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# Why Do Literary Epidemics Normally Belong Elsewhere?

**Aureo Lustosa Guerios**

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# Why Do Literary Epidemics Normally Belong Elsewhere?

**Aureo Lustosa Guerios**

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Literature has its fair share of epidemics and pandemics. From Sophocles' *Oedipus the King* (c. 429 BCE) to Roth's *Nemesis* (2010), these natural disasters serve as destabilizing forces that trigger conflicts, reveal hidden tensions, justify persecutions and offer a chaotic background for the characters to act and the plot to advance. Contagion – both real and metaphoric – plays an essential role in most of these narratives. Whereas cancers or strokes are thought of as originating spontaneously within, transmissible diseases are seen almost by definition as coming from the outside, from *somewhere else*. What is more, they are brought by *something* or, most likely, *someone*. If cancer's existential question is "*Why me?*", that of transmissible diseases is "*Who gave it to me?*" Hence, epidemics inherently create division lines that identify those who belong to the group and those who do not: *us* against *them*, *insiders* against *outsiders*.

At the same time, like so many other natural disasters, epidemic outbreaks tend to be interpreted as divine retribution for collective transgressions. As such, seemingly random and unpredicted events like volcanic eruptions or tsunamis are interpreted as being linked to human action and, perhaps, even directly caused by it. Examples abound in the Bible, ranging from the plague that killed 70 000 sent as punishment for David's sins (2 *Samuel* 24:15-16) to the earthquake and eclipse immediately following the crucifixion (*Matthew* 27:45-56).

Personal illnesses are also habitually explained as supernatural punishment, but in these cases, the sufferers – or sometimes their parents – are perceived as bringing it upon themselves; thus the penance is seen as deserved and justified. Venereal diseases are particularly prone to such interpretations, and so are cancers or afflictions that scar and deform, like leprosy. At the end of *Les Liaisons Dangereuses* (1782), the cruel Marquise de Merteuil becomes disfigured after narrowly escaping smallpox; on seeing her, a nobleman remarks to his agreeing companions that "now her soul was on her face"<sup>1</sup>. That matches a long cultural tradition of interpreting the outer appearance as a reflection of the moral character within – as easily verifiable in fairytales, where righteous beautiful princesses stand

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<sup>1</sup> « Le marquis de \*\*\*, qui ne perd pas l'occasion de dire une méchanceté, disait hier, en parlant d'elle, que la maladie l'avait retournée, et qu'à présent son âme était sur sa figure », Choderlos de Laclos, *Les Liaisons dangereuses*, Paris, Gallimard, coll. « Folio plus. Classiques », 2008 (1st ed. : Durand-Neveu, 1782), lettre CLXXV, p. 475. My translation.

in opposition to wicked ugly witches, and enchanted prices contrast threatening monsters.

Yet, epidemic outbreaks affect the entire community in some way or another, so the innocents suffer alongside the sinful. Thus, a search into the crisis' origins becomes mandatory. If its root causes are discovered and addressed, the whole situation might be solved – or at least alleviated – and future incidents prevented. Furthermore, the search serves to establish blame and guilt, with the inquiry slowly constructing some real or imaginary “Other” who has willingly or accidentally originated the problem. More often than not, that entails some form of killing, be it of a sacrificial victim who washes away collective sins or the persecution of groups of outcasts deemed to be responsible – practically always unprivileged minorities. Instances are numerous in history, encompassing the persecution of Jews and lepers during the Black Death, or the initial designations of AIDS as “gay cancer” and “gay-related immunodeficiency (GRID)”.

Accordingly, accounts of epidemics based on their authors' personal experiences regularly postulate the outbreak place of origin in enigmatic locations abroad: Thucydides mentions that the Plague of Athens started in Ethiopia; Boccaccio asserts the Plague of Florence came from “the Oriental lands”; while Defoe hypothesizes that the Great Plague of London arrived, among other possibilities, with the “Turkey fleet” coming from “the Levant”.

