franco Angeli, 1986, pp. 63-88.

<sup>65</sup> “Assim, ouvira dizer que nos teatros anatômicos, os estudantes de ideias mais avançadas levavam o seu desprezo pela moral até atirarem uns aos outros, brincando, pedaços de membros humanos, pés, coxas, narizes... — Mas é como quem mexe em terra, Conselheiro! — disse Julião, enchendo o copo. — É matéria inerte!” Queirós, Eça de. *O Primo Basílio*. Porto, Lello, 1900, p. 405.

<sup>66</sup> Cohn Jr, "Cholera revolts", p. 164.

hospital.<sup>67</sup> The pattern was particularly prevalent in the 1830s, but it would continue to emerge until the end of the century. Cohn declares, for example, that, in a few months in 1895, “cholera riots spread into Syria, Asia Minor, the Congress of Poland, Persia, villages in Hungary, then to Hamburg, Munich, Livorno, and as far west as Belgium.”<sup>68</sup>

Government’s quickly realised cholera’s potential to instigate disturbances and, as the century progressed, mechanisms were created to prevent them from happening, as well as to explain why they happened in the first place. Discussions about the nature and psychology of crowds were in vogue since the start of the French Revolution in 1789 and cholera added further nuance to the debate. The discussions were accompanied by the gradual ascendancy of popular vote which transformed politics in the 19th century. If power had been exercised previously mostly by aristocrats whose privilege was guaranteed by birth, now it increasingly passed into the hands of opulent individuals and organisations. As the century progressed, the importance of popular vote grew and, with it, the influence of popular opinion. It was that which paved the way for the election – and subsequent coup – of Napoleon III, for example. These tendencies would only intensify as the 20th century approached and they reached its zenith precisely in the populist and authoritarian governments established around the 1930s.

Patently, this process is extremely complex and can be explained only through a combination of expertise drawn from History, Economics, Political Theory, Sociology and other fields still. That being said, I believe literature can also offer some insight into the matter, for storytelling is immanent to the way humans perceive and interpret the world and, as such, it is also comprised within the fields mentioned. In addition, fiction often served to inform these debates and was also influenced by them in turn through a feedback loop that offered literature a space in public discussion at the time which it has rarely occupied since.

The mutual reliance of literature and state policy can be illustrated with the essay by Honoré Antoine Frégier, *On the Dangerous Classes of the Population of Big Cities and On Measures to Make them Better (Des classes dangereuses de la population dans les grandes villes et des moyens de les rendre meilleures, 1840)*. As the title makes clear, the study addresses criminality in the urban centres and ponders on strategies for its attenuation and prevention. The choice of words is important, since the term ‘class’ points to a collective entity. Frégier is not interested in the individual criminal – which theoretically could belong to any social group – but on a collective phenomenon which encompass a whole ‘class’. The term could then be understood on social,

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<sup>67</sup> *Ibid.*, p. 169.

<sup>68</sup> *Ibid.*, p. 172.

economic, and also biological terms (*class, family, genus, species*, etc.). The ambivalence allows for criminality to be categorised deterministically and, at the same time, to be relegated to the poor. Thus, the 'lower classes' and the 'dangerous classes' are confused with one another. That is already obvious in the essay's *avant-propos* in which Frégier declares to be interested in "the part of the population deemed dangerous, for its vices, its ignorance and its misery".<sup>69</sup> Even if he acknowledges the existence of a "learned dangerous class", he was unfortunately prevented from considering it in the study due to length constraints; his study was already too long and he could not go on extending it.<sup>70</sup> Therefore, his attention is entirely dedicated to the "vicious and miserable classes" of Paris and "the other capitals of the civilized world".<sup>71</sup> If the analogies associating the poor and delinquency were not transparent enough, Frégier can be even more explicit:

the poor and vicious classes have always been and will always be the most productive breeding grounds of evildoers of all sorts; it is they whom we shall designate as the dangerous classes. For even when vice is not accompanied by perversity, by the very fact that it allies itself with poverty in the same person, he is a proper object of fear to society, he is dangerous.<sup>72</sup>

The same type of redundant classification is found in literature. As demonstrated by Lochard, the fiction of the 19<sup>th</sup> century is not interested in the poor *per se*, but rather in the subgroup of the *criminal* poor. Misery draws attention as a social menace, not as a problem to be addressed for its own sake.<sup>73</sup> That is conspicuous in the way many authors use the expression 'honest poor' in implicit opposition to the 'standard poor', *i. e.*, the criminal. If Baudelaire underscored the inherent contradiction of being rich *and yet* fearing cholera, other authors would vouchsafe the existence of individuals who were poor *and yet* honest. That was equally the conclusion reached by Laura Otis on her reflections comparing the techniques and ideas of Sherlock Holmes to the developments in bacteriology at around the 1880s. She makes a point of how Holmes is rarely interested in making justice or enforcing the law – in effect he continuously refers to the police with scorn –; rather, what motivates him is the intellectual puzzle and the thrill of the pursuit, so much so that he

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<sup>69</sup> "[...] la partie de la population réputée dangereuse, par ses vices, son ignorance et sa misère". Frégier, Honoré-Antoine. *Des classes dangereuses de la population dans les grandes villes et des moyens de les rendre meilleurs*. Vol 1. Paris, Baillière, 1840, p. V.

<sup>70</sup> "classe dangereuse lettrée". Ibid., p. VI.

<sup>71</sup> "sur les classes vicieuses et misérables qui foisonnent dans la ville de Paris, de même que dans les autres capitales du monde civilisé". Ibid., p. VII.

<sup>72</sup> Frégier, *Des Classes Dangereuses*. Quoted by Taylor, "Beyond the bounds of respectable society", p. 5.

<sup>73</sup> Lochard, *Fortune du pauvre*, pp. 7-33.

regularly set offenders free after they justified their motives. That happens because Holmes does not see his middle-class or aristocratic lawbreakers as a social menaces; they are only individuals who made mistakes or even corrected the system by making justice with their own hands. In Otis own words: “Despite the wealth and social status of many of the criminals that Holmes has uncovered, for him, the ‘criminal classes’ are the poor”.<sup>74</sup>

However, the interconnection between literature and Frégier’s essay is not just restricted to a common viewpoint, for it directly informed two novels which are relevant for my discussion. The first one is Eugène Sue’s *Les Mystères de Paris* (1842-1843) which was an astonishing commercial success and became one of the French best-sellers of the century. In fact, the novel stirred so much public attention that it created a lineage of *Mysteries* entirely on its own, with imitators readily sprouting all over Europe. In the year following Sue’s publication, a few were already available: *Los Mistérios de Madrid* (1844) by Juan Martínez Villergas; *The Mysteries of London* (1844) by George Reynolds; *Die Mysterien von Berlin* (1844) by August Brass; or even the anonymous *Les Vrais Mystères de Paris* (1844). The practice continued in the following decades, and attracted canonical authors as well: *Os Mistérios de Lisboa* (1854) by Camilo Castelo Branco; *I Misteri di Firenze* (1857) by Carlo Collodi; *Les Mystères de Marseille* (1867) by Émile Zola; or *I Misteri di Napoli* (1869-1870) by Francesco Mastriani. All of these texts shared the basic outline of Sue’s original. For a start, they were all serialised in newspapers and made use of the typical toolkit of the *feuilletoniste*: adventurous and surprising action packed with unexpected revelations; numerous parallel episodes loosely related to the story which ended in cliff-hangers; scant psychological analysis; shallow characters without inner life which stereotypically represented entire groups; the clash between the forces of good and evil which leads to the punishment of villains; the self-sacrifice of a high-minded individual and a few marriages at the conclusion.

Beyond that general outline, these texts also share an interest on the social menace posed by the poor. In fact, they all feature conflicts of some sort between the lower-classes and an opulent aristocracy – the ideas of nobility and bourgeoisie are often fused. Habitually that takes the form of a rich philanthropist who disguises himself and submerges into the ‘underworld’ of vagabonds and criminals with the aim of rescuing a virtuous character who fell into misery for no fault of his or her own. To achieve that, the philanthropist – who is always male – has to observe the destitute in order to distinguish the good poor from the bad one. He normally becomes so proficient at this task, that he even learns how to spot the bad poor who is still partially good – and can, therefore, be re-introduced to society – from the truly evil one who is a hopeless case. Through this clinical

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<sup>74</sup> Otis, *Membranes*, p. 110.

gaze, a diagnosis can be reached in an instant – a capacity which the philanthropist shares with his real-life equivalents, the sanitary reformers.<sup>75</sup> Not only that, but, many a time, the wretched who is saved from misery turns out to be from noble birth; a princess or duke who, just like in the fairy tales, was somehow separated from their parents and who is now recognised by a birthmark. This final transformation evinces that, regardless of its grandiloquent rhetoric, the philanthropist's true objective is not help the needy, but rather to rescue a strayed respectable citizen. In this way, these narratives ultimately attain the confirmation of the *status quo*, not its re-evaluation.

In *Les Mystères de Paris*, Sue complains repeatedly about the abandonment of the poor and criticises the elites. Yet, this denunciation is made in a paternalistic and moralistic tone which denies the poor any individuality, any voice and any agency. They are never able to speak for themselves or to solve their own problems. Unless brought into the light by some aristocratic *deus ex machina*, they will continue to live in squalor out of impotence. In this fashion, the novel presupposes that poverty exists not as a result of systemic injustices, but in reason of its mysterious and secretive nature. The text invites the reader to think, "If the rich only knew!", and, in this way, implies that misery persists due to lack of knowledge, rather than lack of will. Therefore, the elites and the state can be exculpated because their inaction is grounded in ignorance, instead of negligence. In fact, the philanthropist often goes to great lengths and puts himself into great personal danger to save one or a few individuals. Needless to say, these rescue operations do not entail any changes to the system and, consequently, will not prevent the same thing from happening over and over again. The action is a mere gesture of charity, a sign of the magnificence of the philanthropist which, however grand, has no impact whatsoever at the problem's root-cause.

Incidentally, these practices were inherited by later popular fiction, movies and comics. The super-heroes of the 20<sup>th</sup>-century, in spite of all their efforts and godlike skills, are just as incapable of mitigating crime and misery.<sup>76</sup> Even if super-heroes always triumph in the end, their enemies invariably escape and somehow re-establish themselves, consequently re-launching the cycle. That indicates that Superman, the Wonder Woman, the X-Men and the like, are in reality the upgrade of the 19<sup>th</sup>-century philanthropist who – in a sort of re-enactment of the myth of Sisyphus or the Danaïdes – works effortlessly to save the individual yet fails to impact the group. The best example of this tradition's uninterrupted continuation is Batman, whose sole super-power consists, precisely, in being a millionaire. Bearing that in mind, it is not surprising that Karl Marx and

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<sup>75</sup> See Lochard, *Fortune du Pauvre*, pp. 117-119.

<sup>76</sup> On the issue, see Eco, Umberto. *Il superuomo di massa: retorica e ideologia nel romanzo popolare*. La Nave di Teseo Editore, 2016.

Friedrich Engels acidly criticised *Les Mystères de Paris* in *The Holy Family* (*Die heilige Familie*, 1845). They focus especially on the contradictory assumptions and actions of its hero, Rodolphe, who adopts in their opinion “the solemn, highly comical attitude of a self-invented judge of the universe.”<sup>77</sup> In the 20th and 21st centuries, the same criticism applies to the super-heroes’ diluted and simple-minded code of ethics which often fails to adapt to the different situations they face.

The exploration of a hidden world of organised crime was not invented by Sue – Victor Hugo had used it in *Notre-Dame de Paris* (1831) and Dickens in *Oliver Twist* (1837), among others. Still, Sue had an important role in popularizing the theme and the naïve fashion of dealing with it. Besides, the novel adopts the biological appeal of Frégier’s essay by implying that criminality is contagious somehow. As shown by Pierre Chabot, it describes prisons as a focus of infection, a sort of anti-hospital in which unhealthy minds and bodies deteriorate in an equally unhealthy environment.<sup>78</sup> In this place, the “agglomeration of gangrenous beings” is transformed into an “incurable corruption”.<sup>79</sup> If that is to be avoided, Sue announces on Frégier’s wake: “there is [...] no other remedy to this haunting leprosy which threatens the social body... Isolation!”<sup>80</sup>

The medicalization of language could not be more explicit, and that is indicative of a further transformation in the representation of cholera: if initially the poor were more susceptible to the disease, little by little they become its very agents, the fertile ground where germs spontaneously generate and multiply. Just as the swamps of India ferment miasmas which are then welcomed by the frail bodies of ‘Orientals’, by the same token the miserable, their immorality and filthy hideouts are breeding grounds for pestilence. On that account, the poor turn into the inside cause for cholera and, as such, inevitably endanger the life of respectable citizens. As Frégier puts it in a chapter named *Moral Topography of Paris*: “The most prominent feature of all these houses is their excessive uncleanliness which makes them real hotbeds of infection.”<sup>81</sup> The physical and the moral are clearly superimposed. Yet another case in point is found in Henry Mayhew’s influential study *London Labour and the London Poor* (1851) which, albeit advocating for much needed reforms, regularly adopts superior and contemptuous language. For example:

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<sup>77</sup> “[...] in der hochkomischen feierlichen Haltung eines Weltrichters aus eigener Erfindung [...]” Marx, Karl and Friedrich Engels. *Die heilige Familie, oder Kritik der kritischen Kritik. Gegen Bruno Bauer & Consorten*. Frankfurt, J. Rütten, 1845, p. 330.

<sup>78</sup> Chabot, Pierre. “La contagion du choléra au XIXe siècle en France et en Italie : interférences entre les discours médicaux, sociologique et romanesque” in Bayle, Ariane, ed. *La Contagion : Enjeux croisés des discours médicaux et littéraires (XVIe-XIXe siècle)*. Editions universitaires de Dijon, 2013, p. 137-148.

<sup>79</sup> *Ibid.*, p. 145.

<sup>80</sup> *Ibid.*

<sup>81</sup> “Le caractère le plus frappant de toutes ces maisons est une excessive malpropreté qui en fait de vrais foyers d’infection.” Frégier, *Des Classes Dangereuses*, p. 140.

After a somewhat tedious ramble, we arrived at Water-lane;—at the ‘Bug-trap,’ which from time immemorial has been the name of the most renowned lodging-house in that or perhaps any locality. Water-lane is a dark narrow street, crowded with human beings of the most degraded sort—the chosen atmosphere of cholera, and the stronghold of theft and prostitution.<sup>82</sup>

It is not difficult to notice the similarity between the comments by Frégier and Mayhew and those by the English Clerk in *Death in Venice*, the character who tells Aschenbach the truth about the raging epidemic:

The populace knew all this [the cover-up of the epidemic], and corruption in high places together with the prevailing insecurity and the state of emergency into which death stalking the streets had plunged the city led to a certain degeneracy among the lower classes, the encouragement of dark, antisocial impulses that made itself felt in self-indulgence, debauchery, and growing criminality. There was an unusually high number of drunkards abroad in the evening; vicious bands of rabble were said to make the streets unsafe at night; muggings were not uncommon and even murders, for it had been shown that on two occasions people who had allegedly fallen victim to the epidemic had in fact been done in, poisoned, by their relatives; and prostitution now assumed blatant and dissolute forms hitherto unknown here, at home only in the south of the country and the Orient.<sup>83</sup>

The correspondence between poverty, criminality and disease is manifest in his words. Cholera induces ‘degeneracy’, but only among the lower-classes. As so often, the poor are inclined to moral failings of all sorts (dissipation, violence, prostitution), and that, in turn, seems to augment the virulence of the pathogen in some way. The fact that sexual mores ‘deteriorate’ into forms only known “in the South [of Italy] and in the Orient”, precisely the areas which are traditionally associated with the disease and which were mentioned shortly before when the itinerary of the pandemic was described, suggest a parallel connection between the two. Precisely as put by Frégier and Mayhew, cholera and immorality spread in the same way. Besides, as we have seen in the previous chapter, the cholera of *Death in Venice* is of a fictional “dry form” which

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<sup>82</sup> Mayhew, Henry. *London Labour and the London Poor*. Vol. 1. London, Griffin, Bohn and Company, 1861, p. 258.

<sup>83</sup> Mann, *Death in Venice*, pp. 122-123.

is at once more hygienic but also much more lethal. Under these lights, the rare form of the disease is both a cause and an effect: it prompts the poor to follow their base instincts, which, in turn, somehow augments the infection's ferocity. As summarized by Louis Chevalier: "Cholera is considered to be the popular classes' burden: bearing on them, but also coming from them, summing up in it and expressing all the threats that these classes represent."<sup>84</sup>

The important element for now is the shift in metaphors that transforms the poor into a biological threat. This process takes many forms; in some instances it is built upon infectious illnesses, but in others it relies on animals and, especially, parasites. That is transparent in the title of another novel informed by Frégier's ideas: *The Worms: historical studies on the dangerous classes of Naples (I Vermi: Studi storici su le classi pericolose in Napoli, 1864)* by Francesco Mastriani.

The title uses little subtlety in pairing the 'dangerous classes' with worms. In so doing, it implicitly advocates ethnic cleansing, since, at bottom, what is the appropriate way to handle a worm if not to exterminate it? Violent metaphors such as these appear repeatedly in print. Lochard lists a few of them, in which perceived delinquents are compared to slugs, maggots, rodents, ferocious beasts, human bugs and "human larvae destined to become monsters".<sup>85</sup> Likewise, Mayhew mentioned a 'Bug-Trap' in the passage I have just cited. If that was not enough, even the dogs of the lower classes were a threat to society, since – very much like their owners – they were thought of as prone to develop rabies.<sup>86</sup> Even if the infection was another, the underlying reasoning was identical; to the point that the dogs of the aristocracy were considered more resistant and perhaps even immune to rabies. Once we consider the large circulation of these metaphors, it is no wonder that conspiracy theories gained so much traction among the populace at the time. In the end of the day, the rhetoric of extermination was really tangible if one looked at the right places.

### **5.3 The Savage Poor**

Some years later, Mastriani published *The Mysteries of Naples* (1869), a novel which follows

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<sup>84</sup> "Le choléra est considéré comme étant le fait des classes populaires : portant sur elles, mais aussi provenant d'elles, résumant en lui et exprimant toutes les menaces que ces classes représentent." Chevalier, Louis, ed. *Le Choléra: la première épidémie du XIXème siècle*. Imprimerie centrale de l'Ouest, 1958, p. 14.

<sup>85</sup> Lochard, *Fortune du Pauvre*, p. 76.

<sup>86</sup> Wasik, Bill, and Monica Murphy. *Rabid: A Cultural History of the World's Most Diabolical Virus*. Penguin Press, 2013, chapter 4.

in Sue's footsteps. Once again, he touches on Frégier's ideas, when describing the horrors of incarceration. In a quote identified by Chabot, Mastriani interlaces physical, moral and social condemnations in a way that dehumanises the prison's inmates:

The two insupportable tortures of prison are the stink [...] and the bad company [...]. These are two stenches, one material, the other moral, one attacks the senses, the other the soul: the former adhere to the clothes, the latter infects the heart. [...] There one would breathe, in an asphyxiating and pestiferous heat that oppressed the lungs, something which suffocated the moral sense; this moral sense by which humans are precipitously distinguished from brutes.<sup>87</sup>

The convicts are portrayed as little better than beasts whose already meagre moral status is further debased by prison. The confusion between the physical, moral and social layers observable here is also typical of the cholera texts. This serves as proof that the same description which this particular passage ascribes to prisoners is, in sooth, applicable to the poor in general. That is pretty much the same conclusion reached by Chabot, who asserts that the analyses of Frégier, Sue and Mastriani "serve to stigmatize the 'dangerous populations'. In fact, in the descriptions of the time, the poor, marginal classes always represented a danger to health as well as to morality and society."<sup>88</sup> The correspondence among these categories leads to only one logical conclusion: given that *criminals are brutes*, and *poor are criminals*, ergo, the *poor are brutes*. This underlying implicit deduction ensures that the poor are perceived as savages of some kind.<sup>89</sup> They incorporate the strangeness and primitiveness of the colonised subjects who – thanks to the benevolent dictates of Kipling's *The White Man's Burden* – are brought into civilization by the endeavour of the colonisers. Beyond savages, the poor are also somehow animal-like, owning paradoxical characteristics normally assigned to non-humans: they are ferocious yet placid, tamed yet predatory, abandoned yet part of a swarm.

