

Disgust and avoidance:

## ~~Quietly Disgusting:~~ the silence around cholera and its symptoms in 19th-century literature

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In *Images of Plague and Pestilence*, Christine Boeckl makes an interesting remark when discussing the representation of Saint Roch in paintings and images<sup>1</sup>. Being the intercessor against the plague, he is usually depicted folding his mantle to exhibit an easily recognisable plague bubo in his leg. Although buboes can also appear in the neck or arm-pit, their most recurrent place of eruption is high up in the leg, in the crotch, near to the sexual organs. For the sake of scientific realism, then, Saint Roch is obliged to disrobe inconveniently to reveal the visible sign of his infection in a location hardly chaste enough for its religious surroundings. Boeckl demonstrates how the issue is often resolved by placing the bubo lower in the leg, be it along the thigh, near the knee, or even bellow it<sup>2</sup>. That is an amusing example of how the symptoms of a given disease may be suppressed, attenuated or simply changed in artistic representations when they infringe upon social sensibilities. In this article, I adopt a similar position and consider how the gruesome symptoms of cholera epidemics are imagined in 19th-century literature. I start by describing the disease and its symptoms, then discuss their literary representation, and finally, meditate over the reasons for omissions and attenuations.

### Cholera and its symptoms

Cholera first arrived in continental Europe in 1830 and, from that point onwards, desolated the continent in continuous waves every fifteen years or so. The disease faded away progressively after the 1890s, the last isolated outbreaks occurring on the eve of the First World War. Its disappearance was due to advances in bacteriology and therapy and, especially, considerable improvement in sanitation and public hygiene.

During most of the 19th-century cholera was a severe threat. To the individual, it meant an unexpected and debilitating illness, that would, most likely, result in death. To societies, it meant growing tension, temporary scarcity and difficulties in governance, which resulted in mass hysteria, rioting and chaos on more than one occasion.

Cholera is an infection of the large intestine caused by the bacterium *Vibrio cholerae*. Once ingested, the microorganism lodges in the intestine walls, where it produces a toxin that induces fluid loss and, at the same time, blocks fluid absorption. The result is copious and uncontrollable bouts of diarrhoea. The discharges have a fishy odour, are watery, slightly viscous and white – generally described as having the appearance of “rice water” –, and are also frequently accompanied by vomiting. A victim can lose up to 20% of his or her body weight in fluids in a matter of hours. When combined, diarrhoea and vomiting cause severe dehydration which is evident through sunken eyes, unelastic and leathery skin, wrinkled hands and feet, dry mouth and lips, hoarse voice, and a blueish or greyish colouring of the skin, particularly in the extremities, which is stereotypical of the illness.

The excessive loss of electrolytes along with fluids causes other complications such as muscular cramps, sleepiness and tiredness, difficulty in speaking, and eventually seizures and even coma. Since the blood is continually depleted of liquids, it becomes thicker, and, as a consequence of the higher viscosity, the heart rate gets high, while blood pressure remains low. If untreated, it kills 50 to 60% of its victims, mostly by heart or kidney failure resulting from the severe dehydration.

Cholera is a contagious waterborne disease, transmission occurring through the faecal-oral route. In other words, the bacterium spreads through faecal particles present in unsanitised objects that came into contact with a patient or, most commonly, through contaminated water and foodstuffs. As a result, the epidemic is prevalent in places where water treatment and sewage management systems are

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<sup>1</sup>Christine Boeckl, *Images of Plague and Pestilence: Iconography and Iconology*, Kirksville, Truman State University Press, 2000.

<sup>2</sup>*Ibid.*, p. 48.

deficient or lacking, such as 19th-century cities or, in the present, areas whose infrastructure was devastated by natural or humanmade disasters. Given this route of transmission, cholera habitually spreads exponentially, striking hundreds at the same time, and being, in this way, a collective scourge, the disease of the group *par excellence*.