Entirely fictional narratives, however, tend to make much bolder claims. They regularly displace outbreaks in space and time, assigning them to exotic faraway lands, the distant past or sometimes the future. A case in point is Pushkin's *A Feast in Time of Plague* (1830), which was written during a four-months-long quarantine imposed by the Cholera Epidemic of 1830 in Russia. Nevertheless, the play reinvents its relationship to date, location, and even disease, allocating its action to an outbreak of bubonic plague, during the Middle Ages, in England. Still another cholera-related instance is found in Mary Shelley's *The Last Man* (1826), a novel that answers to the First Cholera Pandemic (1817 to 1824) in Asia. At that stage, Europe had been spared, only to be hit a couple of years later by the Second Cholera Pandemic (1826 to 1837) – which led to Pushkin's isolation. In that sense, her predictions of looming catastrophe would turn out to be accurate. Yet, in *The Last Man* the cataclysm which wipes out humanity is due to plague, not cholera. Moreover, it is set over two centuries away, in the year 2092, and it starts “on the shores of the Nile<sup>2</sup>” before gathering momentum “in the East” and among “the Turks”<sup>3</sup>.

<sup>2</sup> Mary Wollstonecraft Shelley, *The Last Man*, Petersborough, Broadview Literary Texts, 1996 (1st ed.: Henry Colburn, 1826), p. 137.

<sup>3</sup> *Ibid.*, p. 177.

There are countless other cases in point: Camus famously allocates *La Peste* (1947) in Algeria; Sartre chooses Malaysia as the setting for *Typhus* (2007); the plague outbreak of Sinclair Lewis' *Arrowsmith* (1925) originates in China and settles in the Caribbean. Even when an epidemic occurs in a quintessential European city, as in Mann's *Death in Venice* (1912), it somehow belongs in Bengal: Venice is portrayed as having swampy canals, tropical winds and roaming tigers.

My objective in this paper is to analyze these literary discourses on the origins of epidemics. I will enumerate some psychological, cultural, political, and even scientific reasons for the displacement of outbreaks in time and space. My interest lay, mainly, in surveying the insistent representation of Asia, Africa or the Americas as the natural habitats of transmissible diseases. The task is daunting, and it cannot be resolved in a few pages. Yet, I hope to highlight some of the phenomenon's key features and, in doing so, delineate a brief portrait of the current scholarly debate.

## Silence and the observance of taboos

When pondering about epidemics in fiction, the first question a literary critic faces is not "*Why do they appear so much?*", but rather, "*Why do they appear so little?*" Since the rise of Environmental History in the 1970s, historians have completely reinterpreted the importance of diseases. Seminal works such as Alfred Crosby's *The Columbian Exchange* (1972) or William McNeill's *Plagues and Peoples* (1976) stressed their major impact on the agricultural revolution, the rise of early civilizations, the conquest of the Americas, and even the formation of the transatlantic slave trade – to name just a few. The field eventually led to a complete reevaluation of diseases – especially the transmissible ones – from minor episodic events into major history-shaping forces. For example, the bubonic plague was active from at least the 6<sup>th</sup> to the 20<sup>th</sup> centuries. The Second Plague Pandemic (c. 1330-1360) – the so-called Black Death – is the sole occasion in humanity's history that the relentless rise in global population retroceded. That unmatched event brought about monumental changes in all life areas, from economy and politics to culture and religion.

Nevertheless, if we search for its impact in the 14<sup>th</sup> century literature, we can barely go beyond Boccaccio's *Decameron* (1348-1352) and a few oblique references in Petrarch and Chaucer. Of course, there are numerous cultural and artistic works relating to the plague: frescoes of the *dance macabre*, popular poetry about the Triumph of Death, or *transi* tombs portraying rotting cadavers. However, these amount at most to a few thousand items, a total that falls a long way short from the tremendous loss of life. The overall plague mortality is believed to be of at least 30%, with some areas experiencing numbers as high as 60%. Thus, the number of

existing artistic artifacts relating to the plague does not come anywhere close to matching the unprecedented challenge it raised.

The reasons behind that are various and complex, and without a doubt, very practical: if the world is collapsing and survival is at stake, writing poetry or sculpting are certainly not high priorities. Nonetheless, several psychological elements might also make people disinclined to talk about the crisis after it is over. One of them is collective trauma since groups that survived natural or human made disasters often avoid talking about the subject altogether. Beyond that, diseases have a strong tendency to become taboo, especially those which are acute, lethal and mysterious. Taboos are common across human societies, and they frequently result in a prohibition of speaking about certain themes or uttering dangerous words. Many refer to cancer, for instance, as “the c-word” or “a serious illness”. The reluctance is due to a supernatural belief in taboo-words’ magical powers: the speaker fears he or she might summon the disease by uttering its name<sup>4</sup>.