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<sup>87</sup> "Due sono le più insopportabili torture d'un prigioniero, il tanfo [...] e la mala compagnia [...]. Sono due puzzi, l'uno materiale, l'altro morale, l'uno offende i sensi, l'altro l'anima : quello si appicca alle vesti, questo contagio il cuore. [...] Si respirava lì, nel caldo soffocante e pestilenziale che opprimeva i polmoni, qualche cosa che soffocava il senso morale, che è quello precipuamente per cui si distingue l'uomo dal bruto." Mastriani, Francesco. *I Misteri di Napoli*. Vol. 1. Naples, Gabriele Regina, 1880, p. 45-46. Quoted by Chabot, *La contagion du choléra*, p. 146.

<sup>88</sup> "sert à stigmatiser les « populations dangereuses ». En fait, dans les descriptions de l'époque, les classes pauvres, marginales, représentent toujours un danger autant sanitaire que moral et social." Chabot, *La contagion du choléra*, p. 147.

<sup>89</sup> Rosenberg shares this interpretation. According to discourses in the United States in the 1800s, "The city [New York] poor seemed a race apart, as untouched by religion as the savages of Burma or Senegal" Rosenberg, *The Cholera Years*, p. 122.

The relationship can be demonstrated by countless examples within and without my corpus. The Goncourt – who, as we have seen, professed to be the first to welcome the theme into literature – effectively perceived the poor as foreigners living amidst the metropolis. In 1871, one of the brothers divulged that “the people, the scoundrels, if you will, have to me the appeal of unknown and undiscovered populations, something *exotic* that the travellers seek in distant countries with a thousand sufferings.”<sup>90</sup> The Goncourts were not alone; Dickens’ visits to the slums of London are famous and served him as a means to collect ethnographical material for his novels. Importantly, these tours were organised as miniature missions of colonial geographical exploration: Dickens was always escorted by at least one police officer in plainclothes and, occasionally, would even invite a few friends to join.<sup>91</sup> Likewise, in his memoirs *The Story of San Michele* (1929) the Swedish physician Axel Munthe recollects an episode in which a countess accompanied him on a visit to one of the impoverished Parisian neighbourhoods. The countess was good-humoured but “began to lose her bearings” after they entered the “sombre, evil-smelling slums”, where “dozens of ragged children were playing about in the gutter, choked with filth and refuse of all sorts”.<sup>92</sup> She was shocked: “‘Is this Paris?’ asked the Countess with an almost frightened look in her Eyes.” Munthe replies: “Yes, this is Paris, la Ville Lumière!”<sup>93</sup>

The examples are also ubiquitous in fiction. Alexandre Dumas, for instance, has produced his own rendering of *Les Mystères de Paris*, which, foreseeably, tells the story of a noble philanthropist – aptly named Salvator – who explores in disguise the perfidious world of crime. Yet, the title chosen for the novel is a revealing one: *The Mohicans of Paris* (*Les Mohicans de Paris*, 1854-1859). In an obvious parallel to James Fenimore Cooper’s *The Last of the Mohicans* (1826), Dumas has absurdly transformed Sue’s mysterious criminals into Native Americans (of Paris). What is more, others took the lead shortly after. Comparable descriptions surface in Jean Richepin’s *The Pavement, Parisian sketches* (*Le Pavé, croquis parisiens*, 1883), where the inhabitants of the French capital are ridiculed in a number of ways. In the preface, the author brags about being able to discriminate the city’s neighbourhoods by their smell, and asserts that, unless the reader can repeat that feat, he or she will have much to learn in the following chronicles. In the small chapter named *Our Redskins* – part of a section called *Types* –, the narrator invites the reader for a travel

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<sup>90</sup> “[...] le peuple, la canaille, si vous le voulez, a pour moi l’attrait de populations inconnues, et non découvertes, quelque chose de l’exotique que les voyageurs vont chercher avec mille souffrances dans les pays lointains.” Goncourt Journal, 3 décembre 1871. Quoted by Lochard, *Fortune du Pauvre*, p. 214.

<sup>91</sup> Frayling, Christopher. *The yellow peril: Dr Fu Manchu and the rise of Chinaphobia*. Thames & Hudson, 2014, p. 87-88.

<sup>92</sup> Munthe, Axel. *The Story of San Michele*, London, Granada, 1975, p. 51.

<sup>93</sup> *Ibid.*

within Paris, where they will find “beings like you and me, can you believe it?”<sup>94</sup> These human-like creatures live nearby Notre-Dame, yet still they are remarkable: “It is said that the race of the Redskins is about to die in America. Well! it exists in Paris, and it is here where we find it. Yes, it is here, on these gleamingly white docks, where walk around the Redskins of Paris, the dockworkers.”<sup>95</sup>

A little further in the work, in the chapter *Les Chineurs* (a neologism derived from ‘China’), Richepin writes a letter to a member of the French Geographical Society.<sup>96</sup> He announces that “there are discoveries to be made outside of central Africa” which are to be found in the midst of Paris: “Be aware that the enclosure of the fortifications contains landscapes unknown to your wisest colleagues; there are steppes, Saharas, oases, even savages, and also entire tribes, with their customs, type, and laws, that are still unclassified in your voluminous paperwork.”<sup>97</sup> The author proceeds to describe the habits, clothes and accents of the *Chineurs*, and concludes by declaring himself “the Marco Polo of this new China”; after which, he signs the letter as “Jean Richepin, a humble pioneer of progress.”<sup>98</sup>

One of the most curious aspects of the representation of the ‘savage-poor’ or the ‘tribes/races of criminals’ is its inherent paradoxical nature. The elites inhabited the same country of ‘these peoples’ and they could perhaps even admit that at least some similarities existed among them. Yet, at the same time, the poor were dislocated in speech and culture to another space and time, in accordance to the dictates of the Orientalist ideologies. In that fashion, the miserable occupy an intermediary stage between the superior coloniser at the top and the inferior colonised at the bottom. If *Asiatic cholera* originated in ‘the Orient’, *cholera nostras* emanated from ‘the slums’. Because of that, both groups were categorised with similar incongruous notions. Like ‘Orientals’ – who were deemed simultaneously effeminate and violent, refined and barbarous, and so forth –, the poor were both at home *and* abroad, and in the present *and* the past.

That is particularly evident when we look beyond authors’ biographies and texts to consider

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<sup>94</sup> “des êtres comme vous et moi, pensez-vous?” Richepin, Jean. *Le Pavé*. Paris, Maurice Dreyfous, 1883, p. 269.

<sup>95</sup> “On dit que la race des Peaux-Rouges est en train de s’éteindre en Amérique. Eh bien ! elle existe à Paris, et c’est ici qu’on la trouve. Oui, c’est ici, sur ces quais d’une blancheur éblouissante, que flamboient les Peaux-Rouges de Paris, les débardeurs.” Ibid., p. 269.

<sup>96</sup> See Lochard, *Fortune du Pauvre*, p. 215-16.

<sup>97</sup> “Il y a des découvertes à faire ailleurs qu’au centre de l’Afrique, [... dans] nos faubourgs, nos banlieues, nos terrains vagues [...]. Sachez que l’enceinte des fortifications renferme des paysages ignorés de vos plus savants confrères, des steppes, des Saharas, des oasis, des sauvages même, et aussi des peuplades entières, ayant leurs mœurs, leur type, leurs lois, et cependant non classées dans vos volumineuses paperasses.” Richepin, *Le Pavé*, p. 298-299.

<sup>98</sup> “[...] c’est avec une noble fierté que j’entendrais le rapport prononcer mon nom comme celui du Marco-Polo de cette nouvelle Chine, et je m’en déclare d’avance, monsieur, votre tout reconnaissant JEAN RICHEPIN, Humble pionnier du progrès.” Ibid., p. 302.

the political and medical rhetoric. In *Chapter 1*, I recalled the words of Robert Koch upon reaching a cholera-stricken Hamburg in 1892: “Gentlemen, I forget that I am in Europe.”<sup>99</sup> This declaration – which damaged the city’s reputation more than any other – is far from being an isolated case. A striking parallel can be found over thirty years prior, in a letter by the Italian politician Luigi Carlo Farini to the Count of Cavour. Farini, who was a physician and a medical researcher with experience in cholera outbreaks, was the main administrator of the South of Italy in 1860 – a key moment in the country’s history. However, he has few flattering words for his compatriots – who, predictably, were among Italy’s poorest: “Yet, my friend, what countries are these [...]! What barbarism! Other than Italy! This is Africa: the Bedouins are models of civic virtue compared to these ruffians. And what and how many crimes!”<sup>100</sup>

Such appraisals were frequently found in the treatises of physicians or social reformers concerned with public health. Corbin mentions that, in the opinion of a Dr Smith, “[in the impoverished houses] all the conditions of the equatorial jungles’ swamps are to be found”.<sup>101</sup> The statement is accepted by Bénédict Augustin Morel, the creator of the theory of degeneration in the 1850s, whose ideas would contribute significantly to the formation of scientific racism during the 19<sup>th</sup> and 20<sup>th</sup> centuries. In his *Treatise on the physical, intellectual and moral degenerations of the human species and the causes which produce these sickly varieties* (*Traité des dégénérescences physiques, intellectuelles et morales de l’espèce humaine et des causes qui produisent ces variétés maladives*, 1857), Morel implies the same relationship between the poor and warm climates, however with the aggravation that one is ‘natural’, while the other is human-made: “Human neglect becomes as lethal in its consequences in the capital of Great Britain as can be the effluvia of the waters and the blowing of the winds in the tropics.”<sup>102</sup> Next, he immediately quotes from Dr Smith, who propounds this relationship with even more emphasis:

‘Nature with its scorching sun, with its languid winds, with its putrid swamps, manufactures the plague on an enormous and formidable scale. Poverty, on its

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<sup>99</sup> Evans, *Death in Hamburg*, pp. 312-13.

<sup>100</sup> “Ma, amico mio, che paesi son mai questi [...]! Che barbarie! Altro che Italia! Questa è Affrica: i beduini, a riscontro di questi caffoni, sono fior di virtù civile. E quali e quanti misfatti!” The word *paese* means both ‘village’ and ‘country’ and both interpretations are acceptable in the passage. Given the following sentences, I have opted for the latter. Moe, Nelson. “‘Altro che Italia!’ Il Sud dei piemontesi (1860-61)” in *Mediana, Rivista di storia e scienze sociali* 15, 1992, p. 64.

<sup>101</sup> “[...] toutes les conditions du marais de la jungle équatoriale s’y trouvent réunies” Corbin, *Le miasme et la Jonquille*, p. 226.

<sup>102</sup> “La négligence des hommes devient aussi meurtrière par ses conséquences dans la capitale de la Grande-Bretagne, que peuvent l’être sous le tropique l’effluve des eaux et le souffle des vents.” Morel, Bénédict Auguste. *Traité des dégénérescences physiques, intellectuelles et morales de l’espèce humaine et des causes qui produisent ces variétés maladives*. Paris, J. B. Baillière, 1857, p. 640. See also Lochard, *Fortune du Pauvre*, p. 136.

hut, covered by rags, engulfed in its mud, striving to keep out the clean air and to increase the heat, succeeds only too well in imitating nature. The production process is the same; the only difference lies in the magnitude of the results.<sup>103</sup>

The overlap could not be clearer: the miserable constitute a tropical climate of their own and, in almost premeditated fashion, go on to nurture epidemics just as Nature “*manufactures the plague*” (the emphasis is in the original). Fortunately, their results – even if formidable – cannot reach the same extent; the ‘Tropics’ remain worse than this worst-case European scenario.

Still, perhaps the best instance of this complex interaction between destitution, criminality and pestilence, is found among the pages of Henry Mayhew. As duly noted by David Taylor, the social reformer not only judges criminals as a race of their own, but he goes as far as to compare them with bacteria, precisely in the period in which microbes were increasingly conjectured to be the fundamental cause of disease:

We have thought the peculiarities of their [the criminals’] nature as worthy of study in an ethnological point of view, as those of the people of other countries, and we have learnt to look upon them as a distinct race of individuals, as distinct as the Malay is from the Caucasian tribe [...]. An enumeration of the several natural orders and species of criminals will let the reader see that the class is multifarious, and surely, in a scientific point of view, *as worthy of being studied as the varieties of animalcules*.<sup>104</sup>

In the passage, Mayhew advocates for an insider ethnology which is capable of understanding criminality socially and biologically. He encompasses the classificatory efforts of the Linnaean taxonomy typical of the 18<sup>th</sup>-century’s Botany and Zoology, and combines it with the nascent field of Bacteriology, which is increasingly transforming science at the time through its techniques of observation and minute inspection (*microscopy, laboratory procedures, cell staining,*

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<sup>103</sup> « [...] La nature avec son soleil brûlant, avec ses vents languissants, avec ses marais putrides, *manufacture la peste* sur une immense et formidable échelle. La pauvreté, dans sa hutte, couverte de haillons, enveloppée de sa fange, s’efforçant d’écarter l’air pur et d’augmenter la chaleur, ne réussit que trop bien à imiter la nature. Le procédé est le même ainsi que le produit; il n’y a d’autre différence que la grandeur des résultats. » Quoted by Morel, *Traité des dégénérescences*, p. 640.

<sup>104</sup> My emphasis. Quoted from Taylor, David. "Beyond the bounds of respectable society: the ‘dangerous classes’ in Victorian and Edwardian England" in Rowbotham, Judith, and Kim Stevenson, eds. *Criminal conversations: Victorian crimes, social panic, and moral outrage*. Ohio State UP, 2005, p. 1-20, p. 6.

*photography, statistics, etc.*). Bacteriologists are able to see the invisible and, by doing so, reveal a previously concealed world of microscopic menaces.<sup>105</sup> This capacity for privileged observation is combined with their carefully controlled experiments to create a perfect parallel to the way social reformers see themselves. In fact, if criminals (and therefore the poor in general) were already considered akin to animals and savages and, consequently, easily classifiable into 'tribes' and 'races', Mayhew and others extend that metaphor to embrace the blossoming field of Bacteriology. In this way, sanitary reformers are indirectly invested with the power of seeing the unseen. Moreover, they are not the only ones. As if in a laboratory, they are able to untangling the numerous menaces which lurk in plain view yet out of sight in all urban centres.

Indeed, the allure of bacteriology's privileged gaze was so strong that the detectives of the soon-to-emerge police novels were also modelled upon researchers like Koch or Pasteur. In effect, the resemblance of bacteriologists to detectives is notable: they investigate the field, gather material evidence, consider the actors involved, formulate logical hypothesis, run experiments to test different suspects, and, finally, unmask the hidden killers and how they acted. Furthermore, by establishing the offender's identity, they might establish preventive strategies or maybe even find therapies to 'arrest' the problem. In this way, the social and cultural construction of bacteriologists, sanitarians, and detectives are somewhat blurry and blend into one another. It is not by chance that sanitary police forces multiplied during the 1800s, nor that Sherlock Holmes' first appearance in *A Study in Scarlet* (1887) is, precisely, in a laboratory.<sup>106</sup> The conflation of these three figures is analysed by Melanie A. Kiechle's extraordinary monograph *Smell Detectives*.<sup>107</sup>

What is more, by means of their privileged vision, bacteriologists are capable of devising innovative solutions to address the threats pathogens pose. They create prevention strategies and discover cures and, if that was not enough, they do so while strengthening the national economy and assisting European political expansion. The works of Pasteur in the 1860s and 70s reputedly 'saved the French economy' since they addressed production problems in the crucial industries of wine, milk, beer, silk and cattle. Then, starting in the 1880s, bacteriologists started to curtail disease spread by refined prevention strategies and the advancement of new therapies: Pasteur and colleagues developed vaccines for human (*rabies*) and animal ailments (*chicken cholera*,

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<sup>105</sup> See King, Martina. "Anarchist and Aphrodite: On the Literary History of Germs" in Rütten, Thomas, and Martina King, eds. *Contagionism and contagious diseases: medicine and literature 1880-1933*. Vol. 38. Walter de Gruyter, 2013, pp. 101-130; Otis, *Membranes*, pp. 8-36 and 90-118.

<sup>106</sup> See Otis, *Membranes*, pp. 90-118; Wald, *Contagious*, pp. 23-28; Goetz, Thomas. *The Remedy: Robert Koch, Arthur Conan Doyle, and the quest to cure tuberculosis*. Gotham, 2014; Alcabes, Philip. *Dread: how fear and fantasy have fueled epidemics from the Black Death to avian flu*. Public Affairs, 2010.

<sup>107</sup> Kiechle, Melanie A. *Smell Detectives: An Olfactory History of Nineteenth-Century Urban America*. University of Washington Press, 2017, pp. 198-258.

*anthrax*) between 1879 and 1885; Shibasaburō and von Behring used antitoxins against diphtheria to create *serum therapy* in 1890; Koch seemed to have discovered a cure for tuberculosis for brief in 1890; Richard Pfeiffer and Wilhelm Kolle – and Almroth Wright a few months later – set the basis for the creation of a typhoid fever vaccine in 1896; Haffkine produced the first plague vaccine in the following year; and Giovanni Battista Grassi and Ronald Ross independently identified the mosquito as the vector for malaria in 1897 and 1898. Many of these were scientific break-throughs which, when taken together, would completely redesign medicine.

Albeit the sanitation movements predate these developments, the mere prospects of their eventual realization were already enough to appeal to the reformers. Very much like bacteriologists, they wished to observe what is hidden and, eventually, to offer solutions by means of prevention and medication. The powerful metaphor of the ‘reformer-bacteriologist’ is analysed in all of its complexity by Bruno Latour in *The Pasteurization of France* (1988), where he argues that the astonishing rise of bacteriology was also due to its usefulness for tackling social tensions within the metropolis, as well as for increasing political and economic control over the ever-expanding colonies.<sup>108</sup> As Laura Otis has pointed out, it is very relevant that countries acquire colonies abroad while bacteriologists grow them in the laboratory.<sup>109</sup> The semantic parallel is remarkable for it reveals a continuum between the microscopic and the macroscopic scales. In that sense, given that colonies can be established in petri dishes just as well as Asia or Africa – or pretty much everywhere else, including Europe –, that allows for a vague and disproportionate connection between bacteria and the colonised; exactly as Mayhew conceives the matter.

The dialogue between sanitarians and bacteriologists encompasses literature as well. Such descriptive efforts are akin to the macro-projects envisaged by the schools of Realism and Naturalism which suggest a catalogue of society by very similar principles. As we have seen, Balzac’s enormous *oeuvre* relies on the Natural Sciences from the inception. Numerous works have suggestive subtitles (including words like ‘studies’, ‘sketches’, ‘chronicles’) which are not dissimilar to those of social reformers. To mention a few illustrious examples: *Madame Bovary* and *Middlemarch* are, respectively, “[a portrait of] provincial manners” (*Madame Bovary – Mœurs de province*) and “a study of provincial life”; while *The Rougon-Macquart* is declaredly the “natural and social history of a family under the Second Empire” (*Les Rougon-Macquart, Histoire naturelle et sociale d’une famille sous le Second Empire*). It is also worth repeating that the subtitle of Mastriani’s *The Worms* is “historical studies on the dangerous classes of Naples”. On occasion, authors might even relinquish storytelling in the name of social analysis, as illustrated by Serao’s *Il*

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<sup>108</sup> Latour, Bruno. *The Pasteurization of France*. Harvard UP, 1993, pp. 95-100.

<sup>109</sup> Otis, *Membranes*, pp. 1-7.

*Ventre di Napoli* (1884) which, albeit inspired by Zola's *Le Ventre de Paris* (1873), abandons fictional narrative in the name of social anthropology and journalistic denunciation.