## Some considerations on repulsion

In *That's Disgusting*, Rachel Herz analyses the biological and cultural basis of feelings of repulsion<sup>3</sup>. She argues that disgust, although not innate, is a solely human emotion and that it formed as an evolutionary advantage to avoid poisoning and infection: « disgust is [...] a special type of fear that evolved to help us evade a slow and uncertain death by disease<sup>4</sup> ». However, it is not possible to be preserved from death without being reminded of its existence, and, therefore, the underlying rationale of disgust is the acknowledgement of our animality, vulnerability and transience. In Herz own words, « [d]isease is a primary motivator of disgust, but it is not the psychological construct that controls it; our fear of death is<sup>5</sup> ».

Another topic discussed in the study is the profound and complex relationship between repulsion and culture. Even though many psychologists argue that disgust is a universal emotion<sup>6</sup>, *id est* common to all human beings transculturally, what is considered disgusting varies widely both geographically and chronologically. Even within the same culture, variations in context can make something abhorrent in some cases, yet acceptable in others. Still, it is possible to affirm that, generally speaking, things that are capable – or are thought of as capable – of transmitting infections are considered disgusting cross-culturally. Some examples are:

- Death: dead bodies and decomposition;
- Bodily fluids: faeces, urine, vomit, mucus, saliva, sexual liquids, blood;
- Foodstuffs: spoiled and contaminated food;
- Sickness: gangrene, signs of infection.

Another fascinating aspect of Herz exposition is the connection between the emotions of disgust and the multitude. She mentions experiments in which photos of crowded subway wagons are consistently rated more repulsive than versions of the same image in which people are lacking<sup>7</sup>. The largeness of the gathering is also relevant, the bigger the crowd, the more disgusting it becomes. The underlying reason for this psychological trait is clear enough: larger groups offer broader opportunities for contagion and are, therefore, more repulsive.

In light of these considerations, we can approach epidemic cholera once again and acknowledge that its symptoms are profoundly repulsive in several ways. For a start, its most characteristic symptoms – diarrhoea and vomit – are consistently rated as disgusting. Their repulsiveness is also increased by the fact that they are frequent and unrestrained, which reveals that the patient is not in control of his or her body. Treatment demands constant attention to the discharges and, by extension, to the patient's anus. As considered by Miller in *Anatomy of Disgust*, the anus is « indelibly the lowest-status place on the body » and approaching it « signifies the removal of all barriers of otherness<sup>8</sup> ». In this way, cholera is a profoundly humiliating and depersonalising disease, precluding the victim from treating him or herself and obliging others to pay attention to and deal with his or her vomit and excreta.

The lack of control is essential to reflect on the artistic representation of cholera because it sets the illness aside from others, such as tuberculosis or typhoid fever. Both are debilitating but do not involve explicit and gruesome symptoms, allowing friends and family to engage with the patient and keep his or her bedside without experiencing aversion.

Besides that, cholera symptoms also deform the victim's face and body, sometimes to the point of

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<sup>3</sup>Rachel Herz, *That's Disgusting: Unraveling the Mysteries of Repulsion*, New York, W. W. Norton and Company, 2012.

<sup>4</sup>*Ibid.*, p. 79.

<sup>5</sup>*Ibid.*, p. 130.

<sup>6</sup>William I. Miller, *The Anatomy of Disgust*, Cambridge, Harvard University Press, 1997, p. 2-23.

<sup>7</sup>Rachel Herz, *op. cit.*, p. 103.

<sup>8</sup>William I. Miller, *op. cit.*, p. 101.

unrecognition. The eyes get sunken and lethargic, the skin becomes wrinkled and leathery, the body appears to lose weight suddenly, assuming a mummified look, while its colour becomes blueish. These transformations oblige spectators to contemplate our animality and the fragility of human existence and are, hence, disgusting. Furthermore, the rapidity and suddenness of the illness intensify these feelings of distaste and terror.

Precisely because of its aptitude to deindividualise and kill swiftly, cholera is, above all, a disease of the group. It usually attacks several people at the same time, not allowing attention to be fixed upon one distinctive individual for long. Its severe impact on the victim's body does not allow space for idiosyncratic reactions, like other diseases, such as cancer or HIV, would. Moreover, for most of the 19th-century, scientific understanding of the epidemic was poor or non-existing, there was no effective therapy available, and prevention became increasingly efficient only after the 1860s and 1870s. When combined, these elements created a state of anxiety and powerlessness that often inflamed social tensions to a point in which hysteria, mass escape, rioting, and the collapse of funerary and health systems were not uncommon.