These cultural sensibilities surface in literature as well. Numerous authors have experienced epidemics throughout their lives without ever talking about them in fiction. Balzac is a case in point, for although he witnessed at least two severe cholera outbreaks in Paris, the disease takes no part in the *Comédie Humaine*. Another instance is found in the novel *Deerbrook* (1839) by Harriet Martineau, which prominently features a cholera epidemic but only refers to it as “the fever”, “the disease”, or related terms. The same holds for Juan Goytisolo’s *Las Virtudes del Pájaro Solitario* (1988), which discusses AIDS from end to end without ever naming it. However, if an author wishes to explore epidemics as a literary theme and, at the same time, observe taboos and respect the readers’ sensibilities, displacement of time or space – and often disease too – becomes an attractive strategy. Poe’s *The Mask of the Red Death* (1842), for instance, is based on the author’s own experience with cholera in the USA and in eye-witness accounts of the Paris Outbreak of 1832. Despite that, the narrative is set in an unspecified place and time, evoking the chronotopes of tales and also conjuring up images of medieval Europe. Moreover, it presents an imaginary disease, a sort of crossing between cholera and bubonic plague. In that manner, it achieves horrific effects without making the reader feel too uncomfortable. When it comes to epidemics, excessive realism risk disengaging the audience.

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<sup>4</sup> Keith Allan and Kate Burridge, *Forbidden Words: Taboo and the Censoring of Language*, Cambridge, Cambridge University Press, 2006.

# Bacteriology, the microscopic world and literary monsters

## Invisible threats

Another reason for narrative displacement in literature is arguably found in scientific developments in microscopy. Microscopic life forms had aroused public attention since at least the 17<sup>th</sup>-century when Robert Hooke depicted magnified insects and plant structures in his seminal *Micrographia* (1665). Two centuries later, the Germ Theory of Disease would usher a revolution within medicine, completely reshaping the public understanding of microbes alongside it. Starting from the 1860s, the blossoming field of bacteriology brought germs and disease to the spotlight by a string of groundbreaking discoveries : in 1873, Hansen established for the first time a link between a microbe and a human disease (leprosy); in 1876, Koch discovered the pathogen responsible for anthrax and worked next on perfecting laboratory techniques which allowed for better observation of bacteria; in 1881, and then in 1884, Pasteur developed vaccines for anthrax and rabies; in 1882, Koch identified the bacillus of tuberculosis, and, in the following two years, established cholera's cause and mechanism of transmission; in 1883, Ilya Mechnikov set the basis of immunology by discovering phagocytosis.

These advances were widely publicized in the press and were also deliberately used to convey political ideologies. Their impact on culture was profound, and scholars have analyzed its traces in advertising<sup>5</sup>, satire<sup>6</sup> and even the *Art Nouveau* aesthetics<sup>7</sup>.

Literature reacted to this new buzzing world of microbes in myriad ways. One of them was to explore the theme of invisibility in relationship to disease. Such discussions already inform the short story *The Invisible Giant* (1881) by Bram Stoker – even if it also hints at the miasma theory of disease. Just like Poe, Stoker makes veiled references to cholera but displaces them by using the vague chronology and geography of tales: “[m]any years passed away” in “the Country Under the Sunset”<sup>8</sup>. He also speaks generally of “the terrible Plague”<sup>9</sup>, personified in the monstrous figure of an invisible giant. The same relationship between invisibility and disease is

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<sup>5</sup> Vincent Vinikas, *Soft Soap, Hard Sell: American Hygiene in an Age of Advertisement*, Iowa City, Iowa State Press, 1992.

<sup>6</sup> Patrice Bourdelais and André Dodin, *Visages du choléra*, Paris, Belin, 1987.