As we have seen, the fiction produced by Sue and Mastriani dialogue with Frégier's ideas on criminality. Likewise, Dickens consulted the works of Mayhew and Edwin Chadwick with regularity, while Victor Hugo based the hero of *Les Misérables* in the famous criminal turned chief-of-police, Eugène François Vidocq. The utopian essay *Hygeia, a City of Health* (1876), briefly mentioned before, has served as the basis for a novel by Jules Verne, *The Begum's Fortune (Les cinq cents millions de la Béguin, 1879)*. On it, the ideal city is constructed in the United States as a social health experiment devised by a scientist who turned rich. As we have also seen in *Chapter 2*, Boucharlat's poem *Le Choléra-Morbus* is largely informed by the statistical report of Moreau de Jonnés. While the theater play *Damaged Goods (Les Avariés, 1901)* brought up in *Chapter 4*, is dedicated to the French venereologist Jean-Alfred Fournier, to whom the author credits most of its ideas.<sup>110</sup>

Finally, in a thematic study about the crowd as a theme in French literature, Pierre Dufief underscores the prolific dialogue and mutual inspiration which exists between literature and the 'psychology of crowds' – a mixture of sociology, political theory, and history nascent at the late 1800s which reverberated in subsequent decades in the formation of fascism.<sup>111</sup> He affirms that:

The psychology of crowds drew inspiration from literature: Le Bon [...] read Zola attentively; the writers, for their part, wrote novels in which they sometimes satisfied themselves by merely copying Le Bon, as Rosny did in *La Vague Rouge*. Politicians served as models for writers and sociologists; Barrès, like Le Bon, took an interest in Boulanger. Later, the politicians of fascism (Mussolini) would study Le Bon's works to learn the technique to handle the crowds.<sup>112</sup>

Therefore, literature is not a passive spectator of profound social, political and cultural changes; rather, it is an active participant in these discussions and, to a great extent, one of the

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<sup>110</sup> Leavy, *To Blight*, pp. 160-161.

<sup>111</sup> Dufief, Pierre. "La figure des meneurs et l'image de la foule dans le roman français de 1870 à 1914" in *Littérature et Nation* 1, 2<sup>nd</sup> series, March 1990, p. 21-42.

<sup>112</sup> "La psychologie des foules s'inspire de la littérature : Le Bon [...] a été le lecteur attentif de Zola ; les écrivains, de leur côté, écriront des romans où ils se contentent parfois de recopier Le Bon, comme le fera Rosny dans *La Vague Rouge*. Les hommes politiques servent de modèles aux écrivains et aux sociologues ; Barrès, tout comme Le Bon, s'intéressera à Boulanger. Plus tard, les politiciens du fascisme (Mussolini) se pencheront sur les œuvres de Le Bon pour y apprendre la technique du maniement des foules." Ibid., p. 21-22.

players which lead to their very existence. The near equivalence of the concepts of poverty, criminality and cholera was reinforced by a number of routes, among which literature features prominently. That is evinced by the fact that canonical literature – often produced from the elites to the elites – largely avoided cholera as a subject matter or developed a complex set of strategies to talk about it in codes. Effectively, these strategies were so successful that, with few exceptions, cholera has been continuously underestimated or ignored by literary critics. Nevertheless, that impression changes radically once we turn into popular literature and, especially, the serialized and mass-produced novels published in newspapers for most of the 19<sup>th</sup> century.

#### **5.4 Cholera and the novel: from the Roman feuilleton to the Avant-gardes**

On itself, the concept of *feuilleton* does not entail a distinction between high, middle or lowbrow texts; Tolstoy, Dostoevsky, and nearly all writers of the period published first in newspapers and only then in book format. Yet, once we weight the esthetical concerns of the average *roman de feuilleton*, it is easy to spot that these were the exception rather than the rule. Generally, newspapers would prefer to advance easy-to-read page-turners with stereotypical characters which personified whole classes and adventurous plots crafted in accordance with the public's expectations. That was part of a phenomenon of fictional mass-production which was not restricted to the *feuilleton* alone, but embraced *penny dreadfuls*, *dime novels*, *pulp magazines*, and which was an important factor in the formation of the detective novel.<sup>113</sup> The need for mass entertainment was related to the numerous technology-induced social changes which ensured information exchange in previously unknown speed and breadth (wider newspaper circulation, expanding railways, telegraphs, and, later, telephones and radios). In this conjecture, literature occupied a social and cultural role that, nowadays, is bestowed upon cinema.

Interestingly, the popular serialized novels do not shy away from cholera; on the contrary, they even seem to be attracted by it. Such is the case of the *Mysteries*, of which a considerable number feature cholera – or, less frequently, plague. The original *Les Mystères de Paris* mentions the infection just a few times and only to justify how an orphan has lost his family. However, Sue's next novel, *Le Juif Errant* (1844-45), uses cholera as a structural element advancing the plot. Since this novel achieved even higher sales than the preceding one, authors who followed in Sue's footsteps tended to draw elements from both. That results in a plot-line that is evocative of *Les*

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<sup>113</sup> Dubois, Jacques. "Naissance du récit policier." *Actes de la recherche en sciences sociales* 60.1, 1985, pp. 47-55.

*Mystères de Paris* but which includes a few cholera-related episodes as they are found in *Le Juif Errant* – where they only serve to create havoc for a character to be mistakenly taken for dead, or for crowds to try to ignite a revolution, or to allow for other incidents of the kind. Many of the examples appearing in preceding chapters are taken from works like: *The Mysteries of London* (1844), in which an entire episode takes place inside of a plague-ship; *Os Mistérios de Lisboa* (1854); *I Demagoghi o i Misteri di Livorno* (1862), in which a healthy child courageously follows his mother to the hospital; *Les Mystères de Marseille* (1867); or *I Misteri di Napoli* (1869-1870), in which Mastriani even commends the memory of his mother, deceased during the cholera of Naples of 1836.<sup>114</sup>

However, the relationship between cholera and the popular novel is not restricted to the *Mysteries* alone; it encompasses a whole range of texts produced speedily and circulated locally. The ephemeral nature of many of these texts – of which only a few have been edited afterwards in book form – ensured they stood in a peculiar relationship to cholera, quite distinct from the canonical works. For about three decades, from the 1830s to the 1860s, ‘serious literature’ had little to say about the subject. The few renowned writers who approached it explicitly did so in their journalism (Heine) or in their *mémoires* and travel narratives (Dumas, Chateaubriand). In fiction, the theme would be habitually tackled indirectly via the depiction of a plague outbreak in another place and time. Mary Shelley’s plague pandemic was constructed upon cholera and is set in the future. Pushkin wrote the theatre play *A Feast in the Time of Plague* (1830) while in isolation due to the Cholera Quarantine of Moscow, but set it in England during the Great Plague of London. Flaubert composed *The Plague in Florence* (*La Peste a Florence*, 1836) just four years after the Paris Outbreak, but the story takes place in Italy during the Middle Ages. Even Manzoni, who meticulously studied the historical records of the plague of 1630 for his *The Betrothed* (*I Promessi Sposi*, first edition 1827, second edition 1842), ends up establishing parallels in *The Infamous Column* (*La Storia della Colonna Infame*, 1842) with the cholera riots of his own time: “Upon observing this firm persuasion, this insane fear of a chimerical attack, one cannot help but remember what happened likewise in various parts of Europe, a few years ago, in the time of cholera.”<sup>115</sup>

This tendency to dislocate catastrophes chronologically and geographically is a common way to address a fear-based taboo. In *Chapter 4*, I have scrutinised various tactics used by authors to talk about the theme in a gentle way; this is yet another one. Flaubert and Verdi provide two

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<sup>114</sup> Pelagalli, *Le Choléra dans la Littérature*, p. 27.

<sup>115</sup> “Al veder questa ferma persuasione, questa pazza paura d'un attentato chimerico, non si può far a meno di non rammentarsi ciò che accadde di simile in varie parti d'Europa, pochi anni sono, nel tempo del colera.” Manzoni, Alessandro. *Storia della colonna infame*. Naples, Gaetano Nobile, 1843, p. 21.

paramount examples which illustrate the efficiency of dislocating time and place as a way to avoid public condemnation. After being sued in 1857, Flaubert resolved to distance himself from the realism of *Madame Bovary* by composing *Salammbô* (1862), a historical novel set in the 3<sup>rd</sup> century before the Common Era. Various scholars have interpreted the shift into African Antiquity as a manoeuvre to pre-empt prosecution – as we shall soon consider, the novel is indeed built in relationship to Flaubert’s own day and age. Giuseppe Verdi, on the other hand, envisaged the setting of *La Traviatta* (1853) in the 1850s with characters wearing contemporary clothes. Nevertheless, the theatre management disagreed, in all likelihood due to the inflammatory capabilities of the metaphors of tuberculosis-syphilis. Albeit resisting at first, Verdi eventually stepped back and the *première* season was set at around 1700.<sup>116</sup> Only in the 1880s, his wishes would be fulfilled and costumes would be ‘updated’ to those of the 1850s. However, even this updated version – quite revealingly – still allowed for a considerable time window separating reality and fiction. Lastly, a third example is made by David Weir, who highlights that the depictions of male homosexuality presented in Walter Pater’s novel set in Ancient Rome, *Marius the Epicurean* (1885), “would have been much more difficult – if not impossible – to address in a contemporary British setting.”<sup>117</sup> Pater is himself acutely aware of that, as attested by his apologies: “Let the reader pardon me if here and there I seem to be passing from Marius to his modern representatives – from Rome, to Paris or London.”<sup>118</sup>

Yet, this ‘principle of dislocation’ does not apply in the same way to the popular novels. Albeit they still shy away from the theme and do avoid it by various strategies, there are cases of works involving cholera being published during or immediately after outbreaks. Mastriani is once again a case in point, since cholera appears in at least five of his novels. The *Misteri di Napoli*, for instance, were published in 1869, less than two years after the end of an epidemic, while *The Cholera’s Orphan* (*L’Orfana del Colera*, 1884) was published during another outbreak. Furthermore, the serialised novel *Maria and Giorgio or the Cholera of Palermo* (*Maria e Giorgio o il cholera a Palermo*, 1838) by Vincenzo Linares circulated in a Palermitan newspaper months after cholera abated in Sicily. The novel is heavily influenced by Manzoni, telling the story of two youngsters in love who are persecuted by a greedy and unscrupulous uncle. Eventually, the antagonist dies and the characters reunite after many misadventures. Besides this novel, the author also published at the same time eulogies of prestigious citizens who died at the outbreak (*Biografie e ritratti d’illustri siciliani morti nel cholera l’anno 1837*, 1838). These two texts, one fictional and the other factual, were published in short succession by the same author and in the

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<sup>116</sup> Holden, Amanda. *The New Penguin Opera Guide*. Penguin Books, 2001, p. 995.

<sup>117</sup> Weir, David. *Decadence: A Very Short Introduction*. Oxford UP, 2018, pp. 30-31.

<sup>118</sup> *Ibid.*

same newspaper, something that demonstrates how popular narratives may help individuals to put things into perspective; perhaps more than treatises and statistics, they may bestow upon tragic events higher meaning and understanding.

Still another example can be found in the French popular novel *La danse macabre, histoire fantastique du XVe siècle* published in 1832 in Paris by a certain P. L. Jacob. The novel is poorly sketched and highly anti-Semitic. It tells the story of a group of criminal *bohèmiens* who take refuge at a cemetery in Paris during a plague outbreak in the Early Modern Period. One of them is a violin player and they survive offering performances of the *Dance Macabre*. At some point, they collaborate with evil Jews who kidnap, torture, and kill a Christian child; a crime for which they are all captured and punished. The novel is relevant because it was published in the same year of the Paris Outbreak and, accordingly, employs the dislocation strategy. The author is well aware that the public will realise the exchange of cholera for plague and, as a means of protection, he adds a telling note to the text: “This book was written and printed long before the arrival of the cholera morbus in France. Circumstances related to printing prevented this publication from being delayed. It may not occur to anyone that our intention was to profit from such a sad circumstance.”<sup>119</sup>

The comment transpires the author’s concern of transgressing the taboo: he denies any equivalence precisely because it exists and he knows the public will notice. What is more, his declaration aside, he expects the readers to do exactly that. Even though Jacob claims that the volume had been “printed long before”, that is inconsistent with the information reported on the front-page (1832) and the preface (March 1832 – precisely the month in which cholera started). Plus, the author addresses in the preface “a travelling Taylor” who is about to depart “to the old Orient” where he will see “the Dance Macabre of the cities and Empires”. The preface then finished with a curious remark: “May we not see it in our young Europe!”<sup>120</sup> In the context of the publication, it is easy to understand that the so-called ‘Dance Macabre of the Orient’ and the ‘young Europe’ are in reality coded references to the arrival of cholera in France. At this stage in 1832, large swathes of Europeans had already met the disease in Russia, Germany or the United Kingdom. The French public was well-aware that its emergence into national territory was only a matter of time.

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<sup>119</sup> “Ce livre était écrit et imprimé long-temps avant l’apparition du choléra-morbus en France. Des convenances de libraire ont empêché de retarder cette publication. Il ne viendra sans doute à l’idée de personne que notre intention ait été d’exploiter une aussi triste circonstance.” Jacob, P. L. *La danse macabre, histoire fantastique du XVe siècle*. Paris, Eugène Renduel, 1832, p. 354.

<sup>120</sup> “Pour vous, mon ami, qui repartirez bientôt [...] : vous verrez dans le vieil Orient la danse macabre des ville et des empires. Pussions-nous ne pas la voir dans notre jeune Europe” Ibid., p. xxvj.

Furthermore, the novel starts in April of 1438 during the Eastern period, which perfectly correlates with the start of the Paris Outbreak in 1832. One of its main characters is a nightmarish violinist who sleeps among the tombs in the cemetery. This is a clear reference to Paganini whose artistic appeal was related to gothic obscurantism and who, as indicated in *Chapters 1* and *4*, was indeed in Paris at the time. Finally, the novel's explicit anti-Semitism is also a somewhat regular feature of cholera texts. Just two years before, Eugène Sue had written a popular novel, *El Gitano* (1830), in which a plague outbreak starts after a Jew sells the clothes of dead victims; the same idea would be later explored in his very successful novel *Le Juif Errant* (1844), in which the Wandering Jew carries cholera in his footsteps from India into Russia and all the way into France.<sup>121</sup>

These examples illustrate how the popular novel could occasionally embrace the theme with greater speed and interest than canonical texts. Besides, cholera's role was related to the space reserved for the (criminal) poor within the serialised novels. Pio Bandiera, author of *The Everlasting Flowers and the Cholera, an Italian Story (I Fiori Sempiterni e il Cholera. Storia italiana, 1848)*, laments that 'the people' is rarely present in historical narratives and images, and asserts "the history of a country [...] will never be well done and complete" unless it took into account "the intimate and physiological life of the people".<sup>122</sup> His popular novel – equally published during an outbreak – hopes to correct that and, revealingly enough, it bears the word 'cholera' in its very title. The text was dismissed in a review by Carlo Lorenzini – who would later write *The Adventures of Pinocchio (Le avventure di Pinocchio, 1881-83)* under the pen name Carlo Collodi. In his opinion, *The Everlasting Flowers and the Cholera* is a novel "of little literary merit and, therefore, destined to immediate oblivion".<sup>123</sup> In a different article, he also attacks the sensationalist themes being brought to the theatre stage and, in doing so, suggests that part of the problem might be the appearance of cholera itself.<sup>124</sup> He derides the theatrical billboards of his day by inventing some creative titles of his own: "Great hernia operation in five acts. Original drama by a Florentine pen"; "The caesarean section, or the terrible death of a pregnant woman and her foetus. Drama in three days"; "Cholera-morbus. Dramatic spectacle with coffin and fulminating cases on the stage",

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<sup>121</sup> There are still other intersections between anti-Semitism and cholera texts which I aim to explore somewhere else. Such narratives are part of cultural discourses which will eventually culminate, for example, in the medicalized language employed by the Nazis in *The Eternal Jew (Der ewige Jude, 1940)* to equate Jews to plague vectors.

<sup>122</sup> "La storia di un paese, per conto mio, non sarà mai ben fatta e completa, fino a tanto che non mi renda conto della vita intima e fisiologica del popolo che mette in scena". Quoted from Paone, Giuseppina. *Giornalismo umoristico e caricatura letteraria nell'Ottocento italiano: le Fisiologie e il caso Collodi*. PhD dissertation, University of Naples Federico II, 2017, p. 268.

<sup>123</sup> "di scarsa qualità letteraria e pertanto destinato a immediato oblio" Ibid., p. 246.

<sup>124</sup> *I destini del dramma*. Ibid., p. 279.

among others.<sup>125</sup> These are manifestly taken as ironic examples not to be followed; they imply that the usage of medical themes in literature is inherently vulgar and inartistic – a topic that we have already encountered in *Chapter 4* in the condemnations of Rosenkraz and Ferragus.

That shows how cholera as a literary theme was used to assert esthetical value and – alongside a multitude of other factors – to decide what goes in and what stays out of the Canon. In general terms, ‘high literature’ was destined to the ‘high classes’ and would engage with ‘refined themes’ in a ‘refined way’; in opposition, ‘lower literature’ was destined to the ‘lower classes’ and would portray ‘vulgar themes’ in a ‘vulgar way’. In the words of a medical student reproduced by Rosenberg: “Confined mostly to the lower classes, [cholera is] decidedly vulgar”.<sup>126</sup> With the exception of tuberculosis, nearly all medical themes were deemed inherently ‘low’ and, as such, could only be explored in works destined ‘to the masses’ – even if, ultimately, they were consumed by the bourgeoisie. We have seen exactly this paradox derided by Janin in the previous chapter when a physician advises a middle-class female patient to “take advantage of the cholera to read [Balzac’s obscene stories], cholera offers an excuse”; otherwise, “[w]hen the cholera is gone, you will be obliged to read these stories in secret.”<sup>127</sup> If a ‘true writer’ decided to address cholera that was in all likelihood linked to the tragic downfall of a hero (*Middlemarch*, *I Viceré*, *Matro-don Gesualdo*, *Death in Venice*) or an overall portrayal of apocalypse (*The Last Man*, *Crime and Punishment*). Plus, the infection was emptied of its vulgarity by the sanitisation of language and symptoms.

The same can be said of other taboo themes (e.g. eroticism, homosexuality), but also of entire styles, dictions and genres. Colloquialisms or comicity, for instance, were mostly frowned upon at the time. On that regard, it is important to note cholera’s early relationship to humour (see *Chapter 3*), as well as to informal and ‘incorrect’ language – a subject I will tackle shortly. Previously, I have remarked how Laube deemed cholera “horrifically comic [or strange]” and “a counterpart to humour, a death humour”.<sup>128</sup> I have not mentioned, however, how he declares it a popular writer of its own: “with weapons that have hitherto served us for mockery and laughter, [cholera] is the most popular and most effective humorous writer we have ever had in

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<sup>125</sup> “Grande operazione d’ernia in cinque atti. Dramma originale di penna fiorentina”; “Il taglio cesareo, ovvero la terribile morte della partorientente e del feto. Dramma in tre giornate”; “Cholera-morbus. Dramma spettacolo con bara sul palco-scenico, e casi fulminanti a vista”. Ibid., p. 279.

<sup>126</sup> Rosenberg, *The Cholera Years*, p. 57.

<sup>127</sup> “Justement M. de Balzac vient d’en faire de nouveaux [contes], encore plus graveleux que ceux de Boccace : hâtez vous donc , profitez du choléra pour les lire ; le choléra porte avec lui son excuse. Quand le choléra sera parti, vous serez obligée de lire ces contes en cachette, si vous les lisez : donc lisez les Contes drolatiques de M. De Balzac , madame , et consolez-vous.” Janin, *Contes Nouveaux*, pp. 47-48.

<sup>128</sup> “Und doch ist sie mit ihren schauderhaft komischen Waffen eine vollkommen moderne Pest, ein Pendant des Humors, ein Todeshumor. [...] [Sie] tödtet die Menschen mit Dingen, die wir unanständig und lächerlich zu nennen übereingekommen sind.” Laube, *Reisenovellen*, p. 66-67.

Germany.”<sup>129</sup> The equivalence between disease, ridicule and popular appeal is unmissable.

Further evidence for the pedestrian status of the theme is found in the preface written by Zola for the 1885 edition of *Les Mystères de Marseille*, eighteen years after the original publication. He starts it by recollecting his struggles to survive as a young author early on his career. Zola swears to the reader that his financial needs were so severe that “there was no bread at home every day”.<sup>130</sup> At this conjecture, he was approached by a newspaper editor with a proposal to write a *roman feuilleton*. The idea was not exhilarating for he felt he had “neither the taste nor aptitudes needed”<sup>131</sup> and, on looking back at this point, “the misfortune was undoubtedly that [this proposal] had not been brought to a soap-opera maker (*un fabricant de feuilletons*)”.<sup>132</sup> Yet, Zola’s poverty consented – but not his will. He decided to work on the book during the day, as a means “to be able to eat at night”.<sup>133</sup> He was also working concomitantly at *Thérèse Raquin*; the text often considered the beginning of Naturalism. However, the two novels would walk in very distinct pace:

So for nine months, I wrote my *feuilleton* twice a week. At the same time, I was writing *Thérèse Raquin*, which would bring me five hundred francs on *l’Artiste*; and, if during the morning I sometimes required four hours to put together two pages of this novel, I botched in one hour during the afternoon the seven or eight pages of the *Mystères de Marseille*.<sup>134</sup>

The craftsmanship each novel requires is almost incomparable. If a page of *Thérèse Raquin* was composed in about two hours, the average page of *Les Mystères de Marseille* was ready in seven or eight minutes. Given such disparity on required effort, it comes as no surprise that they differ in sophistication too. In fact, the measurements provided allow the reader to calculate the proportional difference; it is seventeen fold.