Since large gatherings – and their artistic representations – can motivate feelings of disgust, the inherent collective experience of cholera, along with the unrest and turmoil that it creates, intensify even more the feelings of revulsion resulting from its effects on the body.

Thus, cholera is distinctly nauseating in at least three different levels: firstly through the graphic prominence of defecation and vomiting; then through the resulting disfiguration of the victim's face and body; finally through the inherently collective nature of its experience. In this sense, cholera is different from most other epidemic diseases, since they rarely combine all these three elements at once. Plague, for instance, is equally social, its mortality rate is even higher, and its characteristic buboes, although not as shocking, can be seen as repulsive. However, there is nothing keen to the deformation caused by cholera. Something similar could be said of syphilis or leprosy, which are intensely disfiguring and present symptoms as frightful as cholera's, if not more so. Nevertheless, they both progress slowly and present clear patterns of transmission, and as a consequence, are more often imagined as an individual, rather than a collective affliction.

Furthermore, the 19th-century bourgeois culture was particularly sensitive even to acknowledge the existence of physical necessities. Elias, for example, highlights the easiness with which Erasmus speaks about defecation in the 16th-century, while throughout the 18th, the solely mention to bodily fluids is increasingly considered taboo, a process that reached its apogee in the following century<sup>9</sup>. Similarly, Corbin sees in the 1800s the rise of the “malodorous poor” and the “odourless bourgeois”<sup>10</sup>. In this context of hypersensitivity, cholera is even more revolting and obnoxious, as summarised by Richard Evans: « the thought that one might oneself suddenly be seized with an uncontrollable, massive attack of diarrhoea [...] in the presence of scores or hundreds of respectable people, must have been almost as terrifying as the thought of death itself<sup>11</sup> ».

## Cholera symptoms represented in Literature

Several historians have dedicated their attention to the considerable impact cholera had in culture and society in the 1800s. They have clarified how the epidemic affected politics, economics, scientific research, human migration, and even urban planning<sup>12</sup>.

Thus, it is perhaps unsurprising that it found its way into literature almost immediately after its arrival. Heine, for instance, has written as early as 1832 a somewhat fictionalised account of the outbreak of

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<sup>9</sup>Norbert Elias, *The Civilizing Process: Sociogenic and Psychogenic Investigations*, Oxford, Blackwell, 2000, p. 115.

<sup>10</sup>Alain Corbin, *Le miasme et la Jonquille, l'odorat et l'imaginaire social, XVIII<sup>e</sup>-XIX<sup>e</sup> siècles*, Paris, Aubier, 1982, p. 85.

<sup>11</sup>Richard J. Evans, *Death in Hamburg: society and politics in the cholera years, 1830-1910*, New York, Oxford University Press, 1987, p. 229.

<sup>12</sup>See, for instance, Thibault Weitzel, *Le fléau invisible: la dernière épidémie de choléra en France*, Paris, Vendémiaire, 2011; Eugenia Tognotti, *Il Mostro Asiatico: storia del colera in Italia*, Bari, Laterza, 2000; Peter Baldwin, *Contagion and the State in Europe, 1830-1930*, Cambridge, Cambridge University Press, 1999; Frank M. Snowden, *Naples in the Time of Cholera, 1884-1911*, Cambridge, Cambridge University Press, 1995.

Paris for the newspapers<sup>13</sup>. Four years later, Flaubert would mention cholera in his short-history *La Femme du Monde*<sup>14</sup>. Afterwards, it would be explored by English writers, such as Kipling or H.G. Wells, and Italian *veristi* – namely, Mastriani, Capuana, Verga and De Roberto<sup>15</sup>. Finally, it would constitute the background setting for Mann's *Death in Venice* (1912)<sup>16</sup>.

However, when writing about the contemporary issue of cholera, writers are inescapably confronted with its symptoms and, consequently, to the transgression of social taboos and infringement of reader's sensibilities. Authors are, thus, obliged to take a stand on how to represent the disease and adopt textual strategies to cope with this problem: should it be described realistically? or silenced? or reimagined? The resulting literary representation is one of the fascinating aspects of the epidemic's cultural repercussions.