<sup>7</sup> Martina King, “Anarchist and Aphrodite: On the Literary History of Germs”, in *Contagionism and Contagious Diseases: Medicine and Literature 1880-1933*, ed. Martina King and Thomas Rutten, Berlin, de Gruyter, 2013, p. 101-129.

<sup>8</sup> Bram Stoker, “The Invisible Giant”, in *Under the Sunset*, London, Sampson Low, Marston, Searle and Rivington, 1882, p. 45.

<sup>9</sup> *Ibid.*, p. 56.

central for H. G. Wells' *The Invisible Man* (1897). Its main character has to go around undressed and unfed to remain unseeable. As a result, he catches a cold and regularly gives away his presence by sneezing. Even the humorous poem *The Microbe* (1897) by Hilaire Belloc relies on this relationship to deride bacteria and scientists: how can something invisible be monstrous?

## The lair of monsters (and diseases)

The displacement of epidemics also interacts with the long tradition of imagining faraway lands as monsters' natural habitat. Fantastic beings populate various texts by cultural icons such as Pliny the Elder, Marco Polo or pseudo-Augustine. Until the 17<sup>th</sup>-century, cartographers customarily assigned a vast array of creatures to the unexplored corners of the world as a way to signal the dangers of the unknown, the barbarity of the natives, and the bravery of voyagers. After the end of the Scientific Revolution in the 18<sup>th</sup>-century, these accounts become rarer in mainstream scientific culture, except for the new world of microscopy and its population of strange « animalcules ».

In literary narratives, on the other hand, the trend continued uninterrupted – and perhaps even intensified. In a pivotal moment in *Frankenstein* (1818), the “hideous monster” approaches his creator to ask for a female companion. If he agrees to the request, “the enemy” promises to “go to the vast wilds of South America” to live with “the beasts of the field”<sup>10</sup>. Dracula comes instead from the uncivilized “East” and moves to London to feed on unsuspecting English citizens, preferably women. Of the two, Dracula is the one more blatantly linked to disease given its parasitic existence and its contagiousness. Nevertheless, even the nameless monster of *Frankenstein* is indirectly associated with health hazards: Victor devotes himself obsessively to science as a way to cope with his sister's death to puerperal fever, and, immediately after the creature is brought to life, he falls prey to “a nervous fever which confined me for several months”<sup>11</sup>. In other words, the creature is both a result and a cause of illness. Thus, these narratives imply that the monsters' lairs – and the diseases accompanying them – are to be found pretty much anywhere outside of Europe: in South America, in “the East”, and in the North Pole – where the initial scenes of *Frankenstein* take place.

Even narratives that do not employ monsters or diseases *per se*, manage to invoke them indirectly by convening a sense of perpetual threat lurking in remote regions. In Conan Doyle's *The Lost World* (1912), the monsters are transformed into

<sup>10</sup> Mary Wollstonecraft Shelley, *Frankenstein or the Modern Prometheus*, London, George Routledge and Sons, 1888, p. 204-205.

<sup>11</sup> *Ibid.*, p. 84.

dinosaurs and primitive ape-men who survived for millions of years in the Brazilian Amazon. In M. P. Shiel's *The Purple Cloud* (1901), the miasma theory of disease is summoned via a gigantic purple cloud unleashed by an explorer in the North Pole, which nearly exterminates humankind.

Moreover, the cultural tendency to superpose ideas about sickness, contagion, and monstrosity is quite evident in 19<sup>th</sup>-century caricatures. They display a vast array of threatening creatures: ghostly vampires, grim reapers, bat-like dragons, gigantic rats, insectoid chimaeras and beyond. Additionally, in perfect harmony with colonial medicine, they commonly have Asian facial features, darker skin, and bear orientalist regalia such as turbans, Turkish or Vietnamese hats, long nails and queues.

Thereby, these texts and images serve as examples of 19<sup>th</sup>-century European culture's tendency to imagine the non-European spaces and peoples as monstrous and inherently sick. These "Others" are considered backwards, naive, and superstitious; limitations blamed on miscellaneous factors, including culture, climate and biology<sup>12</sup>. They are also often displaced in space and time; even in the contemporary world, "the Other" somehow belongs to a primitive age of old and is so alienated that he or she might just as well have come from another planet.