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<sup>129</sup> “Sie ist todtesernsthaft und todtespashaft, wie man es nennen will, mit Waffen, die uns bisher zum Spott und zum Gelächter dienten, sie ist der populärste und wirksamste humoristische Schriftsteller, den wir je in Teutschland gehabt.” Ibid.

<sup>130</sup> “Il n’y avait pas chez moi du pain tous les jours”. Zola, Émile. *Les Mystères de Marseille*. Paris, Charpentier, 1885, p. V.

<sup>131</sup> “tout en ne me sentant ni le goût ni les aptitudes nécessaires” Ibid.

<sup>132</sup> “et le malheur a été sans doute qu’il ne fût pas tombé sur un fabricant de feuilletons, ayant le don des vastes machines romanesques.” Ibid.

<sup>133</sup> “Ma journée était gagnée, je pouvais manger le soir.” Ibid., p. VI.

<sup>134</sup> “Donc, pendant neuf mois, j’ai fait mon *feuilleton* deux fois par semaine. En même temps, j’écrivais *Thérèse Raquin*, qui devait me rapporter cinq cents francs dans *l’Artiste* ; et, lorsque le matin j’avais mis parfois quatre heures pour trouver deux pages de ce roman, je bâclais l’après-midi, en une heure, les sept ou huit pages des *Mystères de Marseille*.” Ibid.

Beyond that, Zola does not mince words to qualify his *feuilleton*: it is a book “of pure trade, and one poorly done” and its pages transpire an “irreparable mediocrity”.<sup>135</sup> Zola is aware that “all this job of a journalist is of little value”, nevertheless “[he] had to make a living.”<sup>136</sup> He also explains why a new edition is being issued: he was supposedly blackmailed by someone who threatened to circulate a rare first edition to make him ashamed. Due to the situation, he decided to republish it himself since he ‘has nothing to hide’. Besides, he hopes that *Les Mystères de Marseille*, in spite of “such mediocre quality”, can offer insight to the reader into “how much will and work I had to spend, to rise from this low production to the literary endeavour of the *Rougon-Macquart*.”<sup>137</sup> The rhetoric of progress and triumph is clear in the choice of words, as well as the net divisions between what is worthy of literature and what it is not. Effectively, *Les Mystères de Marseille* are not even categorised as such, being instead ‘a low production’, ‘the job of a journalist’, or that of ‘a soap-opera maker’, and its natural ‘mediocre quality’ stands out against the elevated and artistic *Rougon-Macquart*.

Zola’s wish to distance himself from the book is quite obvious; and yet, there is more to it than meets the eye. It is difficult to take the blackmail anecdote seriously. Even if we assume the story is true, it fails to persuasively justify a new edition. In my interpretation, the preamble is likely invented by Zola as a means to ‘save face’ – and I agree with him, the quality of the novel is indeed scarce. Still, I believe there might be a few other more plausible reasons for a second edition: perhaps Zola is simply expecting to make some money out of sales; perhaps the preface is designed as a *captatio benevolentiae*, a rhetoric strategy to conquer public sympathy by admitting a fault; or perhaps he is investing the reader with a bird’s-eye-view of his own career not exactly to show how poor his writing was at the start, but rather to demonstrate how cultivated and polished it is now. In this sense, the preface could be a smoke-screen, a self-eulogy in disguise.

Moreover, its date is remarkable, since it is in perfect harmony with scientific developments. After Koch’s rediscovery of the *Vibrio cholerae* in 1883 and its means of transmission in 1884, cholera was increasingly seen as an overcome challenge, a threat which belonged now abroad or in the past. There was some truth to that, since the epidemic was waning in Europe thanks to the urban reforms commenced in the 1860s, but the problem was far from over and outbreaks would still flare up periodically. From a cultural point of view, however, the infection was considered defeated for the most part, so much so that the Hamburg Outbreak of 1892 came as a shock, while

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<sup>135</sup> “m’a fait écrire cette oeuvre de pur métier, et de mauvais métier” ; “Malgré leur médiocrité irréparable” Ibid., p. VI-VIII.

<sup>136</sup> “Toute cette besogne de journaliste n’a pas grande valeur, je le sais ; mais il me fallait gagner ma vie” Ibid., p. VII.

<sup>137</sup> “s’il est d’une qualité si médiocre, qu’il fasse songer au lecteur quelle somme de volonté et de travail il m’a fallu dépenser, pour m’élever de cette basse production à l’effort littéraire des *Rougon-Macquart*.” Ibid., p. VIII.

the Naples Outbreak of 1911 was deceitfully hidden by the Italian authorities.<sup>138</sup> That meant that after 1884, cholera was tacitly declared ‘a thing of the past’. Now that its action was understood, the mystery was gone and, alongside it, much of the horror vanished too. Even if there was no therapy available yet, the fear-based taboo started to give way and discussions about it became less indirect. From this point onwards, the reluctance in naming the infection fades away and humorous explorations of the subject, which circulated only for a brief period in the 1830s, made a swift come back. For about three decades, cholera’s appearance in literature grew, instead of diminishing. Perhaps counter-intuitively – or perhaps not –, now that people felt the storm had passed, cholera became more acceptable and more appealing as a literary theme. The number of canonical authors approaching it augmented considerably: Verga, De Roberto, Kipling, Maupassant, D’Annunzio, Papadiamantis, Ricarda Huch, H. G. Wells, Gorki, Mark Twain, and Thomas Mann, all penned texts about it in-between 1884 and 1912. Not to mention those that would revisit it in the decades to come: Bruno Jasiński, Joseph Roth, Émile Ajar, Nazik al-Malaika, Gabriel Garcia Márquez, Le Clézio, Andrea Camilleri...

Taking that into account, Zola’s publication of *Les Mystères de Marseille* in 1885 may be interpreted as part of the on-going process. Once the theme became permissible, the partial monopoly of the popular novel was lifted. As a result this particular text’s status increased enough as to deserve a re-issuing. To be sure, the novel did not become art in the author’s opinion, but it became ‘less awful’ somehow. As I have noted concerning *Nana*, even an author like Zola was subject to the dictates of taste and prudery from time to time. Once the resistance diminished, old stories could be re-evaluated by a refreshed public.

Finally, it is worthy to analyse still another case: that of the *Décadence*. Literary criticism has traditionally interpreted the decadent movement as both a continuation and a fracture with Romantic ideals. On the one hand, decadent artists accepted Rousseau’s dichotomy which saw an inherently good Nature in opposition to an inherently corrupt Society. However, on the other, they welcomed artificiality with enthusiasm and had little regard for what is ‘natural’. This paradox – the “perverse enjoyment of what is thought to be evil” in Phillip Stephan’s formulation – is typical of the *Décadence*.<sup>139</sup> Baudelaire and Poe are often regarded as the progenitors of this tradition which reaches maturity with a trio of texts: Joris-Karl Huysmans’s *Against Nature (À rebours)*, 1884), Gabriele D’Annunzio’s *Pleasure (Il Piacere)*, 1889) and Oscar Wilde’s *The Picture of Dorian Gray* (1890). They all recount the life of indulgent aristocrats who despise bourgeois morality and pursue a life of aestheticism and perpetual fruition of art. These characters engage in extravagant

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<sup>138</sup> See Snowden, Frank M. *Naples in the Time of Cholera, 1884-1911*. Cambridge UP, 1995.

<sup>139</sup> Weir, David. *Decadence and the Making of Modernism*. University of Massachusetts, 1995, p. 4.

and often eccentric behaviour, which does not conform to social norms and is very often explicitly delineated to provoke and shock the public. This tendency for stirring scandal is not only characteristic of the literary texts, but also of their authors, many of whom affronted society through their behaviours as well. The lifestyles of D'Annunzio and Wilde were not dissimilar from their characters and they did indeed awaken polarized opinions of condemnation or enthusiasm for their ideas and actions.

The allure of confronting societal values through individual behaviour – which were seen as authentic and irreducible – was a key component of *la Décadence*. That was often achieved by personal choices in dress, language, habits and sexual mores. Baudelaire condensed these fundamental principles of the movement in an aphorism noted down in his personal journal and published posthumously: “That which is intoxicating in bad taste is the aristocratic pleasure of displeasing.”<sup>140</sup> Indeed, it is quite clear that the decadent texts and images delight in shocking and perhaps even exasperating part of the public. They achieve that through dissonance: if, in one sense, their texts are highly refined in locution and content, enrolling complex grammar, aulic vocabulary, elaborated metaphors, learned intertexts, and foreign terms; in another, they might come across as immoderate, artificial, excessively baroque, and, above all, iconoclastic. These texts insist in bringing up and breaking taboos. They repeatedly address themes like homosexuality, adultery, syphilis, violence or drug addiction, and they do so in an unabashed, on occasion, almost commendatory way.

Félicien Rops is a perfect example of these tendencies. He was a personal friend of Baudelaire and the artist who drew the frontispiece for *Les Épaves* (1866), the collection published in Belgium comprising those of Baudelaire's poems which had been censored as immoral in 1857. Rops' drawing (see *Figure 19*) displays a human skeleton which rises from a mount of waste in which animal bones, withered flowers and vegetation reminiscent of tentacles and claws are identified as the seven deadly sins.<sup>141</sup> A snake poses as the skeleton's phallus and its arms metamorphose into the branches of a fruit-bearing tree. Above it, *putti* fall down from the dark and menacing sky, while an ominous harpy carries Baudelaire's effigy. The image is not particularly welcoming and that impression is confirmed in the following pages by the “Warning from the Editor” – not a ‘preface’, a ‘note’ or a ‘comment’. On it, ‘the editor’ – which is very likely the poet himself – asserts that the book was written for “the circa two hundred and sixty readers who constitute [...] the literary public in France, since the beasts have decidedly usurped the word out

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<sup>140</sup> “Ce qu'il y a d'enivrant dans le mauvais goût, c'est le plaisir aristocratique de déplaire.” Baudelaire, Charles. “Fusées” in *Œuvres posthumes*, Paris, Société du Mercure de France, 1908, p. 94.

<sup>141</sup> Rop, Félicien. *Illustration for Les Épaves by Charles Baudelaire*. 1866. Wikicommons, [https://commons.wikimedia.org/wiki/File:Rops\\_Les\\_Epaves\\_1866.jpg](https://commons.wikimedia.org/wiki/File:Rops_Les_Epaves_1866.jpg) Etching.

of men.”<sup>142</sup> The message is clear: the poems were composed for a small cast of enlightened individuals, and the opinions of the inferior majority do not count at all. That means that the drawing is in perfect harmony with the text, since their scope is more to repulse than to attract – or, rather, to attract via repulsion.

One year before the publication, in 1865, Baudelaire praised Rops in a letter to Édouard Manet precisely on the basis of their shared and unique understanding of aesthetics: “Rops is the sole true artist (in the sense in which I – and perhaps I alone – understand the word artist) that I have found in Belgium.”<sup>143</sup> Assuredly, the images by Rops are as provocative as Baudelaire’s poems. They explore a large number of sexual and religious taboos. Some are nearly pornographic and defiantly portray intercourse, masturbation, or ‘sexual perversions’ (sodomasochism, zoophilia, necrophilia), alongside blasphemy and Satanism – all of them coupled with a huge amount of misogyny. His images often invoke syphilis directly and indirectly, something that shows how Rops is not deterred by the representation of the repulsive; quite the contrary, he actively chooses to draw partially decomposed cadavers, withered dancing skeletons or grotesque chimeras.

In spite of all that, neither Rops nor the decadent writers in general explore cholera in their production. Curiously, notwithstanding the numerous and cyclical references to medical matters in – let’s say – Baudelaire or Huysmans, they tend to avoid cholera as a literary theme altogether. I know of only two texts by authors appertaining to the movement: a poem by Baudelaire – which was examined earlier – and a short-story by D’Annunzio which is more concerned with a riot than with cholera itself. That is remarkable, for, unlike Balzac and others, the decadents did not shy away from nauseating topics and are not concerned in the least about displeasing the public. Just the opposite, they actively seek to shock the many to please the few – those who possess ‘genius’ and are able to transcend the bourgeois morality. On that account, the neglect is astonishing, especially if we consider that the idea of inevitable cultural decline – in other words, of decadence – is akin to the rhetoric of extinction so common in certain cholera texts (see *Chapter 2*). For example: count Sperelli is portrayed by D’Annunzio as the “last descendant of an intellectual race”, an assessment which is not at odds with Mary Shelley’s representation of Verney, also a nobleman, as “the Last Man”.<sup>144</sup>

Furthermore, David Weir shows how some of the features of *Salammbô* (1862) – a text

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<sup>142</sup> “les deux cents soixante lecteurs probables qui figurent [...] le public littéraire en France, depuis que les bêtes y ont décidément usurpé la parole sur les hommes.” Baudelaire, Charles. *Les Épaves*. Amsterdam, À l’Enseigne du Coq, 1866.

<sup>143</sup> “Rops est le seul véritable artiste (dans le sens où j’entends, moi, et moi tout seul peut-être, le mot artiste) que j’ai trouvé en Belgique.” Baudelaire, Charles. *Lettres : 1841-1866*. Paris, Société du Mercure de France, 1907, p. 435.

<sup>144</sup> “Il conte Andrea Sperelli-Fieschi d’Ugenta, unico erede, proseguiva la tradizione familiare. Egli era, in verità, l’ideale tipo del giovane signore italiano del XIX secolo, il legittimo campione d’una stirpe di gentiluomini e di artisti eleganti, ultimo discendente d’una razza intellettuale.” D’Annunzio, Gabriele. *Il Piacere*. Milan, Mondadori, 1989, p. 46.

whose scenes of sensuality, torture and violence dismayed the public – were deliberately inspired by cholera and were calculated by Flaubert as a means of comparing ancient Carthage to contemporary France.<sup>145</sup> According to the scholar, the rumours of poisoning which circulate among the mercenaries in the novel relate to the cholera riots of the 1830s and 40s, while the anachronistic presence of an aqueduct is likely inspired in Haussmann's reconstruction of Paris started in the 1850s.<sup>146</sup> That is to say that Flaubert adopts in *Salammbô* strategies which are quite similar to those previously used by Harriet Martineau or Paul Heyse.

That being so, the question which imposed itself is: if the *Décadence* is not appalled by violent or repulsive matters, why is cholera not part of its portfolio? If it methodically seeks to transgress taboos, why does it maintain the same silence of less provocative authors?

The question cannot be answered on the basis of chronology. One could perhaps argue that, since the Decadent school reached full maturity after 1884, precisely in the period when cholera became less of a cultural concern, therefore it bypassed the subject just as society did. Nonetheless, that contradicts the general tendency in literature, for cholera emerged more often and not less so after 1884. Next, one could argue that this was precisely the problem: since the theme was becoming acceptable, the decadents, in their love for going against the grain, would avoid it precisely for its new acceptable status. That is a plausible hypothesis, though not a strong one, in my opinion. The phenomenon was still taking shape in the late 1880s, so the decadents would not have perceived it so soon; besides, it becomes visible only after attentive scrutiny, and they were certainly not searching for any pattern of this kind.

I believe the explanation is related not so much with cholera's nauseating qualities, but rather with its association to the poor. The *Décadence* admired and embraced aristocratic values of extravagance, superiority and refinement. Therefore, it identified with the eclipsing nobility in opposition to other groups. In consequence, it dismissed the 'vulgarity' of the masses – just as other classes would – but it also extended its disdain to the bourgeoisie, which was taken on its entirety as a class of uncouth *nouveaux riches*. Given that cholera was profoundly equated to the poor (for their susceptibility) and to the bourgeois (for their immunity and attempts of reform), the theme came across as doubly vulgar. In this sense, it is no wonder that the decadents are almost obsessed by syphilis: it was a major concern of aristocratic womanizers, it was condemned as diabolic by religion, it was distasteful to prudish morality, and, above all, it was tuberculosis turned upside down. If consumption was imagined as an angelical disease of ultra-refinement, syphilis

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<sup>145</sup> Weir, *Decadence*, p. 26-27.

<sup>146</sup> *Ibid.*

was its blasphemous version: both were slow, lethal, and enhanced creativity. Besides, they were often exchanged on the stage; for instance, the tuberculosis of Violetta in *La Traviatta* or Mimi in *La Bohème* are hardly convincing and are, in fact, a coded reference for syphilis.

Moreover, the *fin-de-siècle* updated the romantic ideas about the artist's predisposition to madness and consumption, into their less positive counter-parts of neurosis and syphilis. Weir shows how Dr Joseph Moreau de Tours set the medical basis for an alleged hereditary connection between high creativity and psychopathology, since, according to him, "the most brilliant families, with the largest proportion of geniuses, also contain the largest numbers of neurotics and madmen".<sup>147</sup> Once a medical basis was established for a perspective which had hitherto been largely cultural and artistic, according to Jean Pierrot, "the artist becomes an unbalanced being in whom an excessive delicacy of the sensibility and the nerves, plus a hypertrophied critical intelligence, takes its revenge by destroying the faculty of will and the desire to act."<sup>148</sup>

Effectively, the number of artists who suffered at the time from syphilis and its neurological symptoms was vast: Donizetti, Baudelaire, Maupassant, Mikhail Vrubel, Klimt, and possibly Nietzsche. In Mann's *Doctor Faustus* (1943), the exchange for creative genius is precisely syphilis; if the novel had been written a hundred years before, it would have likely been tuberculosis. To be sure, cholera and syphilis shared repulsion and blame, but, crucially, they did not share refinement. The decadent writers searched for a disease of the individual, a peculiar condition which transpired the superiority of the true artist. Cholera could not offer as much, because it was a disease of the common folk, of anonymity, of the group. Cholera and its metaphors were inextricably linked to those of the plague in the sense that they were punishment for society as a whole. In other words, it had nothing to offer for the highly individualistic and personalised characters of the *Décadence*. Despite its dreadful symptoms, syphilis could be glamorous, but cholera was decidedly plebeian, perhaps almost banal.

The disdain of the decadents for the epidemic would prevail for most of the school's existence. However, I find quite interesting that *Death in Venice*, a novel which is built around cholera as a symbol for downfall and degeneration, is, in many ways, a continuation of the *Décadence*; or at least a laudatory and ironic dialogue with its *topoi*. The aestheticism, the refined language, the psychological introspection, the homosexuality, and the eccentric and almost grotesque characters are all present; nonetheless, Aschenbach is a bourgeois recently ennobled

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<sup>147</sup> Weir, *Decadence*, p. 47.

<sup>148</sup> Pierrot, Jean. *The Decadent Imagination, 1880-1900*. Chicago, University of Chicago Press, 1981, p. 52. Translated into English by Derek Coltman (Orig. ed. *L'Imaginaire décadent*, Presses Universitaires de Rouen et du Havre, 1977). Quoted by Weir, *Decadence*, p. 47-48.

and his vacillating conduct is hardly a match for Des Esseintes' tendencies for iconoclasm and nihilism. Unlike other decadent heroes, whose superiority is paradoxically proven by their frail health, in *Death in Venice*, cholera is not a promotion – unlike tuberculosis in *The Magic Mountain* or syphilis in *Doctor Faustus* –; instead, it is proof of Aschenbach's debacle in trespassing definitively the bourgeois morality. In spite of his efforts, he ultimately fails. In this sense, cholera continues to be used as a symbol of vulgarity.