## Literature and the omission of cholera

The first obvious solution to the problem is not to mention the subject altogether, a strategy that Balzac employed very successfully. In the vastness of *La Comédie Humaine*, cholera is mentioned less than twelve times, often in imprecations as a synonym for “plague”, sometimes loosely referring to the disease in conversations<sup>17</sup>. The first two Paris outbreaks, in 1832 and 1849, are within the timeframe of the project. Yet they do not have any relevance within the author's monumental oeuvre, notwithstanding its declared intention of writing a scientific and objective analysis of society. Certainly, the reasons for the omission are multiple; the loathsome nature of the disease being very likely one of them. After all, what had Balzac to gain by polemically – and altogether unnecessarily – defiling the sensibilities of his overwhelmingly middle-class public?

As a matter of fact, this avoidance of speaking about repulsiveness is so common that, according to Menninghaus, it impedes, in part, the writing of a history of disgust<sup>18</sup>. Eco also approaches the issue while reviewing the space occupied by ugliness within discourses on aesthetics before the 1800s. He mentions that Kant and other philosophers wondered if it is even possible to formulate an artistic judgement on ugliness since repulsion motivates the spectator to get away from and not to engage with a work of art<sup>19</sup>.

In this sense, the repulsive in art would not only be undeserving of representation, as it would be irrepresentable in itself, something that serves to legitimate the silence surrounding several sickening themes in literature up to the birth of Modernism – a transformation Eco qualifies as « the avant-garde's triumph of ugliness<sup>20</sup> ».

The silence being alluded by both critics is particularly relevant for the study of the literary imagination surrounding cholera. Albeit, dozens of artistic texts mentioning the illness were produced during the 19th-century, when one considers the profound impact the epidemic had on society as a whole, it becomes clear that the subject is vastly underrepresented in literature. Simply put, based on historical experience alone, one would expect a much larger number of texts to exist. That is equally true of a variety of other diseases and social phenomena<sup>21</sup>.

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<sup>13</sup>Heinrich Heine, *French Affairs: Letters from Paris*, New York, United States Book Company, 1893.

<sup>14</sup>Gustave Flaubert, *Œuvres de jeunesse*, Paris, L. Conard, 1910.

<sup>15</sup>See, for instance, *I Misteri di Napoli* (1869-1870) by Francesco Mastriani; *Guerra di Santi* (1880) by Giovanni Verga; *I Viceré* (1884) by Federico De Roberto; *Il Medico dei Poveri* (1894) by Luigi Capuana; *A Germ Destroyer* (1888) by Rudyard Kipling; *The Stolen Bacillus* (1893) by H.G. Wells; among others.

<sup>16</sup>Thomas Mann, *Death in Venice*, New York, W. W. Norton, 1994.

<sup>17</sup>Honoré de Balzac, *La Comédie Humaine*, Paris, Gallimard, 1981.

<sup>18</sup>Winfried Menninghaus, *Disgust: Theory and History of a Strong Sensation*, Albany, State University Press, 2003, p. 3.

<sup>19</sup>Umberto Eco (dir.), *Storia della Bruttezza*, Milano, Bompiani, 2007, p. 19.

<sup>20</sup>*Ibid.*, p. 365.

<sup>21</sup>Totaro asserts that, despite being a grave social issue at the time, the plague appears remarkably little in the Elizabethan stage, emerging with minor functions in *Romeo and Juliet* or *The Alchemist* (See Rebecca Totaro, *Suffering in Paradise: The Bubonic Plague in English Literary Studies from More to Milton*, Pittsburgh, Duquesne University Press, 2005 p. 9). Cooke puts the same argument forward, highlighting the fact that no character in Shakespeare ever contracts the disease (See Jennifer Cooke, *Legacies of Plague in Literature, Theory and Film*, London, Palgrave Macmillan, 2009, p. 46-48). This literary phenomenon of absence or insufficient appearance of important historical events has been fairly discussed

Bearing that in mind, it is interesting to reflect upon the many authors that discussed cholera in personal memories or newspapers accounts but do not do so in their fictional writing. As previously mentioned, Heine produced an engaging account of the first Paris outbreak but never explored the theme in his “serious” production.<sup>22</sup> The same thing holds true for Chateaubriand or Fontane<sup>23</sup>. Other writers have also experienced cholera at first-hand without this bearing a significant presence in their literary production: Nerval has worked as a physician during the 1832 outbreak; Chekov was a member of a sanitary commission fighting the epidemic in 1892; and Poe almost died of the disease in Philadelphia in 1849.