Perhaps expectedly, these representations multiply and intensify in the heyday of imperialist expansion in the 19<sup>th</sup> and early 20<sup>th</sup>-centuries. They served the purpose of transforming violent invasions into civilizing missions brought forward for humankind's sake. Furthermore, since this narrative ethos also served a broad political and economic agenda, it did not restrict itself to art: it also encompassed allegedly objective spheres of activity such as science and medicine.

## Orientalism in Science and Medicine

Since the late 1970s, scholars have directed their attention towards the study of cultural and scientific imperialism. The field of Colonial Medicine, in particular, was scrutinized, and a new emphasis was placed on its role as a tool of conquest. Despite the grandiloquent rhetoric of humanitarianism, medicine in the colonies served the primary purpose of safeguarding the health of soldiers and colonial administrators. So, to put it differently, its objective was to annex and maintain territories. Bruno Latour demonstrates how bacteriologists – Pasteur included saw

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<sup>12</sup> David Arnold (ed.), *Warm Climates and Western Medicine: The Emergence of Tropical Medicine, 1500-1900*, Amsterdam, Rodopi, 1996.



themselves as second-line combatants who allowed the armies to continue advancing<sup>13</sup>.

In keeping with that, much of the funding and promotion of medical research was fueled by expansionist interests. Christoph Gradmann points out that, after having identified the cholera-causing pathogen in Egypt, Robert Koch was granted a Prussian military decoration. His mission was proclaimed “a glorious victory against the hereditary enemy of our nation” – a statement which intentionally alludes to France as much as cholera<sup>14</sup>. It is not without reason that the Pasteur Institute was efficiently installed in the French colonies in remarkably few years; after its inauguration in 1888, branches quickly materialized in Vietnam (1891), Tunisia (1893), Algeria (1894) and Madagascar (1898). The profound interdependence of politics and science is significantly summed up in the iconic ambivalence of the word “colony”. As Laura Otis duly notices, governments acquired colonies abroad, while bacteriologists grew them in the laboratory<sup>15</sup>.

Besides the pragmatic, colonial medicine also served the equally crucial role of legitimating expansionism. David Arnold indicates how medical treatises, statistical reports and even everyday conversations were used to stress the frail health and insalubrious habits of “the natives”. Expressions such as Richard Burton’s designation of “pestiferous Scinde and pestilential Gujarat<sup>16</sup>” implied a perennial state of disease and squalor in the colonies, which often expanded to include culture, morality and religion. During the 1860s and 1870s, the physician scholars Macnamara, MacPherson and Hirsch established India as cholera’s place of origin, even though no material or written evidence exists to substantiate this claim. As highlighted by Christopher Hamlin, they offered thus scientific legitimacy to cultural perceptions about “the Orient” and transformed subjective opinions into objective truth<sup>17</sup>. Besides, that was so efficiently done that the assertions are still prevalent today. Contradictory conclusions such as these continue to circulate in scholarship: “Although *there is almost no recorded evidence* of the presence of cholera in India (except for the description in Sushruta Samhita) [which, as the author admits, is problematic] [...], *there is little doubt* that the disease was present there from very

<sup>13</sup> Bruno Latour, *The Pasteurization of France*, Alan Sheridan and John Law (trad.), Cambridge, Harvard University Press, 1993 (1st English ed.: Harvard University Press, 1988), p. 95.

<sup>14</sup> Christoph Gradmann, “Exoticism, Bacteriology and the Staging of the Dangerous”, in *Contagionism and Contagious Diseases*, *op. cit.*, p. 65-81, p. 71.

<sup>15</sup> Laura Otis, *Membranes: Metaphors of Invasion in Nineteenth-century Literature, Science, and Politics*, Baltimore, John Hopkins University Press, 2000.

<sup>16</sup> David Arnold, *Colonizing the Body: State Medicine and Epidemic Disease in Nineteenth-Century India*, Oakland, University of California Press, 1993, p. 33.

<sup>17</sup> Christopher Hamlin, *Cholera: The Biography*, Oxford, Oxford University Press, 2009, p. 39-40.

early days<sup>18</sup>.” If tuberculosis is just tuberculosis, cholera is *Asiatic cholera*; the adjective clearly serving to demonize a hazily defined “Other”.