Furthermore, *Death in Venice* can be also understood as part of a transition, since the *avant-gardes* of the beginning of the century would have a different relationship to cholera. David Weir argues – convincingly in my opinion – that the *Décadence* has provided the basis for much of later experimentalism with language and form, but also with an imprint for general behaviour. Proof of that are the euphoric unorthodoxy of Duchamp, the Dadaists or the Futurists, and the “*non-conformisme absolu*” of Breton's *Surrealist Manifesto* (1924). Even the eccentricity of Salvador Dalí might be interpreted as a transformation of the incendiary behaviour and looks of the typical decadent dandy. These similarities are not restricted to methods and life-style, but it extends to thematic explorations too. In fact, the vanguards amplify the exploration of taboo themes in literature, up to the point that Eco has qualified Modernism as “the avant-guard's triumph of ugliness.”<sup>149</sup> Thus, two years after the publication of *Death in Venice*, we find Aldo Palazzeschi propound in the Futurist manifesto *The Counter-pain (Il Controdolore, 1914)*:

IT IS NECESSARY TO EDUCATE OUR CHILDREN IN LAUGHTER, in the most immoderate, most insolent laughter, in the courage to laugh loudly as soon as they feel the need [...]. To exercise this spirit of exploration in human pain, we will subject them to easy tests from the earliest years. We will give them educational toys: puppets that are hunchbacked, blind, gangrenous, crippled, hectic, syphilitic, who mechanically cry, scream, complain, are assailed by epilepsy, plague, cholera, hemorrhages, hemorrhoids, drains, madness, faint, gasp, die.<sup>150</sup>

Palazzeschi considers such repulsive themes should be treated with irony and derision, thus

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<sup>149</sup> Eco, *Storia della Bruttezza*, p. 365.

<sup>150</sup> “BISOGNA EDUCARE AL RISO I NOSTRI FIGLI, al riso più smodato, più insolente, al coraggio di ridere rumorosamente non appena ne sentano la necessità, all'abitudine di approfondire tutti i fantasmi, tutto le apparenze funebri e dolorose della loro infanzia, alla capacità di servirsene per la loro gioia. Per esercitare questo spirito di esplorazione nel dolore umano, fino dai primi anni li sottoporremo a prove facili. Gli forniremo giocattoli educativi, fantocci gobbi, ciechi, cancrenosi, sciancati, etici, sifilitici, che meccanicamente piangano gridino, si lamentino, vengano assaliti da epilessia, peste, colera, emorragie, emorroidi, scoli, follia, svengano, rantolino, muoiano.” Marinetti, Filippo T. et al. / *Manifesti del Futurismo*. Lacerba, 1914, p. 174-175.

taking a step further Laube's comment that cholera is the "most effective humorous writer we have ever had in Germany."<sup>151</sup> To all intents and purposes, the *avant-garde* writers abandon the decadents' sympathy for the aristocracy and its fondness for blasphemy or violence. They prefer, instead, to shock through humour, confusion, and inconsequence, and, hence, employ the theme differently from this point onwards. Joseph Delteil (1894 - 1978), for example, has composed the surrealist novel *Choléra* (1923) in which a personification of the disease is one of the characters engaged in a polyamorous relationship. The novel is humorous and sarcastic – André Gide declared himself 'amused' by it – and manipulates the theme in a very idiosyncratic way.<sup>152</sup> Similarly, the Polish writer Bruno Jasiński (1901 - 1938) has built his futurist novel *I Burn Paris* upon the historical experience of cholera. The text was first serialised in 1928 in French as *Je brûle Paris*, and published in 1929 in Polish as *Palę Paryż*. It describes a bioterrorist attack in which 'a plague' is disseminated in the Parisian sewage system. The text manifestly works with many of the cholera *topoi*, often in ironical ways. Paris is abandoned by the authorities and becomes a mosaic of small feuds ruled by different ethnical and political groups (the French, the Russian revolutionaries, the Americans, the Jews, the Socialists, etc.). Ultimately, they all die and the city is accidentally taken over by the criminals who, having freed themselves from prison, discover an empty Paris. They take the opportunity to rebuild society from scratch according to socialist ideals. At once acid and humorous, the novel was considered dangerous as political propaganda and resulted in Jasiński's deportation from France. Albeit not well-known, I consider it an outstanding text. Finally, as previously mentioned in *Chapter 1*, Jaroslav Hašek also employed cholera in his picaresque novel *The Good Soldier Švejk* as a satirical weapon to ridicule the Austro-Hungarian forces.

### **5.5 The Languages of the poor: argot, dialects, foreign tongues**

Now that the relationship between cholera as a theme and different textual typologies is clarified, we can turn back to the representation of the poor as savages. As we have seen, the miserable inhabit a mysterious underworld which is understood as a 'Tropical' or 'Oriental' colony right at the heart of the European industrialized cities. They are divided in types, classes and tribes which constitute alien cultures of their own. That is made manifest by their incapacity to speak the same language of the bourgeoisie; instead the poor rely on faulty grammar, slangs and *argot* which

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<sup>151</sup> "Sie ist todtesernsthaft und todtespashaft, wie man es nennen will, mit Waffen, die uns bisher zum Spott und zum Gelächter dienten, sie ist der populärste und wirksamste humoristische Schriftsteller, den wir je in Teutschland gehabt." Laube, *Reisenovellen*, p. 66-67.

<sup>152</sup> Deiteil, Joseph. *Choléra*. Paris, Bernard Grasset, 1961, Kindle edition, location 20.

are deemed real dialects and, sometimes, incomprehensible foreign languages.

In *Chapter 3*, I have analyzed some of the humorous reactions to the promises of doom and gloom that preceded the arrival of cholera in Europe. I have perused Coleridge's *Cholera Cured Before Hand*, a poem which announces on its subtitle that it was "promulgated gratis" – it is, therefore, some form of charity – "for the use of the Useful Classes, especially those resident in St. Giles's, Saffron Hill, Bethnal Green, etc. [...]". The 'Useful Classes' are evidently the lower classes and that is confirmed by the neighborhoods listed, all renowned for their slums. Accordingly, the poem's diction is idiosyncratic and would surprise the reader accustomed with the Coleridge of *Lyrical Ballads* (1798). Its language is highly oral, replete with broken grammar, several colloquialisms, neologisms and onomatopoeia. The name of the disease itself is corrupted from *cholera morbus* into *Cholery Morpus*. Textual outlines such as this one are in fact very common when cholera is addressed. That is evident in the poems of G. G. Belli as well, which – it is worth repeating – also transform the disease's name into *còllera mòribbus* or *colla-morbida*, among others. These texts were written very early on, in 1832 and 1835, respectively; and still, they are representative of a practice which would prevail throughout the century. Belli goes as far as adding to his poems notes to explain obscure terms and cultural practices; exactly as social reformers would do in their ethnographies a decade or two later.

Another example is found in Roch's *Paris Malade*. At some point, a middle-class citizen addresses a crowd of workers which is about to get out of control. He is called M. de Saint-Firmin, and, according to the *dramatis personae*, is a "captain of the National Guard" who owns an "honourable fortune".<sup>153</sup> He tries to pacify the group by denying that the disease attacks solely the lower classes; he even swears that many of his acquaintances came down with it. However, the workers are not convinced and 'the Chauffeur' replies with irony: "you're too rich for the chaulera: the good bargains are always to the poor"<sup>154</sup> The alienation of the workers is highlighted by their incapacity to assimilate the infection's name – *chauléra* instead of *choléra* in the original French. The inability of grasping such a simple word is used as proof of their little intellectual capacity and reinforces their representation as violent and credulous – they believe they are being poisoned by the government.

In line with that, the workers are not identified. They are generically designated by their professions (*un Chaffeur, un Cordonnier, un Tailleur de Pierre, un Maçon*) or as unidentified voices in the crowd (*Tous*), something that stands in stark contrast to the distinctiveness of M. de Saint-

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<sup>153</sup> "capitaine de la garde nationale. Fortune honorable". Roch, *Paris Malade*, vol. 1, p. 14.

<sup>154</sup> "[vous êtes] trop riche pour le chauléra : les bonnes aubaines sont toujours pour les pauvres gens". Roch, *Paris Malade*, vol. 1, p. 63.

Firmin.<sup>155</sup> This is a typical pattern: names and attributes are specific in regard to the rich and general in regard to the poor; as Lochard points out: “poverty is defined by anonymity”.<sup>156</sup> Effectively, in literature the marginalised habitually have only a forename (*Gavroche*, *Martin*) or a nickname (*Quasimodo*, *Fleur-de-Marie*). Time and again, they are designated by their social functions or occupations (‘the father’ and ‘the mother’; *le Maître d’école* or *la Goualeuse* [street singer] in *The Mysteries of Paris*); and, just as often, they are identified by their most defining trait: *la Esmeralda* (‘the Emerald’), who is foreign, gorgeous and precious as a gem; *Rigolette*, who is always happy (*rigoler* means ‘to laugh’); *la Chouette* (‘the Owl’), who is effectively watchful and rapacious; *Fagin*, whose name originates from the Gaelic for ‘rustic’ and is accordingly described as rough and even disgusting. These strategies turn these character-types into personifications of social features and functions; and, as such, they become easily interchangeable among different narratives.

Moreover, the name of the poor is normally dispensed with little seriousness by an external agent who acts upon his placidity. Mr Bumble chooses *Oliver Twist*’s name by heedlessly following the letters of the alphabet, while Fantine in *Les Misérables* receives hers with even less care:

She was called Fantine. Why Fantine? She had never borne any other name. [...] She bore the name which pleased the first random passer-by, who had encountered her, when a very small child, running bare-legged in the street. She received the name as she received the water from the clouds upon her brow when it rained. She was called little Fantine. No one knew more than that.<sup>157</sup>

Not even Jean Valjean, the stereotypical honest poor, has any identity of his own: his surname is the mirror image of his very common first name. It is a sort of colloquial shrinkage of *Jean voilà Jean*, a tautology which could be rendered as ‘John that’s John’.<sup>158</sup> Simply put, he is a John Doe and his identity is as elusive as that of all others.

These defective short names are in direct opposition to the long and precise designations of the rich and noble – who, once again, are commonly conflated in the narratives. A case is found in *The Mysteries of Paris*, which presents the reader with the genealogy of its hero in disguise. While dressed in rags, Rodolphe has only a first name; he is Rodolphe and nothing else. Yet, his real

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<sup>155</sup> Roch, *Paris Malade*, vol. 1, p. 60-66.

<sup>156</sup> “la pauvreté se définit par un anonymat.” Lochard, *Fortune du Pauvre*, p. 73.

<sup>157</sup> Hugo, Victor. *Les Misérables*. New York, Thomas Y. Crowell & Co., 1887. Translated into English by Isabel F. Hapgood.

<sup>158</sup> Rosa, Guy. “Réalisme et irrealisme des *Misérables*” in Ubersfeld, A., et al. *Lire Les Misérables*. Librairie José Corti, 1985, p. 222. Quoted by Lochard, *Fortune du Pauvre*, p. 74.

identity is that of Gustave-Rodolphe, *grand-duc de Gerolstein*, son of Maximilien-Rodolphe Gerolstein and Louise de Burglen, and grandson of Charles-Frédéric-Rodolphe and Judith Gerolstein. The contrast is crystal clear: vagueness and precision are used in literature as means of establishing boundaries of class, morality, interest and capability. It follows that, in order to be fully rescued, the poor has to abandon his or her former self and embrace a new identity: Fleur-de-Marie – a name which, Sue explains, means ‘the Virgin’ in slang – is renamed by Rodolph (“you shall be Marie from now on, a name as soft and sweet as you”).<sup>159</sup> The identity update is not restricted to the interaction of the two characters; from this point onwards, even the narrator designates Fleur-de-Marie solely by her new name. Sure enough, she will later turn out to be Rodolphe’s lost daughter, none other than *la princesse Amélie de Gerolstein*.

Furthermore, the same rationale is used in narratives of colonization to misconstrue the ‘half-devil, half-child’ peoples who are not understood as civilized and European. When finally meeting another human-being after a long time in isolation, *Robinson Crusoe of York, mariner* – as he is blatantly identified in the original title of the novel –<sup>160</sup> does not think for a moment that the fully grown adult before his eyes might already have a name of his own. Instead, in a scene reminiscent of Adam naming the animals, “I let him know his name should be Friday, which was the day I saved his life [...]. I likewise taught him to say Master; and then let him know that was to be my name”.<sup>161</sup> The disregard and arrogance with which Friday’s name is chosen requires no comment; it suffices to say that it follows the pattern conquistadors used to rename places: *Dominica* was thus named because Columbus reached it, in 1493, on a Sunday (*domenica* in his native Italian or *dies Dominica* in Latin); *Rio de Janeiro* (‘January River’ in Portuguese) got its name for being spotted by Gaspar de Lemos on the 1<sup>st</sup> of January 1502; while *Easter Island* was baptized as such after Jacob Roggeveen landed on it at the Easter Sunday of 1722. Notoriously, the new name is bestowed upon Friday after he had voluntarily thrown himself to the ground and put “my foot upon his head” and had “this made all the signs to me of subjection, servitude, and submission imaginable, to let me know how he would serve me so long as he lived”.<sup>162</sup> Crusoe’s paternalistic mastery and Friday’s sheepish subservience are structurally identical to the way philanthropists and the poor interact in the cholera texts – to such an extent that the condemnation that Marx and Engels directed towards Rodolphe fits Crusoe perfectly too. The

<sup>159</sup> “Oui, Marie, gardez désormais ce nom, doux et joli comme vous!” Sue, Eugène. *Les Mystères de Paris*. Paris, J. Rouff, 1880, p. 93.

<sup>160</sup> To be precise, the title is much too detailed: *The Life and Strange Surprising Adventures of Robinson Crusoe, of York, Mariner: Who lived Eight and Twenty Years, all alone in an un-inhabited Island on the Coast of America, near the Mouth of the Great River of Oroonoke; Having been cast on Shore by Shipwreck, wherein all the Men perished but himself. With An Account how he was at last as strangely deliver’d by Pyrates* (1719).

<sup>161</sup> Defoe, Daniel. *The life and adventures of Robinson Crusoe*. Boston, Lothrop and Company, 1884, p. 193.

<sup>162</sup> *Ibid.*

symmetry is not achieved by chance; it is yet another way to portray the poor as primitive and unenlightened.

Narratives depict perceived misery and savagery alike because, structurally within the stories, they occupy the same roles. Thus, the poor are depicted not only as dangerous and volatile, but also as stupid. For Mayhew, for example, “common thieves” are “often characterised by mental imbecility and low cunning, lazy in disposition and lacking energy both in body and mind”.<sup>163</sup> Among other things, the little intelligence is perceivable in their minimal capacity for regular speech. As we have seen in *Chapter 2*, Mary Shelley portrays the anonymous *lazzaroni* who guide the English explorers as superstitious and conformist: “‘Questo poi, no,’—said the wild looking savage”.<sup>164</sup> No reason is given for why this character is considered a savage, besides the fact that his identity as a *lazzaroni* conveys the combined ideas of leprosy – built upon the biblical Lazarus – and extreme poverty – since they are beggars from Naples. The short sentence proffered by him in his own language is rudimentary and loosely put together; it could be translated as “this, then, no”. After that, the guides talk to one another and speak again to the English but this time together as an anonymous group: “With great volubility, in their native Neapolitan dialect, with which we were not very familiar, they told us that there were spectres [...]”.<sup>165</sup> Their precarious language is now disqualified as ‘a dialect’ which the explorers understand only with difficulty – they will soon make up for the shortcoming by proving they are fluent in Latin, Greek, and Italian, besides English. Moreover, the guides excuse for not continuing the exploration – which unmistakably will reveal the real cave of the Cumaean Sybil – is based on lack of curiosity, fear of spirits, perhaps even cowardice. This scene shows once more how colonization, poverty and contagious diseases are interwoven in the cholera texts.

The combination of these ideas is also criticised, idealised and paradoxically re-enforced by Axel Munthe in *Letters from a Mourning City*. He describes the beauty and dignity of the Neapolitan poor, asserting that, even if they live “[a]midst dirt and filth”, certain women “come across [as] living models of the ancient Caryatides”, children may have “the Grecian profile of Antinous”, and “you may see a *lazzarone* drape himself [...] as Caesar [...]”.<sup>166</sup> His perception of exoticism and his high esteem for Antiquity are akin to those of Mary Shelley. The two authors differ only in the way they react to this perception: one with paternalism the other with contempt. Munthe underscores the difference: “Yes ! it is easy enough to laugh at the people's ignorance and

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<sup>163</sup> Mayhew, Henry. “London Labour and the London Poor” Vol 4, 1862, in P. Quennell. *London's Underworld*. London, Hamlyn, 1969, p. 134. Quoted by Taylor, “Beyond the bounds of respectable society”, p. 6.

<sup>164</sup> Mary Shelley, *The Last Man*, p. 2.

<sup>165</sup> *Ibid.*

<sup>166</sup> Munthe, Axel. *Letters from a Mourning City: Naples, Autumn, 1884*. London, John Murray, 1887, pp. 179-180.

dark superstitions — but I have never felt inclined to make merry over it, I have witnessed too much of this silent misery, silent because it is unable to tell its woes in the language of our nineteenth century civilisation.”<sup>167</sup> In midway before finishing this sentence, the reader could have thought that ‘silent misery’ would be related to social and economic marginalization, since that is how the word ‘misery’ is primarily employed when poverty is the issue at hand. Nonetheless, nothing could be further from the truth since this ‘silent misery’ is actually related to an incapacity to fully participate in contemporary human society – as symbolised in the act of speaking. That is confirmed and detailed in the continuation:

I always feel as if I had stepped into another century when I am with these people, on whom modern development appears to have had no influence for either bad or good, where even now-a-days the veil of mediaeval mysticism shrouds their understanding. And yet even this mediaeval darkness has its bright side [...]

<sup>168</sup>

As I have contended before, the ‘destitute Other’ is characterised by its paradoxical vagueness: it lives here *and* there, at the present *and* the past. Once again, these claims are made in behalf of these individuals; who would probably not be able to speak for themselves, since their ‘understanding is shrouded in medieval mysticism’. Hence, their case must be presented by an observer who considers himself an anthropologist and a sociologist and who acts as an intermediary to disclose hidden layers of meaning to his readers.

Just a few pages later, Munthe tells a story which involves cholera and which once more combines all the elements under scrutiny. During a visit to *Santa Maria del Carmine*, “the church of the poor people”, Munthe sees a man pray fervently and leave in a hurry.<sup>169</sup> Munthe notices the man has left something behind – a dagger –, so he follows him into the street to hand back the lost item. The man thanks him for the kindness and confesses he is unsettled for having “*cholera in casa!*”<sup>170</sup> Munthe offers his services as a physician and, after some interrogation, the mysterious interlocutor accepts his offer. The entire dialogue takes place in Italian, with translations being provided in brackets or footnotes in the original Swedish, as well as in the English version.<sup>171</sup> Munthe is then taken into a confusing excursion into narrow lanes and miserable neighbourhoods.

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<sup>167</sup> Ibid., pp. 180-181.

<sup>168</sup> Ibid., pp. 187-188.

<sup>169</sup> Ibid., pp. 189-190.

<sup>170</sup> Ibid.

<sup>171</sup> Munthe, Axel. *Bref och skisser : gammalt och nytt*. Stockholm, P. A. Norstedt & Söners Förlag, 1909, p. 78.

He quickly loses his sense of location and wonders what time it is; yet, he has no way to verify since “[i]t is always best to leave one's watch at home on these occasions, [...] it only tends to rouse their [the poor] evil instincts.”<sup>172</sup> He perceives that they are observed by different people along the way and that these sentinels exchange signs between themselves. When they arrive, his guide talks to another person and Munthe is amazed by “the fact that I could not understand a single word they said — I who had flattered myself that my knowledge of the Neapolitan dialect was vastly superior to that of many a native of the place!”<sup>173</sup> His hard-to-believe declaration of linguistic superiority — how can he be ‘vastly superior’ to a native speaker? — is yet another way of attesting his right to speak on their behalf. Given that, by this point, Munthe has already proved his mastery over Swedish, English, French, and Italian, the reader may accept his above-average skill in Neapolitan as natural.

The displacement is conveyed as a sort of mythical travel in space and time which — very much like Mary Shelley’s symbolic descent into Hades — brings him to the heart of the Neapolitan underworld of crime. The transformation is corroborated by Munthe himself: “I could not help thinking that [this] sort of adventure [...] was only possible in Naples, or in the pages of some melodramatic robber-story”.<sup>174</sup> In addition, the man who welcomes them “might easily have posed anywhere as a bandit's model.”<sup>175</sup> Thus, it is the very author to draw a connection between his reportedly true experience and the highly implausible storylines of the *Mysteries*. The two individuals continue to talk, yet, “in spite of all my endeavours, I understood nothing. I just managed to distinguish the word *misericordia* which occurred several times, from whence I concluded that he was giving an account of our meeting in the church”.<sup>176</sup> The word *misericordia* means ‘mercy (of God)’ and is much used in every-day language. However, in this case, and notwithstanding the religious setting, the word means something else completely. Munthe explains that he had previously learned with a local friend that “*misericordia* meant knife in the language of the Camorra”.<sup>177</sup>

The Camorra is one of the Italian Mafia-type groups which exist up to this day. The two *Mafiosi* speak here in codes, in perfect accordance with the *topoi* of the *Mysteries*. In these novels, criminals typically converse through slangs and neologisms (the *argot* in French) which constitute true dialects of their own. That allegedly helps them to carry out crimes without being discovered,

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<sup>172</sup> Munthe, *Letters from a Mourning City*, p. 192.