Aside from that, there is another group of writers whose silence is particularly significant: Baudelaire, Huysmans and *la décadence* in general, never genuinely engage with the theme, a surprising omission, since the desire to shock and defy bourgeois sensibilities is central to the aesthetics advanced by these authors.

## Literature and the silence around cholera’s name and symptoms

Interestingly, even the works which depict cholera preeminently engage with this “silencing behaviour” to some degree. Eugene Roch, for example, writes in 1832 a theatre play called *Paris Malade*, which discusses the havoc created by the epidemic. In the preface, the author declares the thematic originality of his work, thus avowing the omission of others: « 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<sup>24</sup>. » Later on within the text, one of the characters applauds the prohibition of mentioning the subject in a *soirée*:

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.*

À 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<sup>25</sup>.

Another case in point is *Deerbrook* (1838)<sup>26</sup>, a novel by the early feminist and sociologist Harriet Martineau, and one of the first novels to feature a physician as its main hero. The plot revolves around a persecution campaign unfairly carried out against Mr Hope, the city’s « medical man<sup>27</sup> ». He is described at the beginning of the narrative as « the greatest acquisition our society ever had<sup>28</sup> », but is later physically attacked and becomes the target of a riot which partially destroys his house. Nonetheless, he bears the tribulations with equanimity and can prove his personal and professional distinction once an epidemic strikes the community. Notwithstanding the high significance of the outbreak as a redeeming event within the novel, the precise nature of the disease is, surprisingly, never made clear: its symptoms are simply described as “oppressive”, while the pathology itself is not named; four nonspecific terms are used instead: “the fever”, “the disease”, “the epidemic” and “the

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in thematic literary criticism, regarding, for instance, factories and workers (See P.J. Keating, *The Working-Classes in Victorian Fiction*, London, Routledge, 2016, p. 1), trains (See Remo Ceserani, *Treni di carta. L’immaginario in ferrovia: l’irruzione del treno nella letteratura moderna*, Torino, Bollati Boringhieri, 2002, p. 13) or colonies (See Remo Ceserani, Mario Domenichelli, Pino Fasano [dir.], *Dizionario dei Temi Letterari*, Torino, UTET, 2007, p. 457).

<sup>22</sup>Heinrich Heine, *op. cit.*

<sup>23</sup>Brigitta Schader, *Die Cholera in der deutschen Literatur*, Berlin, Demeter Verlag, 1985, p. 70.

<sup>24</sup>Eugène Roch, *Paris Malade*, vol. I, Paris, Moutardier, 1832, p. 9.

<sup>25</sup>*Id.*, *Paris Malade*, vol. II, Paris, Moutardier, 1833, p. 182.

<sup>26</sup>Harriet Martineau, *Deerbrook: a novel*, London, Smith, Elder & Co., 1878.

<sup>27</sup>*Ibid.*, p. 9.

<sup>28</sup>*Ibid.*, p. 9.

plague”.

Regardless of that, there are many elements, within and without the text, that allow readers to associate the unidentified epidemic with cholera. Firstly, the disease is new and frightful, it spreads quickly, and all over the country, it reminds characters of the bubonic plague, it attacks a considerable part of the population, and it causes high mortality; all characteristics routinely found in medical and social discourses about cholera.