## The shift into « the Tropics »

Cholera is far from being the sole « orientalized » disease. Throughout the 19<sup>th</sup>-century, more and more afflictions were progressively associated with the colonies, even those with a long and conspicuous history in Europe. Malaria bedeviled the continent since Antiquity, but during the 1800s, it was recategorized as a “Tropical disease”. Leprosy also became Oriental little by little. Robert Louis Stevenson was representative of the times in referring to it as “the Chinese evil<sup>19</sup>”. That habit survived well into the 20<sup>th</sup>-century, for example, in Karel Čapek’s theatre play *The White Disease* (1937), in which a new incurable condition called “the Peking Leprosy” comes from “the East”. Similarly, Nükhet Varlik shows how the bubonic plague, notwithstanding its prominence in European culture, became undoubtedly “oriental” in the *Encyclopédie*: “Plague comes to us from Asia, and for two thousand years all the plagues that have appeared in Europe have been transmitted through the communication of the Saracens, Arabs, Moors or Turks with us, and none of our plagues had any other source<sup>20</sup>.”

Contagious diseases which occurred in sudden and unexpected outbreaks – in other words, those seen as natural disasters – were particularly prone to become symbols of barbarity. Cholera and plague were primarily associated with filth, savagery and the lack of civilization. Proof of that is Koch’s declaration during Hamburg’s cholera outbreak in 1892: “Gentlemen, I forget that I am in Europe<sup>21</sup>.” This rationale is crucial for it marks two critical transitions. Firstly, the way epidemics were usually interpreted was slowly transformed throughout the 19<sup>th</sup>-century. Since Jenner’s discovery of vaccination in 1798, and still more after the Sanitary Movement from the 1860s onwards, contagious diseases were increasingly seen as preventable and controllable. In this sense, epidemics started to differ from earthquakes or hurricanes in their perceived unpredictability. Secondly, despite all the civilizing rhetoric, European governments rarely managed to control outbreaks before the 1880s completely – and many continued to struggle with it for quite some time

<sup>18</sup> Dhiman Barua, “History of Cholera” in *Cholera*, Springer, Boston, 1992, p. 1-36, p. 2. My emphasis.

<sup>19</sup> Rod Edmond, *Leprosy and Empire: A Medical and Cultural History*, Cambridge, Cambridge University Press, 2006, p. 226.

<sup>20</sup> Nükhet Varlik, “‘Oriental Plague’ or Epidemiological Orientalism? Revisiting the Plague Episteme of the Early Modern Mediterranean”, in *Plague and Contagion in the Islamic Mediterranean*, Bradford, Arc Humanities Press, 2017, p. 57-88.

<sup>21</sup> Richard Evans, *Death in Hamburg: Society and Politics in the Cholera Years, 1830-1910*, Oxford, Clarendon Press, 1987, p. 312-313.

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after. Thus, the fact that epidemics continued to flare up throughout Europe posed an obvious challenge to discourses of hegemony and progress. Transmissible diseases show little respect for boundaries; they are transgressive by definition. Consequently, besides the suffering and loss of life, epidemics turned out to be inconvenient events that defied neat divisions between the advanced metropolis and the primitive periphery.

## Anxieties of reversed colonization

As a result of all that, when epidemics appear in literary texts, they tend to transpire anxieties of reversed colonization. Alan Bewell's analysis of *War of the Worlds* (1897) insightfully indicates how the text is built upon the predicament what if Martians did to us what we have done to others<sup>22</sup>? That concern is evident in the narrative's geography, for – the title notwithstanding – the alien invasion targets the heart of the British Empire, not the entire planet. Moreover, the Martian expansion is made possible by superior technology, biochemical agents – which stand for diseases – and the disruption of the native ecosystems, all equally vital for European conquest. Yet, the Martian's skin colour is "oily brown", and, like the peoples of Oceania, the Pacific and the Americas, they lack immunity to Old World pathogens.