<sup>173</sup> *Ibid.*, p. 193.

<sup>174</sup> *Ibid.*, pp. 193-194.

<sup>175</sup> *Ibid.*

<sup>176</sup> *Ibid.*

<sup>177</sup> *Ibid.*

even if the secrecy it entails is very suspicious to begin with. That leads to a paradoxical situation which is attested in Munthe's story: it is precisely the coded word *miser cordia* which is supposed to conceal, that gives out their criminal identity to the surprisingly well-informed observer. In this particular case, the ethnographical information required to put the dialogue into perspective may astonish even the Italian reader, who will likely enjoy the comic effect created by the surprise and irony of reconceptualising *God's mercy as knife*.

Munthe is welcomed into the house, where he discovers a small girl agonizing with cholera. He treats her with intravenous injections, even if the desperate family members in the room are unconvinced and suspicious of his intentions. In contrast to what happened before, these individuals no longer speak the criminal's incomprehensible language or – strikingly – the Neapolitan dialect; instead, they employ standard Italian, which appears abundantly while their interaction lasts. The child does not respond well to the medication at first, so Munthe “sat there with the inanimate child in my arms, fully alive to *the savage and suspicious eyes* that were following my slightest movements.”<sup>178</sup> He thinks she might die and, therefore, starts “to ask myself, whether, in point of fact, it was not my own life that I was watching over.”<sup>179</sup> Nevertheless, she reacts and starts to recover. Munthe attends her for three consecutive nights – his visits cannot take place during the day – before she is declared cured. At this point, the obliging father presents himself as Salvatore Trapanese. The name confirms his identity as a thief, since “the family initials were certainly not those that stood engraved upon the silver cup into which I had poured the child's medicine.”<sup>180</sup> Moreover, Salvatore shows his gratitude by asserting that, “if ever I wanted him, his services, his life, and his *coltello* [knife] were at my disposal.”<sup>181</sup> Ultimately, all the stereotypes are confirmed.

There still another aspect of the criminals' dialects that is worthy of highlighting. Its paradoxical existence is justified through the literary imagination: given that malefactors are organized in hordes and tribes which do not belong in civilized society, it is natural for them to speak in unintelligible tongues. That is evident in the geographical metaphors Hugo employs in the chapter on *argot* in *Les Misérables*: “Where are we at this moment? In the land of slang. What is slang? It is at one and the same time, a nation and a dialect; it is theft in its two kinds; people and language.”<sup>182</sup> The dialect is considered a culture and a citizenship on itself. He repeats the

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<sup>178</sup> *Ibid.*, p. 199. My emphasis.

<sup>179</sup> *Ibid.*, p. 200.

<sup>180</sup> *Ibid.*, p. 202.

<sup>181</sup> *Ibid.*, pp. 202-203.

<sup>182</sup> “Où sommes-nous en ce moment ? Dans l'argot. Qu'est-ce que l'argot ? C'est tout à la fois la nation et l'idiome ; c'est le vol sous ses deux espèces : peuple et langue.” Hugo, *Les Misérables*, p. 275. Citation in the translation of Isabel F Hapgood in Hugo, *Les Misérables*, p. 1034.

geographic formulation a little afterwards and condemns *argot* vehemently: “The veritable slang [...], which was a kingdom, is nothing else, we repeat, than the homely, uneasy, crafty, treacherous, venomous, cruel, equivocal, vile, profound, fatal tongue of wretchedness.”<sup>183</sup> Slang often displays an uncanny familiarity to the diction of respectable citizens, yet it is somehow incomprehensible and alien. Rosenkranz declares as much, once more time turning into the *Mysteries* for examples:

Jargon differs from dialect in being plundered from various domains of a language and yet reaching a kind of unity of its own, like thieves’ cant, the *argot* of the *bagno*, as well as the linguistic chaos of the big city rabble. Bulwer, Sue, and others have made ample use of this at times for effects of terror as well, for such a language apart makes *us fall out of well-behaved, educated bourgeois society*. We shudder to hear the language of barbarity that lives among us in the darkness of secrecy and is for us the language of *our enemies*.<sup>184</sup>

His point is crystal clear: *argot* is a frontier which separates the ‘bourgeois society’ from ‘our enemies’. Hugo would not disagree: “People repeated: ‘What do authors mean by that revolting dialect? Slang is odious! Slang makes one shudder!’ Who denies that? Of course it does.”<sup>185</sup> Even if he defends that slang deserves to be studied – just like “maladies” or “vipers” – and, even if it should figure out in literature when the story requires it, still, those who use it are almost inhuman in the eyes of the middle classes:

When one listens, by the side of honest men, at the portals of society, one overhears the dialogues of those who are on the outside. One distinguishes questions and replies. One perceives, without understanding it, a hideous murmur, *sounding almost like human accents*, but more nearly resembling a howl than an articulate word. It is slang. The words are misshapen and stamped with an indescribable and fantastic *bestiality*. One thinks one hears *hydras* talking.<sup>186</sup>

The slangs become, then, yet another way to colonize European societies from the inside.

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<sup>183</sup> Hugo, *Les Misérables*, trans. Isabel F. Hapgood, p. 1036.

<sup>184</sup> Rosenkranz, *Aesthetics of Ugliness*, p. 114. My emphasis.

<sup>185</sup> Hugo, *Les Misérables*, trans. Isabel F. Hapgood, p. 1034.

<sup>186</sup> *Ibid.*, p. 1038. My emphasis.

Just like the sanitarians and social reformers have to visit slums, draw maps, and gather statistics in order to conceive the reurbanization that will foster public health; analogously, authors and readers must learn to represent and recognise this ‘bestial language’ as a way to expose and domesticate crime, filth and immorality – all of which were perceived to be connected with cholera.

One interesting example in this direction is found in the publication of *The Complete Dictionary of Slang used in ‘The Mysteries of Paris’* (*Dictionnaire complet de l’argot employé dans les ‘Mystères de Paris’*) that came out in 1844, only one year after Sue’s novel was serialised. The book presents a few telling clarifications on the cover: “this book is eminently useful to any honest person because it reveals to society the words which tricksters, thieves, fraudsters, and pickpockets invent in their conversation.”<sup>187</sup> Immediately after, it avows that it is also some type of manual which was extended to include the most common tricks by which “thieves go about stealing from decent people.”<sup>188</sup> However, this sentence is first dispensed in slang accompanied with its ‘translation’ – in the very same fashion of Munthe or Belli. In this way, the book proves its own usefulness. The original sentence in French *argot* is “*La pègre maquille son truque pour poissencher les pantres*”. It can only be decoded with the help of the dictionary: *La pègre* (The thieves) *maquille* (organize) *son truque* (their business) *pour poissencher* (to steal) *les pantres* (the peasants/citizens). By learning this secretive language, the decent and respectful bourgeois can supposedly be in control of his own safety and, as a bonus, become able to understand more profoundly his despised *roman des feuilleton*. After all, a dictionary of the kind would not exist if the genre was truly destined to the lower classes as professed by the rhetoric surrounding it; being allegedly inclined towards crime, the poor would comprehend argot and require no assistance to understand Sue.

### **5.6 Anonymity and the crowd**

Given that, according to some social reformers, criminals are inherently inferior in body, mind and soul, and, given that the criminal classes and the lower classes are often taken as one and the same, it follows that the poor are lacking physically and mentally and are a fairly

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<sup>187</sup> “Ouvrage éminemment utile à toute personne honnête puisqu’il divulgue à la société les mots dont les filoux, voleurs, floueurs, chevaliers d’industrie composent leur conversation.” M. D., *Dictionnaire complet de l’argot employé dans les Mystères de Paris*. Paris, Chez Tous Les Libraires, 1844.

<sup>188</sup> “Augmenté de la manière dont *La pègre maquille son truque pour poissencher les pantres*. Les voleurs s’y prennent pour voler les honnêtes gens.” Ibid.

homogeneous group. Moreover, since they are constructed in narratives as anonymous and typified, it follows that they are also nearly always presented as part of a group. Even if poverty is deemed to be the result of a personal fault (luxury, laziness, addiction, etc.), its essence is collective. Hence, in narratives, the poor naturally gather in assemblies, very much like birds converging in flocks or fishes in schools. They are all alike and normally think, act and speak in the same way. In Sterlich's account of the *Cholera in Naples*, for example, once the epidemic reaches the city, "a chorus of four hundred thousand voices echoed in unison" and screamed "the Cholera!"<sup>189</sup>

This instinct to act as one is even more pronounced during epidemics, for social and psychological reactions to outbreaks are somewhat cyclical and follow curious historical patterns (fatalism, denial, flight, appeal to the supernatural, pursuit of scapegoats). Very much like poverty, epidemics are set apart for their anonymity.<sup>190</sup> When recalled by third-person narrators, they tend to focus on a city or region as a whole, often displaying collective characters like 'the physicians', 'the population' or 'the government officials'. It suffices to think on some of the numerous works named after cities: *The Plague in Bergamo (Pesten i Bergamo, 1881)*, a short story by Jens Peter Jacobsen; *The Cholera in Piedmont (Il Colera in Piemonte, 1837)*, a poem by Silvio Pellico or *Guido et Ginevra, ou La Peste de Florence (1838)*, an opera by Fromental Havely. Epidemics are habitually also retold by vague first-person narrators, who have witnessed it all and survived to tell the story out of sheer luck or of an unexplained personal immunity. These individuals have little or no personal identity – sometimes not even a name is provided, as in the case of H. M. in *A Journal of the Plague Year*. The obscurity is intentional and serves, again, to represent the anxieties of the entire group. Therefore, it outlines the same pattern, though on the reverse: if the crowd usually becomes one single entity, in here, one individual encapsulates the experience of the entire group.

Plus, as noted by Heine and others, epidemics are analogous to revolutions in the sense that they impose a radical reorganisation of society, and even more relevantly, they are both driven by the masses as a social force. Cholera reached Europe during the 'Age of Revolutions', only forty one years after the fall of the Bastille and concomitantly to the insurgencies of 1830 and 1848. Even though it often arrived after the fact, in the popular mind cholera and revolutions were strongly bundled together for their disruptive powers and for their capacity to inflame the masses.<sup>191</sup> Furthermore, literary critics have demonstrated how the crowds became a literary theme as a

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<sup>189</sup> Sterlich, *Quadri Storici del Cholera di Napoli*, p. 19.

<sup>190</sup> On this subject see Wald, *Contagious*, p. 18.

<sup>191</sup> Evans, Richard J. "Epidemics and revolutions: cholera in nineteenth-century Europe" *Past & Present* 120, 1988, pp. 123-146.

direct result of the French Revolution.<sup>192</sup> The subject would proliferate in art and gather strength as the century progressed to reach its apex after the 1920s, when Fascism and Communism would engage with it in myriad ways to portray them as forces for good and evil.

In the cholera texts, the ideas which we discussed thus far (outbreaks, predisposition of the poor, inherent criminality, foreignness, anonymity) get all tangled in a web of interrelated themes that conjure up 'the crowds'; and once a crowd is assembled, it can easily flare up into revolutionary rampage. As per D'Annunzio's formulation, the crowds are "formidable monster[s] of countless human faces."<sup>193</sup> That is why nearly all cholera text features riots of some kind, and, to tell the truth, they are often much more attracted by the misdeeds of the populace than the ravages of the disease. That is partially due to human agency and to narrativity: whereas epidemics are random events which lack purpose and meaning, human violence is deliberately inflicted by someone into someone else. Nevertheless, in my opinion, this prominent space occupied by brutality is also directly linked to the preconceptions built around the lower classes and how they live, speak and behave.

Since the poor are a collective entity and also inherently barbaric, their groups are described as gangs, packs and mobs. They are incapable of organising in any productive way, but instead ventilate their frustrations by committing atrocious acts of cruelty. Thereby, it is no wonder they converge in hordes which profess ludicrous conspiracy theories. In *The Betrothed*, the rumours of poisoning are deemed the fruits of "savage and twisted fantasies" which endeavoured to find "filthy and atrocious" elements to fuel hysteria.<sup>194</sup> Janin declares as much in one of his short stories: "The crowd is so cruel and so stupid! Everywhere and always the same, in London, in Saint Petersburg, in Paris; always the same."<sup>195</sup>

That is also the case for Galdós, who greatly emphasises in *Un Faccioso más y algunos frailes menos* the average imbecility of the marginalised. The riot is the apex of this novel, which fictionalises an attack to a monastery which really took place in Madrid in 1834. It all starts with the death of a small child in a miserable neighbourhood. The mother is inconsolable and gets to

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<sup>192</sup> Matucci, Andrea. "La folla nel romanzo storico italiano da Manzoni a Pirandello." *Laboratoire italien. Politique et société* 4, 2003, pp. 15-36; Dufief, Pierre. "La figure des meneurs et l'image de la foule dans le roman français de 1870 à 1914" in *Littérature et Nation* 1, 2<sup>nd</sup> series, March 1990, p. 21-42; Tumeo, Antonio Casamento. *The rebel crowds in the 19th century's Italian literature*. PhD Thesis, Université de Grenoble and Università degli studi di Padova, 2011, p. 9.

<sup>193</sup> "mostro formidabile di innumerevoli volti umani" Matucci, "La folla nel romanzo", p. 21.

<sup>194</sup> "Un veleno squisito, istantaneo, penetrantissimo, eran parole più che bastanti a spiegar la violenza, e tutti gli accidenti più oscuri e disordinati del morbo. Si diceva composto, quel veleno, di rospi, di serpenti, di bava e di materia d'appetati, di peggio, di tutto ciò che selvagge e stravolte fantasie sapessero trovar di sozzo e d'atroce." Manzoni, Alessandro. *I Promessi Sposi*. Milan, Trevisini, 1910, p. 592.

<sup>195</sup> "Elle est si cruelle et si stupide , la foule! Partout et toujours la même , à Londres , à Saint-Pétersbourg , à Paris ; toujours la même" Janin, *Contes Nouveaux*, p. 63.

the street screaming and conjuring the masses. She is described by the narrator as a ‘furious harpy’, a ‘female-devil’ thirsty for blood. The things she says are “loose clauses” and are typical “of the popular disputation”; yet they are not reported in the book for, according with the narrator, they “do not enter in the jurisdiction of written language, because the essence of it would cease to be if it was separated from the rudeness.”<sup>196</sup> Although she speaks for a while, the only things which could be reproduced in Galdós’ text “are these sentences: — My daughter, dead!... Evil things in the water!... Those rascals!...”<sup>197</sup> Moreover, what it is said is “a nonsense of those that never enter a discreet mind.”<sup>198</sup>

Her speech is contagious, so, as soon as it is over, “the individual harpy became a collective harpy, a horrifying monster that occupied half the street and had four hundred hands to threaten and two hundred mouths to repeat: *Evil things in the water!*”<sup>199</sup> That happens because “those who never think, accept with glee a strange thought”, even more so if the idea expressed is “frantic” and “absurd”.<sup>200</sup> Besides, the populace is naturally pre-programed to obey and mimic whatever is said and done before their eyes: “Beastly and rude in everything, they cannot say anything different from ‘*Evil things in the water!*’”<sup>201</sup> At this point, the father of the dead child – who is “a jackal”, “a tiger” and “a bull” – enters the scene and also addresses the crowd. His “voice strove to be authoritative and convincing, in spite of being the voice of a savage.”<sup>202</sup> He is not the only beastly barbarian in the group, for “he was followed by a dozen of those individuals who appear to show a human face when they look at us, although it is highly doubtful that they are indeed men.”<sup>203</sup> The father of the child struggles with his speech; he “desired to reason, to utter a premise”, but that was the equivalent to try “to see in the darkness like an owl”.<sup>204</sup> However, he persists and, albeit “his forehead resembled the hard head of the bull about to attack”, he feels “glimpses of genius”: “a spark burst forth in the mists of that skull, because there is no brain, however tenebrous it may be, that does not have slits through which some light enters from time

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<sup>196</sup> “Sus cláusulas sueltas, saliendo de la boca en chispazos violentos, no entran en la jurisdicción del lenguaje escrito, porque lo característico de ellas dejaría de serlo al separarle de lo grosero. Palabras eran de esas que matiza y salpimenta la disputa popular; equivalen al siniestro brillo de la navaja en el aire, y al salpicar de sangre soez entre las inmundicias que de un corazón rudo salen á una boca sedienta de injuria.” Galdós, *Un faccioso más*, p. 289-290.

<sup>197</sup> “Entre lo que no puede reproducirse se destacaban estas frases:— ¡Mi hija muerta!... ¡Cosas malas en el agua!... ¡Esos pillos!...” Ibid., p. 290.

<sup>198</sup> “un disparate de esos que no entran jamás en cabeza discreta.” Ibid.

<sup>199</sup> “Bien pronto la arpía individual fué una arpía colectiva, un monstruo horripilante que ocupaba media calle y tenía cuatrocientas manos para amenazar y doscientas bocas para decir: ¡Cosas malas en el agua!” Ibid.

<sup>200</sup> “Quien no piensa nunca, acepta con júbilo el pensamiento extraño, mayormente si es un pensamiento grande por lo terrorífico, nuevo por lo absurdo.” Ibid.

<sup>201</sup> “Bestial y grosero en todo, no sabe decir sino: ¡Cosas malas en el agua!” Ibid., p. 291.

<sup>202</sup> “una voz que se esforzaba en ser autorizada y convincente, á pesar de ser la voz de un salvaje.” Ibid., p. 292-3.

<sup>203</sup> “Seguíale una docena de individuos de esos que al mirarnos muestran cara humana, si bien es muy dudoso que sean hombres.” Ibid., p. 293.

<sup>204</sup> “así como el búho ve en las tinieblas [...] él quería razonar, emitir un fundamento, [...]” Ibid., p. 294.

to time.”<sup>205</sup> All this effort was required for him to formulate only three phrases. He fails to find the correct words for his speech and wishes to make a historical comparison but “this was extremely difficult, as his brain had no capacity to contain a historical event.”<sup>206</sup> The mob eventually moves in the direction of a monastery, believing that the monks planned the poisoning of the fountains. Before the massacre takes place, the narrator continues to underscore the inherent inferiority of the crowd: they are “a cannibals’ council of war anticipating a great battle-banquet”,<sup>207</sup> and also “secular assassins that formed an imposing group, a heap of humanity worthy of a garbage can, among which knives and razors gleamed, and blasphemies bubbled.”<sup>208</sup>

If the violence, the attacks on religion, or the incapacity to think and speak were not enough to prove their alienation, the masses are also incapable of recognizing those who stand by them. Albeit physicians repeatedly put themselves into danger for the sake humanitarianism, they are continuously attacked by the populace. That is the case of Mr Hope in *Deerbrook* or Dr Stockmann in *An Enemy of the People*, whose houses are attacked and partially destroyed by mislead mobs. A similar thing happens in Gorki's *Children of the Sun*, though on the reverse; in this case it is Protasov's failure to act which awakens the will for revenge.

Another clear example of the alienation of the crowds is found in the short story *The Cholera in Roda* (*Il Cholera a Roda*, 1835) by Raffaello Lambruschini. The text was published in the year Italy experienced its first outbreaks and it tells the story of how Roda, a small town in the outskirts of Barcelona, was afflicted by chaos and tumults. In the preface, entitled 'To the Tuscan people', the author avows that the riots he is about to describe have really taken place in various European countries. For this reason, he wishes to instigate in his fellow citizens the feelings of unison, respect for the authorities and trust in God, in such a way as to prevent the same riots from happening in Tuscany. The short story adopts a preventive and paternalistic tone which can be foreseen in the text's subtitle: *The Cholera in Roda, a didactic story* (*Il Cholera a Roda: racconto struttivo*). The pedagogical scopes are further discussed in the preface: "[Tuscan people,] I wanted to teach you (*ammaestrare*), so that you do not let yourself be seduced, if it ever happens that anyone proclaims the same nonsense among us. Learn, oh people, good, docile, [...]"<sup>209</sup> It is

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<sup>205</sup> “Frunció el ceño, bajó la cabeza, recogió su pensamiento para buscar la fórmula que necesitaba. Como en ocasiones parecidas, en aquélla semejaba su frente el duro testuz del toro, previniendo la acometida. La chispa brotó entre las nieblas de aquel caletre, pues no hay cerebro, por tenebroso que sea, que no tenga sus rendijas por donde entre á veces algo de luz. —¿No sabéis lo que es esto?—dijo con gran animación, sintiendo vislumbres de genio.” *Ibid.*, p. 295.