Given the moment in which the novel was published – only seven years after the disease ravaged the United Kingdom for the first time –, this discursive similarity is meaningful and not coincidental. The period around 1830 and 1831 was of intense anxiety, as declared by Martineau herself in her memoirs: « [...] and every body [at the time] was watching the progress of the Cholera –, then regarded with as much horror as a plague of the middle ages<sup>29</sup>. »

At this moment in time, cholera’s weight on the general mentality is so prominent that the epidemic can be easily identified without an accurate description. In reality, since the menace of contagion is serious and imminent, an indirect allusion might not only be sufficient but actually demanded by the public. Inasmuch as to name a scourge means to summon it, the word “cholera” itself may become a taboo and, consequently, authors may be discouraged from using it to avoid transgression. That is particularly true of journalistic discourses about cholera, and it seems to be the case in *Deerbrook*: the epidemic is deserving of representation, but its name and symptoms are not. Moreover, they are virtually unnecessary, as long as the purpose of the outbreak within the novel is to offer the main character an opportunity to prove his valour. Hence, matters of scientific precision and realism can be put aside, and the gratuitous – and perhaps damaging – provocation of the public can be avoided. A similar argument is put forward by Pamela Gilbert’s analysis of *Middlemarch*<sup>30</sup>. She draws attention to Eliot’s intentionally vague descriptions of cholera, whereas other diseases and scientific matters are described precisely and labouriously. There is no description of a cholera case, symptoms are not mentioned, and patients are attended to in a generically designated « Fever Hospital ». In other words, albeit employing the disease’s name, Eliot adopts the very same strategy of Martineau, using the outbreak for a specific narratological function, while, at the same time, avoiding to hurt the public’s sensibilities by mentioning nauseating details.

Another text to discuss cholera without any mention of its name or symptoms is *Judith Stern* (1875)<sup>31</sup> by Paul Heyse. The German author illustrates well the point made earlier about the recurrent choice of not writing about cholera even after experiencing it in real-life. By analysing his diaries, Brigitta Schader shows how Heyse witnessed the social effects of the outbreak and fled from it, and remarks that, even if leprosy and tuberculosis are present in his writing, cholera is not<sup>32</sup>. The sole partial exception being *Judith Stern*, a short-story about the admiration and desire an apprentice dedicates his master’s wife. At some point, her son « falls very sick ». The family doctor declares his impotence regarding the case, so he can only be cured by a Portuguese physician who acquired his training in India. As noted by Schader, the allusions to cholera are few and indirect: the text is published during the Third Pandemic, the child’s case is severe and progresses swiftly, there is no treatment available, and a cure is reached solely by experience obtained in India – cholera’s stereotypical country of origin. The episode is essential to the narrative because it is this intercession that justifies the amorous liberties the physician will take later on. In this way, the episode is, once again, an important test: while in *Deerbrook* cholera reveals the doctor’s magnificence, in *Judith Stern* it unveils his immorality.

The works discussed so far encapsulate well the quietness surrounding cholera, even in texts in which the illness figures outstandingly. The same absence of symptoms is found in a great many literary

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<sup>29</sup>Harriet Martineau, *Autobiography*, Boston, J.-R. Osgood, 1877, p. 123.

<sup>30</sup>Pamela K. Gilbert, *Cholera and Nation: Doctoring the Social Body in Victorian England*, Albany, SUNY Press, 2008, p. 148.

<sup>31</sup>Paul Heyse, *Tales from the German*, New York, D. Appleton & Company, 1879.

<sup>32</sup>Brigitta Schader, *op. cit.*, p. 103.

works, illustrious or not. Such is the case of Zola's early novel *Les Mystères de Marseille* (1867)<sup>33</sup>, in which the outbreak creates the circumstances needed for the resolution of the storyline; of Hugo's *Les Misérables* (1862)<sup>34</sup>, in which it has less importance, but still unravels into an upheaval during general Lamarque's funeral; or even of Marie Corelli's *Vendetta, a Story of One Forgotten* (1886)<sup>35</sup>, a novel in which the main character and narrator is mistakenly buried alive after contracting the infection and, even so, no symptoms are mentioned besides « a great weakness ».

The same strategy is adopted in other textual genres as well. Newspapers did so regularly, sometimes entirely avoiding any reference to cholera<sup>36</sup>. Omissions were also common in memoirs, both Settembrini in *Ricordanze Della Mia Vita* (1879)<sup>37</sup> and Chateaubriand in *Mémoires d'Outre-tombe* (1849-50)<sup>38</sup> focus entirely in the panic and tumult created by cholera in Naples and Paris without mentioning a single attribute of the pathology. Surprisingly, even historical accounts refrain from the issue, an example being *Quadri Storici del Cholera di Napoli* (1837)<sup>39</sup> by Count of Sterlich, which takes for granted that its readers hold previous knowledge about the disease's manifestations, the only symptom sparsely mentioned is « great pains ».