Such fears appear regularly in literature. In Shiel's *Purple Cloud*, before accidentally releasing the toxic fog, the explorer – who is a medical doctor – is forewarned about the imminent clash of the "Black" and "White" mysteries of the universe, after which "the Black would carry off the victory"<sup>23</sup>. Similarly, in Maupassant's *The Horla* (1887), an invisible vampire comes from Brazil to turn the French citizen into "his thing, his servant and his food"<sup>24</sup>. Literary criticism has traditionally interpreted the Horla as "a kind of extra-terrestrial"<sup>25</sup>; however, one which comes from the *New World*, rather than from *another world*.

Similar anxieties of invasion are also found in the language used to designate contagious diseases. Syphilis is notorious for receiving the names of one's enemies<sup>26</sup>; just as diarrhoeal conditions can be colloquially called "Montezuma's

<sup>22</sup> Alan Bewell, *Romanticism and Colonial Disease*, Baltimore, John Hopkins University Press, 2003, p. xi-xiv.

<sup>23</sup> "[H]e used to talk about certain 'Black' and 'White' Powers, and of their strife for this world [...]. This man always declared that 'the Black' would carry off the victory in the end [...]", M. P. Shiel, "The Purple Cloud", *Famous Fantastic Mysteries*, June 1949, p. 10-113, p. 73.

<sup>24</sup> « [L]'homme a tué le lion avec la flèche, avec le glaive, avec la poudre ; mais le Horla va faire de l'homme ce que nous avons fait du cheval et du bœuf : sa chose, son serviteur et sa nourriture », Guy de Maupassant, *Le Horla* (1st ed.: Paul Ollendorff, 1887), Paris, Larousse, 2010, p. 26. My translation.

<sup>25</sup> « Bref, le Horla est une sorte d'extra-terrestre et le récit relève de ce que nous appelons aujourd'hui la science-fiction », André Fermigier, « Préface », in *Le Horla*, Paris, Gallimard, 1986, p. 7-32, p. 20. My translation.

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revenge” or “Bali Belly” – implying a sort of retaliation from the Tropics. The same is true about various emerging diseases, whose names disproportionately evoke Africa and Asia: West Nile Fever, Nipah (named after a village in Malaysia), Zika (after the Ziika Forest in Uganda), Ebola (after the Ebola River in Congo). To say nothing of the partisan rhetoric employed by some populist leaders during the Coronavirus Pandemic – above all Trump and the Bolsonaro family – who repeatedly insisted on designating COVID-19 as the “China virus”, “Wuhan virus”, or “Kung Flu”. Nevertheless, it is essential to note that such practices are not unilateral: China has tried to dub India as the hotbed of Coronavirus<sup>27</sup>, just as, in the 1800s, Ottoman cartoons would represent cholera as European<sup>28</sup>, or Japanese sources would blame it on the USA<sup>29</sup>.

To conclude, these trends – the fear-based taboos, the monstrosity of the microscopic world and exotic lands, the scientific Orientalism, the othering of disease, and the anxieties of reversed colonization – all come together to justify the literary habit of displacing epidemics to other times and places. Nonetheless, the phenomenon goes way beyond the boundaries of literature. For a myriad of psychological, historical, scientific and political reasons, we regularly tell ourselves stories in which *we* are civilized and healthy, whereas *they* – whoever they might be – are barbarous and diseased. These ideologies are not historical or artistic relics; they are alive and well and circulate freely in the times of Coronavirus.

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<sup>26</sup> Susan Sontag, *Illness as Metaphor; and, AIDS and Its Metaphors*, New York, Farrar, Straus and Giroux, 1978, p. 38-39 and p. 58-65.

<sup>27</sup> Emma Graham-Harrison and Robin McKie, “A year after Wuhan alarm, China seeks to change Covid origin story”, *The Guardian*, 29th November 2020, online: <https://www.theguardian.com/world/2020/nov/29/a-year-after-wuhan-alarm-china-seeks-to-change-covid-origin-story> [accessed: 21 February 2021].

<sup>28</sup> Palmira Brummett, “Dogs, Women, Cholera, and Other Menaces in the Streets: Cartoon Satire in the Ottoman Revolutionary Press, 1908-11”, *International Journal of Middle East Studies*, vol. 27, issue 4, 1995, p. 433-460.

<sup>29</sup> J. N. Hays, *Epidemics and Pandemics: Their Impacts on Human History*, Santa Barbara, ABC-CLIO, 2005, p. 229 and p. 272.

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## PLAN

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