<sup>206</sup> “Comprendió que le vendría muy bien en aquel caso un recuerdo histórico, y volvió á fruncir el ceño. Esto era en extremo difícil, pues su cerebro no tenía capacidad para contener un suceso histórico.” *Ibid.*, p. 296.

<sup>207</sup> “Era un consejo de guerra de caníbales en la expectativa de una gran batalla-merienda.” *Ibid.*, p. 298.

<sup>208</sup> “[...] los sicarios del lego formaban un grupo imponente, montón de humanidad digno de un basurero, en el cual brillaban aceros y navajas, y burbujaban blasfemias.” *Ibid.*, p. 299.

<sup>209</sup> “io ho voluto ammaestrarti, perché tu non ti lasci sedurre, se avverrà mai che alcuno spacci tra noi le medesime

important to note that the word used for ‘teaching’ here not the more common *insegnare*, but rather *ammaestrare*, which can be used to designate the taming and training of animals. Hence, the passage could also be rendered as: “[Tuscan people] I wanted to tame/to train you”.

The start of the story is in harmony with the pedagogical objectives evident in the title and preface. Its first sentence invokes the fairy tales by presenting the reader with the story’s main subject alongside its setting in time and space accompanied by a verb in the imperfect tense: ““When the cholera put up a massacre in Spain in the year of 1834, it also reached the inhabitants of Roda [...].”<sup>210</sup> The textual parallels to the fairy tales are clear, even if they usually employ less precise and frequently ahistorical references (*once upon a time, in a faraway land*).

Immediately after, the narrator comments on the great mortality that occurred in a few hours, the blasphemies directed against God’s providence, and how the government addressed the situation appropriately. All this information – geography, chronology, the beginning of the epidemic, its characteristics, and repercussions – are condensed into a single paragraph creating a density of information that is equally characteristic of the fairy tales. In the second paragraph, the narrator's attention turns to the crowd to tackle the “malevolous fools” who spread rumours of poisoning. Like in Galdós’ texts, the multitude is marked by its credulity: “The ignorant have this defect; they immediately believe whatever is said to them, and never reflect whether it can or cannot be”. Yet, when “a great affliction upsets and overwhelms their minds,” an effect of passive emotional contagion seems to occur, so “both ignorant and not ignorant become believers.”<sup>211</sup> Once the crowd has assembled and sparkled out of control, it assumes an anonymous and unified character:

“We are poisoned, we are poisoned,” was the voice that burst out like thunder, and spread over everything, and gradually increased, like the flood of a river, which swells when it receives the waters of the ravines, and roars and breaks the banks and floods and deserts a country. “We are poisoned, we are poisoned” – and woe to anyone who dared to answer “but who said so? how do you know?” Reason was not followed; they screamed, cursed, and sought nothing but the poisoner. And a madman (*forsennato*) named him, and said “the doctor.” And it

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assurdità. Impara, o popolo, buono, docile, [...]” Lambruschini, Raffaello. *Il Choléra a Roda: raccont struttivo*. Florence, Tipografia Galileiana, 1835, p. 3.

<sup>210</sup> “Quando il Choléra faceva strage in Ispagna nell'anno 1834, prese pure gli abitanti di Roda”. Ibid., p. 5.

<sup>211</sup> “Gli ignoranti han questo difetto che credono subito qualunque cosa è detta loro, e non riflettono mai s'ella possa o non possa essere: ma quando una grande afflizione dissesta ed abbatte gli animi, e ignoranti e non ignoranti diventano credenzoni.” Ibid., p. 6.

was enough. A mob of furious beings was immediately gathered; and one was armed with a rifle, another with a rope, another with a stick, all cackling and instigating one another, and they got to the doctor's house in no time at all.<sup>212</sup>

In the passage, the crowd is portrayed as a powerful force of nature: it bursts like a tempest, it floods like a river, it roars like thunder. Moreover, its contagion is irresistible to every individual member who becomes incapable of independent thinking and, actually, follows the suggestion of the group's least reasonable and most vindictive actors. The characters and their insults are described as a uniform mass: they are 'the ignorant' and 'a mob' (*una torba*), they all speak in unison; their behaviour is described in the original Italian with verbs with an indeterminate subject, "it yelled, it cursed" as it were (*si urlava, si bestemmiava*). If a specific individual is mentioned, it is without a name or personal feature; he is generically called 'a madman' (*forsennato*).

The physician is a brave young man who was invited by the authorities after the local doctor has fled in fear of contagion. He has just arrived with a keen desire to help his compatriots, when his house is invaded and he is attacked and beaten. He comes very close of being killed, but he is saved at the last minute by the city's priest. The narrator describes the crowd as being beastly and sadistic, using adjectives such as 'possessed', 'murderers', 'plebeians' (*indemoniati, assassini, popolaccio*). The screams of the multitude continue to be presented in direct speech as if emanating from a single entity, a textual strategy that lasts until the end of the story. After a powdery substance is discovered in the physician's cabinet, the mob becomes convinced they were right all along and have found the poison – it is in fact a sanitizer to fight the epidemic. Next, they try to kill him by making him eat it: "swallow. As you did, so it is done to you: you have died, and you die (*tu hai morto, e muori*)".<sup>213</sup> Once again, their status as uncivilized is manifest in short sentences presented in crude and broken syntax. In Italian, they incorrectly use the verb 'to die' (*morire*) as a transitive verb, in lieu of using 'to kill' (*uccidere*). The meaning of the sentence is something along the lines of 'you have caused others to die, so now you will die'. Yet, the grammatical structural employed is unnatural; it can be understood but it makes non-sense.

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<sup>212</sup> "— Siamo avvelenati, siamo avvelenati, — fu una voce che scoppiò come un tuono, e si sparse per tutto, e s'accrebbe via via, come la piena d'un fiume, che ingrossa al ricevere giù giù le acque de' borri, e muggia e rompe gli argini e allaga e diserta un paese. — Siamo avvelenati, siamo avvelenati: — e guai a chi avesse ardito rispondere «ma chi l'ha detto; come lo sapete?» Non si intendeva ragione; si urlava, si bestemmiava, e non si cercava d'altro che dell'avvelenatore. E un forsennato lo nominò, e disse « il medico». E bastò. Una turba di furibondi fu subito radunata; e chi armato d'un fucile, chi d'una forca, chi d'un palo, tutti schiamazzando e aizzandosi l'uno l'altro, furono in men che si dice, alla casa del medico." Ibid., pp. 6-7.

<sup>213</sup> "ingoja. Come hai fatto, così ti è fatto: tu hai morto, e muori." Ibid., p. 9.

Moreover, the priest who intervenes immediately afterwards delivers an elaborate speech which contrasts sharply with their incapacity to speak properly. In this fashion, the priest – who is described as “a man [...] of powerful speech” – manages to curb their frenzy solely by the strength of his rhetoric.<sup>214</sup>

At this point, peace is guaranteed by the arrival of a cavalry detachment and the arrest of “the leaders of the uprising”.<sup>215</sup> That assertion comes across as a surprise and a contradiction since the uprising was always described as a spontaneous and uniform tumult. Although there were ‘voices’ of ‘fools’ who suggested actions, no one in especial directs the crowd’s fury. That paradox embraces even the metaphors used to describe the phenomenon since what intentionality could exist behind a river flooding of a tempest thundering? The cholera riots are often depicted in such contradictory way, as a fortuitous and uncontrollable force of nature, and yet, at the same time, as something that is intentionally perpetrated by someone who aims at something else.

This paradox will later gain a life of its own, since it will subsequently inform Gustave Le Bon and his crowd psychology, which, in turn, will exert great influence over Fascist ideologies in the 1930s. That can be observed in the introduction of Le Bon’s *The Crowd: a study of the popular mind* (*Psychologie des Foules*, 1895):

History tells us that from the moment when the moral forces on which a civilisation rested have lost their strength, its final dissolution is brought about by those unconscious and brutal crowds known, justifiably enough, as barbarians. Civilisations as yet have only been created and directed by a small intellectual aristocracy, never by crowds. Crowds are only powerful for destruction. Their rule is always tantamount to a barbarian phase. [...] In consequence of the purely destructive nature of their power *crowds act like those microbes* which hasten the dissolution of enfeebled or dead bodies. When the structure of a civilisation is rotten, it is always the masses that bring about its downfall. It is at such a juncture that their chief mission is plainly visible, and that for a while the philosophy of number seems the only philosophy of history.

Is the same fate in store for our civilisation?<sup>216</sup>

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<sup>214</sup> “uomo [...] potente della parola”. Ibid., p. 10.

<sup>215</sup> “I capi della sollevazione furono arrestati”. Ibid., p. 12.

<sup>216</sup> Le Bon, Gustave. *The Crowd: a study of the popular mind*. New York, Macmillan, 1896, pp. xix-xx. My emphasis.

The passage contains many of the nuances we have discussed hitherto: the menace of societal collapse, the anxiety of reversed colonization, the rhetoric of the sanitarian movement, the fear of an insider biological threat, and the perception of poverty as anonymous and collective. All of these are built upon a metaphoric understanding of contagion which relies, to a great extent, on storytelling and literary narratives about epidemics.

## Conclusion

This thesis has explored the literary imagination built around the cholera epidemics in Europe. I have focused on texts from various traditions written more or less from the 1830s to the 1930s, trying to identify patterns of representation in art and culture.

My research and even the writing of this thesis started considerably before anyone had ever heard about SARS-Cov-2 and the Coronavirus Pandemic. If many of the issues discussed in these pages resemble our recent experiences with COVID-19, these similarities demonstrate on their own the central importance that studies of the kind may have for the Humanities, the Social sciences and the Medical sciences. Diseases are not merely the result of objective biomedical factors but are also social and cultural constructions. Hence, the ways which we feel, think and talk about disease are crucial; they influence the way we envisage such experiences and they inform our real-life decisions as individuals and societies.

As such, I have tried to elucidate how literary texts were linked to the Cholera Pandemics as both an effect and a cause: these stories can reveal how different groups have interpreted the tragedy at the time, but, at a deeper level, the same stories also helped to build and sustain such interpretations in the first place.

*Chapter 1* is dedicated to the science and history of cholera. It starts by describing the life cycle and ecological niche of the *Vibrio cholerae*, as well as its behaviour within the human body. It tackles next the disease's history, examining some of the key historical sources, along with European medical texts dating from the 16<sup>th</sup> to the 19<sup>th</sup> centuries where later literary tendencies can be observed (the shocking symptoms, the parallels with the plague, the orientalism). Finally, the history of the seven cholera pandemics (1817 to the present) is presented, stressing their correlation to various environmental, political, economic, and scientific factors, as well as the influence they had on the lives and works of many artists.

The following chapters survey the impact of cholera in culture more broadly and create a panorama of literary texts which engage with the theme. *Chapters 2* discusses the fatalism and exaggeration of various cultural sources, including texts by Percy Shelley, Mary Shelley and Daniel Defoe. It shows how many scientific and literary texts of the first half of the 19<sup>th</sup>-century drew material from each other, on some instances even creating a cyclic pattern in which storytelling informed science and science informed literature. That occurred for many reasons, among which was the attempt to achieve an all-encompassing explanation for the pandemic that could address

both physical and psychological needs.

*Chapter 3*, on the other hand, discusses how the catastrophic predictions gave rise to a counter-movement of denial and belittlement. This reaction lasted for a short while and it tended to diminish as the familiarity with the new disease grew. It takes into account the various comic elements which appear in caricatures, poems, or eye-witness accounts by famous writers such as Heine, Coleridge, Chateaubriand, among others.

The fourth chapter explores the main *topoi* of the cholera imagination and studies how they interact with medical knowledge. On that note, I discuss the medicalization of fear as a predisposing factor and ponder on what that entails for literature's social role as a sort of therapy. I also study how that relates to the recurrent literary strategies of keeping silent, censoring the disease's name, and manipulating its disgusting symptoms.

Finally, on *Chapter 5*, I explore how cholera was seen as preferring the poor and overlooking the rich, whose affluence worked as an immuniser of sorts. Some essays advocating sanitarian and social reforms are scrutinised at this point, to show how the phenomena of poverty and criminality were almost understood as one and the same. I also discuss the birth of the *roman feuilleton* and ponder on the reasons for its welcoming of cholera-related themes. This chapter also evinces how the poor were imagined to be savages which congregated in tribes and spoke languages of their own, even if they lived at the heart of the European metropolis. As such, they constituted an inside menace which was not only perceived as social, political and economic threat (crime, revolution, etc.), but also a biological one (poverty as a hotbed for the proliferation of cholera). These ideas are intertwined with notions of anonymity and collectivism which, once again, portray poverty as a destructive and contagious force.

Certainly, many other nuances could have been analysed. The orientalism which surrounds the stories about the so-called Asiatic cholera deserves more attention, as well as the interplay between cholera and the plague texts of previous centuries. As other scholars have noted, some of the cholera texts contain peculiar gothic elements of their own, with numerous plots featuring premature burials, for example. Still another interesting question relates to the influence that they might have exerted on the numerous plague re-imaginings of the 20<sup>th</sup>-century: Hesse, Camus, Jasieński, or Lagerkvist, to mention a few. Unfortunately, a thesis can only embrace so much, but I do hope to tackle some of these issues elsewhere once I have the opportunity.

Questions such as the ones asked in this thesis might sometimes look like sterile academic endeavours, perhaps curious and entertaining in themselves, yet of little practical value. However, as I see it, that is very far from being the case. The Coronavirus Pandemic has touched nearly all

aspects of our lives at the social and the personal levels. Changes happened so fast and to such a degree that we are still struggling to understand their short and long term consequences. The difficulties we face and have faced may feel completely new, and the challenge unprecedented; yet, that is not exactly the case. Contagious diseases have shaped human history in countless ways, with numerous historical studies showing us why and how. Still, we tend to ignore or undervalue the role of pandemics and other natural catastrophes, because they contradict many of our inner held assumptions about human freedom and human worth. Yet, if we wish to survive as a species, we must find a way out of our own short-sightedness. Pandemics will likely grow stronger and more frequent in an unbalanced world threatened by climate change, ecological collapse, pollution and overpopulation. Before the Coronavirus, the rise of zoonotic diseases was one of the least discussed calamities which would likely result from our systematic attacks on the planet. Its emergence has ensured that much attention was dedicated to the problem but, in many ways, the problem's proper dimensions and meaning continue to be neglected. Profound and systematic changes are required urgently, for who knows what the Anthropocene holds in store for us?

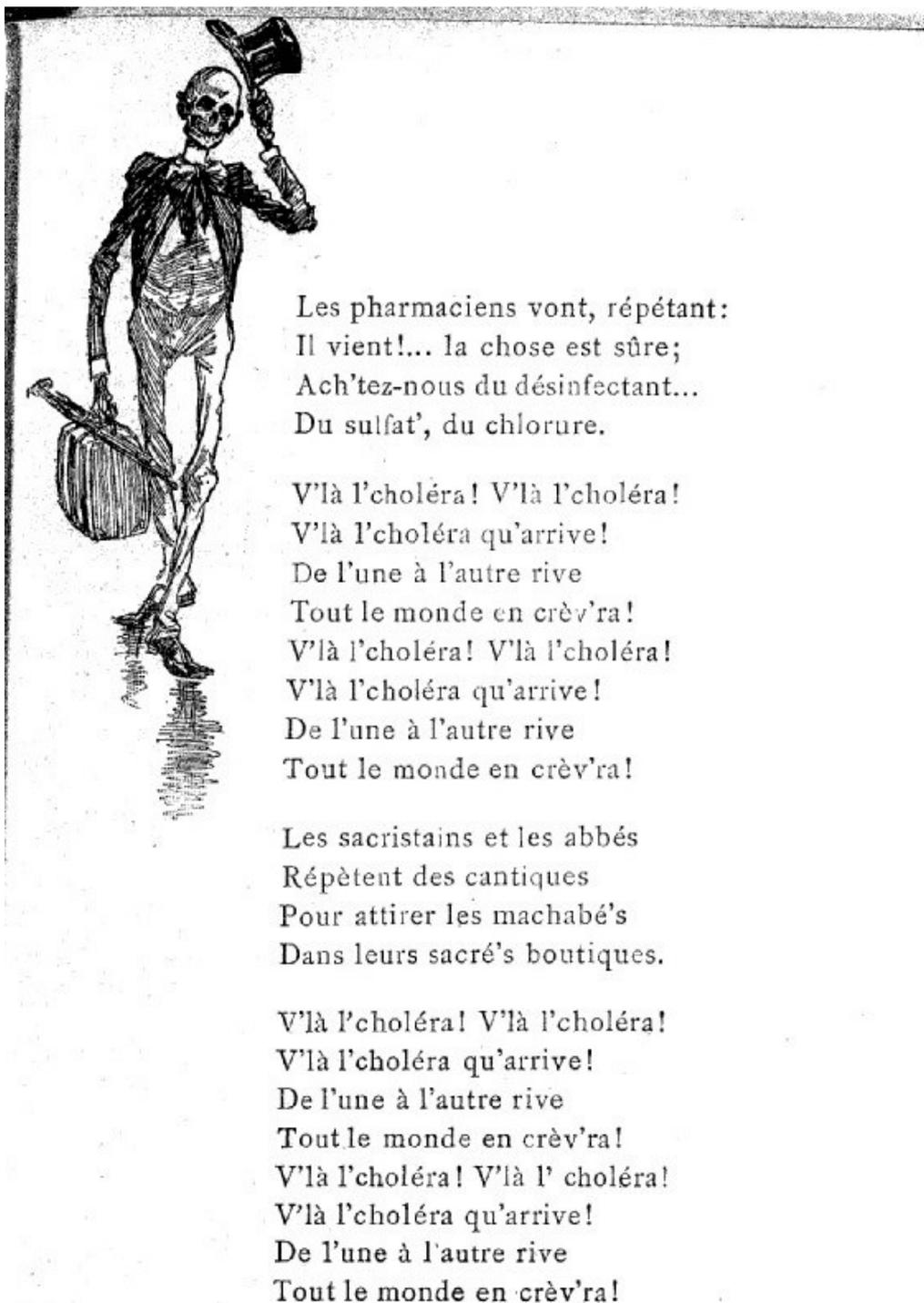
## Images



**Figure 1**

Heine, Theodor. *War and Cholera*. *Simplicissimus*, 11 December 1911, Jg. 16, H. 37, p. 664.