However, to keep silence is not the only possible solution to the problem posed by disgust. Just as often, authors choose to mention symptoms through euphemism and irony. Heine, for instance, comically refers to diarrhoea as “a feeling of coldness in the legs<sup>40</sup>”. On other occasions, they appeal to outright change and invention. Edgar Allan Poe based his *The Mask of the Red Death* (1842) in cholera descriptions but preferred to invent a new and more extreme scourge in which diarrhoea and vomit become « profuse bleeding at the pores, with dissolution<sup>41</sup> ». These strategies are equally fascinating and revealing, yet, unfortunately, can not be adequately discussed here.

In sum, the reasons which motivate the silence about cholera or the obliteration of its symptoms are multifaceted. They include lack of personal interest by authors, disagreement about the centrality or urgency of the problem, the belief that such themes are not worthy of artistic representation, and, in some cases, even censorship imposed by the authorities.<sup>42</sup> Most importantly, however, was the unwillingness to break a taboo or to hurt the public's sensibilities. Authors would have little to gain by creating polemic and confronting their oversensitive bourgeois readers just to portray a disease accurately. Quite the contrary, the prosecutions against Flaubert and Baudelaire serve as an example of what could happen to transgressive writers. Therefore, silence is directly linked to the disgusting nature of cholera. It served the vital aim of satisfying the readers' expectations to maintain literature consumption.

Furthermore, this phenomenon is a recurring one, as several scholars have identified similar patterns in the representation of other diseases. Boeckl argues that the decorum imposed by the Counter-Reformation has got away with semi-nude plague victims and their buboes in paintings<sup>42</sup>. Pietrzak-Franger considers that syphilis is silenced and sanitised in Sarah Grand's *The Heavenly Twins* (1893)<sup>43</sup> and generally maintains that « syphilitic bodies in Britain were intricately purged of their disgusting qualities<sup>44</sup> ». While Lawrence Howe judges that in *Monopolis of Loss* (1993) « [the author] realised that the text's refusal to utter the word “AIDS” potentially enlarged its audience<sup>45</sup> ».

<sup>33</sup>Émile Zola, *Les Mystères de Marseille*, Paris, G. Charpentier, 1885.

<sup>34</sup>Victor Hugo, *Les Misérables*, New York, Henry Holt and Company, 1908.

<sup>35</sup>Marie Corelli, *Vendetta! The Story of one Forgotten*, New York, New York Publishing, 1886.

<sup>36</sup>Brigitta Schader, *op. cit.*, p. 83-89.

<sup>37</sup>Luigi Settembrini, *Ricordanze della mia vita*, Bari, Laterza, 1934.

<sup>38</sup>François-René de Chateaubriand, *Mémoires d'outre-tombe*, Paris, Garnier Frères, 1910.

<sup>39</sup>Cesare di Sterlich, *Quadri Storici del Cholera di Napoli*, Napoli, Flautina, 1837.

<sup>40</sup>Heinrich Heine, *op. cit.*, p. 167.

<sup>41</sup>Edgar Allan Poe, *Tales of Mystery and Imagination*, New York, Mysterious Press, 1988, p. 234.

<sup>42</sup>Christine M. Boeckl, *op. cit.*, p. 109.

<sup>43</sup>Monika Pietrzak-Franger, *Syphilis in Victorian Literature and Culture: Medicine, Knowledge and the Spectacle of Victorian Invisibility*, London, Palgrave Macmillan, 2017, p. 115.

<sup>44</sup>*Ibid.*, p. 153.

<sup>45</sup>Lawrence Howe, « Critical Anthologies of the Plague Years: Responding to AIDS Literature », *Contemporary*

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In conclusion, the disgust and shock caused by cholera determined much of the disease's literary representation. These feelings encouraged the routine omission and attenuation of symptoms, something which offers insights into the production and consumption of literature at the period, as well as into the limits of the utterable and unutterable.