[http://www.simplicissimus.info/index.php?id=6&tx\\_lombkswjournaldb\\_pi1%5Bvolume%5D=16&tx\\_lombkswjournaldb\\_pi1%5Baction%5D=showVolume&tx\\_lombkswjournaldb\\_pi1%5Bcontroller%5D=YearRegister&cHash=7010bd4857e6abd75c85f48b8a225db6](http://www.simplicissimus.info/index.php?id=6&tx_lombkswjournaldb_pi1%5Bvolume%5D=16&tx_lombkswjournaldb_pi1%5Baction%5D=showVolume&tx_lombkswjournaldb_pi1%5Bcontroller%5D=YearRegister&cHash=7010bd4857e6abd75c85f48b8a225db6)



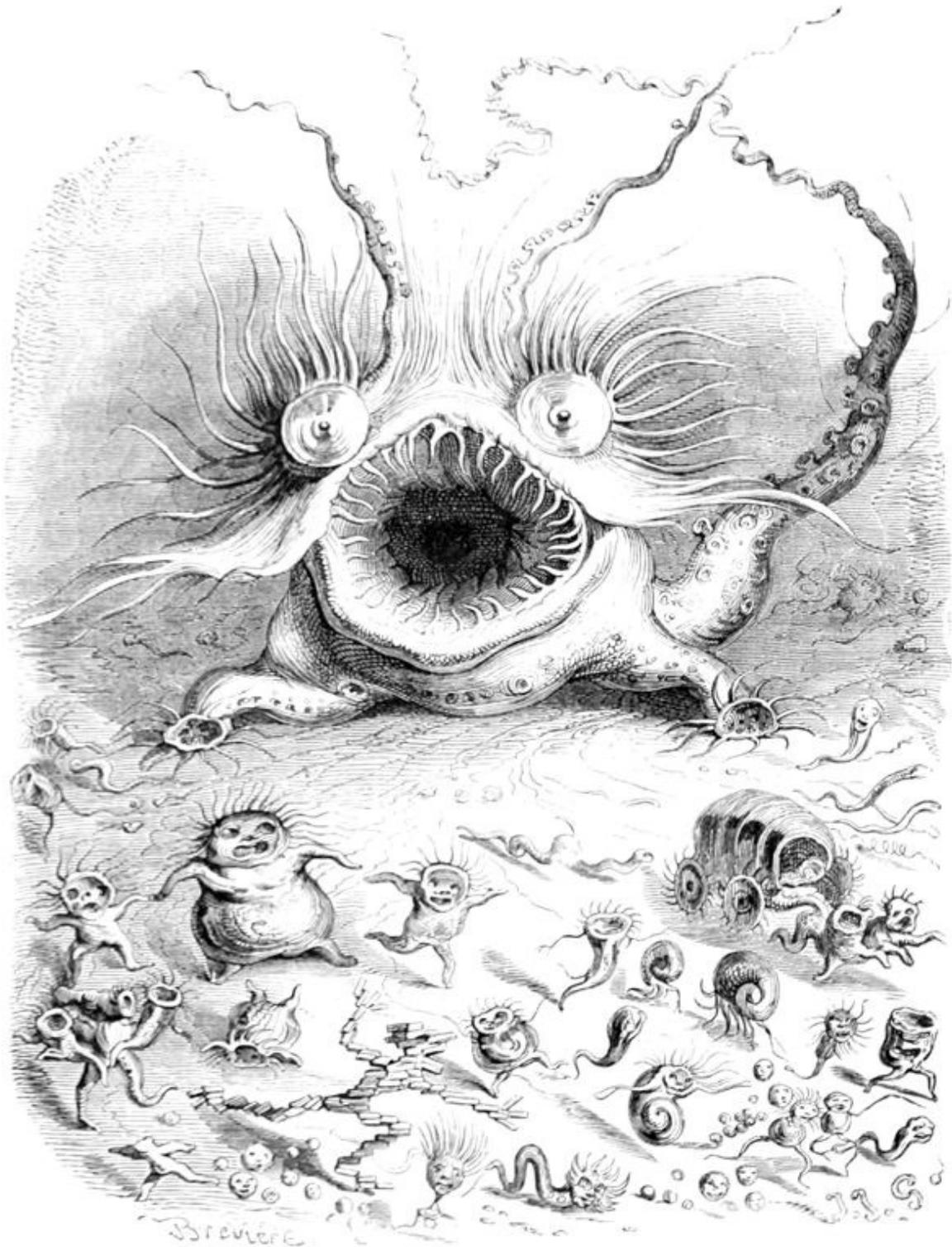
**Figure 2**

Steinlen, Théophile Alexandre; and Poulbot, Francisque. *V'là l'choléra qu'arrive!*. 1889-1895. Bibliothèque Nationale de France Gallica, <https://gallica.bnf.fr/ark:/12148/bpt6k719840/f76.item.r=Aristide%20Bruant%20Dans%20la%20Rue%20Chansons%20&%20monologues> Illustration found in Bruant, Aristide. Dans la Rue : chansons et monologues. Vol. 1. Paris, Aristide Bruant, 1889-1895, p. 75.



**Figure 3**

*A Gentleman in Easy Circumstances*. Undated. Wellcome Library,  
<https://wellcomecollection.org/works/ewvn6mzd> Coloured lithograph.



**Figure 4**

Stahl, M. P. -J., ed. *Vie Privée et Publique des Animaux : Vignettes par Grandville*. Vol. 2. 1844. Paris, Hetzel, 1867, p. 248,

<https://archive.org/details/AE121/page/n391/mode/2up?q=cholera>

WEEKLY SHEET OF CARICATURE



FORTIFYING AGAINST THE CHOLERA

**Figure 5**

A woman gives liquor to a child as prevention against cholera: Seymour, Robert. *Fortifying Against the Cholera*. 1831. U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393384> Lithograph, coloured, 10 x 10 cm.



**Figure 6**

Traviés, Charles Joseph. *Règle générale! Les spiritueux c'est bon pour tous le maladies, je n'connais que ça.* U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393423> Lithograph, 33 x 26 cm.



**Figure 7**

Traviés, Charles Joseph. *Moi je traite le choléra par le champagne, c'est le système Mayeux, nom de D..!* U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393426>  
Lithograph, coloured, 26 x 34 cm.



— Wissen Sie mir kein Präservativ Mittel gegen die Cholera anzugeben Herr Doctor?  
— Oh doch, gehn Sie ans Buffet, lassen Sie sich einen Cognac geben, und — baden Sie sich drin.

**Figure 8**

Ritter, Henry. *Wissen Sie mir kein Präservativ gegen die Cholera anzugeben Herr Doctor?* 1853.

AbeBooks, <https://www.abebooks.co.uk/Pr%C3%A4servativ-Mittel-gegen-Cholera-originale-Kreide-Lithographie/22379457500/bd> Lithograph, 20 x 17cm.



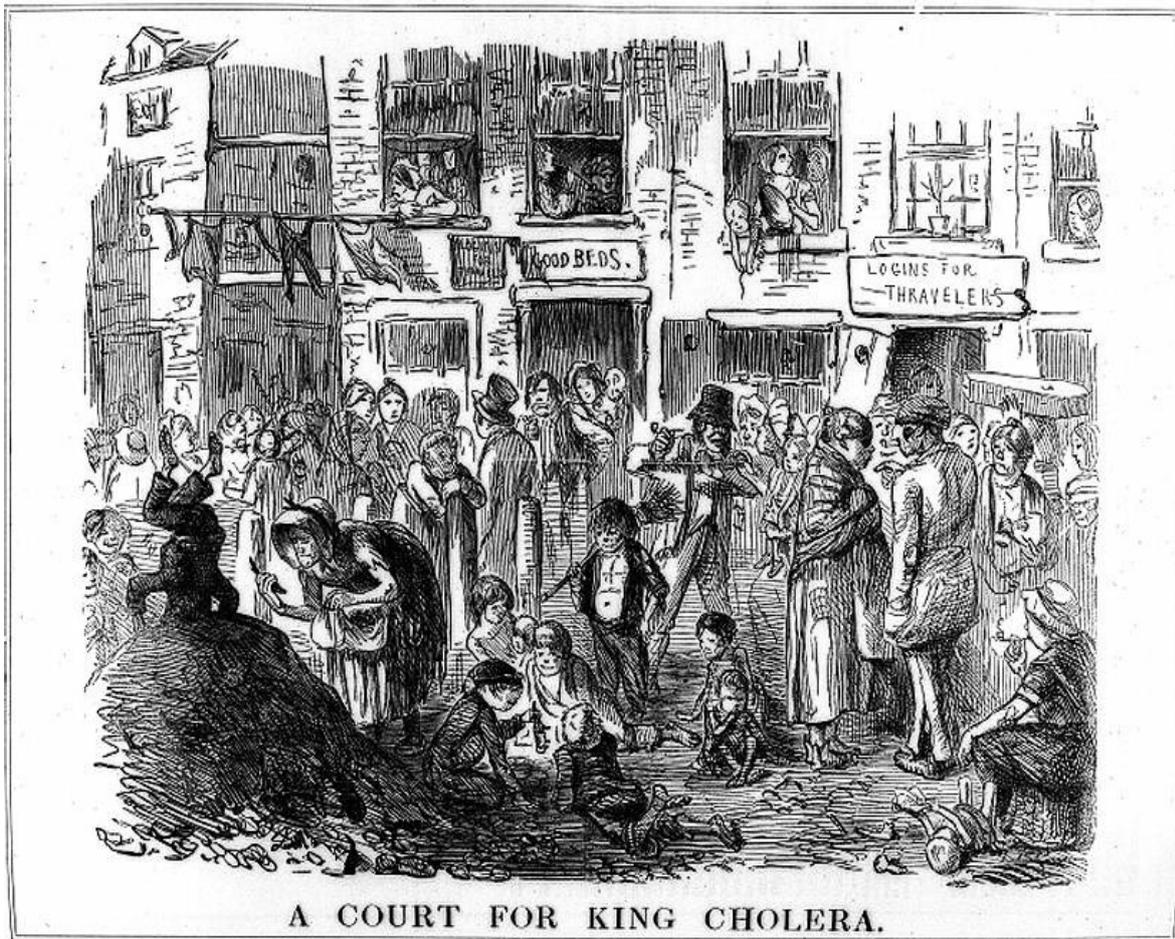
**Figure 9**

Geißler, Christian G. H. *Cholera Anecdoten No. 1: Der Cholera Philosoph in Kraehwinkel*. c. 1830. Stadtgeschichtliches Museum Leipzig,

<https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010708.jpg> Etching, coloured, 9,4 x 16,4 cm



**Figure 10**  
Hogarth, William. *Gin Lane*. 1751. Wikicommons,  
[https://commons.wikimedia.org/wiki/File:William\\_Hogarth\\_-\\_Gin\\_Lane.jpg](https://commons.wikimedia.org/wiki/File:William_Hogarth_-_Gin_Lane.jpg) Etching, line engraving, 35,9 x 34,1 cm.



**Figure 11**

Leech, John. *A court for King Cholera*. 1852. *Punch, or, the London Charivari*, p. 139.

Wikicommons, [https://commons.wikimedia.org/wiki/File:Punch-A\\_Court\\_for\\_King\\_Cholera.png](https://commons.wikimedia.org/wiki/File:Punch-A_Court_for_King_Cholera.png) 31 x 24,1 cm



**Figure 12**

Geißler, Christian G. H. *Cholera Anecdoten No. 4: Cholera pfiff in Krachwinkelt.* c. 1830. Stadtgeschichtliches Museum Leipzig, <https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010711.jpg> Etching, coloured, 9,7 x 16,7 cm.



**Figure 13**  
An image accompanying the inside cover of Barthelémy. *Syphilis : poëme en quatre chants*.  
Paris, Martinon, 1851. Available at  
<https://archive.org/details/syphilispomeen00bart/page/n7/mode/2up>



**Figure 14**

Fedotov, Pavel. *It is Cholera to Blame*. 1848. WikiArt,

<https://www.wikiart.org/en/pavel-fedotov/it-is-cholera-to-blame> Watercolor, paper, 32.8 x 38.2 cm.



**Figure 15**  
Grandville, Jean-Jacques. *Le Ministère Attaqué du Choléra morbus.* c. 1830. Bibliothèque Nationale de France Gallica, <https://gallica.bnf.fr/ark:/12148/btv1b53013685c> Lithograph, coloured, 18,4 x 27 cm.

Caricatures anti-cholériques.

N°2.



**Figure 16**

Benard, Jean-Francois. *Caricatures anti-cholériques: Je sens des gargouillemens* (Anti-cholera caricatures: I feel the rumblings [in my stomach]). c. 1832. Welcome Collection, <https://wellcomecollection.org/works/mjdgg6pa> Lithograph, coloured.



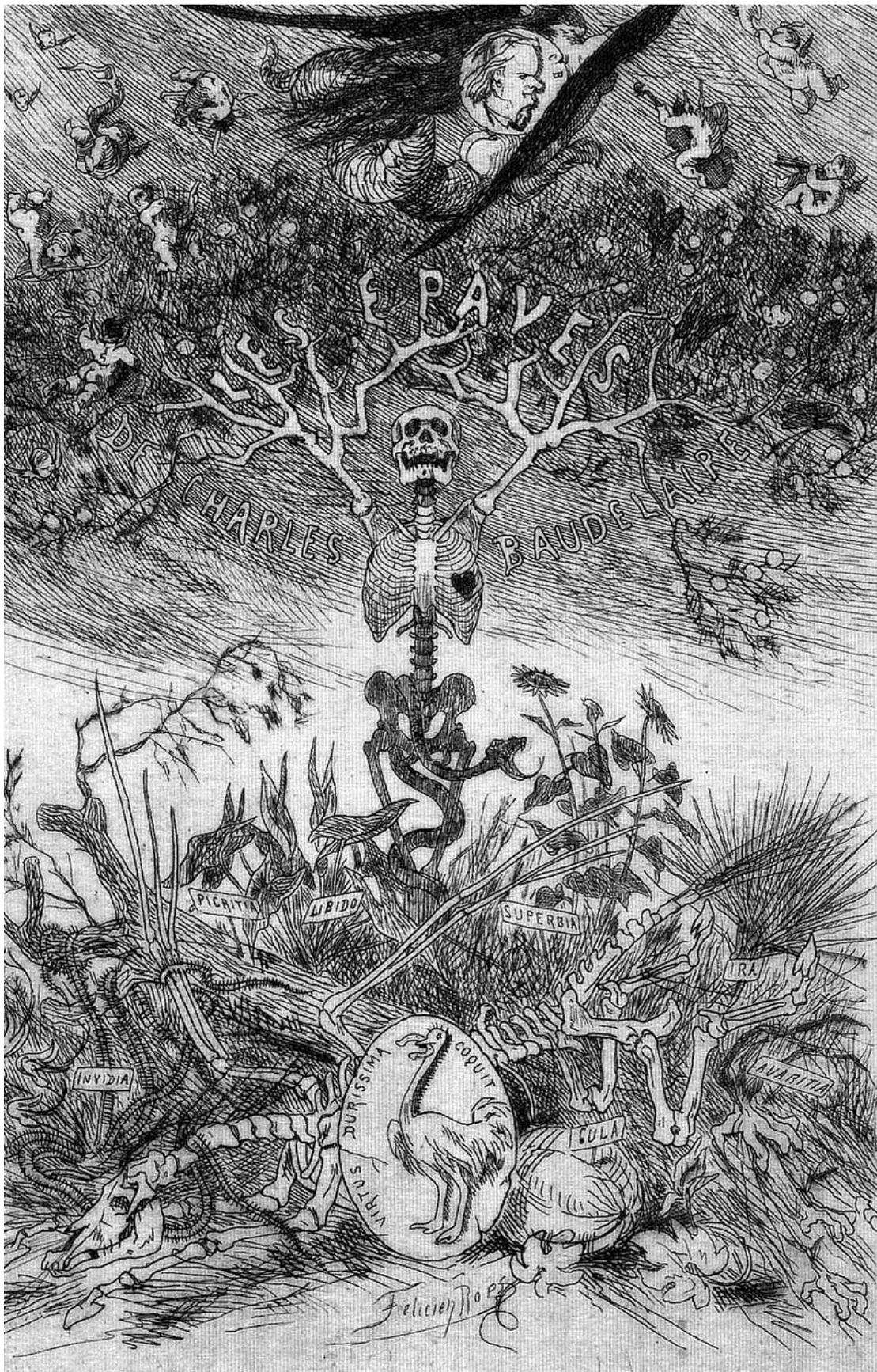
**Figure 17**

Heath, Henry. *An attack of the cholera at the Horticultural Gardens*. 1831. Wellcome Collection, <https://wellcomecollection.org/works/xrpmw29u> Etching, with watercolour, 24.3 x 35.5 cm.



**Figure 18**

Chiffart, François-Nicolas. *Cholera in Paris, 1865*. 1865. USA National Gallery of Art, <https://www.nga.gov/collection/art-object-page.126574.html> Etching with drypoint on laid paper, 22.7 x 31.3 cm.



**Figure 19**  
Rop, Félicien. *Illustration for Les Épaves by Charles Baudelaire*. 1866. Wikicommons, [https://commons.wikimedia.org/wiki/File:Rops\\_Les\\_Epaves\\_1866.jpg](https://commons.wikimedia.org/wiki/File:Rops_Les_Epaves_1866.jpg) Etching.

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#### 4. IMAGES

Figure 1. Heine, Theodor. "War and Cholera" *Simplicissimus*, 11 December 1911, Jg. 16, H. 37, p. 664.

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Figure 2. Steinlen, Théophile Alexandre; and Poulbot, Francisque. *V'là l'choléra qu'arrive!*. 1889-1895. Bibliothèque Nationale de France Gallica, <https://gallica.bnf.fr/ark:/12148/bpt6k719840/f76.item.r=Aristide%20Bruant%20Dans%20la%20Rue%20Chansons%20&%20monologues> Illustration found in Bruant, Aristide. *Dans la Rue : chansons et monologues*. Vol. 1. Paris, Aristide Bruant, 1889-1895, p. 75.

Figure 3. *A Gentleman in Easy Circumstances*. Undated. Wellcome Library, <https://wellcomecollection.org/works/ewvn6mzd> Coloured lithograph.

Figure 4. Stahl, M. P. -J., ed. *Vie Privée et Publique des Animaux : Vignettes par Grandville*. Vol. 2. 1844. Paris, Hetzel, 1867, <https://archive.org/details/AE121/page/n391/mode/2up?q=cholera>

Figure 5. Seymour, Robert. *Fortifying Against the Cholera*. 1831. U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393384> Lithograph, coloured, 10 x 10 cm.

Figure 6. Traviés, Charles Joseph. *Règle générale! Les spériteux c'est bon pour tous le maladies, je n'connais que ça*. U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393423> Lithograph, 33 x 26 cm.

Figure 7. Traviés, Charles Joseph. *Moi je traite le cholérapar le champagne, c'est le système Mayueux, nom de D..!*. U. S. National Library of Medicine, <http://resource.nlm.nih.gov/101393426> Lithograph, coloured, 26 x 34 cm.

Figure 8. Ritter, Henry. *Wissen Sie mir kein Präservativ gegen die Cholera anzugeben Herr Doctor?* 1853. AbeBooks, <https://www.abebooks.co.uk/Pr%C3%A4servativ-Mittel-gegen-Cholera-originale-Kreide-Lithographie/22379457500/bd> Lithograph, 20 x 17cm.

Figure 9. Geißler, Christian G. H. *Cholera Anekdoten No. 1: Der Cholera Philosoph in Kraehwinkel*. c. 1830. Stadtgeschichtliches Museum Leipzig, <https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010708.jpg> Etching, coloured, 9,4 x 16,4 cm.

Figure 10. Hogarth, William. *Gin Lane*. 1751. Wikicommons, [https://commons.wikimedia.org/wiki/File:William\\_Hogarth\\_-\\_Gin\\_Lane.jpg](https://commons.wikimedia.org/wiki/File:William_Hogarth_-_Gin_Lane.jpg) Etching, line engraving, 35,9 x 34,1 cm.

Figure 11. Leech, John. *A court for King Cholera*. 1852. Punch, or, the London Charivari, p. 139. Wikicommons, [https://commons.wikimedia.org/wiki/File:Punch-A\\_Court\\_for\\_King\\_Cholera.png](https://commons.wikimedia.org/wiki/File:Punch-A_Court_for_King_Cholera.png) 31 x 24,1 cm.

Figure 12. Geißler, Christian G. H. *Cholera Anekdoten No. 4: Cholera pfiff in Krachwinkel*. c. 1830. Stadtgeschichtliches Museum Leipzig, <https://www.stadtmuseum.leipzig.de/media/wmZoom/GR010/GR010711.jpg> Etching, coloured, 9,7 x 16,7 cm.

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Figure 14. Fedotov, Pavel. *It is Cholera to Blame*. 1848. WikiArt, <https://www.wikiart.org/en/pavel-fedotov/it-is-cholera-to-blame> Watercolor, paper, 32.8 x 38.2 cm.

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Figure 16. Benard, Jean-Francois. *Caricatures anti-cholériques: Je sens des gargouillemens*. c. 1832. Welcome Collection, <https://wellcomecollection.org/works/mjdqg6pa> Lithograph, coloured.

Figure 17. Heath, Henry. *An attack of the cholera at the Horticultural Gardens*. 1831. Welcome Collection, <https://wellcomecollection.org/works/xrpmw29u> Etching, with watercolour, 24.3 x 35.5 cm.

Figure 18. Chiffart, François-Nicolas. *Cholera in Paris, 1865*. 1865. USA National Gallery of Art, <https://www.nga.gov/collection/art-object-page.126574.html> Etching with drypoint on laid paper, 22.7 x 31.3 cm.

Figure 19. Rop, Félicien. *Illustration for Les Épaves by Charles Baudelaire*. 1866. Wikicommons, [https://commons.wikimedia.org/wiki/File:Rops\\_Les\\_Epaves\\_1866.jpg](https://commons.wikimedia.org/wiki/File:Rops_Les_Epaves_1866.jpg) Etching.